MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON EDUCATION

Eighty-Second Session
February 16, 2023

The Committee on Education was called to order by Chair Shannon Bilbray-Axelrod at 1:30 p.m. on Thursday, February 16, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Shannon Bilbray-Axelrod, Chair
Assemblywoman Angie Taylor, Vice Chair
Assemblywoman Natha C. Anderson
Assemblyman Reuben D'Silva
Assemblywoman Alexis Hansen
Assemblywoman Melissa Hardy
Assemblyman Gregory Koenig
Assemblywoman Selena La Rue Hatch
Assemblyman Richard McArthur
Assemblywoman Erica Mosca
Assemblywoman Clara Thomas
Assemblywoman Selena Torres

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Alex Drozdoff, Committee Policy Analyst
Asher Killian, Committee Counsel
Nick Christie, Committee Manager

Funmi Sheddy, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Megan Hall, Planning Supervisor, Division of Emergency Management, Office of the Military
Mary Pierczynski, representing Nevada Association of School Superintendents
Keith R. Clark, Director of Rural Programs, Office of Rural Health, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno
Julia Ratti, Chair, Washoe Regional Behavioral Health Policy Board
Steve Shell, Vice Chair, Washoe Regional Behavioral Health Policy Board; Vice President, Behavioral Health, Renown Health
Char Frost, Chair, Clark Regional Behavioral Health Policy Board
Lauren Chapple-Love, President, Nevada Psychological Association
Dorothy Edwards, Member, Washoe Regional Behavioral Health Policy Board; and Washoe Regional Behavioral Health Coordinator, Washoe County Human Services Agency
Valerie Cauhape Haskin, Rural Regional Behavioral Health Coordinator, Rural Regional Behavioral Health Policy Board
Alejandro Rodriguez, Director of Government Relations, Nevada System of Higher Education
Blayne Osborn, President, Nevada Rural Hospital Partners
Megan Comlossy, Associate Director, Center for Public Health Excellence, School of Public Health, University of Nevada, Reno
Sarah Adler, representing National Alliance on Mental Illness-Nevada Chapter; Nevada Advanced Practice Nurses Association**;** Vitality Unlimited; and New Frontier Treatment Center
Andrea Gregg, CEO, High Sierra Area Health Education Center
Constance Brooks, Vice President, Government and Community Engagement, University of Nevada, Las Vegas
Marc J. Khan, M.D., M.B.A., Dean, Kirk Kerkorian School of Medicine, and Vice President, Health Affairs, University of Nevada, Las Vegas
Steve Messinger, Policy Director, Nevada Primary Care Association
Laura Hale, Private Citizen, Carson City, Nevada
Lisa Durette, M.D., Interim Chair for Psychiatry and Behavioral Health, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas

Chair Bilbray-Axelrod:
[Roll was called and Committee rules and protocols explained.] Welcome, everyone. We have a full house today. With that, let us get started. We are going to hear two bills and a presentation. We are going to begin with Assembly Bill 43. Then, we will hear a presentation from the Nevada Health Service Corps. Last, we will go to Assembly Bill 69.

I am going to open the hearing on Assembly Bill 43. This measure revises provisions relating to school emergency operation plans. To present this measure, we have representatives from the Division of Emergency Management of the Office of the Military.

Assembly Bill 43: Revises provisions relating to school emergency operations plans. (BDR 34-238)

Megan Hall, Planning Supervisor, Division of Emergency Management, Office of the Military:

I am here to testify in support of Assembly Bill 43. Assembly Bill 43 revises the deadlines related to the required submission of school emergency operations plans to the Division of Emergency Management as required by *Nevada Revised Statutes* (NRS) 388.245, subsection 3, and NRS 394.1688, subsection 2. It also revises the deadline for which the Division of Emergency Management is required to submit a report to the Superintendent of Public Instruction as required by NRS 414.040, subsection 5, paragraph (d), subparagraph (5). These revisions add a specific deadline for submission of plans from emergency operations plans development committees to their boards of trustees or governing bodies on or before August 1 of each year. It changes the deadline for the submission of emergency operations plans from development committees to the Division, from July 1 to August 15 of each year. It also revises the deadline for the Division to report to the Superintendent of Public Instruction from August 15 to November 15 of each year. The ideology of this recommendation was brought up by school emergency managers and was carried forward across the state and discussed with other local and county school officials. Discussions were also held across the educational sectors, including private, charter, and public schools. This change will have no impact on existing schools, both urban and rural, as they are always welcome to submit their plans before the deadline.

This bill will allow new schools working through licensing and planning processes to have better access to required members of the Emergency Operations Plan Development Committee and school committees prior to the submission deadline. These committees require members, such as a minimum of one parent or guardian from the district and/or school, to participate in the planning process. Changes to the deadline will also allow for the alignment of statutorily required plan submissions and reporting time frames. The Division of Emergency Management receives plans from schools as well as jurisdictions, resorts, and utilities.

For the 2022 calendar year, the Division anticipated receiving 493 plans. Changing the date the Division is required to report to the Superintendent of Public Instruction to November 15 aligns the deadline with the resort submission deadline, and it allows the Division to better streamline its processes for managing these duties.

I will take any questions that you may have. We also have representatives from the Department of Education Office for a Safe and Respectful Learning Environment to support in answering any questions you may have.

Assemblywoman Torres:
I have a couple of questions. Can you give an example for when this emergency plan might be used?

Megan Hall:
These emergency operations plans would be used anytime a school or district would have a situation that constitutes an emergency. These would be things such as fires on campuses, lockdowns, and those sorts of actions that help guide the tactics and methods they use to respond to those incidents.

Assemblywoman Torres:
Would it make more sense for us to make the date of submission before the start of the school year? As an educator, I would like my school to have that plan before the start of the school year, not before the first of August. Additionally, there are many districts in the state of Nevada that start at different times. Some of our public charter schools do start having staff in the building as early as the end of July. I think it might be better suited for us to have these plans in place at the beginning of the year and sent to all of these offices because I would like for the Office of the Military to have that plan, too, by the time the school year starts.

Megan Hall:
It was discussed at length about what an appropriate date may be. With that said, this was the general consensus that came about and was agreed upon by many of the people we talked to, in the majority of the schools we spoke with. Again, this is geared more towards those new schools that are working through those planning and licensing processes. If we set this a little too far forward, they may not have students registered at that point in time and may not be able to meet that requirement. That was the idea behind this. With that said, as long as there is an alignment of how these processes are being carried out and when, we are taking the stance of remembering new schools have to comply with us as well. That was the goal of this.

Assemblywoman Torres:
I want to know when in the planning process this occurs. Does this occur when they are about to construct the school? Or is this occurring the same year the school opens? At that point, they should already have students registered in classes.

Megan Hall:
I cannot speak to the timeline of how schools and districts plan. What I can say is, the expectation is they will have a plan on record before they open their doors to students. As you said, it is a safety implication to have a school with anybody on campus that would not have that plan. So yes, the ideal is every school will have a plan before students attend.

Assemblywoman Thomas:
I appreciate the safety measures we take for our schools and our students. For clarification, at about the end of your presentation, you mentioned you have received 493 plans as of 2022. Are you missing any? What is the requirement in how many you should receive?

Megan Hall:
The 493 expected plans are across all required industry statutory-required plan submissions, which include utilities, jurisdictions, resorts, and schools. Of that, schools are 248 plans that we received for the year, and we did receive 100 percent of plans expected.

Chair Bilbray-Axelrod:
A little-known fact, my very first bill was on this very subject back in 2017. Are there any other questions? [There were none.] I will move to testimony. Is there anyone who would like to testify in support of A.B. 43?

Mary Pierczynski, representing Nevada Association of School Superintendents:
Our organization is composed of all 17 superintendents in the state. We are in support of this important piece of legislation. In talking with some of our schools, for example, Carson City School District, they say they always have their plan submitted in April and are able to discuss with everybody. They are assured that their plan is in place when their students arrive. I have not surveyed all the schools, but I know that is a fairly common practice.

Chair Bilbray-Axelrod:
Is there anyone else wishing to testify in support? [There was no one.] Is there anyone wishing to testify in opposition to A.B. 43? [There was no one.] Is there anyone wishing to testify in the neutral position on A.B. 43? [There was no one.] Would you like to make any closing remarks? [There were none.] With that, I will close the hearing on A.B. 43.

Now, we will hear a presentation [Exhibit C] from the Nevada Health Service Corps of the Department of Health and Human Services. We will hear from Keith Clark, Director of Rural Programs, Office of Rural Health, Office of Statewide Initiatives in the School of Medicine, University of Nevada, Reno. Mr. Clark's presentation will offer an overview of the current state loan repayment plan.

Keith R. Clark, Director of Rural Programs, Office of Rural Health, Office of Statewide Initiatives, School of Medicine, University of Nevada, Reno:
The Assembly Committee on Education is where the Nevada state loan repayment program and Nevada Health Service Corps (NHSC) started. It was a combination of work between legislators and educators to address the underserved areas in our state, so it is exciting for me to be here with you right now. I bring you greetings from rural and frontier Nevada. Based on some of the emails I have been getting and some confusion over the School of Medicine language in the original statute, I thought I would give a very brief history lesson on how we developed this program.

When what was then called the School of Medicine for the State of Nevada was instituted, the Legislature gave it instructions that it was for the purpose of serving the underserved. It was for the purpose of being able to bring providers to rural and frontier areas of the state. It was right in our mission in 1969 when Governor Laxalt signed it, and we were off to the races. That is what our mission is supposed to be. I am proud of the heritage of the faculty that has gone before me that tried to keep that heritage alive—to really serve all of Nevada.

Some of those faculty members got together when they were working in rural Nevada and said, "We need to do more." So, they developed the State Office of Rural Health which allowed them to apply for a grant through the federal government. They established the State Office of Rural Health to focus on health care issues in rural and frontier Nevada. It is also supposed to be a focal point, so we do not have a lot of repetition going on throughout the state, with every community trying to solve a problem. We try to bring those resources together. One of the resources they saw we needed badly was to get extra incentive for people to come to these underserved areas. You can educate them, but are you going to be able to keep them? Are you going to be able to have what it takes to keep them helping the underserved? Once again, faculty worked with the School of Medicine and worked with the Legislature to come up with what was born here: The Nevada Health Service Corps, the state loan repayment program.

With that, we will get to the presentation [Exhibit C]. This slide right here [page 3] is the nutshell of our mission. This is what we are instructed to do in NRS 396.899 to NRS 396.903. If you wonder what it is about, you can always come back to this slide. The Nevada Health Service Corps was established by the Nevada State Legislature in 1989. It was created to address health workforce shortages in Nevada by offering student loan repayment in return for a service commitment. The statute requires the State Office of Rural Health to designate areas which are underserved within the state and then match practitioners into those areas of need. Here is the interesting thing, it is used to help both urban and rural underserved areas of the state. That is an important thing to point out. I will show later on how urban areas have received more places than the rural areas. Once again, there are a lot of reasons for that. Maybe during question and answer, I can go into that. Our mission statement is a healthy Nevada, and we are committed to the entire state. The spirit of what we do is to help those who otherwise would not be able to receive help.

The instructions say [page 4] we are to recruit practitioners for participation in the program, designate areas of Nevada in which a shortage of each type of practitioner exists, and then we are to match those practitioners with the designated areas. We help the practitioners negotiate contracts to serve in those designated areas which are underserved.

We were also instructed to apply for any matching money available for the program from the federal government [page 5] and adopt regulations and rules so the money is well spent. We are supposed to receive and invest, disperse, and account for all money received from the federal government and any other source of income for the program, and be able to disperse it back out to the areas of need. As directed by the Legislature, we were successful in obtaining matching funds from the federal government [page 6]. We were able to double the

amount of money we received by the state. In fact, this is an ongoing process. In the year before last, we were successful in once again increasing the amount of federal funds we were able to get. With those federal funds, we need state matching funds. That is a discussion for another day, but I wanted you to know that is part of the program.

With federal funds, as you all are aware, come federal regulations [page 6]. I will share some of those regulations. One thing that I should point out is, there is a National Health Service Corps, and we are kind of a country cousin of the National Health Service Corps. Because there is match, we strive to move quicker. If we know there is a problem in an area, we can respond faster than the federal government. For example, one rural community is not considered a health professional-shortage area until it loses one provider. All of a sudden, it shoots up the charts. By the time the federal government can respond, there are many people looking for care and traveling hundreds and hundreds of miles trying to receive that care. I am the boots on the ground guy, and I travel to all the rural areas. One of the other hats I wear for the Office of Rural Health is making sure we understand what the needs are in those areas.

With these federal funds, we can approve applications depending on funding for all of these different specialties [page 7]. The reason I bring up the National Health Service Corps is that one of the things that is different about us is we have a dog in the fight; we are paying some of this with state funds. We are able to say, "Okay, we want registered nurses, pharmacists, and alcohol and substance abuse counselors." We need help in these areas with our opioids, and we have to get that approved by the federal government, but we have been able to do that. As far as loan repayment goes, the Nevada Health Service Corps is very broad. Many will tell you sometimes it is not broad enough, but it is what we need to stick to in order to receive our federal funding.

One thing I should point out is, this list includes a lot of health care providers [page 7]. I would like to contrast this by what it does not cover. You will not see a specialist on this list. This is for basic primary care needs. You will not see a hospitalist on this list. Last but not least, to my fellow faculty of the School of Medicine, you will not see faculty on this list. Sometimes I will get a call and they say, "Oh, this is from the School of Medicine. Good, I can get loan repayment." The faculty will call me up, and I ask, "Are you willing to go work in underserved areas and put in the time? Then you can talk to me, but I cannot help you otherwise." That is one of the things I am constantly orienting faculty about. We are so excited the University of Nevada, Las Vegas (UNLV), School of Medicine, is going to bring more people. We want them to be part of this program. There is such a great need out there. This is not our school's program; it is the state's program. We invite them to come and work in underserved areas, so we can provide them with loan repayment.

One thing I should point out, inasmuch as this was the Nevada System of Higher Education (NSHE) and the Legislature working together, Nevada students are always given top priority. We want to retain our Nevada students. Two reasons for that are: a return on investments to

our taxpayers, our bosses, so to speak; and it also works for retention. If we can retain the people that we educate in Nevada and can provide loan repayment, we will keep them much longer than someone we bring in who is not familiar with the state.

Let us talk a little bit about the contractual obligation [page 8, Exhibit C]. In exchange for loan repayment funds, each candidate agrees to serve in their assigned community for a contractually specified period of time. Typically, that length is two years of full-time service for the initial contract.

I have talked a little bit about the type of specialties, or non-specialties, you need to be in order to receive loan repayment. Let us talk a little bit about the facilities and what you need to do as a facility to be able to qualify [page 9]. You need to be public and nonprofit. A for-profit hospital cannot say, "I am going to be able to recruit and help my shareholders." It is not like that. You need to be nonprofit public, or nonprofit private entities providing health care services in a federally designated health professional-shortage area. Sites must accept Medicare, Medicaid, and the Children's Health Insurance Program, where applicable. They need to see all patients, and this is the kicker for a lot of them. You need to see all patients, regardless of their ability to pay. Eligible practice sites must charge for professional services at the usual, reasonable, and customary prevailing rates, except, of course, in free clinics. Eligible practice sites must provide discounts for individuals with limited incomes. It is typically known as a sliding fee schedule.

With all those restrictions, let us talk about some of the benefits [page 10]. If you sign on to the program, you get up to a $50,000 payment towards your loans, and it is tax free. We pay it up front and hopefully hit at that interest rate, and then you are bound for those two years. What we are hoping—and what I tell the communities—is you have two years for an interview and to impress these people that they want to love your community and stay in your community. I tell the same thing to the people. You have two years to get the community to love you. Every time we get a re-up, it is a victory. We have had several people from urban areas and rural areas who are now medical directors in those underserved areas. And we paid off all of their loans.

Let us talk about state funds only. When we went for federal funds, we wanted to make sure we did not lose the flexibility granted to us by the Legislature, to be able to address areas of need in the state. When we apply for those funds, we put right in there we reserve the right for a state-only fund, or if I can get some philanthropic organizations, which we have done before, that provided matches for this program, as well as donations to underserved areas, then we have a lot more flexibility. We can determine. I would like to share with you what is in that application. It says, "As determined by the Nevada State Office of Rural Health, candidates in fields listed and other high need professions will be considered on a case-by-case basis into a program utilizing state, community and/or philanthropic funding. This part of the program will not utilize federal match dollars, unless the site qualifies. This flexibility allows the NHSC Program to fill a need in [an] underserved community outside of the federal guidance" [page 11].

Let me give you an example. The extra state funds have been hard to come by. In fact, during the Great Recession, we were down to one dentist, and it was a UNLV dentist who was serving the prison system. Then, we got another dentist who was serving the women's prison, where it took six months for some of those ladies to be able to get out of pain because they had no dentist. We said, "We are going to go with that one." We did not have the match funds. But we worked our way up, and we were able to get more of those federal funds.

What happens when you are in the community, and there are plenty of doctors, but none of them accept Medicaid? On paper, it looks like you have no shortage. That is the case in many parts of rural Nevada. It is also the case in the underserved areas of Nevada because there is such a demand for health care providers. Why put up with Medicaid? Why put up with Medicare when you can simply get reimbursed at a higher rate level from commercial insurance? We have used the money, for example, in one rural community, for a physical therapist, an occupational therapist, to be able to get people back to work and keep people from traveling hundreds of miles. We have done it for an obstetrician-gynecologist (OB/GYN). In Elko, I believe in 2019, we saw that over 40 percent of all our children were born in another state. That is a minimum of a 250-mile ride for that mother. We say, "Hey, health shortage or no health shortage, I think an OB/GYN would be a good investment." We have done the same thing with a pediatrician. Those are the examples of what we have been able to do with state funds when federal dollars are not tied to it.

This last slide brings it all together [page 12]. As you can see, we have been able to place people throughout the state, Clark County being the largest recipient. Oftentimes, when it comes to talking about mental health, people do not have any idea about the geography of Nevada. I lived in Las Vegas for a long time, and I love Las Vegas, but I got "father of the year" for moving my kids to Elko, Nevada, to teach them about being mission-oriented and helping the underserved. I have to tell you, the things that fly under the radar just blew me away. In fact, my wife was in a dental outreach. I could not believe she went, because she would not even go on a camping trip. She said she would go if I would leave my job and move to Elko, because the number one reason the kids are going to the emergency room is dental pain. Yet, there is not one dentist who will accept Medicaid. These little kids moved her enough to move. She camps all the time now because we live in the country, and my daughters have started to forgive me. Actually, it has been a great experience for them because it is a wonderful place to live. I wanted to bring that up.

Going back to mental health. There is hardly anyone who lives there and does not know what it is like to put a loved one on a plane and then wonder, how are we getting to Salt Lake City? How are we going to get to Reno? During COVID-19, it was even worse because we did not have anyone who would accept our patients. It was just terrible. There were suicides taking place. We had some in our tribal communities, and we were talking about getting some help out of Las Vegas. We realized for this suicide cluster we were dealing with, that would mean an over 880-mile round trip to get mental health care. Along with all the other challenges you have with mental health, you just could not get people to do that. But there are people who will do it. I view it as a victory anytime we can get a psychiatrist, for

example, to come to Nevada. I love it because it is serving all of Nevada. We are never going to get a psychiatrist in northern Nevada. You can drive from Sparks all the way to Salt Lake City before you see another psychiatrist. If we can get psychiatrists who care about Nevada, who will do telemedicine and will help these people, I still view it as a victory. I mention that because sometimes I am criticized about the number of placements we make in urban areas, but we are all part of the team, and it is all part of the mission. When you go down south and you see the federally qualified health centers in the underserved urban areas of Las Vegas, there is a good chance some of those physicians you will see there, or some of those physician assistants, are part of the Nevada Health Service Corps.

I thank you very much for your time, and I am glad to answer any questions.

Assemblywoman Mosca:
I acknowledge and understand that we are always working in our K-12 pipeline to make sure young people are both prepared and exposed to the medical education pipeline. I did want to know some of the demographics of the people who are participating in the core first-generation, Pell-eligible grants. Are we seeing we are growing our own, and young people from the rurals [rural areas] are then going back to their homes, whether it is urban or rural, and participating?

Keith Clark:
The pipeline is so important. We have to get to these kids early. What has happened is there has been a focus, and I am going to use a rural metaphor here—even though I am from Las Vegas, I have gone native here—you cannot plant one thing and expect something else. You cannot plant seeds and expect to grow a different plant. You cannot go to a field and expect that you are going to harvest something that you never planted. For a long time that has been our strategy for bringing health care to Nevada. Let someone else plant, water, and everything. We can use loan repayment, right? It will entice them to be there. In the audience, we have Andrea Gregg, who is also an Area Health Education Center (AHEC) director. We have three AHECs throughout the state, and we work on the pipeline projects to try and teach those kids. We have to get to them early, especially in rural areas. There are not a lot of opportunities, as compared to my kids when they were in Las Vegas, to have magnet schools so they can compete, so they can be accepted. We put a high emphasis on that. We have a program called the AHEC Scholars that teaches social determinants of health, cultural humility, and how to work in team-based care. We recruit. I am over in the frontier area, and we recruit the children there, trying to encourage them to go into health care. It is so important we harvest what we grow, even though the crop has not been very big.

We are monitoring that. I do not have those statistics with us. I will tell you at the School of Medicine—I brought this up for years to try and remind them—this is why we were created. It was with the faith that we would do something for these underserved people. I have seen leaps and bounds of being accepted. It is not just giving them loan repayment. We have to prepare these students so they can make it to medical school, so we can give them a loan repayment. It is not just standing at the end of the spigot.

On the other hand, it is sad when I have seen us lose people to other states, whom we have spent all this time and money educating, because we have not been nimble enough to provide them with what they need. We have not been competitive enough as a state, as far as the salaries we offer, for mental health workers, for example. We lose some of them to other states. I wish I had more information, but I can get you more information on that.

Chair Bilbray-Axelrod:
If you can get the demographic information and get it to our Committee, I will disperse it to our members. I know in the University of Nevada, Las Vegas Medical School, when they are accepting students, part of it is that connection to Nevada and the willingness to stay in Nevada. I am glad we are doing that. You are right, we have to get them through the pipeline and grow them and keep them here.

Keith Clark:
We have to go into those communities. I am a first-generation student, and with first-generation students, they do not know where to go or what to do. We have to get in there, and that includes urban and rural Nevada. I am happy to say the School of Medicine has around 25 percent who come from these areas. I know they are in the pipeline.

Assemblyman D'Silva:
I have a question, and hopefully my colleague, Assemblyman Koenig, appreciates this as he has been educating me a lot about this matter. Has there been any consideration for folks who are working within eye care, practitioners of eye care, or is this something that falls under the state funds-only, added flexibility part of the program?

Keith Clark:
Yes. I have worked on that before in areas where there is no optometrist or ophthalmologist. We can do that under the state-only program, but it is not one of the accepted specialties from the federal program.

Assemblywoman Taylor:
I think all of us are concerned about how we get more doctors to take care of our Nevadans. Thank you to my colleague, Assemblywoman Mosca, for asking about the demographics. Hopefully, it will let us know how many from Nevada are within that because it would be helpful. You mentioned outreach; can you talk a little bit about the outreach efforts, specifically any of those that are intentional for our underrepresented groups, students of color, English language learners, and anything like that, because as that population grows in our state and the more care providers we have, the better service we can give to those folks?

Keith Clark:
Yes. Some of the outreach we have done as a group. I have gone down to Las Vegas to help with these. We have had doctors and people from the School of Medicine, including some who were there when we opened the UNLV School of Medicine, come and work with these kids and do a day of discovery. Once again, kudos to Andrea Gregg, who is here. I have been able to work with her, and she has worked a lot in these areas of outreach. We have to

get kids excited about science, so we have a summer camp, Summer Discovery, where you get the kids to come in and we have some mentors for them. We have been able to get that for underserved communities. One of the challenges I have in rural Nevada is that I have to get some of those people all the way through medical school. We need mentors, and they are in the pipeline. We have some in there, and I am really excited about that. I know I had my own children go to the Summer Discovery here. My daughter has been an intensive care nurse, and sometimes the only intensive care nurse because of COVID-19. It all started at the Summer Discovery, going there learning about science and all the neat things you can do with medicine.

I also work with medical students. One of the neat things we do is a Spanish immersion course, Med663 [Medical Spanish, Office of Medical Education, University of Nevada, Reno], because the largest growing demographic in our state is the Hispanic population. We saw terrible things happen during COVID-19. I would hear nurses say, "I cannot even contact their family because I cannot speak their language." It tore them up, and it really hurt those nurses that they could not even talk to them. One of the neat things about Med663 is our medical students are going in and learning Spanish by immersion. They are learning the cultural consistencies. It is all Hispanic. There is Guatemalan, and we have people who help with their dialect, if you are Guatemalan or from another country. Their preceptors all speak in Spanish. We need more of those role models, so they can go back to their community and hopefully bring more. We also help the farmworkers. We have a medical clinic where we work with farmworkers in Yerington, Nevada. These are migrant farmworkers who otherwise might not get health care. It exposes our students to, and teaches them about different cultures; hopefully, cultures they fall in love with.

Assemblyman Koenig:
Full disclosure, I am an optometrist, and I have three practices in rural Nevada. Even with those three practices, rural Nevada is still underserved. This is a question you might not have the answer to. I am looking at the federally accepted specialties, and I see dentists, but I do not see eye doctors. We could have this discussion with a dentist for a while, but I feel eyes are more important than teeth. You can get dentures if your teeth go bad. If your eyes go bad, you need a cane and a dog. Is there any insight on potentially why optometrists would be left off that list?

Keith Clark:
I cannot qualify to be in the debate of what is more important: eyes or teeth. I know that someone who deals with people losing their eyesight, what an emotional thing that is. People who can save that eyesight would be very important. It would be great if we could open that up, but it is the federal regulations. We have different boards from all over the country trying to get included on that and asking those same questions. Dentistry was one of the recent ones.

Assemblywoman Hansen:
I am near and dear to Elko County. I represent a small sliver of the western portion. I represent six counties, five of which are rural. Recently, Senator Hansen and I took a visit

and did a round of town halls in Humboldt County. Our wonderful colleague, Assemblywoman Shondra Summers-Armstrong went with us to learn about some rural issues. Assemblywoman Mosca was there for some of it as well. When we left, one of the town halls that left us feeling the heaviest was about access. We met with the hospital board, and we felt this tremendous weight of the issues facing all in Nevada with access to care, particularly in the rurals. I am intrigued and encouraged that there are some incentives being offered.

I want to ask about apprenticeships and what you are doing with some of those students in the rurals. I have a son who is a doctor from the University of Nevada, Reno, who luckily came back to Nevada. Three of my daughters are nurses. When they did their apprenticeships, they did them at hospitals in the urban area, to then have a job afterwards. Are we doing that in this rural space, where maybe nurses—even if they are doing nursing in Reno or at UNLV—have the opportunity to go to the rurals and have apprenticeships? Sometimes when people get exposure to the rural communities and what that pace is like, they might be attracted to staying. If they have not been out there working in that community, if we are looking for an incentive, I think sometimes the communities could sell them on that. If they could live and work there temporarily, getting to know the people and feel the pace. I am curious if that is part of the model you are doing with rural health.

Keith Clark:
Thank you for a very astute and important question, Assemblywoman Hansen.

It gets back to what we were talking about, Assemblywoman Mosca, and that is exposure to the communities. If we cannot get someone from a community, the next best thing we can do is get people to fall in love with that community. At the University of Nevada, Reno, School of Medicine, we have rotations. All of our medical students serve rotations in rural Nevada. We developed a residency in Winnemucca before it became part of UNLV, but we still keep close ties. It is with the same idea, if you can get residencies, they can fall in love with these communities. I tell students, "You got an interview, and you have got to prove yourself worthy to keep them." If we can work on that, it will happen. The statistics show, the more that you are exposed to it, the more likely you are to help serve in underserved communities. So that is apprenticeships. We call them rotations where they rotate out and practice in these areas. We view it as very important. We do not only do it for our students. Under AHEC, we bring students in from all over, and we have housing that we will put them up in, so they can get those rural experiences.

I also want to mention, we have medical students right now who have been going to the tribal communities. This gets back to what Assemblywoman Taylor was asking about. This is great because I would love to get physicians from our Native American communities. We need some role models there. Some of our medical students have picked it up and have gone out. You are absolutely right. People will fall in love with the place. For example, Elko. They may work in Elko, but I found jobs for them in White Pine County. I hope that answers your question.

Chair Bilbray-Axelrod:
Are there any other questions? [There were none.] Thank you very much for the presentation. I am sure we will continue to have robust conversations. I am very proud of the work you are doing. I can tell it is a passion project for you, which always makes my heart smile.

Keith Clark:
I appreciate you. You do not get to see the people you help, so my message is from them and that is, thank you.

Chair Bilbray-Axelrod:
Members, we will now move on to the hearing on Assembly Bill 69. I will open that up. This measure expands the loan repayment program administered by the Nevada Health Service Corps to include certain providers of behavioral health care. To present this measure, we have our former colleague from the Senate, Julia Ratti, who serves as Board Chair of the Washoe Regional Behavioral Health Policy Board, and Steve Shell, Board Vice Chair of the Washoe Regional Behavioral Health Policy Board.

Assembly Bill 69: Expands the loan repayment program administered by the Nevada Health Service Corps to include certain providers of behavioral health care. (BDR 34-399)

Julia Ratti, Chair, Washoe Regional Behavioral Health Policy Board:
I am here today as the Chair for the Washoe County Regional Behavioral Health Policy Board, which is a role that I am honored to hold. I will let my colleague introduce himself.

Steve Shell, Vice Chair, Washoe Regional Behavioral Health Policy Board; Vice President, Behavioral Health, Renown Health:
I am Vice Chair of the Washoe Regional Behavioral Health Policy Board; and I also serve as Vice President of Behavioral Health at Renown Health.

Julia Ratti:
We thought it would be helpful for you to learn about the program we are trying to expand before presenting our bill. Starting with this slide [page 1, Exhibit D], Nevada is once again at the bottom of one of the lists we do not want to be at the bottom of. We are 51st among states and the District of Columbia in the overall mental health workforce availability and the prevalence of mental illness. According to the report, there is only one mental health professional for every 460 residents, which clearly is not enough to meet the need. It was bad before the COVID-19 pandemic, but I think many of you have seen the data and have seen the statistics that we continue to be in a very elevated mental health crisis. What we are seeing in terms of substance abuse, domestic violence, and mental health disorders is, unfortunately, off the charts. We were not able to meet the need prior to the pandemic, but as we are coming out of the pandemic, that has been exacerbated, and it is not great out there.

As a quick reminder, there are five regional behavioral health boards [page 2]. They were created in 2017, and they have gone through various iterations. All five boards were created so we could work at the regional level to identify behavioral health issues that were facing our communities. Then we were given the gift of one bill draft request (BDR), so we could bring forward some of those issues to be addressed at the Legislature.

Our board focuses on these priority areas [page 3, Exhibit D]: (1) crisis response system implementation. Many of you heard from me quite a bit in the last legislative session about building out the crisis response system; (2) workforce development, which is what we are here to talk to you about today; (3) the cross section between homelessness and behavioral health; (4) children's mental health, and crisis response specifically there; and (5) diversity and equity within the behavioral health workforce. We partner with the Washoe County Health District on the behavioral health priority in the Community Health Improvement Plan.

To hit where we are a little bit harder [page 4], in 2023 the Mental Health America report ranked Nevada as 50th with 38 percent of individuals with any mental illness reporting not getting their treatment needs met. That is a large number of people who have challenges but are not getting their needs met. Mr. Clark did a nice job of talking about how there are these things called mental health professional-shortage areas that allow for certain federal programs to come in. When you are talking about mental health, three million Nevadans reside in a mental health professional-shortage area, so that is pretty much everyone.

There are many reasons we have a shortage in our workforce [page 5]; certainly during the pandemic, we have seen some folks leave the field. We have these persistent workforce shortages across medicine, nursing, and behavioral health. We are growing the number of licensed professionals, which is nice, but they are not keeping up with the population growth, and we are in a state that continues to demonstrate population growth. That workforce is aging, and we are not bringing in enough younger ones on the other end. There is a geographic maldistribution, and they are not necessarily where we need them to be all the time. Then, there is a diversity mismatch, which I think was brought up before. Particularly, when you are talking about behavioral health, and a good part of that intervention is having a high level of comfort with the provider who is giving you treatment. Having the diversity within the workforce is a pressing need.

I am going to just pause here for a second before I jump into the slide and try to connect the dots a little bit from Mr. Clark's presentation [Exhibit C]. I want to make sure you know about a couple of distinct things. The local state dollars Mr. Clark is referencing are dollars that have come through the Legislature a number of times. For whatever reason, we just have not been able to get them into the ongoing Governor's budget. Every year, there needs to be an ask, and in past sessions, that was something former Senator Hardy [Joseph P. Hardy, M.D., Senate District No. 12] would bring forward and advocate for. In the last session, I believe it was $500,000. That money is not guaranteed, and that conversation will be happening someplace else in the building. It is not in our bill and obviously not in Mr. Clark's presentation. I wanted to flag that for you—the local, flexible money is important to do all of the things that Mr. Clark talked about.

In addition to that, we are bringing forward Assembly Bill 69. When our Board decided we wanted to work on workforce, we started talking to professionals such as Steve Shell, who is with one of our hospital systems. We talked to the universities, and we participate in the Nevada Health Care Workforce and Pipeline Development Workgroup, which is run out of the Larson Institute [at the UNR School of Public Health]. You had lots of great questions about the pipeline.

Julia Ratti:
We actually came in with the idea of creating more graduate medical-education slots. Let us get more people coming out of the pipeline. For example, we were at a meeting where we heard that at the University of Nevada, Reno (UNR), School of Medicine, there are six psychiatrists that come out each year. In the last class, only one of the six stayed in Nevada. Part of the challenge is we are investing all this money on the front end, but we also need more slots. I do need to say we are the Washoe Board, so we are mostly talking to UNR. The challenge was when we spoke to the university about expanding the programs, most of them said, "We cannot recruit faculty." When you are talking about a shortage of behavioral health professionals, and those behavioral health professionals can go into all different kinds of settings, and we are trying to recruit them to the university, we are in the same boat where we cannot get enough of those behavioral health professionals to come and be faculty. We took a couple steps back and thought, the first step is not expanding slots at our universities so we can create more, we have to start with solving the issue of not having the faculty.

We explored many different workforce initiatives. We completely agree with the concept that when we are talking about loan repayment, this is the last step. The pipeline starts, as you discussed before, with fourth, fifth, and sixth graders. This program, and Mr. Clark's programs, are about who we actually have coming out of these programs, and how we get them to stay here. As Mr. Clark explained, they have to follow very strict federal guidelines for the federal dollars [page 6]. Other states are being quite generous with their state programs, and that means we do not compete. They can recruit folks away from us because they are able have more flexibility or have more generous programs. There are not enough resources.

As you saw in Mr. Clark's presentation [Exhibit C], there are 44 professionals statewide. We believe we need an infusion of behavioral health professionals now, whether that is retaining, so they do not get recruited away to another state, or whether that is new providers, we need them now. We are in crisis now. What we are seeking to do is add money that specifically adds flexibility but is also an infusion of 30 additional behavioral health specific slots. That is the idea, that the money comes with more flexibility, so we can do a few things the federal government does not do—faculty being a good example. It expands the loan repayment program. We did not feel like we needed to create something from scratch. You saw Mr. Clark's presentation, there is already a program, and there is already passion. Why would we create something from scratch when they already know what they are doing?

It expands the Nevada Health Service Corps to include certain things [page 7, Exhibit D]. First thing is the behavioral health provider list of who is licensed, including: psychologists, marriage and family therapists, social workers, alcohol, drug, and gambling counselors, and applied behavioral analysis therapists. Some of those are already on the list for the federal program, but we wanted to make sure they were on the list for our program as well. Next, is a licensed physician, physician assistant, or registered nurse that practices in psychiatry, addiction medicine, or another behavioral health specialty. Again, those medical professionals who have that mental health focus. Also—this is in italics because we missed this in the first draft of the bill, so this would be an amendment [Exhibit E]—licensed as a school psychologist or a school social worker. The current federal program does not include school behavioral health professionals at all. We are expanding to include these particular individuals.

The eligibility is also based on the setting [page 8, Exhibit D]. The settings we want to include are: a hospital or other inpatient setting, an outpatient setting, or providing crisis management services. I alluded to this legislative body having done a lot of work to set up a behavioral health crisis response continuum of care that includes a call center, mobile crisis teams that can come to you, and crisis stabilization centers. "Crisis stabilization setting" is not included in the federal program as an approved setting, so we very much want to add that because that is important work we are doing here in the state. The Nevada System of Higher Education setting is not included, so faculty currently cannot qualify for the program. We believe if we are going to build that pipeline, and if there is a barrier to adding more slots, and we do not have enough faculty, then this would be a tool for recruiting faculty. Again, we have the K-12 setting. We also have an amendment [Exhibit E]. We said K-12, but folks reminded us that it is actually pK-12 [prekindergarten through 12th grade], so there is a mild amendment there to add the prekindergarten piece of it.

It is the same thing as with the federal legislation, to make sure we are targeting and reaching the populations that need it most. If they are in that first category where it is the behavioral health setting of hospital inpatient, outpatient, or crisis management, they have to accept the certain forms of payment used by the elderly or economically disadvantaged, otherwise known as Medicaid, Medicare, and Children's Health Insurance Program (CHIP) [page 9]. They have to provide services to all patients regardless of ability to pay.

We are asking for money [page 10]. The bill has an appropriation, and it is $1.5 million. What that gets us is $50,000, as we are mimicking the program that exists, and it gets us an additional 30 behavioral health professionals in a two-year period. The way we envision this is, as Mr. Clark and his team are doing this work to outreach to professionals to do all these placements and matching to get these professionals where they are needed most, he can look at each individual applicant and say, "Oh, this is one I can use federal match money on. I am going to take that out of the federal program. Oh, this is one that is in the school setting or in the crisis stabilization setting. I am going to take it out of the local dollars." He can be very strategic about which pot of money he is using, based on the criteria.

I also want to highlight two minor things [page 11, Exhibit D] in the proposed amendment [Exhibit E]. It makes sure we have the school mental health professionals in there and adds prekindergarten. I want to turn it over to Mr. Shell to talk about what it is like to try to hire behavioral health professionals.

Steve Shell:
This slide [page 12] demonstrates just a handful of the many statements and comments we have received regarding the challenge of finding a behavioral health professional to meet the needs of our community. There are many, many heartbreaking stories around our state, from law enforcement to public and private agencies, and to individuals in crisis themselves. The message is the same. We need help. We cannot ignore the cries anymore, and we feel this piece of legislation is a strong first step to move the dial in a positive direction.

After opening and serving as Chief Executive Officer (CEO) of Nevada's two newest behavioral health hospitals in Las Vegas and Reno over the last ten years, and in my current role with Renown Health in northern Nevada that involves working as an operational partner with the University of Nevada, Reno, School of Medicine, I see and hear the behavioral health workforce challenges every day—in the emergency rooms, clinics, social service agencies, and schools of all levels, including the universities that have a limited number of faculty members to train and support our medical students, residents, and fellows. We have too many individuals in our state, including youth and adults, who cannot receive the mental health and/or addiction treatment they need due to a shortage of behavioral health professionals.

Recruitment of these professionals has been a challenge in our state for many, many years. I have personally recruited and lost many out-of-state as well as in-state candidates to other states that have stronger loan repayment programs. These candidates were extremely interested in moving to Nevada but subsequently chose other states that offered more incentives. Many graduates of our psychiatry residency and fellowship training programs at both UNR and UNLV, and our social work, psychology, counseling, and nursing programs are also moving to other states where they can receive more assistance with loan repayment as well. It cannot be stressed enough that the enhancement of our existing loan repayment program in Nevada will help us attract more behavioral health professionals and build a pipeline of providers who can treat the individuals not currently being able to receive the care they need. We thank you for your attention and welcome any questions.

Assemblywoman Anderson:
My question has to do with the prior presentation as well. We do not want to make this into a laundry list of the different needs we have, there are so many. However, there is also a need for occupational therapists and physical therapists, especially in our school settings. I know when Mr. Clark presented [Exhibit C] on slides 7 and 11, there was something along the lines where he does have that ability to sometimes allow some things outside of the federal list. Would that also still be included, or is it only for those items that are listed in particular for mental health help?

Julia Ratti:
We are the Regional Behavioral Health Policy Board, and we are here to ask you for loan repayments specifically for behavioral health professionals. The 44 existing positions would still be the same situation that Mr. Clark is dealing with now. He has to meet the federal requirements with federal dollars, but with any state dollars this body chooses to give him, he can do other things. This bill is specifically about, and is limited to, behavioral health professionals because while there is a significant need across the board, we think we were so far behind when it came to behavioral health in the first place, that we need to do an infusion of energy around behavioral health specifically.

Assemblywoman Anderson:
I really appreciate the clarity of that. I also appreciate the fact that instead of trying to reinvent the wheel, you looked around the already existing programs in our state and decided to elevate them. I just wanted to do a quick thank you, rather than a question. Thank you for that clear answer that this is not open to other areas, this is for behavioral mental health.

Assemblywoman Torres:
I love the work this program has done to help bring doctors to the state of Nevada. My question has to do with section 6, subsection 2, paragraph (c). Specifically, it says that we can provide behavioral health care to pupils in grades, with the amendment [Exhibit E], in pK-12 public schools. From past experience and lessons learned, we need to clarify what a public school is, and make sure it includes traditional public schools as well as public charter schools. Even if we clarify for the record, I will say from a bill that passed in 2019, I learned that it did not apply to public charter schools, and it was definitely intended to. If that is the intent, I think it should be made clear on the record and in the bill.

Julia Ratti:
We shared our intent with the Legislative Counsel Bureau (LCB), so I would defer to the LCB, but that is our intent: all public schools.

Asher Killian, Committee Counsel:
Yes. Since this language is being added to Title 34 of *Nevada Revised Statutes* (NRS), pursuant to NRS 385.007, which provides the definitions for that title, public school includes both traditional public schools, charter schools, and university schools for profoundly gifted pupils. All of those types of schools would be included.

Chair Bilbray-Axelrod:
Can you also talk about what medical school specifically?

Asher Killian:
When this program was originally created back in the 1980s, it was assigned to the Board of Regents to administer, so the Board of Regents decided where it would be housed. The most recent amendment to NRS 396.900 placed it with the University of Nevada School of Medicine. At the time, there was only one school of medicine at the University of Nevada, and it happened to be located at the Reno campus. Currently, the University of Nevada has

campuses both in Reno and Las Vegas, and both of those campuses have a medical school. Given that change and given the Legislature's choice not to restrict this to a medical school located at a particular campus of the University of Nevada, it would be a decision for the Board of Regents as to which of the medical schools at the University of Nevada or both that would administer this program. My understanding is that they continue to assign it to the University of Nevada, Reno medical school, but that would be a decision for the Board of Regents as to which of the medical schools or both would participate in administering this program.

Chair Bilbray-Axelrod:
Thank you for that clarification. I wanted to get that on the record as well.

Julia Ratti:
When you refer to program, you mean the Nevada Health Service Corps and not just this bill, correct?

Asher Killian:
I am referring to the Health Service Corps and not just this bill with that answer.

Chair Bilbray-Axelrod:
Do we have any other questions? [There were none.] We will move to testimony in support. Is there anyone in support of A.B. 69?

Char Frost, Chair, Clark Regional Behavioral Health Policy Board:
[Submitted letter in support, Exhibit F.] I am here today to speak in support of this bill. As Ms. Ratti indicated, we were recently made aware that only one psychiatrist out of the six who graduated from UNR had decided to stay in-state. This is tremendously concerning for those of us who have experience in mental health and receiving those mental health services, in addition to families of children who are receiving mental health services or are trying to access those services.

One of the things I want to mention is the two years in Nevada. It took me two years to fall in love with Nevada, and that speaks volumes. I have been here for 26 years. I have raised both my children here, and I do not intend to ever leave.

I also want to mention the fact that the Surgeon General issued an advisory in late 2021, saying that we are in a mental health crisis for children nationwide. The problem is, we have been in a mental health crisis for children for upwards of six to ten years. From my lived experience, I serve on my board, I am the Chair, but I serve on the Board as the person who has received behavioral health care services, including services for substance use disorders or a family member of such a person. I qualify for both those things. I have received mental health care services here in Nevada, and I continue to, but navigating the systems in Nevada has been very difficult. It is even more difficult when we cannot address the systemic disparities in care that exist for our Black, Indigenous, and people of color communities, our

Native American communities, and our immigrant communities. That is why we are supportive of this bill. The more providers we can grow and keep here, the better off we will all be, and that will lead to that systemic change we really need. Thank you.

Lauren Chapple-Love, President, Nevada Psychological Association:
I am a licensed psychologist here in Nevada practicing with a private practice in the Las Vegas area. I want to thank you all again for the time and for talking about this topic that is very close to a lot of providers' hearts. I want to highlight a previously discussed statistic. Nevada being 51st in the nation is the fancy way of saying dead last. These parity concerns are oftentimes exacerbated across the communities we serve, in particular for doctoral providers such as me and other psychologists. We see this permeate, a ripple effect if you will, through not only our youth populations, but also the adults who need services. This very much was exacerbated during whatever anyone considers to be the COVID-19 years. This is across rural, frontier, and more densely populated areas to give you a bit of perspective about the sheer need for psychologists in the state.

What are we doing to assist in this? How are we attempting to combat it? These are the questions I was hoping to provide for the Committee today. Many of us work multiple jobs. I do private practice. I work as a clinical director at a place that only provides Medicaid, and we are attempting to address the parity along a spectrum of what Nevadans can afford to pay and to be able to provide access to mental health care for more Nevadans.

With that, wearing one of the hats that I wear, which is the President of the Nevada Psychological Association, which is the largest organization in the state specifically for psychologists, I would like to extend support to A.B. 69 because it addresses mental health workforce shortages through the expansion of the student loan payment program. In that, it is helping to recruit and retain psychologists in the state. That was also previously discussed. Some psychologists are like me, and we move here because we want to be here to assist. Others are trained here, and we are trying to keep those younger doctors here as well—younger in the sense of not having trained and practiced as long. This is also going to benefit efforts to increase the diverse population and qualified population of psychologists, and that is to better reflect the communities we serve.

Dorothy Edwards, Member, Washoe Regional Behavioral Health Policy Board; and Washoe Regional Behavioral Health Coordinator, Washoe County Human Services Agency:
I would simply like to offer support for A.B. 69 as written and amended.

Valerie Cauhape Haskin, Rural Regional Behavioral Health Coordinator, Rural Regional Behavioral Health Policy Board:
The Rural Regional Behavior Health Policy Board offers its support for A.B. 69. The Board has heard the bill, reviewed the bill, and has not identified any negative impacts to the rural region or, from what we can tell, other areas, and really only sees benefit from this project.

Mary Pierczynski, representing Nevada Association of School Superintendents:
We are very appreciative of this bill. Thank you, Ms. Ratti, for your presentation and very clear thoughts on this. The behavioral health professionals that this will bring to our schools are so needed.

Alejandro Rodriguez, Director of Government Relations, Nevada System of Higher Education:
The Nevada System of Higher Education supports A.B. 69 and expanding this critical program for our state.

Blayne Osborn, President, Nevada Rural Hospital Partners:
I am here in support of A.B. 69. Nevada Rural Hospital Partners is a consortium of the 13 critical access hospitals in the state of Nevada, and we also employ two of the five regional behavioral health coordinators in the state. Many of our member hospitals also benefit from the Nevada Health Service Corps. We have supported that program since its inception. I appreciate Ms. Ratti mentioning there will be another BDR you will see later in the session dealing with the original Nevada Health Service Corps program. We are very happy to be here today in support of this expansion. I think you could tell from Mr. Clark's presentation that this really is the perfect program to expand, particularly for this critical need in the state of Nevada.

Megan Comlossy, Associate Director, Center for Public Health Excellence, School of Public Health, University of Nevada, Reno:
[Submitted letter in support, Exhibit G.] I am here today because part of our work at UNR is to lead a number of initiatives to improve the health of Nevadans statewide. One of those initiatives is what is called the Nevada Health Care Workforce and Pipeline Development Workgroup, which former Senator Ratti mentioned. It is a group that aims to improve, grow, and diversify the public health, behavioral health, and primary care workforces in Nevada. It brings together more than 40 leaders from throughout the state, and they represent public health, behavioral health, primary care, K-12, higher education, minority health and equity, community-based organizations, and traditional workforce development. The workgroup started because we realized there was a lot of great effort happening in terms of workforce development in Nevada, but it was happening in silos. It is an attempt to bring all of these sectors together to connect them and move the needle on workforce development.

Over the past year, these diverse partners have met monthly. They have dug into these issues, done some information sharing, identified opportunities for cross-sector collaboration, mapped what exists in terms of health care workforce development for public health, behavioral health, and primary care, and identified gaps and plans to address those gaps.

Our members have seen the impact of the severe behavioral health workforce shortage in Nevada. They have seen it in K-12 schools where children's needs are not always met. We have some members who are attorneys who work with the mental health court in southern Nevada. They were drawn to this effort because in working with vulnerable youth, they realized they were not able to get the services they needed because there were not

enough behavioral health providers. Workforce was the issue. It was not related to their job other than they could not do their job because of this workforce shortage. We have heard a lot about the shortages in rural areas of the state.

The workgroup has identified expanding loan repayment for behavioral health professionals as a strategy to encourage behavioral health professionals to come to the state. It has discussed the same challenges that you heard today; challenges recruiting faculty to train the next generation of behavioral health providers; and challenges getting providers in schools, whether social workers or other behavioral health providers. This bill is a step in that direction and aligns with the plans that workgroup has developed.

Sarah Adler, representing National Alliance on Mental Illness-Nevada Chapter; Nevada Advanced Practice Nurses Association; Vitality Unlimited; and New Frontier Treatment Center:

The clients I represent experience these workforce challenges continuously, and loan repayment would be such an incentive. From all of my clients, they say, "Yes, please," in bold and underlined. I want to give a shout-out to LCB because when I first heard about A.B. 69, and it was for behavioral health, I immediately went to Ms. Ratti and asked if NRS Chapter 641C was in this bill, which is our alcohol and drug chapter, and it was. You all defined behavioral health to be inclusive of folks with addictions.

Andrea Gregg, CEO, High Sierra Area Health Education Center:

[Submitted a letter in support, Exhibit H.] I will not belabor the fact that we are all aware that Nevada needs health care workforce infrastructure improvements across the board. On behalf of A.B. 69, I would like to share our thoughts on behalf of our agency in support of the expansion of the loan repayment program, as it certainly could serve as an invaluable means of expanding and diversifying workforce through incentivizing in-state education and practice. We know that through A.B. 69, Nevada's health care workforce would further reflect Nevada's diverse communities, which would then promote better health outcomes and enhanced access to care.

Furthermore, the behavioral health professionals that this bill would expand coverage for, such as those serving in our pK-12 settings really offer us an opportunity to provide the much-needed mental health support, counseling, and intervention services that our students so desperately need. Finally, in doing so, we know the tuition repayment program for professionals who work in promoting mental and behavioral health for our students would also advocate not only for the pursuit of professionals in these areas, likely having an opportunity to recruit from within through those efforts, but certainly improve the health of our youth statewide and help with our infrastructure needs throughout the state.

Constance Brooks, Vice President, Government and Community Engagement, University of Nevada, Las Vegas:

We would like to thank the Washoe Regional Behavioral Health Policy Board, Ms. Ratti, and the other leaders of the Board for pursuing this important legislation, which is to address a critical need as has been articulated by the previous speakers. We are in support of A.B. 69,

as we are beneficiaries of this significant federal investment with Clark County being the largest recipient, as was articulated by Mr. Clark. We are grateful for his in-depth presentation [Exhibit C].

Like Nevada's rural areas, our urban communities suffer from health professional shortages with the entirety of Clark County being designated as a health professional-shortage area by the Federal Health Resources and Services Administration. We believe this legislation is significant in the sense of expanding, so that behavioral and mental health practitioners would be able to benefit from this program. As someone with a social work background, I am particularly interested in seeing how this program can be expanded to address, as I have stated before, a critical need.

Before turning it over to Dr. Khan, who is the Dean of the Kirk Kerkorian School of Medicine at UNLV, I would like to state that this is one of many opportunities where you will see our two R1 [Research 1] institutions in the state working together to solve Nevada's challenges, and in particular, our two schools of medicine. We are proud to stand as a partner with UNR in this effort, and we appreciate the efforts thus far in terms of making sure southern Nevada is a beneficiary of this program, as has been stated.

Marc J. Khan, M.D., M.B.A., Dean, Kirk Kerkorian School of Medicine, and Vice President, Health Affairs, University of Nevada, Las Vegas:
Again, we stand in support of A.B. 69. We think, believe, and know there is a mental health crisis nationally, but certainly in our state. Loan repayment is one of the best methods to get practitioners to stay in our state. My colleague, the dean at UNR, and I talk frequently. As mentioned by my colleague, Ms. Brooks, this is one of many areas where we stand together in support of this important legislation.

Steve Messinger, Policy Director, Nevada Primary Care Association:
We represent the state's community health centers, also known as federally qualified health centers (FQHC). Our members provide integrated primary, behavioral, and dental health care to nearly 112,000 Nevadans in more than 60 clinics and mobile units statewide, as well as virtually throughout the state. Assembly Bill 69 would support our work. In just the past five years, FQHCs in Nevada have more than quadrupled the number of patients seen for mental health visits. This increase in demand is clear, from 2016 when only 5 percent of patients accessed mental health services, to 2021 when this figure was 21 percent. That is 1 in 5, up from 1 in 20. Nevadans demand more mental and behavioral health services, and our health centers would like to meet this need. This Legislature should be doing all it can to expand the number of available providers, and we believe A.B. 69 does just that. We urge your support.

Laura Hale, Private Citizen, Carson City, Nevada:
I am retired from the State of Nevada. I formerly worked with the Primary Care Office. I worked with Keith Clark and many others who have testified for you today. I am calling in support of A.B. 69.

One thing I wanted to mention, there was a question about retaining health providers in rural Nevada in particular. When I worked for the Primary Care Office, we did a number of surveys with physicians and other health care providers who we recruited through the National Health Service Corps, and also through the J-1 physician visa waiver program. We would survey them about their experience. One of the things we often heard from rural Nevada was, people there with their families had concerns about the systems in place—with infrastructure, with schools, and different services in those communities for their families. I wanted to let members know about that as an additional concern when trying to recruit and retain providers in rural Nevada.

Lisa Durette, M.D., Interim Chair for Psychiatry and Behavioral Health, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas:

I want to speak in support of A.B. 69. As we all have heard, there is an enormous behavioral health crisis. Although we are graduating ten general psychiatrists per year and two child psychiatrists per year out of our school, not all of them stay in Nevada, and it has been really difficult to recruit and retain graduates to serve as faculty. Our salaries at the school are certainly less than the private sector, and one of the key factors to recruit and retain faculty is opportunities for loan repayment. That is one of the reasons for which we can keep and retain psychiatrists, marriage and family therapists, and other professionals in our state. This would be an excellent way to not only achieve improvements in our workforce flow, but also because of the patient population that these individuals would serve, it would improve access to care for our underserved populations. I very much appreciate your listening to all of our testimonies and support for this bill.

[A letter in support, Exhibit I, was submitted but not mentioned and will become part of the record.]

Chair Bilbray-Axelrod:
Is there anyone else wishing to testify in support of A.B. 69? [There was no one.] Is there anyone wishing to testify in opposition to A.B. 69? Is there anyone wishing to testify in the neutral position on A.B. 69? Would you like to make any closing remarks? [There were none.] I will close the hearing on A.B. 69.

That will bring us to our final item on the agenda, which is public comment. Is there anyone wishing to give public comment? [Public comment was heard.]

Our next meeting is Tuesday, February 21, 2023, at 1:30 p.m. That concludes our meeting for today. This meeting is adjourned [at 3:12 p.m.].

RESPECTFULLY SUBMITTED:

Funmi Sheddy
Recording Secretary

Julie Axelson
Transcribing Secretary

APPROVED BY:

Assemblywoman Shannon Bilbray-Axelrod, Chair

DATE:

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a copy of a PowerPoint presentation titled, "Nevada State Loan Repayment: The Nevada Health Service Corps," dated February 16, 2023, presented by Keith R. Clark, Director of Rural Programs, Office of Rural Health, Office of Statewide Initiatives, University of Nevada, Reno, School of Medicine.

Exhibit D is a copy of a PowerPoint presentation titled, "Washoe Regional Behavioral Health Policy Board (WRBHPB): Assembly Bill 69," presented by Julia Ratti, Chair, Washoe Regional Behavioral Health Policy Board.

Exhibit E is a proposed amendment to Assembly Bill 69, presented by Julia Ratti, Chair, Washoe Regional Behavioral Health Policy Board.

Exhibit F is a letter dated February 15, 2023, submitted by Char Frost, Chair, Clark Regional Behavioral Health Policy Board, in support of Assembly Bill 69.

Exhibit G is a letter submitted by Megan Comlossy**,** Associate Director, Center for Public Health Excellence, School of Public Health, University of Nevada, Reno, in support of Assembly Bill 69.

Exhibit H is a letter dated February 15, 2023, signed and submitted by Andrea Gregg, CEO, High Sierra Area Health Education Center, regarding Assembly Bill 69.

Exhibit I is a letter submitted by the Nevada Association of School Psychologists and the Nevada School Counseling Association, in support of Assembly Bill 69.