

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-Second Session
May 8, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 1:35 p.m. on Monday, May 8, 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 Sarah Peters, Chair
Assemblyman David Orentlicher, Vice Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Rochelle T. Nguyen, Senate District No. 3
Senator Melanie Scheible, Senate District No. 9
Senator Marilyn Dondero Loop, Senate District No. 8

Minutes ID: 1075



STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Eric Robbins, Committee Counsel
David Nauss, Committee Counsel
Terry Horgan, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Vanessa Dunn, representing Nevada Public Health Association
Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice America
Jessica Ferrato, representing American College of Obstetricians and Gynecologists
Shelbie Swartz, representing Battle Born Progress
Matt Robinson, representing Carson Tahoe Health System
Briana Escamilla, representing Planned Parenthood Votes Nevada
Patrick D. Kelly, President and CEO, Nevada Hospital Association
Dora Martinez, Private Citizen, Reno, Nevada
Blayne Osborn, representing Nevada Rural Hospital Partners
Marie Coe, Ombudsman, Office of the State Long-Term Care Ombudsman, Division of Aging and Disability Services, Department of Health and Human Services
Jonathan Norman, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers
Ashley Cruz, representing A Place for Mom, Inc.
Nana Boyer, Associate General Counsel, A Place for Mom, Inc.

Chair Peters:

[Roll was taken. Committee rules and protocol were reviewed.] Welcome to the Assembly Committee on Health and Human Services. Now, we will move on to our agenda. We have three bills listed. We will take them out of order today because we have Senator Nguyen in the room with us. We will go ahead and start with Senate Bill 280 (R1), which revises provisions governing contraception. Welcome, Senator Nguyen. Thank you so much for being with us today.

Senate Bill 280 (1st Reprint): Revises provisions governing contraception. (BDR 40-40)

Senator Rochelle T. Nguyen, Senate District No. 3:

I am proud to present Senate Bill 280 (R1). This bill came to me in conversations with Dr. Sandra Koch. She is a local obstetrician/gynecologist (OB/GYN) here in Carson City, and she would have been my copresenter and able to answer all those doctor-related questions the Committee might have, so there may be questions that I will have to either phone a friend or get back in touch with Committee members with any answers. She did provide a lot of testimony in the Senate hearing that, hopefully, I can recall. What this bill is about is LARCs, long-acting reversible contraceptives. A LARC is a device that is a long-

term reproductive contraceptive. A lot of times you think of it as an intrauterine device (IUD). What Dr. Koch learned during the course of her practice as an OB/GYN over the past 20 or 30 years working in Carson City and also in our rural communities—and this was confirmed by Senator Titus in the Senate hearing—was women would come in, have children and give birth, and then request a LARC be inserted. At that time, it was not able to be done because the facility did not have the device, or the patient was referred to a later time in an outpatient setting because it was cheaper. So, we were seeing a drop-off in women obtaining these types of contraceptives even though they were wanted and requested after the women gave birth. Some of the questions that came up were: Is it an okay time to get one of these IUDs inserted right after birth? Would your body naturally expel it? Would there be any conditions? What Dr. Koch learned in her research and in her practice is this is a very good time to do this. A lot of you have heard the process of either having one inserted or removed in an outpatient setting is sometimes painful. Intolerable pain is sometimes associated with the removal or insertion of such devices, and post-pregnancy is an ideal time to insert that LARC. This would allow women who request this in a hospital setting to be able to do just that.

One thing was not included in this bill, and I anticipate there will be an amendment. I am continuing to work with different stakeholder groups on what that might look like. In talking with some of our rural communities, having these devices on hand or readily available in a hospital setting is not always workable, so we wanted to expand that definition to also include shots and other types of things that might be easier to administer in rural settings. There are lots of different types of LARCs available including IUDs, but also including long-term contraceptive shots that can be administered in that same thing. It is our intention to include that. I know this was one of the things Senator Titus was concerned about. She wanted to make sure it was included to give the rural hospitals in particular some flexibility to provide different types of LARCs in their facilities. That is essentially what this bill does, and I would be happy to answer any questions. As I said, there may be questions I will have to defer and get back to Committee members on if they are of a medical nature and I am not able to recall what the answers were in previous conversations.

Chair Peters:

Thank you, Senator, and there are a couple of questions. We will go ahead and get started with Assemblyman Koenig.

Assemblyman Koenig:

Thank you, Madam Chair. My question and concern have to do with the rural hospitals and making them available. I have not verified this, but I had some lobbyists in my office claiming in some of the rural hospitals they were having difficulty getting reimbursed for IUDs. You brought up the fact that they are getting reimbursed for the insertion and removal, but not for the actual device. I think they are getting \$35 to insert and remove, and the device costs \$700, so for them not to receive reimbursement for that device makes it not practical for some of the rurals to do that. When you brought up the possibility of an amendment, were you aware of that situation?

Senator Nguyen:

Thank you for that question and that concern is something we are continuing to work on. We wanted to make sure people were not charged exorbitant costs because they were having this procedure in a hospital. As we all know, if you have an in-hospital procedure done, it tends to be more expensive than if you have an outpatient procedure done in a medical office. We wanted to ensure we were protecting patients from being charged a ridiculous amount just because they were in a hospital setting as opposed to coming back four, five, or six weeks later, if at all, to have that done in an outpatient setting. So, there would be some protection in the law. We are continuing to fine-tune what that looks like and is part of the reason we also wanted to include the shot, because then they would not have to carry those devices, which can be expensive.

Assemblyman Koenig:

Thank you for addressing that concern.

Chair Peters:

Thank you for the question. While I am waiting to see if anyone else has questions, I wanted to touch on the cost. I was thinking about the cost of the birth and then the request to have a long-term contraceptive device. At the same time as the cost of birth is being incurred, the potential cost savings 9 months, 10 months, 15 months down the road seems to offset the cost of inserting a \$500 IUD that can last up to 12 years or so. It is funny to me when we pinch pennies like that, but we are not looking at the cost benefit. Maybe it is our biennial budgets that keep us from seeing those long-term impacts and costs.

Assemblyman Hibbetts:

Thank you, Chair. Thank you, Senator, and welcome back to the third floor. I know we are not a money committee, but as policy goes, this is a money policy. I went through the fiscal impact statements, the fiscal notes. One said there was X amount of dollars. Another from a similar agency in a different county said there is no fiscal impact; in fact, this will save us money. On the bill, it says, "May have Fiscal Impact" and that it contains an unfunded mandate, but I am not understanding where that comes in. Can you explain that?

Senator Nguyen:

I am not clear on that as well. It goes to the point your Chair just mentioned—that these are covered procedures. This is a procedure that is covered by Medicaid and also by most private insurance. I am sure there are other people who can testify to that, so this is not a new process. We are not requiring something new; we are requiring a new location for it to be covered in. You can have this done in a hospital, you can have this done as an outpatient, and this just brings that clarity so when people request it, we can avoid the more expensive costs of an unwanted pregnancy down the line. To the Chair's point that the long-term cost savings of \$500 to even \$1,000 for an IUD probably saves us money as a state.

Chair Peters:

Perhaps Legal can explain where this came from.

Eric Robbins, Committee Counsel:

Any time we adjust or impose requirements relating to insurance coverage and those requirements apply to local governments that have insurance for their employees, we put an unfunded mandate on it, and we also note a fiscal effect. What noting the fiscal effect does is require our Fiscal Division to solicit fiscal notes from the agencies that will know better as to whether it does have a fiscal effect or not. The "unfunded mandate" satisfies the legal requirements in case it does, but just because those are noted on a bill does not necessarily mean that the bill has a fiscal impact or an unfunded mandate. It is just there so we get those fiscal notes, and if one comes back, we are covered on our legal bases.

Senator Nguyen:

It did come out of the Senate unanimously, and it did not get taken into a money committee.

Assemblyman Hibbetts:

Thank you, Chair, thank you, Legal, and thank you, Senator.

Chair Peters:

I did note that by the way. Thank you.

Assemblywoman Newby:

Thank you, Senator Nguyen, for bringing this bill. It makes a lot of sense. Having had kids, after you give birth, you are in that fog for some time afterward, and child care is hard to find. Trying to find the time to get all of the exams and inserting and everything is just so much more. Have you heard from women's groups about that and about the aspect of carrying on with women's lives after they have given birth and maybe lightening that load?

Senator Nguyen:

That was part of the motivation to bring the bill. Speaking as a mother, that is definitely the case. After you go home, you have this new child you have to take care of and sometimes women's health and women's choices get put to the wayside because time and life happen. If there is an opportunity, and there are women who know they want to immediately be on these LARCS long-term, this gives them the opportunity to do that. I can get you more information, but I think there is a drop-off of about 19 percent of those who would have requested this be done in the hospital but do not come back and get it done later on, and that may lead to unwanted or unexpected pregnancies or any one of those kinds of circumstances that they may not be mentally and physically prepared for, especially shortly after giving birth.

Chair Peters:

It was like listening to my biography right there. At six months pregnant, I held my husband's hands while he got a vasectomy because we had an unexpected pregnancy resulting from both of our failures to follow up with our physicians. She is wonderful. I am so grateful we have her, but it was definitely a decision we had to make that cost us more money than if we had just been able to get things done at the outset.

Assemblywoman Taylor:

I want to make sure I understand what we are attempting to get our arms around here, because it certainly seems to make sense, but I want to make sure I get it. What is going on now is it is difficult for women to have an IUD or another LARC placed during the time they are giving birth. This bill is hoping to clear that up and make that possible. I see some limitations on what the hospital charges the third-party insurance. I certainly understand adding the shot as an option for those in rural Nevada that may not carry these devices, because apparently, they are pretty expensive. This is making it clear this can happen when they give birth, and expecting insurance to be a part of helping to pay for this is something that can happen during that time. Do I have it in a nutshell?

Senator Nguyen:

That is correct. We want to make sure it is an option for women while they are in the hospital after they have given birth and, before they go home; they can have one of these inserted if they choose to ask for it, and they do not have to come back and have it done in an outpatient setting.

Assemblywoman Taylor:

It is optional, obviously, and they do not have to have it during the time the baby is born, but it can happen during that time, if that is what the family chooses.

Senator Nguyen:

That is correct. I do not know the whole medical procedure, but usually you are in the hospital for a little time after you have given birth. The circumstances obviously differ, but every individual should speak with their doctor to find out if it is appropriate. I had a cesarean section and was asked if I wanted to have my tubes tied. In my post-pregnancy brain fog, I said, "No, no. I think I might want to have more kids." If I could go back, but . . . my husband had a procedure; I made him follow up. That is the intention.

Assemblywoman Thomas:

Thank you, Senator, for bringing this bill forward. My question has to do with history and pushback—the reason this bill is being pushed or being brought forward. Is it because of the pushback you are getting from the hospitals? After a woman has a baby, I would think that would be the optimum time to insert a LARC or have a tubal ligation, either one of those procedures. Is there a pushback on this bill?

Senator Nguyen:

I have not received any pushback. It is just a policy that is good to put in place. I think women and access to reproductive contraception is something that is timely. As I said, this does not create new things. These are covered in the hospital; they are covered as an outpatient. The only pushback I have had—and we have been working through it, and I will continue to listen and work through it—is to make sure this cost piece is equitable for not only the insurers but also the hospitals. Assemblyman Koenig brought up a good point. We do not want to make it a free device. We want to make sure that the device costs are covered. We want to make sure patients are protected, that they are not charged hospital prices for an outpatient procedure in this limited circumstance.

Chair Peters:

Are there any other questions from the Committee? You did really well without a copresenter. Impressive job.

Senator Nguyen:

Thank you.

Chair Peters:

We are going to go ahead and move into testimony. We will start with support testimony in our physical locations and then move to the phone. If there is anyone in the audience in Carson City or Las Vegas, please come to the desk for support testimony. We will start here in Carson City.

Vanessa Dunn, representing Nevada Public Health Association:

Hello, Chair, and members of the Committee. I am here on behalf of the Nevada Public Health Association, also known as NPHA. Senate Bill 280 (R1) increases access to reproductive health care and aligns with the goals of NPHA. Thank you.

Caroline Mello Roberson, Southwest Regional Director, NARAL Pro Choice America:

I am Southwest regional director for NARAL Pro Choice America and the lead staffer here in Nevada. I submitted formal comments [[Exhibit C](#)]; however, I also wanted to speak in support. We have 48,000 members in the state. We are really proud the state continues to advance and protect reproductive freedoms including access to contraception. I think some of you were here in 2017 when we voted to allow for no copays for IUDs to be codified in State law. As many noted, this is a cost that will pay dividends in the future—allowing people access. I got an IUD soon after giving birth, and it was one of the best decisions I ever made. I encourage you to support this without delay. Thank you, Senator, for bringing this forward, and thank you to Dr. Koch, who I know is a big part of making this happen.

Jessica Ferrato, representing American College of Obstetricians and Gynecologists:

We are here in support of S.B. 280 (R1). The Patient Protection and Affordable Care Act requires that long-acting reversible contraceptives, including IUDs, implants and Depo-Provera are covered without copays. Unfortunately, multiple factors inhibit patients' ability to obtain these in a hospital setting. Senate Bill 280 (R1) attempts to remedy some of these barriers. Most importantly, the legislation requires a device to be available if a patient requests such a device. It is important for long-acting reversible contraceptives to be available for women especially after giving birth. Thank you for your consideration, and we appreciate your support for the bill.

Chair Peters:

Thank you so much. Seeing no one else coming up to the desks in Carson City or Las Vegas, we will move to the phones. Is there anyone on the public line for support testimony on S.B. 280 (R1)?

Shelbie Swartz, representing Battle Born Progress:

Good afternoon. I am calling in support of S.B. 280 (R1) because our hospitals need to ensure they are able to provide IUDs for any patient requesting it, particularly post-birth. I am currently pregnant, and I am keenly aware of how necessary birth control access is in the crucial period following childbirth. The insertion of an IUD post-delivery can provide women and pregnant people with peace of mind during the confusing postpartum period. Some people are more fertile after the birth of a child, and the lack of access to birth control can spell disaster for a new parent who needs to focus on their brand-new baby. We know that access to reliable, effective birth control is liberating for individuals and helps them protect their bodily autonomy. That is why I am calling in today to support S.B. 280 (R1), and to urge the Committee to support this bill.

Chair Peters:

Thank you. Next caller, please.

Matt Robinson, representing Carson Tahoe Health System:

Thank you, Madam Chair, and members of the Committee. We are here today in strong support of S.B. 280 (R1), and really want to thank Senator Nguyen for working with us on language that includes coverage of the device as well as the procedure. Again, we are in strong support of the bill

Briana Escamilla, representing Planned Parenthood Votes Nevada:

Good afternoon, Chair, and members of the Committee. I am calling on behalf of Planned Parenthood Votes Nevada, and we are in strong support of S.B. 280 (R1) because we believe all people deserve to have accessible and reliable birth control. We think this bill will help move us in that direction, and we strongly support this bill and encourage you to do so as well.

Chair Peters:

Thank you. Next caller, please. [There were no other callers.] We will go ahead and move into opposition testimony. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony?

Patrick D. Kelly, President and CEO, Nevada Hospital Association:

Good afternoon. My name is Patrick Kelly with the Nevada Hospital Association. We do not oppose the primary purpose of this bill. As Senator Nguyen indicated, there are two things we have concerns about. One is the verbiage related to payment, and the second is allowing rural hospitals to have injectables as an option under the bill. We have been working with the Senator and will continue to work with her. We appreciate all her efforts and thank you for your time.

Chair Peters:

Thank you. Seeing no one else in Carson City and no one coming to the table in Las Vegas, we will move to the phones. Is there anyone on the public line for opposition testimony on S.B. 280 (R1)?

Dora Martinez, Private Citizen, Reno, Nevada:

Good afternoon, Chair. I was calling in to support this bill.

Chair Peters:

Thank you for letting me know. We can reclassify your testimony in support. Please go ahead.

Dora Martinez:

Thank you to Senator Nguyen for this bill. As a representative of the disabled population of Nevada, this is one of those things that falls under "informed choice," so we are very thankful for her support. We are in support of this bill.

Chair Peters:

Thank you for your testimony. Is there anyone else on the line? [There were no additional callers.] We will move on to neutral testimony. Is there anyone in the room who would like to provide neutral testimony? We will start here in Carson City.

Blayne Osborn, representing Nevada Rural Hospital Partners:

We are here in neutral on Senate Bill 280 (R1). Today, we have been called out several times during this hearing regarding working with Senator Nguyen and trying to get that language correct. We still need a little more time to get that figured out for those contraceptive injections as well as working on the payment provisions in section 1, subsection 4. Thank you.

Chair Peters:

Thank you. Seeing no one else come to the table, would you check the public line for neutral testimony on S.B. 280 (R1). [There was no one.]

Senator Nguyen, would you like to make closing remarks today? All right, we are waiving closing remarks. I will close the hearing on Senate Bill 280 (R1).

We will open the hearing on Senate Bill 298 (R1), which revises provisions governing the involuntary discharge of a resident from a residential facility for groups. Welcome, Senator Scheible. Thank you for being here. It is my understanding you have a copresenter on Zoom.

Senate Bill 298 (1st Reprint): Revises provisions governing the involuntary discharge of a resident from a residential facility for groups. (BDR 40-301)

Senator Melanie Scheible, Senate District No. 9:

I am happy to be here today presenting Senate Bill 298 (R1) to you. Senate Bill 298 (R1) came out of the interim Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. I was delighted to sit on that committee with a fantastic chairperson. At the conclusion of the interim, we voted on a couple of different proposals to bring forward; bills to clean up or address issues people in those populations—senior citizens, veterans, and adults with special needs—are facing. One of them is people being discharged from a specialized facility. When people are in a specialized facility, they do not have the same landlord/tenant protections as the rest of us who rent a home, apartment, or other place we live. The purpose of S.B. 298 (R1) was to provide some kind of process and policy for those individuals who might be being removed from a group home setting to ensure they have some due process before they are ultimately removed and sent to another facility. I am not an expert on this. Ms. Marie Coe is the expert on this. She is the interim ombudsman in this department, so I would like to turn the presentation over to her to walk through the bill, and then we will both be here to answer any questions you might have.

Chair Peters:

Welcome, Ms. Coe. Thank you so much for being here.

Marie Coe, Ombudsman, Office of the State Long-Term Care Ombudsman, Division of Aging and Disability Services, Department of Health and Human Services:

I am the state ombudsman for Nevada, and I have the pleasure of representing residents who live in care facilities throughout Nevada. This bill provides increased discharge protections for residents along with consistent criteria for providers to follow if discharges are needed. Residents have been discharged into our communities without assistance when care was needed and without ensuring care can be provided at another setting. Promoting transparency for the reasons residents may be discharged and the ability for advocacy is a benefit to residents and providers. I am available to take any questions regarding the specifics of this bill.

Chair Peters:

Thank you so much. Committee members, do you have questions on the bill?

Assemblywoman Taylor:

Thank you, Senator, for being here and for bringing this important bill. I want to make sure I understand the problem we are trying to get our arms around here. It sounds as though those vulnerable populations you mentioned, as they are getting released from the specialized facilities, sometimes do not know why. You mentioned there are some protections they do not have. Can you share a little bit about that?

Senator Scheible:

We are talking about people who live in residential facilities for groups as defined in the *Nevada Revised Statutes* (NRS), so we are not talking about people in a normal apartment setting. We are talking about somebody in an assisted care facility or perhaps in a medical care facility. One of the common issues we were trying to address is that sometimes these people are discharged or removed from the facility because either the facility is no longer the right fit for them, they need a higher level of care, they need a lower level of care, or sometimes it might be their disruptive behavior. They are not being afforded an opportunity to rectify the behavior or being informed what it is regarding their condition or their situation that makes them a bad candidate for that facility. Senate Bill 298 (R1) requires that before a facility serves a person with discharge paperwork that says you no longer require the services of our facility and you need to go somewhere with a higher level of care or a lower level of care, they have to provide notice to the patient or resident. The notice might say, Look, you are going to be needing a higher level of care, so over the next 30 days you need to start looking for a facility that provides X, Y, and Z because that is what we do not provide here, instead of waiting until the day comes for them to actually leave the facility. I would invite Ms. Coe to chime in if I misstated any of that or missed anything.

Marie Coe:

Senator Scheible was correct on many of the reasons residents have been leaving these facilities. Residents have lacked the ability to dispute the reason, and this gives them the ability to ask for advocacy as well as for a consistent methodology that the facility providers would use to be able to discharge. This is similar to what is currently happening in skilled nursing facilities. I will also note that many residents have care needs, and they need a facility to meet those care needs. They are being sent to homeless shelters or sent to the hospital and not afforded the right to return to the facilities once their acute needs have been met. This would resolve many of those issues as well.

Chair Peters:

Thank you so much, Ms. Coe and Senator. Committee members have a couple of questions.

Assemblyman Nguyen:

Thank you, Senator, for this bill. In this Committee, I am known to ask the same line of questions, so I am pleased to see that section 11 of your bill addresses language access. I want to commend you on behalf of not just my district, but also the district that you serve. Language access is one of the critical components of the things we are trying to do here in Carson City. I have a small question for the ombudsman in terms of the number of cases that she may have dealt with in terms of language access. If you could give us a little history on that, it would be awesome.

Marie Coe:

Thank you, Assemblyman Nguyen, for the question. We currently do not collect data regarding language access. That is a focus within the department, and I am pleased to tell you we are working on translation services on a lot of different documents. In terms of cases where language access has been a barrier, we do not have that data to provide. We use different tools, such as LanguageLine, to be able to communicate with people. We also just produced a document to be better able to communicate with residents in the facilities in the moment—to determine the language and give us the ability to communicate more effectively with the residents. But as far as data, we do not have that right now.

Assemblyman Nguyen:

If there are challenges in terms of issues that have arisen out of these cases, obviously, your office is the stop for folks who have challenges they are dealing with in terms of language access.

Marie Coe:

Yes, my office would be the advocacy group to be able to assist the residents, and if there was a language access, we would address that.

Assemblyman Nguyen:

Great. Thank you so much.

Assemblywoman Thomas:

Thank you, Senator, for bringing this forward. Of late, we have seen on TV and in the paper where a lot of people who do not have financial access are being turned out from hospitals. Would this bill prevent a lot of that from happening? Yes or no.

Senator Scheible:

This would definitely make a dent in that problem. I am not going to say that this solves the problem of people without the financial means to afford the care they need or housing facility and that we would be able to cover it. That is a larger question about how we finance social safety nets in the state of Nevada. What this does do is provide them with the right to have that information shared with them and some notification.

Speaking to the financial situation, it is important, and it is covered in this bill. If a facility is going to discharge somebody because they are behind on their payments, they have to give them the opportunity to catch up on those payments first and explain to them what payments might be behind. It is not always as simple as your rent is \$1,000 a month. It might be that you are getting some subsidy from Medicaid or Medicare, or it might be that you are receiving some benefits or a social security check. Multiple cost is not just one line item, so helping residents understand the reason they are behind and by how much instead of involuntarily discharging them is part of what we are trying to address.

Assemblywoman Newby:

Thank you for bringing this bill, Senator. I have been in a number of different group homes in my work with the public guardian's office, and sometimes they are regular homes with a couple of folks living there. If one of the residents is violent or develops some sort of behavior impacting the other residents, does this bill give any sort of cushion for those residents? I know it provides that there be notice, but what if that person really is harming another within the home?

Senator Scheible:

This does not change the ability of the operator of that group home to remove that person from the facility. It just provides that they have to be given notice and also provides an appeal process, which does not necessarily mean they can appeal the process and remain in the facility. But if they want to return to the facility, especially, for example, if they have received acute treatment at the hospital, they have gone to an emergency room or something like that and they want to come back; it does not guarantee them the right to return. It provides an avenue for them to contact the ombudsman and explain why they want to return to that facility and opens up a line of communication to make it possible. It does not guarantee it, but it provides them with an avenue to try to seek that if that is what the patient or the resident wants. Ms. Coe might be able to better explain.

Marie Coe:

Residents who are experiencing behaviors that could be a risk to others: As you were saying, Assemblywoman Newby, it does happen on occasion, and if the resident needed to receive acute treatment to resolve the behaviors, then a conversation could be had about returning to the facility. But if they were not appropriate anymore and needed either a higher level or a behavioral facility, then the provider would not be required to have them return. We know that happens at times, and the other residents at the facility do not need to be exposed to the resident who could be posing a danger. That would be a reason they could be discharged from the facility.

Chair Peters:

Thank you so much for the questions and responses. Are there any other questions from the Committee? Seeing none, we will move into testimony. We will start with support testimony in our physical locations and then move to the phones. Is there anyone in the room who would like to provide support testimony on Senate Bill 298 (R1)?

Jonathan Norman, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers:

We were at the interim committee where this was presented. With our work with adults and guardianships and then working with Ms. Coe and Jennifer Richards at the Aging and Disability Services Division of the Department of Health and Human Services, we hear reports, I would say every month, of people who are discharged to homeless shelters and they have not had the opportunity to have any kind of normal procedure for losing what is essentially their homes, so we are in support of this bill.

Chair Peters:

Thank you. Seeing no one else coming to the desk in Carson City or Las Vegas, we will move to the phones. Is there anyone on the line for support testimony on S.B. 298 (R1)?

Dora Martinez, Private Citizen, Reno, Nevada:

Good afternoon, Chair and Committee. I represent the Nevada Disability Advocacy Coalition. Many thanks to Senator Scheible. You are awesome, and we support this bill. Thank you.

Chair Peters:

Thank you. Please add the next caller. [There were none.]

[[Exhibit D](#) in support of Senate Bill 298 (R1) was submitted but not discussed and will become part of the record.]

We will move into opposition testimony. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony to Senate Bill 298 (R1)? Seeing no one approaching the desk, is there anyone on the public line for opposition testimony on S.B. 298 (R1)? [There was no one.] We will move into neutral testimony. Is there anyone in Carson City or Las Vegas who would like to provide neutral testimony on S.B. 298 (R1)? Seeing no one, would you check the public line for neutral testimony on S.B. 298 (R1)? [There were no callers.] All right, the sponsor is waiving final remarks. Thank you so much for being here. We will close the hearing on Senate Bill 298 (R1).

Next up is Senate Bill 260 (R1). Welcome, Senator Dondero Loop. Thank you so much for being here. We appreciate your making time in your schedule for us. Senate Bill 260 (R1) revises provisions relating to certain persons providing referrals to group housing for persons who are aged.

Senate Bill 260 (1st Reprint): Revises provisions relating to certain persons providing referrals to group housing for persons who are aged. (BDR 40-675)

Senator Marilyn Dondero Loop, Senate District No. 8:

Good afternoon, Chair Peters, and Committee members. Today, I am pleased to present Senate Bill 260 (R1) to you which revises provisions relating to certain persons providing referrals to group housing for persons who are aged. I am going to quickly go through the sections of the bill, and then my friends here at the dais with me will introduce themselves and give you additional information.

Section two defines the term "senior living community" to refer to certain facilities or other living arrangements for people who are aged, including residential facilities. Section 3 of this bill defines the term "senior living community referral agency" as a person who refers individuals to a senior living community. Section 4 of this bill requires that all unlicensed senior living community referral agencies disclose certain information to a person who is aged or is a representative of that individual and to obtain consent before a referral can be made. This section also requires the senior living community referral agency, as defined in section 3, to: (1) Maintain a record of disclosure and consent for at least three years; and (2) Provide a copy of this record to certain entities.

Section 5 prohibits a licensed senior living community referral agency from referring a person who is aged or the representative of such a person under certain provisions. This section also requires an unlicensed senior living community referral agency to establish a policy that protects the privacy of an aged person and their representative, preventing the selling of their personal information. Additionally, this section requires an unlicensed senior living community referral agency to stop contact and/or referrals for an aged person or their representative upon request. I am going to let my two copresenters introduce themselves and give additional information, and then we will be ready for questions. Thank you very much.

Ashley Cruz, representing A Place for Mom, Inc.:

I just want to thank Senator Dondero Loop for bringing this bill forward, and I will turn it over to Nana Boyer who is here with us from A Place for Mom, Inc. She is going to walk through why we think this bill is important, and then we will stand for questions.

Nana Boyer, General Counsel, A Place for Mom, Inc.:

Good afternoon, Chair Peters and members of the Assembly Health and Human Services Committee. I am the general counsel for A Place for Mom, Inc., which is a national senior living referral agency. Nevada is currently the only state in the United States where senior living referral agencies have to operate on a subscription model. Senior living communities have to subscribe to our services, and they pay a set subscription fee regardless of whether it places a senior in the community or not. This model harms the business of the communities as well as seniors because under the subscription model, the communities are forced to pay for services they rarely or never use. This in turn can price some of the smaller communities

out of using our services altogether, and those smaller communities may be just the right fit for the families. So, the result is that some of the smaller communities in the state choose not to work with us at all, making it difficult for us to help families find the best fit for their loved ones.

The goal of the bill before the Committee today is to align the interests of all three parties involved in the process, the senior and their family, first and foremost; the referral agencies; and the senior living communities, so we ensure that ultimately, the senior moves into the community that best serves their needs, and that we as a referral agency are able to refer them to that community. This alignment happens when we are able to charge communities a per move-in fee—when the senior actually moves into the community and when the communities actually use our services. To note, the services are always free to the families with which we work, and the fees are only ever charged to the community into which the family moves. We believe this change, along with the consumer protections the Senator outlined and some of the clarification of the duties and responsibilities of the communities, will protect our most vulnerable populations and also benefit the communities they are joining. I am happy to answer any questions and thank you for your attention.

Chair Peters:

Thank you so much for the presentation. Committee members, are there any questions?

Assemblyman Hibbetts:

I might be missing it, but I am looking to see what the penalty is for violating the proposed bill. For example, let us say I am running a referral agency. I refer the aged person or the representative to my brother who runs a senior living facility, and that would be a violation of this bill. What is the penalty, or is it in here? I just do not see it.

Ashley Cruz:

I do not have that off the top of my head, and it is not outlined in the bill. However, we are happy to get that answer for you and get back to you unless Legal has another answer.

Eric Robbins, Committee Counsel:

I would need to look that up.

Assemblyman Nguyen:

I am a freshman, so I am learning terms as I go because there is so much new vocabulary in this building. One of the things I am learning is that we are not talking about 55 and older anymore. We are talking about 55 and better. That is a new term I learned. In terms of seniors, do we define that age somewhere in the *Nevada Revised Statutes* (NRS) or might this be a legal question when we talk about senior living communities? Is there a minimum in terms of age, or do we not usually define it and let folks figure it out?

Nana Boyer:

I will give it a shot. I believe each community has its own criteria, which is why we are not looking to create a cutoff at the low end of the age. In serving different kinds of senior living communities: assisted, independent, and memory care, age is not always the biggest factor. The communities are free to define what their population is, so we thought it was not necessary, but if the Committee feels otherwise, we are happy to discuss that as well.

Senator Dondero Loop:

I can speak from my sister-in-law's experience. She used A Place for Mom. One time when her mother was younger but had a stroke, she needed the service to have someone help the family. When she used it with her father, she used it twice because her father's needs changed. Her father went from being a functioning aged person to one who had severe dementia; so, we need different kinds of care. Those are three examples of different ages that needed different kinds of care.

Assemblyman Nguyen:

So, they do not have to be a senior to use the service. They can be anyone.

Senator Dondero Loop:

This is my personal opinion as being a "55 and better" person, as you described us. When you went to look at a place, if they said 55-plus, you probably would not go in there as a 45-year-old. But if you were married, and you were 55 or 60 and the other person was 45, I suppose they can make that determination. I do not know if that answers your question, but it is about the facility more than about A Place for Mom.

Chair Peters:

We have a response from Legal. Mr. Robbins, please go ahead.

Eric Robbins:

The original question was about what constitutes a person who is aged for the purpose of this bill, and that was not included in the bill. There is no specific requirement there. The reason that was not included is because this is basically placing requirements on senior living community referral agencies rather than what constitutes a senior living community. It is more about what these types of agencies do as their business rather than who is actually living in these communities, so we did not really think it was necessary to establish a specific age limit here. It would be anyone who would be advanced in age or in need of services commonly provided to persons who are older.

Assemblyman Nguyen:

Thank you very much. I learned something new again today. Thank you, Senator. Thank you, Chair.

Chair Peters:

Thank you for the question. Our next question comes from Assemblywoman Taylor.

Assemblywoman Taylor:

Thank you, Chair, and thank you, Senator. Thank you both for being here and for bringing the bill. My mom just turned 80, and she lives with me, so this is something really important to me in the event that she cannot continue to stay with me. Let me make sure I get it. What is happening now? Is that because we are the only state where senior facilities have to pay a referral, right? The facilities have to pay a referral fee in order for seniors to be referred to them, and this blocks out some of the smaller facilities which may not give the seniors and their family members as many options as possible so they can find the right place for them. Am I getting my arms around this?

Nana Boyer:

Thank you, Assemblywoman, for the question. Almost, yes. The facilities pay us referral fee in all the states but Nevada, which pays us on a move-in basis. The family contacts us, we identify the facility only if they move in and stay a month. Do we then charge the facility? Only in Nevada, we collect an annual subscription fee, so we are essentially a marketing service. We provide the information to families who may be interested in a certain community or facility, and the family goes through the process of touring and moving in. There is little incentive for referral agencies to continue to provide those referrals because regardless of whether they refer 1 family or 100, the compensation the referral agency receives is the same. So, the expansion of our network in Nevada and agencies like ours is limited by the fact that we get compensated the same regardless. At the same time, as you mentioned, for some of the smaller facilities, \$500 might be too much so they will not use our facility. If we were able to operate on a permanent basis, they would have to pay us nothing until they got paying residents who stayed a month and paid their rent and care. Only then, would they have to pay us anything, and we would have an incentive to refer, obviously.

Assemblywoman Taylor:

It sounds as though it is like someone who is looking for an apartment and has an organization that helps them find an apartment. That apartment service gets paid once that person moves in and pays rent. They do not pay you just to be on their list and they send out their brochure and maybe set up a tour.

Nana Boyer:

That is absolutely correct. There is an analogy to realtors and brokers in the real estate business here. As I mentioned, the families never pay us anything. There is no contract; there is no obligation, ever; the communities, and again every other state pays us nothing, are featured on our website. We promote them. We create a lot of visibility. We learn a lot about these communities, but until we refer a family who moves in and pays for a month of rent and care, we do not get paid anything.

Assemblywoman Taylor:

It seems as though that better serves the families because they get all of the options available to them. In the event I need to use this for my mom or anyone else, as did the Senator's sister-in-law, you want the best possible option, and not just because they can pay the fee. I appreciate that. Thank you so much. Thank you for the clarity. Thank you, Chair, for your indulgence.

Chair Peters:

Thank you for the question. Mr. Robbins has a response to the penalty question. Please go ahead.

Eric Robbins:

The answer to that question is these referral agencies are licensed entities under NRS Chapter 449, so if they did not comply with the provisions of this bill, they would be subject to actions against their license and administrative penalties under NRS 449.160 and 449.163. The monetary penalties would be an administrative penalty of not more than \$5,000 per day for each violation. There are not criminal penalties attached to this, but there could also be an action by the Division of Public and Behavioral Health to enjoin violations under NRS 449.220.

Assemblyman Hibbetts:

I refer to section 10 of the bill, amending NRS 449.0305, and I am not sure if this applies directly or not. Subsection 4, paragraph (c) says, "A person who violates provisions of this subsection is liable for a civil penalty to be recovered by the Attorney General . . ." and a fine "of not more than \$10,000." For a second or subsequent offense, the fine is up to \$20,000. Does that also apply to the new portions of the bill?

Eric Robbins:

No, that would not apply to the new portions of the bill. That just applies to subsection 4 which prohibits a business license pursuant to this particular section from violating the provisions of section 4, and those penalties are specific to that subsection, so they would not apply.

Assemblyman Hibbetts:

Thank you very much. Thank you, Chair, I appreciate the latitude. And thank you to the presenters for allowing me to hijack your presentation.

Chair Peters:

Thank you for the questions. All right. Are there any other questions from the Committee before we move into testimony? [There was no reply.] Thank you so much for the presentation. We will move into testimony, starting with support testimony in our physical locations. Seeing no one come up to the desk, we will move to the phones. Is there anyone on the public line for support testimony on S.B. 260 (R1)? [There was no one.] Is there anyone in Carson City or Las Vegas to provide opposition testimony to S.B. 260 (R1)? Seeing no one, please check the public line for opposition testimony on S.B. 260 (R1).

[There was no one.] Is there anyone in Carson City or Las Vegas for neutral testimony on S.B. 260 (R1)? Seeing no one, is there anyone on the public line for neutral testimony on S.B. 260 (R1)? [There was no one.] Would you like to make closing remarks? The Senator is waiving closing remarks. Thank you so much for being here.

That will close the hearing on Senate Bill 260 (R1). We will move on to our last agenda item, which is public comment. Public comment is limited to two minutes so we can ensure that everyone has a fair opportunity to speak. You may also provide written testimony if you would like or written public comment. We will start in our physical locations and move to the phones. Is there anyone in Carson City or Las Vegas to provide public comment today? Seeing no one approaching the desk in either building, we will move to the phones. Is there anyone on the public line to provide public testimony or public comment today? [There was no one.] That brings us to the end of our agenda today. We are adjourned [at 2:40 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is written testimony dated May 8, 2023, submitted by Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice America, in support of Senate Bill 280 (R1).

[Exhibit D](#) is written testimony submitted by Maria Moore, State Director, AARP Nevada, in support of Senate Bill 298 (R1).