

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

**Eighty-Second Session
May 15, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 1:53 p.m. on Monday, May 15, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 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 Fabian Doñate, Senate District No. 10
Senator Roberta Lange, Senate District No. 7
Senator James Ohrenschall, Senate District No. 21



STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Lea Case, representing Nevada Psychiatric Association
Abbey Bernhardt, Youth Recovery Peer Support Specialist, National Alliance on Mental Illness
Sarah Adler, representing Vitality Unlimited; New Frontier Treatment Center; and Nevada Advanced Practice Nurses Association
Elyse Monroy-Marsala, representing Nevada Public Health Association
Nancy Bowen, CEO, Nevada Primary Care Association
Joan Hall, representing Nevada Rural Hospital Partners
Corie Nieto, Director, Telehealth Services, Nevada Health Centers
Patrick D. Kelly, President and CEO, Nevada Hospital Association
Barry Cole, Private Citizen, Reno, Nevada
Dora Martinez, representing Nevada Disability Action Coalition
Helen Foley, representing Nevada Association of Health Plans
Conner Cain, representing HCA Health Care; Sunrise Hospital; and Sunrise Children's Hospital
Marc J. Kahn, M.D., M.B.A., M.A.C.P., F.R.C.P., Dean, Kirk Kerkorian School of Medicine, and Vice President, Health Affairs, University of Nevada, Las Vegas
Soonhee Bailey, Judge, Family Division, Eighth Judicial District Court
John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office; and representing Washoe County Public Defender's Office
John Abel, Director, Government Affairs, Las Vegas Police Protective Association
Jonathan Norman, Statewide Advocacy, Outreach, and Policy Director, Nevada Coalition of Legal Service Providers
Steven Cohen, Private Citizen, Las Vegas, Nevada
Julie Ostrovsky, Private Citizen, Las Vegas, Nevada

Chair Peters:

[Roll was taken. Committee rules and protocol were reviewed.] Welcome to the Assembly Committee on Health and Human Services. We will move on to our agenda. We have four bill hearings today and we will be taking them slightly out of order. I will open the hearing on Senate Bill 119 (1st Reprint) and welcome the bill sponsor. Thank you for being here today, Senator Doñate. Senate Bill 119 (1st Reprint) provides for the continuation of certain requirements governing insurance coverage of telehealth services.

Senate Bill 119 (1st Reprint): Provides for the continuation of certain requirements governing insurance coverage of telehealth services. (BDR 57-336)

Senator Fabian Doñate, Senate District No. 10:

Good afternoon to everyone. I come before you to speak on Senate Bill 119 (1st Reprint). I will try to make this presentation as brief as I can. This bill provides for the continuation of certain requirements governing insurance coverage for telehealth services. I wanted to give you a brief background as to what occurred during the interim and what you have before you today.

During the COVID-19 pandemic, we had a big discussion as to what telehealth would look like and how we would reimburse it for people who wanted such access to services. We had a presentation in the Senate, and I believe your Committee staff will send you the presentation after today's hearing. It talked about what states were doing to reimburse for telehealth. If you have an appointment with a doctor, do not have the ability to go in person, and you want to do it virtually, there is a debate nationally as to how it should be paid for. There is a big discussion as to what a "visit" looks like and what a virtual visit should be comprised of versus an in-person visit. What is before you in S.B. 119 (R1) is an agreement between providers and our health insurance groups.

Considering the changes we made during COVID-19 and how we will move forward beyond this point and considering that a lot of the provisions expire at the end of this year, we will now codify in the *Nevada Revised Statutes* (NRS) that a policy of health insurance must provide reimbursement for services described in the following scenarios: If you are originating from a rural site; if service is aligned to a Federally Qualified Health Center (FQHC); and also for counseling or treatment relating to mental health services or substance use disorders including for audio only. If you are able to make a phone call, this will provide reimbursement from your health insurance for mental health services. The rest of the bill is continuing changes. The original bill was to continue on past expiration, but now we have made these revisions. The question you may have is, Why? We know telehealth parity is an interesting conversation nationally, and rather than making the debate harder than it needs to be, we wanted to align with what the Centers for Medicare and Medicaid Services (CMS) is doing nationally. That concludes my presentation, and I am happy to answer any questions.

Chair Peters:

Thank you for the presentation and thank you for taking on this bill. We addressed this policy issue in the 2021 Legislative Session and then over the interim. Obviously, this bill came out of the Joint Interim Standing Committee on Health and Human Services as part of our commitment to ensuring we were addressing this issue and looking at this policy that had a sunset on it. I appreciate you and your work on this bill. Are there questions?

Assemblyman Koenig:

I will make this a question. I like this bill. It really helps the rural areas, and that is a good thing for us, right?

Senator Doñate:

Yes. That is correct. We made sure we would help the rurals with this bill.

Chair Peters:

That was a good question related to then-Assemblywoman Titus and her concerns about this bill in the 2021 Session.

Assemblyman Gray:

Senator Doñate, this is a good bill. I have a question, and it is called out on the first page: "Contains unfunded mandate." We are not a money committee; we are a policy committee, but under the fiscal note it says that the bill contains an unfunded mandate. I have been looking through here trying to figure out what that could possibly be. Is there something we are not seeing? I have been a telehealth patient forever with the VA [Veterans Administration] and they have done remarkable things out in the rurals. I love the fact that we are finally buying into this, but I am wondering if you know what that might be.

Chair Peters:

Our Legal Counsel is happy to weigh in on that. Mr. Robbins, please go ahead.

Eric Robbins, Committee Counsel:

Because these telehealth provisions would have completely sunsetted as far as telehealth parity before the bill, we thought there was a chance this might cause insurers to pay more than they otherwise would have. Because *Nevada Revised Statutes* (NRS) 689B.0369, which is section 1.2 of the bill, is called out in NRS 287.010 as applying to local governments that provide health insurance for their employees, that potential extra cost would have been passed on to them. Just because we note that a bill might have an unfunded mandate does not necessarily mean that it does. That is something we put in anytime we think there is a possibility there would be an unfunded mandate; so if a local government were to come back with a fiscal note, it would be covered.

Assemblyman Gray:

Thank you, sir. It makes me feel even better about this bill. Good bill, thanks.

Assemblywoman Thomas:

I have no idea about telehealth and have never used it, but I know people who have. How does the billing work? Could you explain that briefly?

Senator Doñate:

Sure. I will try to condense it as much as I can. The easiest way to explain telehealth from what most folks know is, I have a doctor's appointment. My doctor is in the system, and I can call in or see him virtually. Rather than having to travel across the state, I can hop on my Internet and see and talk to him. He can prescribe medications that I might need. We would conclude the meeting, and that is it. That is your appointment. Obviously, it is much more complex than the encounter I have described. There has been a national debate as to what I just described—you are visiting your doctor, talking to him, and hanging up after, say,

ten minutes, regarding if that is the same as an in-person visit. Some may argue that an in-person visit in some occurrences should be valued more because when you are in person, they cannot just communicate with you; they can also examine you if they need to. They can see your gait, right? If you are wobbly walking in, they can see that, whereas virtually, they would not be able to. The point being, rather than discussing whether we should reimburse this the same or differently, it would make sense for this Committee and the Senate over the interim to consider what a "visit" entails, and then we can move forward as to how to reimburse it.

There are a lot of things we can do with telehealth. There is remote patient monitoring where we pay for devices to be sent home with patients, and we can monitor them from their homes. There are things coming, perhaps in the near future, and we might not even know the technology exists, but we should reimburse for it. You will see that in other bills, but for this scenario because the expiration is coming soon, I believed it was in the best interests of the state and of this Committee to reflect what is being done federally. If CMS reimburses for this, then we should do the same for Medicaid.

Assemblywoman González:

Thank you so much for the presentation and thank you so much for the bill. Is there anything regarding consumer protection in the bill? Obviously, telehealth appointments look a lot different than in-person appointments, and I am curious if that came up in any of your conversations while you were working on this.

Senator Doñate:

Thank you so much. My understanding is this bill pertains to just the reimbursement in parity of telehealth services. It does not cover consumer protections or changes to the consumer protections for such delivery of services. That has been covered in other bills. If there is anything of interest you think we should cover, I am happy to include it or work on it during the interim.

Assemblywoman Newby:

Thank you for the presentation of this bill. One of my children and I receive mental health services via telehealth, and I was wondering about medications. My understanding is that certain medications are now required to have at least one in-person visit. Can you talk about that and how that would fit into this bill? It is my understanding that the medications need to be reauthorized at least once a year from an in-person visit.

Senator Doñate:

I will answer a portion of it, and if we need clarification, if we can have Mr. Robbins clarify as well. You are correct. For certain medications, specifically controlled substances, the prescriber or provider must see the patient in person every so often. Those have been conversations we have had. I am not entirely sure if those expire with this, and perhaps Mr. Robbins could clarify, but those provisions still remain the same and do not affect the payment parity portion of the bill.

Eric Robbins:

Yes. This bill does not affect any provisions about the prescribing of controlled substances or other drugs that currently exist. This bill is about how telehealth services are paid for.

Assemblywoman Taylor:

Thank you for bringing this bill. This is important for a lot of reasons. There were some good things we got out of COVID-19 and one of them is the more frequent usage of telehealth and us learning that using it can be okay. I do have clarifying questions. First, because the expiration date is about to come up, without this bill will there be a question as to whether telehealth services continue to be covered?

Senator Doñate:

That is correct. In the declaration of emergency for COVID-19, it stated reimbursement for parity was tied to it. Now that the emergency declaration has been removed, there is a question as to what happens next. Originally, the bill was going to remove the sunset provisions, but since we have been working with some of the stakeholders, rather than getting into a debate about reimbursing for this or not reimbursing for that, let us tie it to what is being done federally and watch what CMS does nationally. That way, our policies can reflect what best practices are.

Assemblywoman Taylor:

That makes sense. In some conversations about telehealth, we heard the cost is less, that insurance companies sometimes force patient care to telehealth instead of in-person visits if they save money. Did you find anything about that in your conversations with stakeholders?

Senator Doñate:

To clarify, your question is, have there been situations where they divert patients to use telehealth?

Assemblywoman Taylor:

Yes, for cost savings.

Senator Doñate:

It is usually the reverse. What you will hear is there is value in being in-person versus remote, and you cannot get everything via a remote visit, but I come from the perspective that remote is better than nothing, right? Patients who do not have access to travel, say 30 miles from Pahrump into Las Vegas, deserve access to care. If physicians, either from within the state or from outside the state, can provide the level of care patients need, then we should not be restricting them from getting access to care. Now, there is a question as to how much is too much and how much of that care gets paid for, and that is something we have to debate more specifically. But because we are in this weird situation where it is going to expire soon, I felt the best policy going forward was to follow what the federal government is doing.

Assemblywoman Taylor:

I see. Thank you, Senator. I appreciate it. Thank you, Chair.

Chair Peters:

Thank you so much. As a mom with three kids who were chronically ill for a period of time, telehealth saved us, but especially during the pandemic when going to an urgent care with three kids in tow at varying levels of illness was unreasonable. There are some benefits for sure, but that is why it has been vetted through our body, because sometimes those benefits have costs associated with them. So, thank you. It looks like there is a good balance in this, and I appreciate your commitment to continuing to work on this and in the next legislative interim. Are there any other questions before we move into testimony? Seeing none, we will go ahead and move into testimony. We will start with support testimony in the physical locations and then move to the phones.

Lea Case, representing Nevada Psychiatric Association:

Good afternoon, Madam Chair and members of the Committee. I am here today on behalf of the Nevada Psychiatric Association in support of S.B. 119 (R1). A big thank you to Senator Doñate for bringing this forward and working with us to make sure that pay parity for behavioral health continues. Just a quick story from when the psychiatric residents came to visit here at the Legislature. One of the residents works at the VA hospital and told us a story about working with a veteran who had difficulty leaving his house. It caused extreme anxiety. He just could not do it. Through telehealth and the skills of a psychiatric provider, he was able to not only come in to the VA for services, but now he is social, and he is going to dances. He is learning to swing dance, and that is the difference telehealth and telepsychiatry can make. With that, the Nevada Psychiatric Association is in full support.

Abbey Bernhardt, Youth Recovery Peer Support Specialist, National Alliance on Mental Illness:

Thank you so much. I am with the National Alliance on Mental Illness. At three years old, I was diagnosed with bipolar disorder. I experienced manic episodes and rapid cycling. My favorite cartoon character was Taz because I felt I could spin just like him. Physically, I could not stop. I had so much sadness, anger, and anxiety all at once. By middle school, the mania turned to depression. I was bullied by other students which led to binge eating. I went to multiple schools promising resources and support that never materialized. At one school, the principal called me in every day to tell me I was hopeless and helpless and never going to amount to anything. If you are emotionally abused every day, you start to believe what you hear is true. I tried to commit suicide at ten years old. My family was devastated. The right kinds of resources are hard to find and nearly impossible. Throughout my medical care, I learned coping skills. The ones that helped were art, poetry, and singing. Medication gave me the ability to want to try to live my life. It took a lot of time to find that inner strength, and I still battle bipolar every day, but my past does not define me anymore. I want children to know in the worst of times, when it is hopeless and it feels like no one cares or is even listening, there is hope. Better days are ahead. I support S.B. 119 (R1). Thank you.

Sarah Adler, representing Vitality Unlimited; New Frontier Treatment Center; and Nevada Advanced Practice Nurses Association:

Good afternoon, Madam Chair and members of the Committee. I am happy to represent Vitality Unlimited and New Frontier, which are certified community behavioral health clinics and residential substance abuse treatment centers in rural Nevada. I also represent the Nevada Advanced Practice Nurses Association. All three of these organizations would share with you the critical importance of telehealth—a kind of silver lining to the pandemic. Pushing people away from hospitals or clinics we found out how effective telehealth was, especially for people with social anxiety who are now receiving effective treatment and continuing to do so through telehealth. Thank you very much to Senator Doñate, and we support S.B. 119 (R1).

Elyse Monroy-Marsala, representing Nevada Public Health Association:

I am here today on behalf of the Nevada Public Health Association, and we thank Senator Doñate for bringing this bill forward. Access to transportation is a key social determinant of health. My guess is at least a couple of times this session you have heard about the challenges Nevadans have with transportation, so ensuring that pay parity exists and our providers can be made whole in providing these services is really important. As people who do not have transportation can use telehealth and providers can be whole, that is a good situation all around. Please support this bill.

Nancy Bowen, CEO, Nevada Primary Care Association:

Good afternoon, Chair Peters and members of the Committee. I am the CEO for the Nevada Primary Care Association, representing the state's community health centers, also known as the Federally Qualified Health Centers. Telehealth is vitally important to our patients, as 91 percent of patients have incomes below 200 percent of the federal poverty level. In 2021, health centers provided almost 113,000 virtual visits—over 25 percent of total visits for that year. It is critical the state continues to reimburse for these services so our patients do not lose an effective and competent way to access health care. Please support S.B. 119 (R1).

Joan Hall, representing Nevada Rural Hospital Partners:

Good morning, Madam Chair and members of the Committee. I represent Nevada Rural Hospital Partners and those hospitals' 17 rural health clinics that are considered in this bill. Through the pandemic we did learn a lot of important lessons. Telehealth was one of the positives. It is important that reimbursement parity for the distance site, where the patient or care provider is, continues, and that is stated in this bill. Audio-only is also important for rural members, especially the elderly and youths. A lot of people do not have access to adequate bandwidth to do Zoom meetings, so audio works for them. We have suggested a friendly amendment to Senator Doñate to expressly put in NRS 629.519 that behavioral health providers do not have to be licensed in the state of Nevada to be able to provide the counseling services we find so important. We hope you will pass this bill. Thank you.

Chair Peters:

Thank you so much. Just for clarification, do we have that amendment? Have you sent it in to the Committee?

Joan Hall:

No, we just talked about it today.

Chair Peters:

All right. We look forward to seeing it.

Corie Nieto, Director, Telehealth Services, Nevada Health Centers:

I am the director of telehealth services at Nevada Health Centers, a Federally Qualified Health Center with offices in Carson City and 18 locations across the state, both rural and urban. I have been involved in telehealth since 2011 in the state of Nevada and have been able to roll out services to community members across the state. We strongly support telehealth parity for telehealth services. Eighteen percent of our patients today are seen through telehealth services, not only rural but also urban. We serve the underserved. There are patients with social determinants of health that do not give them the accessibility to medical care they would have without telehealth. They use it every day with great satisfaction rates, so I strongly support it, and from a behavioral health standpoint, I support Nevada Rural Hospital Partners' amendment to this bill. Thank you.

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

Good afternoon. The Nevada Hospital Association supports the bill. With the health professional shortage areas we have in the state, it is very important that people have access, and we think this bill will help that.

Barry Cole, Private Citizen, Reno, Nevada:

I have been a telepsychiatrist, and it is fascinating. I want to tell you about the upside. The upside is I get to see people in their real environment. They do not put on airs and come to a clinic. I come to them wherever they are—loading docks, lunchrooms, and living rooms. I have seen people with their kids and with their spouses. Wherever they are, that is where we provide the service. In mental health, it is important that we still preserve the audio-only option because what I have discovered is when they are in a hospital environment, broadband width is good enough, but when they are in their home environment, it may not be. Sometimes I could have a choice of seeing or hearing, and I would opt to be able to hear my patients. We could do almost everything except draw blood in their homes. They still had to come to a hub, but we could get labs drawn by scheduling them. We could do EKGs [electrocardiograms] if they had to be done by scheduling them, and I was able to get very good histories and make treatment decisions, write prescriptions, and have the medicines taken. One interesting thing I found was that compliance was better with telehealth than I would have expected. My initial suspicion was people would not value it if they did not have to schlep to an office, but when they were in their own homes, I found they would often be much more compliant. I urge you to do pass S.B. 119 (R1).

Chair Peters:

Seeing nobody else coming up to the table in support and nobody in Las Vegas, we will go to the phones. Is there anyone on the phone line for support testimony on S.B. 119 (R1)?

Dora Martinez, representing Nevada Disability Action Coalition:

Good afternoon, Madam Chair and the Committee. I am representing the Nevada Disability Action Coalition. We wholeheartedly support this bill. Thank you to the sponsor. I am blind and do not drive yet. This was very helpful at the peak of the pandemic when my kids were sick. My son was a smart aleck and would say, "Mom, here is the key. Please take us to the clinic." By that time, I had scheduled telehealth, and they were able to assist my children. I also want to let you know I was able to help my friend who is deaf and uses American Sign Language (ASL). I helped him connect to the ASL program, and he was able to connect that service to his doctors and they were able to help him through the communication. He had a good bandwidth, so he was able to get the video version. Thank you so much to the sponsor, and thank you, Madam Chair.

Chair Peters:

Next caller, please. [There was no one.] All right, we will move into opposition testimony on S.B. 119 (R1) in our physical locations and then move to the phones. Is there anyone who would like to provide opposition testimony today? Seeing no one in our physical locations, is there anyone on the phone line to provide opposition testimony on S.B. 119 (R1)? [There was no one.] We will move into neutral. Is there anyone in our physical locations to provide neutral testimony today?

Helen Foley, representing Nevada Association of Health Plans:

Thank you, Madam Chair. Today I am representing the Nevada Association of Health Plans. It is a ten-member statewide organization that deals with all the insurance for groups and small groups. We want to thank the sponsor, Senator Doñate, for working very diligently on this to find a solution we can all agree on. We appreciate that it conforms with federal law and want to thank him very much.

Chair Peters:

Seeing no one else coming up to the tables in our physical locations, we will move to the phones. Is there anyone on the phone line for neutral testimony on S.B. 119 (R1)? [There was no one.] All right, I will invite the bill sponsor for closing remarks. He is waiving closing remarks, so I will close the hearing on Senate Bill 119 (1st Reprint) and open the hearing on Senate Bill 348 (1st Reprint), which revises provisions relating to health facilities.

**Senate Bill 348 (1st Reprint): Revises provisions relating to health facilities.
(BDR 40-51)**

Senator Fabian Doñate, Senate District No. 10:

Thank you so much, Chair Peters. I am before you to present Senate Bill 348 (1st Reprint), which revises provisions relating to health facilities. My presentation for this bill is unscripted because it is important for you to understand why this is a personal bill. As part of our recovery efforts from the COVID-19 pandemic, many Nevadans recognize we need to support our health care workers and the facilities that exist, and we need to do a better job of reforming and improving our health care infrastructure. We know rising levels of health expenditures have led to current health disparities and that the health care system is not equal

for everyone. That is what you see in S.B. 348 (R1). The vulnerability of our health care system is a serious matter that involves everyone's input, and we need transparency to maintain how our health care systems coordinate with one another. What you see in S.B. 348 (R1) is part of my response to stabilizing our health care system.

By stabilizing the health care system, we can put good policies in place to protect not just the consumers but also other health care providers. In recent years, there have been growing advocacy efforts from residents of Clark County for increased investment in health facilities in east Las Vegas. Here is why I brought this bill forward and why some Assembly members and legislators who represent the east side cosponsored this bill. We had a hospital that closed in our neighborhood not too long ago, and it was very sad for us. If you grew up on the east side of Las Vegas—I went to high school, East Career Technical Academy, which was by the mountain—for you to travel to a nearby hospital can be miles and time and delayed care because you have to travel longer distances. What I saw with the closure of the hospital was not only did we experience what other parts of the state experience, but there has to be good collaboration to prepare for when a hospital closes in a neighborhood. If you are a consumer of health care, you deserve to know where you have to go next now that the hospital has been closed. If your hospital changes to a different type of facility, we should have a conversation as to what that facility will turn out to be.

Senate Bill 348 (1st Reprint) aims to accomplish the following: It helps our state join others in creating monitoring tools to better understand how our state's health care infrastructure is influenced. It identifies transparency efforts that can focus on affordability of health care and reducing any barriers residents face because of the closure of facilities. Nevadans deserve to know when their local hospital is about to close and where they will receive health care services once that closure occurs. As policymakers, we need to ensure our residents and clinicians are equipped and informed of major health care decisions that can impact or reduce institutional quality of care. I am happy to walk through the bill or, in the interest of time, I am happy to answer any questions on the provisions outlined.

Chair Peters:

I think folks have had an opportunity to review this bill, so we can go ahead and jump into questions.

Assemblyman Orentlicher:

Thank you, Chair, and thank you, Senator Doñate, for sponsoring this bill. I appreciate the concern because as you say, losing the hospital on the east side was a big loss. As I read it, the director of the Department of Health and Human Services (DHHS) has to approve a closure. That is in section 2, subsection 1. In section 2, subsection 3, it talks about the information that has to be submitted and be considered by the director. What I do not see is any criteria for how the director will decide. Am I missing that? It looks like they have unlimited discretion in deciding as opposed to giving them some principles on which to decide.

Senator Doñate:

Thank you so much, Assemblyman. We are only looking at facilities in counties with populations of 100,000 and more. Section 2 of the bill outlines that if a hospital in a county in an urban area would like to close or convert to a different type of health facility, it would have to have approval from the director of DHHS. The criteria that must be provided is the location of the hospital, the ownership structure of the hospital, whether the closure/conversion is likely to benefit any other health facility in a geographic area, an explanation as to when the closure or conversion will occur, and data regarding the population served.

When Desert Springs Hospital Medical Center closed, according to health care executives I talked to and friends who work in different institutions, if you relied on that hospital facility to take care of all your needs, when it closes, there should be some level of coordination with other hospitals nearby. Desert Springs Hospital was converted to an emergency room only, so that is the only part of the operation that will continue. But if you have more severe cases, you have to understand you will not be able to receive all the services now that a portion of the facility has closed. I believe that conversation should be held publicly. Once the notification occurs that the hospital will close, it should go to the director, and the director should have input as to how that coordinates with other health facilities that now have to pick up the mantle. That is the criteria we laid out. It is not permission to close the facility. It is if you want to convert it to something else.

Assemblyman Orentlicher:

I am not sure, because as I look at section 2, subsection 1, if you cannot close the hospital or convert it without first applying, it seems like both scenarios are in section 2.1. Did I misunderstand you? I thought you said it is only for conversion, but it looks like you cannot close or convert without approval.

Senator Doñate:

You are correct, there is an "or" in there, so I will have to revise that if there is an amendment to be presented. Thank you for catching that.

Assemblywoman Taylor:

I live in the north as you know, but I had several conversations about the closing of the hospital in that part of the valley. On page 4, section 4, subsection 6, there is an administrative penalty or fee for a physician group or hospital or person who violates any of this. How can an individual person violate this, not adhere to it, and what would that look like?

Senator Doñate:

This section of the bill is cleanup language for what was enacted by the Legislature beforehand. This section says there is an enforcement mechanism, which is the administrative penalty. Last session, a bill was passed that was signed by the Governor that said if you are a hospital, physician group practice, or a person who owns all or substantially all of a physician group practice, and you are going through a merger or acquisition, you

must disclose that to the Department of Health and Human Services. This bill clarifies if it is not disclosed, then there is an administrative penalty. It is cleanup language for what was passed last session.

Assemblywoman Taylor:

I was thinking if it is a hospital that closed, an individual person cannot do that. The \$5,000 administrative penalty is intended for a physician group practice, because otherwise one person would be responsible for closing the hospital and informing the director, but if it is a physician group practice, then the person who owns that practice, the majority owner, will be held responsible. Is that the intention?

Senator Doñate:

Section 4 of the bill does not deal with hospital closures at all. It says we are cleaning up language in the bill that was passed last session, which deals with mergers and acquisitions of hospitals and physician groups.

Assemblywoman Taylor:

Okay, I may have to ask you about this offline because I am reading it, and that is not what I see, so I can do that. I am fine with that.

Chair Peters:

The initial reading I had was section 1 or 2, but it is subsection 1 or 2, so it pertains only to that section 4 language. I appreciate you taking that offline to get some clarity. Are there any other questions from the Committee before we move on to testimony? Seeing none, we will go ahead and move into testimony. We will start with support testimony in our physical locations and then move to the phones. Is there anyone in Carson City or Las Vegas who would like to provide support testimony on S.B. 348 (R1)? Seeing no one, is there anyone on the public line for support testimony on S.B. 348 (R1)? [There was no one.] We will move on to opposition testimony. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony today? Seeing no one coming up to the desks, we will move to the phones. Is there anyone on the phone line to provide opposition testimony on S.B. 348 (R1) today? [There was no one.] That takes us to neutral testimony. Is there anyone who would like to provide neutral testimony today in our physical locations?

Conner Cain, representing HCA Health Care; Sunrise Hospital; and Sunrise Children's Hospital:

Chair Peters, members of the Committee, on behalf of HCA Health Care, which includes Sunrise Hospital and Sunrise Children's Hospital, we are neutral on S.B. 348 (R1). Sunrise Hospital and Sunrise Children's Hospital take immense pride in caring for patients on the east side of Las Vegas. We know the sponsor shares our desire to ensure these folks have access to and receive the best health care possible. That is why Senator Doñate decided to bring this bill that is in front of you today. We thank the sponsor for his hard work to arrive at a compromise in S.B. 348 (R1) and appreciate the opportunity to appear in front of you in neutral.

Chair Peters:

Is there anyone else in our physical locations? Seeing no one coming up to the desk, we will move to the phone. Is there anyone on the phone line for neutral testimony on S.B. 348 (R1)? [There was no one.] I will ask the bill sponsor if he wants to make closing remarks. Closing remarks are waived. We will go ahead and close the hearing on S.B. 348 (R1). Thank you, Senator. It is wonderful to have you in Assembly Health and Human Services.

We have Senator Lange here today with us to present Senate Bill 146 (1st Reprint). I will open the hearing on Senate Bill 146 (1st Reprint), which revises provisions relating to health care.

Senate Bill 146 (1st Reprint): Revises provisions relating to health care. (BDR 40-462)

Senator Roberta Lange, Senate District No. 7:

Thank you so much, Chair Peters and Committee members. Thank you for the opportunity to present Senate Bill 146 (1st Reprint), which prohibits a health insurer from denying certain health care providers from entering into contracts under certain circumstances. I would like to give you a little bit of background, then I will go through the parts of the bill. Nevada faces a persistent shortage of nearly every type of health care provider including doctors, mental health professionals, and nurses. The number of health care providers per 100,000 population remains well under the national average according to *Health Workforce in Nevada: a Chartbook*, of 2021. The state would need an additional 307 family medical positions, 807 nurse practitioners, and 4,209 nurses to equal the national per capita for each occupation. There are many factors that influence not only whether health care providers practice in Nevada, but whether they choose to stay. These include availability and capacity of health education and training programs, licensing and regulatory practices, recruitment, retention, and in this case, health carrier networks. Nevada is desperate for quality health care providers, and it is important we remove barriers that prevent practitioners from coming to practice in our state, and, most importantly, staying. It is imperative that we provide existing health care workers in our state, such as certified nurse midwives, with more flexibility to provide quality services.

I am going to share a brief story about a cardiologist who came to practice at the University of Nevada, Las Vegas (UNLV) medical school. He was a well-known cardiologist. He came to the UNLV medical school, and they were ready to hire him. When he tried to get on a health care panel so he could also practice medicine in the state of Nevada, they told him their panel was full. They had no more room for doctors in his specialty, so he chose not to go to UNLV medical school. That is what precipitated this bill. It is an opportunity to say, if we get in a medical school in Nevada, if we want to bring in doctors, then we have to find a way to get them on the health care panels. It does not mean they get to bypass all the regulations people have to go through to get on health care panels. It just means they get to jump ahead of the line and work through the process to be able to get on the panel so they can also practice medicine and work at the medical school. Relieving these barriers will increase the pipeline for doctors, nurses, teachers, and other important health care providers

who come to practice in Nevada, and they will stay. As for increasing flexibility for our certified nurse midwives, this bill extends the existing regulation that allows for a physician of medicine or osteopathic medicine to perform a physical examination on a patient and also includes certified nurse midwives. It authorizes them to perform physical examinations and obtain the medical history before or after a patient is admitted to the hospital for childbirth, slightly but efficiently expanding their scope of practice. Marc Kahn, Dean of the UNLV Medical School, copresented with me in the Senate, and I will let him proceed with the presentation.

Marc J. Kahn, M.D., M.B.A., M.A.C.P., F.R.C.P., Dean, Kirk Kerkorian School of Medicine, and Vice President, Health Affairs, University of Nevada, Las Vegas:

Thank you, Senator Lange, for presenting this bill. Thank you, Chair and members of the Committee. As Senator Lange so eloquently stated, this proposed legislation is important so schools of medicine in the state can hire the necessary cadre of specialists and subspecialists needed to educate the future workforce for the state.

Senator Lange:

With that, we are happy to answer any questions the Committee might have.

Chair Peters:

Thank you so much for the presentations, and thank you for being here, Dean Kahn. Are there any questions from the Committee on this bill?

Assemblywoman Thomas:

I am a little confused. In the bill it talks about nurses having the ability to examine a patient in gynecology, or is it just for when someone is having a baby? For obstetrics? I want to know because my children were examined by nurse practitioners. Is that different? Is this bill addressing that? I am a little confused.

Senator Lange:

Nurse midwives can already go on the hospital floor. This gives them permission to do those examinations when someone is getting ready to have a baby and they go to the hospital. Does that help?

Assemblywoman Thomas:

All right, so it is for midwives.

Senator Lange:

Yes.

Chair Peters:

I have a question related to the panel you mentioned. When you are referring to the panel, especially in the academic setting, which panel are you referring to?

Senator Lange:

What I am referring to are health insurance panels. Your health insurance company has a panel of doctors who are covered under your insurance. Doctors come into Nevada and try to get on those panels and become preferred providers. The example I gave you, the cardiologist, tried to get on the preferred provider list and was told their panel was full for cardiologists. That cardiologist could not get on, so he did not want to practice medicine here because, frankly, it is not affordable to just teach. He wanted to have a practice as well. This is the panel I am talking about. If I am offered a position at the UNLV medical school and I am also trying to get on a panel, under this bill, the insurance company is required to start processing my application to get on the panel. It does not mean I automatically get on. They have to make sure I meet all the provisions of someone joining a panel, but they cannot say it is closed.

Chair Peters:

Does this pertain to any insurance that a physician would apply to be empaneled on or is it specific to the first one they apply to?

Senator Lange:

It applies to all panels.

Chair Peters:

Thank you so much for clarifying.

Assemblyman Nguyen:

In terms of enforcement, I am worried because the language says "meeting any credentialing requirement" or "meets the terms and conditions." What if there are loopholes? I am not saying there are, but sometimes there are bad actors trying to prevent a physician from adding on to a panel. Who enforces this part? Does the Board of Medical Examiners? Does our State Board of Health or the Division of Insurance? I am not sure who has oversight, so if future physicians have issues with this law, where can they go to get that resolved?

Senator Lange:

I never thought about that, but I am happy to check with who would have oversight. Maybe your Legal Counsel could offer some insight.

Chair Peters:

Mr. Robbins, please go ahead.

Eric Robbins, Committee Counsel:

Nevada Revised Statutes Chapter 687 is in Title 57, which is the insurance title, so all those provisions are enforced by the Commissioner of Insurance.

Assemblyman Nguyen:

Great. Thank you, Legal. Thank you, Chair.

Assemblywoman Newby:

I have two questions, if that is okay. When we speak of medical schools in this bill, I know we have Dean Kahn with us in Las Vegas, but I am assuming this applies to all medical schools in the state, both private and public.

Senator Lange:

That is correct.

Assemblywoman Newby:

Thank you. I heard you and Dean Khan talk about teaching and bringing in folks to teach. When we talk about teaching, do we mean in the medical school or in graduate medical education, a residency-type situation, or both, because we know graduate medical education is a really important piece of bringing and keeping doctors here.

Dean Kahn:

Thank you, Assemblywoman Newby. This would be in multiple settings, classroom and clinical, but to get on panels, that is going to be required for the clinical setting. This would allow specialists and subspecialists to be on panels so they can see patients and be compensated for doing so.

Assemblywoman Gorelow:

Thank you very much. I really like this bill. Panels have been an issue for quite some time—not letting doctors participate and help communities. Is there something we could do, not just for those who are coming to teach but also for those who may want to come here after they graduate or to set up a new practice, if they decide they want to move to Las Vegas because it has beautiful weather, or they want to go to Reno because they can ski at Lake Tahoe? Looking at my own panels, some of those doctors have not practiced for years. A cleanup of some of those panels needs to be happening. Could we expand this to include others?

Senator Lange:

We had a conversation about making it open, but it was too much to take on in this session. There was too much opposition from the medical profession and insurance providers. It was going to take much lengthier conversations, so we decided to narrow it down to exactly what we were trying to do, which was get more doctors in the medical school and increase the pipeline.

Assemblywoman Gorelow:

Thank you. I appreciate that. I will put this on the record: I worked with several doctors and had a pediatric pulmonologist—and we do not have enough of them in the state—who could not get on the panel. My daughter needed a pediatric geneticist. There are none in the state so, for whoever is listening, let people practice.

Chair Peters:

Thank you for the comments. This is a pervasive issue at the moment. I was just talking to a retired firefighter who cannot get access through their retirement insurance to a cancer provider in this state. They have to purchase a flight, transport themselves, and stay for those cancer treatments in another area because there is no one empaneled under their insurance in the region they live in for that kind of care—not that they do not exist. That is a network adequacy issue that I would encourage anybody interested to take on in the next legislative session because it does seem endemic.

Assemblyman Hibbetts:

I think this might be a technical question for Legal as opposed to the Senator. My question is, what do these two issues have to do with each other, and how is it under one bill?

Eric Robbins:

Legislators can put whatever subjects they want into a bill as long as they can conceivably fall under a single subject. Here, both issues are related to health care, so it works under the single-subject rule.

Assemblyman Hibbetts:

For clarification, is *Nevada Revised Statutes* (NRS) 449 and the second NRS under the same chapter by any chance?

Eric Robbins:

They are not.

Chair Peters:

We learn something new every day; maybe next session that will help you with bills too. I do not see any other questions from the Committee members. Thank you so much for the presentation and information today. We will move into testimony starting with support testimony in our physical locations. We will start here in Carson City.

Joan Hall, representing Nevada Rural Hospital Partners:

We are here in support of S.B. 146 (R1). Our rural hospitals often have certified nurse midwives, so having this clarification in the statute will really assist them. It is hard if you have a certified midwife, but then a stranger does your physical exam and health history so you can have your baby. We are appreciative of that. We also believe the medical school physicians on these insurance panels assist Nevada in attracting specialists to our universities—something very important to increase our workforce pipeline.

Chair Peters:

Thank you. Seeing no one else coming up to the desks in our physical locations, is there anyone on the public comment line for support testimony on S.B. 146 (R1)? [There was no one.] We will move to opposition testimony in our physical locations. Is there anyone in

Carson City or Las Vegas who would like to provide opposition testimony to S.B. 146 (R1)? Seeing no one, is there anyone on the phone line for opposition testimony on S.B. 146 (R1)? [There was no one.] We will move into neutral testimony in our physical locations.

Helen Foley, representing Nevada Association of Health Plans:

I am representing Nevada Association of Health Plans. We want to thank Senator Lange. We went back and forth with her many times. She was open, cooperative, and very diligent in making sure Dean Khan could meet his needs and get the best doctors here, make sure they could participate in panels, while at the same time taking into account some of our concerns. We thank her very much for this legislation.

Chair Peters:

Thank you. Seeing no one else coming to the table in neutral, we will move to the phones. Is there anyone on the public line for neutral testimony on S.B. 146 (R1)? [There was no one.] The Senator is waiving closing remarks. We will go ahead and close the hearing on Senate Bill 146 (1st Reprint). Thank you so much, Senator, for spending some time with us today.

We will move on to our last bill hearing of the day, Senate Bill 411 (1st Reprint). Welcome, Senator Ohrenschall.

Senate Bill 411 (1st Reprint): Makes various changes related to services provided to persons with autism spectrum disorders. (BDR 5-248)

Senator James Ohrenschall, Senate District No. 21:

Good afternoon, Chair and members of the Committee. It is an honor and privilege to be before your Committee. I am glad to be here today. Thank you for hearing Senate Bill 411 (1st Reprint). Senate Bill 411 (1st Reprint) comes out of my experience in my day job as an attorney who represents children. I am a deputy public defender in the Clark County Public Defender's Office, and I have worked with children who have been arrested and cited for delinquent acts. There is a program Judge Bailey, who is joining us via Zoom, started in Clark County called DAAY Court—Detention Alternative for Autistic Youth. It is a therapeutic diversion court I witnessed helping so many children. It is an amazing thing. During the interim, I was talking with families and autism advocates. One thing we hoped is there would be programs like this across the state for children who may not have received treatment or not been properly diagnosed and able to get the therapeutic treatment that can help them succeed and not end up back in the criminal justice and delinquency systems. With your permission, Chair, I will turn it over to Judge Bailey, and then I am happy to answer any questions about the bill.

Chair Peters:

Welcome, Judge Bailey. Thank you so much for being with us today. Please go ahead.

Soonhee Bailey, Judge, Family Division, Eighth Judicial District Court:

I am a judge in the Eighth Judicial District Court in the Family Division, and I currently serve in the delinquency division of the Family Court. I am sure you have already heard quite a bit about autism, but currently, the Centers for Disease Control and Prevention (CDC) estimates about 1 in 36 children are diagnosed with autism spectrum disorder (ASD). It does not discriminate as to race, ethnicity, or socioeconomic situation, but it does have a diagnosis rate for boys that is four-times higher than for girls; and youth with ASD often display inappropriate behaviors in various situations. Although aggression is not a symptom of ASD, youth with autism sometimes behave aggressively toward themselves or others. This can lead to charges. Often, we see battery on a protected person, battery domestic violence, and threats to cause bodily injury. These types of behavior can create dangerous situations, not just for their family members but for other students, teachers, first responders, medical personnel, and the public in general. It is unclear how many youths with ASD—diagnosed or not—are currently in the juvenile justice system in the United States.

It is even more difficult to gauge how many adults are in the criminal justice system or prison system with ASD. The last study, and the only study we could find, was in 2012 where they looked at a population of 431 prisoners. Approximately 4.4 percent had ASD prevalence—double the general population. Many go undiagnosed. More recently when they took that percentage, they estimate there are over 100,000 adults in the U.S. prison system with ASD, and that does not include those who may be undiagnosed. Many states are attempting to address the issue of adults with ASD in the prison system, often with weighted blankets or lights turned lower, and things like that, but by then it is too late. Senate Bill 411 (1st Reprint) aims to prevent youth or adults with ASD from ever getting into that system. It allows courts to create diversionary programs to address the needs of these youth.

Currently, we do have a program that exists, and that is the model for this—the Detention Alternative for Autistic Youth you heard Senator Ohrenschall discuss—the DAAY Court program. It is for youth currently involved in the juvenile justice system with a primary diagnosis of autism. It is the only program of its kind in the country. Almost all the youth in the program do not have any services to address their needs. Many of them do not even have an appropriate diagnosis. Often children arrive in the juvenile justice system with diagnoses such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), obsessive compulsive disorder (OCD), conduct disorder, bipolar anxiety, and post-traumatic stress disorder (PTSD) that parents are told are behavioral problems, for lack of a better term. They are not told how to address these issues. They go to residential treatment centers or they try medication, and nothing works, and they cannot get the assistance they need.

To put those things I just went over in perspective, recently we had a 12-year-old with all those diagnoses come into our system. When that happens, we have a team. We will staff the youth and will look to arrange a neuropsychological evaluation to potentially rule out ASD. Since its inception in 2018, approximately 65 percent of those who have neuropsychological evaluations performed come back with a formal diagnosis of ASD. This includes youth who had never been diagnosed, or youth accused of juvenile sex offenses who

previously had not been diagnosed whose offenses were a result of their diagnosis and not an active deviance. Once a formal diagnosis is obtained, or if the youth already has a formal diagnosis, then the team begins the process of obtaining the necessary diagnosis and services for that youth.

The DAAY Court is made up entirely of people who volunteer to do extra duties. We have a district attorney, a public defender, and probation. We also have parole community partners such as the Autism Treatment Assistance Program [Aging and Disability Services Division, Department of Health and Human Services] who help with the paperwork and shortcuts so they do not have a long wait. Desert Regional Center also sends someone so we can make sure we have someone to direct the paperwork to so they do not have to wait. For those who qualify, Legal Aid Center of Southern Nevada (Legal Aid) sends a representative to assist with the individualized education plan (IEP) process, so we make sure all their needs are met in the school system. We have people who provide applied behavior analysis therapy (ABA)—the ABA Group. We also have the Collaboration Center. We have the Lovaas Center, Moving Mountains Bx, and Behavioral Essentials. We also provide parent training. We have the [Grant a Gift, Autism Foundation] Ackerman Center that deals with us, Dr. Davis; as well as the Division of Family Services, county adult assistance programs (CAAP), and Court Appointed Special Advocates (CASA) because we have a lot of children who are in our foster care system who end up in our delinquency system with ASD diagnoses.

The end goal is to obtain applied behavioral analysis services, ABA services, before youth turn 18. Applied behavior analysis can help increase communication and social skills and decrease problem behaviors—just to name a few of the positive outcomes we have. The parents receive training to better prepare them for dealing with those behaviors we see in the youth. That way, we can deal with both the parents, making sure they do not reinforce negative behaviors and teaching them how to work through the behaviors we see, and also the youth with ABA to make sure they have the appropriate supports going into adulthood so we do not see them in the adult system.

We are big proponents of ABA. I am here today because of ABA. My eldest daughter, who now is 25, was diagnosed on the spectrum when she was two. By the time she was three, she had become extremely violent, and by the time she was five, she became so violent the doctors told us to put her in a home and get on with our lives because they figured she was probably going to kill me. She had already broken some of my bones and some of her own. Without the ABA program, I can honestly tell you I would not be here today. I have trained in ABA for over 15 years with the Lovaas Center, and because of ABA and my personal involvement, my daughter went from 250 aggressive acts per day down to about 1 every four months. I am here to help other people be able to function in life, to not worry about going to sleep at night, not worry about the teachers, and to actually have a productive member of their family and community. The success of the program has spoken for itself. We have graduated 65 youth since 2018. Of the 65 youth, 5 have come back. Of those 5, only 1 had stayed in the ABA program we had set up.

With that, I want to thank everyone for their time. I apologize that I am not there in person as I had court this morning, but I did hear the testimonies on the other bills presented today, and I heard about the things everyone wanted to bring to Nevada. I can tell you this, we have one thing here in Nevada no one else has and that is the diversionary program for youth on the spectrum that is shown to be very effective. With the passage of S.B. 411 (R1), we would be the first in the nation to codify that to allow others to copy this successful program. I will turn it back over to Senator Ohrenschall. Thank you.

Senator Ohrenschall:

Thank you very much, Judge Bailey. Chair, I am happy to answer any questions.

Chair Peters:

Thank you, Senator, and thank you, Judge Bailey. We have a few questions.

Assemblyman Nguyen:

Thank you, Madam Chair, thank you, Senator, for being here, and thank you, Judge Bailey. Senator, as you are looking into this program, I know that we are going to set the bar for the rest of the country to follow in terms of things that could benefit our young population as well as the families who are involved. In terms of modernizing our laws and accommodating all members of the community, I want to make sure if we are going to fix the setup of this, in terms of your working knowledge, and Judge Bailey may have a working knowledge of this, are there cases of folks on the spectrum where the barrier of language adds on to it? Judge Bailey and I are Asian Pacific Islanders and we are dealing with populations of parents who are afraid to talk about this publicly or seek help because of that language barrier, so when we are revising the membership of the Nevada Commission on Autism Spectrum Disorders, I want to see how we can embrace the language access community and be able to have folks who sit on this group or are a part of the program who could address the language access issues that we have in terms of the health issues in our state. I do not know if Judge Bailey or you have any statistics on cases you dealt with that have language access barriers.

Senator Ohrenschall:

I do not have any statistics right now with me, and I am not sure they are available. As an attorney who practices in juvenile court, one thing I noticed is that in juvenile court in Clark County, the next weekday after a child is arrested and brought into juvenile detention, there is a detention hearing which is like an OR [own recognizance] hearing in adult court because there is no bail or bail bonds in juvenile court. What often happens, and I think it speaks to the collaborative effort of the DAAY Court model, even though those detention hearings are not usually in front of Judge Bailey—they are usually in front of hearing masters—if the district attorneys and public defender see a child, even if not diagnosed with being on the spectrum, if there are indications it might be a child on the spectrum who never got diagnosed, there will be a referral for that child to go to the DAAY Court program. I have seen children and families who needed the assistance of foreign language interpreters where that referral has been made. As to how many, I do not know, but I think we will be able to find out.

Speaking to section 2 of the bill dealing with the Commission on Autism Spectrum Disorders, it was brought to my attention there was an issue with the Commission. Throughout the last 15 years, the Commission has been tremendous in terms of working on medical insurance for kids on the autism spectrum and helped the parents and Judge Bailey push for big changes in Nevada law. Lately, they have had an issue with having a quorum. This is trying to make sure the quorum would be counted among the voting members, not among the nonvoting members, to make sure they have a quorum for their meetings.

I am not sure about the data as to children who get referred to the autism court needing foreign language interpreters. I could reach out to the Administrative Office of the Courts and try to find out. But certainly, I have seen a collaborative effort to send kids to that therapeutic diversion court to get the help they need and not be put on probation or sent to a youth facility where they are not going to get the help they need.

Judge Bailey:

I can add to that. We also deal with interpreters, and interpreters are available for everyone who comes before us. As far as the community, we have had a lot of community outreach, including to the AAPI [Asian American Pacific Islander] community. There is a new organization called SOFA [Stories Online for Autism] that has been reaching out for which we did public service announcements. In addition, there is Azulblue [United by Autism], so we have Spanish as well. We always try to make sure we have access for everyone in the community so they understand autism is not something they need to be embarrassed about and that we can help provide the necessary assistance.

Assemblyman Nguyen:

As we are modernizing and improving all our processes here in Nevada, with the recent growth of the AAPI community and language access community, I want to make sure we are intentional when doing things that include these communities as far as being at the table to provide input, because there are some cultural competencies and other things we want to be aware of. I want to recognize and honor Judge Bailey for telling her story, which I had not heard until now. So, thank you, Judge, for sharing your story. For the Asian community, it is difficult to share our stories. I hope as we move forward, we include a lot of these cultural competency and language access initiatives when addressing health challenges in our state.

Chair Peters:

Thank you for the questions. You bring up interesting points in these voting and nonvoting positions and quorum issues. Last week, we heard about a similar situation in which local government folks were not making it to their committees or even accepting appointments to committees from local governments. It seems to be a trend that might be worth digging into. Maybe local governments do not have adequate staffing, but it is really dragging things down when a quorum cannot be made, so it is an interesting trend we are seeing. I have another question from Assemblywoman Thomas.

Assemblywoman Thomas:

Thank you, Senator and Judge Bailey, for bringing this forward. I see halos over your heads. This is something you should be on a mountaintop telling everyone about. I hate that we are in a diversion court for juveniles rather than getting them before they come into the system. Some of the programs you stated here should be in the educational side of the house so kids would not be wrapped up in this system and going into the court and going through this long process. Once you get into the court system, it is hard to get yourself out of the system, and it is hard for the students; it is hard for the parents. My question involves the educational aspect. Once the kids are in the program, how do we educate our kids? I know Clark County School District has a behavioral program. We used to call it alternative schools that we send kids with behavioral problems to. Is this when you extract them knowing that they have autistic diagnoses? I find that hard to believe because a lot of the schools do not have licensed counselors to see that, and a lot of our schools are not looking at that. They are saying kids have behavioral problems and they expel them. They are out on the street, and that is when Metro [Las Vegas Metropolitan Police Department] and our police agencies encounter them, and they get into the system. This is a merry-go-round for our kids. Do you work hand in hand with the alternative schools? Do you work hand in hand with the schools themselves in order to eradicate the problem before it gets to the courts?

Senator Ohrenschall:

Assemblyman Thomas, I appreciate your kind comments, but there is no halo over my head. Judge Bailey is the one who decided there needed to be a therapeutic court for kids on the spectrum, and I learned about it from her work. In terms of education, I have seen her and some of the hearing masters and other judges try to help families and parents—maybe get the IEP corrected if a child has an IEP and it is not working, or if they do not have an IEP and need one, refer them to an organization like Nevada PEP or some other group that might help with that IEP. There is a lot of collaboration in terms of the DAAY Court. I have seen attorneys from Legal Aid there, and the Legal Aid Center has an education defense group that helps parents and children. We refer some kids there when there are issues with a school not tailoring an IEP for a child. There are limitations as to what any court can order the schools to do, but a lot of collaboration comes out of the DAAY Court, and a lot of children do get help there.

Judge Bailey:

I wish we could be more involved with the schools; unfortunately, it is just a bit too big to try to take care of at one time. What we do is work with Legal Aid and individuals on their IEPs to make sure they meet the needs and that the school is meeting the needs of each individual under free and appropriate public education (FAPE) and the Individuals with Disabilities Education Act (IDEA). Because our youth have not been diagnosed with autism, they often do not have an appropriate IEP. They may only have a 504 [Section 504 of the Rehabilitation Act] or a behavioral plan that does not actually address their needs. The first thing we do is make sure we have an appropriate IEP that functions for them with their autism diagnosis.

For example, we had a youth who came in with cochlear implants and autism. The school district had only given him an IEP for the cochlear implants. Well, he had behaviors due to autism so, obviously, we wanted that IEP to address his behaviors due to the autism. That way he was protected under FAPE and IDEA as well. Legal Aid took on that challenge and made sure the IEP addressed the appropriate needs. Once it was corrected for both cochlear implants and autism, we found out the school was much better suited for him. He did a much better job, was able to fit in and not have the behavior because everyone was able to recognize his behaviors and address them through the autism. They were a function of the autism and not a function of the other issue, so once we were able to determine what the function was, then we could help the school. We were able to help protect the school, which was the goal—the protection of the school, the other students, and the teachers as well.

Assemblywoman Thomas:

The diversionary court program for the students: How long are they in this program?

Judge Bailey:

It depends on whether we already have a diagnosis. If we already have a diagnosis, then we can immediately get them set up for applied behavior analysis. If we do not have a diagnosis, then we have to get them to a neuropsychologist. We have a shortcut into a neuropsychologist and can get them in within three months. For those who have out-of-state diagnoses, Medicaid will not accept out-of-state diagnoses, so we have to get them to a neuropsychologist, get that evaluation, and start over. It can average about 12 to 18 months because we are dealing with the different behaviors and positive reinforcement with the parent training. It takes us six months up to nine months just to get the diagnosis and get them started and on the wait list for ABA and the neuropsychologist. In the meantime, we are also dealing with all the other behaviors to make sure they do not continually come into our system.

Chair Peters:

We learn something new every day in this Committee. I did not know Medicaid kept autism diagnoses in-state, and that is an interesting issue. I encourage folks who are interested to follow up on that. I have another question, and this is the last one on my list, so if I miss you, please let me know.

Assemblywoman Gorelow:

Thank you very much, Chair, and my apologies. I had a hearing and missed a lot of the presentation, so this may have been covered. Were there conversations about adding children with fetal alcohol spectrum disorder (FASD) since many of them exhibit the same characteristics?

Judge Bailey:

We have been asked if we are willing to accept FAS. At this time, we have so many requests for FAS evaluations and follow-up that it is larger than our volunteers can handle. Right now, it is not projected for us to be able to handle that type of volume, but it is something we are looking at for the future. We do assist with those who need FAS evaluations. We have

been able to assist them in getting the evaluation more quickly with the Ackerman Center, so we have shortened the wait from 18 months down to about 3 months. We still help connect them with the Desert Regional Center and ABA services to the best of our ability.

Assemblywoman Gorelow:

Thank you very much. Getting that waitlist down that much is impressive, so thank you very much.

Chair Peters:

It is impressive how much of this is run on volunteers. It touches so many good issues, wholesome issues, right? Making sure we are addressing folks in their needs, where they are. I really appreciate the bill.

Senator Ohrenschall:

Thank you, Chair. Assemblywoman Thomas put it best: A lot of kids on the spectrum, if they do not get into a therapeutic program like this and do not get services that would help them, will probably end up in a cycle where they are on juvenile probation and they are not going to succeed. They might have a violation of probation, or they might pick up new charges, and Judge Bailey's program has helped so many children not end up in that cycle of years of not succeeding or getting the benefit of the services probation is trying to give. If this is expanded to other counties and other jurisdictions, it has the potential to divert a lot of kids from either ending up on juvenile probation, adjudicated delinquent, or in local, regional, or state youth correctional facilities. I appreciate your hearing the bill and hope you might consider it. Thank you.

Chair Peters:

Are there any other questions from the Committee before we move into testimony? [There were none.] We will move into testimony then. Thank you, Judge Bailey, for being here, and thank you, Senator, for the presentation. We will start with support testimony in our physical locations in Carson City and Las Vegas.

John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office; and representing Washoe County Public Defender's Office:

I am also testifying on behalf of the Washoe County Public Defender's Office. I want to thank Senator Ohrenschall and Judge Bailey for bringing this bill forward. It is very important when we are dealing with issues outside of the normal purview, that our courts take notice and treat people with dignity and respect and get them the treatment they deserve and need so we can stop a cycle from starting. This court is a good first step towards that, so I thank the sponsor for bringing it forward and urge this Committee to support it.

John Abel, Director, Government Affairs, Las Vegas Police Protective Association:

Good afternoon, Chair Peters and members of the Committee. I am Government Affairs Director for the Las Vegas Police Protective Association. We support this bill. It is often law enforcement officers who go on calls for service and have to come in contact with these children who are on the autistic spectrum. Unfortunately, sometimes we have had to use

deadly force, which is very, very sad. Our officers and I believe this program will limit those interactions with law enforcement. Anything we can do to set them up for success in the future as adults is very much appreciated, so for that we support this bill.

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

Thank you, Chair, and members of the Committee. Before taking this position, I had the pleasure of being the education attorney in DAAY Court working with Judge Bailey and the other stakeholders. It is an awesome program. To Assemblywoman Thomas's question, while DAAY Court is one avenue to services, at Legal Aid we take community referrals, so when you have people who need education assistance, legal aid centers are there for that.

I have seen the power of DAAY Court and connecting families to services. What you really have is a parent who is totally overwhelmed, right? That parent is dealing with these charges on top of behaviors they are probably seeing in their own home, and they just do not know where to turn. The real power of DAAY Court is all those professionals are there, and Judge Bailey is able to say, What is going on with the IEP? The parent says, Not sure. And Judge Bailey says, You need legal aid. There is no going to a legal aid office. They do not have to take steps. We get their information right there, contact them, and make sure we follow up on the IEP. It is the same for the other providers. It is a great program, we are supportive of the bill, and say thank you to the Senator.

Chair Peters:

That concludes support testimony in our physical locations. We will move to the phones. Is there anyone on the public line for support testimony on S.B. 411 (R1)?

Steven Cohen, Private Citizen, Las Vegas, Nevada:

Good afternoon, Madam Chair and members of the Committee. Ditto, and thank you.

Julie Ostrovsky, Private Citizen, Las Vegas, Nevada:

I am a past commissioner on the Nevada Commission on Autism Spectrum Disorders. The Commission did not meet the last six months of my appointment because of an inability to get a quorum. I am the founder of Autism Community Trust and the parent of a fantastic nonverbal young adult diagnosed with autism. I am here today in support of S.B. 411 (R1). Thank you, Senator Ohrenschall and Judge Bailey. The remarkable efforts and passion of Judge Bailey changes lives and makes our community safer and a better place to live. Undiagnosed autism is not a crime but rather an unfortunate circumstance. By identifying what is causing criminal or violent behaviors and then offering the opportunity to intervene and change those behaviors is lifesaving and life changing. The second piece of this bill deals with the Nevada Commission on Autism Spectrum Disorders. The Commission monitors services for people with autism throughout the state and works to improve access to services throughout the state of Nevada. The challenge faced by the Commission is

establishing a quorum due to unfilled vacancies and scheduling conflicts restricting the success of the Commission. This small fix will empower the newly appointed commissioners to work to improve the lives of people with autism. I strongly encourage you to support all of S.B. 411 (R1).

Chair Peters:

Are there additional callers in support of S.B. 411 (R1)? [There were none.] Thank you. We will move into opposition testimony in our physical locations. Is there anyone who would like to provide opposition testimony on S.B. 411 (R1)? Seeing no one coming to the desk in Carson City or Las Vegas, we will move to the phones. Is there anyone on the phones for opposition testimony on S.B. 411 (R1)? [There was no one.] At this time, we will move on to neutral testimony. Is there anyone in our physical locations who would like to provide neutral testimony today? Seeing no one coming to the desks, is there anyone on the public line to provide neutral testimony on S.B. 411 (R1)? [There was no one.] Senator, would you like to make some closing remarks?

Senator Ohrenschall:

Chair and members of the Committee, thank you for hearing Senate Bill 411 (1st Reprint). I believe if this passes and we see more of these therapeutic diversion courts throughout our state, more kids will be diverted from ending up either on probation or at a regional or state youth correctional facility. With your permission, Chair, may Judge Bailey make brief closing arguments? [Chair Peters nodded yes.] Thank you.

Judge Bailey:

Thank you, everyone, for your time this afternoon. I am sorry I could not be there in person. Thank you for your consideration of S.B. 411 (R1) and strong community support in favor of this diversionary program. For any members of the Assembly who would like to witness what we do, we hold video court on Thursday afternoons. Senator Ohrenschall will be more than happy to send you a link so you can see what we do in action. Please feel free to come check us out and see what we do on a weekly basis. We will let you know what our calendar looks like and which dates are open. Thank you again for your time, and we encourage passage of S.B. 411 (R1). Thank you.

Chair Peters:

Thank you for your time and presentation today. We will go ahead and close the hearing on Senate Bill 411 (1st Reprint). That takes us to the end of our bill hearings today and to the last item on our agenda, which is public comment. Is there anyone in Carson City or Las Vegas who would like to provide public comment today? Seeing no one coming to the desk, is there anyone on the public line who would like to provide public comment today? [There was no one.] We will close out public comment today and that brings us to the end of our day. We are adjourned [at 3:33 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblyman David Orentlicher, Vice Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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