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

Eighty-Second Session
May 31, 2023

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 2:18 p.m. on Wednesday, May 31, 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 Roberta Lange, Senate District No. 7
Senator Dallas Harris, Senate District No. 11

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:

Edith Duarte, representing Novartis
Caitlin Gatchalian, Government Relations Director, American Heart Association, Nevada Division
Katie Roe Ryan, Director, Public Policy, Dignity Health-St. Rose Dominican
Vanessa Dunn, representing Nevada Public Health Association
Carissa Pearce, Health Policy Coordinator, Children's Advocacy Alliance of Nevada
Paige Barnes, representing American College of Obstetricians and Gynecologists
Sarah Adler, representing Nevada Advanced Practice Nurses Association; New Frontier Treatment Center; and Vitality Unlimited
Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada
Lea Case, representing Nevada Psychiatric Association; Nevada Public Health Association; National Alliance on Mental Illness, Nevada Chapter; and Nevada Primary Care Association
Barry Cole, Private Citizen, Reno, Nevada
Shelbie Swartz, representing Battle Born Progress
Helen Foley, representing T-Mobile
Misty Grimmer, representing Cox Communications
Abbey Bernhardt, Youth Recovery Peer Support Specialist, National Alliance on Mental Illness
Randy J. Brown, Director, Regulatory and Legislative Affairs, AT&T
Shelly Capurro, representing Charter Communications

Chair Peters:
[Roll was taken. Committee rules and protocol were reviewed.] Thank you for being here. Welcome to the Assembly Health and Human Services Committee. We will begin with our agenda. We have three bills on the agenda today. We are going to be taking them slightly out of order as we have Senator Lange in the room with us and are waiting for our other Senators who are busy in other committees. It is going to be a little bit fluid today.

We will go ahead and open the hearing on Senate Concurrent Resolution 5 (1st Reprint), which urges the expansion of comprehensive cardiovascular screening programs and directs the Joint Interim Standing Committee on Health and Human Services to conduct a study concerning such programs and certain other matters relating to cardiovascular disease. Senator Lange, welcome to the Committee. Please begin when you are ready.

Senate Concurrent Resolution 5 (1st Reprint): Urges the expansion of comprehensive cardiovascular screening programs and directs the Joint Interim Standing Committee on Health and Human Services to conduct a study concerning such programs and certain other matters relating to cardiovascular disease. (BDR R-1025)

Senator Roberta Lange, Senate District No. 7:
Thank you, Madam Chair. As soon as we are finished with our remarks and questions, may I ask your permission to leave because I have another hearing?

Chair Peters:
We understand. Absolutely. Thank you so much for being here in the first place. Please go ahead.

Senator Lange:
I am happy to be here today to present Senate Concurrent Resolution 5 (1st Reprint). The resolution urges state agencies to expand cardiovascular screening programs and directs the Joint Interim Standing Committee on Health and Human Services to conduct a study concerning cardiovascular screening programs. Cardiovascular disease is the leading cause of death in the United States. Approximately 20 million Americans have been diagnosed with cardiovascular disease.

High cholesterol levels have been linked to the disease and can be managed with medication to help reduce the amount of cholesterol in the bloodstream. The American Heart Association estimates nearly 68 million adults in the United States have high levels of cholesterol, but only 47 million are currently receiving medication to manage their risk of cardiovascular events such as a heart attack or stroke. With adequate cardiovascular health screening programs, adults with high levels of cholesterol can take proactive steps to address cardiovascular disease and significantly reduce their risk of dying from a cardiovascular event.

If I could give you a summary of this resolution, it has two primary functions. First, the resolution urges Nevada state agencies to do four things:

1. Expand comprehensive cardiovascular screening programs to allow for earlier identification of patients at risk for a cardiovascular event;
2. Explore ways to collaborate with federal agencies and national organizations to establish or expand comprehensive cardiovascular screening programs;
3. Evaluate programs to improve cardiovascular health which are operating in the state for the purpose of accelerating improvements in the care rendered to patients at risk of events; and
4. Develop policies to reduce the number of Americans who die as a result of cardiovascular disease.

Second, this resolution directs the Joint Interim Standing Committee on Health and Human Services to conduct a study during the 2023-2024 Interim concerning cardiovascular screening programs that are currently operating in the state and ways for state agencies to collaborate with federal agencies and private organizations in the expansion of such programs. The interim study must do three things:

1. Review the "Get With The Guidelines" program from the American Heart Association;
2. Consider a provision of reimbursement under the Medicaid program to promote monitoring of cardiovascular health; and
3. Review implementation of the Complete Streets Program and gaps in reforms to zoning laws.

The committee is required to submit a report of the study and recommendations that could lead to legislation to the Legislature, so the 2025 Legislature should have solid recommendations to consider reducing the number of Nevadans who die as a result of cardiovascular disease. I will now turn it over to Ms. Duarte.

Edith Duarte, representing Novartis:
Thank you for hearing S.C.R. 5 (R1). Novartis is an innovative medicines company that supports efforts to improve the quality of life of Nevadans and health outcomes for all residents. The Centers for Disease Control and Prevention (CDC) states that health care professionals in Nevada have diagnosed 8 percent of adults in the state with symptoms of atherosclerotic cardiovascular disease. Symptoms include angina, stroke, heart attack, or coronary heart disease. However, many Nevadans have not been diagnosed yet, particularly in underserved communities, so we thank Senator Lange for sponsoring this resolution for bringing attention to the much-needed expansion of these types of screenings. Also, thank you to the American Heart Association for partnering on this and being willing to work with us during the interim on the study. Ms. Gatchalian will talk a little bit more about that.

Caitlin Gatchalian, Government Relations Director, American Heart Association, Nevada Division:
[Caitlin Gatchalian supplied additional information, Exhibit C.] Good afternoon, Madam Chair and Committee members. First, I would like to thank Senator Lange for sponsoring this bill and making cardiovascular disease a priority for the state. If you did not know, May is American Stroke Awareness Month. The American Heart Association is happy to present and support S.C.R. 5 (R1) because cardiovascular disease is the number one killer worldwide, in the U.S., and in Nevada. These screenings will help save lives. The screenings are important for patients because we want to provide a complete picture of their cardiovascular risk. By prioritizing cardiovascular screenings, patients will be able to know what undiagnosed medical conditions they may be experiencing but not realizing.

An important aspect of lowering the risk of cardiovascular disease, also called coronary artery disease, is managing health behaviors and risk factors. But to know which risk factors a person has, they need to conduct a screening test. Ensuring Nevadans are able to access screenings will help them identify issues that can help them seek preventive care. But Nevada can also take steps to improve the quality of care Nevadans are receiving. The American Heart Association supports a program called Get With The Guidelines. Under this program, they work to improve health care outcomes and quality of service delivery at hospitals. Get With The Guidelines offers hospitals evidence-based guidelines in the following areas—stroke, heart failure, resuscitation, atrial fibrillation, and coronary artery disease. The Get With The Guidelines system is associated with improved efficiency of care and thus lower costs through decreased lengths of stay. The American Heart Association is proposing an interim study to look at Nevada's hospitals and health care systems that are practicing Get With The Guidelines strategies. The intent of the study will help Nevadans and Nevada's policymakers better understand gaps in the delivery of evidence-based services. The committee can make recommendations on how the state can improve and close gaps.

Senator Lange:
With that, Madam Chair, we would be happy to answer any questions you may have.

Chair Peters:
Thank you so much for the presentation. This is a noble project, I think. Several of us have been touched by cardiovascular disease in our families and friends. I have a couple of questions on my list.

Assemblywoman Newby:
Thank you for this bill. I really appreciate the direction it is going. On page 3, lines 11 and 12, you also include in this study the implementation of the Complete Streets Programs. That is quite a large undertaking—all the jurisdictions, all the streets and planning in the state of Nevada. How did that make it into the bill? Do you think that is going to overburden the folks doing the study with the volume of things they need to look at?

Edith Duarte:
This was an amendment on the Senate side. It was suggested by Senator Doñate, who will be chairing the interim Joint Health and Human Services Committee, which will conduct this study. I think he is willing to put in the hours to complete this part of the study.

Assemblywoman Thomas:
Thank you, Senator. I appreciate your coming in and giving this presentation. It is near and dear to me. Within my district, I believe this will prove to be a good study. What underserved communities are you looking to promote in this study, and how long is the study?

Caitlin Gatchalian:
We kept it open so we can discover what the problem is because it is such a broad issue. The last time there was an interim study was in 1998, specifically addressing women and heart disease, so there is a huge gap in research in identifying specific causes within specific communities. That is why it was left broad in that aspect. When it comes to being able to do this study, we can further identify which communities are affected and further dive into the issues within those communities.

Assemblywoman Thomas:
As my colleague indicated, it seems like this is a huge undertaking. We are looking at men. We are looking at women. We are even looking at teens as far as the cardiovascular disease we encounter right now. We are looking at diabetes—all of those things promote what is going on. We know this is more prevalent in underserved communities, and that is why I am asking. You have to have a target, so what target communities are you looking at? Are you looking at the indigenous community up north here? Are you looking down south at the Black and Brown communities? I want that narrowing-in of the study.

Caitlin Gatchalian:
That is something we can talk about further because that is where we had a discussion with Senator Doñate as well: What are the aspects and results we want to see at the end of this? What are we looking for? Cardiovascular disease is a huge issue, and it is hard to pinpoint because there are so many things that affect it. That is something we can work on now and through the interim as we continue the discussion on this issue. Sorry, I do not have a better answer. I recognize there are communities heavily affected by cardiovascular disease, but this is the start of the conversation, not the end of it.

Senator Lange:
I think Senator Doñate, in his preparation for this Committee and during the interim, will be reaching out to people and asking lots of questions. You may be a person he would reach out to as he narrows the scope of what he wants to do during the interim.

Assemblywoman González:
My question is in relation to my colleague's question. How would the study and the program address health disparities in this area but also ensure equitable access to care for the underrepresented communities—which I am assuming would maybe come out of this study—for the next legislative session? It is not really a question, more of a comment. I am concerned about that piece as well.

Senator Lange:
Out of this study we are going to get lots of information—information as you are talking about—and even more. We will be able to craft legislation around the needs of our state and our communities. I look forward to that. It is a large undertaking for that committee, but it is something the committee will be able to excel at. The members will be able to create their own parameters as they study this.

Assemblywoman González:
I may have missed it, but is there any way we could put in there something about underserved communities to make sure we are having that conversation, or are we trusting that it will be part of the conversation?

Senator Lange:
We are trusting that will be part of the conversation, although we are not opposed to adding that to the bill.

Chair Peters:
Looking at the "Resolved" portion of this, what we are looking at is doing a baseline screening for what programs exist today, how we can collaborate better with organizations that exist outside of the state, and then evaluating potential programs we could adopt and fund in the state that have proven improvement for cardiovascular disease. That is what has been presented. It is a first start and identifies who our partners are in this area right now. Some of the other stuff needs to get vetted out obviously, but that is a bigger task than what is prescribed in the bill at hand, which is cataloging our partners.

Assemblyman Gray:
Thank you, Madam Chair. I agree with Assemblywoman Thomas. Since I got into medicine and nursing, one of the first things we were trained to look for, especially in African Americans, was the presence of stroke usually due to undiagnosed hypertension and things along those lines. When I started in 1990, African Americans were twice as likely to have a stroke than their white counterparts, and the same with women. I just checked the statistics. It is still the same, so that is something we need to look at.

The next question is, when we talk about these screenings, what are they? Are they doing complete metabolic panels? Are they doing echocardiograms? What is the scope of the recommendation? It is not in here, and I am sure it is probably laid out somewhere else, but I was wondering, because that goes to cost and everything else.

Edith Duarte:
One of the baseline screenings is checking for blood pressure, as you mentioned, and comorbidities like diabetes leading to stroke. Even undiagnosed hypertension can lead to renal disease. There is so much that comes with undiagnosed hypertension, which is just the baseline. But I think that Ms. Gatchalian can talk about some of what the screening does, and the American Heart Association conducts some of the screening themselves.

Caitlin Gatchalian:
Right now, we do not have answers in regard to what the screenings are going to be. A big part of this bill is getting awareness about heart disease in general, but that is something we can specify in the future.

Assemblyman Gray:
Thank you, and I appreciate your bringing this bill forward. It may be another study, but I think this one may have some benefits in the long run if we can treat some of these and reduce long-term health care costs. The cost of having a stroke and being put in a care facility is astronomical. If we can reduce a few of those, it may help.

Assemblyman Orentlicher:
Thank you, Chair, and thank you for this presentation. I am glad you are suggesting we address cardiovascular disease, so thank you very much for doing that. One question I have is that the focus is on screening and treatment as opposed to prevention. I was glad to hear you are receptive to adding things. Did you not do as much with prevention? The Complete Streets Programs do get at that—better opportunities for bicycling and walking—but that was an afterthought, it turns out. Are you receptive to adding other things about smoking and diet that would get at prevention, or did you not address that because we are already addressing it somewhere else? Is that what your thinking is?

Edith Duarte:
That is something that can be part of the study. It is already sounding pretty broad, and I am worried about now adding prevention. I do think that is obviously something we need to keep in mind, and not just treating an illness once it develops. With all the things we are going to look at, and looking at underserved communities, all of those build on each other. That can be part of the outcome—the results we get in the study—and some of the preventive measures could also be presented.

Assemblywoman Taylor:
Thank you, Senator, for bringing this very important bill. My colleague Assemblywoman Thomas mentioned that the African-American community disproportionately is impacted by cardiovascular disease, so a personal thank you. You mentioned two programs: Get With The Guidelines and Complete Streets. Can you give an overview? I understand Get With The Guidelines is something hospitals are doing, and Complete Streets was mentioned in terms of being comprehensive. What are those?

Caitlin Gatchalian:
Complete Streets is essentially an idea you can put into policy. Complete Streets is ensuring that our streets are complete for any and all users to get access to the things they need whether that is a hospital or going to grocery stores. It increases access to biking and walking. It encompasses the things we do not think about when it comes to transportation and getting access to the things we need. Do our sidewalks have streetlights? Are sidewalks accessible for blind people? This is what that idea comes from, and it can be transformed into policy—recognizing where within our policies with Complete Streets currently are we missing those things.

Get With The Guidelines is a program the American Heart Association works on with our Quality Systems of Care teams. We try to get hospitals to be part of Get With The Guidelines to ensure their patients are getting the best care when it comes to heart disease. If you are coming into the hospital, are they doing every single measure they need to do to ensure you are getting the best care?

Assemblywoman Taylor:
I appreciate that to have a little background.

Chair Peters:
Several folks on this Committee have not been through an interim committee. But we have also modified the way interim committees work as of the last session. This last session was the first one where we did not have a large number of studies that went through those. These interim committees meet for a short period of time, generally from January until August, and about once a month. However, these studies have to get done in that period of time. As far as I can tell, we have seen three or four that are going to the Interim Health and Human Services Committee alone. The idea of bringing together a coalition of folks to work together in collaboration to reach some kind of consensus for potential legislation in the next legislative session makes sense. Going beyond that would be harder in a structured interim as we go forward, especially for something where our partners are maybe not actively working together in a way that gets us to that line. This is a preview into the next legislative session and this upcoming interim.

I think that is everyone I had on my list for questions today. Please let me know if I missed you. We will move into testimony. We will start with support testimony in our physical locations and then move to the phones. If you would like to provide support testimony on S.C.R. 5 (R1), please come up to the table.

Katie Roe Ryan, Director, Public Policy, Dignity Health-St. Rose Dominican:
We are here in support of S.C.R. 5 (R1) both as a member of the Get With The Guidelines program in our hospitals, and I am also a member of the American Heart Association's advocacy committee.

Vanessa Dunn, representing Nevada Public Health Association:
I am here on behalf of the Nevada Public Health Association, and we are in support.

Chair Peters:
Seeing no one else coming to the table in Carson City or in Las Vegas, we will go to the phones. Is there anyone on the public line for support testimony on S.C.R. 5 (R1) today? [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 to S.C.R. 5 (R1)? Seeing no one come up to the desks, we will move to the phones. Is there anyone on the phone line to provide opposition testimony on S.C.R. 5 (R1)? [There was no one.] We will move into neutral testimony. Is there anyone in the physical locations in Carson City or Las Vegas who would like to provide neutral testimony today on S.C.R. 5 (R1)? Seeing no one, is there

anyone on the public line for neutral testimony on S.C.R. 5 (R1)? [There was no one.] As we lost our bill sponsor, I am going to close the hearing on S.C.R. 5 (R1). Because Assemblyman Yeager has waived the rules for the rest of the session so we can move through our bills, I am going to open the work session on S.C.R. 5 (R1).

Are there any questions before we move into a motion? Seeing none, I would ask for a motion that Senate Concurrent Resolution 5 (1st Reprint) be adopted as currently drafted.

ASSEMBLYMAN NGUYEN MADE A MOTION TO ADOPT SENATE CONCURRENT RESOLUTION 5 (1ST REPRINT).

ASSEMBLYMAN GRAY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I would give the floor statement to Assemblyman Gray.

We will close the work session and move into our next bill hearing. Assemblywoman Gorelow has offered to assist in presenting Senate Bill 232 (2nd Reprint), so we will open the hearing on Senate Bill 232 (2nd Reprint), which requires the State Plan for Medicaid to include coverage for postpartum care services. Assemblywoman Gorelow, welcome, and thank you for being flexible and presenting today.

Senate Bill 232 (2nd Reprint): Requires the State Plan for Medicaid to include coverage for postpartum care services. (BDR 38-45)

Assemblywoman Michelle Gorelow, Assembly District No. 35:
I am pinch-hitting for Senator Nicole Cannizzaro. Senate Bill 232 (2nd Reprint) requires the State Plan for Medicaid to include coverage for postpartum care services. About one in three pregnancy-related deaths occur between one week and one year after childbirth, making postpartum a vital intervention point for health care providers. According to the American College of Obstetricians and Gynecologists, the problem is that postpartum care is being done as a follow-up visit rather than an ongoing continuum of care. This disruption of health care coverage, particularly among those covered under Medicaid, is a common cause of death during this time frame, contributing to stark ethnic and racial disparities in maternal health outcomes. The state maternal mortality rate for 2018 to 2020 is 19.2 per 100,000 live births, and it is higher than the Healthy People 2030 objective of 15.7 per 100,000 live births. African-American women have a four-times higher chance of death while pregnant or within one year after giving birth. Four times. That, to me, is a staggering statistic, and within six months of giving birth, research shows that over 20 percent of women covered under pregnancy-related Medicaid become uninsured at a crucial intervention point due to income

and having to find insurance coverage. This period, sometimes referred to as a fourth trimester, allows health care providers to address delivery complications, identify postpartum depression, and serves as a transition time from obstetric care to primary care.

I want to talk quickly about what those postpartum complications could be. They include excessive bleeding, infection, pulmonary embolisms, depression, anxiety, and more, especially for women who have preexisting chronic conditions such as diabetes or gestational diabetes that may continue after pregnancy. Nevada Medicaid covered about 55 percent of births in 2021, making it the largest payor of perinatal care. Current law allows Medicaid to continue postpartum coverage for up to 60 days after childbirth, leaving potentially 305 more days of high risk and vulnerability for the person who gave birth.

When I had children, they were both C-sections. Sixty days is eight weeks, and let me tell you, I was still very, very sore after eight weeks. When you are doing severe abdominal surgery, there is an increase in infections and other complications. According to the National Conference of State Legislatures, at least 25 states have made strides to extend postpartum Medicaid coverage, and we are hoping to join that list of states. On the federal level, the American Rescue Plan Act of 2021 (ARPA) allowed states to extend Medicaid coverage from 60 days up to one year. However, this will expire after five years, and we would like to continue that coverage. Extending Medicaid coverage for the postpartum period will provide Nevadans with access to health care that may decrease pregnancy-related fatalities and morbidity, and additionally, promote consistent care for chronic conditions like depression, diabetes, heart issues we just heard about, high blood pressure, and substance use. With that, I am open to questions.

Chair Peters:
Thank you for the presentation. Are there any questions from the Committee?

Assemblywoman Thomas:
Thank you, Assemblywoman Gorelow, for the presentation. This is a much-needed bill. You mentioned the African-American community. Does this study go with our indigenous women? Sometimes we forget the numbers there, and their numbers are about as high as the African-American numbers as far as getting health care postpartum and/or for pregnancy.

Assemblywoman Gorelow:
I do not have that data offhand, but I can get that to you within probably three minutes.

Assemblywoman Thomas:
My follow-up question concerns depression. Depression is not just related to African-American or indigenous women; depression is a whole scope for women postpartum. I was wondering if you have data on that also. When it comes to childbirth, some things are necessary for us to look at separately, but mental health, depression, and anxiety are collective.

Assemblywoman Gorelow:
You are right. Depression does go across all races and ethnicities, and there are also varying degrees of it whether it is the baby blues or postpartum psychosis, and we want to make sure we are treating all women—asking those important questions and making sure the depression does not increase or linger even longer.

Assemblyman Gray:
Looking at this, there is a pretty hefty fiscal note on it. I know we are not a fiscal committee, we are a policy committee, and I like the policy but still, we always have to consider the money. With the way this works, is there going to be a federal match? Out of this $9 million a year we are looking at, is that all state dollars or is it federal dollars? It is money well spent; I am just wondering what the ramifications are.

Assemblywoman Gorelow:
A lot of those questions will be answered in the money committees, but there is funding for now that will last up to five years.

Chair Peters:
Thank you for the question. It has been really interesting. As long as Assemblywoman Gorelow and I have been here, we have heard this bill, and she has been the champion for it in several of those scenarios. This is the first session where it has made its way out of the Senate Finance Committee, so it is an exciting session. We all know and have had conversations about the cost savings we see when people who have given birth are treated through that 12-month period, particularly with those kinds of collaborative care models where you are seeing a physician as well as having your mental and behavioral health needs met during that period of time. We know that kind of care prevents potential suicide attempts and risk factors. Are there any other questions from Committee members?

Assemblyman Hafen:
I know this is not the fiscal committee, and we will dive in deeper, but I just want to clarify that the amendment we are looking at is 766. Is that correct?

Chair Peters:
Did you just reference an amendment?

Assemblyman Hafen:
I just want to clarify which version we are working off of, and that we are working off the second reprint, which was amendment 766.

Assemblywoman Gorelow:
That is the one I am working on. There may be something else; and, unfortunately, Senator Cannizzaro is not with us, so I am under the impression that is the one we are working on.

Assemblyman Hafen:
Okay. You mentioned we are going to use ARPA money for the next five years. However, when I am looking at section 3, it looks like we are appropriating General Fund dollars for 2023-2024 and 2024-2025, and I wanted clarification on section 3 and section 4.

Chair Peters:
I appreciate the question. Unfortunately, this is not a fiscal committee and we do not have fiscal staff on this Committee, so I am going to have to ask you to take that offline to clarify what happened there or watch the Finance Committee meeting where I am sure that was discussed and determined to be the path forward. Sorry to have to shut that one down.

Are there any other questions? Seeing none, we will move into testimony. We are going to start with support testimony in our physical locations and then move to the phones.

Caitlin Gatchalian, Government Relations Director, American Heart Association, Nevada Division:
On behalf of the American Heart Association, we support S.B. 232 (R2), which extends postpartum Medicaid coverage from 60 days to 12 months. Health insurance status is one important dimension of access to care. Studies have documented disparities in health insurance coverage among low-income, young, and minority populations as well as adverse maternal and infant outcomes among uninsured and Medicaid-covered women. Women diagnosed with hypertensive disorders before pregnancy are at risk for future cardiovascular disease and events. More than one in three maternal deaths occur following birth with specific-cause mortality from heart disease and stroke being highest in the six weeks to a year after giving birth.

We all want babies to have the best possible start in life. Extending Medicaid coverage from 60 days to 12 months following birth is important to addressing health issues that are discovered during pregnancy or resulting from pregnancy. It will allow lower-income women to obtain comprehensive care coverage so they can get all the health care services they need to be healthy during and following pregnancy, better birth outcomes due to fewer costly medical complications during pregnancy, and lower risk of health problems for a baby during infancy and long-term benefits throughout growth and development. Caring for women and birthing parents in their productive years while ensuring maternal health is equitable across populations begins long before pregnancy and lasts well beyond childbirth. Saving moms' lives requires a policy roadmap to better health. The American Heart Association supports S.B. 232 (R2). Thank you for your consideration.

Carissa Pearce, Health Policy Coordinator, Children's Advocacy Alliance of Nevada:
Hello, Chair Peters and members of the Assembly Health and Human Services Committee. I am the health policy manager with the Children's Advocacy Alliance of Nevada. Thank you for the opportunity to give testimony today and thank you to Senator Cannizzaro for sponsoring this bill and Assemblywoman Gorelow for presenting. I am here in support of S.B. 232 (R2).

Over 60 percent of Nevadans' total maternal deaths after pregnancy are preventable. Maternal death impacts the entire family as partners become widowed parents and children are at risk for detrimental health outcomes and poor development. The post-natal period is meant to be a time of healing and bonding, not mourning and suffering. By implementing this bill, we will save thousands of lives and ensure adequate health coverage during a highly vulnerable period. Senate Bill 232 (2nd Reprint) is cost-effective and will save money over time by supporting the opportunity for early intervention services, contraceptives, and lifesaving mental and physical health. Please support S.B. 232 (R2).

Katie Roe Ryan, Director, Public Policy, Dignity Health-St. Rose Dominican:
Good afternoon, Chair Peters and members of the Committee. I am Katie Ryan with Dignity Health-St. Rose Dominican here today in support of S.B. 232 (R2). Right before this hearing, I got an email from Politico, and it was on this topic. It had a map of the United States and all the states that have taken action on this, and we are one of five states that have done nothing in this area. I can forward that around to the Committee so you can see it. On a personal note, as someone who dealt with both postpartum depression and high hypertension after my pregnancy when I gave birth to my son almost six years ago, I would maybe not be here right now if I did not have insurance coverage. I cannot imagine what it is like to be a new mom without coverage and having to deal with that, so I really hope you take action on this today. Thank you so much.

Paige Barnes, representing American College of Obstetricians and Gynecologists:
Thank you, Madam Chair and members of the Committee. I am speaking on behalf of the American College of Obstetricians and Gynecologists. We are here in support of S.B. 232 (R2). Studies show that there is a great health benefit to providing women with this postpartum coverage for a year after birth. We believe all women should have access to this coverage, especially our Medicaid populations. Thank you for your time, and we urge your support.

Vanessa Dunn, representing Nevada Public Health Association:
I am here on behalf of the Nevada Public Health Association (NPHA), and NPHA is in support of S.B. 232 (R2). Thank you.

Sarah Adler, representing Nevada Advanced Practice Nurses Association:
Good afternoon. Nevada Advanced Practice Nurses Association says ditto and appreciates the sponsors.

Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada:
Good afternoon, Chair, and members of the Committee. I am policy director at the Progressive Leadership Alliance of Nevada. We also support this bill.

Lea Case, representing Nevada Psychiatric Association; National Alliance on Mental Illness, Nevada Chapter; and Nevada Primary Care Association:
Good afternoon. I am here today on behalf of the Nevada Psychiatric Association, the National Alliance on Mental Illness, Nevada Chapter, and the Nevada Primary Care Association. I believe the Chair and I have bonded over our shared experience of postpartum/peripartum health care issues. I personally and professionally support this bill.

Barry Cole, Private Citizen, Reno, Nevada:
I speak on behalf of this bill for an interesting reason. For the men on the Committee, let me remind you, most women of childbearing age do not have a primary care physician other than their obstetrician/gynecologist. This is where they are getting their care. Having one year of continuous coverage after birth gives you guaranteed access to the men and women who cared for you during the whole pregnancy and now can care for you for another year. From a psychiatric perspective, I would point out that in California for about the last six years, it has been law that you have to be screened for depression in your eighth month, at the time of birth, and at the one-month follow-up appointment. These are minimum standards. We should be screening even more, but these are minimum standards, so I would be supportive of this bill and ask you to please pass it today.

Chair Peters:
Thank you. Seeing no one else coming to the table in Carson City and no one coming to the table in Las Vegas, we will go to the phones. Is there anyone on the phone lines in support of S.B. 232 (R2)?

Shelbie Swartz, representing Battle Born Progress:
Good afternoon, Chair Peters and Committee members. We are in strong support of S.B. 232 (R2). Extending postpartum Medicaid coverage for 12 months will help ensure that parents and babies in Nevada thrive together. We thank Senator Cannizzaro and Assemblywoman Gorelow for spearheading this critical measure. In Nevada, pregnant folks with Medicaid health insurance lose their coverage only 60 days postpartum. This leaves new moms without access to contraceptives, important follow-up visits with their obstetrician or primary care doctor, or any necessary mental health support. Stable, yearlong postpartum coverage, a longstanding recommendation by the American College of Obstetricians and Gynecologists, would help new parents deal with any postpartum health issues they may face and fulfill the responsibility of getting their baby off to a healthy start in life. As a currently 24-weeks pregnant woman, I urge you to support this bill. Thank you so much.

Chair Peters:
Thank you. Next caller, please. [There were no other callers.] We will move into opposition testimony on S.B. 232 (R2). Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony today? Seeing no one coming to the desks, is there anyone on the public line for opposition testimony on S.B. 232 (R2)? [There was no one.] We will move into neutral testimony. Is there anyone who would like to provide neutral testimony in Carson City or Las Vegas? Seeing no one coming to the desks, is there anyone on the public line to provide neutral testimony on S.B. 232 (R2)? [There was no

one.] Thank you so much. The sponsor has waived final remarks. We will close the hearing on S.B. 232 (R2). As we have been given permission by Assemblyman Yeager to work session bills as we go to make sure we are able to move these bills through during our deadlines, I would ask today for a motion to do pass.

> ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO DO PASS SENATE BILL 232 (2ND REPRINT).
>
> ASSEMBLYMAN GRAY SECONDED THE MOTION.

Thank you. Is there any discussion on the motion?

Assemblyman Hafen:
Can I get clarification? Is this bill going to end up going to the Assembly Ways and Means Committee, or not, or do we not know?

Chair Peters:
We will not know. That is a decision made by the Ways and Means Committee staff and the committee chair. I assume this has gone through the Senate Finance Committee because it is changed from its original draft. It was passed by the Senate Finance Committee on May 25. If you are interested in hearing that discussion, I would encourage you to go to the page and listen to the discussion that happened there. As I said, we are not a fiscal committee, so I do not have fiscal staff on this Committee to answer those questions but would encourage you to review that Finance Committee meeting at your leisure prior to voting on the floor.

Assemblyman Hafen:
Madam Chair, with that being said, I am going to have to vote no today. As you stated, this was heard on May 25, and the amendment we are looking at was printed on May 26. I will try to watch the hearing in the amount of time we have left, and, hopefully, I can get an answer to my question on the funding portion. Without having the answer to my question, I will not be able to support it at this time.

Chair Peters:
Is there any other discussion?

Assemblywoman Gorelow:
Thank you, Madam Chair. I am doing some more research. We have found that there is a 90/10 percent match, so that might help my colleague with his decision. But yes, we will continue to research that.

Chair Peters:
Is there any further discussion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMAN HAFEN VOTED NO.)

Thank you so much. We will close the work session on Senate Bill 232 (2nd Reprint) and open our hearing on Senate Bill 237 (2nd Reprint).

Senate Bill 237 (2nd Reprint): Revises provisions relating to crisis intervention. (BDR 39-312)

Senator Dallas Harris, Senate District No. 11:
Thank you, Chair Peters and members of the Assembly Health and Human Services Committee. I am here to present Senate Bill 237 (2nd Reprint) to you today. Senate Bill 237 (2nd Reprint) does a couple of fairly simple things. It sets the rate for the 988 crisis assessment fee and crisis stabilization center assessment fee at 35 cents. That is the amount of the assessment that the State Board of Health established through regulations. One small issue with the regulations was they did not quite get the definitions of the lines we assess that fee on correct. This bill puts those definitions into statute in the way we all agreed upon and thought they should be in the first place. That way, we are collecting the fees we need to fund this program in the manner proposed in the Governor's Budget.

In section 1, it also adds some clarifying language that ensures this assessment can be used to support the provision of crisis stabilization services at hospitals that hold endorsements as crisis stabilization centers. With that, I am ready for any questions.

Chair Peters:
All right. Thank you so much. Folks, please let me know if you have questions.

Assemblywoman Thomas:
Thank you, Madam Chair, and thank you, Senator Harris, for this presentation. As I was reading, I became inquisitive about the access line fee versus the trunk line fee. Is it a combined fee, which would be 70 cents, or is it something else?

Senator Harris:
Thank you for the question, Assemblywoman Thomas. What will happen is the 35-cent fee will be assessed on each access line and also will be assessed on each trunk line. Regardless of whether it is a commercial mobile communication service, the access line, IP-enabled voice service, or a trunk line, these are all items that will have a 35-cent fee assessed on them.

Assemblywoman Newby:
Thank you for this bill. I have a question on section 1, subsection 1, paragraph (e), supporting the provision of crisis stabilization services at hospitals that hold endorsements as crisis stabilization centers pursuant to the *Nevada Revised Statutes*. We all understand this

was put into place to handle the receipt and handling of calls, but that portion seems to take it further to the services in the hospital. Could you elaborate on what kind of services those would be and whether or not it would be overburdensome to the operation of the system taking the calls?

Senator Harris:
Thank you for the question. Let me start with your second question first. I absolutely do not think it would overburden the system. If you take a look at the Governor's currently proposed budget, he has allocated these dollars in certain ways. There is already about a million dollars or so that are going to go to a crisis stabilization center, and that is on top of the other dollars for the call center and for the mobile crisis teams. As it is currently structured, it is not pulling dollars away from a place where we might otherwise think they are needed. That is how our money committees passed this budget. This is the plan to use these particular dollars.

As far as whether this goes too far, I do not think that is the case. An earlier version of this bill had the establishment and maintenance of crisis stabilization centers, which was a bit broader. We have no intention, and we do not need to use these dollars, to build physical infrastructure for these hospitals. But there are instances, as recognized in the Governor's Budget, where we may need to use some of these dollars to help deliver services at the crisis stabilization centers themselves.

As far as what services will be offered, that is probably a better question for the Department of Health and Human Services. I do not know exactly how they plan on stabilizing folks who need it or what services they are going to provide. I do know they are not intended to be long-term services. These are not in-patient treatment facilities where you come and stay for a long time. These are more like you are having a crisis and need to get stabilized; then you are put out the door and provided with other services in the community.

Assemblyman Hafen:
That answered one of my main questions. I wanted clarification on section 1, subsection 1, paragraph (e) where it says "supporting" the crisis stabilization services. I want to confirm we are not talking about capital projects, and you said we were not, so I will take a moment to say thank you for doing this. I look at this as a cleanup from something we did last session. This was the intent of what we worked on last session. Now more than ever we are seeing the absolute need for this, especially after the pandemic. So, thank you.

Senator Harris:
You are welcome, Assemblyman Hafen.

Assemblywoman Taylor:
How did you land on the 35-cent fee? When you did it before, there was no price, then you added that.

Senator Harris:
The original legislation was capped at 35 cents. They could promulgate regulations up to 35 cents. The State Board of Health then went through that rulemaking process with stakeholders—their full *Nevada Revised Statutes* Chapter 233B administrative regulatory process. Through that process, they determined to set the rate at 35 cents.

Assemblywoman Taylor:
Do you think it is best to have it in statute as opposed to continuing regulation?

Senator Harris:
It is important to keep in mind that if this bill is not passed, there will still be the legislation from 2021 that says "up to 35" cents. That would be the top regardless of whether we did this or not. As 35 cents was part of the regulatory process, and I am cleaning some stuff up, I thought, Why not just set it at 35 cents? I believe it will be shown very soon that 35 cents is not much, and we will have an opportunity to come back to the Legislature and either move that fee up or not at some point in the future, but we would be in the same boat whether I put it in statute at 35 cents or just left it at "up to 35" cents and relied on the regulations.

The second piece of that is this bill clarifies those regulations in order to get the definitions we have in the bill to supersede the definitions in the regulation. If I did not set it at 35 cents, the State Board of Health would have to go through another regulatory process to determine what the proper fee would be. This was a bit simpler than that.

Assemblywoman Taylor:
Yes, it does. Thank you. I am with you. I want them to be able to have the flexibility if they need to go up five or ten years from now or something like that. But I understand how you landed where you did.

Senator Harris:
I did try that. It did not fly.

Chair Peters:
Valiant effort. Are there any other questions from the Committee?

Assemblyman Hibbetts:
I notice in the notes from the Senate committee hearing that originally the 35-cent fee could not go up for five years, but I am not seeing that in the second reprint, which is what I am working off of. Was that amended out at some point in this process?

Senator Harris:
Thank you for the question, Assemblyman Hibbetts. A previous version of the bill had a provision where the State Board of Health could, no less than every five years, open up the rulemaking and adjust the fee based on the average CPI [consumer price index] over the last five years. I did have to amend that out of the bill.

Chair Peters:
Are there any other questions before we move into testimony? Seeing none, thank you so much for the presentation, and we will move into support testimony in our physical locations, starting here in Carson City and moving to Las Vegas and then to the phones.

Sarah Adler, representing New Frontier Treatment Center; and Vitality Unlimited:
Good afternoon, Madam Chair and members of the Committee. I am speaking to you on behalf of two certified community behavioral health clinics (CCBHCs): New Frontier [Treatment Center] in Fallon; and Vitality Unlimited in Elko, Reno, Carson City, and Dayton. These CCBHCs are part of the tapestry of crisis response, and they very much need and support this bill for the foundational establishment of, first, the call center as you have discussed—that is a first priority. There are many people who are more and more trained in de-escalation and crisis response—our law enforcement and our mental health providers—and they need to be brought together into a tapestry.

To Assemblywoman Newby's question about the crisis stabilization centers; last session, we had a lot of presentations about what was called the "living room model." The desire is to create physical spaces that are comfortable, are nonthreatening, and allow for stabilization which allows for assessment that will determine whether there is a need for inpatient treatment. We have the Mallory Behavioral Health Crisis Center here in this town, which is great, or can you be supported by community-based services like a CCBHC? I just want to add that, but thank you, and we are in strong support.

Lea Case, representing Nevada Psychiatric Association; Nevada Public Health Association; and National Alliance on Mental Illness, Nevada Chapter:
I am here today on behalf of the Nevada Psychiatric Association, the Nevada Public Health Association, and NAMI Nevada—the National Alliance on Mental Illness, Nevada Chapter. In 2021, when S.B. 390 of the 81st Session was passed, that made Nevada the gold standard for the 988 crisis line implementation. That bill led to regulations that needed to be developed. Being the first state in the nation to develop these regulations, there were some challenges, to put it mildly. We all became semi-experts in trunk lines and access lines, but then realized that no, we were not experts in trunk lines and access lines, and we needed legislation to fix this. Thank you, Senator Harris, for bringing this legislation to get us out of that regulatory mess.

I would like to add that if you visit the NAMI website, reimaginecrisis.org/map, you can check out how many states have now implemented this type of legislation. Nevada went from being the only state in the nation to now being one of seven that have comprehensive 988 legislation. Eleven states have partial 988 legislation, and six states have pending legislation. I know this is not the money committee, but we all like to talk dollars and cents, so I want to let you know that Oregon passed theirs with a 50-cent fee. Alabama has proposed a fee ranging from 98 cents to $3 per line, and Delaware has a 60-cent fee. That is what is happening in other states. We have 35 cents in this bill for a state of three million people. Thank you very much, and I appreciate your time.

Helen Foley, representing T-Mobile:
I am representing T-Mobile. Yes, this bill came forward last session, which you passed in Senate Bill 390 of the 81st Session. T-Mobile was active at the federal level to get the original legislation that gave states the authority to have a fee on all telecom services to provide those services for the 988 system. We anticipated it would be used primarily to set up the telephonic system there would be, but it did allow a small provision for some services. I thank Senator Harris so much because we all had different ideas and concepts of what the definitions should be to reflect our industry, from wireless to cable to landline. We wanted to make sure we got it straight, and Senator Harris worked carefully with us. We did not mind the provision she put in the bill that there would be an escalator over a five-year period of time, but it required a two-thirds vote. In order to get it out of the Senate, it was essential that it be removed from the bill.

We at T-Mobile do not believe it is the responsibility of the telecom industry to provide social services. We are happy to set up this system in the same fashion that 911 and E911 have occurred, and when there is a handoff, then that could be appropriate as well. The bill in the Senate included the construction of facilities, and it would have been the burden of the wireless companies and other telecom industry associates to build those facilities. General Fund dollars should be used for that purpose, so I again say, thank you very much, Senator Harris, for getting the bill the way it is. We think this will work with the State Board of Health, and we look forward to proceeding with this process.

Chair Peters:
I just want to put out there for folks that the bill continues to need a two-thirds vote in our house, and I think the CPI piece was just a part of the negotiation. I am corrected. It is a printing issue.

Misty Grimmer, representing Cox Communications:
I am representing Cox Communications. Ms. Foley said a lot of what I was going to say, so for the most part I can say ditto and also express my appreciation to Senator Harris for working with us on this bill. It was quite a bit of back and forth getting the definitions right and getting all the little nuances correct as well. She had a total open door to us the entire session, so we are happy to be supporting this bill and supporting the efforts it is going to achieve.

Abbey Bernhardt, Youth Recovery Peer Support Specialist, 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. I had so much anxiety, sadness, and anger all at once. By middle school, the mania turned to depression, and I found myself in crisis. During this time, my doctor had me on ten medications which had extreme symptoms of their own. Life was so painful and unreal, I started to disassociate. I was convinced I was in a coma, dying, or drowning underwater. I even stopped talking. 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. She broke my spirit, and I attempted suicide at ten years old—now hospitalized for the thirteenth time and coming off all medication.

My mother advocated for me since the very beginning, never giving up on me. County services are impossible to access on your own. It takes a county representative such as a therapist or wraparound coordinator to assist in accessing resources. For example, my individualized education program contained homeschooling to ease bullying and anxiety. Medical care and resources are difficult to locate. Throughout my medical care, I learned coping skills. Medication gave me the ability to get up and want to live my life. It took a lot of time to find that inner strength, and I still battle bipolar, but my past does not define me anymore. Please support S.B. 237 (R2).

Chair Peters:
Thank you for continuing to come to the Legislature. I know it is an effort and push, but we appreciate having you here.

Barry Cole, Private Citizen, Reno, Nevada:
So many other people have spoken so eloquently. I, too, support S.B. 237 (R2). Although officially I do not believe we have a statement from the Nevada Psychiatric Association, as a member of their government affairs committee, I can assure you we have been talking about this legislation since last fall when it was still a bill draft request, so this is very important. This is a much better approach to keeping people out of emergency rooms, especially people with mental illness because being handcuffed to gurneys for days or weeks at a time does them no good. That we have a more integrated crisis system that is both telephonic and then delivers a physical locality with a living room model—or however that eventually works out—would provide people with a respite from whatever is bothering them. Please support this bill.

Chair Peters:
Thank you, Dr. Cole. Is there anyone else in the physical locations? Seeing no one coming to the table in Carson or in Las Vegas, is there anyone on the phone line who would like to provide support testimony on Senate Bill 237 (2nd Reprint)? [There was no one.] All right, we will move into opposition testimony. Is there anyone who would like to provide opposition testimony on Senate Bill 237 (2nd Reprint)? Please come to the table. Seeing no one in Carson City or Las Vegas, we will move to the phones. Is there anyone on the phone line who would like to provide opposition testimony to S.B. 237 (R2)? [There was no one.] All right, we will move on to neutral. Is there anyone who would like to provide neutral testimony in our physical locations?

Randy J. Brown, Director, Regulatory and Legislative Affairs, AT&T:
Thank you, Chair Peters. I am Randy Brown on behalf of AT&T. First, we would like to begin by thanking the sponsor, Senator Harris, for working collaboratively with the parties on this measure. As is the case with any piece of compromise legislation, not everyone gets

everything they want. We particularly want to thank Senator Harris for working with us on the definitions of covered services. That was important for carriers to have the authority to act on this piece of legislation and begin collecting the fee. We would also like to thank her for working with us on the implementation date. Making it effective 30 days after passage and approval will allow us to notify our customers of this impending surcharge.

Shelly Capurro, representing Charter Communications:
Good afternoon, Chair and Committee. I am representing Charter Communications. We want to applaud the state for its work on mental health, and we want to thank Senator Harris for working with us. This bill is definitely a work in compromise, but we are here.

Chair Peters:
Seeing no one else coming to the tables in neutral, we will go to the phones. Is there anyone on the phone line who would like to provide neutral testimony on S.B. 237 (R2)? [There were no callers.] I would ask the sponsor if there are any closing remarks. Senator Harris is waiving closing remarks. We will close the hearing on Senate Bill 237 (2nd Reprint). As stated previously, we have permission from Assemblyman Yeager to move these bills immediately, so I will open the work session on Senate Bill 237 (2nd Reprint). Are there any questions from the Committee before I take a motion?

Assemblywoman Newby:
I have a question with respect to the printing issue we discovered on this bill. Will that be fixed?

Eric Robbins, Committee Counsel:
Yes. I will go down immediately after this committee meeting and figure out what went on.

Chair Peters:
Thank you. Are there any other questions? Seeing none, I would entertain a motion to do pass Senate Bill 237 (2nd Reprint).

> ASSEMBLYWOMAN NEWBY MADE A MOTION TO DO PASS SENATE BILL 237 (2ND REPRINT).
>
> ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUNSLY.

Thank you all so much. We will close the work session on S.B. 237 (R2). That takes us to the end of our agenda, which is public comment. Is there anyone in the Carson City location who would like to provide public comment? Seeing no one coming to the table in Carson City and seeing no one coming to the table in Las Vegas, is there anyone on the public line

for public comment today? [There was no one.] We will close public comment. Please keep an eye on your emails. We will be having another hearing either tomorrow and/or Friday. I will try and let everyone know as soon as possible when I know what time those will be. With that, we are going to adjourn today [at 3:34 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.

Exhibit C is a document titled "Translating Science into Practice; Get With The Guidelines," submitted by Caitlin Gatchalian, Government Relations Director, American Heart Association, Nevada Division, in support of Senate Concurrent Resolution 5 (1st Reprint).