

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

**Eighty-Second Session
June 4, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 3:12 p.m. on Sunday, June 4, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, 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 Heidi Seevers Gansert, Senate District No. 15



STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Joelle Gutman Dodson, Government Affairs Liaison, Washoe County Health District
Bradley Mayer, representing Southern Nevada Health District
Cody Hoskins, Political Director, Service Employees International Union Local 1107
Elyse Monroy-Marsala, representing Nevada Public Health Association
Jennifer Berthiaume, Government Affairs Manager, Nevada Association of Counties
Allison Genco, Public Health Resource Officer, Office of the Governor
Steven Messinger, Policy Director, Nevada Primary Care Association
Dora Martinez, Private Citizen, Reno, Nevada
Sheila Bray, Community Partnerships Coordinator for Clark County, Extension,
University of Nevada, Reno
Steven Cohen, Private Citizen, Las Vegas, Nevada
Brigid Fronapfel, Ph.D., President, Nevada Board of Applied Behavior Analysis
Lauren Beattie, Private Citizen, Las Vegas, Nevada
Michelle Scott-Lewing, President, Autism Coalition of Nevada
Molly Halligan, Public Policy Chair, Nevada Association for Behavior Analysis
Stacie Weeks, Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services

Chair Peters:

[Roll was taken. Committee rules and protocol were reviewed.] Welcome to the Assembly Committee on Health and Human Services. Thank you all for being here. We have four bills on our agenda, and public comment will be at the end. We will move on to our hearings and start with Senate Bill 221 (1st Reprint), which revises provisions relating to Medicaid. Welcome, Senator Doñate. Thank you for being here.

Senate Bill 221 (1st Reprint): Revises provisions relating to Medicaid. (BDR S-951)

Senator Fabian Doñate, Senate District No. 10:

Good afternoon, and thank you so much, Chair Peters and members of the Committee. As many of you know, Cure 4 The Kids Foundation in southern Nevada specializes in pediatric cancer and other diseases of kids. They have been struggling in the last few years with reimbursements, particularly for the patients they serve. Within the last few years, fee-for-service Medicaid has been the top payor providing care for the kids, mostly because parents are not able to work as often, so the income distribution sometimes changes. The current

payment methodology for provider type 20 results in reimbursements that are less than the cost of providing the services. This bill creates a new type of category for clinics that provide services primarily to children with cancer and rare diseases so we can close the gap they are experiencing financially. That concludes my presentation.

Chair Peters:

Are there any questions? I see you got the appropriations in the other house.

Assemblywoman Thomas:

What is the age group? You said "children." Is it birth through age 18? Birth through age 21?

Senator Doñate:

Pediatrics to age 18.

Chair Peters:

Are there any other questions?

Assemblyman Hafen:

I am looking at page 5 where it looks like we are increasing—

Chair Peters:

This is a two-page bill.

Assemblyman Hafen:

I am on the wrong bill then.

Chair Peters:

It is a two-page bill. It is enabling language and an appropriation, and that is it. Are there any other questions? Seeing none, we will move into testimony. I would invite those who would like to provide support testimony to the desk. I am not seeing the Las Vegas room, so if there is someone in Las Vegas, please turn the mic on and let me know. I am not seeing anybody coming to the table in Carson City, so is there anyone on the public line for support testimony on Senate Bill 221 (1st Reprint)? [There was no one.] We will move into opposition testimony. Is there anyone in Carson City who would like to provide opposition testimony? I was just notified that we do not have a room in Las Vegas at the moment, so not seeing anyone coming to the table, is there anyone on the public line for opposition testimony on S.B. 221 (R1)? [There was no one.] Is there anyone who would like to provide neutral testimony in Carson City? [There was no one.] Is there anyone on the public line to provide neutral testimony? [There was no one.] The bill sponsor waived closing remarks.

I am going to close the bill hearing and open the work session on Senate Bill 221 (1st Reprint). Are there any questions? Seeing none, I will entertain a motion to do pass.

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS SENATE BILL 221 (1ST REPRINT).

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

We will move on to the bill hearing for Senate Bill 118 (2nd Reprint). We will open the bill hearing on Senate Bill 118 (2nd Reprint), which revises provisions relating to public health.

Senate Bill 118 (2nd Reprint): Revises provisions relating to public health. (BDR 40-334)

Senator Fabian Doñate, Senate District No. 10:

I will make this quick. I have folks to answer questions Committee members might have, but the presentation will probably be a minute. This bill revises provisions relating to public health. There are two things you should know: We are striking language stating that to join a health district, you have to be adjacent counties. This is so rural counties, if they would like to join together to create a health district as we just did for the Central Nevada Health District, can do so. There is no requirement that they be right next to each other. The second thing is that it creates sustainable funding for public health. In sections of the bill, you will see that there will be an appropriation of \$15 million pursuant to those sections beginning next year. It will divide that money out among the different health districts throughout the state. That way, they have continual sustaining funding. There is going to be a fiscal cliff within the next few years because the health districts will lose federal funding once the COVID-19 pandemic funds end, so this money allows them to continue to fund those positions and respond adequately to future public health emergencies. There is one statement we need to make for legislative intent, but that concludes our presentation.

Joelle Gutman Dodson, Government Affairs Liaison, Washoe County Health District:

I am here representing the Washoe County Health District today, and I can answer any other questions, but what Senator Doñate is referring to is that the legislative intent of this bill is that it will be included in the next biennium and thereafter forward as a base budget in the Governor's recommended budget.

Chair Peters:

This \$15 million ask will be what sustains the directive of this bill, the intent of this bill, for this biennium, and the expectation is that it will be baked into the base budget so we do not have to have this bill next session?

Joelle Gutman Dodson:

Yes. The \$15 million will start next year, and then the intent of this bill is that we do not need to keep coming back here for one-shots because that is very difficult for public health to be able to plan and sustain. So, the intent of the bill is that it will be built into the next budget.

Chair Peters:

Are you ready for questions? All right, do we have questions? This is an important topic. We have been working on this since at least the interim.

Assemblyman Koenig:

I have more of a statement than a question. A year ago, sitting as a Churchill County Commissioner, we created that Central Nevada Health District that included Churchill, Mineral, and Eureka Counties, which are not contiguous. We were able to do that. This would make that codified, and what a benefit for the rurals it would be by doing this, so, thank you.

Joelle Gutman Dodson:

And one more county is involved—Pershing County—and that is the Central Nevada Health District. With this, they will receive 1.3 percent, the population total of those four counties, which would amount to \$195,000.

Assemblyman Koenig:

I was thinking Pershing County was included, but I was not a hundred percent certain.

Chair Peters:

Are there any other questions? Seeing none, we will move into testimony. I would invite those who are in support to the table here in Carson City, and then we will go to the phone line.

Joelle Gutman Dodson:

I represent the Washoe County Health District, and I would like to take a moment to fully recognize how happy we are to finally be here. We have been waiting several years—a couple of sessions and approximately 119 days—to get this bill in front of you today. I want to extend my gratitude to the Legislative Counsel Bureau's (LCB's) Fiscal and Legal staffs. Without them, we would not have made it this far; so, thank you to Eric Robbins and thank you to Wayne Thornley.

The significance of this bill is real because public health impacts us every single day. We keep your water clean and your food safe. We immunize, test, monitor, investigate, prevent disease, and we manage emergencies. We are the safety net for every resident, and we are asking the state to invest in us. I really want to recognize how hard a lot of people worked for this and how important sustainable, ongoing funding is for public health. Thank you.

Bradley Mayer, representing Southern Nevada Health District:

I am representing the Southern Nevada Health District, and not to repeat too much of what Ms. Dodson said, but with the onset of the COVID-19 pandemic, people who did not know exactly what our public health agencies do found out what they do. One of the biggest challenges we have had for a long time is that a lot of our funding is grant funding. It is categorical. We can only use it on the things those grants are for, so establishing the Public Health Improvement Fund through this bill has been an effort to give us money that is not categorical. As I said in the Senate Finance Committee, we can play offense in the state on public health issues instead of constantly playing defense, so we are looking forward.

As we worked through this bill, it originally was going to divert a portion of the other tobacco products revenue to this. It had been amended to get to this point, and this amount of money represents what we were going to do there. We look forward and again, to reiterate, the legislative intent is that this becomes ongoing sustainable funding because that grant funding is not sustainable. We are constantly building up and tearing down programs as grants come and go. We will not have to do that now, and this will allow us to make meaningful impacts on public health in this state. We thank you for your time.

Cody Hoskins, Political Director, Service Employees International Union Local 1107:

We strongly urge your support of this bill. We believe this funding will be extremely important for our communities throughout Nevada. As you heard from many of the health districts, the work they do here is super important. We urge your support so they can have this funding.

Elyse Monroy-Marsala, representing Nevada Public Health Association:

I have been before you many times on behalf of the Nevada Public Health Association (NPHA) this session, and I am most excited to be before you today supporting this bill. In 2015, I was parachuted into the field of public health when I worked for Governor Brian Sandoval. When I left the office, we all had to find new jobs. I stayed working in public health for a number of reasons, but the biggest is that the people who work in public health in Nevada are absolutely amazing. That has been demonstrated with this bill by Joelle Gutman Dodson and Bradley Mayer who were knocking on all your doors—probably for the last 119 days—to get this bill through. The Nevada Public Health Association owes a debt of gratitude to Joelle and Bradley for their work on this bill. The Nevada Public Health Association is a membership organization made up of Nevada's public health experts, and they act as a convener in the public health space. They meet on a regular basis, weekly during the legislative session to follow bills, and they will continue to act as a convener as the state's public health infrastructure. This funding is used to shape and build out that infrastructure. I look forward to sitting back here next session supporting sustainable funding in the Governor's budget. Thank you, and we urge your support of the bill.

Jennifer Berthiaume, Government Affairs Manager, Nevada Association of Counties:

On behalf of our members who represent all 17 of Nevada's counties, we are in support of Senate Bill 118 (2nd Reprint).

Allison Genco, Public Health Resource Officer, Office of the Governor:

I serve as the state's public health resource officer here today to testify in strong support of Senate Bill 118 (2nd Reprint). I want to provide some context on this role and its purpose. The public health resource officer position was created through Senate Bill 424 of the 81st Session to examine the state's public health infrastructure and provide recommendations on where Nevada can improve. Since being appointed to the role in 2022, there is one recommendation that consistently stays at the top of the list and that is sustainable funding for public health. Nevada ranks last in the nation for public health spending, and this will not only increase our ranking but give health authorities the ability to keep our communities healthy and our economy thriving. This bill also includes a provision to remove the requirement for counties to be adjacent in order to become a health district. This is critical to the newly developed Central Nevada Health District, which will be officially going live on July 1. Thank you for hearing this bill, and I look forward to seeing its passage.

Steven Messinger, Policy Director, Nevada Primary Care Association:

I am with the Nevada Primary Care Association representing the state's federally qualified health centers (FQHCs). We like to think of community health centers as the intersection of primary care and public health, and that is shown in the Southern Nevada Health District, which is both an FQHC and a health district. There is a special designation around the country. These partnerships work really well, and I echo the comments of my colleagues. We look forward to their being more resourced and even stronger partners in the future.

Chair Peters:

Thank you. Seeing no one else coming to the table in support, is there anyone on the phone line who would like to testify in support of S.B. 118 (R2)? [Some callers on the phone line were unable to be connected.]

Dora Martinez, Private Citizen, Reno, Nevada:

I represent the Disability Action Coalition, and we urge you to support this bill.

Chair Peters:

As we are still having technical difficulties, I am going to invite opposition testimony to the table. Is there anyone who would like to provide opposition testimony today? Seeing no one at the table, we will go back to the phone line after I go through neutral testimony in the room. Is there anyone who would like to provide neutral testimony in the room?

Sheila Bray, Community Partnerships Coordinator for Clark County, Extension, University of Nevada, Reno:

I would like to see if I can bump up to support, and my apologies for my tardiness here. The University of Nevada, Reno would like to support this bill. It would do great things to expand health care access, especially for our communities and rural areas.

Chair Peters:

Thank you so much. We will reclassify that as support testimony. Seeing no one else coming to the room, did we have any luck with the folks on the line? [There were still complications with callers on the phone line.] Well, I hope they are able to figure this out. It is always disappointing when folks are not able to get their testimony heard. As a reminder, folks can always provide written testimony up to 24 hours after the hearing; however, 24 hours after this hearing will make things a little difficult, so as soon as possible would be the best way to do it.

As we have gone through our testimony, I would ask if the bill's sponsor has any closing remarks? Okay; we are waiving closing remarks. I am going to close the hearing on Senate Bill 118 (2nd Reprint) and go into the work session on Senate Bill 118 (2nd Reprint). Are there any questions?

Assemblyman Hafen:

There was some testimony presented today that I am scratching my head over. This is the first time I have seen this bill, and it looks like it has been a gut and replace. Nobody has talked to me about this. I do like the policy from what I am reading, but I also do not appreciate someone coming and saying that this is going to be funded forever and that we are going to be tying future legislative hands. That is not how this process works. I will be supporting this bill going out of Committee, but I do want to make it very clear that each legislative cycle we make our own decisions on how we are going to fund things, and we will not be tying future legislative bodies' hands.

Chair Peters:

I appreciate the comment, and yes, we are all aware of not tying future legislators' hands. However, the intent of this bill was something that we discussed in the interim committee. We vetted this policy issue throughout the interim in the Joint Interim Health and Human Services Committee, and that is why the bill came to fruition there. It looks like there has been a lot of work done on it. We really appreciate the stakeholders who participated in that process, and it looks like it is in a good spot at the moment. Are there any other questions from the Committee before I take a motion to do pass Senate Bill 118 (2nd Reprint)? Seeing none, I will entertain a motion.

ASSEMBLYWOMAN TAYLOR MADE A MOTION TO DO PASS
SENATE BILL 118 (2ND REPRINT).

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

We will move on to Senate Bill 191 (2nd Reprint). Senator Seevers Gansert, welcome to the Committee.

Senate Bill 191 (2nd Reprint): Makes certain changes relating to applied behavior analysis. (BDR 38-545)

Senator Heidi Seevers Gansert, Senate District No. 15:

Thank you, Madam Chair and members of the Committee. I appreciate the hearing this afternoon. I am here to present Senate Bill 191 (2nd Reprint), which has a couple of pieces to it. First, it extends Medicaid coverage to those individuals with autism through the age of 26—so up to the age of 27, which is typically what we do with our regular health insurance. If you have a child who is on your plan, you can get coverage all the way through age 26, so this extends Medicaid coverage for those young adults with autism through the age of 26. The other thing it does is correct an error. There was an error in the original bill when we created the board, which I think was in 2017. The Nevada Board of Behavior Analysis was created, and there is a fee schedule. The Aging and Disability Services Division within the Department of Health and Human Services took care of the board. About a year and a half ago, those duties were turned over to the individuals who now serve on the board and the executive director, and they realized there was a typo in the fee schedule. When you look at the initial license fee for behavioral analysts and assistant behavioral analysts, it used to be \$25 for the initial license, but it was supposed to be \$450. Those two things are the pieces in the bill, and that is pretty much it. The fiscal note overall to provide those services is about \$2.7 billion, but the General Fund part is \$788,000, so for the biennium, it would be \$788,000 and this has already gone through the Senate Finance Committee.

Chair Peters:

Thank you. Are there any questions from the Committee? It seems pretty straightforward. We appreciate the work being done on this and the appropriations to make it happen. Seeing no questions, we will move into testimony. I would ask folks in support to come to the table. We will go to the phones after seeing no one coming to the table for support. Is there anyone on the phone line for support testimony on Senate Bill 191 (2nd Reprint)?

Steven Cohen, Private Citizen, Las Vegas, Nevada:

Ditto.

Brigid Fronapfel, Ph.D., President, Nevada Board of Applied Behavior Analysis:

I am the current president of the Nevada Board of Applied Behavior Analysis, and we are in support of this bill.

Lauren Beattie, Private Citizen, Las Vegas, Nevada:

I am the owner of Behavior Evolution, and I am in support of this bill. I am a board-certified behavior analyst working with teens and young adults.

Chair Peters:

Was that the end of the testimony?

Dora Martinez, Private Citizen, Reno, Nevada:

I am representing the Nevada Disability Action Coalition, and we appreciate all you do. We support this bill and say thank you to the sponsor.

Lauren Beattie:

I think I already said this a minute ago. I am the owner of Behavior Evolution; I am a behavior analyst, and I work with teens and young adults and, hopefully, adults. I am in support of Senate Bill 191 (2nd Reprint) because it would help families who have autistic adults get jobs and be able to live independently.

Chair Peters:

Thank you so much. I thought there was probably more to that testimony. I appreciate your waiting to give us the full breadth of it. Are there other callers on the line?

Michelle Scott-Lewing, President, Autism Coalition of Nevada:

We are in great support of this bill and greatly appreciate all of the work that has been done by everybody involved. Thank you so much.

Molly Halligan, Public Policy Chair, Nevada Association for Behavior Analysis:

I am calling in to be in support of S.B. 191 (R2) and to thank everybody who is so supportive of us in this journey.

Chair Peters:

Thank you. Next caller, please. [There was no one.] Thank you so much. We will move to opposition testimony. Is there anyone in Carson City who would like to provide opposition testimony? Seeing no one coming to the desk, is there anyone on the public line to provide opposition testimony on S.B. 191 (R2)? [There was no one.] We will move on to neutral testimony. Is there anyone in Carson City who would like to provide neutral testimony? Seeing no one coming to the desk, is there anyone on the public line for neutral testimony? [There was no one.] The sponsor is waiving closing remarks, so we will close the hearing on S.B. 191 (R2).

We will open the work session on Senate Bill 191 (2nd Reprint). Are there any questions before I take a motion? Seeing none, I will entertain a motion to do pass.

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS SENATE BILL 191 (2ND REPRINT).

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYWOMAN GONZÁLEZ WAS ABSENT FOR THE VOTE.)

Thank you so much, Senator Seevers Gansert.

We will move on to Senate Bill 385 (2nd Reprint), where we have a pinch hitter for Senator Neal who I do not believe will be presenting this bill. I just want to give folks a brief warning that when this happens, sometimes our questions may not have direct answers or may take a moment to be answered, so we will have some grace while our friend will walk us through this bill. We will open the hearing on Senate Bill 385 (2nd Reprint), which revises provisions relating to health care, which is so descriptive.

Senate Bill 385 (2nd Reprint): Revises provisions relating to health care. (BDR 40-375)

Senator Fabian Doñate, Senate District No. 10:

I am here on behalf of Senator Neal, who had to be downstairs. I am not the bill sponsor but given that this bill started on the Senate side, I can walk through the policy provisions, and I will answer questions to the best of my capacity. Senate Bill 385 (2nd Reprint) revises provisions relating to health care. In section 1 of the bill, it states that if a patient will be released from the hospital to his or her residence or a rehabilitation center, and a dietitian is assigned to a team of persons formed by the hospital, the hospital shall ensure that the patient or the person with primary responsibility for the care of the patient meets or knows how to contact the dietitian. There are several cases Senator Neal illustrated in which folks with debilitating diseases or injuries might not have the capacity to understand what diet they are supposed to be on for their condition. If a patient falls into that circumstance, this ensures they are given the tools to maintain their diet, and that the patients and their family members are educated as to what is appropriate. Some patients may have feeding tubes, some may be on clear liquid diets—there are a whole range of issues. This is to ensure that the patient is taken care of when they are discharged.

The other provisions of the bill deal with Medicaid. Section 9.4 of the bill on page 11 reads, "To the extent that federal financial participation is available, the Director shall include under Medicaid coverage for: (a) The filling of cavities; (b) The fabrication, preparation and placement of temporary and permanent crowns; and (c) Removable dentures to improve chewing, phonetics and aesthetics."

Section 9.8 is similar. If there is federal financial participation, it asks the director to include under Medicaid coverage for polycarbonate lenses. This is a request from seniors and folks in the community who asked her to undertake this. Those are essentially the provisions of the bill. The final sections are the appropriations now that it has made its way through the Senate Finance Committee. With that, Chair, I am happy to answer any questions.

Chair Peters:

Thank you so much. Reading through this bill, it is very good. I wish we had more we could put toward the dental piece. I do not know if you have seen this, but the correlation of the aesthetic value of our mouths and how that impacts our well-being, our mental/behavioral well-being, is really profound. Being able to provide coverage for dentures can really help elevate the quality of life for people, so I appreciate this piece of legislation. Are there questions from the Committee?

Assemblyman Koenig:

Could you explain the polycarbonate lenses part?

Senator Doñate:

This is a provision her constituents requested from Senator Neal from my understanding when she made her presentation to the Senate Committee on Health and Human Services. Section 9.8 requires that Medicaid provide coverage for polycarbonate lenses. Medicaid must not require as a condition precedent to such coverage that a provider of health care provide documentation concerning the reasons for using a polycarbonate lens instead of any other type of lens, or the "recipient of Medicaid to try another type of lens." It also has provisions of what the Department of Health and Human Services will do to make that amendment.

Assemblyman Koenig:

We are talking about glasses here.

Chair Peters:

This would allow Medicaid to expand coverage into a couple of different areas. Ms. Weeks, would you mind coming up to explain?

Assemblyman Koenig:

Right now, we have to apply for special permission to use polycarbonate. In this case, we can use it on everybody, but no one else can get polycarbonate. I did not see that until just right now.

**Stacie Weeks, Administrator, Division of Health Care Financing and Policy,
Department of Health and Human Services:**

We cover these services today, but yes, we do have to go through a process, as any taxpayer-funded program does, and federal law does require that. What Senator Neal is asking us to do here is seek a waiver of those requirements. Whether the federal government will approve that is unknown at this point.

Assemblywoman Gorelow:

I, too, had a question about polycarbonate lenses. Back in Ohio, I was a licensed optician. It is not the best lens, especially if someone has a very high astigmatism like I do. It makes me feel like I am swimming. If people have really, really thick lenses, they are better off with a high index lens. My colleague, Assemblyman Koenig, is an optometrist and more up to date on some of this than I because it has been over 20 years, but unless it is a child and we are looking at a safety issue, as an optician, I probably would not recommend that lens for some prescriptions.

Chair Peters:

Thank you for the comment. Are there any other questions or comments?

Assemblyman Hibbetts:

I have a clarifying question on that part. It does not mandate that somebody has to use polycarbonate lenses, just that if it is the best option for a person, Medicaid cannot say no.

Stacie Weeks:

No. What it says is that if a provider wants to prescribe that, they do not have to go through the process of explaining why they are prescribing it. That is what it is saying, and I have to seek a waiver to be able to do that.

Chair Peters:

Thank you. Any other questions? Seeing none, we will move into testimony. We will start with support testimony in our physical location and then move to the phones.

Steven Messinger, Policy Director, Nevada Primary Care Association:

The Nevada Primary Care Association represents the state's federally qualified health centers. We have been advocating and working on adult Medicaid expansion for the seven, almost eight, years that I have been around. There are more than just behavioral health benefits to the aesthetic value of your mouth. There can be serious linkages between your gut biome and what is going on in your teeth. It can lead to serious complications and to diabetes and heart disease. There was a white paper circulated earlier in the session. I think it was attached as an exhibit to this bill somewhere, but it is the whole story of all the things oral health can do for you. There are people who do not typically have access to dental benefits right now—adults on Medicaid unless pregnant, veterans unless they were injured in the mouth in combat, and seniors on traditional Medicare. This is going to be a huge benefit to the health of Nevadans. I think it is a good investment, and we urge your support.

Chair Peters:

Seeing nobody else coming to the table for support testimony, we will go to the phones. Is there anyone on the phone line for support testimony on Senate Bill 385 (2nd Reprint)? [There was no one.] We will move to opposition testimony. Is there anyone in the room who would like to provide opposition testimony? Seeing none, is there anyone on the phone line for opposition testimony? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City who would like to provide neutral testimony today? Seeing

nobody coming to the table, is there anyone on the phone line for neutral testimony? [There was no one.] Would you like to make closing remarks? Closing remarks are waived. We will close the hearing on Senate Bill 385 (2nd Reprint).

We are going to go ahead and open the work session on Senate Bill 385 (2nd Reprint). Are there any questions before I take a motion? [There were none.] Okay. I would entertain a motion to do pass.

ASSEMBLYWOMAN NEWBY MADE A MOTION TO DO PASS
SENATE BILL 385 (2ND REPRINT).

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Chair Peters:

Is there any discussion?

Assemblyman Hafen

As I stated earlier, there are aspects I do like, especially the dental portion. I am going to look at this a little bit deeper, but I will vote this out of Committee today and hopefully be able to get there by tonight.

Chair Peters:

I appreciate that.

Assemblyman Gray:

I want to echo Assemblyman Hafen's comments. I love the dental, especially when you look at cardiac risk factors tied to dental issues. I will vote yes to get it out of Committee and reserve my right to change my vote on the Assembly floor.

Assemblyman Koenig:

I am not sure the polycarbonate lenses make a whole lot of sense to me. I would try another type of lens, but I will vote yes because I am tired, and this is still a little bit confusing.

Chair Peters:

Just a reminder, this is directing the director to look at covering these as funding is available. It is currently not a part of the program, so it is enabling language. Is there any other discussion before we vote? [There was none.]

THE MOTION PASSED. (ASSEMBLYWOMAN GONZÁLEZ WAS
ABSENT FOR THE VOTE.)

Thank you all so much, and thank you, Senator Doñate, for your presentations. That takes us to the end of our agenda for today. We are going to do public comment and then go into recess. Is there anyone in the room who would like to provide public comment today? Seeing no one coming to the desk for public comment, is there anyone on the phone line for public comment today? [There was no one.] We are going to recess. Please be available if we need to go in for any emergencies or for something unforeseen at this moment. With that, we are in recess [at 3:57 p.m.].

[The Committee meeting was adjourned at 11:09 p.m. on the floor of the Assembly.]

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.