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

Eighty-Second Session
March 15, 2023

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 1:32 p.m. on Wednesday, March 15, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sarah Peters, Chair
Assemblyman David Orentlicher, Vice Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Shuruk Ismail, Committee Manager
Terry Horgan, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Jackie Warn, Chief Quality Officer, Nevada Donor Network
Dan Musgrove, representing Nevada Donor Network; and Clark County Children's Mental Health Consortium
Melissa Clement, Executive Director, Nevada Right to Life
Ashley Eliason, Private Citizen, North Las Vegas, Nevada
Wiz Rouzard, Deputy State Director, Americans for Prosperity-Nevada
Barry Cole, Private Citizen, Reno, Nevada
Erica Roth, Government Affairs Liaison, Deputy Public Defender, Washoe County Public Defender's Office
John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office
Donna Laffey, representing Dignity Health-St. Rose Dominican
Jason Walker, Sergeant. Administrative Division, Legislative Liaison, Washoe County Sheriff's Office
Sarah Adler, representing the Nevada Advanced Practice Nurses Association
Melissa Washabaugh, Private Citizen, Lovelock, Nevada; and Chair, Rural Children's Mental Health Consortium
Amanda Haboush-Deloye, Interim Executive Director, Nevada Institute for Children's Research and Policy, School of Public Health, University of Nevada, Las Vegas; and Chair, Clark County Children's Mental Health Consortium
Susan Proffitt, Private Citizen, Las Vegas, Nevada
Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada
Char Frost, Member, Nevada Children's Behavioral Health Consortium

Chair Peters:
[Roll was taken. Committee protocol was reviewed.] We have three bills on the agenda, one of which I will be presenting. Assemblyman Orentlicher will be taking over during that presentation. We have two bills after that.

[Assemblyman Orentlicher assumed the Chair.]

Vice Chair Orentlicher:
Let us open the hearing on Assembly Bill 154.

Assembly Bill 154: Provides for the regulation of the living donation of birth tissue. (BDR 40-455)

Assemblywoman Sarah Peters, Assembly District No. 24:
I am the mom of three children and the proud owner of three birthing tissues. This bill came to me through Nevada Donor Network. Knowing what to do with birthing tissue is a difficult place to be when you are pregnant, as is not knowing exactly what to do with it or what will be done with it once it has left your body. We know what to do with the baby—the

expectation is clear—but that birthing tissue has opportunity that may not be common knowledge. The goal of Assembly Bill 154 is to highlight this for people who are birthing, specifically those who are birthing in hospital settings or birthing center settings, in which those donations can go to lifesaving applications.

I want to direct your attention to the proposed conceptual amendment [Exhibit C]. This replaces most of the bill. The bill got a little prescriptive for what our initial intent was. The initial intent was to provide information to birthing people to ensure they know this is an option, an opportunity, for them and to ensure physicians in a hospital setting are providing that information to birthing people.

I could walk you through this conceptual amendment if you would like. I have two copresenters who can talk more in depth about the point of the bill and how it can provide those lifesaving donations.

Vice Chair Orentlicher:
Please.

Assemblywoman Peters:
I am going to read the conceptual amendment [Exhibit C] because you may not have read it. This was not written by the Legal Division. We are replacing sections 1 through 4 with the following:

1. The Division of Public and Behavioral Health, Department of Health and Human Services, shall maintain and publish on its Internet website a public list of entities that accept living donations of birth tissue in a hospital or birthing center in this State under the following conditions:

    a. The Division shall only include on the list such entities that: (1) request to be included on the list on a paper or electronic form furbished by the Division; and (2) show proof of accreditation by the American Association of Tissue Banks (AATB) or its successor organization, for the acquisition, collection, or recovery of birth tissue.

This ensures there is a certification folks can look towards to see how the birthing tissue would be handled in those facilities.

    b. The Division's Internet website may provide information on how a patient who is pregnant may make a living donation of birth tissue to such entities and pertinent federal and State laws and regulations.

This is to ensure people are educated on the process and what their obligation is in that process.

c. The Division shall remove an entity from the list upon expiration of the AATB accreditation of a listed entity unless it receives proof of a renewed AATB accreditation by the entity.

Part two, and I am open to working on this, would:

2. Require certified midwives, freestanding birthing centers, hospitals, obstetricians, and other health care providers that provide direct services related to pregnancy and childbirth to provide a patient who is pregnant with a link to the Division's Internet website containing the list of accredited entities that process birth tissue. Alternatively, such a provider may also provide a printed version of this list, which is not older than three months . . . .

My idea on this is, your physician can have a poster in their room that says, Interested in donating living birth tissue? It would have a QR code a person can scan and then have access to information from the state website.

Again, the goal is to capture births occurring in hospital settings and settings where the birthing tissue can be captured. There are several settings in which it cannot be. That is the conceptual amendment. We are removing a lot of the contentious language that may have prompted some emails we have received. There is no obligation outside of providing this information to people who are pregnant.

With that, I will turn it over to my copresenters to describe more about what A.B. 154 will affect.

Jackie Warn, Chief Quality Officer, Nevada Donor Network:
We are Nevada's only Nevada-based organ procurement organization (OPO). We support Assembly Bill 154 and agree with the creation of minimal birth tissue standards and guidelines that those seeking to recover or work with birth tissue must achieve in order to work within the state of Nevada.

Founded in 1987, Nevada Donor Network's core purpose is to save and heal lives for more than three million people in the state of Nevada and thousands of potential transplant recipients. Our primary function as an OPO is to coordinate, recover, and allocate lifesaving organs and healing tissues for transplantation and research on behalf of Nevada's heroic donors. With offices in Las Vegas and in Reno, Nevada Donor Network is one of 56 federally certified organ procurement organizations by the U.S. Centers for Medicaid and Medicare Services. The Nevada Donor Network birth tissue service line provides mothers the option of birth tissue donation within the state of Nevada. The participation by expectant mothers in this program is entirely voluntary.

The main purpose of birth tissue donation is to provide tissue-based products for a wide variety of recipients in need of tissue for healing wounds, specifically in tissue applications

for wound coverings, diabetic ulcers, sports medicine, ophthalmology, and spine or even dental procedures. Human amniotic membrane is a versatile, effective wound treatment as well, and in some cases has effectively treated wounds that have otherwise been unresponsive to the usual therapeutic measures. Donated birth tissue is also utilized in the development of new clinical products and treatments or general research studies.

There are no significant risks related to donating birth tissues. The amount of blood drawn is very small and not enough to affect a mother's health. The placenta is not needed by the baby after the delivery.

I am appreciative of Assemblywoman Peters' commitment to organ and tissue donation and her incredible advocacy on behalf of issues affecting women's health.

Dan Musgrove, representing Nevada Donor Network:
We began talking to Assemblywoman Peters close to a year ago about what the right way to get this information out was. I also want to thank the Division of Public and Behavioral Health and Deputy Director Marla McDade Williams for helping us figure out the best way to disseminate this information and, more importantly, ensure there would be no fiscal note on this bill.

I want to put one more thing on the record. The Chair has not had a chance to see this because Marla McDade Williams and I just talked about this a minute ago. Under subsection 1, paragraph (c) of the amendment [Exhibit C], the Division suggests adding the following:

> Upon receipt of a complaint that an entity is no longer certified, the Division shall confirm the information, and if confirmed, the Division shall remove an entity from the list upon expiration of the AATB accreditation . . . .

I want to make sure the Chair is okay with that, but that would ensure there is a process and that we would have no fiscal note.

As Assemblywoman Peters talked about, it is such a special time when giving birth. To not only have that new life in your hands, but then to have the opportunity to perhaps save a life in the process, is an incredible gift for both the mom and baby. We ask for your support.

Vice Chair Orentlicher:
Assemblywoman Peters, are you comfortable with that suggestion?

Assemblywoman Peters:
I am comfortable with that suggestion. I appreciate the efforts to ensure this has the least impact with the most oomph we can get to ensure the information available to pregnant people is accurate and backed by certifying agencies. I want to put out there, giving birth is one of the most vulnerable times of our lives. There are a lot of folks out there who would take advantage of people who are either pregnant or giving birth. My hope is, this is a step towards providing some information to people who may not otherwise be able to find

accurate, science-based information that comes from qualifiable and licensed entities, whether state or federal. It is important to put on the record that the intent is to ensure we are reducing harm to folks who potentially could be harmed by bad actors in the field of birth tissue collection. That is why it is so important to have the American Association of Tissue Banks accreditation on this list and have it hosted by a state entity that has a vested interest in the population.

With that, we are open for questions.

Assemblywoman Newby:
As a mother of two, I remember going through the process. There is a lot of information thrown at you, and it is sometimes hard to discern. In the bill, we have talked about birth tissue and not necessarily cord blood. Would this cover cord blood? Would it include cord blood banking or those entities that do that service?

Jackie Warn:
The American Association of Tissue Banks does encompass accreditation for banks that do cord blood as well. It is inclusive of that.

Assemblywoman Taylor:
This is one of those things I do not know about because I am new to the Legislature and have not given birth lately. In fact, I have not given birth at all. It is something I have been very curious about as I learned about it and read the material. Does this happen now? After the person has given birth, do you have something they can do now with their placenta and umbilical cord? What happens now for those giving birth who want to do that?

Assemblywoman Peters:
I cannot quantify this, but if you do not choose to do something with your placenta in a hospital setting, it is incinerated. I had three home births, and I chose to have mine processed by a small business in Reno. I am going to let my copresenters respond to how tissue donation may already be occurring in the state of Nevada, but those are the two most common processes. A person either knows what they want to do with their birthing tissue, or it is incinerated. I think it is up to the physicians whether they give information about what you can and cannot do with that. It will be pamphlets in your physician's office, but how that information is disseminated is not regulated.

Jackie Warn:
I can speak on behalf of Nevada Donor Network. As an accredited bank with the American Association of Tissue Banks, we do adhere to the regulations and standards put forth. We do currently secure authorization or consent from a birthing mother if it is their desire to donate their placental tissue post birth. We are working, and we do educate within the obstetricians' offices, as well as in the hospitals. Based upon a woman's consent to move forward, we are able to work with those facilities and accommodate and facilitate that donation process. It is currently happening within the state.

Assemblywoman Gorelow:
Because of this bill, I know what Wharton's jelly is. You touched on it a little bit, but I wanted to get the intent of the legislation. Are physicians and hospitals required to actually hand the pamphlet directly to the patient, or is it more of, We have a pamphlet rack in our office, and you can pick it up there? Is it in the room? I am curious about that.

Assemblywoman Peters:
The way it is currently written is, "to provide a patient who is pregnant with a link to the Division's Internet website containing the list of accredited entities that process birth tissue" [Exhibit C]. I think in the regulations, the state would set the standard for what providing to a patient could look like. This is not the first type of information we have required be provided in a physician's office. We require STD information to be provided, and I believe there are other things like blood pressure issues that need to be provided. There is also the notice of alcohol and the impact to pregnant people; that is also something that is regulated to be provided as information to people who are pregnant. We have a standard of providing this information, but it is not prescribed exactly how it currently is in the drafted conceptual amendment. I would expect that to come out in regulations.

Assemblywoman Gorelow:
I hope doctors or members of their staff will take that moment to sit down and go over those pamphlets, because as you mentioned, when you are pregnant, you get lots of information. It is very overwhelming. If someone took five minutes to say, Hey, this is what this is; this is what that is, I think it would be very helpful for moms-to-be.

Assemblywoman Peters:
I also think it is about having the information as a pregnant person to ask the question: Is there something I can do with this? What happens to that organ I have developed in my body to carry this life? What do I do with that? Just knowing there is something out there is helpful for asking the question initially. I am a huge advocate for people who are pregnant doing what they need to do with their bodies to have healthy pregnancies and healthy lives. Being able to have access to information that is qualifiable is so important to being able to ask those questions.

Assemblyman Nguyen:
My question is about the conceptual amendment [Exhibit C], section 1, paragraph (a)(1). The language is "request to be included . . . ." Where I went when I heard the word "request" is, I am not familiar with the American Association of Tissue Banks. Are they a government organization? Are they vetted by the federal government in any way, shape, or form? My concern is, if all the Division is doing is accepting requests vetted by an organization that may be a national organization, I am wondering about the credentials they are working with in terms of the U.S. Department of Health and Human Services.

Jackie Warn:
The American Association of Tissue Banks is a private sector accreditation agency that represents and supports the members in the tissue community. Through their accreditation

process, they have various committees that help establish standards and regulations that align to the regulations set forth by the U.S. Food and Drug Administration as well. There is very much alignment to both here in the U.S. We work to ensure we have safe tissues that are transplantable and made available to all those recipients waiting for healing and lifesaving-enhancing help.

Assemblyman Nguyen:
How many other states are doing this already?

Jackie Warn:
There are other states that do have similar bills. I do not have the exact number to share with you right now, but I would be happy to do more research and provide that to you. I would say, the state of Nevada would not be at the forefront of having this. We would be able to mirror other states that have similar regulations already in place.

Assemblyman Nguyen:
I spoke with Mr. Musgrove in my office about this earlier. I am supportive of this bill. I wanted to make sure—we are not doing this legislatively, but maybe administratively—we work with the language access communities and ensure their information is readily available. As someone who cannot give birth but is married to someone who can, when we went through the process of our two kids, there was a lot of information thrown at us. This was one. I put it aside because I did not know what it was. It was not explained in a way where we could make an educated decision about it. I do not want to make this a legislative process, but in terms of the organizations you work with, I would encourage you to have a little more strength in outreach so the diverse community in our state can benefit from this as well.

Assemblyman Gray:
When I first saw this, I had some concerns. I did the deep dive into it and made a lot of phone calls and stuff. The way you guys have it now, having corrected some of the language, I stand in support of it.

Vice Chair Orentlicher:
I think we can move into testimony. If you want to provide testimony in support, please come to the table.

Melissa Clement, Executive Director, Nevada Right to Life:
I am testifying in support of A.B. 154. I have had a number of constituents call me about this bill and whether it would allow for the use of fetal stem cells destroyed through abortion. I have assured them it does not, and I want to assure you of the same.

Assembly Bill 154 regulates the donation of living birth tissue. As defined by section 2, subsection 6, paragraph (a) of the bill, " 'Birth tissue' means gestational tissue donated at the time of delivery of a living newborn child, placenta, Wharton's jelly, amniotic fluid, chorionic membrane, amniotic membrane, placental disc, umbilical veins and umbilical

tissue." Currently, over 70 diseases and conditions are treated with this ethical alternative to fetal stem cells. No lives are destroyed. Many lives are saved. It should be noted that current statute prohibits the commercial use of aborted baby parts. For your reference, that is *Nevada Revised Statutes* 451.015.

Nineteen years ago, when cord blood banking was fairly new, our family chose to bank our youngest son's cord blood. It took a tremendous amount of work on my part to investigate the options, identify a reputable cord blood bank, and educate doctors and hospital staff to our desires. I was lucky. Due to my position at Nevada Right to Life, I was aware of the opportunity to save this lifesaving tissue. It was expensive, but we saw it as an important investment and insurance policy we would hopefully never need. Every year as I pay the storage fee, I am reminded how lucky we are to have this technology, this cord blood, and I say a little prayer that we never need it.

I encourage bipartisan support and anything we can do to educate parents, because it is a lot to consider.

Ashley Eliason, Private Citizen, North Las Vegas, Nevada:
I am a resident of Clark County, a mother, and a two-time birth tissue donor. In 2020, I was presented the opportunity to donate my placenta and umbilical cord during my scheduled cesarean section procedure by my ob-gyn doctor, Sheldon Paul. Prior to this discussion, I was unaware of what the birth tissue process was, as I had already delivered two previous children without the opportunity of donation. My placenta and attached umbilical cord were discarded. From my understanding, this is the routine disposition of the birth tissue after delivery. Dr. Paul explained the process of donation with Nevada Donor Network. I consented to donate, as the thought of my baby and I being able to help another person in need aligned with my values and beliefs.

Prior to delivery, I was able to complete my consent and medical history via phone from the comfort of my own home. On the day of delivery, other than a simple blood draw, my experience of donating my placenta and umbilical cord was no different to me as a patient than if I had not donated. The only difference was where the tissues were going, and that was to help others. Following my donation, I received an after-donation packet from Nevada Donor Network, which included information about the donation and a sweet onesie for my newborn. My experience was so great in 2020 that just last year, when I gave birth to my fourth child, I chose to donate again.

While our family is now complete, our decision to donate has provided us a lasting legacy of happy times of bringing new life into the world while simultaneously helping save and heal lives. I am in support of A.B. 154, ensuring a minimum state of standards and regulations for birth tissue donation in Nevada, and increasing birth tissue donation awareness for expectant mothers across the state. Thank you to Nevada Donor Network for giving me the opportunity to help save and heal lives.

[Exhibit D was submitted but not discussed and is included as an exhibit for the hearing.]

Vice Chair Orentlicher:
Do we have anyone else testifying in support of A.B. 154? [There was no one.] Let us move to opposition testimony.

Wiz Rouzard, Deputy State Director, Americans for Prosperity-Nevada:
Before I start, it is Children's Week here in the building. I do have my kids present with me. Prior to this conceptual amendment [Exhibit C], we were opposed to this bill. Until we see it written, we are going to remain opposed.

We are currently happy with some of the changes we have seen so far, but speaking on the conceptual amendment, I do want to bring to your attention a recommendation. In section 1, paragraph (a), it says:

> The Division shall only include on the list such entities that: (1) request to be included on the list on a paper or electronic form furbished by the Division; and (2) show proof of accreditation by the American Association of Tissue Banks (AATB) or its successor organization, for the acquisition, collection, or recovery of birth tissue.

Our concern here is replacing "American Association of Tissue Banks" with just "tissue banks association." There could be other associations that come about. What we want to make sure is that through our legislation we are not empowering one entity to behave like a government entity. We do understand the intent of this bill. To protect other interests that might come about, whether it would be an African American tissue banks association or a Latino tissue banks association, we want to make sure this information they provide in the future is also relegated to the niche communities they serve. That would be our recommendation.

[Exhibit E and Exhibit F were submitted but not discussed and are included as exhibits for the hearing.]

Vice Chair Orentlicher:
Do we have any other people to testify in opposition? [There was no one.] Now we will turn to neutral testimony. [There was none.] Assemblywoman Peters, would you like to make any closing remarks? [There were none.]

We will close the hearing on Assembly Bill 154 and welcome our Chair back.

[Assemblywoman Peters reassumed the Chair.]

Chair Peters:
We are playing musical chairs today. I will open the hearing on Assembly Bill 156.

Assembly Bill 156: Revises provisions relating to substance use disorders. (BDR 40-331)

Assemblyman David Orentlicher, Assembly District No. 20:
I encourage you to start with the conceptual amendment [Exhibit G], which is posted on the Nevada Electronic Legislative Information System, because that replaces the first parts of Assembly Bill 156.

This is an important bill. It is designed to improve access to treatment for substance disorders. Fortuitously, there was an article a few weeks ago in *The New York Times* about the topic of this bill. This is a quote from the article: "More than 100,000 Americans die each year from overdoses . . . . That is higher than the toll from gun and car crash deaths combined" [page 1, Exhibit H].

While medications like methadone and buprenorphine sharply reduce deaths from opioid addiction—they are very effective, and that link sends you to some studies that show a more than 50 percent reduction in deaths among opioid addiction patients—"only about a quarter of people who would benefit from these treatments receive them" [page 1, Exhibit H]. That is the problem we have. We have very good treatments, but the people who need them are not getting them. This bill is designed to help close that gap.

As I said, we will start with the conceptual amendment [Exhibit G]. The first few sections were to make sure we get treatment to people who are in our prisons, jails, and detention facilities. It turns out to be very complicated to implement that kind of policy.

There is a small thing in section 1 before you get to that. When public funds are spent to treat alcohol or other substance use disorders, right now the federal government has a priority: who should get treatment first, who should get treatment second and third [page 2, Exhibit H]. Section 1, subsection 2 of the bill gives the State Board of Health authority to expand on the federal list of priority. You have to start with the federal list, but we want to be able to expand as we learn more about where the problem of substance use is occurring and who should have priority. Federal regulations currently prioritize pregnant injecting drug users, then other pregnant substance abusers, and then injecting drug users. That is what the federal government requires. Now the State Board of Health can say, Let us make this group priority four.

The original bill would be to require the Department of Corrections (NDOC) and jails to start implementing a program of dispensing the medication for substance use disorders. Before we get to that point, the bill will require NDOC and local jurisdictions to study the provision of medication-assisted treatment (MAT) at prisons, jails, and detention facilities for offenders with substance use disorders.

As you look at the conceptual amendment [Exhibit G], you will see a number of things they need to do as part of their study to see what the barriers are and how they can best go about making sure prisoners and other detained persons who need substance use treatment have access to it. The first part of the conceptual amendment replaces sections 2 through 9 of the bill. Some of those sections apply to the Department of Corrections. Sections 8 and 9 apply to the local jurisdictions and have jails and detention facilities.

The second part of the bill: We have talked about people who are incarcerated, jailed, or detained [page 3, Exhibit H]. We also want to make sure patients in the general population who have an opioid use disorder have access to the treatments that are so effective. Sections 10 through 16 of the bill say that once you have diagnosed the patient with opioid use disorder, if you are a physician or other health care professional, you need to inform the patients about the availability of medication-assisted and other evidence-based treatment. If the patient requests a prescription for medication-assisted treatment, you need to offer a prescription if you are a physician and have the authority to write a prescription. If you are a provider who does not have prescribing privileges—you might be a social worker or other professional who cannot prescribe medications—you refer the patient who wants a prescription to a provider who can write one. Those are sections 10 through 16 of the bill. We are not changing that part.

There are several sections here because there are different health care providers covered: physicians, physician assistants, advanced practice registered nurses (APRNs), psychologists, marriage and family therapists, clinical professional counselors, clinical social workers, alcohol and drug counselors, and problem gambling counselors. If any of these professionals identify a patient with a substance use disorder, then they need to inform the patient.

At the end of the conceptual amendment, points 4 and 5 [page 2, Exhibit G] authorize our Department of Health and Human Services to apply for a Medicaid waiver to receive federal funding to make sure we can provide the treatments for people who are incarcerated.

I also want to say, I have been working on another amendment. I was not able to get the language to present it to you today. What we would like this bill to do is also set up a bulk purchasing program for naloxone and other treatments, so we can make them available in the state at a lower cost. The goal is to get the language in good shape by the time of work session.

That is my presentation. I do not have copresenters. I look forward to your questions.

Chair Peters:
Are there any questions from the Committee?

Assemblywoman Taylor:
I want to make sure I have my arms around this. In the first part, you said the conceptual amendment [Exhibit G] removes quite a bit of the bill—sections 2 through 9.

Assemblyman Orentlicher:
That is exactly right. We are removing sections 2 through 9 and replacing them with the conceptual amendment.

Assemblywoman Taylor:
All of the conceptual amendment, until you get to points 4 and 5, will replace that piece. What we are saying is, we would like them to do a feasibility study.

Assemblyman Orentlicher:
Exactly—to do a feasibility study. There are a lot of steps involved to make sure they understand the way to do it and have time to implement it effectively.

Chair Peters:
In the interim, the Joint Interim Standing Committee on Health and Human Services talked about harm reduction, the effect different treatment models have on inmates as they are released, and the effect we see on recidivism and, oftentimes, overdose as inmates are released without a proper handoff of care. Assemblyman Orentlicher, I do not know if you have thoughts on the impact MAT in our incarceration facilities could have on the population. If you do, I would love to have you expand on the harm reduction component we hope to see from MAT in those facilities.

Assemblyman Orentlicher:
That is very important. We do see a lot of problems with substance abuse. If we do not properly treat it and address it before the prisoners are released, it is going to undermine their reentry and lead to recidivism. This is an important reason why the bill targets prisons, jails, and detention facilities.

Chair Peters:
Are there other questions from the Committee? [There were none.] We have some folks in the audience from Washoe County. The Washoe County Sheriff's Office has made an attempt at addressing some of these treatment issues at its jail in the Reno area. I do not know if you intend to come up in neutral, but we might have some questions for you on how that has been effective or not, some of the hinderances that exist in the community, and why getting that information on paper and to us will help us ensure we are putting resources in the right places. I do not know if you have an interest in responding to some of those things, but I will let you decide that as we move into neutral testimony, unless you are here in opposition or support.

We will move into support testimony on Assembly Bill 156.

Barry Cole, Private Citizen, Reno, Nevada:
This is a work in progress, but anything we can do is a good start. Yes, I think we naively assume people leaving correctional facilities are opioid-free. Having worked in a prison before, I was shocked at how easy it was to obtain illicit substances in prison where I would not have thought that was possible. We have a national epidemic of opioids. I understand people often overdose on things other than opioids, and the treatments we are proposing as medication-assisted treatment are specific for opioids. We are talking about methadone, buprenorphine, and naltrexone.

I believe there was an attempt in 2016 or 2017 to inject people leaving prison with naltrexone. That had to be gifted by the manufacturer. There was not a budget to pay for that. That was a very pricey medicine. Part of the dilemma, or the pushback, will always come down to that some of these medications can be quite costly. The nice idea about

buprenorphine is, it is not that expensive. It comes in a variety of forms: pills, lozenges, and little films you can put in your mouth that actually dissolve and give you the medication. It has to be taken in a route that is a little atypical, meaning if you swallow it, you get no effect. It has to absorb in the mouth. But for the monthly injectable version, you can get good coverage for the month, just as you could with naltrexone, which is not a controlled substance. Two of the three have to be prescribed by someone who has a Drug Enforcement Administration certificate. The federal government has just dropped a lot of the requirements for buprenorphine, so it is not as complex an ordeal as it was when it was first released in 2002.

I am in support of A.B. 156, but I am looking forward to the final version.

Erica Roth, Government Affairs Liaison, Deputy Public Defender, Washoe County Public Defender's Office:
I sit here today as an attorney who has looked into the eyes of my clients after being booked into jail and while they are detoxing. You can see it is an incredibly painful process for them, not only physically, but emotionally. I have also looked them in the eyes when they are getting ready to leave prison or jail. I know how scary that can be when they do not feel like they have had the comprehensive treatment that is necessary to tackle their addiction issues. Medication-assisted treatment is a proven, evidence-based approach to treating substance abuse disorder. This is an important first step in helping set up our clients—my clients—for success when they are released from jail or prison. I think it is a really important bill, and I urge you all to support this.

John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office:
I want to echo the comments of my colleague, Ms. Roth. We are super excited, as this is a good first step moving us in the right direction.

Donna Laffey, representing Dignity Health-St. Rose Dominican:
We are in support of A.B. 156 and want to echo the previous comments.

Wiz Rouzard, Deputy State Director, Americans for Prosperity-Nevada:
We are proud to support A.B. 156. We have focused very hard on criminal justice reform in the last couple of years. A big component of that is making sure we prioritize rehabilitation over punishment. This is a prime example of what that looks like, ensuring those who are struggling with this aspect, our incarcerated, have access to these types of solutions, which can hopefully contribute to what the Chairwoman said: continuously reducing the recidivism rates to ensure these individuals can come back into society and contribute.

Jason Walker, Sergeant, Administrative Division, Legislative Liaison, Washoe County Sheriff's Office:
Although I do not consider myself a subject matter expert in this, I happily brought up a couple from the Washoe County Sheriff's Office, those being Sergeant Lars Christensen and Lieutenant Randy Vawters. We had a great conversation with Assemblywoman Peters

yesterday. I wanted to touch on a couple of the pieces of information Lieutenant Vawters shared with me. These were the questions from the Chair: What are the pitfalls? What are your wins? What are some of your losses? What are your challenges? Happily, we will come back with some of those. I echo the comments of our colleagues. This is very important. There are a lot of people suffering from this, and we need to get this out there.

Lieutenant Vawters wrote that as for our specific agency, I do not think it will affect too much of our operation. Not to brag, but we have a model program, to the point where they have been asked to present for other agencies. Beyond that, it may actually help in getting more permanent positions, which have been requested for over three years now. Staffing and funding are necessary.

He goes on to say that both our discharge planner position and mental health position are grant-funded, which, the bill notes, may be funded by federal or state grant. However, it may help push the permanent position request. As for unintended consequences, my first question is, how do the rural and small agencies abide by these mandates? We all know the rural agencies are the smaller ones out there.

Then he says that we put in a lot of work developing the program we have with the assets of a large agency. I would be concerned as to how the smaller agencies would go about creating and maintaining these programs. Moreover, rural areas already have historical difficulties in obtaining and maintaining the mental health and substance use services. Therefore, we are not only mandating these services within the custodial settings, but for the communities as a whole.

He ends by saying that as for the transfer of a MAT inmate to NDOC, we are actually in the process of transferring the first ever, at least in this state, MAT inmate to the NDOC. This has been a multiple-year project to get this accomplished, because the NDOC does not have a program and there were many logistical problems.

We have a doctor who works for us from NaphCare. We shared that information yesterday.

Again, I am not a subject matter expert in this, but I wanted to provide testimony in support for this on behalf of the Washoe County Sheriff's Office. I am looking forward to continuing conversations to get this where it needs to be to make it successful.

Chair Peters:
Thank you for meeting with me yesterday about your program and some of the suggested language changes to the bill. Because you have such a model program, are there any questions from the Committee on what the Washoe County Sheriff's Office has been doing? [There were none.] Maybe next interim, we will have you come and present to us.

Sarah Adler, representing the Nevada Advanced Practice Nurses Association:
Section 11 of the bill asks APRNs to take the responsibility to assist in the recovery of individuals with opioid use disorder. The Nevada Advanced Practice Nurses Association accepts that responsibility.

Melissa Washabaugh, Private Citizen, Lovelock, Nevada:
I work as a psychiatric nurse practitioner in a rural area. I have been prescribing MAT for my patients for the past three years, and I work with many offenders in our area. Our sheriff's office brings offenders to my office for private visits, which has been sustainable so far for our small department. I have been able to see the difference it can make for the entire community. I support this bill because MAT is health care and should be treated equally in all areas of care. Medication-assisted treatment services help save lives. They improve family wellness, and they help the economy by allowing our patients [inaudible] to return to work, rather than return to [inaudible].

Chair Peters:
Thank you for your work in our rural communities. Are there other folks on the public line who would like to testify in support? [There was no one.] We will move into opposition testimony. [There was none.] We will move into neutral testimony.

Amanda Haboush-Deloye, Interim Executive Director, Nevada Institute for Children's Research and Policy, School of Public Health, University of Nevada, Las Vegas:
Recently, we have done some work to do some needs assessments across the state on opioid prevention and treatment with the funds that are being received. I should start by saying, any type of treatment that is being sought, including MAT, is incredibly important to all those who access it, including those who are incarcerated or those who are on parole. I also want to make sure those who are being released from prison continue to get the treatment they need, and there are no unintended consequences for that treatment, such as being denied transitional housing or other services. That way, receiving things like MAT is not also considered still using substances. I think this is a huge issue in our community in general. I also want to make sure those who desire the use of MAT also get the psychological services that go along with that in order to keep them from relapsing, as well as from those who assist in relapsing, if that is desired by them. We have a severe shortage in the mental health workforce all over our state. These things should also be considered when looking at this bill, to make sure we have comprehensive access to treatment, as well as supportive services to support those who are seeking help in any type of harm reduction.

Chair Peters:
I ask that you follow up with staff on whether there is a report from your investigation of the impact of opioids. I would love to read that and look at how we may be able to incorporate some of those components into this bill.

Amanda Haboush-Deloye:
Yes, there is a report on that. I will make sure to follow up with staff.

Susan Proffitt, Private Citizen, Las Vegas, Nevada:
I am more experienced with opioid addiction and alcoholism than I would like to admit. I have lost four family members to the disease. I think I am neutral on this because I do not understand the bill the way it is written. That is why I would like to ask you, in the next go-around, to write the bill in a way my contract attorney can understand. I asked two lawyers, and they could not make heads or tails of what you were trying to accomplish and how. That was the point.

My husband died of alcoholism. Two stepsons died of addictions to opioids that were prescribed by doctors. My daughter was also addicted. She was a trial attorney in Florida. She was a recent casualty of the open border fentanyl crisis. I urge you to stop helping addicts die sooner under a mistaken notion that giving them methadone and sustaining drugs helps. It does not. I have been there. I have seen it. Providing methadone and other drugs to recovering addiction patients keeps them addicted and allows them to victimize everyone around them, especially those who love them.

The minute President Biden lifted the opioid restriction, the opioid crisis got worse. I can show you why. They are now prescribing 90 pills at a time. I could be a legal addict if I wanted to because of my disabilities. I refuse to take them. That is what your prisoners are going to be faced with when they get out. It is available. They can get it from their doctors. It needs to stop. We need President Trump's rulings on the opioids to go back into effect. It will really make a big difference. Treat their mental illness, but please stop keeping them addicted. We must reinstate the safety measures that were in place in 2020 and 2021. Doctors have to stop prescribing 90 pills at a time. I look forward to seeing the next edition of this bill.

Chair Peters:
Thank you for your impassioned testimony. I know many of us have also experienced loss and impacts to our lives from addiction.

Susan Proffitt:
It is horrible.

Chair Peters:
It truly is. Harm reduction is one way to start addressing some of these issue areas. I am going to reclassify your testimony in opposition, because you did have suggestions that are not in the bill, which is fine. It is our process in the building.

Susan Proffitt:
Ask those on your Committee to consider writing some bills that address some of these other issues that are adding to this problem.

Chair Peters:
You are always welcome to submit bill ideas to Committee members and members of the legislative body.

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:
I will ditto the comments of the previous caller.

Chair Peters:
Is there anyone else who would like to provide neutral testimony today? [There was no one.]

[Exhibit I was submitted by Elliot Wade, Private Citizen, Las Vegas, Nevada, but not discussed and is included as an exhibit for the hearing.]

I will ask the bill shepherd if he has any closing remarks. Yielding those, we will close the hearing on Assembly Bill 156. It sounds like there are still questions on how things will work in certain areas, and we will work to address those questions as we move to a potential work session.

Our last bill on the agenda is Assembly Bill 265.

Assembly Bill 265: Revises provisions relating to mental health. (BDR 39-96)

Assemblywoman Michelle Gorelow, Assembly District No. 35:
With me today is Char Frost, who is a member of the Nevada Children's Behavioral Health Consortium, and Dan Musgrove, who is the immediate past chair of the Clark County Children's Mental Health Consortium. Assembly Bill 265 establishes a state children's mental health consortium. With that, I am going to turn it over to my copresenters.

Dan Musgrove, representing Clark County Children's Mental Health Consortium:
As Assemblywoman Gorelow said, I am the past chair of the Clark County Children's Mental Health Consortium. This is a bill we brought last session. It passed out of this Committee and went to the Assembly Committee on Ways and Means, but because of a fiscal note, it was not processed. Because it is excellent legislation, we appreciate Assemblywoman Gorelow's willingness to bring it to this Assembly Committee again. We will present it to you today.

If you will remember, on February 15, the Chair asked the regional mental health consortiums to come present to you. There are rural, Washoe County, and Clark County children's consortiums, but there is no statewide consortium in law. We have a statewide consortium that meets on an informal basis. We appreciate all the work the Division of Child and Family Services (DCFS) does on our behalf to help staff it and allow for it to continue, but we have always been concerned because it is not in statute. Whether or not that statewide consortium will continue always depends on the current administration.

We believe it is important to have that statewide consortium because it serves as the gatekeeper—the congregator of information, for lack of a better description. What we do is bring together all three consortiums that represent the needs of children's mental health throughout the state. As we talked to you about back in February, this Legislature created the consortiums to be the voice for children when it comes to mental and behavioral health. It is

important. The membership is key in that it has people put aside their departmental biases, come to the table, and work together in what is in the best interest of children.

We wanted to create that mechanism in statute to protect the statewide consortium and also provide the voice on behalf of children's mental health. It brings the voices of those disparate communities together in one place, whether it is a mom who has children with needs; a private provider who works in the trenches every day with children with mental health needs; DCFS; the county department that deals with children's mental health through their child welfare or juvenile justice system; or the law enforcement agency—for us in Clark County, it is the Las Vegas Metropolitan Police Department. We have a member who shows up. These are all volunteers. They come to the table. They work from their various degrees of spheres of influence. This gives us a chance to break down those silo walls and talk about what is in the best interest of children.

In statute, we are required to provide information to the state and Legislature, as well as to the Department of Health and Human Services. Assembly Bill 265 replicates that but takes it a bit further in terms of our responsibilities. We see—and I think it is across the board—that the Department recognizes the worth of these consortiums; advocates in the community see them as a vehicle, an opportunity, to get their voices heard; and there are the parents. The turnout at our meetings is incredible. We are so thankful folks are willing to provide their personal stories and the things they have had to go through to try to navigate a very complicated children's mental health system.

We believe by putting A.B. 265 into law, it will memorialize a statewide consortium and then provide the information gathered from the regional consortia, which can be the plans and priorities, to form the tenure plan that sets the Department and the Legislature on a path to working toward solving system issues and doing the best we can for children and families.

Madam Chair, if you want me to walk through the bill, I am more than happy to. I know we have been here a long time today. I think it is important to know the membership is very specific. Each consortium from the regional areas will provide membership. We have members from the state and the counties to represent their interests as well. We continue to gather data and work through the programmatic things the state is working through, such as the work the DCFS is doing. We had a great relationship with the Department when they were working on creating the managed care contracts for the new managed care companies. When it comes to Medicaid, they asked for the consortium's input on what we wanted to hold our managed care organizations accountable for when it came to children. We were able to provide that information to them. This is a statutory framework for that cooperation to continue, for us to have the ability to weigh in on issues, approve plans, and look at the path forward the state is taking from those who are working in the field every day, whether you are a family member or a provider.

I can go through the bill, or we can open it up for questions.

Chair Peters:
I do not believe you have an amendment, correct?

Dan Musgrove:
It is a clean bill.

Chair Peters:
Everyone has had the opportunity to read the bill. We can go directly into questions.

Assemblywoman Taylor:
My question is, how does that compare? Do other states have a statewide consortium at all similar to this that you know of?

Char Frost, Member, Nevada Children's Behavioral Health Consortium:
In other states, mental health is not run statewide like we do it here. Within individual counties, they often have committees. Within children's mental health, we use a system of care approach to address children and families, because we recognize children are not little adults, and the family very much has to be a part of that. In those communities that are operating under the system of care values and principles, they usually have some sort of committee or "children's cabinet," for lack of a better term. I cannot speak for every single community in every single county in every single state.

Chair Peters:
There has been a long history in Nevada of looking at the care models for both children and adults in this area where children become adults—in some cases, for children who potentially have developmental disabilities, who have an extension of being a child in a certain care model before they become an adult. In Nevada, that has been a consistent conversation over the years. Can you talk to us about how the statewide consortium and the language specifically in the bill fits into this continuum of care—from childhood to adolescence to those youth years where we see the most falloff of care for people into their adult years—and the care that is available there?

Char Frost:
Those transition years—the new term I have heard recently is emerging adults—are very much a concern for the consortium. In reality, we focus on youth through 22 years of age. That includes those transition-aged, emerging adult youth. As a mom who has two children with mental health disabilities who went from a child-serving system right into an adult system, it was very abrupt and not necessarily as successful as I hoped it would have been. That is always a concern at the consortium. We address all stages, especially since we know scientifically, the human brain does not finish developing until age 26, and up to, possibly, 36, if you are Mr. Musgrove.

Assemblywoman Thomas:
I was wondering, when would this go into effect?

Chair Peters:
We have staff looking as well. We can come back to the answer on that one.

Char Frost:
The state consortium has been operating for many years. We have not stopped meeting. This is just going to formalize it into law.

Chair Peters:
Can you talk about how the prescribed membership may vary from the current membership, or is it exactly reflective of what you have in membership in this nonformal, nonstatutory consortium?

Char Frost:
This was built on the kind of membership we have. Currently, we appoint members from each of the three regional consortia to serve on the state consortium, as well as our state partners, because we are talking statewide, not just within our little regions. The membership will stay essentially the same, although we did think it was important to include somebody from the Department of Education, especially with so much school mental health talk going on. It is important for the Department to be involved in these discussions as well.

Assemblyman Hafen:
It looks like this was Assembly Bill 273 of the 81st Session. I see everyone nodding their heads in agreement. You said this is basically the same, except when I look at it, the old bill was about seven pages. This one is about twice as long. Could you touch on the differences between the bill that was presented and passed out of this Committee and A.B. 265 so we, at least the returning members, have a better understanding of the changes being presented today?

Char Frost:
This was the amended version of the bill.

Assemblyman Hafen:
I will put in a clarification. This is not the amended version that passed out of the work session last legislative session. That is why I am asking for clarification of the differences between what was passed out of this Committee and what is being presented here today.

Char Frost:
Again, this was going to be the second reprint of the bill. We took some of the duties from the Commission on Behavioral Health and put them under this statewide consortium, because the consortium membership is representative of system of care values and principles, while the Commission membership is not. When we are talking about children, we wanted to make sure there is family, youth, and all the parties—not just professionals—at the table.

Dan Musgrove:
You may be accurate, Assemblyman Hafen, that this version did not pass out of the Committee then. This was something we were revising during the 2021 Ways and Means process, trying to get it into a position where it could pass out of the Assembly Ways and Means Committee. That is what did not pass and go further. To your point, this bill is different than the original. If I misspoke, I apologize.

Assemblyman Hafen:
I do not believe my question was answered. If I could, I ask you follow up with me so I can fully understand the difference between what is being presented today and what was approved last session in this Committee. I would greatly appreciate it.

Char Frost:
I will happily meet with you and point out the differences. I apologize.

Chair Peters:
A point of clarification: The work that is done between our Committee and Ways and Means or the work that is done in the other house is not always reflected in the bills voted out of this Committee. We do appreciate the follow-up on that. Are there other questions from the Committee on this particular bill? [There were none.]

We did not go back to Assemblywoman Thomas' question. I did get some clarification; there is not an effective date on the bill. However, according to the *Nevada Revised Statutes* (NRS), I believe the effective date would default to October 1 of this year, but our committee policy analyst can talk more about what the statutes say.

Patrick Ashton, Committee Policy Analyst:
I do not want this to be construed as legal advice, but generally speaking, NRS 218D.330, subsection 1 says, "Each law and joint resolution passed by the Legislature becomes effective on October 1 following its passage, unless the law or joint resolution specifically prescribes a different effective date."

Chair Peters:
This is another one of those moments where it would have been nifty to have our committee counsel in the room, but we are so grateful they are drafting bills at the moment. Seeing no other questions from the Committee, we will move into testimony. We will start with support testimony.

Amanda Haboush-Deloye, Chair, Clark County Children's Mental Health Consortium:
We are in full support of this bill. We think it is important to have, as presented before, statewide congruence on issues that are impacting the entire state while also being able to discuss regional matters. That way, we can address both. We can make sure we are addressing those differences between adults and children; that we are focused on the children, youth, and families; and that the Consortium is provided the opportunity for a voice on those important matters.

Erica Roth, Government Affairs Liaison, Deputy Public Defender, Washoe County Public Defender's Office:
We are testifying in support of A.B. 265. According to the Bureau of Justice Statistics, more than half of incarcerated people in the United States have a mental health issue. That number has been estimated to increase to as much as 70 percent with juveniles. This issue is very dear to my heart. I see every day what it looks like when an individual enters into the criminal legal system as a result of an untreated mental health issue. This is a coordinated effort to make evidence-based decisions essential to addressing this issue and preventing involvement in the legal system in the first place. Assembly Bill 265 is good policy and will pave the way for systemic change.

Melissa Washabaugh, Chair, Rural Children's Mental Health Consortium:
[Unintelligible.]

Chair Peters:
We are having some technical difficulties hearing you in our committee room. I understand you want to provide support testimony, but it might be of value to get that to us in writing, so we can see every word you are saying.

Melissa Washabaugh:
I will put my testimony on the Nevada Electronic Legislative Information System [Exhibit J].

Chair Peters:
Can we go to the next caller in support of A.B. 265? [There was no one.] We will move into opposition testimony on A.B. 265. [There was none.] Is there anyone who would like to provide neutral testimony on A.B. 265? [There was no one.]

I would like to invite the bill sponsor to present closing remarks.

Assemblywoman Gorelow:
Thank you very much for your time and for hearing this bill.

Chair Peters:
With that, we will close the hearing on Assembly Bill 265. That is it for hearings today. We will move into our final agenda item, which is public comment. [There was none.]

Are there comments from the members? Seeing none, that concludes our meeting for today. Our next meeting will be on Friday, March 17, at 1:30 p.m. This meeting is adjourned [at 3:03 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Recording Secretary

RESPECTFULLY SUBMITTED:

Lindsey Howell
Transcribing Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a proposed conceptual amendment to Assembly Bill 154, dated March 15, 2023, submitted by Assemblywoman Sarah Peters, Assembly District No. 24.

Exhibit D is a letter submitted by Sheldon Paul, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 154.

Exhibit E is a letter dated March 5, 2023, submitted by Camila Santiago, Private Citizen, Las Vegas, Nevada, in opposition to Assembly Bill 154.

Exhibit F is a letter dated March 14, 2023, submitted by Camila Santiago, Private Citizen, Las Vegas, Nevada, in opposition to Assembly Bill 154.

Exhibit G is a proposed conceptual amendment to Assembly Bill 156, dated March 15, 2023, submitted by Assemblywoman Sarah Peters, Assembly District No. 24.

Exhibit H is a copy of a PowerPoint presentation regarding Assembly Bill 156, submitted by Assemblyman David Orentlicher, Assembly District No. 20.

Exhibit I is written testimony submitted by Elliot Wade, Private Citizen, Las Vegas, Nevada, regarding Assembly Bill 156.

Exhibit J is written testimony dated March 15, 2023, submitted by Melissa Washabaugh, Chair, Rural Children's Mental Health Consortium, regarding Assembly Bill 265.