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

Eighty-Second Session
April 3, 2023

The Committee on Health and Human Services was called to order by Vice Chair David Orentlicher at 1:32 p.m. on Monday, April 3, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

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:

Assemblywoman Sarah Peters, Chair (excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Shannon Bilbray-Axelrod, Assembly District No. 34

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Jeremy Kilburn, Colonel, United States Air Force
Blayne Osborn, representing Nevada Rural Hospital Partners
Barry Cole, Private Citizen, Reno, Nevada
Sean O'Donnell, Executive Director, Foundation for Recovery
Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Department of Health and Human Services
Mark Disselkoen, Project Manager, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno
Linda Anderson, Private Citizen, Las Vegas, Nevada

Vice Chair Orentlicher:
[Roll was taken. Committee rules and protocol were reviewed.] Welcome to the Assembly Committee on Health and Human Services. Chair Peters is presenting a bill in the Commerce and Labor Committee and may be joining us later. We are ready to open the hearing on Assembly Bill 311, which sounds like a good bill. Assembly Bill 311 authorizes a hospital to enter an agreement with the Armed Forces for the provision of care by a person who is not licensed to provide care under certain circumstances. I am sure Assemblywoman Bilbray-Axelrod can say it better than I can, so please proceed.

Assembly Bill 311: Revises provisions governing health care. (BDR 40-983)

Assemblywoman Shannon Bilbray-Axelrod, Assembly District No. 34:
I am pleased to come before you today to present Assembly Bill 311, which allows a greater number of Air Force medical personnel to serve in Nevada hospitals. This bill will help address the health care provider shortage we are constantly discussing in this building. To provide background on this topic, it is important to discuss the Las Vegas military-civilian partnership. Such partnerships place active-duty military personnel into a local civilian trauma hospital to maintain their clinical proficiency and provide medical care to the community. The Las Vegas partnership is the largest and most integrated program in the country and has supplied much-needed health care personnel to the University Medical Center (UMC), Veterans Administration (VA) Hospital, University of Nevada, Las Vegas School of Medicine, and several other southern Nevada facilities. This partnership has steadily grown and achieved its goal of preparing Air Force medical personnel for deployment, but Nevada law currently stunts the growth of the program because it currently limits it to Armed Forces medical officers only. Assembly Bill 311 solves this problem by increasing the number of Armed Forces personnel who would be permitted to serve in Nevada hospitals. I will now turn it over to Dr. Jeremy Kilburn, joining us from the Grant Sawyer State Office Building in Las Vegas. Dr. Kilburn is a critical care doctor at UMC and a colonel in the United States Air Force. He will give you some additional background and context concerning why this bill is needed.

Jeremy Kilburn, Colonel, United States Air Force:
I appreciate the opportunity to be here before the Committee. I would like to briefly describe why we are proposing this bill and the reason behind it. The United States military in general, and the Air Force specifically, know we do not have enough volume or complexity in our military hospitals to make sure our military medical personnel are ready for expeditionary deployment. Our beneficiaries do not get sick enough, and there are not enough of them. I am not wishing harm on our beneficiaries, but we need to look toward the civilian population to keep up our skills.

As Assemblywoman Bilbray-Axelrod said, this is the largest military-civilian partnership in the country by far. It has grown over the last ten years I have been here. We have over 100 fully integrated medical personnel with double or triple that number of rotators who come through for two-week instructional courses for clinical proficiency. This is vital to the Air Force medical service. When I think about the Las Vegas military-civilian partnership, I cannot help but think of being "battle born," not just because that is the Nevada State motto, but because October 1, 2017, is when this crystallized for us in a serving-the-community way. Many of us responded and went to University Medical Center because we heard about the shooting on the news, even a pulmonologist like me, but certainly our trauma surgeons and our nurses. We made a significant impact, and the community started to see us as an asset and part of the community. This is our home; not just someplace we are stationed.

That took off for us, and the Air Force dedicated more resources and personnel. As you know, Las Vegas is an underserved health care market. The Air Force sees this as a great opportunity for partnership and that continued through COVID-19 where, instead of having to have outside Air Force, Navy, and Army folks come into the city, we were able to push forth our organic assets to help with the pandemic and all-hazards response. Something we realized had been going on for a while, but definitely during COVID-19, I had RTs [respiratory therapists] who were Air Force registered therapists who struggled to get into UMC because they did not have state licenses. The military does not require them to have specific state licenses; the requirement is to have a certified registered therapy degree or a registered respiratory therapy degree. They meet the federal requirement but not the state requirement. There are other career fields—surgical technicians, medical technicians—where our military personnel meet the federal requirement but do not meet the individual particulars of different state requirements.

This bill would allow our Air Force medics, our enlisted medics, to practice to their full federal scope in civilian hospitals as part of a military training program. This would not take the place of bargaining unit employees. This does not displace personnel; it is simply additive, and very well received on behalf of the civilian partners. Also, this would not apply to retirees or people doing off-duty employment or moonlighting. This active-duty program would strictly be for active-duty personnel.

With that, I will conclude and thank the Committee for its time and for the support of the Air Force mission in Las Vegas and our medical mission overall and turn it back to Assemblywoman Bilbray-Axelrod and with my many thanks for her support.

Vice Chair Orentlicher:
Thank you very much. Would you like to add anything before we go to questions?

Assemblywoman Bilbray-Axelrod:
I would like to say that I have been so impressed with what I have seen. Doctor Kilburn saved my husband's life. I do not know how else to say it, and he knows I wear it on my sleeve. My husband was pretty much a goner, and this man saved his life. When I got to know him and know about the program, I saw the level of care, expertise, and commitment; you all know how the military feels about that. I was happy to bring this bill, to see that crossover and be part of our community and shared with the civilians in our state. As I said, Colonel Kilburn is being very modest, because my husband was a goner. So, we are open for questions.

Vice Chair Orentlicher:
Thank you. I am glad he was able to help out with your husband. That is great. We have some questions.

Assemblywoman Taylor:
Thank you for sharing your story. That is powerful stuff. My question may be for you or may be for the doctor. How many additional medical personnel do you think can be involved once this has worked out? Should we be able to solve this problem?

Colonel Kilburn:
We are looking at approximately 25 enlisted medical personnel, but my hope is to grow it as much as there is the need in Las Vegas for additional health care personnel. I am pushing for the Air Force to meet that need because it is special to work at the intersection of national defense and community service. It is such an altruistic mission. So, I would guess 20 to 25, but the sky is the limit.

Assemblywoman Taylor:
It seems like such a natural solution to a really important problem—utilizing the great men and women in the Air Force who already have committed their service to the country and can help in a community we know needs that kind of help. It is awesome. It is something that makes a lot of sense to me.

Assemblyman Gray:
Colonel Kilburn, I am Ken Gray, retired Air Force chief out of the medical service and a former "medtech" [medical technician]. Why is this not being opened up to the National Guard and Reserve Units who need this same kind of care? Will this apply statewide or just in Las Vegas? What are we looking at? I have been involved in many of these agreements, typically with the VA, but this is a great way to go, and a lot of these people need this training. Will it also be available to X-ray techs and to all the enlisted career fields?

Colonel Kilburn:
Great points, Chief. The program is open to guard and reservists in Las Vegas. We have not had a large throughput because a lot of times people are busy with their regular jobs, but by design, it certainly is available for reservists and guardsmen to come through the Las Vegas military-civilian partnership program. And we do have a program in place for respiratory technicians, pharmacy assistants, and physical therapy assistants, among several others. I agree, my plan here was to make sure it was open to all enlisted career fields, because they are all vital to expeditionary operations.

This bill is a state bill, so it would be open to the whole state, but I do not know that there is the required infrastructure in areas other than Las Vegas. However, if someone in Reno wanted to start a program like this, this bill would facilitate that. Right now, it is concentrated in Las Vegas because Nellis Air Force Base and a couple of other air force agencies happen to be concentrated here. That is what makes it work.

Assemblyman Gray:
Actually, the infrastructure is up here. There are Air Guard medical units and Army Guard medical units that could get some very valuable training through the different hospitals we have up here. Renown is the first one that comes to mind. Once you get this up and running down there, I would love to see it, just as an old Air Force guy and former medtech.

Assemblywoman Newby:
Can you describe the difference between what occurs today on the ground, in the hospital, without this bill, and what would happen with the bill having been passed and implemented?

Colonel Kilburn:
Right now, we are having to find work-arounds. For instance, I always go back to respiratory therapy because I am a pulmonologist. Our respiratory therapist has to be put in student status and cannot practice unsupervised even with 15 years in the Air Force and advanced degrees in respiratory therapy. It forces the hospital to go through a lot of gymnastics to bring them into the hospital and make sure they are compliant with Nevada State law. Some enlisted career fields cannot practice at all because we cannot figure out a way to honor their federal scope of practice. It would make things much simpler and provide a lot more people available for this training.

Assemblywoman Thomas:
Thank you, Assemblywoman Bilbray-Axelrod, for bringing this bill forward. I appreciate getting our military together with the civilian community, and just to check, United States Air Force, retired, enlisted, but not a chief. Thank you, Colonel, for coming forward to show the community that Nellis Air Force Base wants to work hand in hand with the community. My question deals with deployment, and unfortunately, we still have to go through that. Once a civilian facility has, say, a mental health technician to assist them, when deployment occurs, how would that disrupt the ability to give care to our civilian population?

Colonel Kilburn:
That is a really good question and comes back to what I was talking about before about the concentration of medical personnel in Las Vegas with the United States Air Force. There are three separate major commands that have major presences and programs here. With all these people here, we could provide some amount of dependability and reliability to our civilian partners, so we do not have a trauma team here that all of a sudden is gone leaving the University of Nevada, Las Vegas (UNLV) and UMC holding the bag. We have concentrated enough medical resources here that we have redundancy to take into account deployments. Of course, if there is a huge deployment surge, the redundancy could be threatened, but the Air Force has made a cognizant effort to concentrate its medical forces in Las Vegas. That is why Nellis is a Level III trauma center taking civilian patients as well as this program, too, so it is supposed to be extremely integrated and responsive to the community. That is something I think about every day when we talk about inserting a new technician, doctor, or nurse into a program at UMC and with UNLV: Can we guarantee they will be able to work and for how long, because people have to make staffing decisions around that. Our answer has been to concentrate our medical personnel in Las Vegas.

Assemblywoman Thomas:
I did not realize Nellis had a Level III trauma center. Please let the community know that a little bit more often. That is something we can hang our hat on so, thank you.

Assemblyman Nguyen:
This is more of a legal question. Why is the pharmaceutical technician part listed under livestock and veterinary under section 4?

Eric Robbins, Legal Counsel:
That is a drafting decision we made. It does not impact the substance of the bill at all. When we drafted this, we tried to find the general applicability sections of the chapter to include these provisions in to say that the chapter does not apply to people working under these agreements. In this case, the only general applicability section in the pharmacy chapter dealt only with veterinary biologic products, so that is where it ended up.

Assemblyman Nguyen:
Great. Thank you. In terms of the positions referred to here, it seems like there are some limitations in the positions as mentioned. Are we adding these roles specifically and not opening it to the larger medical licensees?

Assemblywoman Bilbray-Axelrod:
This is what the partnership is doing right now. That is where the critical need was, and these were the positions they were having to do the work-around for.

Colonel Kilburn:
Yes, that is exactly right. My original thought was to write a blank check so all military medical personnel would be able to practice to their full scope, but it became apparent we would have to address particular career fields and the ones we either have now or foresee

having. When we inevitably find the need for personnel I did not anticipate today, we will have to readdress or see if there is enough language in the current bill as proposed to satisfy the requirement.

Vice Chair Orentlicher:
Thank you for all the questions and answers. We will first go to support testimony. If you are testifying, please remember to clearly state and spell your name. We will begin with support in Carson City. Please come to the table if you want to testify in support.

Blayne Osborn, representing Nevada Rural Hospital Partners:
Nevada Rural Hospital Partners is happy to be here in support of A.B. 311. You all know the critical health care workforce shortage we are facing in the state of Nevada. If this does anything to bring more providers, we will welcome them with open arms, particularly in rural Nevada.

Barry Cole, Private Citizen, Reno, Nevada:
Colonel, fantastic. I used to train the psychologists who were deploying from Tripler Army Medical Center to Afghanistan. My theory was a psychologist knew more about the mind and the brain than a general surgeon, a trauma surgeon, or an anesthesiologist. I hope they performed well. They all performed excellently in the classroom, and on their last day, I informed them, "Now, you have the privilege of killing people, just like I do." Hopefully, they took that seriously.

This is a no-brainer. I have been advocating for a long time that where health in the United States government should reside is in the Department of Defense. The reason I have always said that is they are the only people who can get it done anywhere, at any time. When there is a hurricane, a tornado, a war, or whatever, they always show up, and they are ready to provide medical care. I do not know who else can do that. They are asking for the ability to train and keep their perishable medical skills current. We need to support this mission. This, to me, is not partisan. This is where we come together and say we get the benefit of free help right now, and we keep our military medical people at the razor's edge for the critical work they are going to do. I really want to encourage passing this bill out of all the bills.

Vice Chair Orentlicher:
Thank you, Dr. Cole. Is there anybody in Las Vegas who would like to testify in support? [There was no one.] Is there anybody calling in to testify in support of Assembly Bill 311? [There was no one.]

Let us move to opposition testimony. Is there anybody here in Carson City or in Las Vegas who wants to testify in opposition? [There was no one.] Do we have any people on the phone who want to testify in opposition to Assembly Bill 311? [There was no one.] We can now move to neutral testimony. Is there anybody in Las Vegas or Carson City who would like to testify in neutral? [There was no one.] Is there anybody in neutral on the phones? [There was no one.] Would you like to make closing remarks?

Assemblywoman Bilbray-Axelrod:
I would like to thank the Committee. When Dr. Kilburn called me last session, I had not talked to him since my husband was released from the hospital, and I said, "Whatever you need." We started working on this two years ago, and I knew it was a good thing. I knew it was the right thing to do. I am so pleased everyone gets to see the amazing work that has been produced through this partnership.

Vice Chair Orentlicher:
Thank you, and thank you, Colonel Kilburn.

Assemblywoman Thomas:
I wish I would have brought this bill forward because Nellis Air Force Base was my home for 16 years. Could I have my name attached to this bill?

Assemblywoman Bilbray-Axelrod:
If this amendment does not hold it up, absolutely, because we are on a deadline. If not over here, we will do it over there.

Assemblyman Gray:
I want to make sure this is on the record. This is actually a quid pro quo with the civilian communities. Our troops get training in civilian hospitals; hospitals get free medical assistance and additional medical assistance, correct? It is a great partnership for both involved.

Assemblywoman Bilbray-Axelrod:
It is a great partnership for both involved.

Colonel Kilburn:
Yes, that is exactly correct.

Assemblyman Gray:
Thank you, Colonel. I may be looking to you to add my name as well. It is something I used to fight for all the time for our troops, and this is a great opportunity for all parties involved.

Vice Chair Orentlicher:
We will close the hearing on this bill and move to our next bill, Assembly Bill 403. I understand Sean O'Donnell in Las Vegas will be presenting. This is a bill regarding halfway houses for persons recovering from alcohol or other substance use disorders.

Assembly Bill 403: Revises provisions governing halfway houses for persons recovering from alcohol or other substance use disorders. (BDR 40-1057)

Sean O'Donnell, Executive Director, Foundation for Recovery:
I am the Executive Director of Foundation for Recovery, a statewide charitable organization operated by people and families recovering from substance use and co-occurring disorders.

Also, with me today for technical questions is Mark Disselkoen from The Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. He is joining by phone. I also have Linda Anderson, a retired representative from the Office of the Attorney General and Paul Shubert from the Division of Public and Behavioral Health (DPBH). Assembly Bill 403 offers what I hope will be a straightforward change in the licensing and certification of recovery homes in the state of Nevada. Recovery homes, formerly known as halfway houses, are safe, substance-free, and healthy residential environments where people recovering from substance use disorder are provided peer support and education and where they can learn skills vital for sustaining recovery in a home-like setting based on social model principles. They have existed in the United States since at least the 1800s. Many recovery homes offer a congregate living environment where residents recovering from substance use disorders live together and share common space. They support one another during their recovery journey and reintegration into the community such as finding and gaining employment, going back to school, attending support groups and meetings with each other, cooking meals together, and sharing common chores and tasks around the house.

While residents of a recovery home may be engaged in clinical treatment services, recovery homes do not provide clinical treatment to residents themselves and should not be confused with residential treatment programs. Existing law requires recovery homes to become both licensed and certified through the Division of Public and Behavioral Health of the Department of Health and Human Services (DHHS). *Nevada Revised Statutes* (NRS) Chapter 449 requires recovery homes to be licensed as facilities for the dependent, and otherwise follow the laws and regulations governing these types of facilities. *Nevada Revised Statutes* Chapter 458 requires recovery homes to be certified by the Division. The duplication of oversight efforts through licensure in NRS Chapter 449 and certification in NRS Chapter 458 poses an unnecessary burden to recovery houses. In 20 years of licensure, the number of halfway houses has been limited to no more than ten facilities statewide and eight are currently licensed. Assembly Bill 403 removes the requirement that recovery homes be licensed by the Division while preserving the requirement that they be certified by the Division.

The National Association of Recovery Residencies, also known as NARR, represents over 20 state affiliates of recovery housing operators and develops and maintains quality standards for recovery residencies. The NARR recommends states adopt a certification process similar to the one we already have in the state of Nevada, but they say nothing about licensure. The certification process under NRS Chapter 458 is nimbler and more flexible to keep up with both federal requirements and evidence-based practices for quality of services. Nevada wants to support every opportunity for sustainable housing options for those in recovery as Nevada abates the harm caused by the opioid epidemic as well as the impact of alcohol and other substance use. This also will meet the needs of vulnerable populations in our state. The existing certification under NRS Chapter 458 provides a level of expertise beyond just the physical premises under licensure as it assures that the service elements of recovery housing are being addressed.

It is not just about stable and sanitary housing but also how the housing operators implement services that support recovery, stable employment, and healthy lifestyle choices, just to name a few. Assembly Bill 403 continues to uphold local zoning laws that allow the community to define and enforce the necessary standards for the residents and individuals in recovery. Certification would continue to require compliance with public safety measures such as fire and sanitation and can address any concerns of neighborhood councils as to their impact. Assembly Bill 403 also updates the terminology of these types of supported housing models and programs from "halfway" house to "recovery" home. The label "halfway" house is outdated and stigmatizing to describe the home of individuals residing in these types of homes who are recovering from alcohol or other substance use disorders.

The model of incentivizing recovery housing operators to become compliant is much more aligned with best practices under a certification process compared to that of a licensure process. Certification of recovery housing services under NRS Chapter 458 would use financial incentives for ongoing compliance with safety and quality measures such as access to grant monies for these services. Licensure, however, provides sanctions after deficient practices have been discovered. Overall, A.B. 403 allows us to step in the right direction toward national best practices and alleviates undue burdens on existing recovery homes in our state. It continues to ensure the necessary checkpoints and oversight exist for recovery homes so they can provide safe, clean, and supportive living environments for my community of people recovering from substance use disorders. The certification process will continue to help consumers be able to identify homes that meet the quality requirements of certification.

We would like to also offer a very small amendment to section 10 as it relates to the effective date [Exhibit C]. Existing halfway houses will no longer require licensure under NRS Chapter 449 once they are certified under NRS Chapter 458 with this bill [Exhibit C]. We propose extending the effective date by six months to allow for a transition period to enhance compliance, updating the effective date from July 1, 2023, to January 1, 2024. Thank you for your time and consideration.

Vice Chair Orentlicher:
Thank you, Mr. O'Donnell. We will start with a question from Assemblywoman Taylor.

Assemblywoman Taylor:
Thank you so much for the presentation and for the information. I have a question concerning the category of a recovery home and separating that from halfway houses. I understand it as it is laid out in the bill. Is this the best practice you found? You talk about best practices; are other states handling it in this manner? What are you finding are the best practices?

Sean O'Donnell:
Most other states have a certification process. Many other states have a NARR affiliate of various recovery home operators that come together to ensure compliance with a certification process. I want to offer one clarifying point as well. This bill does not aim to differentiate

recovery homes from halfway homes—they are the same thing. We are updating the name from halfway house to recovery home in the state of Nevada. We are also looking at removing the licensure requirement but continuing to uphold the certification requirement similar to what they recommend as best practices.

Assemblywoman Taylor:
So, under this bill, halfway houses would no longer exist from a naming standpoint, but will be called recovery homes: Same functionality, but no licensure except for the certification as you described. Did I get that right?

Sean O'Donnell:
Yes.

Assemblywoman Taylor:
Thank you so much, and thank you for the clarification.

Vice Chair Orentlicher:
I would like to ask a question. Moving from licensure to certification, you mentioned that there are still standards to observe and that this eliminates some unhelpful bureaucracy and barriers to creating these facilities. Are we losing anything in terms of oversight that is important, or was the oversight designed more for a facility that provides treatment, and not for what these facilities are designed for?

Sean O'Donnell:
Thank you for that question, Vice Chair. With me today is Paul Shubert from DPBH. Mr. Shubert, would you like to answer that question?

Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Department of Health and Human Services:
Good afternoon, Vice Chair and Committee. I am Paul Shubert, Chief of the Bureau of Health Care Quality and Compliance (BHCQC), the agency that currently licenses and oversees halfway houses with regard to the licensure requirements. Thank you for the question, Vice Chair. The current regulations are minimal regulations that ensure safety within the facility. There have been no complaints for several years in these facilities, and with regard to the complaints we do receive, they are complaints about unlicensed halfway houses. This would eliminate some of the issues with regard to having to investigate complaints regarding unlicensed facilities, yet still maintain the requirements for certification of those facilities in order to receive reimbursement. The requirements for these facilities are not necessarily at the same level as a treatment facility or treatment program, but they are minimal requirements for safety. Those would necessarily transfer, too, and they already are a bit redundant for the local municipalities, because they would be looking at them for safety as well.

Vice Chair Orentlicher:
Thank you, Mr. Shubert. Are there other questions from Committee members?

Assemblywoman Thomas:
Thank you for the presentation. With the last question, you noted that there are other regulations required for recovery houses. I would like to know what they are.

Sean O'Donnell:
Thank you for that question, Assemblywoman Thomas. I have Mark Disselkoen from CASAT [Center for the Application of Substance Abuse Technologies] who I believe has joined via phone.

Mark Disselkoen, Project Manager, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno:
Thank you for your question, Assemblywoman Thomas. The other regulations are related to *Nevada Administrative Code* (NAC) Chapter 458. Within NAC Chapter 458 are a lot of the same requirements as in NAC Chapter 449. A lot of that has to do with organizational oversight as well as administrative oversight. Personnel practices are similar. So those types of things are in place, things like liability insurance being current—typical liability insurance for a recovery home, as we are calling them, or hoping to call them. We also require that a facility meet all state, local, and federal requirements.

Related to somebody applying for being a recovery home under NAC Chapter 458, they would have to meet local codes and requirements and of course, that varies from community to community. We have been certifying on behalf of SAPTA [Substance Abuse Prevention and Treatment Agency, Division of Public and Behavioral Health, Department of Health and Human Services] since 2006 many transitional living facilities, which is a nuance and different than a recovery home—a transitional living facility. Individuals in those types of programs are required to be in treatment of some sort. We have been overseeing those transitional houses for many years using the local codes, and I cannot even think of any actual complaints related to the health and safety of those transitional housing services. That is a comparison to show you that the same kind of oversight would be done related to these recovery homes.

Vice Chair Orentlicher:
Thank you. Are there any more questions? And SAPTA is the Substance Abuse Prevention and Treatment Agency?

Mark Disselkoen:
Correct.

Vice Chair Orentlicher:
Thank you. Let us now move to testimony. Is there anybody here in Carson City who would like to testify in support of this bill?

Barry Cole, Private Citizen, Reno, Nevada:
I am the former medical director for the Veterans Administration's Addiction Disorders Treatment Program, and then I held a variety of jobs around the state, both with the Northern

and Southern Nevada Adult Mental Health Services. We do not have enough halfway houses in Nevada. No surprise: we do not have enough of anything related to mental health in Nevada. Once these individuals get sober, the key to staying sober is getting new friends. That is how they got into trouble to begin with. Change their friendships and relationships, change where they work—less noise, fewer blinking lights—do not work in a casino. There is a chance they stay sober. I respect these facilities because they also have the unintended benefit of recapitulating what we knew from Alcoholics Anonymous back in the thirties; whenever two alcoholics got together, they could have a meeting if there was a big book to pass around. It only takes two to have meeting, so meetings are instantly available.

I want to point out that a license is something you buy from somebody—the state, the local jurisdiction. Certification is a national level standard of excellence that you voluntarily rise to. If someone lives in one of these facilities that is certified, I guarantee there will have been a standard to make sure the physical space is habitable; it is safe; it is fire resistant. I used to do facility accreditation, and that is exactly what I looked for: where are the fire alarms and where are the fire extinguishers. I think we can get the best of this and get more of these beds open by passing A.B. 483.

Vice Chair Orentlicher:
Thank you. Would anybody else like to testify in support here in Carson City? [There was no one.] Are there people to testify in support of A.B. 403 in Las Vegas?

Linda Anderson, Private Citizen, Las Vegas, Nevada:
I have the great honor of being a retired deputy attorney general who got to represent both certification and licensing for over 20 years. This is the bill that needed to happen because not only are we updating stigmatizing language, but we are maximizing state services, so instead of having a duplication—even though the good folks at BHCQC and the good folks at SAPTA always worked very closely together—we can maximize federal dollars to provide more support to providers which, ultimately, will provide stable housing. I strongly support this bill.

Vice Chair Orentlicher:
Thank you, Ms. Anderson. Is there anybody else in Las Vegas to testify in support of Assembly Bill 403? [There was no one.] Do we have anybody to testify in support on the phones? [There was no one.] Is there anybody in Carson City or Las Vegas to testify in opposition to Assembly Bill 403? [There was no one.] Is there anybody in opposition on the phone to Assembly Bill 403? [There was no one.] Let us turn to neutral testimony. Is there anybody here in Carson City or in Las Vegas or on the phone to testify in neutral on Assembly Bill 403? [There was no one.] Mr. O'Donnell, would you like to make any closing remarks?

Sean O'Donnell:
Yes. I would again like to thank the Committee and yourself, Vice Chair, for listening to this bill. As we heard from previous testimony, there are not enough recovery homes in our state,

and we are hoping this will remove barriers so we can have more recovery homes. Thank you for your time on this.

Vice Chair Orentlicher:
Thank you very much. I will now close the hearing on Assembly Bill 403, which takes us to our final agenda item, public comment. We ask that public comments be kept to two minutes and let us start here in Carson City. Would anybody like to make public comment? [There was no one.] Is there anybody in Las Vegas for public comment? [There was no one.] Do we have anybody on the phone for public comment today? [There was no one.]

This concludes our meeting for today. Thank you for your participation, and we will see you on Wednesday. Meeting adjourned [at 2:23 p.m.].

RESPECTFULLY SUBMITTED:

_____
Terry Horgan
Committee Secretary

APPROVED BY:

_____
Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a proposed amendment to Assembly Bill 403, submitted by Lea Tauchen, representing Foundation for Recovery; presented by Sean O'Donnell, Executive Director, Foundation for Recovery.