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

Eighty-Second Session
April 5, 2023

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 12:37 p.m. on Wednesday, April 5, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Eric Robbins, Committee Counsel
David Nauss, Committee Counsel
Shuruk Ismail, Committee Manager

Terry Horgan, Committee Secretary
Ashley Torres, Committee Assistant
Natalie Dean, Committee Assistant

OTHERS PRESENT:

Mario DelaRosa, Executive Director, Latino Arte and Culture
Manal Toppozada, Founder, Executive Director, Note-Able Music Therapy Services, Reno, Nevada
Mary Bryant, Private Citizen, Reno, Nevada
Kailin Bryant, Private Citizen, Reno, Nevada
Leila Uhlmeyer, Private Citizen, Carson City, Nevada
Mark Geesen, Private Citizen, Reno, Nevada
Mariann Humphrey, Private Citizen
Karen Stephens, Private Citizen, Las Vegas, Nevada
Kasia Caldwell, Private Citizen, Las Vegas, Nevada
Yesenia Gonzales, Assistant, Azulblue United by Autism
Katrin Ivanoff, Private Citizen, Las Vegas, Nevada
Joan Cameron, Private Citizen
Marla McDade Williams, Deputy Director, Programs, Department of Health and Human Services
Lea Case, representing Nevada Primary Care Association; and Children's Advocacy Alliance
Shelbie Swartz, representing Battle Born Progress
Monica Cortez, Chief, Health and Student Services Division, Clark County School District
Andre Robinson, Private Citizen, Las Vegas, Nevada
Katrin Sienkiewicz, Private Citizen, Gardnerville, Nevada
Janine Hansen, State President, Nevada Families for Freedom
Casey Rogers, Private Citizen, Minden, Nevada
Nancy Jones, Private Citizen, Douglas County, Nevada
Lynn Chapman, Treasurer, Independent American Party of Nevada
Jami Hepworth, Private Citizen, Gardnerville, Nevada
C. T. Wang, Private Citizen, Las Vegas, Nevada
Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada
Martcelina Phillips, Private Citizen, Las Vegas, Nevada
Connor Cain, representing Touro University Nevada
Jonathan Norman, Nevada Coalition of Legal Service Providers
Dan Musgrove, representing Magellan Health
Steven Cohen, Private Citizen, Las Vegas, Nevada
Shelly Speck, Private Citizen
Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disability

Chair Peters:
[Roll was taken. Committee rules and protocol were reviewed.] With that, we will move on to our agenda. We are going to start today with the work session. The work session is available on NELIS [Nevada Electronic Legislative Information System], and we will start with Assembly Bill 116. Mr. Ashton will go through each bill, and then we will have a vote on each bill.

Assembly Bill 116: Requires the provision of information and referrals concerning Down syndrome under certain circumstances. (BDR 40-569)

Patrick Ashton, Committee Policy Analyst:
This is my usual reminder: As a nonpartisan member of the Legislative Counsel Bureau, I can neither support nor advocate on any measures before you today. We will start the work session with Assembly Bill 116, which was heard on March 22 [Exhibit C]. This bill requires various health care providers to provide certain evidence-based information concerning Down syndrome and community-based support services for persons with Down syndrome to a person who is pregnant and has received test results indicating the fetus has Down syndrome or to the parent or guardian of a child with Down syndrome. This bill also requires such providers to refer them to appropriate community-based support services, as necessary, and authorizes the State Board of Health to adopt any regulations necessary to carry out the provisions of this bill.

Assemblywoman Brown-May proposes the following amendments:

1. Revise in section 1 that, upon delivery of a positive prenatal test result for Down syndrome to a person who is pregnant, a health care provider shall ask if the person wants to have certain evidence-based information concerning Down syndrome and community-based support services. Only if the person requests such information, the provider shall provide it to the person;
2. Retain the provisions in section 1 that, upon receipt of a positive test result from a postnatal test for Down syndrome performed on a child, a health care provider shall provide the parent or guardian of the child with certain evidence-based information concerning Down syndrome and community-based support services;
3. Require the Department of Health and Human Services to post on an Internet website a list of community providers offering support services;
4. Add certain cosponsors to the bill.

Chair Peters:
Are there any questions from the Committee? [There were none.] Seeing none, I would entertain a motion to amend and do pass.

> ASSEMBLYWOMAN TAYLOR MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 116.
>
> ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

The floor statement will go to Assemblywoman Brown-May. Assembly Bill 119 is next.

Assembly Bill 119: Creates the Vulnerable Adult Fatality Review Committee. (BDR 38-311)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 119 was heard on March 3 [Exhibit D]. It creates the Vulnerable Adult Fatality Review Committee within the Department of Health and Human Services (DHHS) and prescribes the committee's membership duties and operational rules. Upon referral by certain entities, the committee shall review each death in Nevada that is known or suspected to have been caused by or related to adult maltreatment. It may also review any other death it reasonably believes may have been caused by or is related to adult maltreatment.

To perform its duties, Assembly Bill 119 authorizes the committee to: (1) consult with experts and other interested persons and enter into contracts; (2) access certain records it determines necessary; and (3) petition a district court for a subpoena to compel the production of such records. The bill also provides that acquired information and records of the committee are confidential, not public records, and are not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding. Committee members, employees, agents, and consultants are immune from civil liability for acts performed in good faith and within the committee's scope of duties.

Assemblyman Orentlicher proposes the following amendments:

1. Revise subsection 2(a) of section 8 to add to the membership of the committee a licensed social worker actively practicing in a field with vulnerable adults as the client population;
2. Revise subsection 1(e)(2) of section 10, so that the committee's report concerning incidents of adult maltreatment, plans for corrective action to reduce adult maltreatment, and recommendations for policy changes to address adult maltreatment are submitted to certain entities as outlined in items a through c on the work session document [Exhibit D];
3. Require a representative of the committee of the Aging and Disability Services Division of DHHS to present each committee's report submitted to the Legislative Committee on Seniors, Veterans and Adults With Special Needs at one of its meetings;
4. Require the Attorney General to develop a plan to address the findings, corrective actions, and policy recommendations contained in the committee's report and hold a public hearing concerning the plan; and post the plan on the Internet and hold a public hearing no later than 90 days after the Attorney General receives the report;

5. Clarify in section 12 that the provision of records or information to the committee does not make those records confidential for the purposes of the governmental entity that provided the information of those records.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions from the Committee? [There were none.] Seeing none, I would entertain a motion to amend and do pass.

> ASSEMBLYMAN ORENTLICHER MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 119.
>
> ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

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

> THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO.)

The floor statement will go to Assemblyman Orentlicher. Assembly Bill 137, please, Mr. Ashton.

Assembly Bill 137: Revises provisions relating to fetal alcohol spectrum disorders. (BDR 40-327)

Patrick Ashton, Committee Policy Analyst:
For the record, Assembly Bill 137 was heard on March 6 [Exhibit E]. It replaces the term "fetal alcohol syndrome" with the definition of "fetal alcohol spectrum disorder" in various chapters of the *Nevada Revised Statutes*.

Assemblywoman Gorelow proposes to amend this bill by requiring the Director of the Department of Health and Human Services to seek all federal authority necessary to cover a set of benefits in Medicaid that are designed to allow individuals with fetal alcohol spectrum disorder to remain living in their homes or in community-based settings.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions from the Committee? [There were none.] Seeing none, I will entertain a motion to amend and do pass.

> ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 137.
>
> ASSEMBLYWOMAN THOMAS SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY.

I will assign that bill to Assemblywoman Gorelow. Mr. Ashton, Assembly Bill 154, please.

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

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 154 was heard on March 15 [Exhibit F]. For the sake of time, I will go straight to the amendments [page 2, Exhibit F]. Assemblywoman Peters proposed the attached conceptual amendments during the bill hearing. In summary, the amendments would:

1. Remove sections 1 through 4;
2. Require the Division of Public and Behavioral Health, Department of Health and Human Services, to maintain and publish on its Internet website a list of accredited entities that accept living donations of birth tissue under certain conditions;
3. Require hospitals and obstetricians to provide a patient who is pregnant with a link to the Internet website containing this list or a printed version of this list.

Assemblywoman Peters added the following conceptual amendment after the bill hearing:

4. Clarify the living donation of birth tissue shall be derived from a live birth.

Committee members, to clarify, item 3 of the conceptual amendment has been modified since the bill hearing to narrow down the providers to hospitals and obstetricians, which differs from the amendment language presented during the bill hearing. I apologize that I did not make this clear on the bill page.

Chair Peters:
No apology is necessary. We appreciate your work. Are there any questions from the Committee?

Assemblywoman Taylor:
I would like a little clarity on the amendment. Item No. 1 removes sections 1 through 4. Does that remove the changes in that section but not the entire section?

Eric Robbins, Committee Counsel:
Sections 1 through 4 are all new language. All those sections are changes, so this amendment would remove all of those sections.

Assemblywoman Taylor:
Okay, I appreciate that. I just wanted clarity on that.

Chair Peters:
Thank you, Mr. Robbins. Are there any other questions on the work session document? [There were none.] I would entertain a motion to amend and do pass.

> ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 154.
>
> ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY.

I will take that floor statement. We will move on to Assembly Bill 169.

Assembly Bill 169: Revises provisions governing the labeling of feminine hygiene products. (BDR 51-617)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 169 was heard on March 6 [Exhibit G]. It requires each package or box containing a feminine hygiene product that is manufactured on or after January 1, 2025, for sale or distribution in Nevada to bear a label containing a plain and conspicuous list of all ingredients in the product. A violation of this provision is a gross misdemeanor. The Commissioner of Food and Drugs—as the relevant authoritative body—shall prescribe regulations for reasonable variations and exemptions to a small package.

Assemblywoman Gorelow proposes the following amendments. See the attached amendments to the work session document [pages 2 and 3, Exhibit G]:

1. Add certain definitions to the bill;
    a. States that within the definition for ingredients, a manufacturer is exempted from the requirement to disclose certain substances that are confidential business information;
    b. Within the definition for confidential business information, it provides that ingredients cannot be deemed confidential business information if they have been included on certain lists, indicating that the ingredient is potentially hazardous.
2. Add a requirement that ingredients shall be listed in a certain order on the label, with certain exceptions. Further, require ingredients to be identified using a certain standardized nomenclature;
3. Add a provision requiring a manufacturer—upon making a required revision to information disclosed online—to make these revisions no later than six months after the change or addition of the ingredient, or after the adoption of a revised designated list, unless a later effective date for changes to a designated list is imposed by the relevant authoritative body;
4. Add a provision requiring a manufacturer—upon making a required change to the label on a feminine hygiene product—to make the change within 18 months of the

change or addition of the ingredient, or after the adoption of the revised designated list by its authoritative body, unless a later effective date is imposed by the relevant authoritative body; and

5. Add as cosponsors Chair Peters and Assemblywomen Anderson, Brown-May, and González, and Senators Cannizzaro, Dondero Loop, and Krasner.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions on the work session document?

Assemblyman Hibbetts:
Was there anything in the amendment that decriminalized this portion of the statute?

Eric Robbins, Committee Counsel:
No.

Chair Peters:
Are there any other questions? [There were none.] Seeing none, I would entertain a motion to amend and do pass.

> ASSEMBLYWOMAN THOMAS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 169.
>
> ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblywoman Gorelow:
I wanted to bring to everyone's attention that I have had several conversations with the Center for Baby and Adult Hygiene Products. They are okay with the amendment. In fact, this amendment is what they had requested. They asked us to mirror our language similar to California's so there would be a uniform definition and requirements, and that is what this amendment does. As far as the decriminalization, we did not change that to start with. That was already in statute.

Chair Peters:
Thank you. Is there any other discussion? [There was none.].

> THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, AND HIBBETTS VOTED NO.)

I will give this floor assignment to Assemblywoman Gorelow, and we will move on to Assembly Bill 208.

Assembly Bill 208: Establishes a program to provide structured family caregiving to certain recipients of Medicaid. (BDR 38-297)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 208 was heard on March 13 [Exhibit H]. It requires the Department of Health and Human Services (DHHS) to amend the home and community-based services (HCBS) waivers to include structured family caregiving for Medicaid recipients with dementia. The amendment shall authorize such a Medicaid recipient to choose his or her caregiver and the residence where the recipients will receive the caregiving. The caregiver must receive certain training, be employed with a personal care services agency or an intermediary service organization and receive a daily stipend through that employer.

Chuck Duarte, Nevada Public Policy and Advocacy Director from the Alzheimer's Association of Northern California and Northern Nevada, proposes the following conceptual amendments:

1. Remove all references to amend existing home and community-based services waivers throughout section 1 and instead authorize the Department to apply for a new waiver.
2. Revise the term "recipient of Medicaid" with "recipient of or applicant for Medicaid" in subsection 2(a) of section 1 and make conforming changes as necessary to other sections.
3. Replace the effective date of January 1, 2024, with an effective date of January 1, 2025.

Committee members, you will also see statements of intent under each amendment.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions on the work session document? [There were none.] Seeing none, I will entertain a motion to amend and do pass.

> ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 208.
>
> ASSEMBLYWOMAN NEWBY SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman Hafen:
Knowing this is going to the Ways and Means Committee, I am going to vote this out of Committee hoping we can fix the fiscal note. I think there was an error in it, and I am hoping we can get it down to close to nothing. I will be a yes today but reserve my right on the floor.

Chair Peters:
Thank you, Mr. Hafen. Is there any other discussion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign that floor statement to Assemblywoman Considine. We can move on to Assembly Bill 263.

Assembly Bill 263: Enacts provisions relating to the transmission of Legionnaires' disease by building water systems in certain health care facilities. (BDR 40-125)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 263 was heard on March 24 [Exhibit I]. It requires an owner or operator of a covered health care facility to minimize the risk of Legionnaire's disease transmission by adopting and implementing a water management plan for the facility's water system which must be reviewed every year. A covered health care facility or person who violates this provision is considered a public nuisance and may be abated by the health authority, or is guilty of a misdemeanor, respectively. Further, the bill requires a health care provider, medical facility, or laboratory director to immediately notify the health authorities if such a disease is suspected or diagnosed in connection with a covered health care facility.

Assemblyman Watts proposed the following amendments during the bill hearing, and Committee members will see them on the attached mock-up and supplemental amendment attached to the work session document:

1. Revise in section 3 the definition of "ASSE Series 12,000" to mean the most recent edition of it, and also to require the Division of Public and Behavioral Health (DPBH) in the Department of Health and Human Services to review each new version of the standard. Unless DPBH issues a formal determination that the new version is not appropriate for this state within 90 days, the new version takes effect;
2. Revise in section 4 the definition of "building water system";
3. Clarify in section 5 that only health care facilities that receive federal or state funding should be included in the definition of a "covered health care facility";
4. Revise in subsection 3 of section 5 to exclude any renal care facilities from the definition;
5. Revise in section 5 that a "covered health care facility" includes residential facilities for groups (RFGs), thereby including any RFG for persons with intellectual disabilities, physical disabilities, and who are aged or infirm; and
6. Revise in section 8 that Standard 188 means the most recent version of it, and the same provision applies here regarding DPBH.

In section 9

7. Revise in subsection 2 that a water management program must be designed and administered in accordance with the most recent version of Standard 188;

8. Clarify in subsection 2(c) that testing is not included in the work or services requirement to administer the water management program;
9. Clarify in subsection 2(d) that procedures established shall validate instead of confirm certain matters related to the water management plan; and
10. Revise in subsection 3 of section 9 that a water management program must set forth certain requirements to monitor instead of sample building water systems and remove all the locations in subsection 3 that would have been sampled.

There are other amendments numbered from 11 to 15; and for the sake of time, you can find them in the work session document [page 2, Exhibit I].

Chair Peters:
Thank you, Mr. Ashton. Are there any questions on the work session document? [There were none.] Seeing none, I will entertain a motion to amend and do pass.

> ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 263.
>
> ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO.)

I will give that floor statement to Assemblyman Watts. Assembly Bill 265 is next.

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

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 265 was heard on March 15 [Exhibit J]. It creates a statewide mental health consortium to represent existing regional mental health consortia. The bill prescribes the membership and duties of the statewide mental health consortium and allows the statewide mental health consortium and each regional mental health consortium to request the drafting of one legislative measure within the scope of the statewide or regional consortium, as applicable.

Assemblywoman Gorelow proposes to revise this bill to mirror the language of the conceptual amendments to Assembly Bill 201 concerning the statewide mental health consortium as voted on and approved by the Assembly Committee on Health and Human Services during its work session on March 31, 2023.

Chair Peters:
Thank you, Mr. Ashton. Are there questions from the Committee? [There were none.] Seeing none, I will entertain a motion to amend and do pass.

ASSEMBLYWOMAN GORELOW MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 265.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Gorelow. Our last work session item is Assembly Bill 311.

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

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 311 was heard two days ago, and it authorizes a hospital to enter into an agreement with the Armed Forces of the United States to authorize an unlicensed person who provides care under the authority granted by the federal government to provide such care in the hospital, among other provisions [Exhibit K].

Concerning amendments, Assemblywoman Bilbray-Axelrod proposes to add as cosponsors Assembly members Gray, Taylor, and Thomas.

Chair Peters:
Thank you. Are there any questions from the Committee? [There were none.] Seeing none, I would entertain a motion to amend and do pass.

ASSEMBLYWOMAN THOMAS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 311.

ASSEMBLYMAN GRAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

I am going to assign that to Assemblywoman Bilbray-Axelrod. We are going to close the work session agenda item. The next items on the agenda are bill hearings. We have three bill hearings today, two of which I will present and one which will be presented by Assemblywoman Gorelow. We are going to take these out of order and start with Assembly Bill 338.

[A brief recess was taken so Assemblyman Orentlicher could assume the Chair.]

Vice Chair Orentlicher:
I will now open the hearing on Assembly Bill 338, which revises provisions governing health care, specifically art therapy services for Medicaid coverage.

Assembly Bill 338: Revises provisions governing health care. (BDR 38-591)

Assemblywoman Sarah Peters, Assembly District No. 24:
I am happy today to present to you Assembly Bill 338, which requires the State Plan for Medicaid to cover creative art therapy services. I will also be covering two conceptual amendments for this bill which are uploaded on NELIS [Exhibit L and Exhibit M]. Additionally, I have Mario DelaRosa, who brought this concept to me in the interim, to help provide some context as well as one of the conceptual amendments.

For some background information, creative art therapy is a form of therapy that uses art forms such as dance, drawing, music, theater, et cetera, to help treat emotional, mental, and physical health issues. This form of therapy does not require an individual to have any artistic ability. One of the many benefits of this therapy is that it allows a person to express their thoughts, emotions, and feelings through art instead of words. Creative art therapy may help treat Alzheimer's disease, trauma, and stress, among other things. I would like to give a few examples of what creative art therapy looks like, and we will start with music therapy. Music therapy sessions may include songwriting, discussing lyrics and musical improvisation to help improve mental health conditions, disabilities, brain injuries, and chronic pain. Dance therapy is well documented as helping individuals improve their self-esteem and body image, build relationships, and expand their movement levels. Lastly, art therapy, through the form of painting, drawing, and sculpting, helps people explore their feelings, reduce anxiety, resolve emotional conflicts, and express their emotions.

We all recognize the dire situation when a person is suffering from a mental health disorder. This bill is another tool in our toolbox in addressing mental health disorders by opening the door to a form of treatment that has been proven to help with a variety of conditions. By allowing for Medicaid coverage of creative art therapy, we introduce a new opportunity for Nevadans to receive the help they badly need. I will give a brief bill summary including the conceptual amendments.

The bill requires the Director of the Department of Health and Human Services to include the service of art therapy in the State Plan for Medicaid. Further, Nevada Medicaid must prescribe the required training and qualifications for providers to be able to enroll so they can be reimbursed through Medicaid for the art therapy. A provider of art therapy must apply to Nevada Medicaid to be eligible for reimbursement. There are two conceptual amendments. You should have one in front of you from Note-Ables and the Fior Partners group [Exhibit L]. We are still working through these, and we have an additional conceptual amendment that Mario DelaRosa will go over briefly [Exhibit M]. The first submitted is intended to expand access to mental health services by allowing additional types of therapists to be reimbursed through Medicaid. A creative arts therapist is already a recognized employment category at the federal level. Instead of using art therapy, this amendment uses creative art therapy as it is more inclusive of multiple types of art therapy, including art, drama, dance, or music. One of the areas we are continuing to work on is whether this should require an accredited degree, or if other certifications are reasonable to provide that therapy. Finally, the amendment changes the definition of enrolled "art therapist" to enrolled "creative arts therapist." The second amendment originated from Mario DelaRosa, and I would ask Mr. DelaRosa to go over some of what he does and the background of this bill as well as the conceptual amendment.

Vice Chair Orentlicher:
Yes, please go ahead.

Mario DelaRosa, Executive Director, Latino Arte and Culture:
What I am presenting today is an idea to expand the benefits of the arts in the state of Nevada through the Nevada Arts Council. In Nevada, the Nevada Arts Council has access to federal grants from the National Endowment for the Arts and other sources. These funds can be disbursed among qualifying nonprofit arts organizations that serve unrepresented and underserved communities. The Nevada Arts Council, established by *Nevada Revised Statutes* (NRS) Chapter 233C, Organizations for the Promotion of Culture, has language that recognizes art has a vital aspect in our culture and recognizes the educational and economic impact in our society and how it promotes the general welfare in our society. It does not speak about its positive impact on how the arts can be used on mental health issues. *Nevada Revised Statutes* Chapter 233C can be amended to comply with this new definition, so it will not be necessary to reinvent the wheel. In my document, I present that NRS Chapter 223C is online and describes what the Nevada Arts Council does [Exhibit M].

Vice Chair Orentlicher:
Would you like to add anything else before we move to questions?

Assemblywoman Peters:
No, thank you. We are open for questions.

Vice Chair Orentlicher:
Are there any questions?

Assemblywoman Taylor:
On the first amendment, in No. 3, you list the requirements for someone we want reimbursed for delivering creative arts therapy services. Is that consistent with what we already have in place for art therapy services to get reimbursed? A person who wishes to receive reimbursement through the Medicaid Program for Creative Arts Therapy for services they provided to a recipient of Medicaid must submit these things to the division. Is that consistent with what is already in place for someone who wants to be reimbursed? They can deliver art therapy right now. That has already been approved; so, is it the same requirement for creative arts therapy?

Assemblywoman Peters:
My understanding is that we do not currently cover arts therapy through Medicaid. This would expand Medicaid reimbursement to art therapy. Creative art therapy is a definition

that is more consistent with federal definitions. My understanding, and the reason we brought the bill and are adding this section in, is to enable Medicaid to be able to reimburse for those services.

Assemblywoman Taylor:
So, it is already part of what the Feds allow, but we have not been able to do it here in our state for Medicaid.

Assemblywoman Peters:
I am going to ask a friend.

Manal Toppozada, Founder, Executive Director, Note-Able Music Therapy Services:
I am a licensed and board-certified music therapist, and to answer your question, this umbrella term of creative arts therapies is a federally recognized employment term. It includes drama, dance, art, and music therapy. Each of those disciplines has very strict educational and certification guidelines. There are 18 states that cover music therapy specifically under Medicaid or Medicaid waivers. There are strict definitions about who a music therapist is and who an art therapist is. It is not just somebody who is providing art services. There are 18 other states that are models for how this has been done, and we are hoping Nevada can join them.

Assemblywoman Peters:
The federal designation is under Medicare, which the State does not touch, so we are moving that into the Medicaid definitions so we can follow Centers for Medicare and Medicaid Services (CMS) guidance on how to reimburse for those services. Previously, we undertook music art therapy certification in the state of Nevada.

Manal Toppozada:
We were fortunate. Nevada was the second state in the country to provide state licensure for music therapy. In 2011, we worked with Senator Mo Denis to get state licensure through Senate Bill 190 of the 76th Session, so we have licensure for music therapy in addition to National Board certification. The other creative arts therapies, including art therapy, do not, to my knowledge, have state licensure yet.

Assemblywoman Peters:
Yes, not in the state, and this bill does not prescribe that we would develop those licensing structures, but it would allow Medicaid to develop the prescribed form, required training, and qualifications to enable a provider to apply to be covered as a provider of those services under Medicaid.

Assemblyman Koenig:
Is this covered by any private pay insurance? Is there coverage under any other insurance companies that you are aware of?

Manal Toppozada:
In other states, yes. Some of the larger insurance companies like Aetna and Blue Cross Blue Shield are covering music therapy services. In Nevada; not yet. Once Medicaid is able to cover these services, we are hoping insurance companies will follow.

Assemblywoman Peters:
For some background, there is a desire to increase cultural accessibility in therapy and behavioral health care in general. The arts are a great place to integrate culture into what can help people during some of the darkest times of their lives. Allowing the state to cover those costs and help offset those costs to those providers can open up the spectrum of accessing something that to some feels inaccessible—not just through the financial piece, but also through cultural barriers that exist.

Assemblyman Nguyen:
I know this bill is not going toward the licensing or certification of providers, but in terms of communities that need to access this from a language access capacity, I know Spanish may be covered already, but people speaking other languages may need the services. They may not have the ability to get a provider who speaks, understands, or would be able to provide those services in other languages, especially for the folks in my district that has so many API [Asian Pacific Islander] communities that could benefit from this. If the providers are not certified yet and they need to provide services in those languages, are they able to work with community members to provide the service?

Assemblywoman Peters:
The amendment Mr. DelaRosa has presented gets to the more community-based situation. When you have an entity that wants to provide those cultural services, including art therapy services, oftentimes that is quite the fiscal lift. Enhancing the state's financial grant opportunities to those entities by asking that they pursue grants that support those entities, but also by opening other existing grants to these specific entities, we can provide funding that enables those culturally important partners who may not meet those accredited options to participate and bring these kinds of services into communities that currently are underserved. That explains the second part of the amendment—to try and get to those who may not be accredited. I would ask if there were any requirement in the accreditation at the federal level for language access or any enhancement that comes with that? Do you happen to know?

Manal Toppozada:
There is no federal requirement for language, but I want to add that the idea of partnering with community agencies is incredibly important. I am a first-generation American also, and I know there are a lot of cultural barriers around accessing mental health services. One of the things we find is there is a lot less stigma around accessing art or music than there is around accessing traditional therapy. It is a way to reach those communities that traditionally are more hesitant to access traditional mental health services.

Assemblyman Nguyen:
In terms of best practices from other states, you mentioned 18 states. Did any of those states have best practices that are not being shared today—particularly best practices for the language access communities? If you could share them with this Committee, I think that would be awesome for us to learn.

Manal Toppozada:
I would be happy to provide them.

Assemblywoman Thomas:
I live in a household that appreciates music—a daughter who is a classically trained singer, and my grandkids are musical. What would the therapeutic part of it include? Would it include the arts as far as painting? Is it singing? "Creative art" can mean a lot of things. If you could give me a hint of what this program would be, I would appreciate it.

Assemblywoman Peters:
As Ms. Toppozada said, there are accepted art therapies, or federally recognized therapies in art, which is the traditional painting, drawing, et cetera; drama, which would be theater, improvisation, et cetera, and dance. It probably started with ballet, but I have seen it in modern dance, hip hop, et cetera, and music therapy, which the state of Nevada chose to recognize in previous sessions. Those are the four recognized, but they are broad in application, because music therapy includes singing and music drafting and the writing process as well as the playing of musical instruments.

Vice Chair Orentlicher:
Thank you for the presentation and questions. I think we can now move to testimony. We will take support, opposition, and neutral testimony, and will start with support testimony here in Carson City.

Mary Bryant, Private Citizen, Reno, Nevada:
I am here to speak in favor of Assembly Bill 338 with the amendment to include all creative arts. I want to note that I have permission from my daughter Kailin to speak about her situation. Kailin is 28 years old and has Down syndrome. She is very independent, lives in her own apartment, and works at Five Below in the Summit Mall. In May of 2020, she was violently raped in her home. Fortunately, she knew to call me for help. We called the police, and I am happy to report that her assailant is serving a life term in prison. She even submitted to a forensic exam because she did not want him to be able to hurt anyone else.

I bring this up because rape was a life-changing experience for Kailin and for the whole family. She is very brave and resilient, but she needed some help coping with the trauma. With the help of the Victim Assistance Fund, she was able to see a therapist, but talk therapy was not that helpful to her. She even said to me at one point, "Why do I have to keep going? I already told her what happened." So, we turned to art and music therapy. Since this was the height of COVID-19, she began art therapy via Zoom. She also started the online

Note-Ables music therapy class where she did songwriting and could express herself that way. She also took online guitar lessons, which helped her express herself. I credit these therapies with much of her recovery.

Now, with COVID-19 restrictions lifted, she takes in-person dance and guitar lessons with the Note-Ables. She will even be in a citywide concert with other Note-Able dancers in May. I credit her art, and especially her music therapy, with much of her recovery. She continues to express herself through dance and music. We were fortunate to have access to the Victim Assistance Fund, and we also can afford the therapies now that has run out, but I am concerned because many families would not be able to afford it. That is why I would encourage you to pass this with the federally defined creative arts definition. Thank you.

Kailin Bryant, Private Citizen, Reno, Nevada:
Hi, my name is Kailin, and I am 28 years old. I love taking dance class and I am taking guitar lessons and doing good. I am the employee of the month at Five Below, where I work. I am going to be one of four dancers at the Note-Able Music Therapy Services performance on May 11.

Vice Chair Orentlicher:
Thank you for your testimony. I am so sorry about what happened, but I am glad this therapy has worked, so, thanks for sharing that with us.

Leila Uhlmeyer, Private Citizen, Carson City, Nevada:
I want to go over a couple of things, at least from my experience. I really learned a lot of things that have helped me through my depression especially and my PTSD [post-traumatic stress syndrome]. My mental health was on the down-low for a while. Then I came to Note-Ables, and I was like, well, how is this going to work? When I really got into it, it was helpful because my music therapist helped me get my songs out and get my emotions out with song. Playing a song or playing my ukulele helped me a lot and to realize what emotions I am feeling and how to deal with them. That has helped me a lot. Also, I did not really have many friends for a while. Now, I have made so many friends, and it has helped me with my mental health also to relate to somebody who has the same interests as me. It has been helpful to see other people grow in that area too. It is not only about me in this case, but about so many others who have grown because of Note-Ables. It has helped a lot of people's mental health, and even my brother's. My brother is at home, but he could not testify because he was very tired, but it has helped him a lot. I have noticed that we have grown a lot. It has helped with my anger management because I have bipolar, but I have learned how to help and manage with that. I am very happy to be with Note-Ables.

Vice Chair Orentlicher:
Thank you. This personal testimony is very helpful. Is there anybody else who would like to testify in support?

Mark Geesen, Private Citizen, Reno, Nevada:
I have been a member of the Note-Ables for 17 years. As a victim of a motorcycle accident, I was withdrawing from society—sitting in my room, watching TV. I had no life, really. Joining the Note-Ables helped me learn music and meet people who became friends. I now have an active life and look forward to the future. Right now, not having enough money is a barrier to some people who could benefit from music therapy, like I have. Speaking from my personal experience, I believe everyone should have access to music therapy. By having Medicaid cover creative arts therapies, more people would be able to enjoy their lives through Note-Able Music Therapy Services.

Vice Chair Orentlicher:
Thank you very much for sharing that.

Manal Toppozada:
I have Beverly Carpenter with me. Beverly is requesting that I read her testimony. Is that okay?

Vice Chair Orentlicher:
Yes.

Manal Toppozada:
This is testimony from Beverly Carpenter, speaking in favor of A.B. 338 with a request to modify the language to include all creative arts therapies. Bev has been a participant at Note-Able Music Therapy Services (NMTS) for 13 years.

> Being part of an organization that fosters creative growth such as NMTS has helped me grow as a person. I have better communication skills and can work through problems and disagreements with my friends and even help them when they have arguments.
>
> My adopted sister and I can talk like adults now, and we can get along with each other. Being part of Note-Able Music Therapy Services has made my life so much better. Now, I have a lot of friends and people who support me.
>
> For example, a couple of weeks ago, my friend Sierra came to my house for the weekend, and we watched movies and had a great time. And this weekend, I am going to my friend Sheena's birthday party.
>
> Without the friendships I have made, I would just be at home in my house with my mom.
>
> As part of Note-Able Music Therapy Services, I have performed many, many times over the years. I used to get so nervous being in front of people.

> When I dance, I feel free to move, and I am super excited about dancing at the upcoming Reno Dance Festival.

Bev concludes that Note-Able Music Therapy Services has given her the confidence to come and be before you today.

Vice Chair Orentlicher:
That is terrific. I am glad it has been so successful and thank you for coming today.

Manal Toppozada:
I want to thank Chair Peters for proposing this incredible legislation and thank the Vice Chair and Committee for your time today to hear this. I strongly support A.B. 338 with the proposed amendments so that creative arts therapy will be covered under Medicaid in Nevada. These therapies have proven outcomes for individuals dealing with a variety of health issues. As co-chair of the State Music Therapy Task Force, I helped get S.B. 190 of the 76th Session passed in 2011 with the help of Senator Mo Denis. This has had a huge impact on our ability to provide clinical music therapy services in partnership with more than two dozen agencies in northern Nevada, including health care, mental health, and community health providers.

Why is Medicaid so important? As a community-based nonprofit, more than 75 percent of the individuals we see fall at or below federal poverty guidelines. Since our services are not reimbursed by Medicaid, every person who accesses our services has to pay out of pocket. Even though our fees are extremely low, and we have sliding scales available, there is a financial impact of making a choice between paying for therapy and paying for groceries for that month. We receive an average of a dozen calls a week for services, and one of the first questions asked by many individuals is, "Do you take Medicaid?" We say no, but we have a sliding scale for fees, et cetera, but many of these individuals only hear the word "No."

The people who are calling us are parents of teens with anxiety and depression who cannot or will refuse to access traditional therapy services. They are adults with mental health and addiction issues who need those extra tools in their toolbox to stay healthy and sober. They are low-income individuals with developmental disabilities who need healthy and safe outlets, so lack of Medicaid coverage is one more barrier in the way to accessing mental health services, and it is a barrier that can be easily removed.

Music therapy and all creative arts therapy: I know we are talking about music today, but all the creative arts therapies really work. As of the end of last year, 18 states provide reimbursement for music therapy under Medicaid. Another 10 are considering legislation that would provide reimbursement under their Medicaid programs. We hope Nevada will join those states and continue to be on the forefront of working to do all we can do to eliminate barriers and create paths forward so all Nevadans can benefit from affordable, accessible, creative, and effective mental health services. I encourage your support of A.B. 338 as amended to include Medicaid coverage for all creative arts therapies.

Vice Chair Orentlicher:
Thank you for the work you are doing and illustrating so well today. Are there other people who would like to testify in support here in Carson City or in Las Vegas?

Mariann Humphrey, Private Citizen:
I did not know what this bill was, but it is a very pleasant surprise—a nice positive bill for a change. I am very much in support. Being an artist myself, I have always been in favor of using art therapy to help people, children and adults, with different problems they have. It has been wonderful to hear the responses from the people today and the successes that these young women have had, so, thank you.

Karen Stephens, Private Citizen, Las Vegas, Nevada:
It is heartwarming to hear the testimony from the people involved in this program, and I support this bill.

Kasia Caldwell, Private Citizen, Las Vegas, Nevada:
I am a licensed clinical social worker here in Nevada from Las Vegas. I would like to support this bill as well as express my support of it. As a clinician in our community, we have a shortage of mental health clinicians and access to services specifically for our neurodiverse population. For those people who struggle with communicating verbally, art and music are wonderful ways for them to express their emotions, to communicate, and to be able to form a sense of community. This is an area we are really struggling with meeting locally and across our state so, as a clinician, I would like to express my support in this.

Vice Chair Orentlicher:
Is there anybody else who would like to testify in support of A.B. 338?

Yesenia Gonzales, Assistant, Azulblue United by Autism:
I am in support of this bill. I come here representing my son and Azulblue United by Autism. Both of us support this bill. Many of our children are autistic. Many of them are musically inclined and love the music arts. They find healing in it. As I mentioned, a child I have is autistic. He loves music. He has benefited in the past from it. His therapist in the past used similar techniques in occupational therapy, speech, and ABA [applied behavioral analysis]. Currently in my son's middle school, they have something called cram time. Any other child would like to hop on a computer and play some games. My son chooses to play the piano; that is what he loves to do. He has two siblings who play the violin, and he loves to watch them play. He loves to try to learn how it works out. It makes him very happy. At the same time with individuals, as the clinician mentioned, we can use those as positive reinforcement as well. When my son has a breakdown, you pop on Queen, and he loves it. He loves "Under Pressure;" he loves "We Are The Champions." He loves to sing. He likes to sit and tap with his pencils trying to drum. There are a lot of benefits to it, but unfortunately, a lot of those Medicaid services do not help our individuals in the community. I hope you support our special needs community and see the benefits of it. You are hearing all the outpouring from Carson City. I wish there were more people here in Las Vegas who could express the benefits of it.

Vice Chair Orentlicher:
Thank you very much for your testimony. Is there anybody else in Las Vegas who would like to testify in support? [There was no one.] Do we have anybody on the line to testify in support of Assembly Bill 338.

Katrin Ivanoff, Private Citizen, Las Vegas, Nevada:
I am calling in support of this bill. It is about time for us to support the people who really need it. We heard the testimony of people who got help, and not just that, but it is well documented that after they took arts from schools, the kids' behavioral problems are significantly diminished. It is very well documented that art helps many aspects including relaxing the brain and making it possible to study better. This just makes sense. I am very pleasantly surprised that our bill makers are finally bringing a bill that makes sense. Please vote yes for this. Please respect those brave individuals who came in and shared their horrific stories that, at the end, had happy endings because of help from the arts. Please support that bill.

Vice Chair Orentlicher:
Thank you for your testimony. Is there anyone else who wants to testify in support of Assembly Bill 338? [There was no one.] We will now move to opposition testimony. Is there anybody here in Carson City, Las Vegas, or on the line to testify in opposition to Assembly Bill 338?

Joan Cameron, Private Citizen:
While I support anybody who wants to help anybody else, I think much more gifting of our given rewards is appropriate in the community. Medicaid was set up to help people to live by receiving food and benefits for living in a house or a structure. If you keep adding programs to support all this other stuff, soon there will be no money for basic survival, and nobody will have anything. As a taxpayer and a citizen, I give my services with the abilities I have to those who need it. I do not believe everybody should pay their hard-earned money to support things they do not believe in. I would like to see more of those people who receive Medicaid benefits volunteer their gifts to others who need it.

Vice Chair Orentlicher:
Thank you for your testimony. Is there anybody else on line in opposition to A.B. 338? [There was no one.] We will move to neutral testimony. Is there anybody to testify in neutral for A.B. 338?

Katrin Ivanoff:
I wanted to comment on the last caller. I did not hear the last caller when they were taking our taxpayers' money for transgender surgery for kids.

Vice Chair Orentlicher:
I am sorry. We heard you testify previously, is that not right? Please testify to the bill rather than to the other people's testimony.

Katrin Ivanoff:
These people deserve our taxpayer money, finding somebody that deserves help with our taxpayer money. In comparison to work, everything else you want to give our taxpayer money to—people who are breaking the law, criminals. Please vote yes to the bill. I am so sorry. It is very upsetting to hear people opposing this bill. This is the only bill that makes sense out of all the bills I have heard so far, and I have been listening for a long time.

Vice Chair Orentlicher:
Thank you. Is there anybody else testifying in neutral? [There was no one.] Would you like to make any closing remarks?

Assemblywoman Peters:
I would like to thank the Committee for your time today and thank those who attended and shared their stories about how wonderful art therapy can be in our community and how it uplifts those who may feel that kind of help is inaccessible. I am really grateful for the folks who are in support of this bill and look forward to working further on finalizing this and making it something that functions for the state of Nevada.

Also, I would be remiss to not put on the record in response to the opposition testimony that Medicaid is about foundational services for people; to give folks that boost up. The lift they need to survive. It is not about ensuring they live in a mansion, or even covering the cost of food. That is covered under separate social services. Medicaid is about taking care of the foundational health of our population, particularly those who do not have access to it in other ways and forms. I would like to end with requesting your support on this important bill.

Vice Chair Orentlicher:
We will close the hearing on A.B. 338.

I will now open the hearing on Assembly Bill 237 relating to school-based health centers.

Assembly Bill 237: Makes revisions relating to Medicaid. (BDR 38-328)

Assemblywoman Sarah Peters, Assembly District No. 24:
As Chair of the Joint Interim Standing Committee on Health and Human Services, I am here today to present Assembly Bill 237, the last Assembly bill of a series of children's health care measures requested by the Interim Committee as mentioned during my remarks on Assembly Bill 201 last month. Before I begin, please see a conceptual amendment which is available on NELIS [Exhibit N]. I would like to discuss with you the importance of school health services and school-based health centers (SBHCs). These resources play a critical role in ensuring the well-being of our children and adolescents, and their impact goes beyond just physical health. By improving and enhancing these services, we can also address behavioral health issues before they become pervasive, ensuring that every child can succeed academically, socially, and emotionally.

School health services refer to a comprehensive range of services provided to students including health education, preventive screening, immunization, and basic health care. These services promote the health and well-being of students in the school setting. I want to mention that our children spend more time at school than they do anywhere else, including our own homes, if you do not count their sleeping periods. On the other hand, SBHCs are clinics located within or near schools that offer more in-depth health services such as primary care, mental health services, and dental care, among others. Both school health services and SBHCs can also play an essential role in addressing behavioral health issues among youth. Early identification, intervention, and support can make all the difference in preventing these issues from escalating and affecting our children's overall development.

Assembly Bill 237 aims to address barriers that prevent school health services and SBHCs to reach their entire service array within our schools. Last year, the Interim Committee thought the best way was by improving and investing in school-based health centers to improve access to health care and behavioral health services. However, since then, a lot of things have changed and the discussion has evolved, which is great. That is the purpose of this body; to evolve the policy conversations. After meeting with state and local stakeholders from our Department of Education, Department of Health and Human Services, and representatives of Nevada school districts, the barriers facing school health services and school-based health centers have become a lot clearer. Therefore, the conceptual amendment to Assembly Bill 237 [Exhibit N] replaces most of the bill with new provisions based on these discussions, which I will briefly summarize for you. I want to confirm that everyone has the proposed conceptual amendment in front of them. [All Committee members nodded yes.]

The conceptual amendment replaces all sections except section 5, which requires Medicaid managed care organizations to negotiate in good faith with Nevada-based, school-based health centers to provide services to recipients of Medicaid. We want to make sure our MCOs [managed care organizations] cover students as well when they receive services at SBHCs. Items 1 through 3 of the conceptual amendment require private health insurers to cover school health services. This could have a significant impact on accessibility and affordability of health care services for our students covered by private health insurance. Some examples are improved access to care, requiring private health insurers to reimburse school health services as if in-network providers rendered them. It expands access to care to all students, not just those covered by public health insurances such as CHIP [Children's Health Insurance Program] for Medicaid, ensuring coverage for essential services. If qualified health-related services are not available through an in-network provider, insurers must cover the service at the same amount or higher as Medicare, or if not available for Medicare, the Medicaid reimbursement rate. This requirement ensures providers of school health services get paid for the services they provide to students.

Eliminating financial barriers: By waiving cost-sharing requirements such as copays, coinsurance, and deductibles, families will be encouraged to utilize these services for their children without concerns of covering out-of-pocket costs. In summary, the proposed amendments in items 1 through 3 have the potential to expand the accessibility and affordability of school health services and promote better health outcomes for our children.

Next, the proposed amendment in item 4 addresses access to school-based health services for Medicaid-eligible students by enhancing communication and coordination between state agencies, school districts, and health care providers and to increase financial incentives for providers to offer services at or near schools. In conversations with stakeholders, one of the largest barriers to providing school-based health care is that service providers cannot afford to take our children. Our providers are choosing between what reimbursement rates make it reasonable for them to provide care, and our students end up being the ones who suffer.

We are looking at enhanced data sharing. By implementing parental consent for data sharing between local and state education agencies and school-based health centers or other qualified Medicaid providers, relevant insurance information is easily accessible to those providing covered services to students. This data sharing can lead to improved coordinated care and health outcomes for students. Again, this is specific to the insurance information. Second, is streamlining the enrollment process. By pursuing federal waivers and authority to implement parental consent through opt-out procedures, the amendment streamlines the Medicaid enrollment process for students. We have a consent agreement in place separate from the Medicaid process so a child can be a recipient of Medicaid. To be able to receive school-based health services covered under Medicaid, they also have to fill out this consent form. That second process, that second form which could be a part of the Medicaid enrollment process, is a barrier to accessing those services.

Third, is incentivizing collaboration. The establishment of an incentive payment program for certified community behavioral health centers and federally qualified health centers encourages these providers to collaborate with local or state education agencies in delivering Medicaid coverage services to students.

Fourth, is increased reimbursement rates. The amendment seeks to increase Medicaid reimbursement rates for all eligible state plan services provided by qualified providers in school settings. This increase in reimbursement rate could encourage more providers to offer their services in schools.

And finally, expanding billing capacity. By helping school districts bill for Medicaid reimbursement for eligible state plan services provided in schools, schools can expand health services to Medicaid-eligible students. In summary, the proposed amendment in item 4 could significantly improve access to school-based health services for students eligible for Medicaid. As a result, we could positively impact the health and well-being of Nevada students, particularly those in lower income families who rely on Medicaid for their health care needs.

I want to be clear on some of the incentives that are part of this amendment. It is twofold. We are looking at an incentive payment program, item 4c, for certified community behavioral health centers (CCBHCs) and federally qualified health centers (FQHCs) to increase Medicaid reimbursement by at least 5 percent. We have had a history—and the school district might talk about this—where our school will contract with an FQHC, and that FQHC does all the Medicaid billing. They collect the insurance data from the students they service. I cannot think of a single example where this has not penciled out for the FQHC to continue to provide those services. Federally qualified health centers have to provide services to everybody, but not in a school setting. If it does not pencil out in the school setting, then they retract into their local setting and do not offer those contracted services to the schools.

Second, we look at increasing Medicaid reimbursement rates by 5 percent for all eligible state plan services when provided in the school setting by qualified providers. These are contracted services outside of those for FQHCs and CBHCS.

Vice Chair Orentlicher:
Thank you. We have a question from Assemblywoman Gorelow.

Assemblywoman Gorelow:
Thank you for bringing this forward. There were 3,200 health or school-based health centers in the U.S., but I could not find out how many were in Nevada. Would you happen to have that number?

Assemblywoman Peters:
There is conflicting information, and this was one of the struggles in the interim. As far as I could gather, there are only two school-based health centers operational in the state of Nevada, and both of them are in charter school settings. However, Clark County brought to my attention that they have a family services center which is outside of the school-based center model, which functions well. It is relatively new, and I can let them speak to that. As to the counties and schools implementing school-based health centers, there have been a couple of schools that adopted a model to provide school-based health center access—which means they would be in the schools, contracted through the schools. All of them have failed in part due to their inability to collect Medicaid through the consent form from the students to access their Medicaid information or through inability to charge or collect the information from the students' private insurance.

Assemblywoman Gorelow:
I would like to make a follow-up comment. I used to work for an organization that had four school-based health centers. Asthma was one of the biggest factors we saw, and the number one reason a lot of kids miss school. Unfortunately, all four of them did have to close. Thank you so much for bringing this forward because it is very important our kids can get treatment when they need it.

Assemblywoman Taylor:
Thank you for bringing this forward. I have a couple of questions, and some of them are clarifications. I have received a lot of emails on this, as I am sure all of us have. There are a

couple of things to review so I can respond appropriately. For the record, this is not health care without parental permission, correct?

Assemblywoman Peters:
Correct.

Assemblywoman Taylor:
I do not think that is what this is, but I want to make sure because people want to know, and that is fine. A parent will sign their child up. Right now, there are two different sign-ups, but the parent has the opportunity to sign their child up when they sign their child up for Medicaid, and you have to reapply every year for Medicaid. At that time, the parent can say, yes, I want my child to have access to these or whatever, so it is with parental permission.

Assemblywoman Peters:
Correct. And the opt out is not that the parent would not consent. It would be that the parent would not consent unless they explicitly wanted to not consent. It does not mean it would not appear on the paperwork. The default would be that your child would receive these services, and we do this in a lot of ways. When I was a kid, we did it with the fluoride treatment in our schools that helped prevent a number of oral health issues. I do not think we do that anymore in part because we do not have funding for those kinds of programs, but this would be a similar model.

Assemblywoman Taylor:
Again, just to be clear, when the parent signs up their child for Medicaid, which is required on an annual basis to make sure they still qualify, that is when they would sign their child up should they want their child to have access to these services.

Assemblywoman Peters:
That is correct. I would be interested in hearing from Clark County on how they imagine this working. My understanding is that consent is not necessarily consent for the access to care. It is for the insurance information to be provided to the provider so that they can bill for the service rather than unlimited consent to access to that care.

Our schools have an obligation, right? We already have nursing services. We already have counseling services. We already have social services in our schools provided by those schools to students and their families. That process is not changed by this bill. This is specifically around how we pay for it and make it more accessible, and how we make it accessible for our providers to provide services in our schools for our kiddos, which they want to do, right? Nobody wants to leave our children with no health care service. They want to be there, but at the end of the day, they have to pay their own bills, and this helps us enable that.

Assemblywoman Taylor:
Thank you. My second question was to follow up on that. That does not mean that now the school health care center or family resource center can treat your child and not tell you

anything or give them meds and all kinds of stuff. The schools still require permissions whether it is for social services or whether it is for therapy. That does not override any of those things school districts already have in place.

Assemblywoman Peters:
Correct.

Assemblywoman Taylor:
Okay, this is good, because it clears up some misconceptions. Does this also include telehealth? Is there anything that will prohibit this from including telehealth?

Assemblywoman Peters:
If telehealth becomes a contractable service for schools and they would like to bill insurance for services provided to students who are eligible within the insurance parameters, whether through private insurance or billing through Medicaid, then they would be included.

Assemblywoman Taylor:
Okay, I thought so. Also, for the record, currently there are things districts have permission to bill Medicaid for when serving students with parental permission, so this is not outside normal things that already happen.

Would you explain certified community behavioral health centers and federally qualified health centers for those who do not know about them and what do they mean? What can they do? Who are these people?

Assemblywoman Peters:
This is a question I would defer to staff because we have specific qualifiers, either through federal statutes or state statutes, on what qualifies as a certified community behavioral health center and what qualifies as a federally qualified health center.

Vice Chair Orentlicher:
Legal staff, would you like to respond?

Eric Robbins, Committee Counsel:
I will need to look those up because those are in federal law, and they are pretty detailed.

Assemblywoman Taylor:
What does it mean here? I do not mean the extra; I appreciate that, Mr. Robbins, but when we talk about that here, that means people that health centers . . . .

Assemblywoman Peters:
These are certified facilities. They go through a rigorous certification process through the federal government and the state government. They are required to provide services to people as part of that qualification process, and they service our Medicaid and Medicare populations. We emphasize the community behavioral health centers because that keeps

behavioral health care in our communities. Families are more likely to stay together when they are in need of those behavioral health services. Our FQHCs offer services—family, prenatal, postnatal, pediatric, all kinds of services—in community-based centers. It is a facility that offers those services, but they are all from certified, licensed, medical professionals. These facilities have an obligation to serve our communities in a different way.

Assemblywoman Taylor:
I appreciate that.

Vice Chair Orentlicher:
Mr. Ashton would like to add something.

Patrick Ashton, Committee Policy Analyst:
The question was asked, what are federally qualified health centers and certified community behavioral health clinics. I have definitions from healthcare.gov regarding federally qualified health centers. These are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of the ability of a client to pay, and services are provided on a sliding scale fee based on the ability to pay. Certified community behavioral health clinics are a model designed to ensure access to coordinated comprehensive health care. They are required to serve anyone who requests care for mental health or substance use regardless of their ability to pay, place of residence, or age including developmentally appropriate care for children and youth. This information was from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Vice Chair Orentlicher:
Thank you very much. Let us go to Assemblyman Gray.

Assemblyman Gray:
The way it works with my two kids growing up, and the way it is for my niece and nephew, when I take them to the doctor, I pick them up from school and take them to the doctor. We communicate, go through everything, and take them back to school. Why do we need to have these school based? It is the way most families work, I believe. More importantly, where is the parents' role in this? If they are seeing a provider at the school, is the parent expected to show up at the school and meet with the provider, or worse yet, are we expecting the child to relay information back to the parent about what is going on?

Assemblywoman Peters:
These school-based services already exist in our schools. You get a notice of whether to participate in some of those services or in all of those services. I do not think there are any forced upon a child without parental consent. I want to point out that the majority of families do not have the ability to: (1) take time off; (2) to have transportation to a physician; (3) access to a physician. When we were looking for a pediatrician, it was incredibly

difficult to find one who was taking new patients; (4) sometimes, even the know how to ask for the help their child needs. We have triage in place in our schools—counselors and social workers—to help identify these needs for our kids. If we can say to a parent, hey, your child needs something from a health care provider, and that family replies, how do I even find that? The school can say, hey, we have a partnership with this service provider, we can connect you and your child with and provide the service directly to you. That cuts out the nuance of having to figure out how to do it by yourself when maybe you have never done it before. Perhaps you came from a family who never saw a family physician, or you came from a family who only saw one family physician who retired, and you never had to look at how to find a family physician again.

The goal of this is to create greater accessibility to care providers, the school-based health care, right? There is not enough room in our schools to be able to provide things like a physical examination, which is why we included FQHCs and other providers who could contract with the school to say, hey, we will take your kids regardless of how you pay. That way you can create an appointment through the school where your child spends most of their time while you only touch on them twice a day—dropping your kid off and picking your kid up. You would create that relationship with a physician, and from there, you have access to somebody who can care for you and your kids.

Assemblywoman Newby:
Picking up on what one of my colleagues mentioned, we have received a lot of emails on this, but I really support your bringing it forward. It is a great bill. I would point out that UNLV's Kirk Kerkorian School of Medicine just partnered with the Clark County School District for two clinics that just opened, which is great. But I would like to ask you a couple of questions from those emails. Would these clinics put children at risk of predators?

Assemblywoman Peters:
This is an odd question, but I guess in the school-based health center bill's original language, it looked like we were opening new clinics, but the intent is to partner with existing certified and licensed facilities and licensed providers who go through rigorous background checks and investigations from the state or federal government. This does not open our children up to unknown entities or predators.

Assemblywoman Newby:
There was also a belief in some of these emails that there would be gender identity or gender affirming care or any number of procedures or medications given in these clinics without the consent of the parent. Is that the case?

Assemblywoman Peters:
This bill does not intend to address any of the policies related to how services are provided to children and their families. It only is addressing how we pay for it and how we get to that access.

Assemblywoman Newby:
Thank you. I appreciate that. Sorry for the embarrassing questions.

Assemblywoman Peters:
I appreciate that some folks think they are embarrassing. It is good to ask these questions, but the assumption of what we are attempting to do in this building is what is embarrassing. We are here to represent our constituents and to protect our communities. The idea that we would bring a bill that put our children and our youth at risk is regrettable.

Assemblyman Hibbetts:
I do not see Ms. Weeks from DHHS in the audience today.

Assemblywoman Peters:
We have Marla McDade Williams in the audience with us today.

Assemblyman Hibbetts:
She is to whom this might be better directed. My question is about policy connected to the fiscal note that was submitted by DHHS.

Assemblywoman Peters:
I am going to triage this because the fiscal note is representative of the bill as it was written which would include school-based health centers in our schools. This amendment would modify that to contracted services which in a lot of cases are existing coverage for existing Medicaid-eligible people. To look at the fiscal note as it exists today is not representative of what the fiscal impact will look like to the State.

Assemblyman Hibbetts:
That is half of my question. I realize that the proposed amendment was dated today, so DHHS has not had a chance to review it to determine whether or not that is going to impact the fiscal note. And if so, plus/minus or no impact?

Marla McDade Williams, Deputy Director, Programs, Department of Health and Human Services:
Based on the discussion today, the Assemblywoman is correct. If you are not adding a new service and you are only gaining access to services that already exist, there is no additional cost.

Assemblyman Hibbetts:
May we expect to see an updated fiscal note from DHHS based on the amendment at some point?

Marla McDade Williams:
I will defer to your staff, but we generally do not submit updated fiscal notes based on changes. It is not required as part of the process, and we show up in the money committees and reconfirm if there are changes in costs if this gets to that point.

Assemblywoman Taylor:
There is a lot of misinformation, and people are asking questions based on that, so this is a good time to clarify. As a former school board trustee, school boards are not itching at the chance to get into the business of doing anything other than educating children. It is the other things that become barriers to educating children, that make schools have to feed children, and make schools have to care for children—whether it is mental health, we talked about that—whether it is physical health, whether it is washing kids' clothes sometimes, whether it is having a food bank. Schools get into that business because children need that to be able to learn, and none of those things occur outside of parental permission. It is important to know that because parents are an important piece, and they should be involved in this.

Finally, the Assemblywoman has made it very clear: This is prescriptive for a school district; it is prescriptive for a family. If this is not something that works, that is okay. That is all right, but there are many families who need the additional help. If that is the case, it is a barrier for children learning, and that is why schools get into these other things.

Vice Chair Orentlicher:
Before we go to testimony, to be clear, this bill is not changing the way services are provided; it is about how to pay for the services. Is that an accurate description of the intent?

Assemblywoman Peters:
That is the intent.

Vice Chair Orentlicher:
We can now go to testimony. If you would like to testify in support of Assembly Bill 237, please come to the table.

Lea Case, representing Nevada Primary Care Association:
The Nevada Primary Care Association represents the federally qualified health centers across the state. I have a packet with information about what community health centers and FQHCs are, and I will be sure they get dropped off in your offices. Community Health Provider Day was at the beginning of February, so some of that information may now be buried under all the bills you are frantically reading as we enter these deadlines. There are currently three school-based health centers run by FQHCs in the state, and they are C. P. Squires Elementary School in North Las Vegas, Bower School-Based Health Center at Basic Academy in Henderson, and here in Carson City at the Gleason Facility. Federally qualified health center members of the Nevada Primary Care Association served 24,000 school-aged children in 2021. The focus on school-based health centers is on keeping kids engaged in their health care as they become adults so they are more likely to be healthier adults and so they can connect with a primary care provider as they age out of parental care. Thank you so much, and I am happy to follow up with more information on federally qualified health centers any time.

Shelbie Swartz, representing Battle Born Progress:
I am here today in strong support of A.B. 237 to provide quality health care at affordable rates to our state students, regardless of the students', or their families' financial situation. No student in the state of Nevada should be denied quality care due to their insured status or their family's financial status. With this bill, our state can ensure no child is left untreated or neglected. Access to quality health care is key to supporting healthy development and ensuring that no student is denied the ability to learn due to health concerns. Allowing Medicaid to negotiate with student health centers will make treatment affordable and accessible to all of Nevada's children. Health care is a human right, and that must apply to all Nevadans including our most vulnerable communities, particularly our children and students. Thank you so much to Assemblywoman Peters and to the Committee for your work to expand Medicaid and provide quality health care to all Nevadans.

Kasia Caldwell, Private Citizen, Las Vegas, Nevada:
I am a licensed clinical social worker and licensed school-based social worker in the state of Nevada by the Department of Education. I have worked in Title I schools in Las Vegas for several years and now own a group practice in Las Vegas. One of the biggest barriers I saw to children accessing services was the lack of trust families have in our health care system and their access to that system. What is wonderful about this bill in increasing that access is we rely on the trust educators and other professionals who see these children day in, and day out have with these children. They see the behaviors, they see the challenges they are facing, and they can suggest and recommend that they access these services and provide them with an outlet to be able to get there. As a community-based mental health clinician, I can tell you my afternoon slots are limited and my clients are scheduled out four weeks to six weeks, sometimes eight weeks, for those afternoon sessions. In the meantime, those children are not receiving services; their behaviors are escalating and impacting the other children's ability to receive education in their community. Having these services available to them within the school setting, and also having other clinicians who are able to clear their schedules and make them more available to the students by increasing that reimbursement rate—which is quite laughable most of the time here in our community—would greatly increase that access as well. Enhancing communication is important for those children. A lot of times our community-based mental health professionals are not able to coordinate services with our school-based clinicians or school-based providers. Having that access increased and being able to facilitate communication around that child and with their parents and the other people in their lives on a daily basis is very important.

What we see is a revolving door often with our students going into higher levels of care, residential treatment, hospitalizations; increasing that access reduces those access to higher levels of care and reduces that expense that goes from $150 a session to thousands of dollars for several days of treatment. If we can increase that access and get them in the door to those services, it is going to reduce that revolving door of hospitalization, residential treatment, and things of that nature that are costing Medicaid lots of money. This is a way to get children access to mental health treatment at a lower level of care versus a higher level of care, which is often where we end up going. Thank you very much. I am in support of this bill.

Monica Cortez, Chief, Health and Student Services Division, Clark County School District:
The Clark County School District (CCSD) is in support of Assembly Bill 237 which seeks to increase accessibility for students to qualify for health care through schools. To give perspective, during the most recent school year, which is August through December 2022, a total of 7,572 students accessed health services through the CCSD school-based health centers. We will speak about additional health centers in just a little bit, but this bill will allow CCSD to expand covered services to all eligible students. Specifically, we have 360 schools, and all our schools receive mental health support. We have two schools receiving eye care, two schools receive dental school-based health, three schools receive physical-medical as well, and we have mobile dental in multiple schools. We also have Hazel Health at 20 schools for physical health.

We would like to thank the sponsor for working directly with the school districts to develop and bring forward the amendment language changes for the bill—the most important being requiring all private health insurers to reimburse any qualified health-related services provided to Nevada school students through a school-based health center program as if they were rented to an in-network provider for the same service; waiving cost-sharing requirements such as qualified health-related services, including, without limitation, any copays, coinsurance, and deductibles regardless of the plan design to the extent authorized by federal law; requiring the director of the Nevada Department of Health and Human Services to do the following: Seek to implement parental consent to permit the sharing of health-related data with relevant education and health agencies; establish an incentive payment program that increases Medicaid reimbursement by at least 5 percent; and ensuring school districts, including local and state education agencies, are eligible to bill for Medicaid reimbursement.

I have two experts with me if there are additional questions. We want to address the question about why this would pertain to all students. There are many reasons for all students to be able to access school-based health centers with parents' permission, and I would like to answer those questions at your convenience.

Vice Chair Orentlicher:
Thank you. Is there anybody else who wants to testify in support in Las Vegas? [There was no one.] Do we have anybody online in support?

Andre Robinson, Private Citizen, Las Vegas, Nevada:
I am a patient at the Cleveland Clinic and part of the music therapy. I have epilepsy and major memory loss. Since 2016, I have been in music therapy and it has helped quite a bit with my memory, with my depression, and able to get me back out.

Vice Chair Orentlicher:
The bill you are addressing we finished hearing but give us a summary of your comments. We have moved on to another bill, but please let us know.

Andre Robinson:
Thank you very much. I appreciate that. I am in music therapy, and it has helped tremendously. Several people have noticed a huge difference in me, and I want to support the bill.

Vice Chair Orentlicher:
Thank you very much for calling in. Is there anybody else in support of Assembly Bill 237 on the phone? [There was no one.] We can now move to opposition testimony. We will start in Carson City, and you will have at least as much time as the support testimony had.

Katrin Sienkiewicz, Private Citizen, Gardnerville, Nevada:
I am a parent and a resident of Douglas County. I am here today representing Health Freedom Nevada, a nonpartisan, all-volunteer, grassroots organization of approximately 5,000 Nevada families. We believe in religious freedom and parental rights for all including parental rights for minor children in their health-care decisions. Health Freedom Nevada serves also as the official Nevada affiliate for Children's Health Defense and stands for health freedom. We strongly oppose A.B. 237 as it has the potential for interfering with the rights of parents to direct and supervise the medical care of their minor children for whom they are responsible by law. In combination with S.B. 172, which is currently being considered in the Senate and which would allow minor children of any age to give their express consent to medical care including pharmaceutical drugs, vaccines, and medical treatments, these bills in tandem attempt to bypass parental consent and knowledge of medical care of their children.

I am sure most of you are not aware that the American Academy of Pediatrics defined parents as a "barrier" to care for children, which is very concerning to us. Given that Nevada schools are currently ranked forty-ninth in the country for academics, we would hope this legislative body would choose to focus instead on improving the education our children receive, including learning how to read, write, and do math rather than diluting the purpose of the public education system with social programs such as health care in schools. Health care should remain separate and should fully include parental involvement.

The medical freedom movement has seen tremendous growth in the past few years in light of the many discrepancies and errors made evident by decisions made by public health officials over the pandemic years. As a result, many families are choosing to opt out of systems that threaten their parental rights and their ability to directly oversee their children's health care. This has been evident particularly in states such as California and Oregon, where parents' rights have been eroded by legislation. Enrollment in the public education systems in the states I just mentioned has been drastically reduced in the past few years. Are you prepared for a mass exodus from the public education system in favor of home schooling and private education? A lot of families have left those states because they felt their rights were taken away. Please vote no on A.B. 237 and keep education and health care separate from one another. Thank you.

Vice Chair Orentlicher:
Thank you for your testimony.

Janine Hansen, State President, Nevada Families for Freedom:
We appreciate the amendment brought by Assemblywoman Peters which resolved many of the concerns on which you received emails. Those were real concerns because that part of the bill connects with many others in this building, as you have heard. It is important to mention that federally qualified health centers do not have parental consent to provide contraceptives, STD [sexually transmitted disease] treatment, vaccines for HPV [human papilloma virus], and AIDS treatment. You need to be aware of that. Also, the Nevada family resource centers in Senate Bill 172 seek to remove parental consent for all those items and are one reason we continue to be concerned when we see a web of bills doing similar things. Also, Senate Bill 163 provided that Medicaid would be used for treatment of gender dysphoria, so that is another place from where our concern emanates, as well as from S.B. 419 which would provide Medicaid for all illegal aliens. That is how, in Assemblywoman Peters' original bill, illegal aliens and possibly predators who are unvetted, would have access to the schools. If all people on Medicaid were being treated in the schools, that is where our concern arises. They were legitimate concerns, and we are thankful for the amendment which resolves some of those issues. It is important to know that many of the family resource centers are in the schools. For instance, the Bernice Matthews Elementary School in Washoe County has a family resource center in it. There is one in Wells that has a family resource center in it. The family resource centers under S.B. 172 would remove parental consent and parental authority over these critical issues I mentioned, so that continues to create concern.

Another of our concerns is parental consent. We do not want opt-out. We do not want it automatically assumed that people are in if they do not opt out. We want parents to specifically say they want to opt in. As parents, we make the decision that we want to be part of this process. I have 4 children and 17 grandchildren, and I am very interested in what happens with children in the schools. We need to always be sure we are supporting parental involvement. When we have the option to opt in, we are supporting parental involvement. The parents have to make an affirmative decision as to whether their child will be involved in the schools. We can see that parental rights are being significantly eroded through the federally qualified health centers and possibly now by other bills in this building through the Nevada Family Resource Centers.

We are thankful for the amendment which gutted the bill and removed almost all the things we were concerned about. We continue to be aware and hope you will also be aware that we are not just in this Committee looking at this bill; we are watching what is happening in this Legislature with many of these bills that are attacking parental consent. We want to be responsible for our children and our grandchildren and the medical treatment they receive. The government is not responsible for that; parents are, and they need to be given every opportunity to assert that authority and responsibility. Thank you for your time.

Casey Rogers, Private Citizen, Minden, Nevada:
I would like to highlight a term that was used earlier, "untreated." That is an interesting sentence. That is the goal: Everything that is happening with the World Health Organization, the CDC, and everything that has happened since 2020. Do you think I would

believe in your decisions, your words, or your ideas? Am I supposed to trust what you say after you illegally masked our children and forced them into an experimental drug bioweapon? Now, all of a sudden, we have myocarditis and pericarditis. Have you looked at the increase in disease? Have you looked at the increase in cancers? Have you looked at the increase that has happened and was pushed on our families throughout the entire state? Now, are we supposed to trust that you are virtuous? I do not think so. I absolutely oppose this bill. We are not going to forget the force you put on us, the censorship you put on us and on our kids, and everything else you have done so far. They are our kids; leave them alone.

Nancy Jones, Private Citizen, Douglas County, Nevada:
Thank you for the opportunity to speak. I am a Douglas County resident and a parent, and I oppose this bill. I have concerns about the potential unintended consequences of this bill. It sounds like the intentions are to make sure people have more access to services, including services within the school setting. We have a system in our nation and in our state that relies on the separation of powers, and that system is for the protection of freedom and for the protection of liberty. When we combine those powers in one place, we are starting to erode that protection. In a similar vein, combining medical services with school services muddies the water and dilutes the effectiveness of both by not being separate. Also, I am concerned about the data situation. We already have situations in the school districts where student data is not well protected. This would add another layer of student data—the private health information of students and children—being added to their school records. I am concerned those records would be subject to breach as other school data has been. I am also concerned that this creates a new system in Nevada law—this school-based health center idea. It does not exist anywhere else in law, but it sounds like there are places where federally qualified health centers, for instance, offer services to the populations you are trying to reach through this bill. Let us support those populations and not conflate them with the school district. Thank you very much.

Lynn Chapman, Treasurer, Independent American Party of Nevada:
I felt ambushed, hearing there was another amendment. I came to speak on one bill, and now I am speaking on a different bill, but I am pleased with the amendment. That is a good thing. I had some concerns. Parents should not be worried about whether they are going to opt in or opt out. We should always be opting in if we need to do something, but not opting out. That is a big concern.

Assemblyman Hibbetts asked a question about the fiscal note. We were quite concerned about that, but it was cleared up, and thank you for asking that question. Data sharing is the other thing we were very concerned about, and the Independent American Party would like to say, "Ditto" to everybody else's concerns. We had the same concerns, so, thank you.

Jami Hepworth, Private Citizen, Gardnerville, Nevada:
I am a mother of five and I live in Gardnerville. I am speaking in opposition to A.B. 237. School-based health care centers are just a euphemism for the expansion of the medical-industrial complex. Let us be honest, federally funded approaches to health care do not actually include all the ways health issues can be addressed. It gives privilege to one

approach, and that is a pharmaceutically based approach to health care. If they are put in schools, my concern is it will encourage a culture of pharmaceutical use without parental knowledge. Some of the changes made to the bill are good, but I would also add my voice to those saying it should be parental opt in instead of opt out, so they do not have to worry if choices are being made without their consent or agreeing with the health care philosophy being promoted from one angle.

Health care is outside the purview of schooling. A lot of bills have been put into play this year looking at eroding the rights of parents to make decisions for their children—and specifically for their children's health care. It is best when schools focus on schooling and health care is separate. I also have a concern that there are no provisions in this bill that would protect children's private health and medical information from being utilized to further separate the parent and child relationship. So, please oppose A.B. 237. Thank you.

Mariann Humphrey, Private Citizen:
I am opposing this bill. My original response to this is different because I was not aware of the amendments that were made. I am opposed to having health centers in schools. I feel schools should be designated for learning. Our kids are so far behind and so lacking in learning. They are forty-ninth among the states, which is horrible. To focus and have health centers there, we do not need that. People can take kids to doctors. We also have a shortage of medical personnel in this state, so you are going to have more doctors at these health centers, and it is going to further the delay for people to get in to see doctors or physician assistants, or nurses. I also say, "Ditto" to everything else people have said in opposing this bill. Everything they said I totally agree with. So, thank you very much.

Karen Stephens, Private Citizen, Las Vegas, Nevada:
I oppose the amended bill, A.B. 237, although the amendments were excellent and addressed most of my concerns. Having retired from the Department of Education, I feel schools should be focused on teaching students. I know Nevada has ranked between forty-seventh and forty-ninth for at least the last ten years, so that indicates that our students are not receiving the scholastic help they need to progress. Instead, we are taking away important subjects like music, drama, and handwriting. How is this child supposed to learn how to sign his name if they are not teaching this? We need to look back at the basics of what schools are about. I am old fashioned because we did not have health centers when I was growing up. We went to school to learn how to read, write, and do arithmetic. All of this "boo foo" stuff with health centers is not what schools were originally meant to do, so, I hope you join me in opposing A.B. 237.

C. T. Wang, Private Citizen, Las Vegas, Nevada:
Thank you all for doing the job you do. I do not envy you one little bit. I agree with the previous opposition speakers, especially the first two speakers. They dealt more with the micro aspects of this thing, and the one I want to focus on was opt-in versus opt-out. Family and parents need to opt in. They need to be offered the opportunity to elect to opt in instead of being told, Oh, if you want to opt out, you have to come in and let us know. That takes away parental responsibility and authority. That was my micro perspective.

My macro perspective: I was reading some of the background on this bill, and it says A.B. 237 would expand care to any persons. In conjunction with S.B. 419, that opens up a Pandora's box to anybody coming into these health centers. That is incredible. What does that do? We talked about the fiscal aspect. What will that do to the infrastructure at each of these health centers that are all of a sudden going to explode in Nevada—just the facilities, let alone the staff. What does that do to PERS [Public Employees Retirement System]? The PERS system is already stressed. What will it do to that? Fiscal; you need to take a hard look at that. This is totally anathema to what education should be—reading, writing, and arithmetic. Let us stick to that. I oppose Assembly Bill 237.

Vice Chair Orentlicher:
Thank you, Mr. Wang. Is there anybody else in opposition in Las Vegas? [There was no one.] Please open the phones for opposition to Assembly Bill 237.

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:
I will ditto the comments made by the previous folks who testified. I am also concerned that given there is a bill to expand Medicaid to illegal aliens, these services will particularly cater to these individuals. Remember, because a lot of efforts to do one thing need multiple bills to happen.

Martcelina Phillips, Private Citizen, Las Vegas, Nevada:
I would like to oppose the bill as well. It takes away parental rights, and there is no place for health care within an education system that is already struggling on its own. We need to focus on education as education and on health care as health care and not mix the two together and ruin both.

Katrin Ivanoff, Private Citizen, Las Vegas, Nevada:
I am opposed to this bill due to the other things already mentioned but, also, one of the people who was presenting the bill said parents have lost trust in health care, so the teachers can talk kids into taking those services. Parents have lost trust in health care; parents are the ones who decide what is best for their kids. Why do you think parents lost trust in health care? Because you are trying to shove in our faces and in our throats, things that are not for us or for our kids. Now, you are trying to circumvent our rights to different views. Please see what this bill is for and oppose it. It is trying to circumvent our parental rights, our citizen rights, people who never paid into the system one time who come into our country. It is upsetting how you are choosing to spend our hard-earned money. Please oppose this bill. There is nothing to come from it, especially this opting up [unintelligible] my child to get any services. I know how to find them. I do not need the school to tell me. Thank you and have a lovely day.

Vice Chair Orentlicher:
Thank you for your testimony. Next caller, please. [There was no one.]

[Exhibit O in opposition to Assembly Bill 237 was submitted but not discussed and will become part of the record.]

We will move to neutral testimony.

Marla McDade Williams, Deputy Director, Programs, Department of Health and Human Services:
I wanted to make one clarification about a question asked earlier concerning the fiscal cost. I had forgotten about the 5 percent increase, so we will be working out a cost estimate for the anticipated increase in rates for some of those providers, and that will go to the money committees. Thank you.

Vice Chair Orentlicher:
Thank you. Is there anybody in neutral in Las Vegas or on the phones? [There was no one.] At this time, we will close testimony. Chair Peters, thank you for expanding the common ground on this bill with your amendment. Do you have any closing remarks?

Assemblywoman Peters:
One thing I love in this building is how much we agree with each other on how our kids deserve better. Sometimes the paths we want to take are different. I understand we have a hierarchy of needs. You cannot learn if you are ill. You cannot learn if you are hungry; you cannot learn if you do not have a roof over your head or a place to sleep and are not getting enough rest. What we are trying to establish in this bill is greater access to being healthy so you can continue to learn in the learning environment and taking those resources to where they should be going—to our children—and not having to spread our educational resources to triage the needs of our children in their schools.

I thank our Committee member, Assemblywoman Taylor, for making the point that our educators deserve to be educators, but what they spend time doing is triaging our kids' mental and emotional and physical well-being. It is our job to step in and make sure the right people are in the right places to ensure children are safe, healthy, happy, and functional, and then they can learn.

I thank you for your time today, and I thank the opposition for their passion for the children in our communities. I look forward to continuing to work on getting this drafted amendment into a broader mock-up amendment that I can talk more about with you and how it would fully function. Thank you again for your time today.

Vice Chair Orentlicher:
Thank you very much for your presentation. I will close the hearing on Assembly Bill 237 and welcome back our Chair for our final bill of this afternoon.

[Assemblywoman Peters reassumed the Chair.]

Chair Peters:
Thank you, Vice Chair, and thank you, Committee members. I always appreciate your questions.

I will open the hearing on Assembly Bill 422, which revises provisions related to autism spectrum disorder.

Assembly Bill 422: Revises provisions relating to autism spectrum disorder. (BDR 38-774)

Assemblywoman Michelle Gorelow, Assembly District No. 35:
[Assemblywoman Gorelow supplied a proposed conceptual amendment Exhibit P.] I am pleased to present Assembly Bill 422. Assembly Bill 422 will create a pilot program through the Autism Treatment Assistance Program for fetal alcohol spectrum disorder, also known as FASD, to identify appropriate services for children with the diagnosis of FASD who do not qualify for developmental services through the regional centers. Regional centers' eligibility criteria is based on meeting an institutional level of care, so there is a gap in services for those children who have an FASD diagnosis but do not meet that higher level of care. These children and their families are still in need of services and supports to help them address the behaviors to be successful. Although this is not a finance committee, I want it known there is a potential funding option through the American Rescue Plan Act Fund.

We have had conversations in this Committee about FASD, but I would like to go over a couple of the facts again. According to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System, the estimated prevalence of alcohol use among women of childbearing age is 48.3 percent. If a woman consumes alcohol during her pregnancy, then her child is at risk of FASD, which is a collection of diagnoses representing a range of effects and conditions that may manifest in diverse ways and can be hard to diagnose, leaving individuals with service gaps to critical medical and behavioral health services and social supports. The proposed pilot program would follow the Families Moving Forward (FMF) Program or other evidence-based models and would include that certain clinical professionals with a license in counseling, social work, psychology, or related fields will receive specialized training and certification for the FMF model or other evidence-based models for FASD intervention.

Services follow the FMF model to provide caregiver support and coaching, psychoeducation on effects of prenatal alcohol exposure, treatment relevant to FASD, and advocacy, skill building, and caregiver use of proactive parenting strategies and behavior planning targeting school and provider consultation and community linkage. Service delivery is up to 90 minutes per session twice a month and is not to exceed 12 months. The Aging and Disability Services Division (ADSD) of the Department of Health and Human Services (DHHS) would follow purchasing requirements to procure training with the FMF Institute and pay for contractors' training for specialized FMF training and fidelity hours for certification. In addition, a total of 15 ADSD clinical staff, combined with Developmental Services' Autism Treatment Assistance Program—also known as ATAP—and Nevada Early

Intervention Services (NEIS) will be trained and certified in the FMF's practices. This will provide knowledge and skill for ADSD programs where FASD or related conditions such as autism may be present as dual diagnoses. With that, I am open for questions.

[Assemblyman Orentlicher assumed the Chair.]

Vice Chair Orentlicher:
Assemblywoman González, please.

Assemblywoman González:
Thank you so much for the presentation. When a child is three years old or younger, who is doing that diagnosis?

Assemblywoman Gorelow:
In many cases, a pediatrician will notice there is a developmental or communication delay and refer them to Nevada Early Intervention Services where developmental specialists will assess them and find out there is a delay, but that is not the actual diagnosis. Sometimes that diagnosis could be difficult to obtain, especially with a child who has FASD. This pilot program would help train those professionals to diagnose for children with autism. It is mostly done by pediatric neurologists, psychiatrists, or psychologists, although pediatricians can do it as well.

Vice Chair Orentlicher:
I have a question. In looking at the bill, is there an amendment? Where is the connection to fetal alcohol syndrome? As I am looking at the bill, I am not seeing that.

Assemblywoman Gorelow:
You should have a proposed conceptual amendment. I apologize because this was sent to everybody.

Vice Chair Orentlicher:
It does not seem to be on NELIS [Nevada Electronic Legislative Information System]. Do Committee members have the amendment? We do not seem to have it. Could you explain the distinction between what we see and what you are discussing? That would be helpful.

Assemblywoman Gorelow:
What you see is going to be removed. The intent of the legislation was to help children potentially diagnosed with autism receive applied behavioral analysis (ABA) therapy sooner. When the bill language came out, it is already being done through the Nevada Early Intervention Services. These children are being diagnosed by their pediatricians who say that there is a delay. They are going on to a provider of early intervention, being assessed by developmental specialists, and going through early intervention. That is for any child who may have a genetic condition or just a general delay or prematurity. A lot of times that has a

delay to it as well. That was the original language. You should have a conceptual amendment that would put in the pilot program, and I apologize because it was sent to the Committee, so I am not sure what happened to it.

Vice Chair Orentlicher:
I am sure we will be able to get it circulated. In the meantime, there is a question.

Assemblywoman Thomas:
Thank you for the presentation; I appreciate it. We keep hearing the term "pediatrician." What about those kids who do not see a pediatrician until they are in school? What happens with them?

Assemblywoman Gorelow:
If they are not seeing a pediatrician, then they are being missed. They are not getting the services they need. You can self-refer to early intervention, although not a lot of families do that. A parent who suspects their child has a delay—is not meeting his or her milestones—can self-refer to an early intervention community provider. A developmental specialist will assess the child. That assessment is usually available at no cost, and the child can be put on a plan if the child meets the criteria.

Assemblywoman Thomas:
For those kids who have not seen a pediatrician or doctor, can we rely on the schools to note their condition and refer them?

Assemblywoman Gorelow:
Yes, and I want to clarify that it is not just the pediatrician who can do the assessment or the referral. An APRN [advanced practitioner registered nurse] or nurse practitioner can, as well as a physician assistant. But, yes, they will be missed, and early intervention is only until age three. After that, there are other services available for those children.

Vice Chair Orentlicher:
Thank you, and the amendment has been sent to everybody. It is a short paragraph to replace the current bill with a pilot program for treatment of infants with fetal alcohol syndrome.

Assemblywoman Gorelow:
Yes. The pilot program is going to help create the necessary workforce to help treat children who have delays, especially with fetal alcohol syndrome disorder and autism. We do not have a very robust mental health and developmental workforce in that area, and that is what this pilot program is going to help do as well.

Assemblywoman Taylor:
The amendment answered my question. I wanted to know what the pilot program was going to do. So, they would begin to identify some children early and give them some services and monitor. Is that what you envision it looking like?

Assemblywoman Gorelow:
Yes, the pilot program will help identify the current workforce and train them specifically on identifying FASD versus autism. The two conditions are similar, and a lot of times there are dual diagnoses because they both are neurological disorders. With fetal alcohol syndrome, a lot of times we find there is not impulse control, and those children tend to be more social than some of the children who are on the autism spectrum. Again, they have a lot of the same communication and neurological delays and can be dual diagnosed as well as be missed, but the treatment is similar as well.

Vice Chair Orentlicher:
Okay. Thank you. Are there any other questions?

Assemblyman Hibbetts:
Just a quick clarification. Is the intent of the amendment to get rid of the original portion of A.B. 422 and replace it with what is in the amendment?

Assemblywoman Gorelow:
Yes. What was in the current language of the bill is already being done through early intervention. Those children have a delay, they are going through the process of being assessed for what their delays are and are usually going to early intervention if they meet those criteria, so that currently is being done.

Assemblyman Hibbetts:
Thank you. I wanted to make sure I understood properly.

Vice Chair Orentlicher:
Thank you for the presentation. We can go to testimony in support of Assembly Bill 422.

Connor Cain, representing Touro University, Nevada:
I want to tell you about Touro University's Autism Center and why this issue is so important to them. I am testifying in support of Assembly Bill 422 on behalf of Touro University, Nevada. The Sharon Sigesmund Pierce and Stephen Pierce Center for Autism and Developmental Disabilities at Touro University sees more than 500 patient visits per month, providing speech therapy and behavioral therapy to children who have been diagnosed with autism. We do not turn any child away and utilize scholarships and grants for children who have no insurance. There is a long waiting list to get into the program. The Center currently has a handful of children under the age of two-and-a-half, and some of them are not covered by insurance because their plans require a neuropsychologist to evaluate them. Unfortunately, neuropsychologists do not evaluate these children until they are older than two-and-a-half to assign a true autism diagnosis. On top of that, neuropsychologists in the area sometimes have a waitlist of 12 or more months. For these children, we currently rely on grants to help fund their treatment while we continue to treat them. We believe A.B. 422 is an important step toward providing access to critical services for children with autism.

We urge your support of A.B. 422, as early intervention is, as you have heard from the bill sponsor, the key to treating these youngsters and giving them an opportunity to achieve their full potential.

Jonathan Norman, Nevada Coalition of Legal Service Providers:
We represent between 3,000 and 4,000 kids in foster care at any given time. In representing youth in foster care, some of the youth who are the most challenging to find appropriate services and supports for are those with intellectual and developmental disabilities. Youth with FASD in particular have unique barriers to services as there are little to no services in the community to meet the growing needs of this specialized population. We have a long way to go to be able to effectively identify and diagnose youth with these conditions, which often hide in plain sight. Programs like Grant A Gift at Ackerman [Center] would expand assessment capacity that allows us to gain ground. The more youth who are assessed and diagnosed, the more who will need treatment. Currently, one of the only treatments available is applied behavioral analysis, and it is in short supply, especially for those specifically trained to use it for FASD diagnoses. Accordingly, we support A.B. 422 and the proposed pilot program. Thank you.

Dan Musgrove, representing Magellan Health:
I would echo the comments of the two previous speakers and say, "Ditto." This is important. Early intervention is critical, and this would be a great pilot program. We support it. Thank you.

Lea Case, representing Children's Advocacy Alliance:
We worked over the interim to find ways to fund and serve children with fetal alcohol spectrum disorders. It is a challenge, as they fall into this gap between what we can provide at ADSD and what Medicaid does. There is a whole world of services these kids need, so, on behalf of the Children's Advocacy Alliance, we are wholeheartedly in support and looking forward to working with ADSD on this pilot program. Thank you.

Vice Chair Orentlicher:
Thank you. It looks like we have people wanting to testify in Las Vegas.

Yesenia Gonzales Assistant, Azulblue United by Autism:
Azulblue United by Autism is a nonprofit organization serving families in Las Vegas, Nevada, since 2010. As of 2023, per the CDC, 1 in 36 children have been identified with autism. One in 54 was the rate when my son was diagnosed. As you can see, the rates are rising. Autism is four times more common in boys than in girls. Autism does not discriminate as it affects all racial, ethnic, and socioeconomic groups throughout the U S. I am a mother who is autistic, and I am the mother of an amazing 13-year-old autistic boy. As a mother who fought and begged for answers ten years ago, I support A.B. 422.

At the age of three, early intervention services like Child Find are what helped identify that my son had special needs. Unfortunately, another three years later when my child finally was diagnosed with Asperger's syndrome, my son was at high risk due to being nonverbal and having developmental delays at the age of three. His schools did not know how to deal with my son's needs. He was a walking question mark. It was a battle to get the proper services for him, and it still is. Had my son been identified sooner, he would not have struggled as he did. Unfortunately, many families in our communities face these disparities and have been on extensive waiting lists for services to identify their child's neurodevelopmental needs. Early intervention is key, but sadly, we do not see that. Our children are severely impacted by the lack of resources and support. Families are left with no answers and are heartbroken due to being unable to help their children. We keep falling behind instead of moving forward, and our children are paying the price. Azulblue United by Autism sees the need within families in our communities, and I hope you all support A.B. 422. We implore you to please hear us. Help our community to finally have answers. Children are affected academically due to the lack of a diagnosis. Please do not let our families continue through this anguish. Our children in Nevada deserve better. Please vote in support for A.B. 422. Thank you.

Vice Chair Orentlicher:
Thank you very much, Ms. Gonzales, for your testimony and advocacy. Is there anybody else in Las Vegas who would like to testify?

Steven Cohen, Private Citizen, Las Vegas, Nevada:
Good afternoon, Mr. Vice Chair, and members of the Committee. Ditto.

Vice Chair Orentlicher:
Is there anybody else? [There was no one.] Do we have people on the line who want to testify in support of A.B. 422?

Shelly Speck, Private Citizen:
I am calling in support of A.B. 422. I want to say, "Ditto" to the last remark, and I appreciate the time.

Vice Chair Orentlicher:
Are there other callers? [There were none.]

[Exhibit Q, letters in support of Assembly Bill 422, was submitted but not discussed and will become part of the record.]

Let us now move to opposition testimony. Do we have anybody in opposition?

Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disability:
I was trying to call in for support testimony. Shall I go ahead?

Vice Chair Orentlicher:
Please go ahead with your testimony.

Catherine Nielsen:
You have heard from many parents and concerned family members and citizens today who urge your support on this bill. This will do nothing but benefit the disability community, so we do support this legislation. Thank you very much.

Vice Chair Orentlicher:
Thank you, Ms. Nielsen. Is there anybody else on the line? [There was no one.] We will go to neutral testimony. Is there anybody who would like to testify in neutral in Carson City, Las Vegas, or on the phone? [There was no one.] Would you like to make closing remarks?

Assemblywoman Gorelow:
It always pains my heart when I hear family members who talk about their child not getting those services. I really hope we can get some support for A.B. 422 so we can make sure these children are being diagnosed appropriately, getting the therapies they need, and reducing the long-term societal and financial costs associated with these disorders. Thank you very much, and I hope to earn your support on A.B. 422.

Vice Chair Orentlicher:
Thank you, Assemblywoman. We are now ready for public comment. Is there anybody here in Carson City who would like to make public comment? [There was no one.] It looks like we might have somebody in Las Vegas for public comment. [Public comment was heard.] That will close public comment. Are there any comments from members before we wrap up? [There were none.] We are adjourned [at 3:29 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 the Work Session Document for Assembly Bill 116, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Assembly Bill 119, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Assembly Bill 137, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is the Work Session Document for Assembly Bill 154, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit G is the Work Session Document for Assembly Bill 169, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit H is the Work Session Document for Assembly Bill 208, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit I is the Work Session Document for Assembly Bill 263, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit J is the Work Session Document for Assembly Bill 265, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit K is the Work Session Document for Assembly Bill 311, presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit L is proposed amendments to Assembly Bill 338, submitted by Brooke Brumfield, Fior Partners on behalf of Note-Ables Music Therapy Services and presented by Assemblywoman Sarah Peters, Assembly District No. 24.

Exhibit M is proposed amendments to Assembly Bill 338, presented by Mario DelaRosa, Executive Director, Latino Arte and Culture.

Exhibit N is a proposed conceptual amendment to Assembly Bill 237, dated April 5, 2023, presented by Assemblywoman Sarah Peters, Assembly District No. 24.

Exhibit O is letters and copies of emails submitted in opposition to Assembly Bill 237.

Exhibit P is a proposed conceptual amendment to Assembly Bill 422, presented by Assemblywoman Michelle Gorelow, Assembly District No. 35.

Exhibit Q is letters submitted in support of Assembly Bill 422.