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

Eighty-Second Session
April 12, 2023

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 12:36 p.m. on Wednesday, April 12, 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:

Assemblyman Steve Yeager, Assembly District No. 9

Minutes ID: 792

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:

Harold Wickham, Deputy Director, Programs, Department of Corrections
Kirk Widmar, Chief, Offender Management Division, Department of Corrections
Erica Roth, Government Affairs Liaison, Deputy Public Defender, Washoe County Public Defender's Office
John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office
Todd Ingalsbee, President, Professional Fire Fighters of Nevada
Barry Cole, Private Citizen, Reno, Nevada
Daela Gibson, Director of Public Affairs, Planned Parenthood Mar Monte

Chair Peters:
[Roll was taken. Committee rules and protocol were reviewed.] We will move on to our agenda. We are going to start with the work session. Everyone has access to these work session documents. They should be on your desk, and they are also online. I am going to ask Mr. Ashton to please begin with Assembly Bill 6. We will take a brief recess.

[The meeting was recessed at 12:38 p.m.]

[The meeting was reconvened at 12:39 p.m.]

Assembly Bill 6: Revises provisions relating to the cost of health care. (BDR 40-380)

Patrick Ashton, Committee Policy Analyst:
As nonpartisan staff, I can neither advocate nor oppose any measures before you today. Assembly Bill 6 was heard on March 29, as shown in the work session document [Exhibit C]. It requires the director of the Department of Health and Human Services to annually establish a health care cost growth benchmark for the immediately following year in an amount equal to the health care cost growth target established by the Governor in Executive Order 2021-29 [The Nevada Health Care Cost Growth Benchmark]. The bill is intended to establish targets for the growth of spending on health care for each year and engage pertinent state agencies and relevant stakeholders to develop strategies to meet those targets and monitor and publish certain reports concerning the growth of health care spending. There were no amendments.

Chair Peters:
Do I have any questions from the Committee? [There were none.] Seeing none, I would entertain a motion to do pass Assembly Bill 6.

> ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO DO PASS ASSEMBLY BILL 6.
>
> ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblywoman Newby:
I still have concerns on A.B. 6, but I am going to vote to pass it out of Committee and hope that the sides will come together and work something out. I do not think that they have been sufficiently talking so far.

Assemblywoman Taylor:
I am just going to say "Ditto" to the remarks of my colleague.

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

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

I will assign that floor statement to Assemblywoman Gorelow.

We will move on to Assembly Bill 7.

Assembly Bill 7: Revises provisions relating to electronic health records. (BDR 40-381)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 7 was heard on March 29, as shown in the work session document [Exhibit D]. I will go straight to the amendments that were also discussed during the hearing. Ms. Bond, Executive Director, Culinary Health Fund, proposes the following amendments:

1. Revised immunity provisions of the health care provider who transmits, accesses, utilizes, discloses, relies upon, or provides to the patient any apparently genuine electronic health records in accordance with the applicable laws and regulations;
2. Provides that transmitting, accessing, utilizing, or disclosing an electronic health record is not an unfair trade practice;
3. Authorizes the director of the Department of Health and Human Services to contract with multiple health information exchanges;

4. Removes the requirement that the director must encourage the use of health information exchanges, and prohibits the director from requiring any person to use a health information exchange;
5. Requires certain facilities and health care providers to maintain, transmit, and exchange health records electronically in a certain manner, which are outlined in items 5a and 5b on the bill page; and
6. Appropriates $3 million to the Department from the State General Fund.

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 GONZÁLEZ MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 7.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

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

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

I will give the floor statement to Assemblyman Nguyen.

Assembly Bill 11 is next.

Assembly Bill 11: Prohibits certain hospitals from employing a physician. (BDR 40-382)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 11 was heard on March 29, as shown in the work session document [Exhibit E]. For the sake of time, I will go straight to the amendments. Assemblywoman Peters proposes the following amendments:

1. Revise subsection 1 of section 1 to prohibit any hospital or psychiatric hospital from hiring new physicians, homeopathic physicians, or osteopathic physicians, except as currently authorized by subsection 2 of section 1 of the bill for graduate programs. This prohibition does not apply to a physician or osteopathic physician who is currently employed on the effective date of this bill and does not apply to any State hospital or psychiatric hospital;
2. Retain existing provisions in law and the bill that a county hospital or hospital district, a private nonprofit medical school, a nonprofit medical research institution, and a hospital or psychiatric hospital who is participating in certain graduate programs is authorized to employ a physician under certain circumstances;

3. Require the Joint Interim Standing Committee on Health and Human Services to conduct an interim study concerning the corporate practice of medicine doctrine, which prohibits corporations from practicing medicine or employing a physician to provide professional medical services. The Committee may request the drafting of one additional legislative measure for consideration by the regular 2025 Legislative Session to amend the prohibition set forth in item 1 and related statutes;
4. Prohibit a hospital from including in a contract for employment or the provision of services any provision that prohibits a provider of health care from
    a. Providing services in another facility or other setting while the provider of health care is employed or serving as an independent contractor at the hospital or after the provider of health care ceases employment or service as an independent contractor for the hospital; or
    b. Except as otherwise provided in item 5 below on the work session document disclosing information concerning the contract for employment or services, wages and hours, harassment, retaliation, assault, or other information relating to working conditions;
5. Prohibit a hospital from
    a. Taking action to prevent a provider of health care from engaging in any activity described in item 4; or
    b. Imposing discipline against a provider of health care or group practice or otherwise retaliating against a provider of health care or group practice because the provider of health care or a member of the group practice has engaged in any activity described in item 4; and
6. Provide that items 4 and 5 must not be construed to prohibit a hospital from taking any action necessary to prevent the disclosure of information that is protected by the Health Insurance Portability and Accountability Act of 1996, Public law 104-191, or otherwise declared confidential by law or court order.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions? [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 11.
>
> ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblywoman Newby:
Thank you, Madam Chair, for indulging me. I appreciate all the work you and the folks involved in this bill went through to get this amendment, and I think it is fair and balanced and a good piece of legislation, so thank you.

Assemblyman Nguyen:
Thank you, Madam Chair. I want to echo my colleague's sentiment. I was originally not in support of this, but your work on the amendment—especially on section 4—highlighted my main concern. I want to make sure our doctors are not being tied to one location and prevented from serving our community the way they should. Thank you, Chair, for your work on this.

Assemblywoman Taylor:
Thank you, Madam Chair. I appreciate your work; however, I have not been able to get through the amendment because I was in a meeting. I am going to vote to pass it out of Committee, but then I will reserve my right once I get a chance to dig in and see where we are on this.

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

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

I am going to take that floor statement. We are going to move on to Assembly Bill 85.

Assembly Bill 85: Establishes procedures to fix rates for certain health care goods and services. (BDR 40-169)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 85 was heard on March 3, as shown in the work session document [Exhibit F]. It establishes procedures to fix rates charged by hospitals, independent centers for emergency medical care, and surgical centers for ambulatory patients for goods and services that are reimbursable through Medicare when provided to a patient who is not indigent and not covered by Medicare or Medicaid. The bill also establishes a commission that shall fix rates at Medicare rate levels presuming that each health care facility is able to cover reasonable costs, earn a fair and reasonable profit, and provide fair and adequate compensation to its employees. The bill requires the division to adopt certain regulations on rate fixing, including regulations establishing civil penalties to be imposed against a health care facility that violates provisions governing rate fixing.

Vice Chair Orentlicher proposes the following conceptual amendments:

1. Limit procedures for fixing the rates to the Public Option pursuant to Senate Bill 420 of the 81st Session and group insurance for State officers and employees through the Public Employees Benefits Program;
2. Revises section 9 by requiring the commission to set either a single multiplier of Medicare rates for each facility that would apply to all services or, in the case of hospitals, either a single multiplier for all services or one multiplier that would apply

to all inpatient services and a second multiplier that would apply to all outpatient services;
3. Require the commission to review and study the impacts of rate setting and report them to the Joint Interim Standing Committee on Health and Human Services by June 30 of every even-numbered year; and
4. Revise subsection 5 of section 6 to require the Governor to appoint at least one member who represents a hospital or the Nevada Hospital Association instead of a health care provider practicing in this state.

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.

ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 85

ASSEMBLYWOMAN THOMAS SECONDED THE MOTION.

Any discussion on the motion? [There was none.]

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

I will assign that floor statement to Assemblyman Orentlicher. Let us move on to Assembly Bill 155.

Assembly Bill 155: Establishes provisions relating to biomarker testing. (BDR 40-305)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 155 was heard on March 17, as shown in the work session document [Exhibit G]. It requires certain public and private health plans, including Medicaid and health plans for State and local government employees, to provide coverage for biomarker testing for the diagnosis, treatment, management, and monitoring of a disease or condition when such biomarker testing is supported by medical and scientific evidence. It sets forth certain conditions for requesting and providing such testing and authorizes the commissioner of insurance to take certain actions against health insurers who fail to comply with requirements established by the bill.

Assemblywoman Peters proposes the attached conceptual amendment. Committee members, I will summarize the provisions of the amendments that were added after the bill hearing as outlined in items 7 through 10 on the bill page. Item 7 revised subsection 1 of section 15 by requiring the director of the Department of Health and Human Services to pay the nonfederal share of expenditures incurred for biomarker testing only when:

a. Conducted by a qualified provider, as determined by the director;
b. Supported by medical and scientific evidence, and deemed medically necessary by a qualified provider;
c. No other cost-effective alternative is available to meet a Medicaid recipient's acute and long-term medical or other health care needs other than biomarker testing.

Item 8 would revise all sections that require public and private health insurers to provide certain coverage for biomarker testing only when:

a. Conducted by qualified providers
b. Supported by medical and scientific evidence and deemed medically necessary by a qualified provider
c. No other cost-effective alternative is available to meet a recipient's acute or long-term medical or other health care needs other than biomarker testing.

Item 9 clarified that any health insurer is not required to pay more than the lowest rate prescribed by contract between the insurer and the provider conducting biomarker testing and added certain cosponsors to the bill.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions?

Assemblyman Nguyen:
In my office this morning, I had awesome testimony from two constituents in my district—a 15-year-old young lady and her mother—on how important this lifesaving measure is. If you do not mind, Chair, I would like to be added as a cosponsor of this measure.

Chair Peters:
Yes, that would be great. Are there any other questions at this moment?

Assemblyman Hafen:
Madam Chair, I wanted to say thank you for working on the amendment. The fiscal note kind of scares me, but I do think this is good policy, and therefore, I will be voting to get this out of Committee. I look forward to trying to reduce that fiscal note in the Ways and Means Committee.

Chair Peters:
A big thank you to the state for sitting down with me to talk about the intent of the bill and work on some language to make sure we are using those taxpayer dollars adequately. Are there any other questions before we move into a motion? [There were none.] I would entertain a motion to amend and do pass.

ASSEMBLYWOMAN THOMAS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 155.

ASSEMBLYMAN GRAY SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I am going to take that floor statement. We will move on to Assembly Bill 168.

Assembly Bill 168: Revises provisions governing the Maternal Mortality Review Committee in the Department of Health and Human Services. (BDR 40-64)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 168 was heard on April 10, 2023, and I will go straight to the amendments included in the work session document [Exhibit H]. Assemblywoman Thomas proposes to replace the bill's provisions with the attached conceptual amendment. In summary, the amendment establishes a Fetal and Infant Mortality Review Program within the Department of Health and Human Services to conduct an in-depth review of individual fetal deaths and deaths of infants under one year of age as directed by the Advisory Committee on Minority Health and Equity. Committee Members, the only change to the amendment as presented during the bill hearing on Monday is item 2 in the conceptual amendment. Item 2 was replaced with the following statement of intent: Make conforming changes to Chapter 432B of *Nevada Revised Statutes* to clarify the scope and objectives of the Fetal and Infant Mortality Review Program and child death review teams. The intent is to reflect the flexibility for both the child death review teams and the Program to review a death when it is within the scope of either entity. For this purpose, such teams and the Program may coordinate their respective case reviews and share information in a confidential manner to avoid any duplication of efforts. Further, the intent is to ensure that the Program's data and findings are reported to the national database at the National Center for Fatality Review and Prevention, and be included in the State's annual child death report, and that no case is reported more than once to the database or report.

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

ASSEMBLYWOMAN GORELOW MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 168.

ASSEMBLYWOMAN TAYLOR SECONDED THE MOTION.

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

> THE MOTION PASSED. (ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I will give the floor statement to Assemblywoman Thomas. Thank you, and we will move on to Assembly Bill 179

Assembly Bill 179: Establishes the Perinatal Quality Control Collaborative. (BDR 40-98)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 179 was heard on March 22, as shown in the work session document [Exhibit I]. It establishes the Perinatal Quality Control Collaborative within the Division of Public and Behavioral Health of the Department of Health and Human Services (DHHS) to improve maternal and neonatal health outcomes. Assemblywoman Gorelow proposes the following amendments in the attached mock-up in the work session document. In summary, the amendments:

1. Revise the name to Perinatal Quality Collaborative throughout the bill;
2. Revise the membership of the collaborative;
3. Revise the collaborative's purposes and ensures they apply to this State;
4. Require a collaborative to additionally review and analyze recommendations from certain entities that review maternal, children, infant, and fetus deaths;
5. Revise the collaborative's authority to additionally access certain reports and data, but removes its access to certain information from medical facilities and health insurers; and
6. Require the director of DHHS to appoint a clinical director.

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.

> ASSEMBLYWOMAN THOMAS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 179.
>
> ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

And is there any discussion on the motion?

Assemblyman Gray:
I am going to vote yes to get this out of Committee. I do like the idea, but I have some concerns around midwives and fiscal notes, but I will vote it out of Committee today.

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

THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND HIBBETTS VOTED NO. ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I will give that floor statement to Assemblywoman Gorelow. Mr. Ashton, please move on to Assembly Bill 188.

Assembly Bill 188: Revises provisions governing investigational treatments. (BDR 40-567)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 188 was heard on March 27, as shown in the work session document [Exhibit J]. It revises the circumstances under which a physician is authorized to prescribe or recommend, and a manufacturer is authorized to provide or make available, an investigational drug or biological product or device to a patient diagnosed with a life-threatening or severely debilitating disease or condition. There were no amendments.

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

ASSEMBLYMAN GRAY MADE A MOTION TO DO PASS ASSEMBLY BILL 188.

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I will give that floor statement to Assemblywoman Kasama. Assembly Bill 358 is next.

Assembly Bill 358: Revises provisions governing emergency medical services. (BDR 40-859)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 358 was heard on April 7, as shown in the work session document [Exhibit K]. It adds the Bureau of Emergency Medical Services to the State Fire Marshal Division, Department of Public Safety (DPS), and requires the appointment of a qualified chief. It transfers various authority and duties related to emergency medical services for counties whose population is less than 700,000 from the State Board of Health to the Bureau. The bill requires the director of DPS to appoint the Committee on Emergency Medical Services and revises the committee's membership and duties requiring it to advise the Bureau instead of the Division of Public and Behavioral Health.

Assemblywoman Peters proposes to amend this bill by requiring the State Board of Health to review and approve any regulation adopted by the Bureau of Emergency Medical Services of the State Fire Marshal Division pursuant to Chapter 450B of the *Nevada Revised Statutes* as amended by the provisions of this bill before the regulation is submitted to the Legislative Commission.

Chair Peters:
Are there any questions from the Committee?

Assemblywoman Taylor:
I want to thank you for your work on the amendment. I was concerned about the lack of eyes from health professionals, medical professionals, on this; but this amendment takes care of that for me, so I am going to be a yes.

Chair Peters:
Thank you. Is there any other discussion or any questions? [There were none.] I would entertain a motion to amend and do pass.

> ASSEMBLYMAN GRAY MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 358.
>
> ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.
>
> THE MOTION PASSED. (ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I will assign that floor statement to Assemblyman Gray. Next is Assembly Bill 383.

Assembly Bill 383: Revises provisions relating to health care. (BDR 40-116)

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 383 was heard on April 10, as shown in the work session document [Exhibit L]. It establishes the Right to Contraception Act which generally prohibits a governmental entity from enacting or implementing any limitation or requirement that singles out contraception and substantially burdens the access of a person to contraceptives, contraception, or information related to contraception, or the ability of a health care provider to provide contraceptives.

For the sake of time, I will go straight to the amendments. Assemblywoman Torres proposes the attached conceptual amendment. In summary, the amendment:

1. Adds a definition of "reproductive health services," which means "medical, surgical, counseling, or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, miscarriage, in-vitro fertilization, or any procedure or care found by a competent medical professional to be appropriate based upon the wishes of the patient and in accordance with the laws of this State."
2. Makes replacements and conforming changes throughout the bill with this new definition.
3. Revises section 8 requiring the director of the Department of Health and Human Services to include in the State Plan for Medicaid a requirement to reimburse services for administering and dispensing contraceptive prescription drugs or devices within the scope of practice of the health care provider in an outpatient setting.
4. Deletes sections 9 through 19 which expands health insurance coverage for certain contraceptive and other health services.

Additionally, Assemblywoman Torres proposes the following amendment, which is not part of the first attached conceptual amendment and is included with the work session document [Exhibit L]. The amendment would:

5. Provide that the definition of "reproductive health services" in item 1 is not applicable to *Nevada Revised Statutes* 442.250.

Chair Peters:
Thank you, Mr. Ashton. Are there any questions? [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 383.
>
> ASSEMBLYWOMAN THOMAS SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman Hafen:
Thank you, Madam Chair. I have some concerns today over potentially taking away the zoning authority from our local municipalities. I do believe they should have control on where some of these medical facilities are located to prevent them being located in the middle of a residential subdivision, so I will be voting no today.

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

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO. ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I will assign that floor statement to Assemblywoman Torres. All right, Mr. Ashton, we will move on to Assembly Bill 403.

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

Patrick Ashton, Committee Policy Analyst:
Assembly Bill 403 was heard on April 3, as shown in the work session document [Exhibit M]. It removes the designation as a "facility for the dependent" of a halfway house for persons recovering from alcohol or substance use disorders, thereby eliminating the licensing but preserving the certification requirement through the Division of Public and Behavioral Health in the Department of Health and Human Services. By removing the designation, halfway houses are exempt from certain duties, requirements, prohibitions, and exemptions that apply to facilities for the dependent. Finally, this bill replaces the term "halfway house" with "recovery house" and preserves certain immunity from liability for volunteers of a recovery house. There was an amendment to revise the effective date.

Chair Peters:
Are there are there any questions? [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 403.

ASSEMBLYWOMAN TAYLOR SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN ORENTLICHER WAS ABSENT FOR THE VOTE.)

I will assign that floor statement to Assemblywoman Newby.

We are going to roll Assembly Bill 283, which was added to the agenda. We will have a work session on Friday and, hopefully, get that bill to the point where we can work session it on Friday.

Assembly Bill 283: Makes changes relating to doula services. (BDR S-844)

[Assembly Bill 283 was not considered.]

We are going to close out the work session and move on to our hearing today. I will open the bill hearing on Assembly Bill 389.

Assembly Bill 389: Revises provisions governing Medicaid. (BDR 38-977)

Assemblyman Steve Yeager, Assembly District No. 9:
It is a pleasure to be in this Committee, and I want to thank all of you for the hard work so far this session. I appreciate the kind of issues you have to tackle—the intricacies of health care, financing, and policy.

It is my pleasure to present to you Assembly Bill 389, which provides Medicaid waiver coverage for certain services to incarcerated youths and certain adults. Before I begin, I did want to note for Committee members that I submitted a conceptual amendment for the bill [Exhibit N], which I believe is uploaded on the Nevada Electronic Legislative Information System (NELIS), and I will go over that at the end of the presentation.

First, I want to give you a bit of background on this bill. The purpose of the bill is to provide incarcerated individuals who are released from prison with access to health care without interruption. A major problem we have is that individuals who are released often lose access to care or they have disruptions once they are released from incarceration. However, many in this population have significant physical and behavioral health care needs. I do not think that is a surprise for anybody in this building; we talk about it in other contexts, and it certainly applies to the incarcerated population. As an example, many of these individuals experience chronic and infectious diseases such as HIV or Hepatitis C, and many suffer from severe mental health illnesses or substance use disorders at a much higher rate than our general population. Managing their health conditions and meeting their health needs is really crucial for their reintegration into our community, and it improves their chances to succeed outside the prison system, which is something we should all want.

Currently, many adults and youths in the criminal justice system qualify for the Medicaid program, but they cannot be enrolled because there is a federal inmate exclusion policy. That policy prohibits Medicaid from paying for services provided during incarceration. There are certain exceptions, but that is the general rule. However, once they are released, they can be enrolled. In the 2021 Session, this Legislature passed Assembly Bill 358 of the 81st Session. That was a bill that had broad bipartisan support and required the Department of Health and Human Services here in Nevada to suspend rather than terminate Medicaid eligibility when a person was incarcerated—meaning they would not have to reapply, they would just be suspended. It also authorized incarcerated individuals to apply for Medicaid, if they were not already enrolled, up to six months before they were scheduled to be released. A dashboard hosted by our own Office of Analytics shows that approximately 73 percent of inmates released from the Department of Corrections (NDOC) in January of 2023—about a year ago—were enrolled in Medicaid within 30 days of their discharge. That is a statistic that is going in the right direction, because in 2020, the last time this was measured and before we passed the bill last session, only 42 percent of inmates were enrolled within 30 days; so we went from 42 percent to 73 percent in a matter of three years, which I think has a

lot to do with A.B. 358 of the 81st Session and a lot to do with our state agencies making this a priority to get folks enrolled.

While Medicaid enrollment upon release is definitely helpful, individuals who are just released from prison often face difficulties accessing care and services during that crucial transition period between the release from prison and finding care in the community. They have a lot of other things going on when they are getting released: going to parole and probation, trying to find housing, and trying to find employment. Unfortunately, sometimes the health care piece of that falls to the bottom of the list. In addition, the health care provider shortage in our state makes it difficult for these individuals. Once they manage to get back on Medicaid, they may not be able to access care in a timely manner. Doctor's appointments may not be available. For instance, a recently released inmate with HIV who needs a doctor's appointment to receive prescription drugs runs the risk of not being able to get that appointment and falling off that medication. Perhaps they have it when they are released, and then they lose it; so, the gap in access to health care is an additional stress and risk factor for these individuals. I see it as a public safety issue. If we can make sure people are receiving the health care they need, they are going to be less of a risk to the community.

Let us get to the bill. The Centers for Medicare and Medicaid Services (CMS) realized that this is a problem nationally and have offered states a cost-effective solution by providing the opportunity to apply for a waiver. That waiver program aims to reduce or close this care gap, so Assembly Bill 389 requires Nevada Medicaid to apply for such a waiver to solve the problem of the care gap between prison release and receiving community-based care. As of February 2023, which is now two months ago, the CMS has approved one such waiver in the country, and 14 additional states have pending applications to be able to provide this type of service. I provided an exhibit on NELIS that has a selection of hyperlinks you can go to because we cannot provide all the source material [Exhibit O]. If you are interested in any of the things I have talked about, there are plenty of links here for you to read. The objective of the bill is to allow these individuals to create their needed care network in the community prior to release. If this waiver is granted, Nevada Medicaid can provide coverage of various services for both incarcerated youth and adults with certain health conditions for up to 90 days before their scheduled releases.

Let me tell you what those treatments are and who would be eligible for them under this waiver. The treatment would be case management, consultation with behavioral and physical health care providers, laboratory and radiology services, prescription drug coverage including for medication-assisted treatment, which is a way individuals who are incarcerated can try to get off harmful substances like opiates, and then receive assistance through community health workers. Those are the services. Now, who will qualify for these services if we get the waiver? You have to be under 18 years of age. If you are pregnant or not more than 12 weeks postpartum, you would qualify. Finally, if you were diagnosed with a behavioral health disorder, a chronic disease, including HIV, or have a developmental or intellectual disability or traumatic brain injury, you would qualify. That would be the universe of folks we are talking about, and of course, we are talking about people who are incarcerated as well, so that limits the numbers in terms of who might be eligible.

I want to summarize the conceptual amendment for you. There were three parts to it, and you should have that on a one-page document [Exhibit N]. The first thing the amendment does is remove references to the State Plan for Medicaid and instead requires the State to provide coverage under the Medicaid Program. That is cleanup language to make sure we are saying the right thing in the bill. That was a technical amendment requested by Legislative Counsel Bureau (LCB) staff upon guidance from Nevada Medicaid. Staff also asked to revise existing Nevada statutes relating to such waivers that make similar references to the State Plan. Second, the amendment requires the Department of Corrections to cooperate with the Department of Health and Human Services in determining who the beneficiaries of the program might be because they have information about who the inmates are and their health information. We want to make sure our agencies are working well together to identify and enroll eligible inmates in a timely manner. I have all the confidence in the world that our new prison Director James Dzurenda will do a great job of coordinating. He knows how important it is to make sure people get health care, so they do not end up back in jails and prisons.

In conclusion, what we are trying to do here is enroll high-need patients in the State Medicaid Program three months before they are released and give them access to health services. If we do that, we can improve continuity of health care, prevent disruptions, and contribute to improved health outcomes and reintegration of former inmates into our communities. I believe this bill will contribute to greater stability in their lives, thereby reducing the risk of recidivism, meaning we are all going to be safer, and providing broader benefits for all Nevada communities. I thank you for your time this afternoon and urge your support of the bill. I am happy to answer any questions, and I have backup in the room, too, if you have specific questions about Medicaid waivers.

Chair Peters:
We have heard a couple of Medicaid waiver bills so far this Session. It is an important and interesting topic. Are there questions from the Committee?

Assemblywoman Taylor:
It does seem to make sense that we give these folks as much of an opportunity as we can to be reintegrated into society. Is this common practice in other states?

Assemblyman Yeager:
There has been one state that has successfully gotten a waiver, California. There are 14 states with waivers pending, so I would say it is cutting edge, but it is coming. We would get in line with the rest of the 14 states. By the time CMS would get to our waiver, you are going to see a number of states already online, because they see the sense in this as well. It is more expensive if we are going to rely on folks being released from custody and then having to go to emergency rooms for care. That is a bad scenario for everyone. The reason you are seeing so many of these waivers is we realize it is cost-effective. It costs money. It is going to cost the State money to provide these services. Should this bill pass, it is going to have a stop in the Ways and Means Committee I am sure, but I think it is money well worth investing, given what the return is and given what the alternatives are.

Assemblywoman Newby:
I particularly appreciate the portion in and around mental health services and continuation of those supports for folks getting out. My question concerns psychotropic medications that control mental health illness in folks getting out of incarceration. Are those medications filled in a way that those individuals can get to that bridge—their next appointment on the outside? We certainly would not want the medication to stop or for the behaviors or concerns to recur and for them to end up potentially right back in prison.

Assemblyman Yeager:
I am going to pass that question on, but I know that is a concern we have had in this building for a long time—what happens when someone is on medication. The last thing you want to do is release them and say, "Good luck," especially if it is a medication that has stabilized a serious mental illness. The Nevada Department of Corrections is addressing that need.

Harold Wickham, Deputy Director, Programs, Department of Corrections:
Currently, NDOC provides a 30-day supply of medication upon release.

Assemblyman Yeager:
A 30-day supply is great, but we do have provider shortages, so we have some difficulties there. My hope is by bringing the Medicaid coverage in as part of that release plan, not only are you going to get a 30-day supply of medication, but we are going to help you find a provider in the community who is a Medicaid provider, so you will have an appointment set up. That way, you do not get to the point where you have run out of your 30 days' supply, especially if it is something for severe mental illness because the likelihood of your ending up back in the hospital or in jail if you stop taking that medication is quite high. That is the piece I hope will help. I do not like the phrase "warm handoff." Everyone uses that phrase, but there is a handoff there.

Assemblyman Gray:
You may have covered this, but the intent is that this is just for people under the age of 18? I am reading in section 1, subsection 2, paragraph (a) that "A person is eligible for the coverage described in subsection 1 if the person would otherwise be eligible for Medicaid if he or she were not incarcerated and: Is under 18 years of age." Should there be an "or" after that age, or is there something missing here?

Assemblyman Yeager:
I would defer to legal whether we need an "or" but I think the intent there is to capture it. I think it should be read as an "or" you are either under 18 years of age or you have been diagnosed with one of those illnesses, and then there is another "or" but, Madam Chair, legal counsel might like to weigh in. I do not know if we need to correct that or if it would be read that way.

Chair Peters:
That is a good question.

Eric Robbins, Committee Counsel:
I do not think any correction is needed because it says that the person is eligible for the coverage if the person would otherwise be eligible if they were not in jail. And then, either they are under 18, they have been diagnosed with any of these conditions, or they are pregnant or not more than 12 weeks postpartum. That is in section 1, subsection 2, paragraph (b), after sub-subparagraph (7). The "or" there makes it clear that it is either paragraph (a), paragraph (b), or paragraph (c).

Assemblyman Yeager:
This could be an Oxford comma situation. With that legal explanation, it is clear on the record what the intent is. If some judge is reading this sometime in the future, let that be a clear statement that it is to be read to be "or," but the question was a good one, Assemblyman Gray.

Chair Peters:
Thank you. Sometimes these lists, it is like *Inception* [2010 science fiction action film] right? The list, within the list, within the list. Are there other questions?

Assemblyman Nguyen:
I keep thinking about ways to walk through this bill inside my head. In terms of the case management piece, will the individual be first in line or have some sort of continuous Medicaid coverage when he or she is released? Because they are qualified for this treatment, are they automatically enrolled in this special program? Once they are released, will they have a preference or priority in line in terms of that continuous Medicaid enrollment, or do they have to go through case management and start over again?

Assemblyman Yeager:
I will try to answer that. Assuming we get the waiver from CMS—because we have to do that. Before we get the waiver, we have to apply, which is what the bill is requiring. The difference is they will be eligible 90 days before release, meaning the State is going to start paying for those things—reimbursing the Medicaid reimbursement rate 90 days before. The difference now is you do not get it until you walk out the front door. I do not know if I would say first in line, but 90 days before they are going to have the ability to get all of this. Now, the prisons are going to have to figure that out. There is not a Medicaid clinic inside the prison, so there are some logistical things that will have to be figured out, but the idea is they can start setting that stuff up 90 days before, so, hopefully, we do not end up in a situation where they are being released and do not have anywhere to go. In that sense, we are giving everyone a 90-day head start before release. If it is case management or if it is those different things that were mentioned—prescription medication, psychological appointments—those can start sooner in the process. Of course, you still have to be eligible. Does that answer your question?

Assemblyman Nguyen:
Actually, there were some heads nodding as you were answering.

Chair Peters:
We welcome you to come back up and let us know. In this Committee, we have not heard many of the pharmaceutical bills that have gone through this building; however, continuity of providing medication has come up quite a few times. Allowing for continuity of information within a specific health care provider, Medicaid, allows that person to remain consistent in their access to it because that data does not have to change hands. It does not have to be grabbed from one place to another place, so there is a continuity that comes with the backstop of having that 90 days

Kirk Widmar, Chief, Offender Management Division, Department of Corrections:
Based on the law that was passed out of the 2021 Session, we begin to engage the offender at approximately the 90-day mark and get them enrolled into Medicaid. Upon release, all those facets are in place. They are provided a Medicaid number, and it is activated upon release into the community, so they have active Medicaid when they go into the community. Establishing providers and things like that are still some of those challenges they would face, but as far as all the administrative part of being prepared to be released, that is all being completed before their discharge.

One of the challenges or unintended outcomes of part of that process is that offenders have to select a managed care organization (MCO) related to their discharge or release. Although the law says 6 months, we engage at about 90 days because of the parole component. We need to understand which offenders have been granted parole to be able to go—the discharge offenders aside, we know that group—so they go through this process. Once we understand the offenders who have been granted parole, then we focus; that generally happens at 90 days prior to their discharge or parole date. So, we engage them and get them enrolled. Working very closely with our colleagues at the Division of Parole and Probation—a very small group—and working with Speaker Yeager to try to figure out if we can capture how to address that group, an MCO is selected. Then we may find that as we look at some of the more difficult offenders, the types of crimes, they need to be placed in the community, specifically speaking about those offenders who go to the halfway houses. The assigned halfway house may operate under a different MCO than the offender's. The challenge we face sometimes is getting it turned over and the person enrolled in a timely manner, where the loss of funding associated with the halfway house does not allow the person to slip through the cracks. It is a very small group, but with the change in the law, we are going to track and will be available to the Speaker and to the Committee to assess if this is something we can address before work session or if this is something that we go forward with and see how it tracks out. I wanted to provide that data because it is a responsibility of the Department of Corrections to let the Committee know how the bills they vote on and pass play out in the real world. I wanted you to have that information.

Assemblyman Nguyen:
I want to make sure that is on record. You are saying that there is a warm handoff process, but there is a bit of a disconnect in certain ways we do things, so we need to fix a couple of things because you are handing off to another group. If they are working with a different MCO, then that handoff could be at a standstill, and then that patient is lost somewhere in the shuffle

Kirk Widmar:
Yes, that is exactly right. We lock the MCO in. We try to wait until the last minute. Our embedded specialists from the Division of Parole and Probation (DPP) are excellent partners to work with. They scramble. There are some rules around educating and representing or sponsoring one MCO over another that the Department and DPP have to be careful about. So, we do our best to be a neutral educational component related to where you may end up going, especially with offenders convicted of certain types of crimes where there are limited resources in the community. Ninety-nine percent of the time, the continuity of care, aka the warm handoff, does happen. There are only a few situations I think are worth noting and monitoring and, if possible, correcting so we capture the entirety of the group. I believe that is the intent of this Committee and of Speaker Yeager.

Assemblyman Nguyen:
Thank you, sir. Thank you very much for the answer.

Chair Peters:
This is one of those cases where we used to say do not let the perfect be the enemy of the good, where we are taking a step forward, and it is doing a lot of good, right? This proposes some really good movement forward, and then there is some infilling that has to happen. That is often the case in the health care industry, where once we start digging, we see those gaps. It is our job to ensure we are monitoring those, so I appreciate the Department of Corrections' interest in following through with that into the future as we develop legislation to ensure we are capturing those. Are there other questions from the Committee? [There were none.]

Seeing none, we are going to move into support testimony for Assembly Bill 389. We will start here in Carson City, move to Las Vegas, and then go to the phones.

Erica Roth, Government Affairs Liaison, Deputy Public Defender, Washoe County Public Defender's Office:
I am testifying in support of this bill this afternoon. Our clients are often released from the custody of NDOC with $25 and well wishes. This is an important step in ensuring there is continued continuity [of care] or a warm handoff after they are released. Assembly Bill 389 ensures that when individuals are released back into our communities, one of their most basic human needs is met, and that is their health care. Something we see very often is our clients enter into the criminal-legal system and are finally diagnosed with some mental health disorder. They are then treated and often stabilized, but if they are not set up to succeed when they are released, it is inevitable that they will end up back into the custody of law

enforcement. The cost for this will be borne either through funding this important program or by reincarcerating these people, and so we urge your support and thank Speaker Yeager for bringing this forward.

John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office:
I would like to echo the comments of my colleague, Ms. Roth. One of the things that was talked about a little bit is there is going to be a cost up-front, but the cost savings are going to come on the back end when we are not putting somebody back in custody. One of the biggest difficulties we have is when somebody gets released without a good supply of their medication or a good plan of where to continue to get medication. What we see is that the person destabilizes and winds up back in the criminal justice system. Then, people like my friend, Mr. Ingalsbee, as well as the police, have to deal with that. We do not want that to occur. When a client is released, we hope never to see them again in that capacity. This bill goes a long way towards accomplishing that, and we would like to thank the Speaker for bringing it forward.

Todd Ingalsbee, President, Professional Fire Fighters of Nevada:
This is a great bill. We see these folks and run on these folks all the time. A lot of the remarks made today—They just got out of jail; They were trying to get on their feet; and Some do not even have IDs [identification] to get prescription medication. This would be a great start in the right direction, and we support this bill wholeheartedly.

Barry Cole, Private Citizen, Reno, Nevada:
I love this bill. In fact, I feel like Moses before the Pharaoh saying, "Let my people go." Every single category: I treat these people. Do not let them fall through the cracks, please. When I was working at state mental health, we took people directly in transfer from the NDOC. We knew when they were being released. They got committed; they got sent to Northern Nevada Adult Mental Health. We provided continuity of care. We plugged them into outpatient services with case management. This really could happen during the 90 days prior to release so they are ready to go, and they do not have to pass through another inpatient situation but go directly to outpatient providers. I see nothing but good in this bill. I ask you to consider it.

Chair Peters:
Seeing no one else coming up to the desk in Carson City, is there anyone who would like to provide support testimony on Assembly Bill 389 in Las Vegas? [There was no one.] Is there anyone on the public line to provide support testimony on Assembly Bill 389?

Daela Gibson, Director of Public Affairs, Planned Parenthood Mar Monte:
We support this bill and ditto the other statements made in support of the bill.

Chair Peters:
Are there other callers on the line? [There were none.] All right, we will move on to opposition. Is there anyone in opposition to Assembly Bill 389 in Carson City or Las Vegas? [There was no one.] Seeing none, could you check the phone lines for opposition testimony on Assembly Bill 389. [There was no one.] Are there folks in neutral on Assembly Bill 389 here in Carson City or Las Vegas? [There were none.] Would you check the phone lines for neutral testimony on Assembly Bill 389? [There was no one.]

I would like to invite Speaker Yeager back up for closing remarks.

Assemblyman Yeager:
We saw an example of what I mentioned earlier. As you know, the health care system is complicated. You pull a thread here and something moves over in the other direction, but that provides us with opportunities to address those challenges. I certainly appreciate the concern that was brought up by the Department of Corrections, one I was unaware of, but one I think we can solve. As this bill moves forward, if there is an opportunity to solve that problem this session in the context of this bill, I would certainly love any input from our friends at NDOC about how we can make life easier for them and the offenders getting out.

I want to thank Mr. Cole as well. Mr. Cole used to be my constituent when he lived in Las Vegas, and I was very sad to lose him. I thank him for his enthusiasm. I thank this Committee again for the work it is doing. Health care is really complicated in this country—way more complicated probably than it has to be, but that is the result of decisions made before we were here. Now that we are here, it is on us to fix these challenges. This bill is not going to solve all those challenges, but it will make a big difference in the lives of a lot of people getting out of incarceration and, hopefully, get them on the right track, which in the end not only helps them and their families, but helps all of us and makes Nevada a better place to live. So, thanks for your consideration, Madam Chair, and thank you, Committee members.

Chair Peters:
We will go ahead and close the hearing on Assembly Bill 389. With your permission—and I asked for it previously—I would like to entertain a motion to work session this bill immediately.

I will open the work session for Assembly Bill 389 and would entertain a motion to amend and do pass.

> ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 389.
>
> ASSEMBLYWOMAN TAYLOR SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman Gray:
I would like to get it out of Committee, but there are still things I want to see worked out. It is good policy, but on the other end, there is fiscal, too.

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

> THE MOTION PASSED. (ASSEMBLYMEN HAFEN AND ORENTLICHER WERE ABSENT FOR THE VOTE.)

I will take that floor statement.

We will close the work session and close the hearing. Our last agenda item today is public comment. We will start in our physical locations and move to the phones. Seeing nobody here in Carson City come up to the desk for public comment and no one in Las Vegas, please check the phone line for those who may like to provide public comment today. [There were no callers.] With that, we will close public comment. We are adjourned [at 1:46 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 6 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Assembly Bill 7 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Assembly Bill 11 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is the Work Session Document for Assembly Bill 85 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit G is the Work Session Document for Assembly Bill 155 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit H is the Work Session Document for Assembly Bill 168 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit I is the Work Session Document for Assembly Bill 179 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit J is the Work Session Document for Assembly Bill 188 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit K is the Work Session Document for Assembly Bill 358 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit L is the Work Session Document for Assembly Bill 383 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit M is the Work Session Document for Assembly Bill 403 presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit N is a proposed conceptual amendment to Assembly Bill 389 presented by Assemblyman Steve Yeager, Assembly District No. 9.

Exhibit O is a document titled, "Selection of Information Resources Related to Assembly Bill 389," dated April 12, 2023, submitted by Assemblyman Steve Yeager, Assembly District No. 9, in support of Assembly Bill 389.