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

Eighty-Second Session
April 28, 2023

The Committee on Health and Human Services was called to order by Vice Chair David Orentlicher at 1:31 p.m. on Friday, April 28, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

Assemblywoman Sarah Peters, Chair (excused)
Assemblywoman Michelle Gorelow (excused)
Assemblyman Ken Gray (excused)

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Eric Robbins, Committee Counsel
David Nauss, Committee Counsel
Shuruk Ismail, Committee Manager
Lori McCleary, Committee Secretary
Gina Hall, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Sarah Adler, Private Citizen, Carson City, Nevada
Jay Kolbet-Clausell, Program Manager, Nevada Community Health Worker Association
Jimmy Lau, representing Dignity Health-St. Rose Dominican
Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disabilities
Steve Messinger, Policy Director, Nevada Primary Care Association
Andrea Gregg, Chief Executive Officer, High Sierra Area Health Education Center

Vice Chair Orentlicher:
[Roll was called. Committee rules and protocol were explained.]

We have one bill hearing, Senate Bill 117 (1st Reprint), presented by Sarah Adler and Jay Kolbet-Clausell. I will open the hearing on S.B. 117 (R1).

Senate Bill 117 (1st Reprint): Revises provisions relating to community health workers. (BDR 38-333)

Sarah Adler, Private Citizen, Carson City, Nevada:
I am with you today as Sarah Adler, who is a long-time board member and former board president of the Healthy Communities Coalition (HCC) of Lyon and Storey Counties. We at HCC are proud to host the Nevada Community Health Worker Association, as we have for several years. Senate Bill 117 (1st Reprint) and community health workers are like today: a sunny Friday afternoon. They are a good thing. We at HCC had the opportunity to help bring the experience of community health workers throughout Nevada.

I will let Jay Kolbet-Clausell, the program manager, speak in detail, but I just want to let you know, my personal background is having worked for many years in rural Nevada, having worked in education, and having worked as a volunteer a great deal in mental health.

Community health workers (CHWs) are a win in all of those contexts. We have educated Mr. Kolbet-Clausell's organization, and his partner trainers have community health worker graduates from every single county in our state, including five in Esmeralda County. They work actively in multiple fields, including education and mental health.

What CHWs do is bring lived experience and the community cultural context to supporting and connecting the work of professionals to their clients. The last thing I would like to say is we have experienced years of working with CHWs. Being a community health worker is a career building opportunity. Its past employment is a career building opportunity. I was listening to testimony on another bill from a woman who is in Las Vegas and was previously incarcerated. The way she stated she should have the right to whatever that bill was offering was by saying, I am a community health worker. That is the reframing this profession has offered to her and to more than 1,000 other people.

With that, I will turn it over to Mr. Kolbet-Clausell to present more information on CHWs and the bill.

Jay Kolbet-Clausell, Program Manager, Nevada Community Health Worker Association:

This bill was brought forth by the Interim Standing Committee on Health and Human Services and is three years in the making. So many people have contributed to what this bill could be. Nevada moved cautiously bringing Assembly Bill 191 of the 81st Session and having community health workers compensated by Medicaid in chronic disease prevention and management. That has gone so well, and then this bill comes and brings us in alignment with the other states.

We have this picture because CHWs are a bridge [page 1, Exhibit C]. They provide more communication and have that connection to the community. They bring security and health. The roles of CHWs are summarized in these 13 competencies [page 2]. I will not read all of them, but there is a national movement to self-align, standardize, and make the field consistent across the various states without it being a formal process. As a social worker, we have a national association that does accreditation. Within CHWs, that is now how it works. Each state gets to assign and grow as they see fit. Texas was the first state to officially recognize CHWs 30 years ago. Nevada is a little late to this one, but now we are a leader. We are being contacted for support in how we have launched our CHW program from A.B. 191 of the 81st Session, and we are providing technical assistance to Kansas and other states that want to do this same work, and we work with the Centers for Medicare and Medicaid Services to get approval for CHWs who can extend the reach of licensed professionals, have more time with clients, and save funds for both the state and those medical facilities.

Some of the other states have this similar language where the supervisors for CHWs are licensed providers [page 3]. Without getting into too many of the details, one worth highlighting is New Mexico. New Mexico prohibits CHWs from doing the work of a licensed professional. We also do that here in Nevada. Community health workers are not

a replacement for licensed professionals; they are an extension of what licensed professionals do by keeping those referrals going and helping people achieve the case plan that has been written by a licensed professional. We did our state plan through a state plan amendment. We had several state plan amendments, which in December also included the tribal clinics. That was an amazing win for CHRs [community health representatives], which are similar to CHWs.

Anyone can be a community health worker [page 4]. We have kids who go out and advocate for the health of the community with their parents, who might help with translation. In Nevada, we have certification through the Nevada Certification Board. People who have agreed to certification have completed the initial eight-week core training and also signed a code of ethics. They have committed to continuing education every two years. We find that really important for career development, growth, and quality care. The CHWs do have a continued commitment to learning. Other Nevada Certification Board certifications include certified prevention specialists, birth doula, and peer recovery support specialists and support specialist supervisors.

This is the code of ethics the CHWs sign [page 5]. You can see we are really defining what the CHW does and what commitments they are making to the community.

One thing I meant to cover a little earlier is, I just ran some statistics on who has graduated in the last 12 months. Of the 325 students who finished our CHW core program, 26 percent are African American, 29 percent are rural, 9 percent are Native American, 37 percent are Hispanic or Latino, 2 percent are from Pacific Islander communities, 4 percent are Asian. We have had students from every county in the last 12 months. These are the people we want to bring into the health care system. Right now, we have a diversity problem of all types in our health care. We want a door for the community to participate in the health care system, and this is really it.

These are the other training programs in the state [page 6, Exhibit C]. Truckee Meadows Community College (TMCC) accepts students at any time. If there is someone who needs to apply for their CHW now, TMCC is the best group to contact. That program is online. Our program is on quarters. The College of Southern Nevada has an in-person and a hybrid program. The Center for the Application of Substance Abuse Technologies (CASAT) through the University of Nevada, Reno certifies many peers, support specialists, and those in recovery in CHW. High Sierra Area Health Education Center also trains CHWs. They can start their career and get right into the health care pipeline in high school.

For the amended bill text [page 7], we are looking at saving Nevada money and increasing the quality of care. Section 1 was removed because the language did not align with the original goal. Section 2, subsection 2 is the goal of this program, which is to align our supervision requirement with the other states so we can do state plan amendments with the

Centers for Medicare and Medicaid Services (CMS) and have more CHW services in more settings across the state. Right now, only physicians, physician assistants, and advanced practice registered nurses can supervise CHWs. It expands supervision to licensed professionals who have been approved by CMS. Section 2, subsection 3 provides Medicaid reimbursement must be under the supervision of a *Nevada Revised Statutes*-defined provider of health care.

This page includes my contact information [page 8, Exhibit C]. I have some references on CHW work [page 9] and references on supervision [page 10]. We are looking at beefing up how we do supervision in Nevada and perhaps creating a credential for supervisors, especially those who may not already have a medical license who could potentially be a good task supervisor for a CHW in the future.

With that, I will open it up for questions.

Vice Chair Orentlicher:
Are there any questions from the Committee?

Assemblyman Koenig:
I am in the health care field, but I do not have a grasp on this bill. What is the education and training they have to do to become certified? How long is it, what classes; just a basic overview of what education they would need?

Jay Kolbet-Clausell:
It is an eight-week program that focuses on professional skills and basic assessment. They cannot do an assessment that a licensed professional would do. However, CHWs are often the first contact with a community member. They may be in a food pantry, or it might be someone who steps into an emergency room. At the Renown program, they find if a CHW is the first person to talk to the patient, it helps the hospital deploy their resources more effectively. The CHW might be able to take care of small things and immediate referrals. The CHW is caring for patients and spending time with them in the hospital when there may be a higher need situation down the hall for the doctor.

Community health workers do about eight weeks of training and their job description should reflect that. This is not an associate degree or a 2,000-hour internship for most CHWs. It is knowledge about how to communicate with licensed professionals, how to make referrals, how to understand the social determinants of health, and how to advocate for the community the CHW is from.

Assemblyman Koenig:
They are working under the license of physicians or physician assistants, et cetera. Is the physician going to be billing Medicaid for the CHW's work or is the CHW billing Medicaid themselves? Would the CHWs be billing for what they do or would they be employed by the physician and would the physician be billing Medicaid for what the CHW does?

Jay Kolbet-Clausell:
That is how it is done currently when billing Medicaid. There is a provider type, PT 89, for CHWs, but it is under the national provider identifier (NPI) number of the licensed professional. The billing does go through the licensed professional's enrollment with Medicaid.

Assemblyman Koenig:
When I bill Medicaid for what I do, there is a booklet indicating what I can bill for a particular procedure. How much are they going to bill for a CHW for talking to the patient before the doctor does? What is the CPT [current procedural terminology] code? Is there a price set up hourly for a CHW? What are the specifics for billing for CHW services? I do not believe there are CPT codes that exist for that at this point. All of that would have to be created. Give me an idea of how that would look.

Jay Kolbet-Clausell:
We do have a current program operating and there are three codes. It depends on the number of clients who are being served. If a CHW is doing a blood pressure self-management class for eight people, the reimbursement is nearly $100 per hour. If they are working with one individual, it is half-hour increments and is close to $16. Of course, it is Medicaid, so things can be more complicated. In a tribal clinic, it is billed at the encounter rate as long as it is done on a different day than the service provided by the doctor. The reason the federal government approves that is they found better outcomes and fewer emergency room visits. It is worth it to bring in CHWs and have the additional 12 hours per month that is allotted.

Assemblyman Koenig:
That gives me a better picture, thank you.

Assemblywoman Thomas:
I know this is not a fiscal committee, but on average, what is the salary for a CHW?

Jay Kolbet-Clausell:
The salaries often range from $14 to $30 per hour. There is a wide range and it will depend on what the specific CHW is qualified to do and what services they are providing. A CHW who is organized and can do lots of classes and bill Medicaid for those classes could be reimbursed at a higher rate. Through our grant funding, it can depend on the setting. We have CHWs within the justice system, so it is a different system and a different setup of grants. It is hard to compare across the entire institution of CHWs. In a medical setting, there would be a higher rate, in the 20s.

Assemblywoman Taylor:
How many CHWs work in the medical field.? You just mentioned some are in the legal side. How many people do you think this will impact?

Jay Kolbet-Clausell:
Currently, 20 percent are in the medical field. We would like to see some growth. We have a lot of CHWs in the schools who are doing resource technology work. We are also trying to help them understand a little of the medical side so they can refer those families where they need to be.

Assemblywoman Taylor:
Do you have a number of CHWs?

Jay Kolbet-Clausell:
About 400 are currently in medical.

Sarah Adler:
Since 2015, 1,796 individuals have signed up for a CHW training course. We have a 65 percent completion rate so far, with 1,167 having completed the course. The profession itself is developing. Right now, they take an introductory CHW training and there is no exit examination. As we know, examinations seem to be high stakes and are difficult for some people. There is now a CHW II classification, which does require an exit examination. Even within this field, the profession is developing. To Assemblywoman Thomas' point, part of that structure is to enable people to move up to higher income levels.

Jay Kolbet-Clausell:
We have not launched the examination yet. That is the goal for CHW II. For CHW I, a high school graduation is not even required. We would help anyone who becomes a CHW, and any medical setting is going to require a high school equivalency, but the certification itself is the eight-week training, signing the code of ethics, and committing to continuing education.

Assemblywoman Taylor:
Do you think those in the medical field are at the higher end of the hourly rates? You said the wages could be anywhere from $14 to $30 per hour. There is a difference between a CHW I and a II, I would imagine.

Jay Kolbet-Clausell:
A CHW I and a CHW II can both bill Medicaid. It is all market driven. Our highest paid CHWs are those training other CHWs and elevating their skills.

Assemblywoman Taylor:
But they cannot bill Medicaid, right? They have to go through the doctor.

Jay Kolbet-Clausell:
They are grant funded. Our organization currently has seven grants for CHW funding. I get to announce today the 40 recipients of a southern Nevada scholarship of $4,800. There are some amazing opportunities out there to reduce those barriers and help elevate those skills for CHWs.

Assemblyman Nguyen:
My question is along the same line of questioning in terms of the future of this profession. What I like to hear is these folks really are the champions for minority communities and communities with language barriers in terms of navigating this complex system. I am sorry if I missed this in your presentation as far as licensing steps in the future. There are technical requirements, some advanced knowledge, as well as language capability. We want to make sure things do not get lost in translation or get confused. Obviously, the patient in the end would be at a disadvantage. Has there been any effort across the country of going toward some sort of licensing aspect for this particular profession?

Jay Kolbet-Clausell:
The term licensing implies a much higher level of training and experience. We have actually pushed back against a license. We have some grants that provide a 2,000-hour internship for a CHW. These new 40 students will be doing that. That is not appropriate for most CHWs. We have students who are 98 years old. They just want to be able to engage with their community and their schools and be a little more knowledgeable about health. At that level, that is what is happening.

Nationally, we have the C3 Project [CHW Core Consensus Project] where we are self-aligning where that certification and training is all in alignment. Our program was developed in collaboration with Massachusetts and the state of Washington, so we have both sides there. That is the curriculum we use in Nevada through the Division of Public and Behavioral Health, Department of Health and Human Services, and it was developed ten years ago.

Assemblyman Nguyen:
In terms of liability that could be raised, the liability of the CHW's action or inaction, would that be absorbed by the licensed provider? That is why I am asking about the licensing piece, because it has some guardrails and safeguards on the consequences of either action or inaction from these folks. I know the purpose is to help, but I want to make sure in situations where folks can be misinformed or inaccurately informed, who do those folks follow up with if the CHW is unable to perform a certain task or gives the wrong information? Does that fall back on the provider or a body that could investigate these circumstances and situations?

Jay Kolbet-Clausell:
Complaints can be submitted to the Nevada Certification Board to investigate. Currently, we can only bill Medicaid for a CHW service if they have the certification through the Nevada Certification Board. Ultimately, the liability does fall on the licensed professionals, so they want to hire people they trust and who are going to listen and share accurate information.

Overall, we have CHWs in such a broad number of settings, I still do not think a license would be appropriate in all of those settings.

Vice Chair Orentlicher:
Seeing no other questions, we will move to testimony. Is there anyone in Carson City or Las Vegas wanting to provide support testimony?

Jimmy Lau, representing Dignity Health-St. Rose Dominican:
Dignity Health-St. Rose Dominican has employed CHWs for more than a decade in southern Nevada and was an early adopter of the model because they recognized the benefits CHWs had on improving outcomes. Just last year, St. Rose implemented a new program in southern Nevada called the Pathways Community HUB, which coordinates CHW services across all the different fields—medical, employment—into a single stream to assist people who need those types of services. This Pathways model has been implemented in several states across the country. The savings that are realized are pretty phenomenal. I jotted down a couple. One of them is in Chicago, where they saw an average savings of $5.58 for every dollar spent on a CHW; and Baltimore, which realized $80,000 to $90,000 per year per CHW employee.

Dignity Health-St. Rose looks forward to being able to expand its Pathways program in southern Nevada with the passage of this bill and urges the Committee's support. I am happy to answer any questions.

Vice Chair Orentlicher:
Seeing no one else in Carson City or Las Vegas wanting to testify in support, is there anyone waiting on the phone to testify in support of S.B. 117 (R1)?

Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disabilities:
We have a community health worker who is on our staff and who serves as our public health liaison. Her primary responsibilities include gathering information on the impact of the pandemic for the access and functional needs population. This population encompasses those who may have language access needs, those with disabilities, and those who have any sort of access or a functional need during an emergency. Her goal is to improve outcomes for future public health emergencies and to ensure those with access and functional needs have less of a negative impact next time, because there will be a next time. This model will ensure the quality of community health workers in this community is continued in all areas of public health.

Steve Messinger, Policy Director, Nevada Primary Care Association:
I represent the state's federally qualified health centers. Our health centers serve more than 100,000 Nevadans, the vast majority of whom have incomes below 200 percent of the federal poverty level, and about a quarter of whom take their patient care in languages other than English. Community health workers are so important to the work we do. We are community health centers and we are designed to be connected to the communities we serve, and we serve the most underserved Nevadans.

I would like to hit just a couple of points. Mr. Kolbet-Clausell gave a great presentation, but this bill is the evolution of more than a decade of investment in community health workers in Nevada. Nevada famously has gaps in the health care system. About ten years ago, the state realized that one of the best ways to bridge those gaps and to take patients from the lack of access and connections they have in those communities to where they need to be, where they can get care, in a language they understand, in a communication style they can understand, that is sensitive to the communities they actually live in. The community health workers were the best investment to do that.

I would encourage the Committee to please pass this bill. It is the silver bullet we have. You are not going to invest enough money to help fix the other health disparities, and this is the low-hanging fruit of what we can do. That is what I want the Committee to understand.

Andrea Gregg, Chief Executive Officer, High Sierra Area Health Education Center:
I am here representing High Sierra Area Health Education Center (AHEC), in addition to our Nevada health care workforce and pipeline development work group. We are calling in today to highly support S.B. 117 (R1).

As a training provider for community health workers, we are seeing boots on the ground and the success of the way in which we can utilize community health workers and the way in which they can help mobilize a significant effort to support those in rural and underserved areas. I would like to put on the record, on behalf of AHEC and the work group, to have you highly consider this bill. It is a thoughtful, innovative bill that can lead our state in the right direction on where we know we are falling significantly short from a provider perspective, an access perspective, as well as a health equity perspective.

Vice Chair Orentlicher:
Seeing no other callers waiting to testify in support, we will move to testimony in opposition to S.B. 117 (R1). Is there anyone in Carson City, Las Vegas, or on the phone wanting to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City, Las Vegas, or on the phone wanting to provide neutral testimony? [There was no one.] Are there any closing remarks?

Jay Kolbet-Clausell:
Thank you for your time today.

Vice Chair Orentlicher:
I will close the hearing on Senate Bill 117 (1st Reprint). We will move to the last agenda item, which is public comment. Is there anyone in Carson City, Las Vegas, or on the phone wanting to provide public comment? [There was no one.] Are there any comments from the Committee? [There were none.]

We will reconvene on Wednesday, May 3, 2023, at 1:30.

This meeting is adjourned [at 2:07 p.m.].

RESPECTFULLY SUBMITTED:

_____
Lori McCleary
Committee Secretary

APPROVED BY:

_____
Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a copy of a PowerPoint presentation titled "SB 117 Overview," dated April 24, 2023, presented by Jay Kolbet-Clausell, Program Manager, Nevada Community Health Worker Association, regarding Senate Bill 117 (1st Reprint).