MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-second Session
June 1, 2023

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 1:06 p.m. on Thursday, June 1, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Fabian Doñate, Chair
Senator Rochelle T. Nguyen, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

STAFF MEMBERS PRESENT:

Destini Cooper, Policy Analyst
Eric Robbins, Counsel
Mary Ashley, Committee Secretary

OTHERS PRESENT:

Kanani Espinoza, Nevada HAND, Inc.
Robert Colbert, Vice President of Assisted Living, Nevada HAND, Inc.
Arielle Edwards, Nevada HAND, Inc.
Nic Ciccone, City of Reno
Blayne Osborn, Nevada Rural Hospital Partners
Joan Hall, Nevada Rural Hospital Partners
Patrick Kelly, Nevada Hospital Association
Izack Tenorio, Churchill County; Behavioral Health Solutions; UHS Delaware Inc.; Children's Mental Health Consortium
Barry Cole, M.D.
John Packham, School of Medicine, University of Nevada, Reno
Ed Owens, Incline Village Community Hospital
Bobbette Bond
Shelbie Swartz, Battle Born Progress

Dylan Shaver, Eddy House
Andrew LePeilbet, United Veterans Legislative Council
Lea Case, National Alliance on Mental Illness-Nevada Chapter; Nevada Psychiatric Association
Steve Messinger, Nevada Primary Care Association

CHAIR DOÑATE:
We will open today's meeting with Assembly Bill (A.B.) 130.

ASSEMBLY BILL 130 (1st Reprint): Revises provisions relating to assisted living facilities. (BDR 40-694)

KANANI ESPINOZA (Nevada HAND, Inc.):
We are here today on behalf of Assemblywomen Shannon Bilbray-Axelrod and Venicia Considine. My copresenter, Robert Colbert, will be giving the majority of the presentation. This bill expands the existing grant criteria for assisted living properties and prioritizes affordable assisted living properties.

ROBERT COLBERT (Vice President of Assisted Living, Nevada HAND, Inc.):
Nevada HAND's Silver Sky and Silver Sky at Deer Springs are the only two affordable assisted living communities in Nevada. Our unique all-inclusive model ensures seniors receive the additional care and supportive services they need. It is provided by a dedicated team of caregivers, housekeepers, medical technicians, food service personnel, activity specialists, nurses and licensed administrators.

These communities offer 180 apartment homes designed for individuals who require support and services without needing the level of care provided in a nursing home. Our professional teams consist of trained and licensed nurses, medical technicians, consulting pharmacists, dieticians and service staff. The staff delivers around-the-clock care to ensure a comfortable environment in an affordable, all-inclusive and unique community in Nevada.

Assembly Bill 130 was drafted to address critical sustainability challenges that affordable assisted living communities face. The Fund for a Healthy Nevada grant is a set-aside within the Nevada Department of Health and Human Services (DHHS). It is a $200,000 competitive grant used for the establishment or expansion of affordable assisted living facilities. In section 1, subsection 1,

paragraph (e), this bill expands the usage of these funds for operational purposes to ensure stable funding for these facilities.

Due to a lack of slot allotments, operational costs include gap funding for Medicaid recipients in the State. Access to operational grant dollars is crucial for affordable assisted living communities to maintain affordable and sustainable housing for these residents. The grant dollars will help cover operational expenditures and allow communities to offer affordable rates to seniors at varying income levels. Additionally, it helps ensure individuals with varying care needs to have access to appropriate and affordable living arrangements.

This funding provides opportunities for affordable assisted living communities to expand their capacity and reach. It will help address the growing demand for affordable senior housing options in our State. These funds will support the development of new facilities, the renovation of existing ones and the ability to serve more seniors in need of affordable assisted living services. Thank you for the opportunity to present A.B. 130.

SENATOR TITUS:
I need a better understanding of how the $200,000 will be used. Are these funds allocated to families to offset their cost, infrastructure or the actual facilities? You provided a laundry list of what it might do, but this is likely not enough funding to cover your list.

MR. COLBERT:
The grant is for $200,000 per calendar year and is currently for the expansion of a facility or a new facility. This funding would assist us in sustaining affordable assisted living communities in southern Nevada. It is costly to operate these communities on a 24/7 basis. In addition to either expanding or opening a new affordable assisted living facility, we could use it to sustain our operations for affordable locations.

SENATOR TITUS:
It sounds like it is just going to two different locations. Are you applying for a grant from the agency for $200,000? I need clarification.

MS. ESPINOZA:
All assisted living properties are eligible for the $200,000 in the Fund for a Healthy Nevada grant. In 2019, this language was changed for the grant

eligibility criteria to only the expansion or establishment of assisted living properties. This bill will expand the language to include operational costs for Nevada's affordable assisted living properties.

There are only two affordable assisted living properties in southern Nevada. These properties are unable to utilize this funding on an annual basis because it is too costly to expand or establish a new property. These properties need funding for operational costs rather than establishment and expansion.

ARIELLE EDWARDS (Nevada HAND, Inc.):
We echo the comments of Mr. Colbert. We are in strong support of this bill and urge its passage.

NIC CICCONE (City of Reno):
We support A.B. 130.

CHAIR DOÑATE:
I have one document (Exhibit C) in support of A.B. 130 to put into the record. We will close the hearing on A.B. 130, and I will entertain a motion on this bill.

SENATOR NGUYEN MOVED TO DO PASS A.B. 130.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let us move on to A.B. 277.

ASSEMBLY BILL 277 (1st Reprint): Establishes provisions governing rural emergency hospitals. (BDR 40-637)

BLAYNE OSBORN (Nevada Rural Hospital Partners):
I am here on behalf of Assemblyman Gregory Koenig to present A.B. 277. Rural emergency hospitals are a brand-new type of hospital designation. Created by the U.S. House of Representatives Resolution 133 of the 116th Congress, the Consolidated Appropriations Act, 2021, passed on December 27, 2020. The

Centers for Medicare & Medicaid Services (CMS) just finalized the regulations in January 2023.

When this bill was heard in the Assembly, only nine or ten states had passed legislation or recognized rural emergency hospitals. We are now up to 15 states. This is an exciting new designation. To become a rural emergency hospital, the facility must already be a critical access hospital. It does not apply to any freestanding emergency services or freestanding rural emergency hospitals.

A rural emergency hospital can provide additional options for two scenarios. The first is a hospital in trouble and getting ready to close. The second is a hospital with not enough inpatients. It allows a critical access hospital to apply to shut down the inpatient unit and keep the emergency room open. It would allow the hospital to staff 24/7, retain outpatient services, pharmacy, radiology, laboratories and distinct areas such as skilled nursing, psychology and rehabilitation.

This wonderful alternative to closure is another tool in the toolbox to help keep rural hospitals open.

SENATOR TITUS:
To clarify, if a critical access hospital shuts down the inpatient services, it will not be harmed if the hospital has an attached skilled facility or long-term care facility. It could still maintain that attached facility.

MR. OSBORN:
Yes, that is correct.

SENATOR TITUS:
Is it similar to the Idaho programs where a patient can stay in the emergency room for 72 hours?

JOAN HALL (Nevada Rural Hospital Partners):
No, it is a different program. The program you are referring to is different from this legislation. Assembly Bill 277 only allows facilities to shut down the inpatient services and still be recognized by CMS. They get a different reimbursement and have different conditions of participation.

MR. OSBORN:
A patient cannot stay in the emergency room longer than 24 hours per annual average.

SENATOR TITUS:
That is consistent for any facility and would not change anything. For example, as long as the facility can keep someone hydrated, the patient can stay on the average 24 hours.

PATRICK KELLY (Nevada Hospital Association):
We support A.B. 277 because we need every option available to serve rural Nevadans.

IZACK TENORIO (Churchill County):
We support A.B. 277 because it will keep rural hospitals open. It will provide more healthcare access and serve the needs of rural Nevadans.

BARRY COLE, M.D.:
Be afraid, be very afraid, once you are south of Hawthorne. The next hospital is in Las Vegas. We need all the options we can get. It was bad enough that we lost the hospital in Tonopah. This bill may have saved it.

JOHN PACKHAM (School of Medicine, University of Nevada, Reno):
My office oversees the critical access hospital program, and we have watched the evolution of provider types. This is a good option. We urge you to support this bill. It is painful that this was not in existence earlier, not only for Tonopah but another facility that closed its inpatient unit over ten years ago. Giving rural facilities one more option in the operating environment is going to be helpful down the road.

ED OWENS (Incline Village Community Hospital):
We are in strong support of A.B. 277. By providing options for rural hospitals, it aids and preserves access to health care for all Nevadans.

CHAIR DOÑATE:
We will close the hearing on A.B. 277, and I will entertain a motion on this bill.

SENATOR NGUYEN MOVED TO DO PASS A.B. 277.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let us move on to A.B. 7.

ASSEMBLY BILL 7 (1st Reprint): Revises provisions relating to electronic health records. (BDR 40-381)

BOBBETTE BOND:
I am presenting A.B. 7 as a member of the Patient Protection Commission but not on behalf of the Commission. Assembly Bill 7 is the Commission's second of three bills heard before this Committee. This bill was thoroughly vetted in a public process by the Commission, and it became one of the three final selections for presentation to the Legislature.

Assembly Bill 7 is in response to patient frustration with not having easy access to medical records. The primary purpose of this bill is to ensure patients can receive their medical information electronically from their healthcare providers. It will also allow them to provide the records to any provider who they designate. Essentially, it puts the patient in the middle of the healthcare information regarding his or her own health care.

Its sister policy is Senate Bill 419 that came before your Committee and is still being processed.

SENATE BILL 419 (1st Reprint): Makes revisions relating to public health. (BDR 40-748)

This bill is following the direction at the federal level to create interoperability of health information technology. Instead of working on supporting health information exchange, it is expanding health information access that can be exchanged in multiple pipelines.

Many, if not most, healthcare provider groups already maintain electronic medical records, but these documents are not shared with other provider

groups. The federal government is focused on creating interoperability among existing healthcare records and systems. It created new regulations this Committee has heard about. This bill helps push this initiative forward. Technology is quickly changing to allow existing medical records to be shared.

During the COVID-19 pandemic, we learned how to interface information. The electronic medical records we had were different than the laboratories or hospital records. We shared the information, and it was not as difficult as in the past. It is no longer a barrier to access records or share information, which is where this bill is taking us.

Assembly Bill 7 has three goals. The first goal is interoperability. The evolution of medical records to comply with federal direction of interoperability is tied in with the goals of this bill. The data should not be stored in one exchange and only accessed from that exchange. We are rewriting State statute to allow flexibility for DHHS to contract with or use more than one exchange.

The second goal is patient access. It assures patients can get access to their medical information electronically and share it with whomever they want. This should be a patient decision. Assembly Bill 7 is not changing Nevada from being an "opt-in" state. This means a patient's records are protected and only provided to groups the patient approves. State statute already mandates a patient must opt in to have his or her information shared. In addition, all HIPAA and record privacy requirements in State and federal statute will remain. This bill allows patients to get their own information, share it or allow their providers to share it as they wish. Some patients may not want to share their data, and this does not change.

The third goal is physician support. A $3 million fiscal note on the bill is allocated to assist small practices to become interoperable. It will allow the practice to become live or more streamlined. It is important to be connected to each other. It is great that the State is setting up this grant program to help doctors and small groups that otherwise would struggle with this task.

Each provider needs to have an interoperable electronic medical record by the year 2028. This gives them five years to complete this task.

SENATOR TITUS:
When my practice set up electronic medical records, it was a significant cost. It costs for the number of providers accessing it, upgrades and maintenance. It was quite expensive. Who pays for these interoperability programs for each facility?

MS. BOND:
We are trying to capitalize on the fact that most providers have electronic medical records in place. Seven years ago, this was not true. It certainly was not true when the State's first electronic health information exchange was created. Now most groups have electronic medical records, and we do not want to make them change.

We intend to put the resources into interoperability, which is becoming more affordable. Waiting until 2028 will make it even more affordable. It will allow us to see the interoperability cost. The $3 million is intended to help groups obtain the technical support to become interoperable.

SENATOR TITUS:
The $3 million fiscal note on this has been addressed already in the Assembly. However, I am still concerned with this bill. Many providers have medical records, but the systems do not speak to each other. It was going to cost my little practice about $30,000 to communicate with one program. What will happen when six different types of providers, different formats and each one must communicate with each other? This could be extremely expensive for one facility to communicate with all the other facilities. I am worried $3 million is not enough to accomplish this.

CHAIR DOÑATE:
There will be questions on the appropriation. Hopefully, it will be addressed if the bill is referred to Senate Finance. It already went through Assembly Ways and Means, but we will continue the conversation.

DR. COLE:
I am in favor of anything that integrates medical systems so doctors, nurses and pharmacists Statewide can communicate with each other. It is to the patient's benefit. We will have to figure out how to pay for it.

SHELBIE SWARTZ (Battle Born Progress):
We are in strong support of A.B. 7. Investing in streamlining healthcare records with patients and providers will remove confusion. It will result in Nevada being able to manage its health care better. Please support A.B. 7.

CHAIR DOÑATE:
I will work with the bill sponsor to address a few amendments to this bill. We will close the hearing on A.B. 7.

Assembly Bill 201 is not on our Second Revised Agenda, but we have decided to hear it today. This bill was submitted by the Joint Interim Standing Committee on Health and Human Services, and I was the vice chair of this Committee. I will present this bill and pass the gavel over to Vice Chair Nguyen.

ASSEMBLY BILL 201 (1st Reprint): Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325)

VICE CHAIR NGUYEN:
We will open the hearing on A.B. 201.

SENATOR FABIAN DOÑATE (Senatorial District No. 10):
I would like to provide some background on this bill. Over the Interim, we had several people discuss different issues impacting citizens in their community. One issue was children's behavioral health care, which is in crisis in Nevada.

We need to look at the delivery of quality care administered to our children. This bill establishes direct guidelines for how DHHS can conduct research on the types of services we provide, track the spending of funding for these services and decide where our State needs to go.

Section 2 of the bill would require DHHS to track the spending of federal and State money on the children's behavioral health system. Nevada would need to determine, compile and analyze information on this topic. This bill requires public hearings on how the State can use such funding and ways to reinvest money to avoid the gaps we are seeing.

Section 2 also requires DHHS to report to the Legislative Counsel Bureau on different provisions, which include the children's behavioral healthcare system. This would consist of respite care, community-based and in-home behavioral

health services, services for children, services to promote the coordination of behavioral health for families, peer-to-peer support services and specialty services.

The only other change to this bill is in later sections. It is regarding the development of a Statewide mental health consortium and the provisions established to help coordinate with all these services.

SENATOR TITUS:
Given that the bill passed out of this Committee was vetoed by the Governor, where does that place this bill?

SENATOR DOÑATE:
There were provisions in the veto message pertaining to this bill, specifically the Statewide mental health consortium. My understanding of the veto was based on two reasons. The first was to not duplicate current efforts, which we considered. The second reason was if a Statewide program started, then it should have some level of financial support. We will look at these things beyond this bill hearing because provisions of this bill have already been entertained. I would refer the Committee back to the earliest provisions and address behavioral health care for children.

DR. COLE:
I am in support of A.B. 201 and anything for children's mental health. Let me remind you, we have been told that next year the U.S. Department of Justice is coming. If this is true, then we need to be proactive not reactive.

IZACK TENORIO (Behavioral Health Solutions; UHS Delaware Inc.; Children's Mental Health Consortium):
We represent a number of clients that work in the behavioral health space amid a crisis in children's behavioral health in Nevada. This bill provides for important programs and policies to assist the State in helping our children and their families. We urge you to support this bill.

VICE CHAIR NGUYEN:
I will close the hearing on A.B. 201 and open the hearing on A.B. 135.

ASSEMBLY BILL 135 (2nd Reprint): Revises provisions relating to homelessness. (BDR 40-324)

SENATOR FABIAN DOÑATE (Senatorial District No. 10):
For the record, I am presenting A.B. 135 in my capacity as the vice chair of the Joint Interim Standing Committee on Health and Human Services. The homelessness issue was brought to us from several community members. As you may know, we have a growing population of children and youth who are homeless. Part of the structure we approved for this bill draft request was to remove barriers for children who find themselves in this situation. The bill revises the process for homeless persons to apply for a certified or official copy of a birth certificate. It also provides additional required information on how they can obtain an identification card.

In section 1 of the bill, a provision requires that a homeless person can submit a form prescribed by the State Registrar with "a statement signed under penalty of perjury that the person is homeless. The issuing person or governmental organization shall not require such a statement to be notarized."

Section 1, subsection 4 states that "a person or governmental organization which issues certified or official copies pursuant to" this section, "shall, upon determining that required documents are missing from an application for a certified or official copy of a certificate of birth" may notify the applicant of the deficiency. The notice must include the additional documents the applicant must submit.

The rationale for this language is when a person, like a young adult or a teenager, is homeless, it may be difficult to obtain documents such as a birth certificate. This part of the bill is making sure they have access to certain services. We want to remove barriers for this population to have a job or to apply for Medicaid.

A similar provision of the bill requires the State Registrar to not mandate certain information and documents. The rest of the bill follows the same guidelines.

SENATOR TITUS:
In the previous hearings, the Nevada Department of Motor Vehicles (DMV) wanted to wait on this legislation to implement or change its computer system. This bill has a good program, and we should support this legislation. I was curious if there has been any conversation since the hearing with the DMV.

SENATOR DOÑATE:
I am uncertain, but we will answer that question offline. Provisions of the bill require State agencies to collaborate with the DMV to facilitate the assistance for these persons. We will get clarification from the DMV.

DYLAN SHAVER (Eddy House):
Eddy House is the only nonprofit that serves homeless and at-risk youth in northern Nevada. We operate a drop-in center and emergency shelter, as well as host life skills and workforce development programming. We are an entire continuum wide-service provider and fully support A.B. 135.

My involvement with the Eddy House began about seven years ago. I was trying to address the circular dependency of document procurement, whether it is a birth certificate, a social security card or other identification. We are not service-oriented for somebody who does not have ready access to these documents. This bill takes a step toward making the lives of homeless youth a little bit easier and allows us to continue to serve the community in a great way.

ANDREW LEPEILBET (United Veterans Legislative Council):
We represent the 279,000 veterans in Nevada, and we support this bill. Our first thought is our homeless veterans and, in some cases, their children. This bill is overdue and makes it easier, especially for some of the offspring of our veterans. We carry that sentiment across to all of our homeless, but my primary function is representing veterans and their families.

This is a big leap forward to help this population. It will allow them to identify themselves and get the proper records. They need access to services.

MS. SWARTZ:
Battle Born Progress is in support of A.B. 135 and think it is a wise use of State resources to have Nevada's Crisis Response System collaborate with the DMV. It will help people who are experiencing homelessness with their identification requests.

We support exploring creative measures such as this bill. It will provide people the opportunity to get back on their feet for new jobs, housing and assistance programs. We have no time to waste on this. Please support A.B. 135.

SENATOR DOÑATE:
I did get a clarification regarding the DMV question. It is my understanding that a Floor amendment addresses it. The DMV did ask for a delayed timeline, so the Assembly moved the implementation of this bill.

VICE CHAIR NGUYEN:
I will close the hearing on A.B. 135. I will return the gavel back to Chair Doñate.

CHAIR DOÑATE:
I will entertain a motion on A.B. 135.

SENATOR NGUYEN MOVED TO DO PASS A.B. 135.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
We will open the hearing on A.B. 389.

ASSEMBLY BILL 389 (1st Reprint): Revises provisions governing Medicaid. (BDR 38-977)

SENATOR ROCHELLE T. NGUYEN (Senatorial District No. 3):
I am excited to see A.B. 389 on the agenda today and to present this bill. This is an expansion of a bill I brought forward last Session that passed almost unanimously out of both Houses and went on to be signed by the Governor. This bill directs DHHS to apply for an amendment to the State Plan for Medicaid. It is essentially a waiver for people 90 days before their scheduled release from prison to apply for Medicaid. This is a transition service, mental health and health service for those individuals leaving our prison system.

SENATOR TITUS:
This bill has already gone through Assembly Ways and Means, so we know the fiscal cost. I like this bill and am supportive of it. We need to have, as we say in health care, warm handoffs. Many people whom we discharge from facilities do not have medications. They do not have appointments set up, and it takes a

while to apply. This bill can help stop this vicious cycle. It gives a path to have applications filled out, so they can have those appointments before they are released. This bill is a great idea.

SENATOR NGUYEN:
So much of the credit for this goes out to DHHS Director Richard Whitley. Saving money and protecting people's health has been important to the Director. In addition to having a warm handoff, it is also important to know the cost savings. When people are not on Medicaid and in the prison system, they are using the General Fund or our money. Continuity of care also helps with people's rehabilitation and recidivism.

DR. COLE:
Please pass A.B. 389 because it is a good transition. It is good for handing off and continuity of care planning.

LEA CASE (National Alliance on Mental Illness-Nevada Chapter; Nevada Psychiatric Association):
We support A.B. 389 and echo Dr. Cole's and Senator Titus's comments.

STEVE MESSINGER (Nevada Primary Care Association):
We represent the State's federally qualified health centers. Our health centers have been participating in the warm handoffs this bill would facilitate. We are in support of A.B. 389.

CHAIR DOÑATE:
We will close the hearing on A.B. 389 and I will entertain a motion on this bill.

SENATOR STONE MOVED TO DO PASS A.B. 389.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
We have concluded the bill hearings and there is no public comment. This meeting is adjourned at 2:05 p.m.

RESPECTFULLY SUBMITTED:

_____
Mary Ashley,
Committee Secretary

APPROVED BY:

_____
Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
A.B. 130	C	4	Senator Fabian Doñate	Letter of Support