MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-second Session
February 21, 2023

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:32 p.m. on Tuesday, February 21, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, 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:

Joanna Jacob, Clark County
Jay Kolbert-Clausell, Program Manager, Healthy Communities Coalition of Lyon and Storey Counties
Joan Hall, President, Nevada Rural Hospital Partners
Andrea Gregg, CEO, High Sierra Area Health Education Center
Sheila Bray, University of Nevada, Reno
Steve Messinger, Nevada Primary Care Association
Helen Foley, FirstMed Health and Wellness
Katie Ryan, Dignity Health, St. Rose Dominican Hospital

CHAIR DOÑATE:
I will open the hearing on Senate Bill (S.B.) 42.

SENATE BILL 42: Revises provisions relating to the funding of medical assistance to indigent persons. (BDR 38-398)

JOANNA JACOB (Clark County):
I am here to present S.B. 42. This bill will allow Clark County additional flexibility to contribute indigent care dollars to supplemental payment programs. These dollars will support the County's public hospital, the University Medical Center of Southern Nevada (UMC).

Clark County pays a nonfederal share State match for supplemental payments. The supplemental payments are for services UMC provides to Medicaid and uninsured patients. It is a payment to a provider and is separate from, and in addition to, the payment for services rendered to a Medicaid enrollee. These payments are paid to UMC under a variety of federal programs approved by the Centers for Medicare and Medicaid Services (CMS). For example, we have funding at UMC for graduate medical education. We fund inpatient and outpatient services. We have been working on other programs available by the federal government. The new programs are the genesis of the bill.

Since we are discussing indigent care dollars, I would like to give some background. Ten cents on every $100 valuation of property taxes are dedicated to indigent care. This property tax collection funds supplemental care and the nonfederal share to Medicaid for long-term care of indigent patients.

Nevada Revised Statutes (NRS) 439B.310 defines an indigent patient under two primary groups: lack of insurance coverage and low-income level. The patient either does not have health insurance or is ineligible for a federal or state public assistance insurance program. In addition, the patient will need to be under an asset- and income-level limitation to qualify. Generally, an indigent patient is part of the Medicaid population. The indigent caseload is 48.9 percent of the total patient mix at UMC. Medicaid patients comprise 43.9 percent of the total indigent caseload. The remaining 5 percent are self-pay patients. Since nearly 50 percent of the UMC caseload are indigent patients, we need to amend the statute for additional flexibility.

In part, S.B. 42 will amend NRS 428.295, subsection 3 to expand the use to any supplemental program established by the State's Plan for Medicaid. This statute affects counties with a population over 100,000 and only applies to Clark and Washoe Counties. We have been working with the State and UMC on

additional opportunities to use supplemental payment programs. One program, the Medicaid managed care directed payment program, would help UMC and the managed care organizations (MCO) get closer to a commercial rate. However, the program is not a part of the State's Plan for Medicaid. Instead, the State would submit a plan to CMS for approval to participate.

In addition to Medicaid programs, Clark County wants to participate in appropriate programs approved by CMS, like the directed payment program. Given the limitations in S.B. 42, Clark County met with the Nevada Department of Health and Human Services (DHHS) to amend the language. We have submitted a proposed amendment to the bill (Exhibit C). We are proposing the bill is changed to "program established by the federal Centers for Medicare and Medicaid Services." The amendment will allow UMC to access programs approved by CMS and continue to enter into arrangements with the State.

For the record, the funding discussed earlier is a separate source of funding from the "Fund for Indigent Care for Hospitals." This fund allows hospitals to recover for care given to indigent patients and is governed by NRS 428.206. It has a dedicated funding source of 1.5 cents per $100 of assessed valuation, which is a different part of property tax. The funding is devoted to the care given to the indigent patients. Senate Bill 42 does not impact the "Fund for Indigent Care for Hospitals."

In past Legislative Sessions, supplemental payment programs have been discussed. It is a way for the Clark County General Fund to partner with the State. We can then work with the federal government to provide additional support for our hospital.

SENATOR TITUS:
I want to clarify S.B. 42 does not affect public hospitals in rural areas.

MS. JACOB:
That is correct.

SENATOR TITUS:
How are the other hospitals in Clark County affected? These hospitals have Medicaid patients walk into their emergency room. How will the hospitals be reimbursed?

MS. JACOB:
We did reach out to the Nevada Hospital Association. They questioned the indigent care funding, but their hospitals have a separate stream of dedicated funding. We also contacted the Nevada Association of Counties who administer their fund. Senate Bill 42 should have no impact on the other hospitals.

SENATOR STONE:
Can you elaborate on the supplemental payment program? Are we leveraging with the federal government to get more funds back?

MS. JACOB:
Yes, that is how the program operates. Clark County has entered into an arrangement with the State because it benefits UMC. The additional funds help UMC get closer to what Medicare pays. The dedicated payment program is an innovative program attempting to bring us closer to a commercial rate.

CHAIR DOÑATE:
I will close the hearing on S.B. 42 and open the hearing on S.B. 117.

SENATE BILL 117: Revises provisions relating to community health workers. (BDR 40-333)

JAY KOLBERT-CLAUSELL (Program Manager, Healthy Communities Coalition of Lyon and Storey Counties):
I am here to present an overview of S.B. 117 (Exhibit D). Assembly Bill No. 191 of the 81st Legislative Session, allowed reimbursement for community health workers (CHW). A CHW provides chronic disease prevention and management to clients. The CHW program is an eight-week course. Many community health workers do an advance track, but all of the programs cover 13 competencies, as outlined on page 2 of Exhibit D.

In other states, it is common for a CHW to have a supervisor. The supervisor will provide a resource and a support system to the CHW. The supervisor will be able to guide the CHW on how to provide referrals in the most effective way for the community. To develop a quality program in Nevada, the Coalition started with a medical setting model. A supervisor is a physician, a physician's assistant (PA) or an advanced practice registered nurse (APRN) providing a service inside and outside of the clinic.

The medical setting model is inverted when compared to other states. These states opted to have a social worker or a behavioral health position function as a supervisor. Other states have increased their program to develop a licensed professional supervisor. These positions are submitted to CMS for CHW service reimbursement. On page 3 of Exhibit D is information on the supervision programs in other states. New Mexico prohibits a CHW from doing the work of a licensed professional. Nevada has a similar prohibition for a community health worker. The MCOs had a CHW service prior to Nevada requiring education and certification. As a result, that requirement was not included in the bill as a requirement for an MCO to have this type of service.

On page 4 of Exhibit D is the Nevada code of ethics, which a CHW is required to sign. It is important for the supervisor to be knowledgeable about this code. The supervisor needs to ensure the CHW is working within the scope of practice.

Senate Bill 117 requires a CHW to be certified by the Nevada Certification Board. Nevada has multiple training programs with a diverse group of students. The training programs have approximately 24 percent African American students and 40 percent Hispanic. The training programs average 120 students per quarter. The CHW educators began to instruct before Nevada had a certification process. Now that it is available, we have had 302 CHWs become certified with 64 certified as a CHW II.

Senate Bill 117 will allow Medicaid with CMS approval to add qualified supervisors in addition to physicians, PAs and APRNs. It would limit Medicaid reimbursement for CHWs under the supervision of an approved provider of health care. Starting on page 9, Exhibit D, I have included additional information.

I would like to receive clarity on the fiscal note submitted by DHHS, Division of Public and Behavioral Health (DPBH). The Nevada Certification Board, rather than DPBH, would perform an investigation of a complaint. Once certified, a CHW is monitored by the Nevada Certification Board. Our association, Healthy Communities Coalition of Lyon and Storey Counties, is focused on education and the Nevada Certification Board is focused on accountability.

SENATOR TITUS:
You mentioned the eight-week training program. Does the State offer the training program?

MR. KOLBERT-CLAUSELL:
The State does not offer a training program. Due to a lack of funding, the State was unable to set it up. The Coalition volunteered to initiate the program. It started out small, but we now have six different grants. We recently partnered with Intermountain Healthcare for Nye, Esmeralda, Lincoln and Clark Counties. Students will receive a stipend and support.

Since the State does not offer a program, DHHS instructed us to notify them of any significant changes to the curriculum.

SENATOR TITUS:
Is the training available online?

MR. KOLBERT-CLAUSELL:
In addition to in-person training, we have a hybrid online program.

SENATOR TITUS:
Is the nationwide standard an eight-week training program?

MR. KOLBERT-CLAUSELL:
The training programs nationwide are 8 to 15 weeks.

SENATOR TITUS:
In your presentation when you referred to a CHW, you used phrases like scope of practice and medical training. I support the services provided by a CHW, but they do not practice medicine or give health care services. The CHW is assessing a patient in their own environment. They are performing social networking for the overall well-being of a patient. Can you clarify this for me?

MR. KOLBERT-CLAUSELL:
Your assessment of duties is correct. The State does not have a medical community health worker. We do have CHWs in a medical setting, but they would have additional training. For example, the CHW would need to be trained to do blood pressure self-management.

SENATOR TITUS:
In S.B. 117, section 2, subsection 2, it states the Director "may include" in the State Plan for Medicaid. Do you think it should be changed to "shall include"?

MR. KOLBERT-CLAUSELL:
The funding is driven by CMS policy. The bill is giving the Director permission to follow the CMS guideline.

SENATOR TITUS:
You may want to consider changing the language from "may" to "shall."

MR. KOLBERT-CLAUSELL:
We would support the change but will defer to your policy analyst.

SENATOR TITUS:
How much does it cost to become certified?

MR. KOLBERT-CLAUSELL:
Training will cost under $1,000, but it can be free if the student is in need. The Coalition's training program costs $300. Once the training is complete, a CHW I will pay $75 for the first year and $50 every two years after the first year. A CHW II will pay $150 for the first year.

SENATOR TITUS:
Do you train on the Health Insurance Portability and Accountability Act (HIPAA) violations?

MR. KOLBERT-CLAUSELL:
The eight-week program does not have a section on HIPAA violations. However, a CHW serving in a medical setting must take HIPAA training. We recommend everyone takes a course on it.

CHAIR DOÑATE:
Do you believe other states have pivoted toward certification for a CHW because of their impact on health care? Is the certification a way to ensure proper training?

MR. KOLBERT-CLAUSELL:
A social worker has more training, but a CHW has invaluable experience from the community. For example, the CHW can translate the food pyramid to foods relevant to the community they are serving. A CHW saves two dollars for every dollar spent in Nevada on medical services. Other states have seen a higher savings from these programs.

SENATOR STONE:
Are there any educational requirements to take the eight-week course? Is there an exam at the end of the course to obtain a certificate? Are there any requirements to maintain the certification?

MR. KOLBERT-CLAUSELL:
The program does not include a minimum educational requirement for a CHW I. To become certified, the individual will need to complete the eight-week course, but they are not required to pass an exam. The qualifications are in part due to the certification of high school students.

The CHW II does require a high school diploma or equivalency. In the future, after completion of the eight-week course, a CHW II will need to pass an exam.

CHAIR DOÑATE:
What is the average hourly rate in the State?

MR. KOLBERT-CLAUSELL:
The rate varies from $14 an hour to $30 an hour.

CHAIR DOÑATE:
Are the majority of the CHWs in rural areas?

MR. KOLBERT-CLAUSELL:
We have students in every county with about a third rural.

JOAN HALL (President, Nevada Rural Hospital Partners):
We support S.B. 117. COVID-19 shone a light on the need for nontypical care providers. Community health workers fill the need and have the cultural competence in the community they are serving. We see a CHW as a key component for people who want to become a nurse, a social worker or do other medical services.

ANDREA GREGG (CEO, High Sierra Area Health Education Center):
We are providing a letter of support for this bill (Exhibit E). We are in health care workforce development in Reno but serve all counties Statewide. We have a training program for CHW certification. We are the first in the State to certify high school students. Our program is designed to eliminate social and economic barriers. The CHW provides a service to underserved communities, both rural and urban.

SHEILA BRAY (University of Nevada, Reno):
We support S.B. 117.

STEVE MESSINGER (Nevada Primary Care Association):
We support S.B. 117.

HELEN FOLEY (FirstMed Health and Wellness):
We support S.B. 117.

KATIE RYAN (Dignity Health, St. Rose Dominican Hospital):
I am submitting a friendly conceptual amendment (Exhibit F). The amendment will allow Medicaid reimbursement payments to our Pathways Hub program outlined in the presentation provided (Exhibit G). The MCO will make the payment. The concept has been successful in other states. We have been doing a pilot project in Nevada and have had success. We would like to grow the program.

MR. KOLBERT-CLAUSELL:
I am requesting a meeting with staff to discuss the fiscal note. The Nevada Certification Board should receive the funds, since they are performing the investigations.

I have not seen the friendly amendment. The MCO unit is addressing the contract challenges the CHWs have on billing their MCO work.

CHAIR DOÑATE:
I want to remind you that we are a policy committee, but we will have staff work with you on the fiscal note. I will close the hearing on S.B. 117 and introduce Bill Draft Request (BDR) 40-749.

BILL DRAFT REQUEST 40-749: Revises provisions relating to county hospitals. (Later introduced as Senate Bill 192.)

SENATOR NGUYEN MOVED TO INTRODUCE BDR 40-749.

SENATOR STONE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR DOÑATE:
Having nothing further to come before the Senate Committee on Health and Human Services, we are adjourned at 4:20 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
S.B. 42	C	3	Joanna Jacob/ Clark County	Proposed Amendment
S.B. 117	D	4	Jay Kolbert-Clausell/ Nevada Community	Presentation
S.B. 117	E	9	Andrea Gregg/ High Sierra HEC	Letter of Support
S.B. 117	F	9	Katie Ryan/ Dignity Health	Friendly Amendment
S.B. 117	G	9	Katie Ryan/ Dignity Health	Pathways Community HUB Model Presentation