# MINUTES OF THE
# SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

## Eighty-second Session
## April 13, 2023

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:52 p.m. on Thursday, April 13, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 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:**

Susan Pintar, M.D., Medical Director, Eagle Valley Children's Home
Connie McMullen, Personal Care Association of Nevada
Allan Ward, Personal Care Association of Nevada
Bob Crockett, Personal Care Association of Nevada
Joan Hall, Nevada Rural Hospital Partners
Barry Cole, M.D.
Ron Sumbang, ECHO, Adult Residential Care Providers of Nevada
Katrin Ivanoff
Cyrus Hojjaty
Unidentified Testifier
Zachary Gray, Revive Health Senior Care Management

Steve Messinger, Nevada Primary Care Association
Vanessa Dunn, Nevada Public Health Association

CHAIR DOÑATE:
We will open the meeting with a work session. Our first item is Senate Bill (S.B.) 118.

**SENATE BILL 118**: Revises provisions relating to public health. (BDR 40-334)

> SENATOR NGUYEN MOVED TO RECONSIDER THE ACTION WHEREBY S.B. 118 WAS AMENDED AND DO PASSED.
>
> SENATOR TITUS SECONDED THE MOTION.

DESTINI COOPER (Policy Analyst):
There was an amendment (Exhibit C) proposed on the day of the hearing. I will only read the additional amendment. The intention of:

> This amendment replaces the one-time appropriation of $15 million in each year of the 2023-2025 Biennium with an ongoing allocation of flexible funding to State and local public health authorities, distributed annually on per capita basis.
>
> THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
I will entertain a motion on S.B. 118.

> SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 118.
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> SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:
During the hearing, we discussed 45 days for receipt of funds was not enough time. The Nevada Department of Health and Human Services agreed we had to follow the federal guidelines. In the amendment, I saw it changed to 90 days.

Staff stated the amendment also replaces $15 million to flexible funding. Was the bill also amended to change from 45 days to 90 days?

CHAIR DOÑATE:
You are correct. This is an additional amendment we received from Washoe County. To clarify, this amendment is for the distribution of money collected for this bill.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let us move on to S.B. 161.

**SENATE BILL 161**: Provides for the use of certain federal benefits to purchase menstrual products. (BDR 38-811)

MS. COOPER:
I have a work session document (Exhibit D) describing the bill and its amendment.

CHAIR DOÑATE:
I will entertain a motion on S.B. 161.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 161.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let us move on to S.B. 192.

**SENATE BILL 192**: Revises provisions relating to county hospitals. (BDR 40-749)

MS. COOPER:
I have a work session document (Exhibit E) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 192.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 192.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let us move on to S.B. 241.

**SENATE BILL 241**: Revises provisions relating to Medicaid. (BDR 38-971)

MS. COOPER:
I have a work session document (Exhibit F) describing the bill.

CHAIR DOÑATE:
I will entertain a motion on S.B. 241.

SENATOR NGUYEN MOVED TO DO PASS S.B. 241.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let us move on to S.B. 242.

**SENATE BILL 242**: Revises provisions relating to certain controlled substances. (BDR 40-39)

MS. COOPER:
I have a work session document (Exhibit G) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 242.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 242.

SENATOR STONE SECONDED THE MOTION.

SENATOR TITUS:
I appreciate the sponsor has heard our concerns and responded with an amendment to this bill. Unfortunately, I cannot support this bill.

SENATOR STONE:
I always like to be congruent with Senator Titus. I want to applaud the author for addressing the efficacy of microdosing psilocybin and other ingredients in magic mushrooms. We still need to refine some of the studies analyzing the benefits for depression or post-traumatic stress disorder. This is a step in the right direction. I look forward to working with the sponsor.

SENATOR NGUYEN:
I appreciate all the people who reached out on this bill. It was amazing how many people it has touched. People do not participate in the political process. People credit these medicines as therapies. I look forward to participating in a working group during the Interim to see what comes out of this bill and the research.

THE MOTION CARRIED. (SENATOR TITUS VOTED NO.)

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CHAIR DOÑATE:
Let us move on to S.B. 298.

**SENATE BILL 298**: Revises provisions governing the involuntary discharge of a resident from a residential facility for groups. (BDR 40-301)

MS. COOPER:
I have a work session document (Exhibit H) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 298.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 298.

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:
I cannot support this bill. There are many times facilities are forced to make decisions. This is going to be a very cumbersome process and with unintended consequences.

SENATOR STONE:
I regret that I cannot support this bill. If a client cannot pay the facility, it will prohibit the involuntary discharge. It will create an unfunded mandate for the home. If the State were to assume the financial responsibility of patients, I may support the bill. It should not be on the homes to keep a client. It places them at a financial disadvantage of not being able to find an alternative home for them.

CHAIR DOÑATE:
I wanted to clarify that we did accept an amendment from Nevada Health Care Association. It was the result of discussions on how the transfer would be required.

The provisions that I removed from this bill are what to do in emergency cases and the hearings process. It is an important discussion to keep the bill moving forward.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

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CHAIR DOÑATE:
Let us move on to S.B. 348.

**SENATE BILL 348**: Revises provisions relating to health facilities. (BDR 40-51)

MS. COOPER:
I have a work session document (Exhibit I) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 348.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 348.

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:
This is a bill I cannot support. I know this is personal to Senator Doñate because it came from an incident in his community. I fear it is going to have significant unintended consequences. Having mandatory licensing not only increases fees, but it disrupts the transfer of patients. This could end up costing patients more. If a facility cannot make it as a full hospital in an area, at least it could be an emergency service. With regret, I cannot support this bill.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

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CHAIR DOÑATE:
Let us move on to S.B. 385.

**SENATE BILL 385**: Revises provisions relating to health care. (BDR 40-375)

MS. COOPER:
I have a work session document (Exhibit J) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 385.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 385.

SENATOR LANGE SECONDED THE MOTION.

SENATOR STONE:
With regret, I cannot support this bill. There are some provisions I could support like dental care for Medicaid beneficiaries. However, we have a shortage of Nevada healthcare professionals including dieticians. If a physician thought a patient needed a dietician, then he or she would order it.

If a patient requests tests and the doctor does not feel it is necessary, it could yield more malpractice cases against physicians. If the physician thought it would avoid malpractice claims, then they may order expensive tests. In turn, this will raise the cost of insurance premiums to pay for the test.

SENATOR TITUS:
I echo what my colleague has just stated. It may delay a discharge, trying to arrange for some tests that are not available. The bill is not clear about the timing of the tests or the access to a dietician. For a rural hospital, a dietician may come once a month.

The bill is well intended, but I am concerned about access. Several components of this bill are not a good idea. It could have unintended consequences like potential lawsuits. It is not achieving what it is trying to do, and I cannot support this bill.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

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CHAIR DOÑATE:
Let us move on to S.B. 419.

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

MS. COOPER:
I have a work session document (Exhibit K) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 419.

> SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 419.
>
> SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:
I want to acknowledge that Senator Doñate is looking out for his constituents and the people he holds dear. The Senator wants to make sure they have adequate accessible health care. I am also looking out for my constituents, and this bill will dilute the supply of healthcare providers. I have heard more on this bill than any other bill. Unfortunately, it will cause more harm than good. We need to work out the supply chain and access to care.

SENATOR STONE:
This is a very challenging and contentious issue. I know Senator Doñate is not trying to create a division, but a solution. I appreciate that he is thinking out of the box.

California has done this type of legislation, and S.B. 419 is tailored after it. Over time, people with resources are leaving and those needing the services are moving in. California expenditures for undocumented immigrants using these benefits has caused a dramatic increase. California is looking at between a $20 billion and $40 billion deficit this year.

I too have received a lot of feedback on this bill. It is not just about giving benefits to undocumented people. The correspondence includes concerns about medical records and data sharing. My constituents want to maintain control of their data, and it can only be shared with their permission. This is a real omnibus effort on behalf of Senator Doñate, and I applaud him. It needs to be taken in different slices so we can address the safety of medical records.

Nevada has one of the lowest Medicaid fees in the Country. For every $1 a state spends, they receive $3 from the federal government. I do not understand why Nevada does not spend more money so we can get more money back. It will give access to people in need of services, especially low-income people.

This bill is proposing to add 95,000 more people to the rolls, and we are already having access issues. In the future, the State needs to have larger Medicaid expenditures, so we can get more money back from the federal government. We need physicians that will take Medicaid to reduce access issues.

I support philanthropy, and this bill is a philanthropic effort. However, we need to take care of our citizens first before we get into philanthropy. I want to applaud the author, but I cannot support the bill.

SENATOR NGUYEN:
I support this bill. We are all elected by our various constituents to make decisions. However, we do not just make decisions for our constituency base. We make policy for the entire State. I appreciate that humanity and hope are often lost in politics. This bill is a reminder of our humanity. We are making policy for the betterment of our entire State. This is what S.B. 419 is doing. I hope everyone will support this bill.

CHAIR DOÑATE:
It is important to address some of the sentiments on this bill. It does not change the opt-in requirements for the exchange of health information. The community has expressed a concern about it, and it has not been changed for this bill. We still must go by HIPAA rules. Senate Bill 419 does not supersede or change the federal statutes. It does allow you and your provider to connect with other providers. For example, if you had a situation at one hospital, your doctor has access to the information that can help you out.

Recent research from California, Oregon and other states revealed that there has been no change to the immigration status of people moving in for services. This is a tough issue for many of us and constituents have shared their views. Often, this issue is seen as a resource that is taking away from others.

Nevada's undocumented individuals are taxpayers. What makes someone a Nevadan? Is it someone who just moved here? Is it someone who was born here? I was born in California and moved to Nevada when I was two years old.

I consider myself a Nevadan. My family members, those who are undocumented, have lived here longer than I have been alive. They call Nevada their home, and they pay taxes.

When a taxpayer is denied government services, then we have developed artificial barriers. If they are Nevadans, what is the intrinsic motivation behind the hateful rhetoric we display with one another? We are denying people the simple right to live and receive health care.

To clarify, philanthropy can solve these problems. I requested Cure 4 The Kids Foundation to present this bill, because we are denying access to care for Nevada children with cancer. Philanthropy must step in, but it cannot step in for everyone. Nevada taxpayers call this place home, regardless of their immigration status, and they deserve access to government services. Undocumented people are not just in my district, but across the State. They are your farm workers picking your food, restaurant cleaners and they are my family members.

The proposed amendment will allow for a Medicaid match. It establishes a State-funded coverage program for children and young adults up to the age of 26. The amendment does not cover everyone, and I know it will fall short. It will not help my family; but I brought you a proposal so kids with cancer can have hope. It will help nursing students finish their program because they will have health insurance to finish their rotations. They can complete their program and become nurses.

The bill will also bring a federal match similar to other states. The amendment requires us to seek the necessary federal authorities to expand Children's Health Insurance Program coverage. There are federal matches to cover people who are pregnant or in postpartum coverage. It has been enacted in Utah, Texas, Tennessee and across the board. The funds are there, and we will receive benefits for it.

We have heard that Nevada does not want to provide free health care for this population, being taxpayers; we have denied them the ability to live. That is why the amendment has a provision allowing them to buy into the system. If we cannot afford people the right to live, then we should at least allow them to pay for it. That is how simple this bill comes out to be.

Today, President Joseph Biden announced about Deferred Action for Childhood Arrivals or DACA recipients. A new federal change allows them to receive healthcare services. That is what we have in this bill. We have an obligation to protect people regardless of who they are or where they come from.

Many people have approached me regarding the fiscal note. They wanted to know why I was excited about a large fiscal note. I have replied that this is the first time we know how much it costs. We have never quantified it. If this bill falls short, at least we have made progress, and it allows us to continue the fight.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

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CHAIR DOÑATE:
Let us move on to S.B. 439.

**SENATE BILL 439**: Revises provisions relating to communicable diseases. (BDR 40-987)

MS. COOPER:
I have a work session document (Exhibit L) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion on S.B. 439.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 439.

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:
I cannot support this bill. There are many components that are excellent. However, as discussed at the hearing, it is the volume of the bill and certain sections I cannot support.

SENATOR STONE:
I respectfully will have to vote no on this bill. I am concerned about section 17. During the hearing, I have made my comments known about the continuing education (CE) classes. The State medical board should determine the CE requirements for physicians. I do not object to the Legislature giving recommendations to the medical board, but they should have the final say on the classes.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

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CHAIR DOÑATE:
We will close the section on work sessions and open the hearing on S.B. 365.

**SENATE BILL 365**: Revises provisions relating to training for agents and employees of certain health facilities. (BDR 40-518)

SENATOR ROBIN L. TITUS (Senatorial District No. 17):
I am here to present S.B. 365. This bill is the result of many discussions with various healthcare facilities and Dr. Susan Pintar about training hours for cultural competency. The discussion included who and what is required for this training. This bill is not about removing the training. We support the training but need clarification on its mandates.

In 2019, S.B. No. 470 of the 80th Session requires a medical facility to conduct training related specifically to cultural competency for certain agents and employees of facilities. This legislation did not clarify the number of hours required. In 2021, A.B. No. 327 of the 81st Session added the requirement for two hours of training annually for mental health providers on cultural competency. This bill attempts to clarify who should have the training and how many areas are required across the healthcare spectrum.

SUSAN PINTAR, M.D. (Medical Director, Eagle Valley Children's Home):
I am a practicing pediatrician as well as the Medical Director for Eagle Valley Children's Home. This intermediate care facility is for the intellectually delayed. We provide residential, nursing and medical care for children and young adults with severe disabilities. We also have a respite program, which provides in-home care to those with severe disabilities.

I support the concept of cultural competency education because of the implicit and explicit bias affecting all of us. The more we are aware of our bias, the better we will be as physicians, nurses and other healthcare workers. This is especially true for healthcare workers who see people at their most vulnerable.

However, I am not in favor of mandatory training in cultural competency as defined and implemented. Senate Bill 365 will rectify the oversights. Assembly Bill No. 327 of the 81st Session has been interpreted to apply to every employee of a healthcare facility. It specifically states "any agent or employee of such a facility who provides care to a patient or resident of the facility." This is a very broad category. Although cultural competency or bias training is important for nearly everyone, it should not be mandated for every employee of a healthcare facility.

The second concern is that the training takes six hours to nine hours to complete. This training must be taken annually and does not have to meet any educational requirements for a licensed healthcare professional. This means a physician, for example, has to take 9 hours of this training in addition to the 40 hours of mandated CE. The cultural competency training should be shortened and should meet the CE mandates approved by applicable medical boards.

To put the issue into perspective, our facility has approximately 100 employees who are paid an average of $18 to $20 an hour across the board. Annually, we spend $300 per employee, or $30,000, for this training. This cost is nonreimbursable for our facility to be in compliance with the cultural competency training as defined by the Division of Public and Behavioral Health (DPBH).

The mandatory on-site training burdens our staffing. Every time an employee is at a training event, we have to have a second person come in to cover their entire eight-hour or nine-hour shift. This is doubling our daily payroll cost.

In summary, S.B. 365 addresses our grievances. It will require training for those who have direct patient care responsibilities and their supervisors. It would make the required hours of training more manageable. It would also require that the training meets the standards for medical and nursing education. I urge your support for S.B. 365.

CONNIE MCMULLEN (Personal Care Association of Nevada):
We support S.B. 365. I have submitted my letter of support (Exhibit M) to this Committee.

ALLAN WARD (Personal Care Association of Nevada):
We support S.B. 365. As a personal care agency, our caregivers go into the homes of our clients. Our caregivers serve people from a variety of racial and ethnic backgrounds. Our clients may have different religions, sexual orientations and gender identities or expressions. In addition, they could have different mental or physical disabilities. For these reasons, we support cultural competency training for non-medical care providers.

The training must follow a simple-to-complex format and embrace adult learning principles. The course should start with baseline information and advance to more complex concepts. The training must recognize adults do not like to waste their time, and it should be limited to no more than two hours. Finally, the course should consider the diverse participant population of age, gender, race, sex and education level. The average caregiver is a woman, between the ages of 35 and 70, with a grade school or high school level education. For many, English is their second language.

The approved material and the length of the class has left many caregivers overwhelmed. It became the agenda of one marginalized group, negatively impacting another marginalized group of our population. This is contradictory to the original intent of *Nevada Revised Statutes* (NRS) 449.103. This legislation was intended to help our community become more aware of different worldviews, gain an understanding of different cultural practices and develop positive attitudes towards these differences.

Senate Bill 365 takes into consideration the financial burden the training has placed on our healthcare system. Current law requires eight hours to ten hours of annual training for every employee. When the original legislation was approved, it did not factor in the average turnover in our healthcare system. This training has cost our industry hundreds of millions of dollars per year and a lot of it has been passed on to fixed-income seniors.

This training is no more important than elder abuse training, which is an annual requirement taking between 45 minutes to 60 minutes to complete the course.

I would like to summarize the cost by using the example of an employer with 100 employees. If you paid $100 per registration for a class, it would total $10,000. Given the class is 8 hours, even at minimum wage plus contributions of 18 percent, that is another $100 per employee. At this point, the employer will incur $20,000. If you consider the average caregiver turnover is 81 percent, then it would total around $36,000 a year. This does not include the cost of overtime to backfill shifts while the employee is in the class.

Senate Bill 365 makes this beneficial training reasonable for the professionals receiving the training and fiscally responsible to our community. For this reason, we support the bill.

BOB CROCKETT (Personal Care Association of Nevada):
I have submitted my letter of support (Exhibit N) to this Committee. For the last 20 years, I have provided personal care under Medicaid contracts to frail, elderly and physically disabled people. During this time, I have spent about three million hours of service in Clark County. We support S.B. 365.

At times, we are affected by great legislation that was not intended for us. Senate Bill 365 resolves some of these issues for us. Our agency is a diverse group with 74 percent people of color. We have 22 percent African American, 22 percent Hispanic, 20 percent Asian and 10 percent Pacific Islander.

Administrators of personal care agencies are often responsible for setting the cultural tone; therefore, they need to be held to a higher standard. We should not burden the caregivers, especially those who are caring for a single person over many years. I would support an amendment requiring additional training for administrators.

SENATOR TITUS:
Senate Bill 365 is a short bill with two sections. Section 1, subsection 2 states who is required to take the training. It also defines direct patient contact. Section 2, subsection 2 states the training must apply to the applicable profession's CE requirements. As Dr. Pintar stated, this training is currently in addition to the mandated 40 hours. There is a whole litany of things healthcare providers are mandated to take, in addition to classes on their specific field of medicine.

I want to go on record that we are not against cultural competency training and agree it is important. I am aware the State has published a memo to halt the regulations. They recognize that there is no clear direction and the need to watch current legislation on this topic. We appreciate Senator Pat Spearman and her work in this area. I have also met with her. I am not trying to take away cultural training.

CHAIR DOÑATE:
I did propose a conceptual amendment (Exhibit O) to remove section 1, subsection 3. It will remove the two-hour requirement to focus on the aspects of who is required to take the training.

SENATOR NGUYEN:
I am in a profession requiring various types of training and other CE. In my 21 years as an attorney, they have added requirements on topics like ethics, substance abuse and mental health. We have heard bills, especially for our communities of color, on the difficulty of accessing equal quality care. Are you reducing the cultural competency requirement or using the class in lieu of other requirements?

DR. PINTAR:
From the standpoint of the medical and nursing professions, we would request these hours meet the CE requirements of the respective boards. This training could be part of the mandated 40 hours of training discussed earlier.

SENATOR NGUYEN:
To clarify, you do not object to those credits. You just want it counted towards other types of credits, like general credits.

DR. PINTAR:
Yes. There are about 20 credits the professional has discretion for CE credits. This course could fit into their mandatory training, or it could be in addition to it. I am speaking for those who have licensure requirements.

My co-presenters do not have licensure requirements, or they have a somewhat different need. Their education requirements should be tailored to their employees' level of education.

SENATOR TITUS:
We are not opposed to the training because it is important. We are trying to clarify how many hours of training are needed. This is why the bill has two hours in section 1, subsection 3. Until we see how the other bill transitions, we may be able to remove this requirement. The developed programs had no direction and evolved into a course that is six hours to nine hours long. We need to reel back to no more than two hours.

The second component of the bill is to make cultural competency training part of CE credits. We want to make sure the program can be counted towards mandatory requirements.

SENATOR NGUYEN:
How does CE work for healthcare providers? For example, an attorney is required to take ten continuing legal education credits on general topics. They also have to take two each of specific topics.

SENATOR TITUS:
A board-certified family doctor has to take classes on different subspecialties. We must take more classes than what the State requires for licensure. A certain amount is specific to the doctor's field of practice, general topics and what is mandated by this Body, like suicide awareness and drug abuse awareness.

CHAIR DOÑATE:
Can the presenters remind me which scope or facility you work in?

DR. PINTAR:
I am the medical director for an intermediate care facility for the intellectually delayed. We have about 100 employees, and we are the only facility left in Nevada.

MR. WARD:
I represent the Personal Care Association of Nevada. We are nonmedical home care providers. We are required to have eight hours annually of cultural competency training. Our caregivers also take training on elder abuse, which is typically about one hour long. The cultural competency training is high-level instruction for the education level of our employees.

I have 2 franchises and 140 caregivers. The majority work 20 hours to 32 hours a week. The national turnover in our industry is about 80 percent.

CHAIR DOÑATE:
What is the average retention for your employees?

MR. WARD:
I have employees who have worked for us for 16 years. The length of service varies and recently the turnover happens in the first 90 days to 6 months of employment.

MR. CROCKETT:
We have 300 employees, and we provide personal care in the home.

MR. WARD:
The majority of the home care providers are small business owners. They might be part of large franchises, but they are independent owners. There are not the margins you would see in hospice or home health, which are national or regional companies. Home care providers average 25 to 45 caregivers.

CHAIR DOÑATE:
I asked about your background because I work in primary care. I know there are different levels of service, and it is important to have this discussion. When I met with Senator Titus on this bill, she mentioned some employees have touchpoints with the facility and that is where it becomes difficult. I wanted to make sure that I understood your type of facility and the model you operate.

I refute the idea that caregivers should not go through cultural competency training. You presented some nuances on this topic, but regardless of how diverse your workforce is, all would benefit. I am a Latino and still need to understand generational differences. If I were to communicate with older Latino people, there are cultural differences. If I were to work with a Black patient, there are cultural differences. Even if I understand what racism feels like for me, it is different for others who have lived through their own experiences.

What is the appropriate training for each type of provider or person delivering care? Is there a level of training that should be more comprehensive for providers? That is an appropriate question to ask. Other bills will have that

conversation, but a caregiver should understand the patients he or she is serving.

What happens when an employee does not fit into the definition of this bill? For example, the person is not an administrator and only works with a patient weekly. The employee works in the facility and makes decisions impacting healthcare delivery. A second example is an employee who writes a report on a community health needs assessment for the facility. The employee should understand the requirements and what cultural competency is. Should there be a requirement for these employees to have the training even though they do not work directly with patients?

MR. WARD:
Everyone in an organization should have some cultural competency training. The question is the type of training for each employee. A clinical or medical setting may need more training than a nonmedical provider. We need to account for the perspective of culturally diverse employees and the organization as a group. My co-presenter, Mr. Crockett, made a valid point when he stated that the administrators need expanded education on this topic.

CHAIR DOÑATE:
Who do you believe should not be taking the cultural competency training?

MR. CROCKETT:
Everybody should take the training. An eight-hour course is a little over the top for personal care providers.

CHAIR DOÑATE:
I understand, but the amendment removed the number of hours. If we are going to accept the amendment on who is required to take the cultural competency training, then we need to know which employees are required to take it.

MR. CROCKETT:
All employees should take the training.

MR. WARD:
I am uncertain who should take the training because an organization could have employees like a valet. These types of positions have less interaction with people than employees working in retail or food service. As it applies to

personal care facilities, our employees are engaged in one way or another with the family or the client. We would have all employees take the training.

DR. PINTAR:
From an institutional perspective, we are not opposed to all employees receiving the education. However, it should be appropriate for his or her level of patient interaction and educational level. The issue with the current requirements is it is very broad and all employees must comply with the same training. For my staff, this training was overly simplified because it covered about 35 different topics. It resulted in spending under ten minutes for each topic. For some, it was overwhelming due to the level of education; it was difficult to understand the basic information.

It is more appropriate to allow the institution, with the oversight of DPBH, to determine the training plan. It would allow each facility to provide appropriate training for each organization.

SENATOR TITUS:
Senate Bill 365 states the requirement is applied to any agent or employee of a medical facility or facility for the dependent that is otherwise required by regulation to take this training. The bill includes anybody who provides administrative service and comes in direct patient contact at least once a week. Anybody who has direct patient contact at any time should have cultural competency training.

Although I am not against removing that language, it was added for contract people, like those who refill candy or soda machines. It was intended for people who do not have direct patient contact but are on the grounds to provide a service. The training should not be applicable to them.

Even if it is weekly or monthly patient contact, then the employee should have the training. The existing requirement is unclear on who must take this training.

DR. PINTAR:
The current language is any agent or employee of a facility who provides care to a patient. This is a very broad definition that is difficult to meet.

CHAIR DOÑATE:
My question pertains to section 1, subsection 2, paragraph (a) of the bill where it states, "provides clinical, administrative or support services and has direct patient contact." What if the employee who makes decisions for how contact is delivered is not the one that performs the task? Perhaps, the language should be amended "provides clinical, administrative or support services and has direct patient contact or some level of influence on patient services." This may include these employees as well.

The bill's merit is there should be more comprehensive training for employees directly involved with patient care. Physicians and nurses should have a deeper level of training. They are the ones who are interacting with patients daily. There may be other staff who are currently covered in statute and the nuances need to be revised.

Regardless of how diverse your staff is, cultural competency training is important for everyone.

DR. PINTAR:
Everyone supports cultural competency training, but the underlying principle is the type of training. We need to make sure the education is applicable to the employee and is useful for serving the clients.

JOAN HALL (Nevada Rural Hospital Partners):
We support S.B. 365. This bill, as it was first written, needed clarification. Everyone understands that cultural competency is important. The regulations have caused the most confusion. That is where the problems arose. It was difficult to get a course approved. The timing of the courses and the educators were different. I appreciate that this bill limits it and gives the industry more definition. All hospitals support cultural competency, and its value is important.

SENATOR NGUYEN:
You mentioned the regulatory process. When did it go through the regulatory process? Did it go before the Legislative Commission?

MS. HALL:
I am uncertain about the Legislative Commission, but the regulations were adopted. Some facilities, after the bill was originally passed, have not had their

courses approved. The courses were reviewed multiple times for various reasons and have yet to be approved.

The presenters discussed comprehensive, nine-hour courses. This training is very good, but it is expensive. Dedicating nine hours of training for every employee is difficult for large hospitals to accomplish.

In compliance with Governor Joseph Lombardo's mandate to remove unnecessary regulations, these rules received a lot of comments. It is my understanding that the regulations will be removed.

SENATOR NGUYEN:
Why are the regulations being rejected?

MS. HALL:
The regulations are going to be corrected. There did not appear to be any rationale for denying a course. In fact, several of our hospitals tried resubmitting courses. One hospital resubmitted a course approved for a different hospital. This course was denied, which is frustrating. In addition, the educator was not always approved. It became a very difficult process.

Last Session, there was a bill to relicense as a nurse. It required a nurse to take a course approved by the State Board of Nursing. However, the course did not match the one that the hospital gave. The Bureau of Health Care Quality and Compliance is aware of this disconnect and is working on it. Although the regulations will be removed, this bill will define who will take the course and the number of hours.

BARRY COLE, M.D.:
I support S.B. 365. I am a psychiatrist, and in February, I attended an eight-hour-class sponsored by the State Psychiatric Association. It sounds like this bill is defining what will count as mandated training. The curriculum for the February training did not get approval from DPBH. Instead, it was received from the University of Nevada, Reno, School of Medicine. I am now uncertain if these credits would meet any of the old requirements.

I have lived and worked in foreign countries. I am not sure what kind of diversity training would help me get past what I already think. This is the

problem. These courses do not answer our diversity questions. We all have biases and instinctively fear the person on the other side of the hill.

RON SUMBANG (ECHO, Adult Residential Care Providers of Nevada):
We support S.B. 365. We represent the group homes. I share the sentiments of everybody who spoke ahead of me. We support cultural competency. How it is applied to each entity or type of providers is the question. Currently, it is more for compliance than training. Are we absorbing what we learn about cultural competency?

The training is clinical, and the terms used may not be appropriate for the type of services provided. It is an additional expense for small business owners who serve this population.

KATRIN IVANOFF:
I support S.B. 365.

CYRUS HOJJATY:
I support S.B. 365.

UNIDENTIFIED TESTIFIER:
I echo Dr. Cole's testimony. There are a lot of costs going into cultural education, diversity, equity and inclusion. They are finding people are less willing to interact with other races or cultures. We need a study on this topic. I am in support of S.B. 365.

ZACHARY GRAY (Revive Health Senior Care Management):
My wife and I own 3 nursing homes and represent 550 employees. We are in support of S.B. 365 and do support cultural competency training. However, administrative oversight on a cultural competency program has been an absolute nightmare. Last year, we spent over $55,000 to train our employees to comply with this program. This bill gives clarity on how the program could be administered.

STEVE MESSINGER (Nevada Primary Care Association):
We oppose S.B. 365. Our Association represents the State's federally qualified health centers. Our training program is a third-party product approved in accordance with NRS 449.103. We have worked with a lot of organizations to

meet the mandated requirements. We know the policy needs to be updated, but we are opposed to the two-hour limit per biennium.

If the amendment goes through, it will be interesting to see how we can marry all the different topics on cultural competency. We agree there is a lot of duplication and it needs to be coordinated. We need a reasonable amount of time every year at whatever frequency of training we determine is appropriate.

There is a lot we can do at the regulatory level, and we would love to collaborate there too. In defense of cultural competency, there are still health disparities in this world. Working in a culturally incompetent setting, not only affects the patients, but affects the workforce. If it is driving people out of our facilities, then we are going to miss out on caregivers.

VANESSA DUNN (Nevada Public Health Association):
We oppose S.B. 365. It will roll back the cultural competency requirement for facilities in Nevada. All Nevadans deserve to be able to access care in places that acknowledge, accept and care for multiple cultural identities.

SENATOR TITUS:
This Body will pass bills with great intention, only to recognize we needed to clarify what it does and how to implement it. I am agreeable to improve this bill by amending it. We need a clear direction to avoid people not taking or resenting this training. It would ruin the intent of these courses. We want access to care and for everyone to be treated equally.

We have discovered the best training may be mandated implicit bias training. Nevada is one of the most culturally diverse states in the Nation. It is not only the people who live here, but those who visit here. We cannot teach about every culture, but we can teach how to look inward at our implicit bias. I do not know if it is a part of any of these programs.

CHAIR DOÑATE:
I have one document in opposition of S.B. 365 to put into the record (Exhibit P). We will close the hearing on S.B. 365.

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CHAIR DOÑATE:
Hearing no public comment, the meeting is adjourned at 5:29 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. 118 | C | 2 | Destini Cooper | Work Session Document |
| S.B. 161 | D | 3 | Destini Cooper | Work Session Document |
| S.B. 192 | E | 4 | Destini Cooper | Work Session Document |
| S.B. 241 | F | 4 | Destini Cooper | Work Session Document |
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| S.B. 365 | M | 14 | Connie McMullen/ Personal Care Association of Nevada | Letter of Support |
| S.B. 365 | N | 16 | Bob Crockett/ Personal Care Association of Nevada | Letter of Support |
| S.B. 365 | O | 17 | Senator Fabian Doñate | Proposed Amendment |
| S.B. 365 | P | 25 | Senator Fabian Doñate | Letter of Opposition |