MINUTES OF THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-second Session April 27, 2023

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:37 p.m. on Thursday, April 27, 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

GUEST LEGISLATORS PRESENT:

Assemblywoman Michelle Gorelow, Assembly District No. 35

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Fran Almaraz, President, Nevada Silver Haired Legislative Forum

Cody Phinney, Deputy Administrator, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

Jennifer Lanahan, Las Vegas Paiute Tribe; Reno-Sparks Indian Colony

Alex Tanchek, Pyramid Lake Paiute Tribe; Duckwater Shoshone Tribe of the Duckwater Reservation

Chris McHan, Ambulance Director, Elko County Ambulance Service Joanna Jacob, Clark County

Jill Marano, Director, Department of Family Services, Clark County
Kathleen DeSocio, Administrative Services Officer, Division of Public and
Behavioral Health, Nevada Department of Health and Human Services

VICE CHAIR NGUYEN:

We will open today's meeting with Assembly Bill (A.B.) 215.

ASSEMBLY BILL 215: Revises the residency requirements for appointment as a member on the Nevada Silver Haired Legislative Forum. (BDR 38-456)

ASSEMBLYWOMAN MICHELLE GORELOW (Assembly District No. 35):

We are here today to present <u>A.B. 215</u>. This bill is proposing to change the residency requirements from three years to one year for members appointed to the Nevada Silver Haired Legislative Forum.

FRAN ALMARAZ (President, Nevada Silver Haired Legislative Forum):

I am pleased to present A.B. 215 which revises the residency requirements for an individual appointed to the Forum. The Forum was created to identify and act upon issues of importance to aging persons. Members of the Forum are senior citizens from each of Nevada's Senate Districts and are nominated by a Senator. The Legislative Commission will make the appointment to the Forum. I have submitted an overview of the Forum (Exhibit C).

Pursuant to *Nevada Revised Statutes* (NRS) 427A.340, a person must meet three requirements to be eligible for appointment to the Forum. First, the person must be a Nevada resident for five years immediately before the appointment. Second, he or she must be a registered voter in the respective Senate District for three years immediately prior to the appointment. Third, he or she must be at least 60 years of age on the day of the appointment.

This bill revises the residency eligibility requirements from three years to one year. This change will open greater prospects for qualified senior citizens to be appointed to the Forum. A one-year residency is sufficient time to get acquainted with the Senator in the respective district and familiarize the candidate with the challenges and opportunities awaiting him or her.

I have submitted a summary (<u>Exhibit D</u>) of the redistricting impact to current members. This document includes the district each member is in and the changes resulting from redistricting. By the time we have our next meeting, all

members will have lived in their district for one year. The three-year requirement is obsolete because of the redistricting for many of our members.

SENATOR TITUS:

Looking at Exhibit D, it appears each Senator nominates one member. You should have 17 members. Is this list only those who were impacted by the redistricting? You have 7 and there should be 17 members if each Senator gets to appoint a member.

Ms. Almaraz:

The Forum should have 21 members. Some of the districts currently do not have a representative. I was originally appointed by Senator Fabian Doñate in District 10. However, due to redistricting, I am now in District 21 which is Senator James Ohrenschall. As Exhibit D documents, many of our members did not live in a district for three years.

SENATOR TITUS:

What happens to the member originally appointed to Senate District 21? Is he or she displaced?

Ms. Almaraz:

No, all members' terms expire in October 2023.

SENATOR TITUS:

This bill states it is effective upon passage. I appreciate what this bill is doing and have no issue changing the residency from three years to one year. I was thinking each county, not each Senate District, had a member. I can see each member had to live in Nevada for five years and can move from one district to another district. How long is the term for each member because the bill does not address it?

Ms. Almaraz:

Members are appointed to a two-year term. In districts affected by redistricting, the incumbent member can seek reappointment. The applicable Senator can also choose to appoint someone else.

SENATOR TITUS:

Even though this bill is effective upon passage, it will not impact current members until their term is ended.

Ms. Almaraz:

You are correct.

VICE CHAIR NGUYEN:

We will close the hearing on A.B. 215 and open the hearing on A.B. 24.

ASSEMBLY BILL 24 (1st Reprint): Revises the membership of the Committee on Emergency Medical Services. (BDR 40-222)

CODY PHINNEY (Deputy Administrator, Division of Public and Behavioral Health, Nevada Department of Health and Human Services):

I appreciate the opportunity to present <u>A.B. 24</u>. The purpose of this bill is to improve the representation of local response programs to the Emergency Medical Services (EMS) Advisory Committee. Some Nevada tribes operate their own EMS program. Last year, we met with some tribal leaders and discovered the communication between them and the State EMS program could improve. The EMS program has an active advisory committee. The addition of a tribal representative will formalize communication and benefit the program, the regulatory communities and the applicable tribes.

While still in the Assembly, <u>A.B. 24</u> was approved to add Amendment No. 26. This amendment added an additional member who is employed by or serves as a volunteer with a local governmental agency. The local agency must have its own EMS program and not be part of a firefighting or law enforcement agency. We agree this amendment will improve representation.

JENNIFER LANAHAN (Las Vegas Paiute Tribe; Reno-Sparks Indian Colony): We support A.B. 24.

ALEX TANCHEK (Pyramid Lake Paiute Tribe; Duckwater Shoshone Tribe of the Duckwater Reservation):

We support A.B. 24.

CHRIS MCHAN (Ambulance Director, Elko County Ambulance Service): I support A.B. 24 including Amendment No. 26. This bill will allow us and other third-party service agencies to be part of the EMS Advisory Committee.

VICE CHAIR NGUYEN:

We will close the hearing on A.B. 24 and open the hearing on A.B. 136.

ASSEMBLY BILL 136: Requires certain facilities to be licensed as child care institutions. (BDR 38-326)

JOANNA JACOB (Clark County):

We are pleased to present <u>A.B. 136</u>. During the Interim, we submitted a proposal to update the NRS to align with guidance we received from the federal Children's Bureau. This update is part of the implementation of the House of Representatives Resolution 1892 of the 115th Congress, the Family First Prevention Services Act.

This legislation was part of a broad omnibus bill that updated foster care. The Act shifted foster care to prevention services and evidence-based, trauma-informed care. Its primary goal was to build community capacity and to reduce unnecessary use of group foster care. In furtherance of this Act, there was a service initiated, defined as a Qualified Residential Treatment Program (QRTP) for children.

We have received federal guidelines on its implementation, which nationwide has been a major lift for states and counties. This guidance states foster care group homes are no longer reimbursable from federal funding sources unless the home is a family-based setting. There is a limited exception for an agency to use a QRTP model for placement. Given the policy to reduce group foster care, federal funding will cover only 14 days unless this evidence-based model is used.

The guidance further states the facility must be licensed as a childcare institution under a federal definition to serve as placement for up to 25 children. We have been working with the State and Washoe County on the proposed language in A.B. 136. Section 1 adds a definition of a QRTP. This section incorporates the federal law, regardless of the number of children who receive care and shelter. Please note, section 1, subsection 1, defines a childcare institution as one limited to 16 or more children. Clark County is doing smaller QRTP models with fewer than 16 children per model, even though the federal definition allows up to 25 children.

For this reason, we are working with the State and Washoe County. We need a consensus on how to approach this process. We need clarity on the licensing and its purpose. We can then bill for the federal funding to support foster care.

VICE CHAIR NGUYEN:

The new QRTP is defined in 42 USC section 672(k)(4). Is the expanded definition in this bill to allow eligibility for federal funds?

Ms. Jacob:

That is correct. The federal Children's Bureau wants a QRTP to be licensed by the state agency that licenses childcare institutions. At first, we thought about modifying the definition and changing the number. However, it would make a larger change to the other types of facilities licensed as childcare institutions in the State. In the end, we added language on the definition. We can move toward implementing this model and then bill for federal funding to support foster care.

VICE CHAIR NGUYEN:

In section 1, subsection 2, paragraph (b), the bill is changing from "who have been diagnosed" to "with an emotional disturbance." What is the purpose of this change?

Ms. JACOB:

It was changed during the drafting of the bill. The language is consistent with NRS 433B.045. This statute refers to children with an emotional disturbance instead of children who have been diagnosed as severely emotional.

ERIC ROBBINS (COUNSEL):

Ms. Jacob is correct. The change in this bill is to update the term.

SENATOR TITUS:

In statute, the residential facilities for children with an emotional disturbance per federal guidelines are 16 or more. Is this correct?

Ms. Jacob:

The definition of a childcare institution, under State law licensed by the Bureau of Health Care Quality and Compliance (HCQC), is a type of licensure with 16 or more children. The federal definition of a childcare institution states up to 25 children. We are incorporating the federal definition with a reference to 42 USC section 672(k)(4). This law addresses a QRTP and the limitations for federal reimbursement.

We added language "regardless of the number" because we are incorporating the federal definition. It will allow for smaller homes instead of changing the licensure. I will defer to the State, but it is my understanding it has been used for daycare facilities and other types of childcare institutions. We did not want to make a larger change that may impact those facilities. This bill allows for a second category to align with federal guidelines.

SENATOR TITUS:

Is there any blurring of this between 16 children to 25 children? Can the facility choose how it wants to be licensed? Is there a different fee?

Ms. Jacob:

I am uncertain about the fees. We will be working with the State on creating this license type. Clark County has been leasing a State building, Oasis Residential Treatment Center, for several months. This facility provides beds for up to six children. The statute defines a childcare institution as having more than 16 children. The federal definition allows flexibility for a smaller setting. However, the Medicaid Institutions for Mental Disease does not allow reimbursement for a facility with 16 or more beds. Therefore, we are transitioning to smaller facilities. We would choose the option under a QRTP for a smaller facility with six beds.

JILL MARANO (Director, Department of Family Services, Clark County): Clark County currently does not have any fees associated with the license of a QRTP. I am uncertain if the State has a fee for licenses of childcare institutions.

The example Ms. Jacob provided on Oasis is a staffed facility. It does not qualify as a foster care home because a foster home has to have parents in it. Oasis will work with us on the licensing process to make sure that it meets all the federal requirements of a QRTP. Clark County's Child Welfare would be responsible for ensuring the facility meets the QRTP requirements. A program with 18 beds that is not a QRTP facility would be handled differently.

SENATOR TITUS:

I understand Clark County does not have a fee, but it will be a Nevada statute. Will the State have a fee for a licensure? How will the State define the license type, and will the applicant be able to choose within the QRTP program? Can a facility apply for 25 beds, or will the State dictate it can have no more than

16 beds? The bill does not define this or the fee. I understand Clark County has a plan, but I am asking about the State's plan. I need clarification.

Ms. Jacob:

We have been working with the State. To receive federal reimbursement, this must be an application for State licensure. I do not want to speak on behalf of the State, but in our discussions, it was contemplated there will be some regulation. The HCQC facility regulations set the standards for licensure and proposed the fee. At this point, I am unaware where the State is in the process but will continue to work with them on the implementation.

SENATOR TITUS:

Is there a different rate of federal reimbursement depending on which of the two are licensed?

Ms. Jacob:

I cannot speak to rates of reimbursement for existing childcare institutions. We are working with the State on the QRTP model.

Ms. Marano:

The federal reimbursement is based on a penetration rate as determined by each of the child welfare agencies. A penetration rate is the percentage of eligible children compared to the total State foster care population. Typically, we are at approximately 40 percent. Therefore, if we charge a \$100 fee, then we could bill back 40 percent or \$40. It is my understanding the State's penetration rates vary between 35 percent to 55 percent.

Mr. Robbins:

I cannot speak on Medicaid reimbursement rates. However, there are two types of childcare licensing. One is for childcare facilities like a daycare which can be licensed by either the State or the local government. The other license is for childcare institutions defined in NRS 432A.0245. The State must license childcare institutions. It looks like the fee is established under existing regulations. A facility with under 25 children is \$2,200 depending on the size of the facility.

SENATOR TITUS:

I was recently informed that a youth residential behavioral health facility in my district is in jeopardy. This facility and a second one in the State are apparently

in noncompliance and both could be shut down. These kind of State laws are brought forward with good intentions, but I question the process of registration and licensure. Clark County may be organized, but I wonder about the impact for the rest of the State.

Ms. Jacob:

We have tried to work with Washoe County and the State because we have foster care under the block grant. Washoe and Clark Counties administer foster care programs, and the Nevada Department of Health and Human Services, Division of Child and Family Services handles the foster care program for the rest of the State. Clark County is not doing it in isolation because it impacts children Statewide.

Ms. Phinney:

I would like to provide clarity on the facilities Senator Titus referred to. Both are licensed as psychiatric residential treatment facilities, which is a specific license type. It is my understanding that a QRTP, as part of the childcare institutions, would provide an additional choice for services. It would also provide an additional funding source for youth services.

SENATOR TITUS:

Thank you for the clarification of different licenses under the same umbrella.

Mr. Robbins:

The definition of a QRTP under federal law has a specific definition and federal requirements. It does not seem likely that other types of facilities could be drawn in accidentally. The federal definition is so specific, I do not think this scenario is likely.

CHAIR DOÑATE:

We will close the hearing on <u>A.B. 136</u>. We will open the hearing on <u>Senate Bill</u> (S.B.) 445.

SENATE BILL 445: Revises provisions governing emergency medical services. (BDR 40-1071)

Ms. Phinney:

I am here today to present <u>S.B. 445</u>. The emergency medical services program manages the State's certification and licensure of EMS staff and vehicles,

arranges grant-funded equipment and performs other regulatory activities for prehospital medical services.

These activities are supported using an information system called ImageTrend. The system includes components of the license management and patient record, which allows reporting of redacted data to national data collection. Historically, the system has been funded from a variety of sources including federal grants. We are finding it increasingly difficult to identify federal funding to support the system.

The program is also partially fee-funded to prevent an undue burden on smaller agencies providing these services. To ensure funding efficiency, this bill will allow the fees collected to be kept in reserve rather than revert the funds. It would be used to support the system and improve our ability to effectively manage the program.

SENATOR TITUS:

What percent of the budget is General Fund versus fee collection? If there is use of General Fund money for the program, then any unused funds should revert. I understand you are requesting to keep revenue from fees, but you are in part supported by the General Fund. I need some clarification.

Ms. Phinney:

We had long discussions about this topic because we are committed to doing this correctly. We want to make sure we spend the fees appropriately.

KATHLEEN DESOCIO (Administrative Services Officer, Division of Public and Behavioral Health, Nevada Department of Health and Human Services): The budget for the biennium is about three-quarters from the General Fund.

SENATOR TITUS:

Three-quarters of your funds are from the General Fund and one-quarter is supported by fees. Are these fees collected from individual EMS services that use the system? Where do you collect the fees?

Ms. Phinney:

This is a licensing fee.

SENATOR TITUS:

Are the licensure fees from the different EMS ambulance services?

Ms. Phinney:

They are from the individual licensed EMS service providers.

SENATOR TITUS:

Since the fees will not change, is this why it is not a two-thirds bill?

Ms. Phinney:

Correct.

Mr. McHan:

The Elko County Ambulance Service is in support of <u>S.B. 445</u>. The EMS program has been working to find efficiencies and has been proactive for providers. The software has been beneficial to the program and has found a lot of efficiencies. I wholeheartedly support additional funding or the fees being used for that. We do pay fees both as permit and for our providers. We appreciate knowing it is going toward a good purpose.

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CHAIR DOÑATE: We will close the hearing on S.B. 445 adjourn at 4:24 p.m.	5. Hearing no public comment, we will
	RESPECTFULLY SUBMITTED:
	Mary Ashley, Committee Secretary
APPROVED BY:	
Senator Fabian Doñate, Chair	
DATE:	

Senate Committee on Health and Human Services

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	Α	1		Agenda
	В	1		Attendance Roster
A.B. 215	O	2	Fran Almaraz/ Nevada Silver Haired Legislative Forum	Overview of the Forum
A.B. 215	D	2	Fran Almaraz/ Nevada Silver Haired Legislative Forum	Redistricting Summary