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

Eighty-Third Session
March 17, 2025

The Committee on Health and Human Services was called to order by Chair Tracy Brown-May at 1:31 p.m. on Monday, March 17, 2025, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 3 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/83rd2025.

COMMITTEE MEMBERS PRESENT:

Assemblymember Tracy Brown-May, Chair
Assemblymember Duy Nguyen, Vice Chair
Assemblymember Joe Dalia
Assemblymember Rebecca Edgeworth
Assemblymember Cecelia González
Assemblymember Ken Gray
Assemblymember Gregory T. Hafen II
Assemblymember Linda F. Hunt
Assemblymember Gregory S. Koenig
Assemblymember Hanadi Nadeem
Assemblymember David Orentlicher

COMMITTEE MEMBERS ABSENT:

Assemblymember Heather Goulding (excused)
Assemblymember Brian Hibbetts (excused)
Assemblymember Jovan A. Jackson (excused)

GUEST LEGISLATORS PRESENT:

Assemblymember Natha C. Anderson, Assembly District No. 30

STAFF MEMBERS PRESENT:

Davis Florence, Committee Policy Analyst
David Nauss, Committee Counsel
Mackenzie Scruggs, Committee Manager
Annelise Dankworth, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Leesa Stevens, Private Citizen, Fallon, Nevada
Kelli Kelly, Advocate, Nevada Food Systems
Doug Busselman, Executive Vice President, Nevada Farm Bureau Federation
Shane Piccinini, Government Relations, Food Bank of Northern Nevada
Bryan Wachter, Senior Vice President, Retail Association of Nevada
Berry Johnson, Private Citizen, Las Vegas
Kally Wade, Private Citizen, Southern Nevada
Ellen Hamlett, Private Citizen, Las Vegas, Nevada
Jesse Wadhams, representing Vegas Chamber
Mike Cathcart, Business Operations Manager, Finance Department, City of Henderson
Amber English, Environmental Health Supervisor, Environmental Health, Northern Nevada Public Health
Maria Menjivar, Deputy Administrator, Central Nevada Health District
Larry Rogers, Environmental Health Manager, Southern Nevada Health District
J.J. Goicoechea, Director, State Department of Agriculture
Sarah Adler, Private Citizen, Carson City, Nevada
Benjamín Challinor, Director of Public Policy Nevada, Alzheimer's Association
Cheyenne Pasquale, Planning, Advocacy, and Community Services, Aging and Disability Services Division, Department of Health and Human Services
Sheila Bray, Director, Government and Community Engagement, University of Nevada, Reno
Noelle Masangkay, Family Services Supervisor, Asian Community Development Council
Dena Schmidt, Administrator, Aging and Disability Services Division, Department of Health and Human Services
Vida Lin, President and Founder, Asian Community Development Council
Catherine Francisco, President and CEO, AAPI Chamber of Commerce
Regan Comis, representing Cleveland Clinic, Nevada
Jacob Ginsburg, Extern, Office of Government and Community Engagement, University of Nevada, Las Vegas
Jessica Padrón, Associate State Director, Advocacy and Outreach, AARP Nevada
Mathilda Guerrero Miller, Government Relations Director, Native Voters Alliance Nevada

Isabella Anderson, Intern for Assemblymember Brown-May
Connie McMullen, representing Personal Care Association of Nevada
Amy Hyne-Sutherland, Health and Human Services Manager, Nevada Association of Counties

Chair Brown-May:
[Roll was taken, and Committee rules and protocol were reviewed.] I would like to welcome our first presenter for Assembly Bill 352, Assemblymember Anderson. We will officially open the bill hearing on Assembly Bill 352.

Assembly Bill 352: Revises provisions relating to businesses. (BDR 51-890)

Assemblymember Natha C. Anderson, Assembly District No. 30:
Assembly Bill 352 makes some various changes to cottage food and cosmetic businesses. Before diving into the bill, I would like to give a quick background on cottage food operations. From cottage foods to home cooks, Harvard Law School presented a policy brief in 2021 that dug into this and how this industry is making changes across our nation. Just a few small highlights from that very large report. Many individuals possess the skills and knowledge to make foods that may not be available in common grocery stores but are, nonetheless, valued by their community. These laws not only support individuals in sharing their culinary traditions but also provide them with an income stream. Young entrepreneurs seeking to open a small business, parents spending time at home with children, or elderly individuals desiring to stay at home can all gain from these laws to support themselves and their families, all while expanding local food options in their communities.

I want to make a few things clear: cottage food operations are not food establishments. They consist of individuals who produce homemade food items in their private residences to be sold directly to consumers at events such as farmers markets, flea markets, and craft fairs. From the documentation around the last time Nevada's cottage food and home kitchen laws—found in *Nevada Revised Statutes* (NRS) Chapter 446—were discussed in 2013 in Senate Bill 206 of the 77th Session, these cottage businesses follow the exact same business licensure requirements as every other business in Nevada [Exhibit C]. They must acquire and maintain business licenses from the state, from the municipality where their business is based, and every municipality where they attend events, like farmers markets, to sell these products.

These operations must make less than $35,000 in gross sales per calendar year. The food items these operations may prepare include candies, cereals, trail mixes, granola, dried fruit, dried herbs and seasoning mixes, jams, jellies and preserves, nuts, nut mixes, popcorn and popcorn balls, vinegar and flavored vinegars, and baked goods and are permitted under very specific conditions. They cannot be considered potentially hazardous; they cannot contain cream, uncooked eggs, custard, meringue, cream, or frosting; and finally, they do not require time or temperature controls for food safety.

Another important distinction I would like to highlight is the difference between a cottage food operation and a craft food operation. While similar in many ways, craft food operations are allowed to prepare acidified foods. These include fruits or vegetables that have a pH level of 4.6 or less, such as canned or pickled goods. Currently, cottage food operations are licensed by their local licensing health authority, which would include health districts, Carson City Health and Human Services, and the State Division of Public and Behavioral Health. Craft food operations are licensed by the State Department of Agriculture. Before walking you through the sections of the bill, Leesa Stevens of Battle Born Bread will speak about her experiences as a cottage food entrepreneur.

Leesa Stevens, Private Citizen, Fallon, Nevada:
I am the owner and operator of Battle Born Bread, a small cottage bakery that specializes in sourdough breads. Today is my second-year anniversary. I got started in this business because I was looking for a way to stay at home, take care of my aging mother-in-law, my granddaughters, and help my daughter create her work experience. I was not able to do that by working for other businesses, so I decided to go with something that I have been doing for about six or eight years, which was to make sourdough bread. I started doing that in June of 2023. I started with our farmers markets. I have been very blessed to have a growing business; however, I am finding that I am starting to come up against the ceiling of the income requirements in Nevada. I feel it is starting to limit my ability to have my business, but I am not big enough to go into a commercial business. There is not a gap in Nevada, a step that helps you go from a cottage business to a commercial business.

I hope there will be some support in raising that. I am also really excited to see there might be some changes, and this will really help my business in being able to take orders via phone and take them online. This would bring the cottage industry into the 21st century, which is where most of our businesses are these days because COVID-19 changed everything. COVID-19 changed the way people order, and COVID-19 changed the way people get their food. I hope with your support we will be able to make some changes and bring this forward.

Assemblymember Anderson:
I would like to walk you through the bill. Sections 2 through 11 define the cottage cosmetic operations and outline the requirements for obtaining a license [Exhibit C]. These operations include individuals preparing cosmetics in their private residence and with annual gross sales of less than $100,000. The State Department of Agriculture will be responsible for licensing these operations. A concern has just recently been brought up regarding the inclusion of this, and I will be working with the individuals to try to address it.

Sections 12 through 19 reorganizes the oversight of cottage food operations to be under the Department of Agriculture and incorporates acidified foods to the allowable list of food items. This incorporation eliminates the need for "craft food" operation licensure, which is repealed in the bill. Additionally, allowable maximum gross sales on cottage food operations increases from $35,000 to $100,000. This increase is similar to some other states' proposed changes. For example, Michigan's House Bill 4122, which was just introduced February 27 of this year, basically doubles what their gross sales would be.

Section 16 clarifies locations of sales may include by phone and the Internet. By including Internet sales, we believe this could increase the visibility for many of these small businesses. Forty-four other states currently allow this. It is time for Nevada to do so as well.

Section 22 clarifies the "department" is the State Department of Agriculture. Concerns were raised on Thursday by county and city health departments regarding this, so I understand when they come to the table they will be against it. The current practice of inspections being done by the city and county seems to have some different opinions regarding accessibility and timing. That is one reason why we are proposing this.

Sections 20, 21, and 23 are simply clarifications and/or removal of language which corresponds to other sections of the bill. Sections 24 and 25 make various changes to the farm-to-fork events, including allowing livestock and game animals to be served at events. These sections also allow farms to hold up to four events per month before having to be classified as a food establishment. The director may provide an exemption to these requirements during harvest or holiday seasons. Additionally, these sections again require hosting farms to register with the Department of Agriculture.

Nevada's current law is holding entrepreneurs back. This is our opportunity to help others in realizing their full potential. I know the law created in 2013 was an incredibly heavy lift. It is time for us to update it to encourage the economic growth of Nevada's small and home-based businesses.

Assemblymember González:
You said that the bill caps sales at $100,000. Is there anybody who makes more than that? What happens if a cottage food person makes more than that? What is the average sales folks are currently making?

Assemblymember Anderson:
I do not know the average. I can try to find out for you and get back to you. As it stands now, if you make over the $30,000 in your kitchen, where you manufacture has to be changed, and your license and the inspections have to be changed. For the other questions, I do not know off the top of my head, but I can try to get that for you and get it to the whole Committee.

Assemblymember González:
How did you come up with the threshold of $100,000?

Assemblymember Anderson:
The main reason was looking at the other states. Some states have it as low as $50,000 and some as low as $20,000, but $100,000 felt like it was an easy mark to use. It was also like pulling it out of a hat, but realistically, it was looking through other states and seeing where they were as well.

Chair Brown-May:
Before I move on to our next member, I am curious to know how much you sell a loaf of bread for?

Leesa Stevens:
It depends on the flavor of the bread, but typically, it is an average of around $10 a loaf.

Assemblymember Orentlicher:
You focused on the food, and you made a quick statement about the cosmetics that you are working on. Could you explain if you are taking it out, going to substantially revise it, or what you have in mind?

Assemblymember Anderson:
Thank you for bringing that up. I was running through the bill like we were going to add it in, but we did not go into what that would include. I have asked Kelli Kelly to come up to explain a little bit further. At this time, the only way to have those cosmetics is by the big businesses. The idea is to maybe add some candles and some of those other home-based makeup types of items so people can utilize them. I know that Kelli Kelly has also been involved.

Kelli Kelly, Advocate, Nevada Food Systems:
The cottage cosmetics was never really an avenue that was allowable within any state in our country because the federal government regulated cosmetics, which includes everything that you put on your skin, except soap, and wigs. The federal government regulated cosmetics, and it prohibited cottage operations. With the passage of the Modernization of Cosmetics Regulation Act of 2022, the federal government created a small business exemption, exempting cosmetic producers who make less than $1 million in annual sales from the requirement to be in a commercial inspected facility. That opened the door for allowing small-batch cosmetic producers. These are folks—oftentimes they are agricultural producers or value-added producers—who are adjacent to those farm businesses utilizing things like lavender and botanicals to make salves, balms, and lotions.

Currently, from the state's perspective, if you were to take a gallon of shelf-ready, mass-produced unscented lotion base and subdivide it into smaller containers and added an essential oil, that constitutes as manufactured. That would only be allowable if you were in an inspected facility.

Assemblymember Nguyen:
Home-based businesses are part of our culture. The Asian culture has a lot of different home-based food businesses. I tried to research this but could not find anything. Why name it "cottage"? It makes me think of cottage cheese and cottage yogurt. When I think of cottage food, I do not think of a home-based business. Nothing about it says cottage.

Assemblymember Anderson:
I have no idea either. It is a statement that is used across our nation through all of the laws; they do refer to them as cottage food in the food industries.

Assemblymember Nguyen:
I know Kelli Kelly mentioned the thresholds on the federal side is $1 million. You only raised it up to $100,000. Is there a reason we are not matching the federal government or other states that may have different thresholds? I do not know if we want to standardize it across the board or if we are just taking one step at a time in Nevada.

Kelli Kelly:
In our early conversations around this bill, the idea was to make the different cottage industries align with one another at that $100,000 mark. The $100,000, as Assemblymember Anderson stated, falls in the middle of ranges of what other states do. That being said, I previously worked in the culinary industry and from my own perspective, if I were making $100,000 worth of sourdough bread in my home kitchen, I would be pulling my hair out and so ready to move into a commercial facility. Having larger ovens, larger sheet pans, a speed rack, and the ease of operation when you are at that threshold would seem like a really critical time to step into that commercial operation.

When it comes to the cosmetics, it was intended to align these programs with one another, and the $100,000 threshold was based more on the perspective of a home baker like Ms. Stevens and where the infrastructure of a home kitchen really becomes the limiting factor to growing the operation.

Assemblymember Anderson:
There are some states that do not have a limit at all. They allow you to go all the way up, and there are some that have it as low as $20,000. It is all over the place.

Chair Brown-May:
For clarification purposes, soap is the exclusion. I am curious to know if salt or sugar scrubs would be considered soap, or is that part of the cottage food industry that would be covered under this bill?

Kelli Kelly:
I think that is one of those magical gray areas. I have worked with clients who make soap and want to make a shampoo bar. The question becomes, is a shampoo bar shampoo and therefore a cosmetic, or is a shampoo bar a soap bar for your hair? There is a lot of intricacy and nuance to this with a cottage cosmetics program in the state. It would open the door for the production of a whole variety of products: scrubs, shampoo bars, lotion bars, salves, balms, et cetera.

Chair Brown-May:
Do we have any idea what the number of licensees is currently for cottage food operations in Nevada?

Assemblymember Anderson:
No, we do not, but that ask has been sent in. As soon as I get that back, I will make sure you have it, and the whole Committee as well.

Chair Brown-May:
We are adding fermented or acidified foods. Acidified foods, I assume, are fermented foods like kombucha. What are you referring to as an acidified food in this bill proposal?

Kelli Kelly:
Currently, craft foods are acidified foods that have a pH of 4.6 or below. The intent is to align the two programs and then to allow the Department to create the administrative code to implement the craft food portion of this bill.

Chair Brown-May:
I want to clarify; we are talking about $100,000 in gross sales and not net revenue. There are expenses that come out of this $100,000 that we are not accounting for here.

Assemblymember Anderson:
That is correct.

Chair Brown-May:
I want to say that I think "cottage" comes from *Hansel and Gretel*, like a cottage out in the country.

Assemblymember Koenig:
Could you give me some examples of acidic foods? You are talking science and pH 4.6. I do not have a pH tester, and I do not know what that would include.

Kelli Kelly:
Some examples of acidified foods run the gamut from hot sauces to pickles to sauerkraut. Salsa is often an acidified food.

Assemblymember Koenig:
That is more my language.

Chair Brown-May:
Are there any more questions? [There were none.] We will now open testimony in support of A.B. 352.

Doug Busselman, Executive Vice President, Nevada Farm Bureau Federation:
We are here today to express our strong support for passage of A.B. 352 and the provisions for the Nevada Department of Agriculture to take responsibility for the areas of cottage food and farm-to-fork events. Our member policy supports the cottage food program being operated by the Nevada Department of Agriculture and including the Department's producers' certification program into this comprehensive authority. We also support urban-based

agricultural operations as a response to some of the issues related to food deserts and expanded opportunities for these smaller food-producing entities to have greater opportunity for economic stability.

Our members have expressed their frustration over the authority that now involves different health districts around the state and the manner in which these regulatory agencies have treated those seeking to engage in cottage food enterprises. In some areas, there are inconsistent and random applications of the rules they have established. These challenges have played a role in limiting the ability for cottage food and farm-to-fork activities. We are very appreciative of the customer treatment approach that the Nevada Department of Agriculture has practiced and welcome the pro-enterprise partnerships we have with them. This is in stark contrast to the way in which some health districts have approved or approached those who are dealing with them. Assembly Bill 352 is a positive move in the right direction, and we support this bill and hope that you will as well.

Shane Piccinini, Government Relations, Food Bank of Northern Nevada:
We at the food bank have long supported farm-to-table opportunities. Mr. Busselman just talked about what I was going to say as far as food deserts are concerned, but we believe that any avenue we can take to help people get access to really great food is in the best interest of the entire state. We ask you to support this bill.

Bryan Wachter, Senior Vice President, Retail Association of Nevada:
We are strongly in favor of this bill. The Chair pointed out that it is $100,000 in receipts and not profit. In fact, the average cottage operation usually clears between $5,000 to $10,000 a year that would be considered actual profit. We do think that it is important. For most small businesses, 20 percent will close in their first year, 50 percent will close in their first five years, and ten years after they start about 70 percent of all small businesses have closed. This is an important step for Nevada to take, to allow those industries to grow and remain viable. We also think it is important to have that one-stop shop within the Department to be able to set out what those rules are going to be statewide. We look forward to your processing this piece of legislation.

Kelli Kelly:
[Read from Exhibit D.] I am here to offer my support for A.B. 352. I am an advisor who works with farmers and other food systems and business owners to start and grow their businesses. In this role, I have many clients around the state who are interested in beginning cottage food businesses making small-batch cosmetic products like salves, lotion bars, shampoo, and ChapStick, and hosting agritourism events like farm-to-fork dinners, and who have encountered obstacles that have prevented them from achieving their goals. Each of these programs represents a way for farmers to diversify their products and their sales channels so they can monetize more of their harvest.

Reducing regulations of cottage programs, including what types of products can be produced, how products can be sold and delivered to customers, and increasing the gross sales cap will enable farmers to diversify and grow their revenue streams. Allowing small-batch home

production of salves and balms, lotions, and other cosmetic products helps farmers and adjacent value-added producers to utilize locally grown botanicals in an entirely different way for an entirely different market. Farm-to-fork events help farmers reach new customer segments, highlight locally grown products, and help customers connect to farms in their communities, the food produced in their neighborhoods, and the people involved from seed to plate. I encourage you to support A.B. 352.

Chair Brown-May:
Is there anyone else here in Carson City in support of A.B. 352? [There was no one.] Seeing no one in Las Vegas, is there anyone on the phone in support of A.B. 352?

Berry Johnson, Private Citizen, Las Vegas:
We stand here today to discuss yet another layer of regulation aimed at cottage cosmetics and food operations, small businesses simply trying to make an honest living. This bill may sound well intentioned, but let us be clear, it represents another step—

Chair Brown-May:
Mr. Johnson, are you in support of this bill?

Berry Johnson:
Yeah, why are you interrupting me?

Chair Brown-May:
It sounds like you are in opposition to this bill as you talked about additional regulations. I want to make sure we have your position appropriately recorded.

Berry Johnson:
One of these bills is bad, but we have to do something to help these people because you guys are crushing business.

Chair Brown-May:
I want to be clear, are you in support of A.B. 352?

Berry Johnson:
Yes.

Chair Brown-May:
Then you may continue. You are welcome to begin your two minutes, Mr. Johnson. I will caution you to be in support of this bill. If your testimony is in opposition, we will move you there.

Berry Johnson:
I already gave you that answer. Why are you pushing me?

Chair Brown-May:
I am happy to record your testimony in support. Can we move to the next caller, please?

Kally Wade, Private Citizen, southern Nevada:
I strongly support this bill. I am a farmer market coordinator for two farmers markets in southern Nevada. My daughter has been in cottage food and is tirelessly working with Southern Nevada Health District (SNHD) to get into a commercial kitchen. I see this bill as being a huge step forward for all small cottage food and cottage cosmetic businesses.

The reason I say that is because to be able to go into a cottage food business in southern Nevada, you apply through SNHD. There is only one person in all of southern Nevada that handles label design. It has to fit under a certain stipulation, all of which I agree with, but the regulations changed recently, and they now allow you to skip over label review if you do not want to pay the extra money. As a farmers market coordinator, I have multiple people coming to me saying, Oh, I have been okayed through SNHD. I need to explain to them that their labels are not correct. That causes a lot of issues.

I have also been a producer through the Nevada Department of Agriculture. To be able to contact anyone in the Nevada Department of Agriculture is so easy, simple, and smooth. Anytime I have contacted SNHD, or any of my colleagues have, it has always been kind of difficult. If you send an email and hope for a response, there is no direct contact with any of those individuals and that does cause a lot of heartache. It has put my daughter off almost four months to get into a commercial kitchen to be able to—

Chair Brown-May:
You are over your two minutes at this point. You are welcome to submit the rest of your comments in writing. Are there any additional callers in support of this measure?

Ellen Hamlett, Private Citizen, Las Vegas, Nevada:
Thank you for the opportunity to speak today in support of A.B. 352. Selling homemade food, also known as cottage food, refers to anything made from the home or by any cottage business. It is a proven path to entrepreneurship, allowing people to turn their passion into a business without the added cost of a commercial kitchen.

Right now, Nevada caps its annual revenue at $35,000—revenue, not profit. It is making it nearly impossible for entrepreneurs to grow. This is the fourth-lowest cap in the country. Only 20 states have revenue caps at all, and some, such as Florida and Wyoming, are as high as $450,000. Forty-four states allow homemade food sales online and 37 states permit delivery. These unnecessary restrictions hold back hardworking entrepreneurs who are simply trying to build a better future for themselves and their families.

One thing to focus on is cottage food businesses are incredibly safe. Multiple states show that there is no increased risk of a foodborne illness from home kitchens as compared to commercial ones. No state has seen any reports of foodborne illnesses that have come from homemade food from cottage food businesses. Cottage food businesses overwhelmingly

benefit women, parents, rural residents, and people with limited mobility or transportation, and those who need flexible and home-based work the most.

Over the last six months, I have spoken with dozens of cottage food producers whose lives would be tremendously improved by this change. I signed our petition to support this bill, and so far, it has at least 80 signatures of hardworking Nevadans to ask you to support this bill. With A.B. 352, Nevada will join the majority of states that have updated their laws and support the hardworking individuals who make and sell homemade products. I urge you to support A.B. 352.

Berry Johnson:
I do not know what happened. I was cut off last time. We stand here today to discuss another layer of regulation aimed at cosmetics and food operations, small businesses simply trying to make an honest living. This bill may sound well intentioned, but let us be clear, it represents another step in a relentless march towards overregulation, stifling entrepreneurship, and limiting personal freedom, like I was just limited on my First Amendment. Why must a natural individual preparing home cosmetics or selling under $100,000 gross annually be subjected to more government hoops? This body has destroyed local farming and ranching. This bill, while pretending to protect customers, imposes licensing fees, burdensome inspections, and unnecessary bureaucratic registries. Regulation meant to protect health could not choke out the innovation, creativity in the entrepreneurial spirit of everyday Nevada.

Let us get real: most cottage operations thrive precisely because they are agile, small, and responsive. They do not need another feed inspection, oversight, or parasitic politician wanting to tax and spend their hard-earned dollars. Local zoning boards should not even have the power to restrict these modest operations. While this bill rightly addresses that, it simultaneously opens the door for state-level meddling. We must ask ourselves, Do we trust Nevadans to make responsible choices, or do we believe that only you bureaucrats can protect us? I agree passionately for trusting individuals over regulation every time. We need to allow these people to work, but you also need to stop allowing overregulation. This is not a nanny state. We are not California, Washington, or New York. You are personally responsible for destroying Nevada's business. Please stop.

[Exhibit E was submitted but not discussed and will become part of the record.]

Chair Brown-May:
We will move to opposition testimony. Is there anyone here in Carson City in opposition to A.B. 352?

Jesse Wadhams, representing Vegas Chamber:
I want to thank the sponsor of the bill for meeting with us multiple times, and we are working on amendments. Our concerns really focus on the expansion of cottage industry into the cosmetic space and some of the limitations on local government and their ability to regulate. The Vegas Chamber would absolutely want to make its commitment clear that we want to work on this because we do see it as a very strong small-business bill.

Mike Cathcart, Business Operations Manager, Finance Department, City of Henderson:
We are opposed to the bill as written. We are only seeking clarification and possible language changes to section 7, subsection 5, and section 16, subsection 2. These are the sections pertaining to local government regulatory authority. We will continue to work with the stakeholders and hopefully come to a solution that works for everyone.

Amber English, Environmental Health Supervisor, Environmental Health, Northern Nevada Public Health:
[Read from Exhibit F.] I appreciate and recognize the bill sponsor's intent to support small entrepreneurs and encourage local businesses through this bill.

However, I am here today to respectfully express our opposition to this bill due to the significant public health concerns. We are concerned about the real potential of insufficient staffing at the state level, which unfairly burdens local health authorities. We want to thank Assemblymember Anderson for working with Northern Nevada Public Health (NNPH) representatives late last week to discuss our concerns on this bill.

Expanding the production and sales of acidified foods increases health risks including botulism. Proper safety requires strict controls, training, and monitoring, but the bill removes these safeguards, relying solely on equilibrium pH minimum without prescriptive language on how this will be verified. Home kitchens are not equipped to ensure these safeguards.

Furthermore, transferring cottage food registrations from NNPH to state-level agencies will lead to enforcement inefficiencies. We would no longer be responsible for processing registrations, but we will still be responsible for enforcement activities. Our inspectors are routinely present at markets and community events, ensuring vendors maintain proper food safety standards. This allows for real-time compliance checks and immediate corrective actions if issues arise. However, a state-level agency lacks the personnel and logistical capacity to maintain the same level of oversight. This shift could enable unregistered vendors to operate unchecked, increasing food safety risks to the public.

The burden would then fall back onto local health authorities who, despite losing control over registration, would still be responsible for identifying and addressing food safety violations at community events, ultimately increasing local workloads. Additionally, the shift could delay response in foodborne illness outbreak investigations as state agencies lack the immediate local access, and although local authorities have the immediate access, we would have a reduced compliance oversight.

Finally, expanding sales caps and allowing mail and online ordering for cottage food sales increases the volume of potentially unsafe food distribution. This contradicts the original intent of cottage food laws, places the public at greater risk, and creates an unfair competitive environment for businesses that responsibly meet regulatory requirements.

Maria Menjivar, Deputy Administrator, Central Nevada Health District:
The Central Nevada Health District respectfully submits our opposition to A.B. 352, which proposes significant changes to the regulation of cottage food and cosmetics operations within our state. While we understand the intent to streamline and modernize the regulations, we see and have serious concerns that the bill as currently drafted may have unintended consequences that could adversely affect public health, consumer safety, and the livelihoods of small-business owners. We believe local control, rather than state-level mandates, are more important and a more appropriate approach to regulating these growing lucrative industries.

Decentralized state control versus local control. One of the most concerning aspects of A.B. 352 is the move towards centralized state regulation of cottage food. Local governments have a better control and understanding of their communities and the unique needs of small businesses. By placing regulations at the state level, we risk creating a one-size-fits-all approach that may not be adaptable to the specific circumstances and conditions of each county or municipality. Local control would allow for more nuanced regulations tailored to the needs of local businesses and consumers, fostering innovation and economic growth while ensuring adequate consumer protection. Local authorities are better positioned to monitor and regulate small businesses within their jurisdictions, ensuring that the safety standards are met without unnecessarily burdening small producers with a rigid, state-imposed framework.

Ambiguities in the application process, fee structures, and operational guidelines could lead to confusion among small-business owners and regulatory authorities, hindering the effective implementation of the law. Local control would allow for greater flexibility in adjusting regulations based on specific community needs and business capabilities, reducing the risk of confusion and noncompliance.

Conclusively, while we support efforts to modernize the regulation for cottage food and cosmetic operations, we believe A.B. 352 in its current form undermines the ability of local governments to craft regulations that are better suited to their communities. We urge the Legislature to reconsider this bill and adopt a more localized—

Chair Brown-May:
Thank you for your comments. You really are over your two minutes at this point. I tried to be very generous. If you would leave your written comments with the Committee secretary, that will help us.

Is there anyone else in Carson City in opposition to A.B. 352? [There was no one.] I see someone in Las Vegas.

Larry Rogers, Environmental Health Manager, Southern Nevada Health District:
I am testifying in opposition today on A.B. 352. The Southern Nevada Health District (SNHD) appreciates the attempt behind this legislation to foster local entrepreneurship but has serious concerns regarding its impact on public health and safety. In the last four years,

SNHD has registered 813 applications from cottage food operators and has fielded over 1,600 inquiries from potential operators, often with multiple interactions. While the Nevada Department of Agriculture may be able to manage cottage food operations in rural areas, the volume of registrants in southern Nevada is currently 1,250 and will only increase with the proposed income limit.

Cottage food operators are permitted at certain SNHD-regulated events, and SNHD has existing relationships with these operators. If these events have split jurisdictions and the cottage food operators fail to meet requirements or exceed their limitations, SNHD would have no recourse other than to remove these noncompliant operators from the event.

Currently, we have the framework to work through most cottage food situations found at events, and the operator can resume vending. Split jurisdictions at certain events would increase the burden of SNHD inspectors who oversee about 850 health-permitted special events with over 9,000 vendors each year. Cottage food operators who expand their operations without permitting would continue to be removed from events under this bill, as it does not change the qualifications and restrictions on cottage food. The Southern Nevada Health District would continue to enforce the cottage food statute but would have fewer resources to do so.

The Southern Nevada Health District also oversees cosmetics in Clark County. Cosmetic manufacturers undergo regular inspections and comply with regulations that ensure manufacturers maintain proper safety standards. This legislation does not include these important safety measures, leaving potential gaps in public protection. Given these concerns, I strongly encourage the Committee to oppose this bill and prioritize public health and maintain proper oversight. However, we remain willing to continue working with the bill sponsor to address the concerns and explore potential solutions.

Chair Brown-May:
Is there anyone else in Las Vegas in opposition to A.B. 352? [There was no one.] Is there anyone on the phone in opposition to A.B. 352? [There was no one.] At this time, we will move to neutral testimony. Is there anyone here who would like to offer testimony in neutral on A.B. 352?

J.J. Goicoechea, Director, State Department of Agriculture:
We are neutral on this bill. I do want to point out a couple of things we have heard today. We do have a footprint in all rural and urban areas in Nevada. In fact, we have a southern headquarters in Las Vegas. We inspect all dairies and dairy-processing facilities, in addition to all the produce that is exported out of this state. We most recently have started our meat and poultry inspection program. We have environmental scientists on board across the state who will be doing that. We are comfortable that we can meet these needs should you elect to go that way. As always, if you have any questions, please reach out.

Sarah Adler, Private Citizen, Carson City, Nevada:
I am here as Sarah Adler, one of the authors of the 2013 bill [S.B. 206 of the 77th Session]. Another author of that bill was Christy McGill who, if you serve in the Department of Education, is now a deputy superintendent at the Nevada Department of Education. Back in that day, I was the State Director of United States Department of Agriculture Rural Development.

I want to share a couple of things. I have not looked at the bill in detail. I was able to bring the 2013 bill forward and through by working with the health districts. In the intervening 11 years, I have been thrilled at the number of times that I have come across licensed cottage entrepreneurs in farmers markets, craft fairs, and airports. I am thrilled with the success of this.

I also want to share that we created this bill during the roll-out of the Great Recession, and at that time, I worked very much in rural Nevada, as did Christy McGill. It was a very uncertain economy, and we were trying to help people sustain themselves and their families using any asset they had, which possibly included land to grow or a kitchen to produce food in. Now we are at a time of uncertain economy, yet greater concentration in things like grocery stores and other industries. To the extent we can support a distributed economy of entrepreneurs, it is a good thing.

I just want to say that "cottage" is a more pleasant term than "garage," and "farm kitchen" is not really appropriate because so many of the folks I have come across are apartment bakers, kitchen bakers, people are making wedding cakes and, unfortunately, nowhere near a farm in downtown Las Vegas.

Chair Brown-May:
Is there anyone else in Carson City in neutral on this measure? [There was no one.] Is there anyone in Las Vegas or on the phone in neutral on A.B. 352? [There was no one.] We will invite our bill sponsor for closing comments.

Assemblymember Anderson:
Thank you for this opportunity to present the bill, and I look forward to continuing discussions to hopefully be able to bring back a nice clean bill for you.

Chair Brown-May:
We will close the hearing on A.B. 352. Next on our agenda is Assembly Bill 337, which creates programs related to dementia.

Assembly Bill 337: Creates programs related to dementia. (BDR 38-456)

Assemblymember Duy Nguyen, Assembly District No. 8:
I have the pleasure of presenting Assembly Bill 337, a bill on behalf of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. I also have the pleasure of sitting on the Task Force on Alzheimer's Disease that helps to provide

recommendations and action we can take to assist those affected by Alzheimer's and other forms of dementia.

Dementia is a debilitating disease that affects a person's memory, cognitive abilities, and daily functioning. It is estimated there are currently about 6.9 million people living with dementia in the United States, and this number is projected to reach 14 million by 2060. According to the data released by the Alzheimer's Association, they estimated there were approximately 55,000 people in Nevada living with Alzheimer's disease and other forms of dementia in 2020, though many do not have a formal diagnosis. Nevada ranked as a state with the third-fastest growing population of residents living with dementia directly linked to the rapidly aging population of Nevada, sitting after Arizona and Vermont.

These statistics highlight the urgent need for us to take action to address this growing health crisis. We have a moral and ethical obligation to support and care for the older people with dementia who are often some of the most vulnerable members of our society. This support can take many forms, from providing adequate health care and social services to ensuring people with dementia are treated with dignity and respect.

One important way we can improve dementia care in Nevada is by establishing a Dementia Care Specialist (DCS) Program. This program would provide specialized training for health care professionals who work with people with dementia and their families, ensuring they have the knowledge and skills to provide the best possible care. This program would also help to raise awareness of dementia and reduce stigma, which is often a barrier to people seeking help and support. Currently, only a handful of DCS programs exist in the United States, and none are in Nevada. This is a significant gap in our health care system that needs to be addressed. By investing in a Dementia Care Specialist Program in Nevada, we can improve the quality of life for people with dementia and their families, reduce the burden on caregivers, and ultimately improve the lives of Nevadans suffering from this disease.

Another way we can combat this growing need is through the establishment of the Nevada Memory Network as a system for the early detection and diagnosis of dementia, and the ongoing management of care for patients with dementia. I will pass it over to my copresenter, Benjamín Challinor, the Nevada Director of Public Policy of the Alzheimer's Association, who will briefly walk you through the sections of this bill.

Benjamín Challinor, Director of Public Policy Nevada, Alzheimer's Association:
I want to mention I am also the chair of the Task Force on Alzheimer's Disease as well as on one of the legislative subcommittees. Submitted along with this presentation [Exhibit G] is the State Plan on Alzheimer's [Exhibit H], which includes both DCS and the Nevada Memory Network. Each of them has a recommendation. I am looking forward to being able to share with you some quick facts and figures on A.B. 337, then I will hand it back over to the Assemblymember, and we will answer questions.

The Assemblymember touched a bit on what dementia is. Ultimately, dementia is an umbrella term for loss of memory, language problems, and other cognitive impairments that

affect daily life. Sometimes you forget where you put your keys, which might not necessarily be dementia, but when it starts affecting your everyday life, that is when it becomes dementia. There are different forms of dementia. The one that people are most familiar with is Alzheimer's, but as you can see, there are various other ones including dementia from Parkinson's disease. It is important to note dementia is not part of aging; although it is the largest risk factor, it is not the only one. As the Assemblymember mentioned, 6.9 million seniors across the country are living with Alzheimer's and nearly 55,000 of those are living in Nevada and are over 65, which is a 10.6 percent prevalence.

One thing that Assemblymember Nguyen did not mention but is a big part of this bill, is caregivers. There are over 84,000 caregivers in Nevada providing 142 million hours of unpaid care, which comes up to total about $2.3 billion. We will be able to talk a bit about why that is important.

Now on to A.B. 337. First, I will talk about the Nevada Memory Network, which is section 2, and then go to section 1, which is a DCS. What the bill looks to accomplish is improvement of early and accurate diagnosis of Alzheimer's and dementia, to create a better person-centered support system for Nevadans living with Alzheimer's and dementia and their caregivers, and build more awareness of dementia.

The Nevada Memory Network is based off a program in Georgia that was originally started back in 2018 with the partnership between Emory University and the Georgia Department of Human Services. It started off with five clinics and it has added additional partners throughout community organizations and health care organizations. In Nevada, we are looking to model it based on that.

The five main goals we have are to increase awareness of memory loss and dementia through the annual wellness visits that are provided through Medicare. If you are a Medicare recipient, you get a free annual wellness visit, and you could request a memory assessment. Other goals include establishing memory assessment clinics, or hubs, throughout both northern and southern Nevada, and ensuring we are improving patient health outcomes through early and accurate diagnosis, especially now that we are in the era of treatment. We have two treatments available for Alzheimer's, but you are not able to get treatment if you are not diagnosed with a specific type of dementia, which is early Alzheimer's. Making sure we can break down those barriers to diagnosis is important, as is reducing the overall cost associated with care. Again, the sooner you get a diagnosis, the sooner you are able to get care and, ultimately, over the lifetime of care it reduces the cost. Lastly, support the oversight and evaluation of the project performance by collecting data.

Last session, we passed a neurodegenerative registry, and this will help go hand in hand with that. That registry does not have any identifiable information, but it helps identify where we are within the state. The registry creates a system of care with the primary care providers, the memory clinics, or the hubs, and then the dementia care navigators (DCN). Basically, you go in and get the initial assessment—the most common one is the Montreal Cognitive Assessment (MoCA). Through that they are able to get a referral over for a neurologist or

psychologist or anyone who is able to provide that diagnosis, send that back to the primary care provider who is able to coordinate that care, and ultimately the DCN is able to make sure we are able to support that person, the caregiver, and whoever is part of that care partnership to make sure they are connected with resources. They know what appointments are coming up; they know if there are treatments available and which treatments they need to go to.

Again, primary care providers are one of the most important parts. They are the ones who provide that assessment, initial assessment, and referral over.

The Memory Assessment Clinics are the hubs. In the bill, we have the Schools of Medicine from both the University of Nevada, Reno (UNR) and the University of Nevada, Las Vegas (UNLV). We have worked with them for the past three years to work on the Memory Assessment Clinics. We have also been able to get some good commitments from the Cleveland Clinic Lou Ruvo Center for Brain Health, one of the most renowned centers on Alzheimer's and cognitive and brain health.

Then the warm hand-off back to the primary care providers, making sure there is no one being dropped off, no one falling through the cracks. I think one of the biggest pieces in dementia care is the dementia care navigation piece. It has been stated that about 70 percent of all caregivers have mentioned coordinating care is stressful, and more than half of them said navigating health care is difficult, and so being able to provide this DCN tool is going to be extremely important.

Next up, we have the dementia care specialist piece, which is section 1 of the bill. It is modeled off the DCS program out of Wisconsin that began back in 2013. It is housed within the various aging and disability resource centers (ADRC) throughout the state. It started with just 5 DCSs but expanded out to a total of 70. There are 42 ADRCs that serve all 71 counties in Wisconsin. I know that is a lot compared to our 17 counties here. Additionally, there are ADRCs located within each of the 11 federally recognized tribes in Wisconsin.

Ultimately, DCSs have been able to start some programs to test them in Nevada with our Dementia Engagement Education and Research (DEER), Dementia Friendly Nevada (DFN) program, and the Aging and Disability Services Division (ADSD), who are here to provide any context if needed. The ultimate goal of DCS is to provide support to those living with dementia and their care partners and making sure we are strengthening awareness efforts for dementia. The sooner folks are able to identify the early warning signs, the sooner we are able to get them in for an assessment, we are able to get them diagnosed, and it keeps going on and growing our DFN efforts in Nevada.

What they will do is provide assistance to folks. Right now, a lot of our calls are going to the behavior and mental health programs. Oftentimes dementia is conflated with behavioral health, which it is not. It is significantly different, and this program is supposed to help with that, provide help getting initially started with the MoCA assessments, and then being able to connect families with the resources.

This program is designed to be part of the community. One of the pieces that is listed on there is making sure we are able to work with local governments and nonprofits. That is an important piece because we do not have those ADRCs here in the state. As folks may know, we often rely a lot on our nonprofit partners throughout the state, and so this is making sure we are continuing that partnership throughout and being able to promote the different tools that are available.

Before I finish up, the Alzheimer's Association vision is a world without Alzheimer's and all dementias, and we do that through research, through community programs, legislation, and that is what we are doing here.

Assemblymember Nguyen:
I serve with Benjamín Challinor on the Task Force for Alzheimer's Disease during the interim and on the commission. There are many passionate people in our state working behind the scenes to support this, including Dena Schmidt, who is the administrator for the ADSD with our Department of Health and Human Services, who is here in the audience in case we need her to answer any questions.

Assemblymember Edgeworth:
In medicine, we often screen asymptomatic people, which the United States Preventive Service Taskforce has said there is not a lot of evidence for. Are you talking about screening all old people, or are you talking about diagnosing people who have symptoms of memory loss?

Benjamín Challinor:
One piece I did not mention is being able to provide training to providers. There are different assessments, the most common is the MoCA. Our hope is to train providers to either identify some of those initial signs or symptoms themselves; or folks coming in as part of their annual wellness saying, I am experiencing these symptoms and signs; or their caregivers saying, Can we do a cognitive assessment; and then the provider will be able to begin that assessment. Depending on what the results of those assessments are, the provider will then be able to refer the patient to the neurologists.

Assemblymember Edgeworth:
When you have a DCS, are you talking about a nurse who is already licensed as a nurse getting additional training, like a certification, or is this more of a layperson with less education getting this certification?

Benjamín Challinor:
Cheyenne Pasquale is down in Las Vegas from ADSD who may be able to answer this a bit better. If I remember correctly, we are able to provide training to, preferably, someone who is a social worker or a community health worker as defined in *Nevada Revised Statutes*, but someone who not necessarily has the full medical training but has some clinical background. They do not necessarily have to be a nurse or a provider.

Cheyenne Pasquale, Planning, Advocacy, and Community Services, Aging and Disability Services Division, Department of Health and Human Services:
The DCSs are laypeople. They are not meant to be nurses. It is more social service based. We are looking for individuals who have experience in social services, preferably a master's degree or equivalent experience working with individuals who have a diagnosis of dementia.

Assemblymember Nadeem:
Currently, how are the dementia patients getting treatment and how many of them are getting quality treatment? Where is the gap that this program is going to fill?

Benjamín Challinor:
Of the 55,000 we have an estimate for, only about half of them have some sort of diagnosis. This leaves half of those 55,000 who do not have a diagnosis at all not being able to receive any sort of treatment or any care that is specific to their dementia. The ones who are diagnosed, there are different factors that go into it. Overall, in Nevada, we are experiencing a lack of providers who specialize or can specialize in gerontology, geriatric care, and so on. Being able to get that diagnosis, we are often seeing some gaps in time anywhere between six months to a year before they are able to get that initial appointment. Being able to provide that dementia care navigation piece, we will make sure they are receiving the resources and the support that is available out there for them until they receive that diagnosis.

Chair Brown-May:
Any other questions? [There were none.] I have one and that should probably wrap us up. Under section 2, you identified the UNLV School of Medicine and the UNR School of Medicine to establish the Nevada Memory Network. Is it exclusionary to those two universities, or are other institutions within the Nevada System of Higher Education eligible?

Benjamín Challinor:
As of right now, those are the ones we have been able to work with and connect with. This is now the second iteration of the state plan that includes the Nevada Memory Network, so that was from the previous biennium. Since then, there has been work involving UNLV and UNR specifically because UNR has the Sanford Center for Aging and UNLV has the Brain Health Center. As the bill is written, it is those specific universities because they have those schools of medicine just like the Georgia Memory Network. If it is shown to be successful and we are able to expand out, we could look at expanding out to some of the other institutions we have in the state. I know we have some other institutions that may be able to help, as well as some nonentity institutions in the state. It is modeled to be able to grow at some point.

Chair Brown-May:
I wonder if it would not behoove us to add permissive language in at this point to include any other appropriate nongovernmental institution as the network continues to grow. We will eliminate the need to come back and address this later.

Assemblymember Nguyen:
We are going to take that suggestion, and we will work to get that language amended.

Chair Brown-May:
Any other questions? [There were none.] At this time, we will open testimony in support of A.B. 337.

Sheila Bray, Director, Government and Community Engagement, University of Nevada, Reno:
The University of Nevada, Reno is home to both the Sanford Center for Aging, housed within the School of Medicine, and the DEER program within our School of Public Health. Both of these entities focus on providing education, conducting research, and working with individuals, families, and caregivers to enhance quality of life and well-being among older adults. This bill closely aligns with our mission and efforts in this area, and we look forward to working with the bill sponsors as this progresses.

Noelle Masangkay, Family Services Supervisor, Asian Community Development Council:
I am here to ask for your support of A.B. 337. In the Asian American, Native Hawaiian and Pacific Islander (AANHPI) community, we rely mainly on our family members to be our primary caregivers. That means our mothers, fathers, daughters, and sons are trained to take care of our elderly family members, and that includes feeding them, bathing them, handling all the paperwork, and setting up medical appointments. This alone is quite difficult for a lot of our community members, even more so for those who have dementia, Alzheimer's, or other forms of memory loss.

As someone who worked closely with the AANHPI community and other communities providing direct services such as food assistance, citizenship assistance, and health insurance assistance, we have seen firsthand how our clients and their families try to navigate different parts of the public sector. It can be quite difficult, especially if you are not specialized in these services, and you do not know the proper terminology and you do not know how to handle these different things. This is not a burden they should have to face alone. By administering a DCS program, we can provide the necessary assistance our community members need to navigate their day-to-day lives and obtain the services they may need. As someone who has had a grandparent who had dementia and had to watch her family work tirelessly to take care of them, I urge you to support A.B. 337.

Dena Schmidt, Administrator, Aging and Disability Services Division, Department of Health and Human Services:
I also serve as the chair of the Commission on Aging. I am here on behalf of that commission to strongly express our support for A.B. 337. This bill advances Nevada's dementia care efforts by expanding training, education, and crisis intervention services, particularly in rural Nevada where limited health care access often leads to increased hospitalizations. Assembly Bill 337 establishes DCSs to provide direct support, education, and crisis response for individuals with dementia and their family caregivers. It also strengthens early diagnosis and care planning through the Nevada Memory Network, ensuring individuals receive the support they need to remain in their communities. This bill is a critical step in improving dementia care across Nevada, and I strongly urge you to support it.

Vida Lin, President and Founder, Asian Community Development Council:
We support A.B. 337. We know many of our AANHPI are caregivers for our elders. The more education regarding dementia will be very important to help and assist family members.

Catherine Francisco, President and CEO, AAPI Chamber of Commerce:
I am here today in support of A.B. 337. As a community member deeply concerned about the growing number of individuals affected by dementia, I wholeheartedly support the establishment of a DCS program and the Nevada Memory Network as outlined in this bill. By providing specialized care, support, and a network for diagnosis and treatment, this bill will help Nevada become a state that truly prioritizes the well-being of its residents living with dementia. I urge you to support the passage of A.B. 337.

Regan Comis, representing Cleveland Clinic, Nevada:
We believe A.B. 337 represents a significant step forward in addressing the growing challenge of dementia care and support within our state. Nevada's aging population is growing rapidly, and the prevalence of dementia is expected to rise in the coming years. Assembly Bill 337 reflects a thoughtful, evidence-based approach to meeting this challenge head on. Cleveland Clinic, Nevada is a nationally recognized leader in neurological care, research, and education. Our Lou Ruvo Center for Brain Health in Las Vegas has been at the forefront of dementia research and patient care for over a decade. We see firsthand the devastating impact dementia has on individuals, families, and our health care system. Assembly Bill 337 provides a comprehensive framework that will enhance the state's capacity to diagnose, treat, and support those affected by dementia.

Jacob Ginsburg, Extern, Office of Government and Community Engagement, University of Nevada, Las Vegas:
I am testifying on behalf of UNLV in support of A.B. 337 because of the importance of addressing modern mental health concerns in Nevada. Assembly Bill 337 strengthens Nevada's mental health care and support framework and helps foster important research and training through our Kirk Kerkorian School of Medicine. Early diagnosis and effective treatment are essential aspects of supportive mental health care, and this bill reinforces Nevada's commitment to caring for its citizens.

Chair Brown-May:
Is there anyone else in Carson City in support of Assembly Bill 337? [There was no one.] Is there anyone in Las Vegas in support of Assembly Bill 337? [There was no one.] Is there anyone on the phone in support of Assembly Bill 337?

Jessica Padrón, Associate State Director, Advocacy and Outreach, AARP Nevada:
[Read from Exhibit I.] I am honored to testify in strong support of A.B. 337, which we have been following since it has been in the interim committee.

Dementia is a growing public health crisis affecting 55,000 Nevadans living with Alzheimer's disease and other forms of dementia. This number is expected to rise significantly in the coming years, placing increased strain on families, caregivers, and our

health care system. Assembly Bill 337 is a critical step towards ensuring individuals living with dementia, their caregivers, and their families receive the comprehensive support and resources they need.

The AARP has long advocated for policies that support family caregivers, recognizing they are the backbone of long-term care. In Nevada alone, there are over 340,000 family caregivers who provide more than $5.1 billion in unpaid care annually, assisting loved ones with daily activities, medication management, and complex health care decisions. Assembly Bill 337 directly addresses the challenges they face by establishing a DCS program within the Aging and Disability Services Division.

This program will be essential because it will do several things. It will provide crisis intervention and proactive support. One thing we here at AARP have learned through our work across the country is that caregivers and families often navigate dementia care in isolation, facing unpredictable challenges, and not aware of all the resources available. Dementia Care Specialists will offer much-needed guidance, crisis intervention, and tailored resources.

The second thing it will do is enhance access to culturally competent care. I think this is essential in such a diverse state as Nevada, and it also will expand training and workforce development. The demand for trained dementia care professionals is growing—

Chair Brown-May:
Thank you.

Berry Johnson, Private Citizen Las Vegas, Nevada:
Because our Legislature's failure to properly manage our state, agenda-driven politicians are driving away our best doctors. The Legislature caused doctors to leave. My mother's top geriatric specialist—

Chair Brown-May:
Mr. Johnson, are you in support of Assembly Bill 337?

Berry Johnson:
Yes, of course, I am. I understand the process, ma'am. Do I have my two minutes back?

Chair Brown-May:
I would like for you to begin by identifying if you are in support, opposition, or neutral on this bill and then you are welcome to your two minutes.

Berry Johnson:
Yes, I am in support, that is why I chose this bracket. Because of our Legislature's failure to properly manage our state, agenda-driven politicians are driving away our best doctors. The Legislature caused doctors to leave. My mother's top geriatric specialist left UNLV because of low pay and poor support. Now the Lou Ruvo Brain Center is at risk, losing over a million

dollars a year because the government lowered pay for doctors. This is unacceptable. We are failing seniors, our caregivers, and our families who rely on these critical services. We cannot keep adding clueless student doctors. The attention and expertise of doctors at the brain center makes the difference between manageable dementia diagnosis and a crisis for families. When a loved one is slipping away, the right to care is everything.

We cannot allow politicians' poor choices to run off all these specialists, but that is not the only problem. Families in crisis have nowhere to turn when a dementia patient becomes unmanageable. We must give the Las Vegas Metropolitan Police Department, and other law enforcement agencies in Nevada and their behavioral health units, the authority to safely transport dementia patients to the hospital or mental health facilities when necessary. Without this, families are left helpless and forced to navigate broken systems that fail them at every turn. When law enforcement is involved, we need trained professionals, not underqualified social workers. Dementia is not a social issue. This is a medical condition that requires expert intervention. Officers should be accompanied by psychologists or better trained personnel who understand how to handle dementia-related crises.

Chair Brown-May:
Mr. Johnson, your two minutes are up at this point. You are welcome to submit your comments in writing. Is there anyone else on the phone in support for A.B. 337?

Mathilda Guerrero Miller, Government Relations Director, Native Voters Alliance Nevada:
We are in unwavering support for A.B. 337 because our elders should not be denied the care they need and the answers they deserve because of where they live [Exhibit J]. We are waiting to see if this bill further utilizes telemedicine and provider training.

Dementia does not just steal memories, it also steals time: time to prepare, time to plan, and time for families to adjust before their loved one slips away. Right now, in Nevada, there are too many people, especially in tribal nations and rural communities, robbed of that time because they do not have access to diagnostic care they need. We already see firsthand how limited health care infrastructure puts their people at risk. Too often our elders are dismissed or misdiagnosed because there are not enough providers trained well enough to recognize dementia, and the ones who are, are hours away. That distance is a barrier, the provider shortage is a barrier, and those barriers are costing native families precious time and the ability to care for their loved ones. We urge your support.

Chair Brown-May:
At this time, we will move into opposition. Is there anyone in Carson City, Las Vegas, or on the phone in opposition to A.B. 337? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City, Las Vegas, or on the phone in neutral on A.B. 337? [There was no one.] We will invite our bill sponsors up for closing comments.

Benjamín Challinor:
Alzheimer's and dementia are public health crises that, if we do not start addressing it more seriously, it will get out of our hands, and we want to make sure we get ahead of this. The Alzheimer's Association is dedicated to working with our partners and stakeholders on making sure we move this on with the rest of our legislative slate that we have this session.

Assemblymember Nguyen:
Dementia is a growing health crisis that affects millions of people in the United States, and Nevada is no different. Clearly, we have a moral and ethical obligation to support and care for older people with dementia. Study after study confirms the economic cost and burden dementia has on individuals in our communities in Nevada. Preventive care like establishing a DCS program, in addition to Nevada Memory Network through A.B. 337, would help offset these future costs. We urge you to support this bill.

Chair Brown-May:
We will officially close the bill hearing for Assembly Bill 337.

[Committee recessed at 3:03 p.m. and reconvened at 3:05 p.m.]

[Assemblymember Nguyen assumed the Chair.]

Vice Chair Nguyen:
I would like to open the hearing on Assembly Bill 338.

Assembly Bill 338: Revises provisions relating to health care for senior citizens. (BDR 38-457)

Assemblymember Tracy Brown-May, Assembly District No. 42:
This measure came to us out of the interim Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. I am helping to introduce Assembly Bill 338 today. With me is Isabella Anderson, my intern for this session from the University of Nevada, Reno (UNR). She is currently studying political science and communication studies, is doing stellar work, and is excited to work on this interim bill and the presentation. She is going to handle most of the presentation today. Also with us is Connie McMullen, who is representing the Personal Care Association of Nevada and was the bill's proponent who introduced this issue to the interim committee.

Isabella Anderson, Intern for Assemblymember Brown-May:
During the 2023-2024 interim, the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs heard a presentation that introduced the issues covered in this bill. During this presentation, it was stated that although the Nevada Waiver for the Frail Elderly has been in place since 1992, it is lacking provisions for a variety of services that were temporarily instated during the COVID-19 pandemic.

This waiver allows people 65 or older to retain a sense of independence by remaining in their homes while receiving care they otherwise would need to be in a nursing facility to have access. This waiver currently supports the following services: case management, homemaker services, chore services, respite, personal emergency response system, adult day care services, adult companion services, augmented personal care provided in residential facility for groups or assisted living settings, and home-delivered meals. Funding for nutrition was added to this list during the pandemic emergency assistance period, but it has since stopped.

There is a strong desire and need in the community for this funding to continue. This bill proposes that more attendant care services for frail elderly persons be amended into the waiver. Assembly Bill 338 also presents a solution for communication struggles between agencies providing personal-care services and the people trying to access those services. Currently, it is very difficult for people looking to find the kind of care available to them to navigate the State's website. I will now turn this presentation over to Connie McMullen, who will provide further information, and then I will summarize the bill.

Connie McMullen, representing Personal Care Association of Nevada:
We do support A.B. 338. We support it because it moves additional attendant care into the Frail Elderly (FE) waiver [Exhibit K]. Currently, there is no attendant care in the FE waiver, but one needs to go to the Division of Health Care Financing and Policy to access attendant care in the Medicaid state plan. The Aging and Disability Services Division (ADSD) home- and community-based services waiver eligibility for people aged 65-plus is 300 percent of Supplemental Security Income. To qualify for the Medicaid state plan, seniors must be receiving Social Security income 74 percent of the federal poverty level. In many cases, this requires a senior to spend down more assets to qualify for the state plan service.

In June 2024, it was determined in a snapshot vision that 2,680 ADSD consumers were using the FE Waiver, and of that number, 1,691 were receiving the Medicaid attendant care from their state plan. Statistics show the need is there. It additionally supports the development of the Internet tool available on the ADSD website listing personal care agencies licensed in the state. This would be a great advantage for the consumers seeking personal care services for their loved ones, neighbors, or friends, but do not know how to start to navigate the process.

This process is very difficult and is currently offered on the Nevada Division of Public and Behavioral Health's (DPBH) Bureau of Health Care Quality and Compliance (HCQC) website under findahealthfacility.nv.gov. The HCQC website prompts the user to find a licensed care agency in the state where they reside, look for agencies and services desired, and how to contact them. However, the consumer needs to understand what they are looking for because of the list of services they are offered. There are providers other than personal care agencies listed that provide similar services, such as intermediary service organizations or the employment agencies, but the consumer needs to understand the types of services listed and to be knowledgeable on how to utilize that service.

Providers listed may also not accept Medicaid or only fee-for-service and that, too, is not listed on the website, which makes things extremely difficult. Creating this website for

caregivers and families looking for service in one location on the ADSD website would be incredibly helpful, would lessen complications, and would enable better access to health care, and we would appreciate your support on this. We think it would help a lot of people.

Isabella Anderson:
There are four sections in this bill. It is necessary for the Department of Health and Human Services (DHHS) to apply to the Secretary of Health and Human Services for a waiver that provides federal financial participation. Section 1 of this bill requires such an application, which will propose an amendment to the home- and community-based FE waiver. This amendment will authorize the State to receive federal funds to partially cover the cost of attendant-care services for the frail elderly persons. These services include bathing, grooming, toileting, moving about, dressing, and eating. Section 3 establishes section 1 as the responsibility of the divisions of the Department to administer in the same manner as the other provisions governed by Medicaid.

This bill will also establish an interagency website that allows agencies providing care services in the home to connect with people interested in obtaining those services. Section 2 of this bill requires the collaboration of the ADSD of DHHS and the DPBH of the DHHS to establish this website. In their presentation on the Medicaid access rule, the Personal Care Association of Nevada stated that such an informational website would "foster transparent communication and information between agencies, care givers, care recipients, and various state entities." This website would simplify this vulnerable population's ability to understand and access the care available to them. Each agency on the proposed website would be required to include: the location and contact information of the agency; the locations where the agency provides services; the services and level of care provided by the agencies; any disciplinary action that has ever been imposed against the agency; and the types of insurance accepted by the agency. Section 4 of this bill simply covers when each section of this bill will become effective if this is passed and approved.

Vice Chair Nguyen:
Are there any questions? [There were none.] We will go into support testimony for A.B. 338.

Benjamìn Challinor, Director of Public Policy Nevada, Alzheimer's Association:
I am here in support. Last session we were able to get Assembly Bill 208 of the 82nd Session passed, which created a new waiver specifically for those living with dementia. We want to make sure that everyone else is able to receive those same types of waivers here with A.B. 338. It mirrors what we were able to pass with A.B. 208 of the 82nd Session. We are in support of this one as well.

Amy Hyne-Sutherland, Health and Human Services Manager, Nevada Association of Counties:
Our members support A.B. 338. Counties across Nevada are on the front lines of providing essential services to our aging populations, and this bill represents a meaningful step towards insuring seniors can continue to access the care they need. Amending the Medicaid home- and community-based waiver to include attendant-care services will enable frail older adults

to receive care in their homes, reducing reliance on emergency services and long-term care facilities. This measure enhances quality of life for seniors while also reducing individual's reliance on county-provided social safety nets. By keeping seniors safe and supported at home, A.B. 338 helps counties focus resources where they are needed most while promoting dignity and independence of Nevada's aging population. We urge your support for this critical legislation.

Vice Chair Nguyen:
Is there anyone else in Carson City who would like to testify in support of A.B. 338? [There was no one.] Is there anyone in Las Vegas to testify in support of A.B. 338? [There was no one.] Is there anyone on the phone who would like to testify in support of A.B. 338?

Jessica Padrón, Associate State Director, Advocacy and Outreach, AARP Nevada:
[Read from Exhibit L.] I am testifying in strong support on behalf of AARP Nevada for A.B. 338 because it helps seniors stay in their homes by expanding access to crucial in-home care services. Many older Nevadans struggle to find and afford personal-care assistance such as help with bathing, dressing, and meal preparations. This bill ensures that Medicaid will help cover attendant-care services for frail seniors, making it easier for them to get the support they need.

Additionally, A.B. 338 creates online resources to connect seniors with licensed personal care providers in their area. This will simplify the process for families searching for trustworthy caregivers, giving them clear information about available services. For many, seniors staying at home is not just a preference, it is essential for their well-being and quality of life. Assembly Bill 338 removes barriers to care, helps prevent unnecessary nursing home placements, and gives Nevada's seniors the dignity and independence they deserve. We urge the Committee to pass this bill and improve the lives of older adults across our state.

Mathilda Guerrero Miller, Government Relations Director, Native Voters Alliance Nevada:
[Read from Exhibit M.] We are in support of A.B. 338. I know we can all agree on one thing: that we want to take care of our elders and our loved ones. We want them to stay where they are safest, surrounded by the love and care of families. Right now, families are left digging through outdated websites, drowning in red tape, and struggling to piece together resources to figure out how to get the care their loved ones need, and it should not be this hard.

I know this because I lived it, and I am living through it right now. I have had to sift through confusing and outdated information, make endless calls, and hit a bunch of dead ends, all while trying to make the best decisions for my dad. When you are trying to get personal care services in the home for someone you love, every day it is delayed feels like a failure. Every unanswered question feels like a roadblock. Every bit of uncertainty adds more stress to an already overwhelming situation. This bill changes that and ensures that families like mine and so many others—

[Audio was lost.]

Vice Chair Nguyen:
We will take a brief recess.

[Committee recessed at 3:19 p.m. and reconvened at 3:45 p.m.]

Welcome back. We are going to continue with any other support testimony here in Carson. We do not have Zoom access for Las Vegas or access to the phone lines, so we are going to accept testimony in writing, by email, or you can submit it online up to 24 hours after the meeting.

[Exhibit N was submitted but not discussed and will become part of the record.]

We are going to switch over to opposition testimony. Is there anyone here in Carson City, Las Vegas, or on the line who would like to testify in opposition to A.B. 338? [There was no one.] We will move over to neutral testimony. Does anyone here in Carson City, Las Vegas, or on the line wish to testify in neutral? [There was no one.] We will invite the presenter. [The presenter had no closing remarks.] We are now closing the hearing on A.B. 338. We will invite our Chair back to the dais.

[Assemblymember Brown-May reassumed the Chair.]

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Chair Brown-May:
We are on our last agenda item for the day. We will move into public comment. We do not have telephones currently; we only have in-person public comment. Is there anyone in Carson City who would like to make public comment? [There was no one.] I will remind everyone we do have public comment available. You are welcome to submit comments online.

We will see you at our next meeting on Wednesday of this week. We still have three bill hearings. That is our last order of business. This meeting is adjourned [at 3:47 p.m.].

RESPECTFULLY SUBMITTED:

Annelise Dankworth
Committee Secretary

APPROVED BY:

Assemblymember Tracy Brown-May, Chair

DATE: _____

EXHIBITS

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B.352	C	Assemblymember Natha C. Anderson, Assembly District No. 30	Overview of A.B. 352
A.B.352	D	Kelli Kelly, Advocate, Nevada Food Systems	Written testimony in support
A.B. 352	E	Various Individuals and Organizations	Letters in support
A.B. 352	F	Amber English, Environmental Health Supervisor, Environmental Health; Maria Menjivar, Deputy Administrator, Central Nevada Health District	Written testimony in opposition
A.B. 337	G	Benjamín Challinor, Director of Public Policy Nevada, Alzheimer's Association	PowerPoint presentation titled "AB 337 Presentation to Assembly Committee on Health and Human Services"
A.B. 337	H	Department of Health and Human Services, Task Force on Alzheimer's Disease	Document titled "The Nevada State Plan to Address Alzheimer's Disease and Other Dementias 2025-2026"
A.B. 337	I	Jessica Padrón, Associate State Director, Advocacy and Outreach, AARP Nevada	Testimony in support
A.B. 337	J	Mathilda Guerrero Miller, Government Relations Director, Native Voters Alliance Nevada	Testimony in support
A.B. 338	K	Connie McMullen, representing Personal Care Association of Nevada	Testimony in support
A.B. 338	L	Jessica Padrón, Associate State Director, Advocacy and Outreach, AARP Nevada	Testimony in support
A.B. 338	M	Mathilda Guerrero Miller, Government Relations Director, Native Voters Alliance Nevada	Testimony in support
A.B. 338	N	Various individuals and organizations	Collection of letters in support