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

Eighty-Third Session
April 7, 2025

The Committee on Health and Human Services was called to order by Chair Tracy Brown-May at 1:37 p.m. on Monday, April 7, 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 Heather Goulding
Assemblymember Ken Gray
Assemblymember Gregory T. Hafen II
Assemblymember Brian Hibbetts
Assemblymember Linda F. Hunt
Assemblymember Jovan A. Jackson
Assemblymember Gregory S. Koenig
Assemblymember Hanadi Nadeem
Assemblymember David Orentlicher

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

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:

Megan Comlossy, Director, Public Affairs and Policy, School of Public Health, University of Nevada, Reno
Emma de la Torre, Private Citizen, Reno, Nevada
Kyle Edison, Private Citizen, Reno, Nevada
Alexis Ele, Private Citizen, Reno, Nevada
Isabella Anderson, Intern, Assembly Committee on Health and Human Services
Connie McMullen, representing Personal Care Association of Nevada
Dylan Shaver, representing Maxim Health Care
Margarita Chavez-Sanchez, Southwest Regional Director, Consumer Direct Care Network
Allison Herzik, Director of Government Relations, Dignity Health-St. Rose Dominican
Robert Purdy, representing American College of Obstetricians and Gynecologists, Nevada Section
Annie Vong, representing Nevada Primary Care Association
Julie Smith Gagen, Private Citizen, Carson City, Nevada
Shelly Capurro, representing Nevada Association of Health Plans
Chelsea Capurro, representing Health Services Coalition
Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada

Chair Brown-May:
[Roll was taken. Committee rules and protocol were reviewed.] We have a very robust agenda today, but I am very excited to welcome up first, the University of Nevada, Reno (UNR) School of Public Health for their presentations. Please feel free to come forward.

Megan Comlossy, Director, Public Affairs and Policy, School of Public Health, University of Nevada, Reno:
It is with heartfelt gratitude that we are here today to share with you our finalists in the University of Nevada, Reno (UNR) School of Public Health, This is Public Health Competition. It was a competition in which students were challenged to communicate with policymakers and the public on what public health is, why it matters, and the value it adds to our communities in just a few minutes. The students could choose to talk about public health broadly, or they could choose a specific public health issue to communicate about. We have three finalists today, and I am pleased to turn it over to Emma de la Torre.

Emma de la Torre, Private Citizen, Reno, Nevada:
I am currently a junior at UNR majoring in public health. As someone who is majoring in public health, I often get questioned, What even is public health? Usually, I say it is the reason you are not dead. Those who are in public health say, Yes, that makes total sense; but I very much confuse those who are not. I came to the realization people interact with public health every single day, yet they do not clock that they are interacting with public health. With my presentation, The Invisible Shield: The Unseen Everyday Impacts of Public Health [Exhibit C], I wanted to demonstrate the everyday impacts public health has on us, our safety, our well-being, and our livelihoods.

With my poster [Exhibit D], I put what public health impact we have. For example, it shields us from infectious diseases and preventable illnesses, and that is, of course, vaccine programs. I wanted to show the impact we see on an everyday basis. For example, we can cross the road and not really worry about being hit by a car most of the time, or when you take in that breath, you are not breathing air that has lead in it because we banned leaded gasoline in the seventies. The everyday impact we see within public health is so important. It is an invisible thing lurking in the shadows that shields us from great danger. It is always there; it is always present. Even if we do not see it, it is working to benefit us, and it is working to protect us. Public health is always there. It will always be there protecting us. We put on our public health armor every day we wake up, and every day we go to sleep. Every breath we take, every sip of water, every moment of our day is impacted by public health.

Kyle Edison, Private Citizen, Reno, Nevada:
Today, I will be talking about hidden threats of vector-borne diseases within Nevada. What is a vector-borne disease [Exhibit E]? Vector-borne disease is an organism, such as mosquito or tick, which transmits disease. As you can see here on this flow chart, diseases can spread between different vectors, mosquitoes or ticks, and then also can spread to humans, which can cause death or severe illness. In good scenarios, sometimes it ends with humans, animals, or dogs; it can end there. However, most commonly, it will spread through the entire animal system and then end up back with humans again.

Internationally, this is a threat. Mosquitos kill more people than any other animal on the planet. They kill over a million people each year, costing about $12 billion. Sixty -percent of all current infections globally are from animals. In the United States, vector-borne diseases have quadrupled since 2004.

Nevada was safe in the past. We had two populations, mainly in Las Vegas and Reno; we had strong supply chains; and we had the Centers for Disease Control and Prevention (CDC) to really back us up. Also, we just had pure luck.

Are we still safe? Sadly, we are not. Things are changing. The climate is changing, and the environment is changing. Since 1970, we have seen the population of both Reno and Nevada expand sixfold. This means people are coming in closer contact with animals, expanding to more rural areas, increasing the perfect environment for certain species of mosquito, like *Aedes aegypti*, which spreads most vector-borne diseases, and it could be highly deadly. We

also see the federal support declining; we do not see federal support from the CDC like we saw in the past. With these adaptations in these different environments, we can expect certain things. Especially with pet ownership increasing, we can see these diseases get closer to humans, which will pose more of a threat. Even with the legislation we have, Nevada has some of the most relaxed exotic animal trades, and we have no control over tire imports or plant imports into the state, that I know of.

What are local health departments doing? In the past, we have done pretty well, but things are changing—inadequate staffing and rising cost of resources. Before, it was about $3 per pound for dry ice, which we use to attract the mosquitoes for testing. Now it has gone up to $5 per pound, and we use about 500 pounds every two weeks. With the changing climate, we see the overall season for vector is also increasing. We need more resources and more time. There is no management of any certain vector, such as ticks.

Unlike other states, Nevada does not have a state-level system, and the CDC poses these issues to us. They cannot work with individual counties as well because some counties want to help, and some do not. This has caused temporary solutions and overall will lead to more issues down the line. Furthermore, with no state level, we have no shared data, no unified response, and no standard of testing, especially pesticide testing. Some counties have not tested for many, many decades. This is a huge issue as other parts of the country see pesticide resistance growing.

What would a state-level division do? At the state level, we can see collaboration, testing, abatement, and pesticides. We can see more leverage with these pesticide agencies as well as the CO_2 companies. Most importantly, we can give direction. Currently, each abatement district does their good share, but they do random things. Nothing is united. With united force, we can have a head point. We can charge forward and make actual change that lasts longer.

The illusion of safety is over. Proactive action must be taken to protect future generations. With the state-level vector-forming departments, we can help protect not only people now but the generations going into the future. The most important thing we could focus on is creating a better infrastructure that can stay stronger, especially as the times are rapidly changing.

Alexis Ele, Private Citizen, Reno, Nevada:
Today, I would love to shed some light on a very silent crisis going on in public health through a patient I named Declan. First, I would like to put you into perspective. You are a doctor treating Declan's symptoms. He complains of headaches, chest pain, and insomnia [Exhibit F]. How would you treat him? Painkillers, heart medication; maybe he needs to do some testing, like an X-ray. Oftentimes that is quite appropriate.

What if I told you these symptoms were not caused by physical illness at all? I would like you to think about what your typical visit to the hospital looks like. Typically, we just look for a cure to our symptoms; anything to make the physical pain we are suffering through go away. You might be inclined to think Declan's physical symptoms, his increased heart rate, headaches, and insomnia are what make up his diagnosis. The reality is hospitals miss mental illness diagnosis in more than a quarter of patients. What we do not see about Declan is he suffers from depression, anxiety, and suicidal thoughts.

It is true the majority of the population does not have to face these mental illnesses, with an estimated 3.8 percent of the population experiencing psychological conditions like depression. Of the small populations who do, health care providers are equally responsible for such a vulnerable population. Yet misdiagnosis remains a significant issue. Either mental health conditions go undetected entirely or common physical symptoms are mistakenly attributed to psychological causes.

Declan's story represents millions of Americans whose mental health conditions go undiagnosed or untreated. These invisible scars are symptoms of a larger public health issue, one that requires a systemwide change. It is more than just misdiagnoses. It is about barriers to care, such as stigma, limited access to mental health professionals, and financial challenges.

Declan is a powerful reminder that treating symptoms is not enough. This is where public health steps in, preventing problems before they occur, and understanding how factors such as access to care, social support, economic stability, and community resources shape mental health outcomes. Public health policies can strengthen mental health screenings, fund prevention programs, and make sure resources reach those in need. These people can be the people next to you, your classmate, or our very own community who live on our streets.

How could Declan have been better treated? Better treatment is through the use of community-based mental health services, integrated behavioral health programs, and policy changes that mandate mental health screenings to catch his symptoms sooner. Public health does not just treat individuals. It protects populations, builds resilient communities, and creates environments where mental health can thrive.

I would like to leave you with the fact that public health is prevention. It is about creating policies, mobilizing resources, and championing mental health as a priority. When we invest in mental health, we invest in healthier, more productive communities. It is time we make mental health prevention as common as washing our hands, because even when our mental scars are invisible, they are just as painful as an unhealed wound; persistent, lingering, and deserving of care.

Chair Brown-May:
Thank you all for your wonderful presentations. It has really been an honor to have you here with us today from the School of Public Health with the University of Nevada, Reno. Your hard work does not go unnoticed. We appreciate your taking the time to come and share your posters. I understand you are the top three presenters in the school currently. Congratulations to each of you. That is the future of public health right there for us.

Members, we are going to move into the work session. We have several measures on our agenda today. All the measures have been previously heard, and it is not customary to take testimony or otherwise rehear bills during a work session. We may invite a witness to come forward if we need additional clarification. We are going to start with Assembly Bill 161.

Assembly Bill 161: Makes revisions relating to hospice care. (BDR 40-656)

Davis Florence, Committee Policy Analyst:
Assembly Bill 161 was sponsored by Assemblymember Edgeworth and was heard in this Committee on March 5, 2025, [Exhibit G]. Due to the substantial amendment, I will skip the bill summary and go to the amendment. The amendment Assemblymember Edgeworth submitted is attached to the work session document in front of you. In summary, this amendment proposes to remove sections 1 through 11, 13, 15, 16, and 19 in their entirety and also remove and revise certain portions of sections 12, 14, and 17 to remove provisions concerning items listed a through f. The amendment additionally adds, in section 14, additional requirements for hospice care programs including they must notify the patient when the program has initiated filing claims for benefits on their behalf, providing written notification to the patient of all the contact information for the provider of hospice care, and the times they may be reached. If a program chooses to terminate care, they must provide a minimum of seven days' notice to the patient so the patient can adequately arrange for the continuity of care. Lastly, they must provide the patient with information on how to file a complaint against the program with the Division of Public and Behavioral Health.

Chair Brown-May:
Members, are there any questions on A.B. 161? [There were none.] I will entertain a motion to amend and do pass A.B. 161.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 161.
>
> ASSEMBLYMEMBER EDGEWORTH SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Edgeworth.

The next item on our agenda is Assembly Bill 176.

Assembly Bill 176: Revises provisions relating to reproductive health care. (BDR 40-177)

Davis Florence, Committee Policy Analyst:
Assembly Bill 176 was sponsored by Assemblymember Torres-Fossett and was heard on March 19, 2025, [Exhibit H]. Assembly Bill 176 generally prohibits a governmental entity from enacting or implementing any limitation or requirement that singles out reproductive health care and substantially burdens access to services or the provider's ability to render care.

Assemblymember Torres-Fossett submitted the attached amendment that proposes to revise the name of the act to The Right to Contraception Act. Second, it revises the definition of governmental entity to exclude the State Board of Education, the Department of Education, the board of trustees of a school district, the governing body of a charter school or university school for profoundly gifted pupils, and a public school. Third, it clarifies the provisions of this bill do not apply to the activities that take place at a school or as part of an activity sponsored by a school or school district. Lastly, it excludes abortion from the provisions of this bill.

Chair Brown-May:
Members, are there any questions on Assembly Bill 176? Do you have a question relative to this or do you have a disclosure?

Assemblymember Hafen:
Just a discussion after the motion, I apologize.

Chair Brown-May:
Okay, no worries. Seeing no questions, I will entertain a motion to amend and do pass A.B. 176.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 176.
>
> ASSEMBLYMEMBER GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblymember Hafen:
I was reviewing the amendment, and I want to thank the sponsor of the bill for the amendment. I believe all my concerns have now been alleviated, but I am going to vote this out of Committee and reserve my right after I see the final version of the amendment. I did want to go on the record thanking the sponsor for the hard work and addressing the concerns of all the stakeholders.

Assemblymember Hibbetts:
A very quick ditto. I do retain my right, but I will be a yes.

Chair Brown-May:
Is there any other discussion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEMBERS EDGEWORTH AND GRAY VOTED NO.)

I will assign the floor statement to Assemblymember Torres-Fossett.

The next item on our agenda is Assembly Bill 337.

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

Davis Florence, Committee Policy Analyst:
Assembly Bill 337 was sponsored by the Committee on behalf of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs [Exhibit I]. This bill was heard on March 17, 2025. Assembly Bill 337 requires the Aging and Disability Services Division to establish and administer a program for dementia care specialists. Additionally, this bill authorizes the medical schools of University of Nevada, Las Vegas (UNLV) and University of Nevada, Reno (UNR) to collaborate with the department to establish the Nevada Memory Network.

Alison Herzik, Director of Nevada Government Relations with Dignity Health-St. Rose Dominican, proposed the attached amendment, which requires the Department of Health and Human Services, UNLV, and UNR to contract with community-based health programs that provide support and care for people with dementia and their caregivers. This amendment aims to proactively support people with dementia and their caregivers if the Nevada Memory Network is established.

Chair Brown-May:
Members, are there any questions on Assembly Bill 337? [There were none.] I will entertain a motion to amend and do pass A.B. 337.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 337.
>
> ASSEMBLYMEMBER HUNT SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Hunt.

The next item on our agenda is Assembly Bill 338.

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

Davis Florence, Committee Policy Analyst:
Assembly Bill 338 was sponsored by the Committee on behalf of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs [Exhibit J]. This bill was heard on March 17, 2025. Assembly Bill 338 requires the Department of Health and Human Services to apply for the necessary federal authority to amend its home- and community-based services waiver to include attendant care services for frail elderly people. The Division of Health Care Financing and Policy must collaborate with the Division of Public and Behavioral Health to establish an Internet website to facilitate the connection between personal care service agencies and people in need of those services. There are no amendments for this bill.

Chair Brown-May:
Members, are there any questions on Assembly Bill 338? [There were none.] I will entertain a motion to do pass Assembly Bill 338.

> ASSEMBLYMEMBER NGUYEN MADE A MOTION TO DO PASS ASSEMBLY BILL 338.
>
> ASSEMBLYMEMBER GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Jackson.

Next on our agenda is Assembly Bill 339.

Assembly Bill 339: Creates the Office of Children's Mental and Behavioral Health within the Office of the Director of the Department of Health and Human Services. (BDR 39-358)

Davis Florence, Committee Policy Analyst:
Assembly Bill 339 was sponsored by this Committee on behalf of the Joint Interim Standing Committee on Health and Human Services and was heard on March 24, 2025 [Exhibit K]. Assembly Bill 339 creates the Office of Children's Mental and Behavioral Health within the office of the Director of the Department of Health and Human Services (DHHS). The office is required to perform various duties relating to the mental and behavioral health of children. Additionally, this bill eliminates the subcommittee on the mental health of children and

instead requires the office to develop a statewide plan for the provision of mental and behavioral services to children.

There was an amendment submitted by Assemblymember Goulding in collaboration with the Children's Advocacy Alliance, which is attached to this work session document, and proposes to add provisions in section 5 concerning the qualifications of the director of the office. Additionally, it revises section 6 to require an annual report on the progress of the statewide plan to go to the Director of DHHS and the Director of the Legislative Counsel Bureau. It requires the office to publish a report and provide a presentation on the capacity and readiness of the state to implement a Children's Behavioral Health Center of Excellence, and it directs that office to seek approval from DHHS for the establishment of the Center for Excellence. Lastly, this amendment authorizes the office to employ the listed positions.

Chair Brown-May:
Members, are there any questions on Assembly Bill 339? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 339.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 339.
>
> ASSEMBLYMEMBER GRAY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Nadeem.

Next on our agenda is Assembly Bill 360.

Assembly Bill 360: Revises provisions relating to testing for sexually transmitted diseases. (BDR 40-745)

Davis Florence, Committee Policy Analyst:
Assembly Bill 360 was sponsored by Assemblymember Goulding. The bill was heard on March 12, 2025, [Exhibit L]. Assembly Bill 360 requires certain health facilities to test pregnant women who have not received required prenatal screenings for syphilis using a rapid test instead of a standard serological test.

Assemblymember Goulding also proposed the attached amendment which in summary proposes to amend section 1 to add physician assistant advanced practice and registered nurses to the list of health care providers in this bill.

Second, it removes provisions stating screenings and tests are to be recommended by the American College of Obstetricians and Gynecologists. Third, it clarifies an examination for

syphilis can be made with either a rapid or a point-of-care test. A standard serological test may be used if the facility can obtain the results before the woman is discharged. Fourth, it removes the phrase "trimester of pregnancy at the first" to instead require a syphilis examination to occur at a woman's first visit regardless of the trimester of pregnancy a woman is in.

Fifth, it requires the director of DHHS to seek all necessary federal authority to reimburse hospitals and providers for performing rapid or point-of-care tests for syphilis that are covered by Medicaid or presumptively eligible for Medicaid. This reimbursement must be approved as a separate encounter from the rate that is currently bundled by Medicaid.

Lastly, this bill requires certain facilities to develop a policy that complies with *Nevada Revised Statutes* Chapter 442.010, as amended by this act to align with the best practice prenatal screenings and the tests that are recommended by the American College of Obstetricians and Gynecologists.

Chair Brown-May:
Members, are there any questions on Assembly Bill 360? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 360.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 360.
>
> ASSEMBLYMEMBER HUNT SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblymember Hafen:
I want to thank the sponsor for the amendment. I believe this has satisfied my concerns. I am going to vote yes out of Committee today, but I do want to reserve my rights to see the final language to make sure it comes out.

Chair Brown-May:
Any other discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Goulding.

Next on our agenda, we have Assembly Bill 380.

Assembly Bill 380: Revises provisions relating to mobile crisis teams. (BDR 39-1062)

Davis Florence, Committee Policy Analyst:
Assembly Bill 380 was sponsored by Assemblymember Edgeworth and Senator Steinbeck and was heard on March 24, 2025, [Exhibit M]. Assembly Bill 380 revises the membership of mobile crisis response teams, removes the requirement concerning the location of these teams, and who may establish one. There are no amendments for this measure.

Chair Brown-May:
Members, are there any questions on Assembly Bill 380? [There were none.] I will entertain a motion to do pass Assembly Bill 380.

> ASSEMBLYMEMBER EDGEWORTH MADE A MOTION TO DO PASS ASSEMBLY BILL 380.
>
> ASSEMBLYMEMBER GRAY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Edgeworth.

Next on our agenda is Assembly Bill 411.

Assembly Bill 411: Revises provisions relating to prescription drugs. (BDR 54-1100)

Davis Florence, Committee Policy Analyst:
Assembly Bill 411 was sponsored by Assemblymember Jauregui and was heard in this Committee on March 19, 2025 [Exhibit N]. Assembly Bill 411 authorizes the prescribing practitioner of Mifepristone, Misoprostol, or their generic alternatives to request to have the practitioner's name replaced on the prescription label with the name of the prescribing health care practice. There are no amendments for this measure.

Chair Brown-May:
Members, are there any questions on Assembly Bill 411? [There were none.] I will entertain a motion to do pass Assembly Bill 411.

> ASSEMBLYMEMBER HUNT MADE A MOTION TO DO PASS ASSEMBLY BILL 411.
>
> ASSEMBLYMEMBER GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEMBERS EDGEWORTH, GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO.)

I will assign the floor statement to Assemblymember Jauregui.

The next item on our agenda is Assembly Bill 461.

Assembly Bill 461: Revises provisions governing health care. (BDR 13-156)

Davis Florence, Committee Policy Analyst:
Assembly Bill 461 was sponsored by Assemblymembers Orentlicher and Backus and was heard on March 28, 2025, [Exhibit O]. Assembly Bill 461 enacts the Uniform Health Care Decisions Act and revises provisions relating to advance health care directives. Additionally, this bill requires the Aging and Disability Services Division to implement a program to educate and inform residents about planning for long-term care.

Assemblymember Orentlicher proposed an amendment to repeal *Nevada Revised Statutes* 449A.400 through 449A.481, which govern declarations relating to withholding or withdrawing life-sustaining treatment. Second, the amendment removes the ability of a default surrogate to make health care decisions for an individual who lacks capacity if a guardian has been appointed. Lastly, it requires a responsible health care professional to deal with a patient's health care decisions in a culturally respective manner.

Chair Brown-May:
Members, are there any questions on Assembly Bill 461? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 461.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 461.
>
> ASSEMBLYMEMBER GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEMBERS EDGEWORTH, GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO.)

I will assign the floor statement to Assemblymember Orentlicher.

Next on our agenda is Assembly Bill 474.

Assembly Bill 474: Requires the establishment and carrying out of a program to supplement the available food supply for certain persons in certain circumstances. (BDR 38-1103)

Davis Florence, Committee Policy Analyst:
Assembly Bill 474 was sponsored by the Assembly Committee on Ways and Means and was heard on March 28, 2025, [Exhibit P]. Assembly Bill 474 requires the Division of Welfare

and Supportive Services to establish and carry out a program to supplement the food supply to recipients of the Supplemental Nutrition Assistance Program by identifying surplus food and distributing it to recipients at a discount. Assemblymember Monroe-Moreno proposed an amendment requiring the Department of Health and Human Services to take any necessary action to obtain federal authorization to carry out the provisions of this bill.

Chair Brown-May:
Members, are there any questions on Assembly Bill 474? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 474.

> ASSEMBLYMEMBER NGUYEN MOVED TO AMEND AND DO PASS ASSEMBLY BILL 474.
>
> ASSEMBLYMEMBER HUNT SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Monroe-Moreno.

The next item on our agenda is Assembly Bill 484.

Assembly Bill 484: Revises provisions relating to the collection of data concerning providers of health care. (BDR 40-806)

Davis Florence, Committee Policy Analyst:
Assembly Bill 484 was sponsored by this Committee and was heard on March 31, 2025, [Exhibit Q]. Assembly Bill 484 expands the data that is required to be collected by the Department of Health and Human Services and compiled into a database regarding health care providers. This includes the sex of an applicant, any other jurisdiction where the applicant holds the same type of license, whether the applicant utilizes telehealth in their practice, and lastly, the types of patients the applicant serves. There are no amendments to this bill.

Chair Brown-May:
Members are there any questions on Assembly Bill 484? [There were none.] I will entertain a motion to do pass Assembly Bill 484.

> ASSEMBLYMEMBER NGUYEN MADE A MOTION TO DO PASS ASSEMBLY BILL 484.
>
> ASSEMBLYMEMBER HUNT SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEMBER GRAY VOTED NO.)

I will assign the floor statement to Assemblymember Dalia.

Do you have a comment, Assemblymember Gray? My apologies.

Assemblymember Gray:
No worries. It is a comment on the whole list that was in front of us. I want to go on record as reserving the right to change my vote on the floor.

Chair Brown-May:
Thank you for that clarification. That concludes our work session for today. I will now turn the chair over to Vice Chair Nguyen, and I will await his opening.

[Assemblymember Nguyen assumed the Chair.]

Vice Chair Nguyen:
I will open the hearing on Assembly Bill 519. You may start whenever you are ready.

Assembly Bill 519: Creates a separate chapter of the Nevada Revised Statutes governing certain agencies and organizations that provide nonmedical services. (BDR 40-805)

Assemblymember Tracy Brown-May, Assembly District No. 42:
With me is Isabella Anderson, my intern for this session and a senior at the University of Nevada, Reno. She is studying political science and communication studies. Also here with us is Connie McMullen, who is representing the Personal Care Association of Nevada. I am officially going to turn this presentation over to these two very exceptional ladies who have worked on Assembly Bill 519.

Isabella Anderson, Intern, Assembly Committee on Health and Human Services:
I am here to talk about Assembly Bill 519, which creates a separate chapter of the *Nevada Revised Statutes* (NRS) governing certain agencies and organizations that provide nonmedical services. I am pleased to present A.B. 519 for your consideration today. For some background information, during the interim, the Personal Care Association of Nevada (PCAN) presented the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs with information about how regulations impact the personal care industry. This presentation covers how personal care services are regulated under Chapter 449 of NRS, which is the chapter regulating medical facilities and other related entities. This is problematic for the personal care agencies (PCSs) because their caregivers do not provide medical care. Because of this, the caregivers providing nonmedical assistance are subject to regulations intended for medical care providers. Connie McMullen will provide more information about the complications this creates for personal care attendants.

Connie McMullen, representing Personal Care Association of Nevada:
I am testifying on behalf of the Personal Care Association of Nevada in favor of A.B. 519 [Read from Exhibit R]. Personal Care Association of Nevada is in support of moving personal care agencies to a new chapter; out of NRS Chapter 449 of the Division of Public and Behavioral Health (DPBH) and Bureau of Health Care Quality and Compliance (HCQC). Providers of PCAs are listed in NRS Chapter 449, Medical Facilities and Other Related Entities, under the category of Facilities for the Dependent. Personal care agencies are not a facility provider; it is a service provider. Since the industry's inception in NRS about 2004 or 2005, PCA has been listed under Facilities for the Dependent; however, personal care is not offered to those in the same setting as a hospital or nursing home or other facilities which provide care in a brick-and-mortar setting.

Personal care agencies offer nonmedical, in-home care services by caregivers supervised and trained by a licensed agency under HCQC for the aged and disabled of all ages in their home, wherever that may be. Personal care agency caregivers are trained, background checked, fingerprinted, and provide nonmedical activities of daily living services, not skilled care. Regulations regarding training, such as cultural competency, infection control, and even immigration that apply to hospitals, nursing homes, hospice, and home-health agencies, among others, often do not apply or do so with a limited application.

Personal Care Association of Nevada believes the creation of a separate chapter for the nonmedical direct care workforce would more appropriately apply and should be extended to include the Intermediary Service Organization (ISO) and the Employment Agency, both of whom work with placement of caregivers in the home, much like the personal care agency. All do the same service but with a different approach.

Personal Care Association of Nevada favors the creation of a new chapter, but with retention of the very exact regulations that exist in Chapter 449. The need for this change is logical coming at a time of increasing demand, caregiver shortages, the rising cost of providing health care, among other things, all of which make it difficult to connect people to services provided in the home. Moving PCA, ISO and the employment agency to a new chapter would give the home-care industry a better chance to expand and provide better care to the consumer. For this, we ask you to support A.B. 519, and we appreciate your consideration.

Isabella Anderson:
There are 151 sections of this bill, so please bear with me as I briefly summarize them. A majority of these sections concern the creation of a new chapter in NRS. As you heard, personal care attendants who provide nonmedical services are currently being regulated as if they do provide those services under NRS Chapter 449. This bill does not propose any changes to the current substantive provisions in NRS Chapter 449.

Section 1 of this bill proposes to amend Title 40 of NRS by adding a new chapter, which will govern the following: agencies providing personal care services in the home; employment agencies that contract to provide nonmedical services related to personal care to the elderly persons or persons with disabilities in the home; and intermediary service organizations from

the chapter of NRS that generally governs medical facilities and facilities for the dependent. This new chapter, as established by sections 2 through 19, 24 through 49, 51 through 60, 69 through 79, and 81 through 90, consist of provisions for the aforementioned entities to be licensed and regulated in the exact same manner as under current law.

Section 147 of this bill requires the Legislative Counsel Bureau to move regulations specifically relating to such entities to a new chapter of the *Nevada Administrative Code* that corresponds to the new chapter proposed by this bill. Section 147 also requires the board to adopt new regulations to replace the regulations relating to those entities that remain in the chapter of the *Nevada Administrative Code* governing medical facilities and facilities for the dependent. This section provides those existing regulations remain in effect until the board adopts new regulations to replace them. As was mentioned, this bill does not change licensing and regulatory laws.

Section 148 clarifies this bill also does not affect the validity of the following: licenses or certificates to operate the aforementioned entities; certain training completed by the operators, employees, and contractors of such entities; or disciplinary actions taken against such entities. Sections 20, 21, and 50 ensure compliance with federal law by requiring procedures for applicants for certain licenses and certificates. One of these requirements is the necessity for applicants to provide their Social Security number. Section 23 establishes alternate provisions for applicants who do not have a Social Security number. Another requirement is the provision of information that identifies persons who owe certain debts to the state when applicants apply for licenses or license renewal. This will be required by section 22.

Sections 65, 69, 74, and 76 carry over similar provisions for intermediary service organizations from existing law. Sections 67, 68, and 80 also require that intermediary service organizations file a surety bond or a substitute for a surety bond with the administrator of the division, and they undergo a criminal background check in order to obtain a license to operate an agency to provide personal-care services in the home.

Because this bill proposes a new chapter in the NRS, sections 94, 96 through 104, and 150 eliminate provisions governing the aforementioned entities from the chapter of the NRS, which regulates medical facilities and facilities for the dependent. In accordance with this, sections 93, 111, 113, 117, 118, 120 through 123, 126 through 133, 138, and 146 all eliminate references to the sections which will be repealed by section 150. Section 151 states this act becomes effective upon passage and approval. We are happy to answer any questions you may have.

Assemblymember Brown-May:
Before we progress with additional questions, there was one item that was brought to our attention as we were working on amendments. I am wondering if we can bring up Dylan Shaver to talk about one more issue that needs consideration for this measure.

Dylan Shaver, representing Maxim Health Care:
Maxim Health Care is a provider of private duty nursing services. I will say, if you do not know what that means, congratulations. It is typically deployed when there is an infant born with severe health challenges that would normally keep them in the Intensive Care Unit but would then be provided in the home with services like Maxim's. It is primarily a Medicaid-paid service, almost in the entirety because of the complexity of these cases and is paid for through Medicaid rather than relying on private insurance. They are—I do not want to say very unique because those words do not work together—but it is a unique and terrible thing for a family to be afflicted with.

As Maxim expands itself into a leadership role in this service area, something that has come up in other states is the concept of paid family care. It has not come to Nevada yet, although we have had some discussions about it in this building. As we have a population that is aging and children who are born with certain disabilities, in certain cases it makes sense for the caretaker to be a family member. What Maxim would hope Nevada could take a leadership role on is figuring out on the front end how to do that in this state while preserving a professional and excellent standard of care for those patients. We approached Assemblymember Brown-May with this concept several months ago, and we have been having conversations with her. This is not an ideal way to daylight a conversation like that to all of you. We understand that. We do want to say thank you to the Assemblymember and for the Committee for hearing this.

For families in this situation where there is going to be a caregiver in the home, as I said, sometimes it makes sense the caregiver be a member of the family. Why would we have somebody paid full time to be there and then send me to work to pay for that person? We could just pay for somebody who can uphold a standard of care, make sure they meet the metrics set forth by Medicaid and other agencies, and then keep that family whole and make lives a little bit easier. To that end, we have asked for the preparation of an amendment. We appreciate Assemblymember Brown-May's willingness to entertain the idea. The bill in and of itself is, of course, so needed in this state. We appreciate the sponsor's willingness to give us a little bit of language in the last couple of pages. Unless there are any questions, I am happy to return this chair to its rightful owner.

Vice Chair Nguyen:
Members, do we have any questions?

Assemblymember Gray:
I appreciate the attempt at going after regulating these folks in a different manner. My question is, will this affect individuals who are operating in this space who do not necessarily work for an agency? How are they going to be held accountable, because some of them, from what I have seen in the past, are not really someone you would want. They are affordable and that is why they are there because you really would not want them anywhere else.

Connie McMullen:
Are you talking about the private contractors for the employment agencies such as care.com?

Assemblymember Gray:
I guess that is one way to describe them. Usually there is no contract involved.

Connie McMullen:
It was about two sessions ago we put into regulation they had to be licensed as well. I do not know if all of them have done that. They should be held accountable, but that is not why I am here. I mean, that is another issue, and I agree with you. They will go into regulation, and I hope there is more attention put on that.

Assemblymember Gray:
I was not aware that had been done a couple of sessions ago.

Connie McMullen:
They have to be licensed first as a business and then once they are licensed, the information they had to also be licensed in HCQC was not in regulation. We then asked for a bill in that regard. We did not get one because of a deadline, and it became that internally—the division did that. Now when they get a license with the state, they also have to get a license under HCQC. Are they complying with the regulations? They should be and that is another matter.

Assemblymember Brown-May:
Thank you so much for the question. That is exactly why we are here because unlicensed and nonregulated caregivers is a concern. This measure allows us to move this caregiving position into its own chapter so we can further delineate what the expectations are. Many times, these are nonmedical positions, and they are family caregivers, which is what you heard Dylan Shaver say a couple of minutes ago. By providing its own chapter, we have an opportunity to better regulate and influence the personnel who are working in the sphere.

Vice Chair Nguyen:
Members, are there any other questions? [There were none.] We will move to testimony in support. Is there anyone in Carson City or Las Vegas who would like to give testimony in support of A.B. 519? [There was no one.] Is there anyone on the phone who would like to give testimony in support of A.B. 519?

Margarita Chavez-Sanchez, Southwest Regional Director, Consumer Direct Care Network:
We are dedicated to serving Nevada, supporting nearly 400 consumers and over 440 caregivers. Nationally, we facilitate care for over 96,000 consumers through more than 126,000 caregivers across 14 states. In 13 of these states, consumer-directed services operate under dedicated statutes, reflecting the distinct nature of personal care services these programs provide. I am here to voice our enthusiastic support for A.B. 519, which creates a specific legal framework for personal care agencies in Nevada, aligning with national best practices. The main problem A.B. 519 tackles is the use of medical facility laws for personal care agencies, which are very different from medical facilities. This mismatch leads to unnecessary burdens and expensive compliance, taking resources away from direct client

care. For instance, strict documentation requirements and staffing ratios meant for hospitals are impractical and inefficient for personalized home-based care.

Assembly Bill 519 provides a crucial remedy by establishing a dedicated statutory framework tailored to personal care agencies. This legislation aligns Nevada with best practices observed in other states, streamlining operations and empowering agencies to better serve their clients. The passage of A.B. 519 will have a significant positive impact on both consumers and caregivers. Please join me in supporting A.B. 519. Thank you so much for your time and consideration.

Vice Chair Nguyen:
Is there anyone else on the phone who would like to give testimony in support of A.B. 519? [There was no one.]

[Exhibit S was submitted but not discussed.]

We will move to opposition testimony. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in opposition to A.B. 519? [There was no one.] We will move neutral testimony. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in neutral to A.B. 519? [There was no one.] Are there any closing comments? [There were none.] I will close the hearing for A.B. 519. I will open the hearing on Assembly Bill 522. We welcome back Assemblymember Brown-May, and any other presenters she has with her.

Assembly Bill 522: Revises provisions relating to health care. (BDR 57-1135)

Assemblymember Tracy Brown-May, Assembly District No. 42:
I want to thank you all for this important opportunity to present Assembly Bill 522 for your consideration today. I do not know if you have noticed, but I am feeling a little bit out of sorts today, with a 3 a.m. wakeup for some reason, and some weird nutrition today. I am feeling like this is the most important time to be testifying and presenting a bill in front of the Assembly Committee on Health and Human Services.

Health is something we all deal with every day. Some days we are stressed and we have anxiety; and some days we feel very secure and able to handle whatever comes our way. Today, I am feeling like I do not have a lot of nutrition. There are a lot of really great folks who have helped me get my nutrition today. If I fumble my words, it is because of the 3 a.m. wakeup call and then a travel back here. That is why we are here, to serve our community and our constituents.

Assembly Bill 522 revises provisions relating to health care, and health care affects all of us every day, whether we need it or we do not, because we all have to go about this world. This bill specifically continues the important work this Legislature has taken in previous sessions to protect insurance coverages for Nevadans. For an example, in 2017, legislation was passed that began codifying the provisions from the Affordable Care Act (ACA) that required

coverage for preventive services like vaccinations, contraception, and screenings for various common diseases.

In 2019, legislation aligned Nevada law with federal law by requiring insurers to offer coverage regardless of health status. This prohibited an insurer from denying a claim based on a preexisting condition. We have done a lot of really good work around health care. Given the uncertainty that we see every day, it is important now, more than ever, that we keep passing legislation that protects access to health care.

We all have a right to appropriate, timely, and quality health care. There is a lot of uncertainty in this new federal administration and the apparent attacks on everyday citizens in favor of those who are perceived to be wealthy. It is essential we continue to underscore everyday people and the importance of health for all of our citizens in Nevada while we continue to ensure access to health care for everyone.

I will not walk you through 144 pages of this bill. I can if you would like, but instead, I would like to briefly summarize the core features this bill entails, and it can be broken out into three sections.

First, Assembly Bill 522 codifies provisions of the ACA that require an insurer to provide coverage for a dependent child under 26 years of age. For my family this has been essential. This important provision helps protect insurance coverage for young adults during a highly transitional period of life. Two of my three children are still under the age of 26 and transitioning across the country. Health care and health insurance is so important for them. Young adults have the highest rate of uninsurance of any age group. This will help to ensure insurance coverage is protected in our state law.

Second, Assembly Bill 522 prohibits a health care provider or an insurer from discriminating against a consumer based on an actual or a perceived protected characteristic. This bill defines those protected characteristics as race, color, national origin, age, physical or mental disability—the population I serve every day—sexual orientation, gender identity, expression of sex—including sex characteristics, intersex traits, and pregnancy.

Finally, this bill requires coverage for a wide array of preventive care services. The services included in this bill are recommendations from the U.S. Preventive Services Task Force and can be distinguished in three groups that are repeated in cycles throughout this bill. You will find it is repetitive reading if you read every page, which I have multiple times. I would note, federal law already requires certain recommendations from the Preventive Services Task Force to be covered. This bill codifies those requirements in state law.

The first group, which can be found for the first time in section 3, are preventive services recommended for children, such as anxiety screenings, behavioral intervention, oral care, and periodic height and weight assessments. The second group can be found for the first time in section 4 and include services that focus on maternal and infant health, such as folic acid supplements, preeclampsia prevention, and counseling for perinatal and postpartum

depression. The third and final group, which can be found for the first time in section 5, includes general recommendations for adults, such as interventions for cardiovascular disease, counseling for drug and alcohol misuse, and screening for lung cancer and diabetes.

For these preventive services that are being codified into law, insurers are not allowed to require a higher deductible, any copay or coinsurance, or require a longer waiting period to access these services. The bill includes an insurance mandate for all of the following insurance plans: individual health insurance under NRS Chapter 689(a), group and blanket health insurance under NRS Chapter 689(b), health insurance for small employers under *Nevada Revised Statutes* (NRS) Chapter 689(c), Fraternal Benefit Societies under NRS Chapter 695(a), nonprofit hospital corporations under NRS Chapter 695(b), health maintenance organizations under NRS Chapter 695(c), managed care under NRS Chapter 695(g), programs for public employees under NRS Chapter 287, and Medicaid under NRS Chapter 422. This is why the bill is so lengthy because it is repeated over and over. If you have read this, you know exactly what I am referring to. That is the bill. It is about health care and caring for our community. I am happy to stand for questions.

Vice Chair Nguyen:
Thank you for the reminder that self-care is the foundation for all of us every day. I say this a lot to others who ask how I am doing. You need to put on your mask first before you can put on for others. We do have a couple of questions from members.

Assemblymember Nadeem:
I want to make sure the current age adult children can be enrolled into their parent's program is at 21, and we are suggesting to increase to age 26 years in this bill?

Assemblymember Brown-May:
Currently, my children are able to be covered until the age of 26 under my existing policy. This is something that was enacted federally. I am going to say it is called Obamacare when it was passed.

Assemblymember Nadeem:
Does it include all the insurances or only Medicaid? Are private insurances included also?

Assemblymember Brown-May:
Each one of those sections identifies which types of insurance this coverage is expected to follow. Yes, the idea behind this is it is the standard expected within Nevada for health care.

Assemblymember González:
I really have a comment more than a question. I want to say thank you so much for the work you have done. As a young legislator here, I will never forget the day I got the notice from my parent's insurance when I turned 26 that I would be dropped. I appreciate our codifying this in terms of postpartum depression counseling. I think that is something we definitely need to be talking more about. I really appreciate it is included as well as mental health for

12- or 14-year-olds. I am appreciative we are having this discussion because all of those things are important.

Assemblymember Edgeworth:
The bill looks like it is talking about a lot of very, very important things that are really important to health. I have a question that is probably very basic, and admittedly, I did not read all 144 pages. Typically, when a child becomes an adult at 19, then they are evaluated for Medicaid based on what their income is. Typically, 19-year-olds do not make enough money to exclude them from being Medicaid eligible. If you expand this to 26 and it goes by the family's income, then very possibly that child of 19 may not qualify for Medicaid. Can it be an either/or as it benefits the child?

Assemblymember Brown-May:
As there are a number of different types of plans, currently my children are enrolled under my medical insurance until the age of 26. This is currently in effect right now federally. We want to make sure we have an opportunity to codify in Nevada state law. I am going to say that it would be dependent upon each individual situation. If you have access to health care under a family plan until the age of 26, then you stay on your family plan, which is probably a little bit more robust than if you were to go to a Medicaid plan or an entry-level plan. I think there would be options there. If my children choose to move out of my home, they do not have to stay on my medical insurance, but they have chosen to because I have better medical care for them to have access to. I think we have lots of kids in different situations who are growing into adulthood. The more opportunity we can provide them to stay on a more robust health care plan where possible, helps our community be healthier.

Assemblymember Gray:
Are you familiar with the letter the Department of Business and Industry submitted [Exhibit T]?

Assemblymember Brown-May:
I am not.

Assemblymember Gray:
It brings up some issues regarding the Affordable Care Act and changes that may arise if it is repealed in part, repealed in whole, or parts are thrown out by the court. Now we have these entitlements enshrined in state law. What is going to happen? Are those going to now be viewed as entitlements that go above and beyond what is federally required since it is no longer in line with federal law?

Assemblymember Brown-May:
First, I would not consider health care as an entitlement. Nobody is asking for it to be free. I want to be really clear we are not talking about a social service program that has state or federal money attached to it. We are talking about expectations for health care coverage in the marketplace with lots of different health insurance providers. Are we clear and are we good with that?

Assemblymember Gray:
We are.

Assemblymember Brown-May:
I want to make sure we are comparing apples to apples. I have not seen the document, but historically speaking, states that have policies above federal expectations, that policy is then the law of the land. For me, the population I serve every day, and the children who rely on health care, I feel it is important to bring health care to the forefront so our fellow citizens in Nevada know they have access to quality health care. For me, that is what this measure is. It is codifying in Nevada law what is currently, federally the law of the land. It has been in effect for a period of time. I thought it was good policy to bring it here into Nevada.

I am sorry I have not seen what you were referring to. I am happy to look at it and consider it as we move forward. These are very basic measures from my perspective that are essential to good quality health care for our families, which is why it is in this measure today. I hope that answers your question.

Assemblymember Gray:
Let us say I have an adult child who has a career on the outside and living somewhere else. Literally, my insurance is better than what it is offered by her employer. Is she still entitled to be on my insurance, or could I say, No, you have to pay for your own. How does that work?

Assemblymember Brown-May:
It is going to depend on your specific policy, and each one of them is going to have a different expectation. My children live across the country. As a result, they do not qualify for my Nevada plan. I would have a very high deductible rate for them because they are not in my state, but that would be for my plan. When they were living in my home, they were covered under my insurance and were under the age of 26, which I thought was very important for them. This is the squishy middle piece, if you will. While you have kids who are adult children, they are not quite out on their own yet and they need access to good quality health care. This allows us the opportunity to do that. I think every plan is going to interpret that a little bit differently.

Assemblymember Gray:
One final question is along the same lines and it was brought up. This is a question I had from many years ago I finally got the opportunity to ask. We talked about prenatal care. If your child is on your insurance and then they in turn have a child, is that grandchild now on your insurance or do they go to Medicaid? Where does that road lead?

Assemblymember Brown-May:
I will be honest, I have been up since 3 a.m., so I do not know if I have the exact answer today, but I am certainly happy to look at that and get back to you.

Vice Chair Nguyen:
Does anybody else have any other questions? [There were none.] We will now take support testimony. Is there anyone in Carson City wanting to give testimony in support of A.B. 522?

Allison Herzik, Director of Government Relations, Dignity Health-St. Rose Dominican:
I am here today in support of Assembly Bill 522. We see firsthand the benefits of preventive services as prescribed by the Affordable Care Act, and we support anything that seeks to protect that. We want to thank Chair Brown-May for carrying the bill and thank you for your time.

Robert Purdy, representing American College of Obstetricians and Gynecologists, Nevada Section:
We are in full support of this bill and want to extend our thank you to the Assemblymember for bringing this comprehensive bill forward. The association is in support of any inclusion of additional maternity care to help those mothers who need it the most, especially those included in section 15, subsection 1; section 41, subsection 1; and especially in section 78 of the bill. We want to thank you again for bringing this forward.

Annie Vong, representing Nevada Primary Care Association:
Nevada Primary Care Association represents federally qualified health centers across the state, and we support this bill.

Julie Smith Gagen, Private Citizen, Carson City, Nevada:
I am a parent, and my son has type 1 diabetes. If he was not allowed to be on my health care, it is going to be a nightmare to get him his own care. It is a nightmare to get insulin even with good insurance. This is really, really important for parents who have children who have complicated health conditions.

Vice Chair Nguyen:
Is there anyone else in Carson City who would like to give testimony in support of A.B. 522? [There was no one.] Is there anyone in Las Vegas or on the phone who would like to give testimony in support of A.B. 522? [There was no one.]

[Exhibit U was submitted but not discussed.]

We will move to testimony in opposition. Is there anyone in Carson City, Las Vegas, or on the phone who would like to give testimony in opposition to A.B. 522? [There was no one.]

[Exhibit V was submitted but not discussed.]

We will move to neutral testimony. Is there anyone in Carson City who would like to give testimony in neutral on A.B. 522?

Shelly Capurro, representing Nevada Association of Health Plans:
The Nevada Association of Health Plans is a ten-member organization that operates in both the public and commercial markets. We would like to thank you for the opportunity to provide this testimony on A.B. 522, which proposes updates to the state's health insurance laws related to preventive care coverage and nondiscrimination protections. While many of the provisions are mandated under federal law through the ACA, we understand the intent and look forward to working with all of you on ways to avoid the potential for duplication, administrative challenges, costs, and confusion if future federal guidelines diverge from state requirements.

Chelsea Capurro, representing Health Services Coalition:
There are many pieces of this bill we support and would continue to support if the ACA went away. For example, keeping dependents until 26 is extremely popular with our members. In the 2017 Session, we worked extensively on the bills that codified a lot of the women's health provisions from the ACA into Nevada law. We do have some uncertainties about what this would look like. I think Shelly Capurro, who spoke before me, outlined a lot of those same things we would share concerns about. We also have some members who maybe are sitting next to me who could talk about retiree-only plans not covered under the ACA and not required to be looked at in this bill. We would want to make sure we are looking at that and taking it into account. We also agree with some of the points pointed out by the Division of Insurance in their letter as it relates to provision 4, which would be a new mandated benefit, and some of the unintended consequences [Exhibit T]. Overall, we want to continue to work on this. We appreciate the Assemblymember for bringing this and happy to have further discussions.

Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada:
We represent self-funded, self-administered 501(c)(3) nonprofit plans. As Chelsea Capurro said, some of our plans are retiree-only plans, which are not subject to the ACA, which is just for our retirees, so we do not have all the other costs that need to be associated with that to cover our retirees. In the 2017 legislation, as we mentioned, we did work and try to codify all the ACA into statute. We worked hand in hand to make that happen, and we will be willing to work in this session with regards to the ACA.

Vice Chair Nguyen:
Is there anyone in else Carson City, Las Vegas, or on the phone who would like to give testimony in neutral on A.B. 522? [There was no one.] Are there any closing statements? [There were none.] I will close the hearing on A.B. 522. The Committee is in recess.

[The Committee recessed at 2:58 pm. and reconvened at 2:59 p.m.]

[Assemblymember Brown-May reassumed the Chair.]

Chair Brown-May:
We will now move to public comment. Is there anyone here in Carson City, Las Vegas, or on the phone who would like to give public comment? [There was no one.] That concludes our business today.

This meeting is adjourned [at 3 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
	C	Emma de la Torre, Private Citizen, Reno, Nevada	PowerPoint presentation titled "The Invisible Shield: The Unseen Everyday Impacts of Public Health
	D	Emma de la Torre, Private Citizen, Reno, Nevada	Poster titled "The Invisible Shield: The Unseen Everyday Impacts of Public Health
	E	Kyle Edison, Private Citizen, Reno, Nevada	PowerPoint presentation titled "Hidden Threats: Vector Borne Diseases in Nevada"
	F	Alexis Ele, Private Citizen, Reno, Nevada	PowerPoint presentation titled "Invisible Scars: A Silent Crisis in Public Health
A.B. 161	G	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 176	H	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 337	I	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 338	J	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 339	K	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 360	L	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 380	M	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 411	N	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 461	O	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 474	P	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 484	Q	Davis Florence, Committee Policy Analyst	Work Session Document
A.B. 519	R	Connie McMullen, representing Personal Care Association of Nevada	Written testimony in support
A.B. 519	S	Various Individuals	Letters in support

A.B. 522	T	Adam Plain, Insurance Regulation Liaison, Division of Insurance, Department of Business and Industry	Letter in neutral
A.B. 522	U	Tia Smith, Policy Counsel; and Kaylah Maese, Civil Rights Analyst, American Civil Liberties Union of Nevada	Letter in support
A.B. 522	V	Eric J. Weibel, Private Citizen, Reno, Nevada	Letter in opposition