MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-third Session
May 15, 2025

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:38 p.m. on Thursday, May 15, 2025, in Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 7 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Exhibit A is the agenda. Exhibit B is the attendance roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Fabian Doñate, Chair
Senator Angela D. Taylor, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

GUEST LEGISLATORS PRESENT:

Assemblymember Rebecca Edgeworth, Assembly District No. 35
Assemblymember Gregory S. Koenig, Assembly District No. 38

STAFF MEMBERS PRESENT:

Destini Cooper, Committee Policy Analyst
Eric Robbins, Committee Counsel
Norma Mallett, Committee Secretary

OTHERS PRESENT:

Dan Musgrove, Nathan Adelson Hospice
Kaylah Maese, ACLU of Nevada
Paul Larson, Lutheran Engagement and Advocacy in Nevada
Catherine Nielsen, Executive Director, Governor's Council on Developmental Disabilities, Nevada Department of Health and Human Services

Kim Anderson-Mackey, Administrator/COO, Amore Hospice Care; Chair, Advisory Council on Palliative Care and Quality of Life, Nevada Department of Health and Human Services
Stacie Weeks, Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services
Teresa Benitez-Thompson, Chief of Staff, Nevada Office of the Attorney General
Art Perillo, Assistant Fire Chief, Las Vegas Fire & Rescue
Amy Hyne-Sutherland, Health and Human Services Manager, Nevada Association of Counties
Carissa Pearce, Health Policy Manager, Children's Advocacy Alliance of Nevada
Alex Ortiz, Clark County
Trevor Parrish, Vegas Chamber
Ryan Beaman, Clark County District Vice President, Professional Fire Fighters of Nevada
Lindsay Knox, Regional Emergency Medical Services Authority
Lisa Kelso, City of Henderson Mobile Crisis Intervention Team
Helen Foley, T-Mobile
Rick McCann, American Optometric Association
Danny Thompson, IBEW Local 396; IBEW Local Union 1245; Operating Engineers Local 3; Operating Engineers Local 12
H. Kenneth Kopolow
Lisa Anne Hurt-Forsythe, National Association of Vision Care Plans
Melody Healy, Senior Vice President, VSP Vision Care
Shelly Capurro, Nevada Association of Health Plans
Adam Plain, Insurance Liaison, Division of Insurance, Nevada Department of Business and Industry
Chelsea Capurro, Health Services Coalition
Richard Jones, Guardian Life Insurance Company

CHAIR DOÑATE:
Let's start first with the work session and begin with Assembly Bill (A.B.) 19.

ASSEMBLY BILL 19 (1st Reprint): Revises provisions relating to the Statewide Substance Use Response Working Group. (BDR 40-442)

DESTINI COOPER (Committee Policy Analyst):
I will go over the work session document (Exhibit C).

SENATOR TAYLOR MOVED TO AMEND AND DO PASS AS AMENDED A.B. 19.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR TITUS VOTED NO.)

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CHAIR DOÑATE:
Let's move on to A.B. 36.

ASSEMBLY BILL 36: Revises provisions relating to Medicaid. (BDR 38-291)

MS. COOPER:
I will review the work session document (Exhibit D).

SENATOR TITUS MOVED TO DO PASS A.B. 36.

SENATOR TAYLOR SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let's move on to A.B. 42.

ASSEMBLY BILL 42: Revises provisions governing the adoption of regulations for the administration of certain programs of public assistance. (BDR 38-289)

MS. COOPER:
I will review the work session document (Exhibit E).

SENATOR TITUS MOVED TO DO PASS A.B. 42.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Let's move onto A.B. 107.

ASSEMBLY BILL 107 (1st Reprint): Revises provisions relating to foster care. (BDR 38-339)

MS. COOPER:
I will go over the work session document (Exhibit F).

SENATOR LANGE MOVED TO DO PASS A.B. 107.

SENATOR TAYLOR SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR TITUS VOTED NO.)

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CHAIR DOÑATE:
Next, we will go over A.B. 176.

ASSEMBLY BILL 176 (1st Reprint): Revises provisions relating to reproductive health care. (BDR 40-177)

MS. COOPER:
I will now review the work session document (Exhibit G).

SENATOR TITUS MOVED TO AMEND AND DO PASS AS AMENDED A.B. 176.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
We are now on A.B. 266.

ASSEMBLY BILL 266 (1st Reprint): Makes revisions relating to breastfeeding. (BDR 40-595)

MS. COOPER:
We will go over the work session document (Exhibit H).

SENATOR TAYLOR MOVED TO DO PASS A.B. 266.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR TITUS VOTED NO.)

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CHAIR DOÑATE:
With that, we will move on to A.B. 343.

ASSEMBLY BILL 343 (1st Reprint): Makes revisions relating to health care. (BDR 40-988)

MS. COOPER:
We will be going over the work session document (Exhibit I).

SENATOR TAYLOR MOVED TO AMEND AND DO PASS AS AMENDED A.B. 343.

SENATOR LANGE SECONDED THE MOTION.

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

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CHAIR DOÑATE:
We will now go over A.B. 360.

ASSEMBLY BILL 360 (1st Reprint): Revises provisions relating to testing for sexually transmitted diseases. (BDR 40-745)

MS. COOPER:
I will now proceed to go over the work session document (Exhibit J).

SENATOR TITUS MOVED TO DO PASS A.B. 360.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Now we are on A.B. 368.

ASSEMBLY BILL 368 (1st Reprint): Revises provisions governing electronic communication devices in locations where certain services are provided. (BDR 40-878)

MS. COOPER:
I will review the work session document (Exhibit K).

SENATOR TAYLOR MOVED TO AMEND AND DO PASS AS AMENDED A.B. 368.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Next, we will vote on A.B. 484.

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

MS. COOPER:
I will go over the work session document (Exhibit L).

SENATOR TAYLOR MOVED TO DO PASS A.B. 484.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Now, on to the last bill A.B. 519.

ASSEMBLY BILL 519 (1st Reprint): Creates a separate chapter of the Nevada Revised Statutes governing certain agencies and organizations that provide nonmedical services. (BDR 40-805)

MS. COOPER:
We will go over the last work session document (Exhibit M).

SENATOR TAYLOR MOVED TO DO PASS A.B. 519.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Before we go on with the rest of our agenda, I did have a surprise for everyone today. As you may know, the role of being a Legislator oftentimes is difficult and challenging because of everything that goes on in our legislative session. But I think all of us can agree—at least from my colleagues up here—that one of our favorite things is our ability to take some time to pause, reflect and thank people for their service.

So, before we move on, I want to take the privilege as the Chair to share some remarks. First and foremost, today, on behalf of the members of the Senate

Committee on Health and Human Services, it is our honor to present a proclamation to Ms. Cody Phinney. As you may know, after 27 years of unwavering service to the people of Nevada, Ms. Phinney, the Administrator of the Division of Public and Behavioral Health, is retiring.

Throughout nearly three decades of public service, Ms. Phinney has been a tireless advocate for shaping the public health of our State. She has been a steady hand during times of crisis and a trusted voice in shaping policy that touches the lives of many vulnerable Nevadans. Today, the members of this committee are proud to present a formal proclamation in her honor, recognizing not only her professional accomplishments, but also the compassion, integrity and dedication she has brought to this role.

We will go ahead and now proceed to the rest of the agenda, so we will open the bill hearing on A.B. 161.

ASSEMBLY BILL 161 (1st Reprint): Makes revisions relating to hospice care. (BDR 40-656)

ASSEMBLYMEMBER REBECCA EDGEWORTH (Assembly District No. 35):
Assembly Bill 161 addresses the appalling state of hospices in Nevada. With this bill, we will hopefully improve care to people who are dying. As a physician practicing in Nevada for over 20 years, I've had to have conversations with patients about the end of their lives and about diseases that they will not recover from.

The conversations with them and their families can be quite heartbreaking. I talk about hospice all the time with those patients. I have also had my own family members that have passed while in hospice. This is a topic that is very personal to me and I'm very passionate about.

For many years, most hospices in Nevada were nonprofit and they were operating pretty well. The problem began around five years ago, when a moratorium was put on hospices in California. This led to a bunch of bad actors coming over the border into Nevada and setting up shop.

I only have a two-slide presentation (Exhibit N) because I am going to keep it brief for us. Clark County has been the one most affected—I guess that's where the money is. But in slide 1, you can see that around five years ago, we had

about 70 hospices and now we have over 270 hospices—a huge influx. That's just in Clark County. These new hospices are no longer mainly nonprofit. They're mostly for-profit now.

This growing number of providers has introduced unnecessary fraud and abuse that threatens the safety of the most vulnerable members of our community. Most of the inspections are driven by complaints. It turns out that these are the best people to defraud, because people who don't complain are people who are dying and family members who are so heartbroken that they don't report abuses or even know who they would call.

I have heard a lot of appalling stories. People are greed-driven. They take shortcuts and run schemes to make more money. Fraudsters are taking advantage of regulatory loopholes. For example, hospices need to report if you have 50 clients. They'll get 49 clients, then start a new company. This allows them to get around having to do a lot of reporting.

Also, people are being signed up for hospice when they don't even know they're signed up for hospice. They're starting to bill Medicaid and Medicare without the patients' knowledge. Probably the most horrifying thing is that dying patients are not getting adequate care because these new hospices are not well staffed. People are literally lying in bed in pain and in filth, not getting the care they deserve as human beings.

These corrupt hospices wait until the care level is very high, right at the end of their lives, and then they dump patients and transfer them to other hospices. Usually the way it works is that a hospice takes care of the person from entry until the end of life. But there's been a disturbing trend where people are being dumped into other hospices right at the end because there's more work at the end of someone's life.

Slide 2 shows that there's been an influx of transfers. We're already up to 16 transfers this year, but [there were] 75 last year. These are just transfers to Nathan Adelson Hospice, which is the largest and oldest nonprofit hospice in Nevada. This data is just from that one center.

Many of us know the heartbreak of watching someone we love spend their final days in hospice care. We understand how sacred that time is. How much

dignity, compassion and integrity matters in those final moments. What's happening in Nevada is a betrayal of that sacred trust.

Unscrupulous hospices are operating unchecked, exploiting a system meant to comfort the dying. While some of us have the strength and support to speak up for our loved ones, there are hundreds of people in Nevada right now, lying alone in hospice beds with no one by their side—no family, no friends and no voice. They're counting on us to look out for their well-being.

DAN MUSGROVE (Nathan Adelson Hospice):
I want to thank Assemblymember Edgeworth for her passion and her commitment to this issue. Assembly Bill 161 started out a little bit broader and now I think it is a very focused and important bill that we would ask you to support. Really what it does is provide for a hospice patient and their family's bill of rights.

You don't know what you don't know. That's what we've really found out from our experience as a nonprofit. Folks do not realize what they should be getting when it comes to hospice care. They don't know who to complain to. They do not—and very tragically—really even want to think about it, because it is one of the worst times of their lives as a loved one passes. They don't even realize they've been taken advantage of.

At the federal level, the Centers for Medicare & Medicaid Services (CMS) is really starting to get involved in this. But other states have taken action, and we would ask that you do the same. So really, I would like you to focus on pages 4 and 5 of A.B. 161. It just requires that first, you get the informed consent of the patient or their family members for all treatment and decisions concerning the care. You maintain that document so that if someone needs to go back and verify information, whether it's HCQC [Bureau of Health Care Quality and Compliance] or CMS, then those hospice companies will have the documentation to verify information and treatment.

Second, there is a requirement to notify the patient and their representatives if, for some reason, the care team has decided they are going to quit and no longer provide care. They also must be notified if there is a change in the hours of operation or the contact number, so that family members know who to reach out to.

Really, it's simple. Current statute shows that patients should be getting medical care, skilled nursing care, intermediate care, custodial care, and palliative services. However, not all of these operators provide those services and they're not informing their patients of what they should be receiving. That's what this bill really does.

It requires that, within 15 days of patients being signed up for hospice care, they receive this information. That way patients and their families know who to call when they feel that they need these services. We would ask for your support. As you can see, [the number of active hospice licenses] is getting larger. It's mainly in-home hospice care.

To the Assemblymember's point, you can Google or search through the Secretary of State's website—and we have information that we could share—for the multiple businesses that are located at the same address. Multiple hospice care companies are run by the same people. They're all individual businesses, all located at the same address. If you physically go to that address, there's usually no one there. There may be a security guard who asks you who you are reaching out to, and they hand you a phone number.

We hope that this bill will bring some clarity to patients and their families. It will help inform and enable them so that they can make these reports. Further, it will help us try and identify who these folks are and take some action.

SENATOR TITUS:
Thank you for bringing the bill forward; it's much needed. I am curious on the language, is it mirrored after other states language and regulations? Then my second question is, you said CMS is looking at—and most of these are Medicare patients or at least elderly or on some sort of other insurance—are there other federal regulations out there?

MR. MUSGROVE:
It is specifically Medicare these folks who are being signed up usually have. This is because it is a very rich benefit, and it does not require a lot of information to be shared. That goes to that 49-to-50-patient threshold of what needs to go to CMS. Just recently, CMS did a sting where they got back about $400,000 worth of overpayments or overcharges. But it is mainly CMS.

This language is not based on anything else. This is what we worked for on the Assembly side and also with Cody Phinney's team in the Department of Health and Human Services. This was to make sure that it wouldn't have a huge fiscal note.

Also, it really was just giving patients the mechanism to ensure—based off what is already in statute—that they are provided with the proper hospice care. That is based on the CMS level. That way they are informed as to what they should be getting. Finally, it is then required that that provider or vendor transmit that information to the individual and their family so they know what they should be getting.

SENATOR TITUS:
Again though, are there any states that have this wording or how have other states addressed this?

MR. MUSGROVE:
Other states actually—as the Assemblymember said—like California put a moratorium on no more new hospices until they got a handle on it. New York is currently looking at legislation that will outlaw for-profit hospice companies. They will only allow nonprofits in the state of New York.

That's about all we've seen at this point. It's a fairly new problem that is really affecting Nevada, Arizona, Texas and California. Not a lot of the other states have seen the huge growth that we have here. I think it's mainly because of our senior populations.

SENATOR TITUS:
But I think—possibly—one of the main reasons is that California has gotten a handle on it so they are going to move here. We might want to alert Utah and other states because it sounds like they'll just find a place.

CHAIR DOÑATE:
I had a quick question, and I apologize if it catches you off guard because I think usually the questions we ask are relating to the current reprint, but I had more interest in the original print. So perhaps you can answer my question for it. I know that there was a transition from it being a bill of rights [to] … .

But during the interim and in this committee, I have referenced not just the proliferation of hospice care licenses, but also for home health care and monitoring the quality of care that patients receive. Perhaps there's a proliferation of licensees that are not qualified to do the work that they are interested in doing.

I know in the original printing of A.B. 161, section 11 requires the board to promulgate regulations that quote, "Require a program of hospice care to establish an independent review board to assess compliance with state, federal and local laws ... ." I think this is an important piece of legislation. Even if the rest of the bill is not being proposed today, I think that you should at least consider this because it certainly is pertinent to some of the issues we have seen in terms of consumer complaints.

I do not know what your potential feedback is. It would mean that we can't work session your bill today, but we can give you time to essentially bring something back as to maybe prescribing regulations to accomplish what you brought forth today. I do not know if there's any interest to that, but I certainly see the merit to it.

ASSEMBLYMEMBER EDGEWORTH:
Originally this bill was—as Dan Musgrove mentioned—it was much larger. Having additional inspections, I think, is the right thing to do. Unfortunately, it is not the right time because there's a large fiscal note that would have been attached to it. Also, I should say, as long as I am allowed to come back, I will run a hospice bill every single session until something major gets done. This is a first step.

MR. MUSGROVE:
To your point, one of the things that was a concern when drafting the original bill was that we really don't have data showing that there has been a large amount of complaints. It really goes back to the fact that people don't realize that they've been taken advantage of. Again, the family is in that time of grieving.

We've talked to folks and asked them to file complaints and every complaint that they have filed, HCQC has looked at. However, there just has not been the data to show that it's a problem, other than seeing what we are experiencing at Nathan Adelson Hospice and the number of business licenses that are out there.

We think that within the two years that this bill will be in place, HCQC will get the data showing that there is a problem. I think we had to walk before we could run.

KAYLAH MAESE (ACLU of Nevada):
We support this bill, and we thank the sponsor for bringing it forward.

PAUL LARSON (Lutheran Engagement and Advocacy in Nevada):
On behalf of Lutherans across Nevada, and especially as a pastor here in Nevada, I strongly urge the support of A.B. 161. It is vital, especially at end-of-life care. The amount of past parishioners that I walk with on a daily basis who are in this process of transitioning into end-of-life care … This is a very much needed piece of legislation to support our most vulnerable.

CATHERINE NIELSEN (Executive Director, Governor's Council on Developmental Disabilities, Nevada Department of Health and Human Services):
We feel that A.B. 161 strengthens protections in hospice care. It's an area where people with intellectual and developmental disabilities (IDD) often face gaps in communication, consent and continuity of care. This is particularly true at the end of their lives, and requiring written informed consent and advanced notice for care changes helps ensure that individuals with IDD and their guardians are included in decisions and not left behind during critical end-of-life transitions.

KIM ANDERSON-MACKEY (Administrator/COO, Amore Hospice Care; Chair, Advisory Council on Palliative Care and Quality of Life, Nevada Department of Health and Human Services):
We would definitely like to 100 percent support A.B. 161 as it is written. Also, we want to give thanks to Dr. Edgeworth for her support and working to provide good hospice care in Nevada.

CHAIR DOÑATE:
We'll go ahead and close this bill hearing, and we will move on to A.B. 315.

ASSEMBLY BILL 315 (1st Reprint): Requires applications to participate in Medicaid as a provider to be accompanied by a certain verification. (BDR 38-659)

ASSEMBLYMEMBER REBECCA EDGEWORTH (Assembly District No. 35):
Thank you for the opportunity to present A.B. 315. It addresses the growing issue of Medicaid provider fraud. I appreciate your consideration of the bill and I'm trying to be very respectful of your time so I am going to keep this short. It is a pretty simple problem and hopefully a pretty simple solution.

We've all heard that Medicaid provider fraud is a rampant issue. It's costing the State and the United States millions of dollars every year. To be clear, I am talking about provider fraud, people theoretically providing care. I am not talking about chasing after Medicaid patients.

Signing up to be a provider of Nevada Medicaid care, such as a doctor, occupational or physical therapist, is currently a largely unverified process. For example, you can fill out paperwork pretending to be Dr. Rebecca Edgeworth. You can start billing Medicaid for visits that aren't happening, and Medicaid will start paying for these non-existent visits.

Yet, once the fraud investigation begins, criminals have often absconded, or the money can't be recovered. By simply verifying the provider's identity, we feel like it's going to be a lot harder to perpetrate this kind of fraud. I think we all agree that Medicaid dollars should be going to populations that really need the care and not going to criminals.

This bill represents a collaboration between the Nevada departments. Stacie Weeks, Administrator of the Division of Health Care Financing and Policy, has been working for quite some time on a modernization biometric validation system that can be used for providers. I have also been working with the Attorney General's Office, who has Medicaid fraud investigators. Their office is fine with biometrics, but they also wanted notarization to be available just in case they weren't able to access the biometrics.

This bill will simply require that providers identify themselves. I think the only people who might be bent out of shape about it might be medical providers, but this is something they would only need to do once every five years. I do not think—for us to be saving millions of dollars of State money—that is a lot to be asked of them.

SENATOR TITUS:
I too have grave concerns about Medicaid and Medicare fraud. This will hopefully alleviate some of that. I am wondering about how long it would take to implement these changes? The effective date of the bill is July 1, 2025, and I know that Administrator Weeks is working on this and I know they're trying to get this going. But how long do you really think this would take to get this set up?

ASSEMBLYMEMBER EDGEWORTH:
Notarization is already available, both electronic and wet signature notarization. So worst case scenario, we would be doing that.

STACIE WEEKS (Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services):
Yes, right now we are in the middle of getting the biometric process in place online. We think by the end of the summer, providers can use that process. But they still will have the option to get a paper application and go through a much longer process and then get it notarized. We are hoping that it will be quicker and easier online through the biometric process.

SENATOR TAYLOR:
Just give me an example. What does that look like? Let's say I am a new provider, just opening up a clinic or something and I need to be verified. What does that process look like if I'm going to do it online?

MS. WEEKS:
Currently, it's a lot longer process. But right now—like I said—we're doing this provider revamp for our provider enrollment. Every provider we pay has to be enrolled in our program. They submit an application, which is pretty detailed—as Senator Titus knows—because of fraud and all the other things we've had to jump hurdles around to try to make sure our program has integrity.

But essentially what it will do is allow us to take pictures. It captures eye patterns and all the things that you would see at the airport online. This is to make sure that the individual signing the application is actually the individual in question. There's also a requirement to send in a picture of your ID.

Again, if someone's not comfortable with that process, they can get a paper application. However, we probably will be charging a small fee, just because it

is going to take us additional time and staff. We're trying to move away from the burden, both on our side and for the provider going forward.

SENATOR TAYLOR:
As a follow-up, my understanding of Medicaid and Medicare fraud is that the majority of it comes from the provider end of it. Much more so than someone saying, "I am going to the doctor, but I am really not."

MS. WEEKS:
Yes, that is correct. We see the majority of fraud being on the provider-payment side. Some intentional and some unfortunately just are mistakes that happen. But intentional fraud is what we're trying to stop here; it's bad actors.

TERESA BENITEZ-THOMPSON (Chief of Staff, Nevada Office of the Attorney General):
We house the Medicaid Fraud Control Unit within the Office of the Attorney General (AG), per Social Security federal statute. We are the ones that get to do this work. The AG is committed to [finding] Medicaid fraud and taking down fraudsters.

We've supplied throughout different committees a number of different reports on our activities. Depending on what you would like to know, we'd be more than happy to send information to you. We want to thank the bill sponsor for working with us on some language in this bill.

CHAIR DOÑATE:
Let's go ahead and close this bill hearing and move on to A.B. 380.

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

ASSEMBLYMEMBER REBECCA EDGEWORTH (Assembly District No. 35):
Thank you for your extreme patience in listening to the same person talk for so long. Also, thank you for the opportunity to present A.B. 380. This bill makes changes to the requirements for mobile crisis teams, to allow them to be efficient and flexible when responding to members of the community who are having behavioral health crises.

I was originally approached by Las Vegas Fire, and they asked me to sponsor the bill. They worked on this well before I was elected. They've been working with lots of different stakeholders in the State, and we believe that this is going to benefit the entire State.

To provide some background, the 988 Crisis Response System was created during the 2021 Legislative Session. Nevada legislators have been working on it ever since. We've been tweaking it to make it even more effective for Nevada.

This system includes a 988 Suicide & Crisis Lifeline; a phone call that you would make. It provides individuals with mental health distress immediate access to a crisis counselor. If needed and available, there are also mobile crisis response teams that can be dispatched. These teams can provide crucial intervention and short-term support.

These services have been proven to decrease emergency room visits, and they also have decreased incarcerations. Further, they ensure that Nevadans have access to appropriate care. As a physician working closely with underserved communities, I often encounter people in moments of deep crisis, when pain is overwhelming, and support feels out of reach. These experiences have made one thing perfectly clear: for those who are most in need, timely intervention isn't just important, it is lifesaving.

Currently, when a call comes in through the 911 system, dispatch determines what the appropriate response is. Of course, if it's anything dangerous, police would be sent. If it is anything medical, an ambulance or paramedics would be sent. But if it's simply someone who's having an isolated mental health crisis, then ideally a more appropriate response could be sent.

Some larger municipalities already have things like this. Washoe County has their Mobile Outreach Safety Team, which they call MOST. Las Vegas City Fire has a Crisis Response Team (CRT). Las Vegas Metro [Metropolitan Police Department] has the Crisis Intervention Team (CIT) there. These are teams of specialists that go out, do hands-on personalized assistance to those who are in need. Ideally, we would have the ability for all municipalities to have access to these kinds of teams to help Nevadans.

This bill is urgently needed because, as currently written, when someone triggers a crisis response through the 988 system, a very particular team of

individuals is deployed. This bill will allow for a more flexible response to align with what we're already doing on 911. Also, this will allow for the crisis response team to be reimbursed through Medicaid. This way, smaller municipalities that have not been able to have a team like this will be able to be reimbursed and hopefully will be able to afford to have this throughout the State.

ART PERILLO (Assistant Fire Chief, Las Vegas Fire & Rescue):
Thank you, Chair and members of the committee. Out of respect for your time and busy schedule, I believe each of you has been provided with a copy of the presentation (Exhibit O) that was submitted. I would just like to provide a short summary. First, I want to thank all who support the bill for your leadership in advancing A.B. 380. This bill is a pivotal step forward in strengthening Nevada's mental and behavioral health crisis.

The changes outlined in A.B. 380 expand access to mobile crisis intervention teams by allowing greater flexibility in how these teams are staffed. This is vital for our State because urban and rural communities face very different resources and response challenges. The bill empowers jurisdictions to build teams that meet local needs. That may mean pairing behavioral health professionals with peer support specialists, medical providers or law enforcement.

Last year, Las Vegas Fire & Rescue's CRT responded to over 30,400 incidents. This bill will allow us to increase the number of patients we can serve annually. This flexible community-centered approach helps ensure that all Nevadans, in every corner of the State, get the right care, at the right time, from the right team. Thank you for your thoughtful response and leadership.

AMY HYNE-SUTHERLAND (Health and Human Services Manager, Nevada Association of Counties):
Nevada's counties are in support of A.B. 380 because the bill ensures that we can develop the crisis teams that our communities have the capacity to develop. It is a workforce flexibility issue. Every community looks a little bit different, and this bill enables all of our counties to develop the teams they need.

CARISSA PEARCE (Health Policy Manager, Children's Advocacy Alliance of Nevada):
We are in strong support of this bill.

ALEX ORTIZ (Clark County):
I'm here to ditto some of the comments made by the previous testifiers and support this bill.

TREVOR PARRISH (Vegas Chamber):
I'm here in support of A.B. 380. We view this proposal as a means of supporting the vital industry of mental health care and will support the communities that are most in need.

RYAN BEAMAN (Clark County District Vice President, Professional Fire Fighters of Nevada):
I ditto a lot of the earlier comments. It really does get the right resources to the right call, and we support this bill.

LINDSAY KNOX (Regional Emergency Medical Services Authority):
I ditto the previous comments.

LISA KELSO (City of Henderson Mobile Crisis Intervention Team):
In 2022, the City of Henderson launched a mobile crisis intervention team staffed by licensed mental health clinicians. We take referrals from police, fire and medical providers for people experiencing behavioral health crises. We support A.B. 380 and the intent to prioritize a crisis response with licensed behavioral health and medical professionals.

We are working with the 988 rollout process to continue to align our team to be eligible for Medicaid reimbursement and to coordinate on the development of a regional crisis response system. We've implemented evidence-based practice to respond appropriately to behavioral health crises and deflect patients from both the criminal justice systems and emergency rooms. Best practice for a response to people in crisis is a medical response. Although our team does contract with peer recovery support specialists, we agree they can be a follow-up referral and do not need to be required in the initial response.

We think A.B. 380 allows for flexibility for cities to structure their crisis intervention teams according to their needs. We look forward to being a part of the State and the region's efforts to serve people with behavioral health needs appropriately.

MS. NIELSEN:
I am making these comments today on my own accord. We've unfortunately had several instances where we've needed to call the local MOST team here in Carson City. In 2022, my husband had his amygdala hippocampus and right temporal lobe removed, which means he's in constant fight or flight. This team has saved his life multiple times. I urge you to support this measure and help the areas that deserve the support as well.

HELEN FOLEY (T-Mobile):
Several sessions ago, [former] Senator Julia Ratti created the 911 system, and it is paid for from a surcharge on all telecommunication services. Very early in the session, Assemblymember Edgeworth came to all of us within the telecommunications industry and said, "I want to better define those teams that come together, so that it's not just the police. We want to have the best people possible to divert any type of unfortunate situation with those that have a mental health crisis."

This does not increase the tax that is currently being paid by all of you on your cellphone bills. I think that it's necessary, and it's a wonderful thing. But I really want to thank her for coming and calming all of us down since there would be no tax increase.

CHAIR DOÑATE:
I'm going to go ahead and close the hearing on A.B. 380 and open up the bill hearing for A.B. 448.

ASSEMBLY BILL 448 (1st Reprint): Revises provisions relating to insurance for vision care. (BDR 57-983)

ASSEMBLYMEMBER GREGORY S. KOENIG (Assembly District No. 38):
This is only my second session, but I can say that this has been my most difficult and challenging bill that I have ever carried. In fact, I was a little bit nervous and scared to come up and be here today.

Last session, [then-] Senator Heidi Seevers Gansert carried a bill that addressed a lot of what's in here. The thought was that there were a few things that had been left out that we wanted adjusted. That was kind of the genesis of this bill. I think it may have turned into a little bit more than that.

This bill passed through the Assembly unanimously and there was maybe a couple of people in opposition in the hearing, but no one ever came to my office and complained and said, "Let's fix this; this isn't good." Then when it gets over to the Senate side, all heck breaks loose.

I was admonished or advised that we needed to work together and try to come up with some sort of compromise. I got exposed to what compromise means in this building. Originally, I had a 45-page bill. The people who were opposed to this bill handed me a single sheet with two paragraphs. They wanted me to gut all 45 pages and replace it with two paragraphs, which I guess is a compromise, but it was not one that I was all that excited about.

However, I worked really hard on this bill. I think I may have achieved a compromise because the State Optometry Association is irritated with me for everything I took out. The insurance companies, who are in opposition, are irritated with me for what I left in.

I do not know if you guys have the latest proposed amendment (Exhibit P), but the color of this mockup is purple. If you look at pages 6 and 7, there's not a single thing on there that isn't purple. I really paired that down. I took out more than 75 percent of the bill and, at this point, we ended up with three things left that we were asking for.

I sacrificed everything else in the bill and came up with three things. I think the opposition can maybe stomach most of them. Like I said, I don't know that they love it, but I think they might be able to live with it.

RICK MCCANN (American Optometric Association):
Today I'm helping present A.B. 448. I'm going to reiterate a little bit of what has just been said. If you look at the bill that was presented before the Assembly Committee on Commerce and Labor, which passed the floor 42 to 0, the bill before you now is quite different.

Painstaking efforts have been made to accommodate the desires of the opponents of this bill. For good reason, there are stakeholders that have an interest in this. Lots of purple and a little bit of good green too. We will talk about the green.

To be sure, this bill did start out and continues to be an unfair trade practices bill. At the heart of the bill is an intention to provide fair, accessible and low-cost vision care to patients throughout Nevada. It deals with vision benefit managers—or I think we're calling them providers of vision insurance—that contract with vision providers or optometrists to provide and pay for vision care.

Let's take a look at those big three and the specific provisions of the bill. Real quickly, sections 2 through 17 offer definitions for words and terms that are used in the bill. Pretty standard stuff. I am not going to go through that for you.

Section 28 prohibits a provider of vision insurance from controlling the professional judgment of the optometrist. Well, there's a noble idea. Seriously, we shouldn't have any problem with that. We do not want outsiders controlling [optometrists]. Dr. Titus does not want outsiders controlling the best interest of her patients when she does stuff. We do not want that. That is what that portion of the bill is all about. We do not want outside influences that are not in the patient's best interest.

Also, section 28 prohibits the provider of vision insurance from withholding or seeking a recruitment of payments that the optometrist received when they treated a patient if the patient was shown by the provider of vision insurance's own data to be enrolled in the plan. They called; they found out that Senator Taylor happens to be an enrolled person. Yeah, cool, go give them the services, go give them the materials, go give them what we need.

But if the vision plan later determines that their own data was incorrect, that the patient was not enrolled as they thought, the optometrist has already provided the covered services or provided the covered materials. So why should the provider of vision insurance take money back from the optometrist due to the plan's error? That's certainly not fair to the optometrist. It's also a disservice to the patient, we believe, since it places kind of a wedge between the patient and the optometrist over who's paying for this error.

Section 28 also prohibits the provider of vision insurance from requiring a reimbursement of money from the optometrist if the optometrist uses their own laboratory, supplier of contact lenses, glass frames, management software and etcetera. It is all listed within that portion of the bill. Now, if I am Dr. Koenig's patient, I want him to decide who, what, when and where my vision needs are

handled and met, not a plan that sells all these needs based upon their own profit margins quite frankly.

Section 30 says if a provider of vision insurance offers more than one plan, it cannot require the optometrist, as a condition of participating in that plan, to also have to participate in other plans. If Dr. Koenig sitting here wants to be a part of a plan, he should be allowed to be a part of that plan. Don't make him participate in all plans just to be a part of one of them. That's just not fair.

Section 31, subsection 3 simply says that provider of vision insurance must include a copy of its manual and policies in any contracts with the optometrist. Really? That's a big deal? I do not think so. I do not think we are going to have any problems with that.

Then section 31.5 in the amendment, Exhibit P, simply states—what I think is the obvious—that if a contract between the provider of vision insurance and the optometrist violates the law, it is unenforceable. We should not have to put that in there, but we do because of some events in the past.

Now on that section, put a pin in that one. I believe we're replacing it with a couple of words that may be different in the language that the stakeholder and I came up with. That came from discussions between all the stakeholders from—I do not know—two or two-and-a-half hours ago. That's how long we have been working on this—up until just before this hearing.

That's the bill. It's patient-driven, not profit-driven by a provider of vision insurance. It is filled with concessions by the optometrist that have caused some pain for them, I will tell you—I watched it. It will not offer all of the best interests and benefits to the patients, but we hope we are making some small progress toward the best interests of the patients.

By the way, if you look on the *Nevada Electronic Legislative Information System* [NELIS], I think there's about 175 positive comments that have been made on this bill so far. We don't want perfect to become the enemy of good. We have worked hard to get to good, but we don't have perfect, sorry.

CHAIR DOÑATE:
I am going to take a stab at a first question, just so that the committee members don't get confused. So there are two amendments that are uploaded

on NELIS. There's the mockup proposed amendment, which is Exhibit P and then there's the other proposed amendment (Exhibit Q) that we cannot do, right? There's two of them. One of them is the actual mockup. The other one is just a word document, right?

In your testimony today, you have documented that there is perhaps another amendment. Can you walk us through what the provisions are? Also maybe what the deletions are based on the mockup? That's the one that the committee members have.

MR. MCCANN:
If you take a look at section 31 … Proposed Amendment 3065, Exhibit P, is what we are dealing with, the mockup. On section 31.5, the green language there says, "In addition to any other remedy provided by law … ." The section starts with that. We're playing with that language here. It is going to say what it says, but we have got a couple of different language changes on that.

It is my understanding—and if I am wrong, I believe the stakeholders will come up and tell me—it is going to be section 31.5 that will have some different language to replace that. It's going to say the same basic thing, but we have decided a few other words are better.

ASSEMBLYMEMBER KOENIG:
Mr. McCann actually came up with the amendment, Exhibit P, but I think basically what it says is that any contract, current or future, must abide by any law that is current or future. If you signed a contract 20 years ago when none of these laws existed, you are not exempted from the current laws.

It'll say that current or past contracts must abide by current or future laws. I think that was basically what it said, but we need to get a lawyer to write it. But I think that's what we agreed to.

MR. MCCANN:
I believe that Senator Taylor has my copy of Exhibit P that I left with her a little bit ago. I didn't get another copy. I think she is sharing it with some of her colleagues right now.

CHAIR DOÑATE:
Just to be clear, Exhibit P is on NELIS as well.

SENATOR TAYLOR:
[Unintelligible statement.]

CHAIR DOÑATE:
No, that is not what we are referring … Hold on.

SENATOR TAYLOR:
Yes, that is what Mr. McCann was just referring to.

MR. MCCANN:
Yes, at the bottom in the green language is a circled number four. That I think is kind of …

CHAIR DOÑATE:
Let's take a step back. There are two amendments on NELIS. There is one that is a mockup, Exhibit P, and then there's a separate one which is a word document, Exhibit Q. We cannot do Exhibit Q because of legal issues. We are only going to focus on Exhibit P.

Based on discussions today, there was a conversation as to a proposed amendment, Exhibit Q, to this bill, working off of the mockup that would delete section 25 and section 28, subsection 4, paragraphs (d), (e), (f) and (g).

It would also delete section 31, except for the current 31.5. It would amend section 31.5 to say, "Upon passage of this bill, all such provisions contained in the bill, together with [all] current and future laws [set forth in NRS 686A], shall be included in each existing and any future contracts between a vision plan and a provider of vision care."

Then section 50 would be amended to read, "This bill becomes effective on January 1, 2026." That is Exhibit Q, but I just want to make sure that was the amendment agreed to, or what was the case?

ASSEMBLYMEMBER KOENIG:
Can you go through that one more time? You were faster than I could turn the page so I want to make sure that I catch everything that you just stated.

CHAIR DOÑATE:
Sure, so there's an amendment, Exhibit Q, that was not uploaded to NELIS prior to the meeting that was just discussed. Prior to opening up the hearing, it was my understanding that—again—we are working off of the mockup, Exhibit P. If we are working off of your mockup, the second amendment that we would do is delete all of section 25. The reason why we are deleting that—just to be clear for the record—is because there's a current lawsuit in a separate state. By not deleting it, we would put ourselves in a similar lawsuit.

We would delete section 28, subsection 4, paragraphs (d), (e), (f) and (g). Then we would delete section 31, which is the section that deals with contracts. We would keep section 31.5, but instead, amended to say, "Upon passage of this bill, all such provisions contained in the bill, together with [all current and] future laws set forth in [NRS chapter 686A, shall] be included in each existing and any future contracts between a vision plan and a provider of vision care." Then the last one, section 50, would be amended so that the bill becomes effective January 1, 2026.

ASSEMBLYMEMBER KOENIG:
We'll agree to that, yes.

CHAIR DOÑATE:
Okay, thank you. I just wanted to be clear on this portion because I know that Exhibit Q is not formally an amendment, but it was my understanding that it was clear. That paper is not an amendment.

SENATOR TAYLOR:
Right, no. This is just what you read. I just want to know if the last piece you read gets added? Is it 31 point something else? Because you said, "Instead of 31.5 it's 31 … "

CHAIR DOÑATE:
I will print this and that way the committee members have time to digest the information because I think that is going to influence their questions. We are working off of Exhibit P, the proposed mockup amendment, plus Exhibit Q that I just passed out to the committee members. Everyone should have the same documentation so we understand what we are talking about. [Is there] anything else that you want to mention before we start?

ASSEMBLYMEMBER KOENIG:
No. That amendment is exactly what we are looking for.

CHAIR DOÑATE:
I just want to say that I know this process has been difficult and obviously there's a lot of moving pieces with the expectation of deadline week. But I certainly appreciate the efforts that you have made on this bill. I know it has not been easy.

DANNY THOMPSON (IBEW Local 396; IBEW Local Union 1245; Operating Engineers Local 3; Operating Engineers Local 12):
We're in full support of the amended version that you spoke of and specifically the last part that is conceptual at this time. It would force these plans to follow the law. We urge your support.

H. KENNETH KOPOLOW:
I have been practicing optometry in Las Vegas for 33 years. I have a brief thought for you that comes from patients and consumers of eyewear and eye care, just to give you something to think about while deciding how to vote on A.B. 448. This thought was provided to me, not long ago, by an industry insider.

Think about how you purchased a television five years ago and paid $700 for that TV. I would suggest that same TV, with that same level of technology from five years ago, would probably cost you around $300 right now. That is because technology has evolved and there's a lot better and a lot more robust technology out there.

That’s really true for eyewear as well. It’s changed somewhat. But the natural process of free market does not apply. I would like you to think about what role vision insurance plans play in the fact that eyewear prices have not come down for essentially the same thing. In fact, they've gone up.

My point is [you should] think about what these plans are actually doing, all the while they are screaming about saving money and not raising costs. But in fact, almost every free-market industry saves money as time goes on, as new technology replaces old technology. Just personally in your own experience of being a patient of an eye doctor, think about what—if any—impact vision insurance plans may have had in that role.

LISA ANNE HURT-FORSYTHE (National Association of Vision Care Plans):
We have not been privy to the discussions that have happened over the last couple of hours, which has been difficult for us, despite the fact that we have been involved in the process since it was in the Assembly. So that has been a little challenging for us to keep up. I know it has been challenging for the committee as well, as things have changed so quickly.

At this point, we are just going to say that we are in soft opposition, only because we have not had time to fully digest the proposals that have been put forth and run past the members of our organization. We have 15 different plans, and we just need a few minutes to talk to them about what was just constructed. We may be able to be neutral, I just do not know yet at this point. We are sticking with a soft oppose for now. We submitted our opposition letter (Exhibit R contains copyrighted material. Original is available upon request from the Research Library.).

MELODY HEALY (Senior Vice President, VSP Vision Care):
I want to thank both the Chair and the bill sponsor for working with us to address some significant concerns we have with the language that was originally presented. I am testifying in neutral based on the new amendment described here. We look forward to reviewing the official NELIS legislative text with the goal of moving to support.

SHELLY CAPURRO (Nevada Association of Health Plans):
We're in neutral here today because we are still looking at the amendments and trying to get feedback. We're hoping to get to [support] in terms of the final language. We are hoping that is where we land, but we are still in these conversations.

ADAM PLAIN (Insurance Liaison, Division of Insurance, Nevada Department of Business and Industry):
I did submit neutral testimony (Exhibit S) and I think after reviewing Exhibit P and Exhibit Q, most of the items have been mooted. However, I did want to bring up a couple of small technical things. Most people do not know, but the Division of Insurance (DOI) does regulate endowment cemeteries and pet cemeteries under NRS 452, as well as funeral and burial contracts under NRS 689.

After reviewing the bill, it looks like sections 42 and 43 make changes to funeral and burial contracts. *Nevada Revised Statutes* (NRS) 689 would suggest maybe this is not the best spot to hit in this particular vision bill. Additionally, it looks like we've got some changes to applicability in NRS 695C, dealing with health maintenance organizations. Yet, we are missing NRS 695B.320 dealing with nonprofit hospital, medical and dental corporations. I might suggest potentially adding this in NRS 695B.320.

Finally, section 14 provides a definition for a vision benefit discount plan that would be added to the unfair trade practices chapter. Just as a point of reference, discount plans—whether it's vision, dental or medical discount plans—are not typically considered insurance and not subject to regulation by the DOI. So even though a definition for a vision discount plan would be going into NRS 686A and giving the impression that the DOI would regulate the discount plan, I do not believe there's express authority for the DOI to regulate those discount plans, even with its inclusion in the bill.

CHELSEA CAPURRO (Health Services Coalition):
First and foremost, we want to thank the sponsor. I think through all of this, even with our disagreements, he has been great to work with and heard us out. To his point, maybe if we are all a little bit unhappy, we've got a good piece of legislation. I think we probably need to have some conversations with the DOI to make sure that everything looks good, but we appreciate the sponsor. We appreciate the amendment and with that we are neutral.

RICHARD JONES (Guardian Life Insurance Company):
We appreciate all the work that has been done on this bill to significantly improve it. Today we will register in a neutral position.

ASSEMBLYMEMBER KOENIG:
I just want to thank everyone involved in this process. It kind of helps renew my faith in the system. If you had told me a week ago that all the people that we were arguing with would be neutral, I don't know if I would have believed it. Thank you, especially Chair Doñate, for your part in this and for getting us together and for working it out—just appreciate everybody.

CHAIR DOÑATE:
After deliberation with the committee members, we have decided that we will work session A.B. 448. This will give everyone time to read over the bill

language, given that there were different amendments proposed. We have a meeting scheduled for a work session tomorrow, but this will just leave more time for the committee members to actually understand what they're voting on.

We are going to actually open a work session on a few bills, starting with A.B. 161.

SENATOR TAYLOR MOVED TO AMEND AND DO PASS AS AMENDED A.B. 161.

SENATOR STONE SECONDED THE MOTION.

CHAIR DOÑATE:
The amendment is just to add Vice Chair Taylor as a cosponsor of the bill.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:
Let's move on to A.B. 315 where the amendment would be to again add Vice Chair Taylor as a cosponsor of the bill.

SENATOR TAYLOR MOVED TO AMEND AND DO PASS AS AMENDED A.B. 315.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:
Last but not least A.B. 380.

SENATOR TAYLOR MOVED TO DO PASS A.B. 380.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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SENATOR LANGE:
Assemblymember Koenig, I would just like to compliment you on the work you did on your bills. They were very well done.

Remainder of page intentionally left blank; signature page to follow.

CHAIR DOÑATE:
We'll definitely ditto that. And thank you so much, Senator. We have arrived to the last agenda item of today, which is public comment.

Hearing no public comment, this meeting is adjourned as of 5:25 p.m.

RESPECTFULLY SUBMITTED:

_____
Madison Zajac,
Committee Secretary

APPROVED BY:

_____
Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
A.B. 19	C	2	Destini Cooper	Work Session Document
A.B. 36	D	3	Destini Cooper	Work Session Document
A.B. 42	E	3	Destini Cooper	Work Session Document
A.B. 107	F	4	Destini Cooper	Work Session Document
A.B. 176	G	4	Destini Cooper	Work Session Document
A.B. 266	H	5	Destini Cooper	Work Session Document
A.B. 343	I	5	Destini Cooper	Work Session Document
A.B. 360	J	6	Destini Cooper	Work Session Document
A.B. 368	K	6	Destini Cooper	Work Session Document
A.B. 484	L	7	Destini Cooper	Work Session Document
A.B. 519	M	7	Destini Cooper	Work Session Document
A.B. 161	N	8	Assemblymember Rebecca Edgeworth	Presentation
A.B. 380	O	19	Art Perillo / Las Vegas Fire & Rescue	Presentation
A.B. 448	P	22	Assemblymember Gregory S. Koenig	Proposed Amendment
A.B. 448	Q	24	Senator Fabian Doñate	Proposed Amendment
A.B. 448	R	29	Lisa Anne Hurt-Forsythe / National Association of Vision Care Plans	Opposition Letter
A.B. 448	S	30	Adam Plain / Division of Insurance	Neutral Letter