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

Eighty-third Session
May 27, 2025

The joint meeting of the Senate Committee on Health and Human Services and the Assembly Committee on Health and Human Services was called to order by Chair Fabian Doñate at 1:54 p.m. on Tuesday, May 27, 2025, in Room 4100 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.

SENATE COMMITTEE MEMBERS PRESENT:

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

ASSEMBLY 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

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Governor Joe Lombardo
Richard Whitley, Director, Nevada Department of Health and Human Services
Stacie Weeks, Administrator, Division of Health Care Finance and Policy, Nevada Department of Health and Human Services
Adam Higginbotham, Executive Director, Nevada Board of Dental Examiners
Aimee Abittan, Nevada Dental Association
Karla Perez, Regional Vice President, Universal Health Services
Amy Hyne-Sutherland, Health and Human Services Manager, Nevada Association of Counties
Carissa Pearce, Health Policy Manager, Children's Advocacy Alliance Nevada
Mary Beth Sewald, President, Vegas Chamber
Patricia Charlton, Chancellor, Nevada System of Higher Education
Mark Funke
Alison Netsky, Interim Dean, Kirk Kerkorian School of Medicine, University of Las Vegas, Nevada
Wolfgang G. Gilliar, Dean, College of Osteopathic Medicine, Touro University Nevada
Rupesh Parikh, President, Comprehensive Cancer Centers of Nevada
Ana Wood, Director, Las Vegas Asian Chamber of Commerce
Helen O'Hanlon
Diane McGuinness, Vice President, Nevada Nurses Association
Nehal Naik
Jill Douglass
Marvelyn Navarro
Peter Guzman, President, Latin Chamber of Commerce Nevada
Jacqueline de Joya, President, National Federation of Filipino American Associations
Caryn Loftis-Solie, President, Nevada Dental Hygienists' Association
Lee Annette Lincicome
Helen Foley, Delta Dental; First Medical Health Plan

Jessica Wilson
Florence Jameson
Brenna Reynolds
Brenda Rosales
Shelly Capurro, Nevada Association of Health Plans
Tianna Burzynski, Sagebrush Smiles
Angela Martin, President, Southern Nevada Dental Hygiene Association
Jacqueline Nguyen, Nevada State Medical Association
Dan Musgrove
Patrick Kelly, Nevada Hospital Association
Chris Viton, Vice Chancellor and Chief Financial Officer, Nevada System of Higher Education
Sheila Bray, Director of Government and Community Engagement, University of Nevada, Reno
Tess Opferman, American Federation of State, County and Municipal Employees
Cassie Charles, American Federation of State, County, and Municipal Employees
Leonardo Benevides, Director for State Government Affairs and Community Engagement
Allison Herzik, Dignity Health-St. Rose Dominican
Blayne Osborn, Nevada Rural Hospital Partners
Joelle Gutman Dodson, Northern Nevada Public Health
Chris Bosse, Chief Government Relations Officer, Renown Health
Todd Sklamberg, Chief Executive Officer, Sunrise Hospital
Renee Aschoff, Assistant Vice President for Administration, Touro University
Terri Laird, Executive Director, Retired Public Employees of Nevada
Brett Scolari, Reno-Sparks Indian Colony
Kent M. Ervin, Nevada Faculty Alliance
Doug Unger, Employee Advocate, University of Nevada, Las Vegas
Heidi Sterner
Antonio Ventura, Nevada Dental Hygienists' Association

CHAIR DOÑATE:
We will start with Senate Bill (S.B.) 495. Governor Joe Lombardo will begin his presentation.

SENATE BILL 495: Revises provisions relating to health care. (BDR 40-1037)

GOVERNOR JOE LOMBARDO:
I am here to introduce the Nevada Health Care Access Act (NHCAA), also known as S.B. 495. Adequate and timely access to health care remains a pressing challenge for many Nevadans, including myself and my family. Just last year, my young grandson was hospitalized for a serious ear infection. He needed emergency surgery, but there was no doctor at any hospital in Southern Nevada who was equipped to perform the procedure. Mercifully, and by chance, there was a visiting surgeon from Texas in town who was able to treat my grandson and help him get on the road to recovery.

The reason I tell this story is that Nevadans seeking medical care face long wait times and have trouble accessing specialists. The need for more doctors, nurses, specialists and healthcare providers is increasingly evident. This legislation, NHCAA, is designed to address this very issue. This legislation will help grow our healthcare workforce, expand mental health resources and streamline healthcare services across Nevada. The Act seeks to build and support our healthcare workforce in several key ways. First, the NHCAA accelerates the state's licensing and credentialing processes for healthcare providers and gets doctors into Nevada facilities and caring for patients much faster.

This bill also directs the Patient Protection Commission (PPC) to complete a comprehensive study to assess the development of an academic medical center in Nevada to further help the State grow its future healthcare workforce. In addition to these efforts, my office has worked with Senator Pazina to incorporate my proposal to increase graduate medical education (GME) residency programs into her legislation, which will help us attract top talent and address critical provider shortages in underserved areas.

The amendment (Exhibit C) reflecting the proposed changes has been submitted to the committee. The Act expands access to mental health resources and creates the Office of Mental Health, which will oversee mental health services across Nevada. The Act also expands funding for community-based mental health services to provide critical support for individuals with severe mental issues. The Nevada Health Care Access Act also aims to streamline healthcare services across the State. This streamlined vision includes the creation of the Nevada Health Authority (NHA), a coordinated statewide approach to healthcare delivery. You will hear about that here in short order.

The bill also reduces administrative barriers to care by standardizing prior authorization processes and timelines while ensuring prompt provider reimbursement. Lastly, the bill enhances Nevada's presumptive eligibility framework by introducing streamlined application processes and other vendor-supported systems to improve Medicaid enrollment for eligible individuals. By bolstering growing our health care workforce, expanding mental health resources and streamlining healthcare services across the State, we're going to build a more robust, accessible and sustainable healthcare system for all Nevadans. I am hopeful we can make meaningful progress in expanding health care across the State together.

RICHARD WHITLEY (Director, Nevada Department of Health and Human Services):
The topics addressed in S.B. 495 although concise, are spread throughout many pages. I will go through each topic and discuss the sections referenced in the bill. The NHCAA covers multiple topics. I will start with the amendment that the Governor referenced which is posted to NELIS [Nevada Electronic Legislative Information System]. The amendment, submitted by the Office of the Governor removes the section creating the Nevada Health [Care] Workforce and Access Program (NHWAP) and sections related to GME. Section 7 of the bill, related to healthcare workforce and access, will be retained since this is a biennial assessment of the healthcare workforce needs in our State and is used to accomplish other goals.

The amendment also removes sections 2 through 6 from NHWAP and sections 8 through 18. What remains is the establishment of the Healthcare Workforce and Access Grant Program, a competitive grant program managed by the Department of Health and Human Services (DHHS) to address critical shortages and providers of health care in the State. Additionally, sections 4 through 9 and sections 34 through 40 are removed in the amendment. Topics that remain include the expedited hospital credentialing found in sections 19 through 27, section 50, sections 74 through 76, sections 84 through 86, sections 117 through 118, and sections 20, 43, 47, 50, 75, 85, 109 and 113.

The location of these sections in the *Nevada Revised Statutes* (NRS) are reflective of the process and problems we are addressing with the bill—the time it takes to get credentialed—from the time of licensure, to credentialing with a health plan to being onboarded at a hospital. The bill will make the process

easier and make better use of data that is already being collected in one place to be used in another. That topic is in many sections throughout the bill.

The next section addresses prior authorization and payment reforms and are found in sections 22, 44, 47, 53 through 62, 69, 72, 97 through 108 and 110. These sections propose to reduce administrative barriers to care by standardizing prior authorization processes and timelines while ensuring prompt provider reimbursement. These reforms enable healthcare professionals to focus more on patient care and less on administrative burdens and delays.

The next section enhances the work of paramedics in a hospital setting which can be found in sections 29 through 31. This expands the scope of their work to support patient care in a hospital setting, particularly in rural areas of the State. The State Board of Health is tasked with adopting regulations authorizing paramedics to be employed or volunteers in a hospital setting.

The dental workforce development plan is found in sections 32, 77 through 82, and 87 through 88. This aims to address the crisis of shortages and long-term workforce strategies by increasing access to dental care and expanding training programs for dental hygienists and assistants. The initiative is focused on underserved areas to address gaps in service.

Section 51 enhances Nevada's presumptive eligibility framework by introducing streamlined application processes and vendor-supported systems to improve Medicaid enrollment for eligible individuals. Next is the Office of Mental Health found in sections 67 and 89. The goal of the Mental Health Office is to expand access to behavioral health services and ensure better coordination of care, by aligning it with the largest payer of mental health care.

Next is the Academic Medical Center Feasibility Study in sections 120 through 121. This section funds a study through the PPC to access the development and enhancement of academic medical centers in Nevada. That concludes my high-level overview.

CHAIR DOÑATE:
To be clear, the amendments referenced are deleting the portions relating to GME referenced earlier, along with section 119 of the bill. Is that correct? And

the earlier sections of the bill deal with the healthcare workforce have also been deleted?

MR. WHITLEY:
Yes, the sections I referenced are what will be deleted.

CHAIR DOÑATE:
Toward the end of the bill are recommendations of the study developed by the PPC. It's my understanding that earlier sections of the bill reference the purpose of the healthcare workforce account and remain unchanged. Is that correct?

MR. WHITLEY:
That is correct.

ASSEMBLYMEMBER HUNT:
What are the anticipated short-term—versus long-term impacts of the bill on healthcare assets and the rules we have to follow?

MR. WHITLEY:
When it comes to health care, it's important to look at the crisis at hand by considering shortages, lack of access and then longer-term strategies. You will see that in a couple of the topics, paramedics in hospitals and on the dental side. We are really in a crisis situation with workforce shortages. People have coverage—perhaps insurance—but no access to actual health care. That is a crisis. Two phases are addressed in the bill, long-term and short-term.

ASSEMBLYMEMBER GONZÁLEZ:
I have been getting a number of messages from constituents who work specifically under the Nevada Dental Examiners Board (NDEB) and have concerns about the alternative training pathway. Can you talk about what oversight exists in this provision to ensure the alternative training programs meet the standards of care? Why was this pathway proposed instead of expanding existing accredited programs?

MR. WHITLEY:
The dental experts and NDEB participated in that section. First and foremost, the authority remains intact with NDEB overseeing dentists and dental hygienists. Nothing has changed. The crisis we are experiencing in rural

Nevada—the lack of access to dental services—is not always well-reflected in any bill we propose. They don't always capture other programs. Oral dental health is a component of the tobacco settlement funds Nevada receives.

One of the areas we've looked at implementing as a long-term strategy is the workforce pipeline scholarships—from a dental assistant to dental hygienist, but it's not for the long term. It's a short-term strategy to respond to the crisis of shortages. For the protection of patients, this would be overseen by NDEB. It would be an alternative pathway to training.

ASSEMBLYMEMBER GONZÁLEZ:
Would they still have to go through NDEB and meet the criteria before seeing patients?

MR. WHITLEY:
No—they sub under the hygienist—I just say a dental assistant—they would work under the authority of a dentist.

ASSEMBLYMEMBER NADEEM:
What are the new standards for prior authorization and how will they help providers and patients?

STACIE WEEKS (Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services):
The bill imposes a 20-day limit to respond to a claim—a prior authorization request for payment or authorization for service. This aligns with national best practices we are seeing, which is closer to two business days. We are already moving in this direction with streamlining some of our prioritization in Medicaid. The private market is also moving in that direction. It expedites the process for providers and gives them more notice when a claim is approved or denied. The bill also includes standard practices.

ASSEMBLYMEMBER JACKSON:
Does S.B. 495 collaborate with the Nevada System of Higher Education to expand health-related degree programs?

MS. WEEKS:
There were provisions in the original bill to ensure collaboration when the fund created by the NHCAA was set up. Now there's a separate bill from Senator Cannizzaro. There was and will continue to be coordination with the higher education system when setting up those programs. It's just been moved out of this bill into Senator Cannizzaro's bill. The language in the bills is similar.

SENATOR LANGE:
You have taken GME out of this bill and incorporated it into Senator Cannizzaro's bill. In S.B. 495, the Governor had slots for GME. Are you increasing the slots that will go in Senator Pazina's bill?

Ms. WEEKS:
As approved, the Governor's budget maintains the current funding for infrastructure costs but has increased funding for workforce pay and provider payments through Medicaid. It increases access to GME through that avenue. This bill is not necessarily designed to increase slots. I understand that Senator Pazina's bill increases the funding for infrastructure costs, which would support more GME slots in the State.

ASSEMBLYMEMBER BROWN-MAY:
I have submitted a conceptual amendment (Exhibit D). My questions are about section 67 which proposes to create the Office of Mental Health. We've had a lot of conversations about that. How do we anticipate including children in this new office? Are there clear performance indicators? How will we be able to measure success?

MR. WHITLEY:
If you looked at the experience of a person, it would suggest an integrated approach. Early first-episode psychosis does not necessarily occur until early adulthood. By focusing on just one element or age group for behavioral health, we're missing the entire system when the intent is to focus on children. Both Ms. Weeks and I have done over a year of work with the Department of Justice (DOJ) resolving some of the findings they had in the inadequacy of Nevada's system of care. It doesn't stop when a child or adolescent ages out and it certainly doesn't stop for the families.

There is a strong case to be made to have an office of behavioral health under DHHS and we should also focus on the aging population. With the challenges of dementia, substance abuse, lifelong serious emotional disturbance—how well are we equipped to manage that? Looking at mental health through the entire lifespan, it's important not to pull out sections that pertain to youth and adolescents. When it comes to measurement, the framework will be monitored by the DOJ, and we will also do self-monitoring.

The intent is to have people living in the least restrictive environment possible, which means in a community—a home setting. Having community-based services is certainly measurable. When they fail, is the first point of contact an emergency room or a higher level of care? On the back end, are hospitals discharging patients safely and appropriately? What are the outcomes of people being discharged from facilities? The measurements are pretty specific in terms of what we will be looking at. The overlay of DOJ has assigned external people to look at our State in terms of those performance indicators.

SENATOR TITUS:
It's a big lift, but much needed and S.B. 495 will bring some solutions to our State. Looking at the bill and what the intent was—and I don't know if it was amended out, if you have a copy of the actual bill—I have a question on page 89, sections 85 and 86. I need an understanding of the intent of "the authority may delegate to another state or local government agency responsibility for making determinations concerning eligibility." Oh—that language is not in S.B. 495 in its current form. Maybe you can answer that question another time.

CHAIR DOÑATE:
Health care is an issue that affects all of us and it's noble to take on actions that will improve the system. I think everyone can agree with that. The issues before us, of course, are in terms of what we approve and what takes place because however we consider this bill, it could potentially have a seismic shift in how health care is managed in the State. I want to talk about the prior authorization sections of S.B. 495. It's my understanding that the narrative in past and present legislative sessions, not just in this State, but across the country, is that folks who have testified say that one of the symptoms of [the health care crisis] is higher administrative loads for physicians.

We sometimes forget the importance of prior authorization, which exists for a reason. It should end the misuse and abuse of our healthcare system, along with the duplication of services that sometimes physicians may not recognize, but the provider does. On the sections of the bill that address the "Gold Card Exemption"—how many states have implemented a Gold Card Exemption Program?

MS. WEEKS:
There are several health plans out there that use the gold card method with their providers. In terms of states and Medicare, I think Texas implemented a Gold Card Exemption Program in 2021. It's a process to reward good actors in our system while still ensuring we have a process for prior authorizations that checks the concerns we are talking about.

CHAIR DOÑATE:
To clarify the provisions of the bill, we are looking to set up credentialing, and prior authorization streamlining for all health plans in the State. Is that correct?

MS. WEEKS:
We will implement those things for Nevada Medicaid, but we don't oversee Medicare or ERISA [Employee Retirement Income Security Act of 1974] medical plans. We have to be cognizant of the federal pieces. It does apply to the rest of the market.

CHAIR DOÑATE:
Whether credentialing or prior authorization, traditionally, payer standards are used because of the patient mix or the population served. By adopting the bill language, it essentially preempts the payers from being stricter with prior authorizations or credentialing in terms of how they onboard providers or what they are approving. If the bill is passed, we all have to adhere to the same standards. Is that a fair assessment?

MS. WEEKS:
Yes—that's correct.

SENATOR DOÑATE:
Along the same lines, how do we ensure that providers do not take advantage of the Gold Card Exemption? What are the clawback mechanisms for when they

receive it? How do we prevent the abuse that we have seen already in the healthcare system?

MS. WEEKS:
You've heard me talk about fraud, waste and abuse many times and how important I think prior authorizations are. This bill does a nice job of striking a balance there, ensuring that the providers who are good actors can be rewarded for their good actions and having good program integrity. We also want to work with the Commissioner of the Nevada Division of Insurance and implement regulations on gold cards to ensure we still have regular checks in the system on the 95 percent of providers [without a gold card] and health plans. We want to make sure there's no unfortunate or unintended incentive to ensure providers don't hit the 95 percent. It could go both ways, but we want to work through that with regulations and the public stakeholder process.

CHAIR DOÑATE:
Is there a reference to NCQA [National Committee for Quality Assurance] standards in the bill? I want to dive into that a little bit deeper. Medicare is a good way for us to look at providers right now. They obviously must adhere to certain standards when we're tackling issues with patients. We have some players with gold cards, right? So, the better they perform to close gaps with patients, the higher they are rated for quality when talking about health measures and so forth. Is that something we're going to be looking at when we consider the Gold Card Exemption Program? Are we also going to be looking at the quality of what folks are doing or is it just claim-based?

MS. WEEKS:
This bill primarily focuses on payment, compliance with payment policies that are in place and ensuring program integrity on how they are submitting claims. Quality means that we are actually looking at Medicaid to ensure we are recognizing and rewarding quality providers, but that is not in S.B. 495 today.

CHAIR DOÑATE:
It's my understanding that other states have implemented quality as part of the metrics they monitor for providers, sort of a valid-based care program. I'm just confirming that's the case.

MS. WEEKS:
Yes—that's the case.

CHAIR DOÑATE:
I think Assemblymember González hinted at this earlier, but to be transparent, the committee has received a lot of heartburn on the sections dealing with dental hygienists. I want to make sure we are clear in terms of the expectations if that program goes forward. What is the current training program right now to become a dental hygienist in the State?

MR. WHITLEY:
I would actually like to call on Dr. Higginbotham who is on the State Board of Dental Examiners (SBDE).

ADAM HIGGINBOTHAM (Executive Director, Nevada State Board of Dental Examiners):
A dental hygienist must first complete an undergraduate program that is CODA [Commission on Dental Accreditation] approved and submit an application for approval. The applicant must be of good moral character and comply with the no felony provision.

CHAIR DOÑATE:
It sounds like the current requirements right now are a bachelor's degree and a national accreditation exam that potential licensees have to take as part of the administration before they proceed. Is that correct?

MR. HIGGINBOTHAM:
Yes—that's correct.

CHAIR DOÑATE:
To be clear, your proposal would allow dental hygienists to circumvent the traditional education requirements and make it easier for them to get licensed. Is that correct?

MR. HIGGENBOTHAM:
This bill was not submitted or sponsored by the SBDE. We're here to speak on this portion of the bill. We will also see fit that the bill is executed, but SBDE has not voted on the topic to have a position.

CHAIR DOÑATE:
What is your understanding, serving on the board? How many states have implemented a similar program?

MR. HIGGENBOTHAM:
To my knowledge, Alabama has implemented this type of program, and Florida just passed a similar program based on information I received. I don't recall if Florida has implemented the program yet.

MS. WEEKS:
You have provisional licensure and an abbreviated process to get services out the door in a more feasible manner than what we're doing today. We don't have the access we need in this State. When you abbreviate and shorten the process, it feels like someone's not going through the full process. That's the concern we have in front of us. I believe someone from the Nevada Dental Association (NDA) is here today and can provide more details about the requirements.

AIMEE ABITTAN (Nevada Dental Association):
I can help add color to any questions you have.

CHAIR DOÑATE
Walk me through the process of what is being proposed here. I'm assuming you are a proponent of the measure. Help me understand the context of what we are trying to accomplish. For example, if a dental assistant working in a dental office wants to become a dental hygienist, or wants to have a higher scope or degree, or the ability to practice in the office to assist the dentist—this process would allow them to do so without having to go through a formalized training education system, correct?

MS. ABITTAN:
That's partially true. Formal training goes with this program, along with a curriculum defined by the SBDE. The SBDE will accept licensure applications and administer testing. The largest part of the training will be hands-on in the dental office under the supervision of a trained and calibrated dentist.

CHAIR DOÑATE:
Have you identified what curriculum you will follow for these individuals and what specific exams you would prescribe?

MS. ABITTAN:
The program prescribed by Governor Lombardo follows the model of Alabama, which has used the program for 50-plus years, safely and effectively. That state has used a curriculum and a series of examinations to teach their dentists how to train these dental hygienists themselves.

CHAIR DOÑATE:
We've had multiple bills this session dealing with bringing medical folks to Nevada so they can practice in this State. They have to meet certain requirements and training protocols which we will hear about later today. How do we ensure we are monitoring the feedback we receive and are putting out quality providers? How do we know the level of provider before we relinquish them to practice in the State? What are the reporting mechanisms before we enact such a provision?

MS. ABITTAN:
Those protocols would fall completely under the purview and expectations of SBDE. Executive Director Higginbotham can better define how that reporting will occur, but it would be the same for any of us. There is a reporting mechanism for dentists or dental hygienists for any conduct or treatment within our offices.

CHAIR DOÑATE:
Thank you for answering those questions and for helping me understand that section.

SENATOR TAYLOR:
I've had more emails and received more questions about this particular issue than I expected, but I'm glad to be part of this discussion. Some of the concerns I've heard from dental hygienists themselves are that the dentist doesn't have a full grasp on what dental hygienist do and, therefore we can't expect the dentist to train them.

MS. ABITTAN:
My simple answer to that question is that the dentist is responsible for everything that happens in their office. Dentists have much more training than hygienists. We are trained at a higher level and to a higher standard and are expected to know exactly what's happening in our practice—period. We are

expected to know what's happening with gum conditions, bone and the health of all patients in our offices. We are expected to treat them appropriately. The idea that we don't know what hygienists are doing is a little galling.

SENATOR TAYLOR:
I didn't mean to ask you questions in that way. It's not that dentists don't know what they themselves are doing, it's that dentists don't know what hygienists are doing. It's more like dentists don't have that great of a grasp on what all the hygienist does. I don't want it going out that dentists don't know what is happening in their own offices.

MS. ABITTAN:
Fair enough. From a personal point of view, my mom is a dental hygienist and practiced for 15 years. I watched her go through the prerequisite training for dental hygiene school at Truckee Meadows Community College. I know what training a dental hygienist must do and what they see out in the real world. I've had periods in my practice where I only practiced dental hygiene, and I know the expectations and the demands of the job. Every dentist practicing should have a perfect grasp of periodontal conditions, appropriate treatment and ensure that all of their patients are properly treated.

SENATOR TAYLOR:
I really don't know enough about it. I just get my teeth cleaned. I hope that was not offensive. I was not trying … I just want to respond to those folks who are reaching out to me. In layman's terms, we all know that dental hygienists do a great job. My hygienist does a great job. If any hygienists are out there listening, you do a great job. What other support are hygienists working in a dental office receiving that may shed some light on this?

MS. ABITTAN:
Our dental hygienists can be extremely helpful to us. They do most of the data collection so we can diagnose conditions within the mouth. They collect periodontal or receding gum measurements—those little pokey metal probes. They take photographs, impressions, x-rays; they can do any of the 17 different tasks that a dental assistant can do in addition to teeth cleaning, scaling and instrumentation of patients. They can anesthetize and make a patient's mouth numb—an extremely handy skill and one we appreciate. They have a lot of different facets they can do within the office to support us.

SENATOR TAYLOR:
How would you envision this program moving forward? How would the hours be completed? The hygienist typically receives between 2,000 to 3,000 hours of training. If I understand this correctly, the training would not be the same if … it's to target the dental assistants and give them the opportunity to move up, which I think is fantastic. But how do we replace the 3,000 training hours? How do we replace those other things that perhaps your dental assistants are not able to do right now?

MS. ABITTAN:
The nice part is that these dental assistants have already had a lot of hands-on work. There is a certain amount of time that assistants need to spend in the chair as dental assistants to be able to see and understand what is happening in the mouth and the job they want to pursue. There would also be established amounts of training time, hands-on work and a prescribed didactic course to follow. These folks will receive the didactic training they need. They will be able to start on patients in the dental office and work under supervision immediately.

SENATOR TAYLOR:
Do you envision this going forward? We need about every medical role in the State. As the program is developed, do you envision the SBDE developing the training, exams—all of these? Do you envision the opportunity to work with the hygienists so there's a meeting of the minds on this? We don't want to have second class-citizen hygienists, if you will.

MS. ABITTAN:
I really do hope so. I hope this model is followed. This legislation carries a sunset provision on the training program, which would take effect when a dental hygiene shortage does not exist. Right now, it exists in every single county in the State. If a dental hygienist shortage does not exist, students cannot begin this program. This is a stopgap measure—something to help us augment the numbers of practicing dental hygienists to help meet the needs of our patients. Would I love to see an expansion of the dental hygiene schools? Absolutely. But that would require quite a financial outlay from the State for expansion of existing facilities and the programs themselves. We would also need time for those students to matriculate from expanded programs.

CHAIR DOÑATE:
I want to make sure we're on the same page. It would be one thing if the bill addressed folks going to a [dental hygienist] school that is not in the United States but have already completed a similar program to be a dental hygienist. Those students are not recognized by SBDE. We want them to have the same certification and licenses to practice under the scope of supervision of a dentist in Nevada. But what you're providing here bypasses the program we already have for dental hygienists in Nevada to improve the shortages we currently have. Page 61 of S.B. 495 says that that the clinical examination described is not required to be approved by the NDA.

In the later part of the bill, you allow preventive agents they can already prescribe, which, under current law, could be authorized drugs and devices. If we take a step backwards, there's a reason why we require students to go through anatomy, physiology and chemistry, right? It sucks. It's part of the everyday training that many premed students had to complete, but it teaches the fundamental principles of what medicine is or what it means to be a healthcare provider—I have difficulty accepting this. If hygienists aren't required to take the exams prescribed by the NDA or the same requirements as everyone else, how can we ensure we are actually putting quality providers out there without causing a sort of madness in the State?

MS. ABITTAN:
I can lean back on the fact that this program has been functioning in Alabama for over 50 years without incident and we know it works. Texas has recently implemented a similar program. For dentists doing the training, these programs will be calibrated by SBDE. Our Board should be regulating and monitoring the provisions of care within the State. The SBDE's responsibility is to ensure the safety of our patients. As dentists, we are responsible for patient care that happens in our offices, but it's up to SBDE to ensure we continue to do that.

CHAIR DOÑATE:
I just looked up the concerns they've had in Alabama since the implementation of their program and most of it has been a comparison of what training these folks are going through. The alternative training is not as extensive as the standard formalized training. If this hygienist program proceeds, the noncomparable training has to be rectified. I do not want Nevada to fall into

situations experienced by other states who have a similar program or are in the process of implementing a similar program.

ASSEMBLYMEMBER KOENIG:
I don't think we envisioned this bill presentation turning into a dental hygiene discussion, but I'm taking the bait here. I think the provisions in the bill are to help with the current shortages in the State, and we keep hearing about underserved places. Are there hygienist shortages in Las Vegas and Washoe County, or are there only shortages in Ely and Winnemucca? Are there shortages of hygienists everywhere statewide?

MS. ABITTAN:
The hygienist shortages are in our metro areas, every single county and statewide. Of course, any sort of provider shortage is amplified in our rural districts. All healthcare gaps are also amplified in our rural districts—they feel it worse—but there are also heavy shortages in Reno and Las Vegas.

ASSEMBLYMEMBER KOENIG:
I also received a lot of emails and many of them are trying to protect their turf and make sure that someone can't come in and take their positions. If we were a state full of dental hygienists and developed a way for other people to become hygienists easier than they had, they would have a risk of losing their positions. But, if there is a statewide shortage of dental hygienists, we are not diluting what we already have; we're just trying to get to where we need to be. That is kind of my take on the subject.

ASSEMBLYMEMBER BROWN-MAY:
I am actually going to pivot away from dental and dental hygiene, but I want to say thank you for your insight and your knowledge. I want to go to data, section 7. We're currently doing a comprehensive assessment of our needs regarding the healthcare workforce although it's not inclusive. There have been many sections eliminated from this bill where we talk about or refer to the comprehensive assessment. I want to make sure we're still including a comprehensive assessment of where our healthcare professionals are and how to identify where we need additional healthcare providers with regard to our healthcare workforce. This is what we are trying to get at in section 7. Now that the appropriations have been eliminated from this bill, are we still able to

fulfill a comprehensive assessment of our healthcare providers so we can concentrate on workforce development?

MR. WHITLEY:
Section 7 stays in the bill. We do receive the primary care funding from the Health Resources and Services Administration that every state gets to assess workforce shortages. The funding is to break out shortages in dental and oral health, primary care, subspecialties and mental health by county. We are provided with those determinations. We do the survey work at the Division of Public and Behavioral Health (DPBH), and the workforce shortage areas are used as a foundation for federal loan repayment programs to determine the location of federally qualified health centers. We are a part of that, and the work continues.

We discuss what's working in Nevada. There's more work we can do with our Office of Analytics to determine how many people just like you may be licensed here. Are you working or not? What geographical area are you working in?

John Packham at the University of Nevada School of Medicine does an excellent report on workforce shortages, but to make that actionable, there's additional information that we should collect.

ASSEMBLYMEMBER BROWN-MAY:
Do we currently have the data systems to collect this information and house it so it can be actionable? Can we adequately identify where we have workforce shortages in our healthcare system?

MS. WEEKS:
Yes—we are currently standing up a payer claims database, which will allow us to see every provider that actively provides service in the State and provides a claim in any payer market except for Medicare, which is outside of the scope. We will use the database to track and identify by specialty type where our providers are, especially if we are not catching them in the other survey methods.

ASSEMBLYMEMBER BROWN-MAY:
Often in this legislative body, we put a plan into action, and when we return in two years, we're partially there. Can we confidently say that in four years, we

will have actual data? We will have had a two-year biennium to implement the entire data set and roll it out to our licensed medical professionals. In four years, we will potentially have real data on who is practicing, what and where they are practicing and if they are seeing patients. Then we can more adequately build out our workforce for medical professionals.

MR. WHITLEY:
I can't answer that question. I don't know where we will be in four years or in what capacity. If we have to reduce—we do incrementally make progress. I am quite proud of our Office of Data Analytics. You'll hear the proposal to move it to a different office when we present it in S.B. 494.

SENATE BILL 494: Revises provisions relating to health and human services (BDR 18-1116)

That bill proposes to move it to the proposed Nevada Health Authority where it can inform health care. That's been an iteration, over a decade—from categorical funding we have cobbled together, to look at population health outcomes and disparities compared to the system itself. We can't just sit here today and say in four years we will have arrived at a more specific place, but we will get better because we will have a system in place.

ASSEMBLYMEMBER BROWN-MAY:
That's exactly the answer I wanted to hear. You're talking about categorical funding, and I want to ensure we are adequately funding the dataset launch. We need to ensure that, if this is important and we want accurate data, we are appropriately funding that mechanism. That appropriation was eliminated from this bill, so I want to ensure we're on the same page and are giving you what you need to roll this measure out.

ASSEMBLYMEMBER GRAY:
I am a supporter of the dental hygienist program. We need more hygienists out there because getting a hygiene appointment with any provider is a pain in the neck right now. I just looked through the website for the State and I didn't see that a dental hygienist needs a bachelor's degree. You have to go to a CODA school, pass the exam, be of good moral character, yada yada.

I know there was some consternation in the crowd, but nowhere on the website does it say that a bachelor's degree is required. I have spent a lot of time in medicine and have worked with paraprofessionals, technicians and stuff. I'm assuming that with this program, there will be practicals that need to be passed and demonstrative and written exams. I can't see you guys just cobbling this together. Can you elaborate on that?

MS. ABITTAN:
Our goal to work with dentists, dental hygienists and the SBDE to create stringent regulations that define the benchmarks all of these candidates need to pass in order to practice here in the State. That would be practicals, written exams—whatever is needed to ensure the knowledge base and the safety of the practitioner. We'd like to do that.

SENATOR TITUS:
I'm hung up a little bit on the dental hygienist aspect because I've also gotten lots of emails on it and other bills before this committee. We have approached the shortage of provider issues by creating an accelerated or different pathway for some specialists, most notably for psychologists. We had a bill that once you got your bachelor's degree, you could do [psychological] testing in the schools. We're looking at bringing folks into the workforce at that earlier level, but these are all recognized professionals. I am curious about this particular one—about the different alternate pathway to licensure. Will they be at the same level? Will they be able to bill for their services at the same rate? Are they reimbursable? Are the programs stackable? If the person wants to pursue the next degree—the next step, would the accelerated program be a stackable credit like we do in so many other professions?

MS. ABITTAN:
As long as the dental hygienist carries a license within the State—that is the key portion that needs to be in the bill. A hygienist would still bill under the supervision of a dentist, the same as any dental hygienist within the State. I need more clarification on if the profession is stackable. Are you referring to dental therapists?

SENATOR TITUS:
In many educational programs, nursing for example, you can start out as a licensed practical nurse, then work towards a two-year degree to be a registered

nurse using some of those credits toward an advanced degree. Would this program be an isolated single? Or would it be similar to how a licensed practical nurse can become a nurse practitioner or an advanced practical nurse?

MS. ABITTAN:
There are not many advanced-type programs in the dental hygienist world. A dental hygienist can get a master's degree in public health and practice public health dental hygiene. They can also do additional training to be a dental therapist. Regulations could be created to clarify these things. If a hygienist is going to pursue a master's in public health, they could practice in that setting but it would be up to regulation how this license is treated.

SENATOR TITUS:
We have taken a solid bite out of the dental issue.

CHAIR DOÑATE:
We have run out of time for this bill hearing. I want to make sure that folks who have been waiting patiently, get the chance to testify. I will impose a time limit of 30 minutes for testimony.

KARLA PEREZ (Regional Vice President, Universal Health Services):
These systems represent 13 acute care, behavioral, ambulatory and rehabilitation facilities and a rural critical access hospital. As part of Universal Health Services leadership for over 40 years, I have seen great changes to our healthcare system in this State that have resulted in systems of care that we can be proud of. But we have also seen challenges.

I am here today to support Governor Lombardo's Nevada Health Care Access Act. I believe S.B. 495 takes great steps in working to solve some of our biggest healthcare challenges. I had the honor of being asked to serve on Governor Lombardo's Health Care Committee, and I appreciate that S.B. 495 works to standardize prior authorization procedures that would ensure prompt provider treatment of those seeking health care and ensure that services rendered in a hospital setting will receive reimbursement.

This bill has many provisions that strategically address Nevada's critical workforce shortages. Through the proposed universal credentialing, we can ensure that individuals we have recruited to the State who are willing to

practice their healthcare specialty here, have the opportunity to begin that care sooner, rather than later. I am supportive that S.B. 495 includes increased funding for GME and expanding residency programs, although it has been moved, and creates the Office of Mental Health to strengthen efforts in mental health services. Too often, hospitals become the only place available for a person in crisis to seek treatment. I ask you to support S.B. 495.

AMY HYNE-SUTHERLAND (Health and Human Services Manager, Nevada Association of Counties):
We support S.B. 495 and anticipate that the creation of the Office of Mental Health will help State and local governments coordinate effectively on behavioral health policy. The centralized coordination of strategic plans and policy recommendations will enable all of us to work together toward a common vision. The provisions to provide training and technical assistance on billing and reduce administrative barriers to reimbursement are critically needed.

MS. ABITTAN:
I am a practicing general dentist. The NDA supports the entirety of S.B. 495. We are particularly excited about prior authorization, non-compete clauses and addressing the dental hygiene workforce shortage, which is severe. I wish to express the frustration of dentists in the State when they try to hire and retain dental hygienists. Here, it is hard for us to keep our patients on proper recall, to take good care of them and to meet their needs. We simply need a larger workforce. We want to ensure that our patients in metro and rural areas are well served. Our goal is to work heavily on regulation to ensure patient safety and include the dental hygienist members of our profession when creating regulation to ensure stringent safety protocols.

CARISSA PEARCE (Health Policy Manager, Children's Advocacy Alliance Nevada):
We are in support of S.B. 495 with particular emphasis on the creation of the Office of Mental Health, to improve access to mental health care across the State for families and children. Families in Nevada are currently over-reliant on emergency services for mental health, resulting in children being hospitalized repeatedly or sent out of State for treatment. Nevada needs a state-level leader for mental health, and the Office of Mental Health will provide that leadership and collaboration across the State. This will make it easier for families seeking mental health services and improved access to health care. Mental health care is

imperative for child development, because poor childhood health can impact school performance and have lasting impacts on future health and well-being.

According to the Annie E. Casey Foundation's 2024 KIDS COUNT data, Nevada's performance in child health ranks among the lowest across the country. We are grateful for this initiative to uplift our delivery of health care in Nevada. Thank you for bringing this initiative forward.

MARY BETH SEWALD (President, Vegas Chamber):
The chamber supports S.B. 495, and we thank Governor Lombardo for bringing this bill forward today. The Chamber supports S.B. 495 because healthcare directly impacts Nevada's businesses and the entire economy. Healthcare costs, access, and healthcare quality affect employee well-being, business productivity and competitiveness. The Chamber seeks to promote policies that control costs, expand access and improve the quality of care for Nevada's employees and their families.

Based on these criteria, the Chamber believes S.B. 495 will benefit both businesses and the overall economy of our State. The bill contains many key provisions that align with the Chamber, including healthcare and legislative priorities. For example, the Nevada Health Care, [Workforce] and Access Act will allocate $25 million in support efforts to address Nevada's shortage of healthcare professionals. The Chamber has advocated for legislation to retain existing healthcare professionals in our community, support programs to attract healthcare professionals to the State and funding to grow health care programs in our local communities.

The chamber also supports the provisions of S.B. 495 that relate to expedited licensing and credentialing for healthcare providers. The Legislature is modernizing these regulatory processes, enhancing government efficiencies and effectively addressing health care and workforce shortages in our communities. This modernization will help our employees, their families and most importantly—our constituents. The Chamber believes that the health of the community is intertwined with the health of our businesses, which is why we ask for the joint committee to support S.B. 495.

PATRICIA CHARLTON (Chancellor, Nevada System of Higher Education):
We support S.B. 495 and the bill's focus on strengthening Nevada's healthcare system. We're especially supportive of the proposed Office of Mental Health and efforts to expand rural behavioral health service programs statewide. We look forward to partnering in this work. We also support the expanded role for paramedics and work that includes our medical schools and partnership with health partners across the State. We are committed to improving access and outcomes through education, research and innovation.

MARK FUNKE:
I am a practicing dentist in Nevada and want to help answer some of the questions this bill has presented. With the Alabama model, a dental assistant would need to be an assistant for three years before moving up. People forget what these assistants learn and what they are already doing: administering care and placing fluoride, sealants and impressions. They have an amazing understanding of dentistry because they sit side-by-side while we do treatment. They see treatment changes, planning and understand the options of care—basically getting a heck of an education. A hygienist is not there for that. They're in a separate operatory performing hygiene. They're not part of this other treatment so they can lose sight of things like that.

One of the hardest things a dental assistant can do is fabricate a temporary crown. That is something hygienists can't do. That task takes a heck of an understanding and a couple of years to be up to speed. They have to understand tooth anatomy, the bite, the musculature and the joints when we fabricate crowns. It's not that big of a leap to enter another program. Assistants aren't just dropping things; they have put in three years before they even qualify for the program. To add to the comment from Senator Taylor, it's a little disheartening to hear that she got an email from a hygienist stating that dentists don’t know what hygienists do, even though they work under our tutelage.

One of the first things we learn in dental school is hygiene and periodontal gum disease. We are trained on that and do all of the treatment. We have to test on all that and are responsible for it. If a hygienist can't get a piece of calcium out, they go to the dentist. There are also times when we do hygiene under periodontal while performing dental surgery. We're flapping the tissue, exposing the root structures and doing all this. And then you have periodontists who learn to do this procedure specifically …

CHAIR DOÑATE:
Thank you for your comments, but we have run out of time for testimony in Carson City.

ALISON NETSKY (Interim Dean, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas):
I share my support for NHCAA. Improving access to health care involves people and processes. This bill focuses on things that oftentimes are overlooked; things we need to make the field a hospitable, easy environment so we can provide care and recruit physicians to Nevada. We also support making it easier to obtain credentials and reducing some of the barriers for prior authorization and reimbursement. We agree with everything you have heard today.

As a psychiatrist, I support the great need for the Office of Mental Health, and can speak firsthand about the impact these coordinated, early intervention services can have on the health of our entire State. We will see the benefits in every part of Nevada. Please support S.B. 495.

WOLFGANG GILLIAR (Dean, College of Osteopathic Medicine, Touro University Nevada):
At Touro University Nevada, we are deeply committed to educating and retaining physicians and health professionals, including physician assistants and nurses. We graduate 170 students each year and this year, we graduated 55 students who became doctors and will enter residency programs right here in Nevada. Our long-term goal is to grow that number to 100 per year over the next decade, which would add 1,000 new physicians dedicated to serving our communities. We strongly support S.B. 495 as this legislation represents a much-needed public and private collaboration to expand our healthcare workforce and improve access—especially in underserved areas.

We are also grateful to the Governor's Office for including private nonprofit institutions like ours in crafting the initiative. Provisions in S.B. 495, including accelerated licensure and rural incentives reflect a comprehensive solution to Nevada's provider shortage. From day one, our medical school teaches students that we are here for the greater good of the public, and we want to retain our students in the State. We respectfully urge your support for this important bill.

RUPESH PARIKH (President, Comprehensive Cancer Centers of Nevada):
I want to specifically speak to the provisions regarding non-compete covenants, grant allocations and prioritization with credentialing. We recognize that Nevada faces significant challenges when it comes to healthcare provider shortages. We also know that the proposed amendment submitted by American Federation of State, County and Municipal Employees (AFSCME) will move to Senator Pazina's bill. We are in full support of AFSCME programs and any innovation to recruit and retain our physicians. The credentialing process continues to be a burden for new recruits coming into the State, which now can take from six to nine months. We want to make it easier for doctors we have trained and recruited to practice in Nevada.

Senate Bill 495 provides a robust framework to support these efforts. It revises the healthcare provider-credentialing process and establishes a competitive funding program aimed at addressing these critical shortages. The Act aligns perfectly with our goals at our practice, emphasizing prior authorization and reform of the Gold Card Exemption Program. These are vital for assuring that timely and lifesaving patient and cancer care treatments are not delayed. It also adds provisions on reasonable reforms to non-compete treatments which is essential. These reforms balance fair business practices and protect the interests of healthcare providers, ensuring we create a professional environment attractive enough to draw interest from our best talents.

Supporting this bill is necessary. Through the legislative process, together we can build a more robust healthcare system that truly meets the needs of all Nevadans. Together we can make Nevada a better place for health care. We get tired of hearing "I want to leave the State for my health care."

ANA WOOD (Director, Las Vegas Asian Chamber of Commerce):
I am here in support of S.B. 495. Provider shortages have been an increasing, ever-growing longtime concern to Nevadans. Year after year we address this shortage. It's time we act as one and find solutions to what concerns our communities, especially the local, rural and underserved, where these shortages are prevalent. Long appointments and insurance delays are often burdensome—not only to the individual seeking medical care, but also to those in hard-to-reach rural areas and hardworking communities. Nevadans deserve qualified efficient delivery of healthcare services and improvement in providing accessibility to mental health and dental services. These reforms will ensure

patients get the care they need. I urge your yes vote on S.B. 495 because the health crisis affects all Nevadans.

HELEN O'HANLON:
I have been actively fighting a rare form of stage 4 ovarian cancer, granulosa cell tumors, for 18 years. I moved back home to Las Vegas in 2017 after fighting my cancer for over ten years. I've had over 12 surgeries, and three different rounds of chemotherapy after top hospitals in Chicago and Houston told me there were no more options. As I realized I was at the end of my life, we moved back home to Las Vegas to be with family and friends.

In 2017, I established care through the Comprehensive Cancer Centers of Nevada. My new oncologist, Dr. Parikh, along with Dr. Curtis, a radiation oncologist, created a plan for my rare cancer by using Cyber Knife technology to directly pinpoint radiation. It delivers thousands of rays to my cancer, never hitting the same area twice, but always hitting the target. With nothing to lose, the treatment was done in Nevada. Seven years later, I'm thriving and living life as a UNLV [University of Nevada, Las Vegas] graduate; I love being back home and will never leave again.

Last year, my cancer returned with a large tumor. Although my insurance had previously approved treatment, it was now denied. My doctors appealed the denial, which delayed my treatment—very stressful. Once again, I was in a fight for my life, except this time, it was because of delays getting insurance approval. By the time my treatment was approved, my tumor had grown beyond the size of what the Cyber Knife machine could do, but we did the treatment anyway. Time is important for a cancer patient. Recent testing confirmed we got the tumor, and we should know more in a few months. My story exemplifies the importance of supporting the NHCAA.

We need prior authorization reform to ensure patients receive timely care. Nevada has excellent doctors, but we need more. As cancer becomes a chronic illness, patients are living longer and access to care is crucial. Let's support this Act to improve healthcare access and ensure patients like me get the care they need close to home, and without unnecessary delays.

DIANE MCGUINNESS (Vice President, Nevada Nurses Association):
I have a doctorate degree in nursing and a personal practice in Beatty, Nye County, Nevada. We are in favor of S.B. 495, especially preauthorization reform. As a provider, I know what my patient needs when I put in a preauthorization and if it is denied, I then need to guess what wording I need to use to get the procedure or medication approved. It would be amazing to have the Gold Card Exemption Program to address this roadblock. As a previous nationally certified paramedic, I also want to address how the bill promotes emergency medical technicians, paramedics and how they practice in facilities. This is especially important in rural areas. Sometimes we just need an extra skilled hand, or the emergency medical provider needs some hands-on skill time. We also support expedited credentialing and ask that when regulations are developed, funding for nursing education expansion be considered.

NEHAL NAIK:
I am a board-certified emergency physician, a member of the Nevada State Medical Association and serve patients throughout the Las Vegas Valley. I am here to express my strong support for S.B. 495 and am particularly supportive of prior authorization reform. As a physician, I witness firsthand the serious harm caused by our current prior authorization system. Patients experience unnecessary care delays every day due to unnecessary bureaucracy. The delays aren't just inconvenient—they can lead to worsening conditions, unnecessary suffering and poor health outcomes that we already have in Nevada. With our severe physician shortage, we can't afford to have our limited number of doctors spend precious hours on the phone, fighting with insurance companies instead of being where they are most needed—with patients. The consequences are real and alarming.

A colleague of mine recently shared a heartbreaking story of a failure-to-thrive six-year-old patient, meaning he was not growing well. He'd been given treatment to help with appetite stimulation and he returned to normal growth. Part way through, the insurance company stopped covering treatment. My colleague made numerous insurance appeals while this child was getting worse. This affects everyone. As an emergency physician, I can navigate the healthcare system, but my own mother waited six months for an MRI [Magnetic Resonance Imaging] of her back due to a prior authorization issue. This, despite the concerns of me and her oncologist that her breast cancer had returned.

My mother waited and waited for prior authorization. While waiting, she lost significant weight and suffered from increasing weakness. I finally took my mother to the emergency room and discussed the situation and my concerns with the doctor on duty. Due to my mother's persistent pain and instability, an MRI was done, and the results were what we feared. Her metastatic breast cancer had spread to her spine, ribs, and right arm and she was admitted to the hospital. This emergent care could have been avoided with timely intervention.

When patients are denied care or receive delayed care, they often end up in the emergency room like my mother did, in worse condition than when they first sought help. This bill addresses the inefficiencies head-on by streamlining the process, dramatically reducing wait times for prior authorization approvals and ensuring patients receive timely and appropriate care without unnecessary stress or delays. It allows doctors to spend more time at the bedside and less time on bureaucracy. I urge you to support S.B. 495.

JILL DOUGLASS:
I am in strong support of S.B. 495, which takes meaningful steps to improve healthcare access for all Nevadans, especially those in rural and underserved communities. This bill is about delivering better, faster and fairer care to all Nevadans. For far too long, Nevadans have struggled to access the care they need—not because we lack compassion in our healthcare system but because outdated bureaucracy and barriers have been in the way. This bill delivers real commonsense solutions. It expands telehealth and mental health services statewide, to ensure that distance and location no longer determine whether someone can speak with a doctor or receive vital mental health support. It simplifies Medicaid access and cuts insurance red tape that discourages providers.

The results are faster care for patients and fewer administrative burdens for our doctors and nurses. Senate Bill 495 also fast-tracks licensing for healthcare workers in high-need communities. That's not just smart policy—it's urgent. We have qualified professionals ready to serve, and this bill helps to locate them where they are needed most. Finally, this legislation modernizes healthcare oversight, streamlines credentialing and prior authorization processes caused by unnecessary paperwork and antiquated rules. This bill is not about politics—it's about people, improving outcomes, cutting delays and ensuring Nevadans get the care they deserve when and where they need it. We must come together to

support real solutions. I urge you to support S.B. 495 and help us move towards a stronger, more responsive and equitable healthcare system for all.

MARVELYN NAVARRO:
I oppose sections 77 through 79 of S.B. 495. Let me share a real story. A patient came in for a routine dental cleaning and, during the visit, their licensed dental hygienist, trained in pathology and intra-oral and extra-oral exams, identified an enlarged lymph node. The hygienist educated the patient and referred them to a physician. Months later, the patient returned with tears in her eyes and thanked the hygienist. The patient explained that she had been diagnosed with stage 4 lymphoma, and the hygienist's referral may have saved her life.

This is what dental hygienists do every day. We don't just clean teeth. We are preventative healthcare providers who spend 60 minutes with our patients multiple times a year—more than most healthcare professionals. This bill proposes replacing years of accredited education with vague on-the-job training without clear standards, curriculum or oversight. The SBDE has not drafted or voted on language for this bill, yet it's being pushed forward without the proper processes or public protections in place.

Hygienists have long been restricted from expanding their roles. Unlike nurses, who can grow into nurse practitioners, dentists continue to regulate and limit our ability to advance. This bill removes regulation entirely for an unlicensed individual. It's inconsistent and unsafe. Would Governor Lombardo have trusted an on-the-job trained physician to operate on his loved one who needed emergency surgery? I don't believe so. Why then are we considering lowering the standard of care for Nevada families? I urge you to strike sections 77 through 79 or reword those sections for the protection of the public.

I have submitted a letter in opposition (Exhibit E).

CHAIR DOÑATE:
The previous testimony was in opposition to S.B. 495, but we are still hearing support testimony.

PETER GUZMAN (President, Latin Chamber of Commerce Nevada):
I echo a lot of the comments and will respect people's time, but I want to say this bill is a much-needed step forward. I commend Governor Lombardo's leadership on this issue. It's exactly what Nevada needs to build a more sustainable and accessible healthcare system and help our struggling businesses. I urge your support of S.B. 495.

JACQUELINE DE JOYA (President, National Federation of Filipino American Associations):
The Filipino community has a large number working in the healthcare sector. Therefore, this bill is very important to our community. We support S.B. 495 as we need to improve health care in Nevada by addressing shortages in healthcare professionals, and improve wait times for appointments, referrals, prior authorizations and for providers to be reimbursed for their work. I have a son who is a recent medical school graduate and completing his residency in California. I hope the changes the State is making will make it more attractive for him and doctors doing their residency in other states to choose to practice in Nevada. I would like for my son to come back to Las Vegas and be part of our community. Please support S.B. 495.

CARYN LOFTIS-SOLIE (President, Nevada Dental Hygienists' Association):
I have submitted a letter in opposition (Exhibit F) to S.B. 495 and have also sent a number of emails. I appreciate that the committee has recognized the hours of dental hygiene education that we do. On behalf of the 1,622 dental hygienists in Nevada and the 220,000 dental hygienists in the United States, I thank you for recognizing our dental hygiene education and our capacity for service that we've been safely treating patients for over 100 years. We recognize there is a workforce shortage and have actively worked with legislation this session to find multiple solutions. We worked on Assembly Bill (A.B.) 143 with Assemblymember Kasama for interstate license reciprocity.

ASSEMBLY BILL 143: Enacts the Dentist and Dental Hygienist Compact. (BDR 54-877)

We've also been involved with A.B. 334 to enhance licensure by endorsement and are firmly committed to working toward enhancing the existing dental hygiene, workforce efficiency and productivity. We seek more autonomous regulations and removing supervision barriers that hinder current dental

hygienists from providing services that we're fully educated, licensed and certified to deliver in all settings.

ASSEMBLY BILL 334 (1st Reprint): Revises provisions relating to oral health. (BDR 54-800)

We are asking you to strike sections 77 through 79, the language pertaining to this pathway, and be more specific on the education and requirements that the previous caller mentioned.

LEE ANNETTE LINCICOME:
I have submitted a letter in opposition (Exhibit G) to S.B. 495, which promotes a variety of positive healthcare provisions. However, as a licensed registered dental hygienist in the State, I very strongly oppose sections 77 through 79 of the bill. These sections, as written, eliminate the educational safeguards and standardized competency examinations that ensure hygienists in Nevada provide competent, safe and comprehensive preventive and periodontal care to their patients. The alternative educational pathway to licensure proposed in this legislation as written via on-the-job training by a supervising dentist puts patients at risk. The competencies required to provide safe and effective evidence-based care, are grounded in rigorous academic and clinical training through CODA-accredited dental hygiene programs. General dentists do not receive extensive clinical dental hygiene training in dental school where their emphasis is on restorative dentistry.

Eliminating the requirement for formal accredited dental hygiene education and standardized competency examinations jeopardizes the health and safety of the patients hygienists are committed to caring for. Current educational accreditation standards in the State are not arbitrary obstacles for candidates seeking licensure. They are essential safeguards that ensure patients receive safe high-quality, equitable dental hygiene care. The citizens of Nevada deserve no less. Please amend S.B. 495 by striking sections 77 through 79 to promote and protect the educational standards of dental hygienists in Nevada and the health and safety of our citizens.

HELEN FOLEY (Delta Dental):
Delta Dental represents 275,000 enrollees and their dependents in Nevada. We also work closely with 2,123 dentists. I will only address section 126, which

repeals two very important statutes created by the Eighty-first Legislative Session with the guidance of NCOIL [National Conference of Insurance Legislators]. Dental insurance is very different from medical insurance. Dental insurance takes care of basic preventive care and some major dental care, but there are always yearly maximums on how much an individual can spend on their dental care.

About 81 percent of the dental plans have a range of $1,000 up to $2,500. As discussed in other hearings, some legislators have much higher insurance limits, but they pay more too. If the two subsections of section 126 are repealed ... let's say someone received a prior authorization and it was good for a certain period of time. Then over the course of the year, they used up their maximum allocation of their insurance limit. The dental insurer would then be responsible for whatever that prior authorization costs. This is how dental plans work. They're very different from medical plans and I encourage you to discuss this with Adam Plain and other members of the Division of Insurance. There would be difficulties in enacting this language.

CHAIR DOÑATE:
Perhaps it would be warranted for you to have a conversation after this meeting and go into more detail about the sections that you mentioned.

JESSICA WILSON:
I am a registered dental hygienist here in Las Vegas but would like to address the committee as a mother of four children. Before I was a dental hygienist, I was a high school dropout. I worked at a gas station earning $7 an hour and was on Medicaid. My children's dental care was done in a pediatrician's office by assistants using scaling instruments. At the time, I was not educated enough to know the difference between a dental assistant and a registered dental hygienist. My children were educated enough to understand that their teeth were not getting cleaned.

The dentist was trying to provide adequate care, but a dental office is not a place to train anyone to do such skillful work. Dental offices are busy and hectic. The dentists are often responsible for multiple patients at one time. I balk at my children or grandchildren being cared for this way in the future. As a dental hygienist, there are parts of S.B. 495 that I don't agree with, including where a dental assistant can earn a provisional hygienist license after they've

completed their training, but before an examination is done by the dentist doing the training. In the current accredited program, we have third parties testing clinical skills before we are able to practice on patients in a clinical setting. That is my opposition. I have submitted a letter in opposition (Exhibit H).

FLORENCE JAMESON:
I have submitted written opposition testimony (Exhibit I) and oppose S.B. 495. I have been an obstetrician for over 40 years and am speaking today on behalf of myself. This law would obligate the State to impose prior authorization rules created by the Council for Affordable Quality Health Care (AQHC) or its successor organization. The AQHC was formed by a number of the nation's largest health insurance companies with the goal of creating a forum for healthcare industry stakeholders to discuss administrative burdens on physicians, patients and payers. Now it wants to change the law on our prior authorization process. Members of AQHC include Aetna, Anthem Blue Cross Blue Shield, Humana, Kaiser Permanente, United Healthcare and many, many more.

The U.S. Congress finally acknowledged our messages and cries for help. It found that the use of prior authorization in Medicare Advantage Plans skyrocketed, reaching 46 million requests in 2022, delaying care for providers. With 46 million requests for Medicare Advantage Plans alone, these plans were found guilty of corporate malfeasance. The CMS [Centers for Medicare & Medicaid Services] rule for 2024 aimed to regulate government health plans to reduce prior authorization timeframes and enhance transparency. Nevada must follow the CMS rules. We don't need the insurance company's entity, AQHC to be our guiding light.

Many insurance companies are vertically integrated healthcare systems. They operate their own mail-order pharmacies, and pharmacy benefit managers, who increase the cost of cancer and HIV treatments up to 1,000 percent. They own hospitals and are the largest employers of physicians in the U.S., resulting in significant vertical monopoly. These insurance companies are massive monopolies, oversee millions of patients and generate billions of dollars in profits. Senate Bill 495 allows these massive integrated healthcare systems to be incorporated in the battle of law. We cannot let this happen. We must level the playing field and ...

CHAIR DOÑATE:
Thank you for your remarks.

BRENNA REYNOLDS:
I am a dental hygienist in Clark County, Nevada and a member of the Nevada Dental Hygienist Association. I ask that the committee remove language introducing alternate pathways to become a licensed dental hygienist in sections 77 through 79 of S.B. 495. While a bachelor's degree is not required to be a dental hygienist in the State, the two state hygienist programs do require a bachelor's degree to enter their program. Current hygienists have extensive knowledge in pharmacology, radiology, pathology, local anesthesia, nitrous administration and nearly 3,000 hours of education and direct clinical care.

While dentists are aware of what hygienists do and their scope of practice, their instrument knowledge and instrumentation skills are very different. We spend many hours perfecting the field below the gumline using tactile sensations and no vision. We work in a different area than dentists who are experts in restorative dentistry. Although I support the expansion of dental assistants within their scope of care, dentists are also in the office, and together we complete the puzzle. Removing the current quota accreditation requirements will create a large margin of precision and instrumentation standards, without proper training and benchmark for licensure and the 59 boards that current hygienists have to pass to be licensed. I am against including sections 77 through 79 in S.B. 495, which will lower the standard of care for fellow Nevadans.

I have submitted a letter in opposition (Exhibit J).

BRENDA ROSALES:
I just graduated last Monday from dental hygiene school. I'm here to speak about the intense journey of becoming a dental hygienist. In school, we didn't just learn how to clean teeth. We also learned about critical thinking, patient assessments and pharmacology so we are ready for emergencies and can detect cancers and malignancies early.

Unfortunately, if we're not putting hygienists through these didactic courses, our citizens will suffer and not be able to get the preventative care they need. We also learned about ethics, radiology, pain management—the list goes on and

on. We practiced, we tested and were held to a national standard to ensure we could safely and effectively take care of our communities. The idea that someone can be trained on-the-job to be a hygienist undermines our education, profession and puts people at risk. Our patients deserve providers who are trained comprehensively and rigorously. Our license represents a commitment to health and safety, not just a skill set.

SHELLY CAPURRO (Nevada Association of Health Plans):
We appreciate the Governor's commitment to long-term strategies that strengthen Nevada's healthcare system and value the engagement of both public and private stakeholders. While we don't align on every provision, we are grateful for the collaboration we've had and remain committed to working together as the bill moves forward. This bill makes changes to prior authorizations, including shorter turnaround times, electronic processing and a Gold Card Exemption Program. We understand and respect the intent to reduce administrative burdens and improve timely access to care.

Prior authorization remains a critical cost-management tool and helps ensure that health care is safe and appropriate, while supporting sustainable coverage and affordability. Prior authorization may also prevent unnecessary procedures and promote the use of evidence-based therapies which lead to better outcomes. Some provisions, such as broad exemptions and tight timelines, may inadvertently undermine that balance. We share the goal of expanding access and advancing effective patient-centered policy. We are neutral on S.B. 495.

TIANNA BURZYNSKI (Sagebrush Smiles):
I will read testimony from Dr. Whitney Bryant:

> I am the founder of Sagebrush Smiles, a nonprofit mobile dental program serving children in rural counties across Nevada. I will speak about the real and urgent implications of not having access to routine dental hygiene care, something that too many of our communities face every day in our school-based program. We routinely see middle school students, 12 to 15 years old, who have never had a cleaning. Not once have they ever had a dental visit; not because they are avoiding care, but because there's no one available to provide it.

> Mineral, Eureka, Lincoln and other Nevada counties have no dental hygienists. In other counties, the number of providers is nowhere near enough to meet community needs. These are officially designated dental health professional shortage areas, and it shows in the untreated decay, chronic pain and systematic infections we see every week. As a licensed dentist, I want to be clear—we are fully trained and qualified to perform every preventative restorative and diagnostic service in the dental office including dental hygiene. In fact, we set the clinical standards. Dentists are the top of the dental care team, and we are more than capable of supervising and evaluating the skills of those who provide care under us.
>
> In many rural practices, dentists perform their own hygiene because there are no hygienists to hire despite months or years of open job postings. We don't want to lower the bar. We're working to create a path that allows us to meet the bar in communities where there's no care at all. Thank you for considering what is already happening in rural Nevada and for supporting thoughtful steps that address these real, preventable gaps in care.

ANGELA MARTIN (President, Southern Nevada Dental Hygiene Association):
We are in neutral today because we agree with all other sections of S.B. 495 but are on the fence on everything else. Some inaccurate things have been said today, so I want to give some clarification. Senator Titus said something about stacking degrees. If we go to another state or school and try to get a higher degree, we can't get a master's degree by building off a Nevada hygienist license that was not degree-based. The license needs to be approved by a commission on dental accreditation, not just a dentist training hygienists in the office. Some patients would be okay with this to cut down on wait times, while other patients have told me they would rather wait for somebody who is qualified.

A lot of times, dental assistants are qualified to do certain preventive services. However, they are not qualified to pass all the standards that dental hygienists are. The Dental Hygiene Board of California contains section 1917 where students who graduate from a California dental hygiene school get a pass and don't need to take an extra licensure exam to get a license in California. Nevada can propose something to make it easier for dental hygiene students from other

states: California, New Mexico, Utah, Idaho and Arizona to make it easier for those students to practice in Nevada.

Their graduation from the out-of-state program would then be sufficient to get a Nevada hygienist's license. That solution has proven effective in California and could be used here instead of lowering our standards. It would also be great to collaborate more frequently with the NDA. At this point, we are unable to place fluoride in homeless shelters in Nevada, but if trained by a dentist, we would be able to have that license. It does not make sense, but if we are ready—

CHAIR DOÑATE:
Thank you. If you can connect with our committee secretary after the hearing, there may be follow-up conversations we can have with you. The committee also received conceptual suggestions from the Nevada Board of Psychological Examiners (Exhibit K), 11 letters in support (Exhibit L) of S.B. 495 and 161 letters in opposition (Exhibit M) to S.B. 495. I will close the hearing on S.B. 495 and open the hearing on S.B. 494.

MR. WHITLEY:
I will present S.B. 494, the Nevada Department of Health and Human Services (DHHS) reorganization bill. Some of you who served on budget subcommittees may have heard of our intentions here, which are embedded in some of the fiscal decisions that we've recently made in our organization. Currently, DHHS is a very large agency, with over 7,000 employees. The complexity is actually in the functions we fulfill, which start with eligibility—services primarily to Nevadans who are lower income. We also do eligibility for SNAP [Supplemental Nutrition Assistance Program], WIC [Women, Infants, and Children], TANF [Temporary Assistance for Needy Families] and Medicaid.

We pay for health care, largely through Medicaid, and put out grants to community providers, another kind of oversight and assurance. We also regulate health care which we fund and deliver with direct services. It has been a challenge and during the pandemic, it came to the forefront that we could do better on both sides. For the past year-and-a-half, we have worked at how to manage DHHS in a more thoughtful way. But is this a good time? There's never a good time to effectuate change and there's always a reason not to effectuate change. Our State is in a place of incremental growth, and we have the capacity to actually breakout the purchasing of health care, and the oversight of quality

as one agency. We have the capacity to create a true safety net for service delivery and operate psychiatric hospitals for both children and adults, largely due to our involvement with the criminal justice system for competency evaluations and restoration.

We can't do all that we are required to do by having a split approach—having the oversight for health care on one hand and providing it with the other hand is a challenge. This is what you will hear about today. Ms. Weeks will walk you through what we envision for DHHS. What doesn't get highlighted as much is the opportunity to look at the direct service side of what we do.

If I'm still here during the Eighty-fourth Legislative Session, I will ask for more flexibility to operate our health facilities and implement nimbleness in the workforce. We struggle to hire for direct services. If we can get those building blocks structured, we can benefit both the Nevada Department of Corrections and the Southern Nevada State Veteran's Home in Las Vegas. These agencies also provide direct services and face many of the same challenges, but they will not be highlighted today. What you will primarily hear about is the creation of the Nevada Health Authority (NHA). I want to highlight the other side of what remains while DHHS has the opportunity to reset and improve on how we service the State.

MS. WEEKS:
Senate Bill 494 would effectuate a change to the current agency, DHHS, to the Department of Human Services (DHS) and add a second agency, the NHA. The NHA will serve as the single state agency for regulating purchasing and payment for healthcare services for Nevadans. The focus of NHA would be to improve overall health outcomes by building a sustainable and affordable system, supported by an adequate workforce and sustainable resources and funding. These are all described in section 18 of the bill, which also outlines the mission, duties and functions of the new agency.

The NHA will also purchase health coverage for over one million Nevadans through the Nevada Health Exchange portal, the public option programs. Medicaid and PEBP [Public Employees' Benefits Program] will also be accessed through the portal that one in three Nevadans will use. It will help leverage the State's buying power when it comes to purchasing and negotiating healthcare coverage for Nevadans. The new agency, like state health authorities in Oregon

and Washington, can procure healthcare coverage using a new specialized team of subject matter experts and national consultants to support the unique and often complex task of negotiating and contracting with health insurers.

Sections 24 and 79 of S.B. 494 provide more information about the purchasing strategy. As described in section 27, the Authority will establish a strategic plan for purchasing health insurance for the programs within the jurisdiction of the Authority. This plan will outline strategies for improving access to affordable quality care, controlling the cost to the state budget, and present a plan update to the Legislature and Governor before next session. The legislation includes providing updates on strategies and implementation to the Legislature and the Governor biannually.

We have also submitted a conceptual amendment (Exhibit N). It is quite large; in fact, I was surprised that it was longer than the actual bill, but there aren't that many changes. The Legislative Counsel Bureau (LCB) wrote the amendment to incorporate the entire bill. There is new language in section 27, subsection 1, paragraph (b), that ensures the director of the Authority will present the new plan to the Public Employee Benefits Board and ensure we get their input, review and approval as we move forward. The Authority will also allow the Board to utilize the vendor resources of the Authority to study various coverage options for PEBP, the NSHE [Nevada System of Higher Education] employees and our covered state retirees.

There will be three new divisions within NHA, and I have submitted a high-level organizational chart (Exhibit O) to explain. I did create a much longer one, but the one I submitted should give you a sense of everything. At the top of the chart, you'll see various deputies and at the bottom you'll see the divisions in PEBP. Section 18 of the bill sets forth three new divisions starting with the Division of Nevada Medicaid. Today that division is called the Division of Health Care Financing and Policy, but the bill is abolishing that name. It sounds like we are abolishing the whole division, but we are not.

The new Division of Medicaid is established in sections 26, 34, 93 through 96, 113 through 117 and section 359. It also transfers the full responsibility for administering CHIP [Children's Health Insurance Program] and Medicaid to the Authority, including eligibility and enrollment. The Authority will serve as Nevada's agency for Medicaid for federal purposes. Every state has to have a

single state agency and the authority for the new Division of Nevada Medicaid will stand as a single state agency under Nevada. Section 86 permits the Authority to delegate eligibility functions to other agencies or localities as needed to meet the needs of Nevadans. This would currently include the Division of Welfare and Supportive Services, which is renamed in the bill as the Division of Social Services but stays within the Department of Health and Human Services.

Part of the amendment includes clarification language and new paragraphs. In section 86, subsection 1, paragraphs (3) and (4) clarify that if a county or locality wants to conduct eligibility enrollment there is a process, and an interlocal agreement would need to be mutually signed by all parties to ensure that locality is able to meet all federal requirements and staff appropriately. This would obviously need to be approved by the federal government as well. Again, this section clarifies the language for the counties because that came up when the bill was released.

Section 87 strengthens the state's efforts to root out fraud, waste and abuse in our provider system, especially Medicaid. By elevating these functions under a new office, a Medicaid Inspector General will be housed in the Division of Health Care Purchasing & Compliance. Alongside this unit will be the licensure and inspection unit for healthcare facilities and compliance. The unit will be supported by a new regulatory compliance attorney and be independent from the entire program. The goal is to avoid unintended and unfortunate conflicts within the program. Overseeing compliance is to ensure that any bias is moved out of the program into an independent unit. This unit will coordinate and refer cases to the Attorney General's office like Medicaid does today, but referrals will be made by the new office.

Section 114, subsection 2 clarifies that any contract obligating the State to expend federal Medicaid funds on vendor staff outside of the NHA must be signed by the director of the Authority. This is to ensure appropriate oversight of all Medicaid funds that are used by the State or other state agencies and entities.

Section 118 lays out requirements associated with the agency's approved budget request. In closing, it was approved to establish a process for real-time eligibility and plan shopping for Medicaid enrollees through the exchange.

The next division established under the bill is the Division of Consumer Health. This division will oversee and support the administration of the Silver State Health Exchange, the PPC [Patient Protection Commission] and the new Medicaid Express for eligibility enrollment through the exchange. They will also manage the public option, and any other activities related to health promotion and health literacy.

Sections 346 through 348 place the exchange under the new Consumer Health Division. Section 348 adds to the three agencies who now serve as ex-officio members on the Silver State Health Insurance Exchange Board (SHIEB) and will be voting members. Therefore, the bill reduces the Governor's appointments from five members to two members to recognize the three new voting members from the Executive Branch. Sections 349 and 350 make revisions governing the terms of officers to ensure members serve four terms, and to avoid consecutive reappointments. Section 352 allows the director to appoint the executive director of the exchange and sections 351 and 352 clarify the roles of SHIEB as the advisor for the exchange, and support for operations and governance to ensure appropriate state oversight and accountability of the marketplace. It will also support the millions in federal funds that flow through the entity to support consumers in the individual market.

Sections 26, 34, and 172 and 173 transfer the Patient Protection Commission to the Authority. Section 355 transfers the public option to the Authority. The last new division is the Division of Health Care Purchasing and Compliance, which will oversee the Division of Healthcare Quality and Compliance (HCQC) at DPBH, which is our licensing unit for facilities. It will also oversee the new Office of Medicaid Inspector General, the regulatory council, program compliance, provider enrollment, Medicaid and credentialing. It will ensure appropriate collaboration and coordination with the Commissioner of Insurance and their team.

I will not read all of the sections and statutes that apply to the transfer of HCQC from the Division of Public and Behavioral Health to the new Authority. Most notably, they include health care, licensure, investigations, medical laboratories, health and safety, health care facilities and the reporting of sentinel events. It will also include the regulation of sanitation and food establishments and other certain locations. The new Authority will include a fourth entity alongside the other divisions, PEBP.

Sections 68 through 74 pertain to this transfer, while section 68 places SHIEB under the new agency structure. The conceptual amendment we have offered removes the original changes to SHIEB including the termination of all members that are currently appointed but will be reappointed on July 1, 2025, in section 365.

Our amendment brings forth a new section 68, subsection 5 that would allow SHIEB to elect the chair annually instead of the Governor. The Governor would then elect the vice chair. Section 69 provides that the hiring and appointment of the executive officer of PEBP will be a shared process between SHIEB, the director and the Governor with SHIEB conducting interviews and making recommendations on the hires, with the director and Governor being ultimately responsible for the final appointment.

This will ensure accountability to the State, as this program has a major impact on the ability of the Executive Branch to attract and retain state employees. This will ensure that the [insurance] coverage offered is affordable and sustainable for the State. Sections 72 through 74 of the bill allow SHIEB to utilize purchasing services of the new authority. The conceptual amendment clarifies the intent is to insert SHIEB's role, but the functions will remain the same during the procurement process as it does today with the new Authority. Section 72 of the amendment requires SHIEB to take such measures as necessary to maximize benefits for participants and to ensure high-quality customer service. Section 72, subsection 1, paragraph (c) of the amendment, outlines other transfers to the Authority such as the Governor's Developmental Disabilities Council in sections 26 and 34 and the Office of Data Analytics referred to by Richard Whitley earlier in section 29.

The bill also references section 361—projects funded by the Eighty-third Legislative Session regarding workforce and health care should be moved to the Authority. This includes the items in S.B. 495. The goal is to include the new Office of Mental Health, which is in the organizational chart Exhibit O. Section 362, subsection 5 is a new section in the amendment that would transfer the regulation or food establishments from DPBH to the Department of Agriculture if S.B. 466 does not pass.

SENATE BILL 466: Revises provisions governing the authority of the State Department of Agriculture relating to food and water. (BDR 51-1121)

That bill is currently moving through the legislative process. The amendment also includes language to ensure both agencies have access to background checks and data to ensure compliance with State and federal requirements. These are outlined in section 175, subsection 3, and section 175, subsection 6 of the amendment.

CHAIR BROWN-MAY:
From our side, this is a budget implementation bill. Can you talk a little bit about the work that's been done to fund some of these initiatives and where we are relative to that process?

MS. WEEKS:
Our budget was approved in full and there were a few pieces added to support the new agency.

SENATOR TITUS:
You addressed my concerns about section 86 on what the process was going to be, and I appreciate the clarification on increasing enrollment. Is that what that piece does?

MS. WEEKS:
Yes.

SENATOR TITUS:
And the global picture … I appreciate you bringing this forward, and I think it's a good bill. It's good business for the State and on the clarification that was just brought up—we're not the finance committee, but several of us are on that committee. Has this already been built into the Governor's budget, and has it already gone through?

MS. WEEKS:
Yes. The advantage of this particular bill is it's about access and efficiency and giving care to patients by peeling off some of these divisions to make sure they can get their jobs done. The goal is efficiency and ensuring better transparency. Accessibility for the public will also increase.

SENATOR TITUS:
Do you see any increased enrollment or better patient care by breaking up these departments?

MR. WHITLEY:
One of the efficiencies for growing capacity is putting together the payer and the regulator. Anyone who works in health care might be familiar with the regulators. They do the activities, license new facilities and routinely inspect and address complaints; in no particular order, except when it comes in as a request. They are funded to regulate health care. Healthcare facilities are funded in two ways—half from CMS, the largest payer being Medicaid, and half from fee funding. As you know, a new provider in our State can't actually bill for Medicare and Medicaid until they are certified. Sometimes we're delayed in providing certification, but they have to be operating. If they are operating and we can't get them licensed and certified, they can't bill. That's not an incentive for healthcare providers to come to our State. I see a benefit in capacity in integrating the payer and the regulator.

SENATOR TITUS:
I strongly feel this is all about government efficiency because it boils down to better citizen interaction and patient care.

SENATOR LANGE:
Can you talk a little bit about how we can ensure both departments will work together? The issues we are still working with in silos [integration of America's health care and public health care into a single aligned structure] will still exist.

MR. WHITLEY:
I work with the Nevada Department of Corrections because incarcerated people often have behavioral health backgrounds. I don't think that will ever stop. Medicaid will be a payer for eligibility as they are now. The improvement is actually the synergy. I don't think we are losing anything in terms of working together. The data piece closest to me is incrementally growing, and the data analytics are best placed with the payer. I will send it off to the Health Authority knowing I'm going to benefit from the data that is collected on population health and health outcomes for the monitoring of the work we're doing.

There's still an integration and the fundamental challenge has been the direct service arm. We're one of a few states that still provide public health in the rural areas. We are also one of a handful of states that operate a children's behavioral health hospital. As Ms. Weeks grows the health capacity—we know people are insured, but we need to grow the healthcare system. We need to also define the role the State plays as the safety net—that requires a focus, but we won't lose anything. We will only gain from the distinguishing of roles and clarifying conversations.

SENATOR TAYLOR:
Thank you for your innovative thinking on how we can better serve Nevadans in this really important area. You mentioned we are one of the few states that has a child behavior hospital. That's fantastic. In terms of the way you are modeling this facility or recommendation, do you see it in other states? How are other states dealing with this as their health needs grow?

MR. WHITLEY:
Other states, New Mexico comes to mind, are looking at the health authority concept and purchasing power that will occur. Washington State was the first to do this. They were able to save money and add quality by working with a systems approach. On the direct service side, most states are pivoting towards the forensic side of services for their civil hospitals. As capacity grows in the community, Ms. Weeks will be able to increase rates to make it lucrative enough for the private sector to stand up psychiatric facilities and address our civil duties.

The role of the State is to ensure that the forensic side is doing timely evaluations for people who are involved in the criminal justice system and hopefully intervene and keep them out of those systems. That's the pivot we see happening on the adult side nationally. The same thing is true for the adolescent population, although sadly, we're probably more robust on the adult side. There are intervention points along the way. If you look at the data from child welfare to juvenile justice to the adult criminal justice system, there are multiple intervention points we should be providing. The State should be in that role as a safety net while we're growing the provider capacity.

SENATOR TAYLOR:
This is a vast bill—the creation of the NHA. I applaud those efforts, but you haven't talked a lot about the qualifications of the administrator. We are blessed to have Ms. Weeks right now, but one of these days she's going to retire. Hopefully not real soon, and we may not let her retire, but I'm sure we will want to continue the work she has started. Have you have outlined the educational qualifications for the administrator's role?

MR. WHITLEY:
Not specifically in terms of the credentials of the person. We have filled clinical positions while considering expertise. I would say the fiscal units in our state agencies are probably one of the sparsest—lots of retirees and not a strong pipeline. We have to look at all areas and aspects of government—not just human resources, IT and fiscal but within the programs—the subject matter experts—and clinically, when we operate facilities that have a medical director. They are jointly accredited just like a private sector hospital. But the credentials of the person … In the past I brought legislation before this body to remove some of the strict qualifications for administrators in health and human services. Our agency is better because we were able to hire talent with the flexibility. Maybe someone didn't have a specific type of degree, but because they had worked for 20 years in state service, we were able to effectuate change. We can be adaptive if needed, but we can certainly put stricter requirements when recruiting.

SENATOR TAYLOR:
I wasn't asking for that to be in there. I just wanted your thinking behind it, and I certainly follow what you are saying. In terms of impending federal changes to Medicaid, do you anticipate that will impact this change you want to undertake?

MS. WEEKS:
You never know what is going to happen at the federal level, although I wish I could predict. Right now, nothing we are doing here would actually harm anything at the federal level. We want to restructure and make our program more efficient. If anything, it will help.

ASSEMBLYMEMBER BROWN-MAY:
As we transfer programs and separate the service delivery model into the new NHA, we will bifurcate the system. What will our beneficiaries experience when

receiving services? How am I going to know that the NHA has been implemented? Am I going to know it at all?

MR. WHITLEY:
As a consumer, you wouldn't see a difference on the service side. We already have agreements with billing Medicaid as a service provider. It clarifies the role, but not the consumer, even on the PEBP side. Every year we do a study required by NRS to determine employers who have employees enrolled in Medicaid. Our State ranks in the top ten and my agency has the highest number. However, when raises were given, some of our employees were no longer eligible for Medicaid or Nevada Check Up and were moved to PEBP. We held town hall meetings with those employees and some of them said they felt their Medicaid benefits were better. Tying the systems together on the other side will be a benefit for recipients. There's a group of people who may get promotions in the community and will no longer be eligible for Medicaid. We could help support and lift these people out of poverty. We have experienced it with our own state employees when changing their benefits.

ASSEMBLYMEMBER BROWN-MAY:
It's good to know our people in service now receiving benefits won't feel anything as we make this administrative change. That's really where I was headed. How will the Inspector General position within the NHA help enhance oversight and prevent fraud, waste and abuse that we're always talking about?

MS. WEEKS:
This unit is currently under the Medicaid program and tied to Medicaid programs. Nationally, more and more states have a fraud, waste and abuse team, known nationally as surveillance realization review and auditing teams (SRRAT). Most states have SRRAT separate from their main program to ensure independence. By pulling SRRAT out and recognizing them separately … they do really important work and its not really a usual topic, except for this session. We need to ensure SRRAT is independent and well-supported with an attorney and our budget has the legal expertise to support that team. But the person overseeing the NHA—their position is a reclassification, but I want to recognize the work done at the agency outside of the program.

ASSEMBLYMEMBER BROWN-MAY:
Have the positions identified on the organizational chart been included in your budget closings? Are these positions funded? Has that part of the organization chart been approved?

MS. WEEKS:
Yes. The only position [still pending] with an asterisk is the Office of Mental Health. Depending on where all of the pieces land, that position is not in the budget. Obviously, we will support whatever passes.

CHAIR DOÑATE:
We've had extensive discussions about S.B. 494 and the amendment posted online. I have a question on page 89, section 86, that mentions that the Authority may delegate to another state or local governmental agency the responsibility of making determinations and so forth. I know we've had discussions about doing this with tribes, so if the committee allows me to provide explicit language or permission to do so … I don't know if that would be something that you would be open to.

MS. WEEKS:
Yes, we would be more than willing to add something like that. That permissive language would be fine and helpful.

CHAIR DOÑATE:
That concludes our questions, and we also had more discussion offline. I will go ahead and open up testimony. The 30-minute time limit will apply.

JACQUELINE NGUYEN (Nevada State Medical Association):
I want to express our strong support for S.B. 494 and the proposed creation of the Nevada Health Authority. As Nevada's population continues to grow, so too does the demand for accessible high-quality health care. Yet, our agencies are consistently being asked to do more with fewer resources. This bill represents an innovative and strategic response, one that allows Nevada to maximize existing resources and strengthen the coordination and delivery of our systems. We believe this restructure will enhance the state's purchasing power, helping to secure better value for taxpayers, improve insurance offerings and streamline coordinate services.

MS. HYNE-SUTHERLAND:
We support S.B. 494. We want to thank the leadership of the DPBH for working with us on some provisions of the bill that directly impact counties. Counties are often the frontline implementer of state health policy. As such, we welcome the newly proposed structure and positive impacts we anticipate for local governments and the communities they serve. The consolidation of aligned programs will increase efficiency and enhance the State's ability to implement initiatives effectively and equitably across Nevada's communities, including rural and frontier counties where resources and capacity are often limited. Counties look forward to working together with the new NHA and we urge the Legislature to support this innovative reform.

DAN MUSGROVE:
I represent a number of clients, for profits and nonprofits, including Behavioral Health Solutions, the Valley Health System and Revive Health Care Services, Westcare, Nathan Adelson Hospice and Miracle Minds Therapy. We support S.B. 494. I think your questions and some of your comments hit the nail on the head. Time is money, whether you're a profit or nonprofit. Efficiencies matter, and businesses do better in Nevada when we have a streamlined process that works through those silos we all talk about. And on just that point alone, we support this bill.

PATRICK KELLY (Nevada Hospital Association):
While representing the Nevada Hospital Association in the 1990s, I was part of a group tasked with dividing and restructuring a health and human services entity in another state. It was very difficult to do because all the programs intertwine and I'm very impressed by the proposed plan of taking the purchasing of healthcare data and quality and placing it in one organization. I think that's a successful plan. You also need to have people who can execute the plan. We are at a unique point in Nevada's history of having those people. I've been so impressed with Nevada Medicaid and all the other leaders in DHHS, and this is an opportunity to make a big difference. I urge you to support S.B. 494.

CHRIS VITON (Vice Chancellor and Chief Financial Officer, Nevada System of Higher Education):
We support S.B. 494, especially the creation of the NHA. We also want to highlight the GME provisions of this legislation coupled with provisions of the proposed GME expansion and other legislation. We also reaffirm our

commitment to working collaboratively with the State and GME stakeholders to expand the GME program to meet Nevada's growing healthcare needs. We also look forward to continuing our partnership with the State to support initiatives that enhance the accessibility, affordability and quality of care for Nevadans.

SHEILA BRAY (Director of Government and Community Engagement, University of Nevada, Reno):
We too are in full support of S.B. 494, specifically the addition of the Nevada Health Authority and GME provisions and all of that to keep it moving.

TESS OPFERMAN (American Federation of State, County and Municipal Employees):
We have submitted a conceptual amendment (Exhibit P) and will speak specifically to the portion of the bill relating to PEBP. This is not a critique of PEBP employees, but the system is just not working for our state employees or retirees. We see S.B. 494 as a huge opportunity to combine resources, serve our participants better and have better access to customer service. I want to give a special thanks to Ms. Weeks for working closely with our Public Employee Coalition on the amendment we submitted.

We also have some additional changes to PEBB specifically. It says that the largest state labor organization will submit a list of ten people. We would like to revise that to three people. We also have a few other changes. We would like PEBP to produce a report that sets forth the costs faced by Medicare retirees as funds and information are available. We certainly do not want to add a fiscal note to this bill. I'll just say we are in support of S.B. 494 but would like the committee to consider our amendment.

CASSIE CHARLES (American Federation of State, County, and Municipal Employees):
I would like to echo the remarks of my colleague as we are working together with Ms. Weeks on proposed amendments. We support S.B. 494. State employees have needed changes in their health plan and services for the last several years, and we see S.B. 494 as a good faith effort to create positive change within PEBP. We look forward to working with DHHS on proposed amendments to further improve the systems that our members rely on.

LEONARDO BENEVIDES (Director for State Government Affairs and Community Engagement):
I also want to echo the sentiments from my colleagues particularly when it comes to GME. We're supportive of the efforts undertaken on S.B. 494 and S.B. 262. We believe that this is an excellent piece of legislation and strongly support it.

SENATE BILL 262 (1st Reprint): Revises provisions relating to graduate medical education. (BDR 18-120)

HELEN FOLEY (First Medical Health Plan):
I represent the first federally qualified health center (FQHC) in Nevada and am chairman of the board. It's a gold standard FQHC, which means we're in the top 10 percent in the nation. One of the reasons that they've been so successful here is because of Ms. Weeks and Mr. Whitley. We support S.B. 494.

ALLISON HERZIK (Dignity Health-St. Rose Dominican):
We are in strong support of S.B 494. This proposal modernizes our state's healthcare system and helps move healthcare delivery in the right direction. We thank you for hearing this bill and we urge its passage.

BLAYNE OSBORN (Nevada Rural Hospital Partners):
We are here in full support of S.B. 494.

JOELLE GUTMAN DODSON (Northern Nevada Public Health):
I want to talk about S.B. 494 from a public health perspective. We really appreciate Director Whitley's comments about the need to look at the service delivery models in Nevada. There's room for us to grow and this is a promising step in the right direction for Nevada as a whole. Public health in Nevada has looked at Washington State as a model for foundational public health services. We want to thank everyone for bringing this bill forward.

CHRIS BOSSE (Chief Government Relations Officer, Renown Health):
We echo many of the comments of support made and we encourage your support of S.B. 494.

MR. PARIKH:
I want to express my strong support of S.B. 494, which proposes the creation of the NHA and the restructuring of DHHS. This represents a critical step towards improving health care delivery for all of Nevada. With the many complexities and challenges facing healthcare in Nevada, this bill offers a promising solution by consolidating healthcare functions under one roof. This approach will help streamline coordination, administrative burdens and improve the continuity of care. It will also enhance data sharing and oversight and allow more effective population health management and evidence-based decision-making by centralizing planning and resource allocation.

This bill has the potential to expand access to services, especially in our underserved communities. I see this every day in daily practice. I see the systemic inefficiencies that patients and my staff have to take on, along with their families. I hope that S.B. 494 presents a transformative opportunity to build a more responsive, equitable and sustainable healthcare system in our State. I support this legislation and encourage all of you to support it also.

TODD SKLAMBERG (Chief Executive Officer, Sunrise Hospital):
I have been at Sunrise Hospital and Sunrise Children's Hospital for over 13 years. I am here to voice my strong support for S.B. 494. I want to thank Governor Lombardo for his leadership and working to improve health care for all Nevadans. I also want to thank Director Whitley, Ms. Weeks, and the numerous dedicated staff and employees who administer essential healthcare programs throughout the State.

While it often goes unseen, the proper function of government is incredibly important. This is particularly true when it comes to the administration of Nevada's healthcare system. Health care plays a critical role in the vitality of our State. A well-functioning healthcare system leads to a healthier workforce, increased productivity and reduces healthcare costs, ultimately boosting economic growth and stability. The State has, and should continue to invest in health care.

Medicaid alone represents a significant investment in State resources today. One in four Nevadans are covered by Medicaid, which makes up more than 30 percent of the State budget. Putting Medicaid and other important healthcare programs under one agency will allow Nevada to better streamline

complementary programs and ensure efficient management of state programs to improve access like GME. It will allow the State to position itself to compete for federal funding. Passing S.B. 494 and establishing NHA will be an important investment in Nevada's healthcare infrastructure and the long-term sustainability of our health system. I strongly urge you to support this bill.

RENEE ASCHOFF (Assistant Vice President for Administration, Touro University):
We are in strong support of S.B. 494. The bill's creation of a centralized authority with a mission to promote healthcare access, affordability and innovation aligns with our mission at Touro University and offers new opportunities for collaboration—particularly Medicaid, primary care expansion and health equity. We appreciate the Legislature's commitment to building a healthier future and urge your support for this bill.

TERRI LAIRD (Executive Director, Retired Public Employees of Nevada):
We currently have 7,000 members statewide and many of them are served by PEBP, the State's health plan for active employees and retirees. The NHA as passed in its original form would have changed that dramatically. The State's health plan has a stormy past and many years ago, several public employee groups created a board to have oversight of the agency to prevent issues from reoccurring. Concerns we've had with S.B. 494 have been addressed by amendments you heard about from Ms. Weeks in her presentation, along with public comments from speakers in our public employee coalition. We appreciate the consideration given to our concerns and would like to ditto remarks made by previous speakers. We urge your support for S.B. 494.

BRETT SCOLARI (Reno-Sparks Indian Colony):
I am here in neutral today and have submitted a friendly amendment (Exhibit Q) to reconcile section 348 of S.B. 494 with S.B. 97 that passed both houses unanimously and is with the Governor for signature.

SENATE BILL 97 (1st Reprint): Makes revisions to the Silver State Health Insurance Exchange. (BDR 57-346)

Senate Bill 97 provides that a Native American from a Nevada tribe be appointed to the Silver State Health Insurance Exchange Board, and that member would have experience in tribal healthcare administration. The amendment uploaded to NELIS proposes the same change in section 348.

KENT M. ERVIN (Nevada Faculty Alliance):
We have submitted an amendment (Exhibit R). In its current form, PEBP was created in 1999 as an independent agency. Also created was the BPEBP [Board of Public Employees Benefits Program]. This fiduciary board was tasked with protecting state employee benefits after a financial scandal required the Legislature to bail it out. We greatly appreciate how Ms. Weeks worked with public employee advocates to bolster BPEBP in the DHHS amendment, compared to the bill as introduced. The Alliance will provide resources and expertise to help PEBP with its mission and to better serve participants. The alliance is neutral because we can and will work with DHHS to make PEBP better if the bill passes with this amendment.

We have submitted additional amendments for the committee's consideration that would enhance PEBP and BPEBP 's ability to serve in a fiduciary capacity for participants, the program and the State. They include changes to PEBP appointments to ensure BPEBP has full oversight over contracting. Thank you for considering our amendment. Perhaps our constituents will feel more comfortable with the change because, when they first heard about this proposal, they feared PEBP would become Medicaid. That's clearly not what's going on, but given Director Whitley's testimony earlier, perhaps we need to bring PEBP up to the standards of Medicaid.

DOUG UNGER (Employee Advocate, University of Nevada, Las Vegas):
I have been attending BPEBP meetings as a UNLV employee advocate to PEBP and its insurance plan administrators for 14 years. I have come to appreciate the statutory independence of the BPEBP to steward state employee health care and other benefits. We are grateful to Ms. Weeks and the Governor's staff for developing the new NHA and their willingness to work on amendments to the original text of S.B. 494 to maintain PEPBs independence and authority.

The amendment also protects the board member selection process and continuity. We would like to see clearer language assuring the power of PEPB to approve or disapprove contracts. I have a long memory as a state employee and recall the catastrophic failure of the health insurance administrator from 1997 to 1999 that left bills unpaid and bankrupted the system. That was the last time state employee health care was managed by one centralized executive authority, which was one of the reasons PEBP was created in the first place.

We see the potential of the NHA to reform and improve healthcare administration for the State which is much needed. The noble aspirations and cooperative spirit to work together with stakeholders, moves us from opposed to neutral on S.B. 494. We are hoping for the best.

HEIDI STERNER:
I have been a licensed health insurance professional in Nevada for nearly 30 years and currently sit on the Division of Insurance's Asian Advisory Council, and Network Adequacy Advisory Council. While I generally support S.B. 494 and agree with creating economies of scale for the Nevada agencies impacted, I am testifying in neutral today as I have concerns with section 348 involving the reorganization of the Silver State Exchange Board of Directors. I'm not opposed to the administrator of Medicaid, the director of DHHS and the Commissioner of Insurance serving as voting members. I do support S.B. 97, which allows for the appointment of a representative from the Indian tribes by the Governor. I encourage expanding the board to include these administrative officials as additional voting members rather than replacing existing ones.

Many current board members have experience working directly with consumers, assisting them with enrollment and navigating coverage options. Replacing these positions with high-level administrators may risk diluting the board's ability to address frontline consumer issues. It would also reduce the number of members with direct engagement and insight into the day-to-day challenges faced by those seeking coverage. We appreciate the knowledge and efforts of Ms. Weeks and others involved in developing this bill.

CHAIR DOÑATE: I will close the hearing on S.B. 494 and move to public comment.

ANTONIO VENTURA (Nevada Dental Hygienists' Association):
I just want to thank you guys all for the hard work you do that affects Nevada's families. I have been part of the legislative process for a couple of years, and I still get nervous. So, I don't know how you guys keep up on all this and don't get nervous. Thanks for listening to all the public health and safety concerns expressed by our colleagues. I want to put it on the record that we were not approached by any other entities or organizations regarding this bill. We have had no conversations with the Dental Hygiene Association or the Dentist Association. I just want to make sure that was on the record. I have submitted a letter in opposition (Exhibit S).

CHAIR DOÑATE:
As there is no other business the meeting is adjourned at 5:53 p.m.

RESPECTFULLY SUBMITTED:

_____
Cherie Dittler,
Committee Secretary

APPROVED BY:

_____
Senator Fabian Doñate, Chair

DATE:_____

_____
Assemblymember Tracy Brown-May, Chair

DATE:_____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
S.B. 495	C	4	Governor Joe Lombardo/Office of the Governor	Conceptual Amendment
S.B. 495	D	9	Assemblymember Tracy Brown-May	Conceptual Amendment
S.B. 495	E	32	Marvelyn Navarro	Opposition Letter
S.B. 495	F	33	Caryn Loftis-Solie/ Nevada Dental Hygienists' Association	Opposition Letter
S.B. 495	G	34	Lee Annette Lincicome	Opposition Letter
S.B. 495	H	36	Jessica Wilson	Opposition Letter
S.B. 495	I	36	Florence Jameson	Opposition Testimony
S.B. 495	J	37	Brenna Reynolds	Opposition Testimony
S.B. 495	K	40	Senator Fabian Doñate	Conceptual Suggestions Nevada Board of Psychological Examiners
S.B. 495	L	40	Senator Fabian Doñate	Support Letters
S.B. 495	M	40	Senator Fabian Doñate	Opposition Letters
S.B. 494	N	42	Stacie Weeks/ Department of Health and Human Services	Conceptual Amendment
S.B. 494	O	42	Stacie Weeks	Organizational Chart

S.B. 494	P	53	Tess Opferman/ American Federation of State, County and Municipal Employees	Proposed Amendment
S.B. 494	Q	56	Brett Scolari/Reno Sparks Indian Colony	Proposed Amendment
S.B. 494	R	57	Kent M. Ervin, Nevada Faculty Alliance	Conceptual Amendment
S.B. 495	S	58	Antonio Ventura	Opposition Letter