MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-third Session
April 3, 2025

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:33 p.m. on Thursday, April 3, 2025, in Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Exhibit A is the agenda. Exhibit B is the attendance roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Fabian Doñate, Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

COMMITTEE MEMBERS ABSENT:

Senator Angela D. Taylor, Vice Chair (excused)

GUEST LEGISLATORS PRESENT:
Senator Nicole J. Cannizzaro, Senatorial District No. 6
Senator Michelee Cruz-Crawford, Senatorial District No. 1
Senator Marilyn Dondero Loop, Senatorial District No. 8
Senator Rochelle T. Nguyen, Senatorial District No. 3

STAFF MEMBERS PRESENT:

Destini Cooper, Committee Policy Analyst
Eric Robbins, Committee Counsel
McKenna Melvin, Committee Secretary

OTHERS PRESENT:

Jonathan Norman, Outreach and Policy Director, Nevada Coalition of Legal Services Providers

Maximillian Lowe, Council Chair, Governor's Council on Developmental Disabilities, Nevada Department of Health and Human Services
Abbey Bernhardt
Sarah Evans, Executive Board Member, Service Employees International Union Local 1107
Nick Shepack, Nevada State Director, Fines and Fees Justice Center
Carissa Pearce, Government Affairs Manager, Children's Advocacy Alliance
Sue Burtch, Executive Director, Nevada Chapter, National Organization for Women
Christie Johnson, Youth Connection Advocate, Raise the Future
Dora Martinez, Nevada Disability Action Coalition
Luiza Benisano, Campaigns and Community Engagement Manager, Planned Parenthood Votes Nevada
Joanna Jacob, Government Affairs Manager, Clark County
Cadence Matijevich, Government Affairs Liaison, Washoe County
Hunter Cain
Rocky Finseth, A Place for Mom
Beverly Grossman, A Place for Mom
David Barney, Counsel, A Place for Mom
Tom Roberts, Caring.com
Connie McMullen, Senior Coalition of Washoe County; Personal Care Association of Nevada
Kate Cantrell, West Coast Network Director, Strategic Partnerships, Youth Villages
Sha'Londa Adams, Supervisor, Clark County Family Services
Robin Franklin, Family Services Specialist, Service Employees International Union Local 1107
Michelle Maese, President, Service Employees International Union Local 1107
Nicole Miller, Clark County Family Services
Brigid Duffy, Assistant District Attorney, Clark County District Attorney’s Office
Jill Marano, Director for Clinical and Community Services, Clark County
Layah Walkins, Child Haven Campus, Department of Family Services
Makenzie Lee, Senior Family Services Specialist, Service Employees International Union Local 1107
Korey Cook, Service Employees International Union Local 1107
Lorraine Oliver
Carlos Hernandez, Nevada State AFL-CIO
Casey Stipson, Supervisor, Clark County Family Service; Service Employees International Union Local 1107

Kyra Morgan, Medical Epidemiologist, Division of Child and Family Services, Nevada Department of Health and Human Services
Brian McAnallen, Nevada Ambulance Association
Felica Sze, Counsel, Nevada Ambulance Association
Stacie Weeks, Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services
Adam Heinz, Chief Operating Officer, Regional Emergency Medical Services Authority
Glen Simpson, Community Ambulance
Damon Schilling
Kurt Schmidt, American Medical Response
Trevor Parrish, Vegas Chamber
Tom Clarke, MedX AirOne
Bret Scolari, Medic West Ambulance
Tina Dicola
Rhonda Shortino

CHAIR DOÑATE:
We will start the meeting with Senate Bill (S.B.) 284.

SENATE BILL 284: Revises provisions relating to child welfare. (BDR 38-747)

SENATOR NICOLE J. CANNIZZARO (Senatorial District No. 6):
I serve as Senator from District 6, the northwest portion of the Las Vegas Valley, and as your Senate Majority Leader. I am pleased to present S.B. 284. I am joined today by Jonathan Norman from the Legal Aid Center of Southern Nevada, and we have an expert attorney in Las Vegas who has joined us at the table there.

I would like to give a brief synopsis of the issue that we are trying to solve, do a brief walkthrough of the bill and then turn it over to my co-presenters for any additional information that they would like to add.

Senate Bill 284 aims to increase accountability and ensure that children of the foster care system retain the benefits they are entitled to and are set up for financial success. Current practice in Nevada allows for all benefits for survivors, or other awards payable to a child receiving child welfare services, to be deposited in the [Office of the] State Treasurer for credit to the trust fund for child welfare. This money is intended to be used to pay for any services

provided to the child, including covering the basic needs of children in our foster care.

The problem is that all the money that a child may be eligible to receive through Veterans benefits, Social Security Survivor benefits, and other funds intended for them are often absorbed into the foster care system, rather than being utilized by the child for their future. Children who often enter foster care due to hardships, loss of family and other challenges, are thus left with nothing when aging out of the system. Additionally, this process happens without their knowledge and without boundaries or safeguards to ensure their financial stability when they age out of the foster care system, resulting in about a 40 percent homelessness rate within the first 18 months of them leaving the system. Additionally, not only are the children unaware of where the money intended for them goes, but children and their representatives are often left in the dark about services that they qualify for but do not yet receive.

I would like to walk through the various sections of S.B. 284. Section 1 requires an agency that provides child welfare services to determine within 60 days if each child in the custody of the agency is receiving or is eligible to receive federal benefits through the Social Security Administration or the U.S. Department of Veteran Affairs. [They must] apply promptly for federal benefits on behalf of the child if a child is determined eligible but is not currently receiving the benefits. This section also requires an agency that provides child welfare services who is receiving federal benefits on behalf of the child to determine, in consultation with the child, any parent with rights and the attorney for the child, whether there is a person who is suitable to serve as the payee. If there is no person found to be suitable to be the payee, the agency must apply to be the representative payee for the child and deposit the federal benefits into an account established in accordance with section 1, subsection 4.

If the application submitted by the agency is denied, the agency is then required to consult with the attorney for the child and appeal the denial if it is in the best interest of the child. Section 1, subsection 4 requires the agency that serves as a representative payee for a child to establish an account that is appropriate to use and conserve the federal benefits and any other benefits or awards received on behalf of the child. The account established may be, without limitation, a special needs trust; a pooled special needs trust; an Achieving a Better Life Experience (ABLE) account or any other trust account that will not interfere with

the eligibility of the child for any benefits provided by the federal government, this State or any agency or political subdivision of the State.

They must meet regularly with the child and the child's attorney to discuss the federal benefits and determine the needs of the child, which includes needs related to the future plans of a child who is 14 years of age or older, once he or she reaches the age of majority. They must provide financial counseling if the child is 14 years of age or older on preserving his or her eligibility for benefits, the use of the benefits for the needs of the child and planning for future needs. They may use such money on the specific interests of the child, as determined in cooperation with the child and attorney for the child for costs not covered by the agency as part of the child's care or by health insurance of the child.

This also prohibits the use of federal benefits for the reimbursement of the agency for the cost of the child's care. They must assess periodically whether there is a person who is suitable to assume the role of the representative payee and who would better serve the best interests of the child. If it is determined that such a person does exist, the agency is required to consult with the child, with any parent who has parental rights and with the attorney about the person identified. Additionally, if a person assumes the role of a representative payee, certain training should be provided to them by the agency.

In addition to the account requirements, section 1 requires a representative payee for a child to, at least once every six months, perform an accounting of the use, application or conservation of all benefits received on behalf of the child. They must also provide documentation to the child, any parent of the child who still has parental rights, any legal guardian of the child, the attorney for the child and a court.

If the agency serves as a representative payee for the child, then the agency is required to, not earlier than 18 months before the 18th birthday of the child and not later than 12 months before that birthday, inform the child concerning any actions necessary for the child to continue to be eligible to receive federal benefits after their 18th birthday, and to receive federal benefits directly or designate a new representative payee. They must inform the child concerning any effect of other benefits received by or on behalf of the child on the amount of the federal benefits received and assist the child with any actions necessary to carry out the provisions of this bill.

Lastly, section 1 requires an agency that provides child welfare services to provide appropriate training to employees at the agency involved in the duties in this section.

Pursuant to section 4, on or before July 1, 2025, the Division of Child and Family Services of the Nevada Department of Health and Human Services shall close each account in the Trust Fund for Child Welfare. If the Division is the representative payee pursuant to section 1 of this account for the child for whom such an account was maintained, the Division shall deposit the money from the account into an account created for the child pursuant to section 1 of this act. If the Division is not the representative payee for the child, the Division shall remit the money in accordance with subsection 11 of section 1 of this act. An agency which provides child welfare services in a county whose population is 100,000 or more shall close the trust fund for child welfare established in the county treasury.

I would just like to reiterate that these funds should be used to set children up for success who are in our foster care system. That is what S.B. 284 is intended to do—make sure that those funds are taken care of and used to help the children that end up in our foster care system.

JONATHAN NORMAN (Outreach and Policy Director, Nevada Coalition of Legal Service Providers):
The Coalition of Legal Services provides direct representation to most of the children in foster care in Nevada, primarily through Northern Nevada Legal Aid, which does Washoe County and the surrounding counties, and the Legal Aid Center of Southern Nevada in Clark County. There are about 3,000 to 3,600 children in foster care at any given time. There are a lot of folks in the room who work with kids in foster care for the child welfare agencies. There are children who suffer trauma while in foster care. I had the pleasure of being a Children's Attorneys Project (CAP) attorney when I started my legal services career here in Nevada doing direct representation. And when I think of kids that have one adverse childhood encounter (ACE), and then of foster kids who inherently have multiple ACEs; they are behind everyone else. And then if you think of a foster child who has lost a parent or has a disability, those number of ACEs just keep stacking up. It just decreases their outcomes for life in ways that we do not even know, even though we have data that shows 40 percent are homeless. All these outcomes go into their twenties.

At CAP in Las Vegas, we are doing direct representation. So as kids age out, I had many kids who had Social Security Disability. Had that money been preserved so that they got it when they were 18 through a special needs trust or an ABLE account, it would have changed the arc of their life in a good way. They could have maintained and improved the quality of their life, and that is what that money is for. So, we can bring these kids that have so many ACEs up a step to give them a chance as they embark on adulthood.

I did want to point out that there are 22 states with pending 2025 legislation that would do the same thing as S.B. 284. Three of those states—New Mexico, Utah and Virginia—have already passed the legislation, so it will be going into effect on the date in that legislation. And then Arizona, Kansas, Massachusetts and Oregon are the trendsetters that have already passed this law. New Mexico, Utah and Virginia had legislation in 2025 that has already passed. There are an additional 19 states, including Nevada, that have legislation pending before their state legislatures.

I am joined by Amy Honodel, who is our strategic initiatives manager. She has submitted her testimony in writing (Exhibit C). For the sake of time, they are posted on the Legislative website. She will also be able to help answer questions you have.

SENATOR STONE:
Can you just explain the disposition of the federal funds as they exist today that are not being put in a special account for the benefit of that child. Where is the money going?

MR. NORMAN:
During the interim, the Legislative Counsel Bureau inquired about the child welfare agencies, and I believe there is a report that goes into some detail about the funds. But roughly, the funds are being used to fund—and I may get the language wrong—but fund the cost of the child being in foster care and any remainder is kept in an account. In the situation of a death benefit, the average is $1,100. This can vary depending on how much the parent worked, but that is the national average. That is more than the cost of care, so the surplus is kept in an account and the child receives that when they reach the age of 18.

CHAIR DOÑATE:
There being no further questions from committee members, we will open testimony in support of S.B. 284.

MAXIMILLIAN LOWE (Council Chair, Governor's Council on Developmental Disabilities, Nevada Department of Health and Human Services):
I am in support of S.B. 284 which ensures that children in the child welfare system have access and control over their federal benefits to which they are entitled. This bill is a necessary step in protecting the financial futures of all of Nevada's vulnerable youth. Senate Bill 284 mandates that child welfare agencies identify and secure federal benefits for eligible children, safeguarding those funds in specialized accounts and provide financial counseling to youth who are 14 and older. These measures promote transparency and empower young people by ensuring that their benefits are used in their best interests, rather than being absorbed into the general care cost. By passing S.B. 284, Nevada will prioritize the financial well-being of children in foster care, equipping them with the resources they need to transition into adulthood. I urge you to support this bill and uphold the rights of foster youth and their financial security.

ABBEY BERNHARDT:
I am with the National Alliance on Mental Illness, but I am testifying on my own time. Young people who enter the foster care system face enormous challenges. We must provide them with the protection and resources they need to build a secure future. Senate Bill 284 represents a vital step forward ensuring that foster youth receive the support they need to thrive in their formative years and beyond. By safeguarding their benefits, enhancing financial transparency, supporting independent living and advocating for their rights, we can create a more equitable system that truly meets the needs of vulnerable young people. Thank you for considering these critical initiatives.

SARAH EVANS (Executive Board Member, Service Employees International Union Local 1107):
I am a child welfare worker who has experience in permanency services. After the children are removed from their families and placed in care, our job is to ensure that they have a permanent solution for the future. As part of that job, we watch children age out of the system again and again. It is always the scariest part of the job because you work very hard to secure whatever you can for those kids. Financial education is critical and that is why we are supporting this bill.

NICK SHEPACK (Nevada State Director, Fines and Fees Justice Center):
While we predominantly work with fines and fees in the criminal justice system, the criminal justice system and the child welfare system are inextricably linked. When youth age out of foster care, 25 percent end up in the criminal justice system within the first two years of aging out. One thing that causes this is extreme financial instability. By passing this law, we can help some kids age out with the resources they need to keep them out of the criminal justice system and succeed. For those reasons, we are in strong support of S.B. 284.

CARISSA PEARCE (Government Affairs Manager, Children's Advocacy Alliance)
I am here in strong support of S.B. 284. Foster youth go through life experiencing extreme hardship, deep trauma and devastating experiences that most adults would struggle to cope with. Financial hardship has become an unfortunate expectation for many of these foster youth from a very young age, but it does not, and should not, have to be that way. Senate Bill 284 does not present anything new. It protects a benefit that foster youth are eligible for and are currently receiving—their Social Security benefits. To qualify for Social Security benefits means that a foster youth has a disability or has experienced the death of a parent. Both of these circumstances can further set back a foster youth from successfully transitioning into adulthood—as if there is an easy transition into adulthood—but we can do something to help these foster youth in that transition. Protecting the benefits that our foster youth are entitled to is an essential step to support these youth and help seed the future of Nevada.

SUE BURTCH (Executive Director, Nevada Chapter, National Organization for Women):
We strongly support S.B. 284 for all the reasons given by previous testimony.

CHRISTIE JOHNSON (Youth Connection Advocate, Raise the Future):
I bring over 15 years of experience in the social services sector working with children, youth and families across various systems of care. I am here today to express my strong support for S.B. 284.

In my current role, I have the privilege of walking alongside youth in foster care, many who have experienced the heartbreaking loss of one or both parents. They are navigating foster care while carrying the weight of grief, uncertainty and instability. If they are eligible for benefits, the resources could make a world of difference in their transition to adulthood.

We know that foster youth are at a high risk of poverty and homelessness after they age out. Preserving their federal benefits is not just financial; it is about dignity, fairness and giving them a fighting chance at a stable future. They get this chance with S.B. 284. It ensures that if benefits are available, they are in protected accounts. It empowers youth with information and ensures accountability. We owe it to them to make sure the system protects their rights and their resources moving forward. In closing, I respectfully urge your support for S.B. 284.

DORA MARTINEZ (Nevada Disability Action Coalition):
I want to thank the majority leader, Senator Nicole Cannizzaro for sponsoring this important bill and wholeheartedly support it.

LUIZA BENISANO (Campaigns and Community Engagement Manager, Planned Parenthood Votes Nevada):
We would like to ditto in support of S.B. 284.

CHAIR DOÑATE:
I will close testimony in support and open testimony in opposition to S.B. 284.

JOANNA JACOB (Government Affairs Manager, Clark County):
We are not opposed to this policy proposed here and it certainly seems there are multiple states moving in this trend. We have been in discussion with Mr. Norman and with Senator Cannizzaro, and we have a few concerns with the bill as proposed.

First, it would be effective July 1, 2025. That is a very tough lift for us to change policies and set up programming. This is just a few short days from when the bill gets signed and gets implemented. We would like a little bit more time to be able to set up this new program.

The second thing—I want to just point out that the U.S. Supreme Court has upheld the use of this funding, and I know that we are trending that way. I listened to the presentation. There are many states who have done this, and I am curious as to how they also fund child welfare in their state. The fiscal impact to the county—we have been here many times talking about our challenges with funding child welfare right now. This is a $4 million hit for us over the biennium, in addition to what we are already absorbing.

We are hoping that we can continue to work with Senator Cannizzaro and members of this committee and the Legislature on a structural discussion of how we can fund child welfare and ensure that we can continue to deliver these services. We will continue to work with the Senator and hope we can come up with something that we can implement.

CADENCE MATIJEVICH (Government Affairs Liaison, Washoe County):
Washoe County supports the policy goals that you heard. This bill is trying to support setting up foster kids for success as they move into young adulthood. As Ms. Jacob said, we are not here in opposition to the policy of the bill, but rather some of the components of how we would implement it. I will not repeat everything because the issues for Clark County are very much the same for Washoe County. But the effective date is particularly concerning for us.

As you heard, we will become the representative payee. We have to establish accounts and trusts. We need to begin reports. The funds that are now held in a single account need to be distributed out into individual accounts. For us to accomplish that—essentially 90 days from now—would be incredibly difficult for us. I feel like I sound like a broken record here, but this bill in section 5 says that the law says when this Legislature takes an action that places a financial responsibility on the county, that county must find the resources. And that is exempted in this bill again. We are struggling, just like the State is struggling in our current economy, to meet the budget needs that help us support our most vulnerable populations. We ask for your help in bridging that gap. We thank the Senator for her willingness to hear us out thus far and we look forward to continuing to work with her and the committee.

HUNTER CAIN:
I spent the last nine years as a foster and adoptive parent to more than 40 youth, primarily teenagers. I am speaking today, not just as a parent, but as someone who has seen, firsthand, how important it is that foster youth have access to the financial support that is rightfully theirs.

I believe this bill is well intentioned. As written, S.B. 284 runs the risk of creating a new layer of bureaucracy that could institutionalize the very abuse it seeks to eliminate. Let me be blunt: currently, we know some caseworkers already misuse these youths' benefits. Why would we then hand them thousands more and expect a different result? Also, why would we pull these funds together, which the bill allows. As a simple alternative, the State can

request the funds benefits and hold them in individual restrictive savings accounts. These accounts protect their eligibility for public assistance and can be accessed when a youth turns 18 or a payee is found. This is not a theory; it is already happening in several other states. Plus, Nevada does not have to carry this burden alone. Nonprofits already active in the child welfare space can help manage and safeguard these accounts, easing the load on an already overburdened state system.

Recently, I began working with the Children's Advocacy Alliance on amendments that would insert clearer language that is more youth-focused. I urge you to listen to their smart, clear, enforceable ways to ensure benefits are protected.

Let me take a moment to express my appreciation to the three of 21 Senators who responded to my outreach on this issue: Senator Cruz-Crawford, Senator Titus and Senator Nguyen. Your willingness to listen shows your commitment to the entire fostering community of the State and I am deeply grateful.

In closing, I urge this committee to revise this bill before moving it forward. Senate Bill 284 is a starting point, but without critical changes, it shifts the risk of harm from a few bad actors to the entire system—all under the banner of reform. We can and must do better. Foster youth are not just data points, they are survivors; and they deserve to keep the little support they have when they age out fully.

CHAIR DOÑATE:
Since we have no testifiers in neutral, we will hear closing statements on S.B. 284.

MR. NORMAN:
I just wanted to point out that the pooled special needs trust that is in this bill is enabled by federal law. It is pooled because it allows economies of scale for investing because individual accounts of a special needs trust often have to have a base amount of $500,000 to start the account. These are federally regulated accounts. They have to keep them in individual accounts, but for investing and money management, they are pooled together for economies of scale.

To say that those pose some risk to our kids, I think is just false. I just want to make sure that everyone knows that currently this federal benefit is being used to cover the cost of foster care. And what this bill would do is preserve that money so that when these kids turn 18, they would have it to get a good start in life. And anything to the contrary is just a misunderstanding of the bill.

SENATOR LANGE:
I noticed the bill also applies to guardianship. Is this when people have gone to court and have guardianship of someone under 18?

MR. NORMAN:
In *Nevada Revised Statute* (NRS) 432B, we have the ability to have guardianships. They deviate a little bit from NRS 159A guardianships in that they are within the confines of the dependency, abuse and neglect case. And that is considered a permanency for that child—they turn 18 and they have no permanency. They get adopted, they are returned to their parents, or they are under a 432B guardianship. It is permanent in child welfare parlance, but it can be that a parent could come back and file a petition to terminate that guardianship. Then there's more legal proceedings and an investigation by the Division of [Child and] Family Services.

CHAIR DOÑATE:
I am going to close the hearing on S.B. 284 and open the hearing on S.B. 299.

SENATE BILL 299: Revises provisions relating to senior living communities. (BDR 40-1039)

SENATOR MARILYN DONDERO LOOP (Senatorial District No. 8):
I am honored to present S.B. 299 which revises provisions relating to senior living communities. With me today is Rocky Finseth with Carrara Nevada and Beverly Grossman with A Place for Mom.

Existing law requires a senior living community referral agency to obtain a license from the State Board of Health pursuant to NRS 449.305. Senate Bill 299 shifts the regulation of senior living community referral agencies from the State Board of Health to the Division of Public and Behavioral Health (DPBH) in the Nevada Department of Health and Human Services (DHHS).

I will briefly walk through the sections. Section 2 requires a senior living community referral agency to register with the DPBH and sets forth the requirements for obtaining and renewing registration. Section 3 requires DPBH to adopt regulations to carry out the provisions of this bill. Section 4 removes the requirement that a senior living community referral agency obtain a license from the Board. And section 7 provides that regardless of whether a senior living community referral agency has obtained a license from the State Board of Health before October 1, 2025, the agency may operate without a license or registration until 120 days after the regulations are adopted and approved.

This is a bill that we had last session. We are working to further clean up or help the bill be more concise and so with that, I will turn it over to Mr. Finseth and he can give you some more information.

ROCKY FINSETH (Carrera Nevada):
Senator Dondero Loop has been and continues to be a fierce advocate for our seniors and S.B. 299 is another example of her strong advocacy for elderly folks in our community. On a side note, both Senator Dondero Loop and I have the joy of taking care of our aging mothers. This, in many ways, is personal to both of us as we sit here today. Many members of this committee will recall that last session, members of my team sat before this committee and brought forward S.B. No. 260 of the 82nd Session, which created a pathway for organizations like A Place for Mom to operate in Nevada. Following the bill's passage, we worked with DHHS to help promulgate regulations to implement the newly adopted legislation. However, several months into the process, we realized that what we had passed in 2023 needed to be tweaked. Those regulations went through the public hearing process, but ultimately got sent back to drafting and never found their way to the Legislative Commission for final approval. Thus S.B. 299 is before you today.

As we sit here today, two years later, there are still no regulations. A process that should have been much easier was unintentionally complicated for S.B. No. 260 of the 82nd Session. This bill attempts to uncomplicate that process and follow through on the original legislative intent.

Ms. Grossman will provide the committee with a brief explanation of A Place for Mom's business model, and the importance of the committee's approval of this measure. Following her presentation, we are prepared to answer any questions that you may have of us.

BEVERLY GROSSMAN (A Place for Mom):
I am here to express support for S.B. 299, which would require senior living referral agencies to register with the Nevada Division of Public and Behavioral Health within DHHS. A Place for Mom (APFM) senior living advisors have helped millions of families navigate the overwhelming process of finding senior living for their loved ones. In 2024, over 27,000 families reached out to APFM looking for advice on senior living options in Nevada alone. A Place for Mom provides family caregivers and aging adults with information, resources and personalized referrals to senior living communities based on individual preferences, personal care needs and budget. We do not collect HIPAA or medical protected data from families or provide medical assessments.

If passed, this will create a rational and transparent process for senior living community referral agencies to register with the State without disrupting families who are using and relying on our services. Specifically, the bill will establish a registration system. It will ensure agencies can operate with integrity while keeping a focus on helping families navigate the complex world of senior care. This bill does not change existing consumer protections or disclosure requirements. Families can continue to receive the same level of transparency and support they've come to expect. Ultimately, registration ensures that families have access to reliable, accountable referral services, empowering them with information and guidance to make the best choices for their loved one's well-being. When families use APFM services, families receive referrals only after requesting them and sharing their contact information. Families receive services at no charge with no contracts or requirements to use referrals. A Place for Mom clearly discloses that we are paid by the communities, including in our TV ads and on our website. On average, our advisors provide four recommended communities from a network of over 13,000 senior living providers with over 55 of them here in Nevada.

Our senior living advisors are not paid based on the cost of the community chosen by the family, so there is no incentive to upcharge those families. Senior living communities cannot charge higher rates to families using our services compared to those who find other means to find those communities. We believe S.B. 299 will ensure families experience no disruption in accessing the senior living referral services they rely on during one of life's most important decisions of finding the right care and community for a loved one. I respectfully urge you to support this legislation.

SENATOR TITUS:
How many senior living community referral agencies like yours are out there?

MS. GROSSMAN:
I do not know a specific number. There are many different models and sizes. It is one of the things that we think is very important that families can choose to work with one or many or none. We are by far the largest. I think our second biggest competitor is actually here today and you'll hear from them, but there are independent folks who work in local communities too.

SENATOR TITUS:
It is a two-thirds vote. I did look it up and apparently there's no fiscal note on this, so this will never go to a fiscal committee because there's not any note on it—but I am curious about the two-thirds vote—is it a new registration fee? Is that what created the two-thirds?

MR. FINSETH:
You are correct. It is the fee that is triggering the two-thirds component. The original bill was not a two-thirds bill; it was a straight majority bill. Everybody on the dais supported it last time. It did not have the registration fee component in it. And that is what differentiated this bill and that is what triggered the two-thirds here.

It was because the client wanted to be a good corporate citizen, so they inserted the registration fee into the piece of legislation. They are willing to pay the fee. They inserted it as we provided the bill to the Senator, and that is ultimately what is triggering it.

SENATOR TITUS:
Is a fee based on just the time it would take to create that type of a program? How did they come up with $1,354?

CHAIR DOÑATE:
I was going to ask the same questions. It is my understanding that the current fee or licensing fee is $2,708, so now there's a reduction. Can you explain how you got to the reduction and so forth?

MR. FINSETH:
I believe down in Southern Nevada is the legal counsel for APFM. They are actually the ones that drafted it and came up with the registration fee.

SENATOR TITUS:
I want to support this bill. I just need to how we got to this registration fee.

DAVID BARNEY (Counsel, A Place for Mom):
The fee comes from the regulation applicable to similar referral agencies that have the $1,354 in it. In looking back, I think that might be the renewal fee. If it was and the other fee is appropriate, then that was an oversight; but it was designed to be commensurate with the fee applicable to similar types of agencies, which was enacted by the DPBH.

ERIC ROBBINS (Committee Counsel):
There's a proposed regulation, [LCB File No.] R081-24, that has not been adopted yet that prescribes both an issuance and a renewal fee for a senior living community referral agency. The issuance fee would be $2,708 and the renewal fee would be $1,354. Those fees are adopted under the State Board of Health [as the] general authority in NRS 439.150 to adopt fees for services provided by the DPBH. The reason this bill has a two-thirds majority requirement is because, even though the fee is reduced based on the regulation, under existing law the fee is permissive and up to the State Board of Health. This law requires the fee to be charged. So that is why there's a two-thirds in there.

SENATOR STONE:
I know this is kind of a cleanup bill, but how is the fee that you get paid as an agency determined? Because you mentioned that there can be no steering—you can't give any higher fee for one particular home or another. Are all homes required to pay this fee to you to your agency?

MS. GROSSMAN:
It is kind of two parts. The first part is we have a little over 55 communities that choose to contract with us as private businesses in Nevada. We primarily do their marketing and lead generation. If there is a successful move-in by a family, then we are paid a percentage of the first month's rent by the community. It is typically less than 3 percent of what they will receive in revenue. That is the contracted side.

For the senior living advisor who works with the families to give advice and help them kind of boil the ocean of where to go do not receive payment based on whatever that amount is for their incentives. So, they are not incentivized. The only way they get paid is if there's a successful move, and it's not [based] on how much.

SENATOR DONDERO LOOP:
I first came across APFM when I had some friends from out of town whose mother lived here, and they had no idea what to do and were really lost in the system. They contacted me and asked if I knew anybody that could help them. I connected them with APFM, and they talk with the family and walked them through, talked about what kind of assistance they may need and then came up with three or four options. Then my friends could visit those places. It really took a lot off of their backs. Then the reverse happened—my sister-in-law needed to be placed into a home after having a stroke. They live in a state that is not even close to us and my brother needed help resettling her. Those are just two instances that I know of and it shows how overwhelmed we are—as any of us could be—trying to place a loved one in the right position in a home.

CHAIR DOÑATE:
We will now open testimony in support of S.B. 299.

MR. LOWE:
I am here to strongly support S.B. 299. This bill is a necessary step in protecting Nevada seniors and their families by ensuring agencies operate transparently and ethically.

As our senior population grows, families rely on referral agencies to help navigate complex housing decisions. However, without oversight, there is a risk of misinformation and financial exploitation. Senate Bill 299 establishes a registration system that holds these agencies accountable, ensuring that they meet quality standards and act in the best interest of our elderly community. This bill promotes dignity, trust and security for seniors by safeguarding them from predatory practices. I urge you to support S.B. 299 to ensure that Nevada remains a State that prioritizes the well-being of its aging population.

TOM ROBERTS (Caring.com):
Caring.com is a nationally respected company with a mission of promoting expert guidance to seniors and caregivers. We are a competitor of A Place for

Mom. Our business model and fee structure are almost identical to our competitor. We were joking around yesterday, that one is McDonald's and the other is Burger King. Today, we are here in support of S.B. 299 for all the reasons that our competitor acknowledged, and we urge your support.

CONNIE MCMULLEN (Senior Coalition of Washoe County; Personal Care Association of Nevada):
We've been in business for 36 years, and we have gotten a lot of questions by consumers throughout the years about how to navigate and where to go to find a place to live that was safe and for their level of care. We are in support of S.B. 299 for all the reasons that people said earlier before us and appreciate the bill sponsor for bringing it.

SENATOR DONDERO LOOP:
Thank you very much for listening to this bill. It is an important thing for our seniors out there that need assistance. I appreciate you and urge your support.

CHAIR DOÑATE:
The hearing on S.B. 299 is closed. I will open the hearing on S.B. 281.

SENATE BILL 281: Revises provisions relating to foster care. (BDR 38-144)

SENATOR ROCHELLE T. NGUYEN (Senatorial District No. 3):
I proudly represent Senate District 3 in the heart of Las Vegas, and I am pleased to present S.B. 281 today. I have two bills I am presenting at the same time so if you do not mind, my copresenter is on Zoom and is available for questions that you might have about the bill.

I would like to begin by directing you to the conceptual amendment. It was filed today, so hopefully, you all have had the opportunity to look at it. I began working on extended foster care legislation during the last legislative session. And we were able to extend some deadlines to make sure that we could expand extended foster care through the age of 21—not just in Clark County, not just in Washoe, but throughout the entire State, to include the rurals. And I am happy because I know that the Executive Branch and the Governor included that in his budget, so we did not need this bill. But I did see that there was a need in our community to further support extended foster care services for our kiddos that are in that situation.

As revised by the conceptual amendment (Exhibit D), S.B. 281 authorizes the Division of Child and Family Services to provide funding and support to the LifeSet Case Management model. It serves youth and adults, ages 18 to 22, currently being served in and exiting the foster care system to successfully transition to adulthood. This is an existing program that both Clark and Washoe Counties have seen tremendous success in. However, they did not receive funding with the currently proposed budget for the 2025-2026 [2025-2027] biennium.

I would like to give the committee some background on my involvement. Like I said, for the past two and a half years, I have been working closely with the State and counties to bring crucial federal funding to Nevada for our youth in extended foster care. As an aside, these are youth ages 18 to 22 that are aging out of the traditional foster care system but are just not ready to be completely independent.

In the course of my work, I have learned that for these youths, there's not a one-size-fits-all solution and some of the youth in Nevada need more support, The LifeSet Program has been tremendously successful for this subset of youth. LifeSet is a comprehensive community-based intervention model designed to serve young people 18 to 22 years of age who have been involved in foster care, juvenile justice and mental health systems. Intense community-based support and guidance is provided to help them make successful transitions to adulthood. The model was created in 1999 and has helped more than 28,000 young people across the country. Again, what makes LifeSet very unique is that it is an individualized evidence-informed model that pairs highly trained specialists with each young person to help identify and accomplish goals. LifeSet specialists serve an average of eight to ten young adults on their caseloads. They hold a minimum of one face-to-face-session per week with program participants and are available 24/7 for crisis intervention and support.

In a randomized trial, LifeSet showed positive impacts in many areas of participants' lives including reduced homelessness, increased economic well-being and better mental health. I became familiar with the LifeSet Program when I was holding these working groups during the interim to talk about the implementation of extended foster care throughout the State. And it became very apparent in talking with the individuals that were working with extended foster care kiddos and young adults—in Clark County in particular—that they

were having a lot of success with the people that also had the added benefit of the LifeSet Program which Clark County funded at that time.

KATE CANTRELL (West Coast Network Director, Strategic Partnerships, Youth Villages):
I don't have much to add, but I'm happy to answer any questions that you might have about the LifeSet Program and how it has been utilized in Clark and Washoe Counties to date.

SENATOR TITUS:
I support the concept of making sure that we offer some support to these young adults and not just suddenly say, "Hey, you turned 18". And as we know, children mature differently. My concern is that it is said very clearly in your amendment that the program will serve young adults in Clark County, and one program will serve adults in Washoe County. Is that just an access issue? I know we have young adults in the other counties.

SENATOR NGUYEN:
I am not opposed to making that allocation, assuming this budget passes and the rural areas are included in these extended foster care benefits for the first time. I believe at one point, there were around 80-89 kiddos and young adults that would now qualify for extended foster care benefits. So, I would love to be able to have this program available to them as well, and Kate might be able to answer if there is a way to do this in those rural communities.

MS. CANTRELL:
I think that it is something we can certainly look at. To date, the program has only been offered in Washoe and Clark Counties. However, from a model perspective, we would not be opposed to exploring how the young people living in the rural communities could access the program as well.

SENATOR TITUS:
Thank you for that. I appreciate at least having that open mindedness to it.

SENATOR LANGE:
You said this program has been used in Clark and Washoe Counties. Because they are nonprofits that service kids when they get out of foster care in that transition time, do you know how many have been helped with this program within Clark and Washoe?

SENATOR NGUYEN:
I don't have those numbers; I think Clark County would have them. I know that Clark County was first awarded a grant in 2020 from Youth Villages, which administers the LifeSet Program to support the launch of this program for young people preparing to exit the foster care system. And in 2023, Washoe County received a grant from Youth Villages and DHHS staff began providing this program as well. They might be best to answer the success of that program and tell you the exact numbers, or Kate may have those numbers as well. I would hope that they might be able to come up and answer that question.

SENATOR LANGE:
I assume it is a nonprofit that was helping fund this in the past. Are they going to continue to be a part of your funding model or is it going to rest entirely on the State?

SENATOR NGUYEN:
Clark County had some funding, and I believe there was also some state funding as well. But again, I think the counties might be in the best situation to answer how they were currently funding those programs. Clark County had a grant from Youth Villages, which is a nonprofit organization.

CHAIR DOÑATE:
Seeing no other questions from the committee, is there anyone who would like to testify in support of S.B. 281?

SHA'LONDA ADAMS (Supervisor, Clark County Family Services):
I am a supervisor with Clark County Family Services and sole supervisor over Other Planned Placement of Living Arrangements for children who are about to age out of the system. We send children over to the LifeSet Program and I can say that we have seen so many testimonies of children who come back after being engaged in the LifeSet system where they are fully supported and they are thriving. It is absolutely important to hear how they are successful. I have had teens that have been shaking in their boots as they approach age 18 because they do not know what they are going to be doing. And when they get into the LifeSet Program and having that weekly support from their LifeSet advisors, they are at ease and they are thriving and they are making better choices for themselves. That is why I fully support S.B. 281.

MR. LOWE:
I am in strong support of S.B. 281 which seeks to enhance the autonomy and decision-making powers of young adults participating in the extended young adult support services program.

It is important that young adults transitioning out of foster care have the necessary tools to become a successful member of society and to become self-sufficient. Senate Bill 281 ensures that changes to allocations in a participant support plan requires their explicit consent rather than just consultation. This is a critical step in fostering independence and self-sufficiency for those young adults, allowing them to have a direct say in the financial decisions that impact their futures. Too often young adults leaving foster care struggle with sudden transitions and lack of control over their financial well-being. By strengthening their role in decision-making, this bill empowers them to take charge of their lives, promoting stability and long-term success. Providing them with this level of autonomy is not only fair, it is essential for their development into a confident and self-reliant adults.

I urge you to support S.B. 281 and ensure that Nevada continues to prioritize the rights and well-being of young adults aging out of foster care.

ROBIN FRANKLIN (Family Services Specialist, Service Employees International Union Local 1107):
I am in support of S.B. 281 because I have been a supervisor and child welfare warrior for almost 20 years. I have seen children who do not have anybody to support them when they leave our agency and this would only benefit them. Children need the support from us because that is what they've had for many, many years. They do not have anybody that they can call when they have a flat tire, but they can call their worker. These are things that us normal people, who have not had to experience foster care have a hard time understanding. The foster children have not had that.

I have seen that children benefit from having somebody guide them through the services of getting driver's license, teaching them how to pay their rent, and so on. These are things the programs offer every single week to the children that is information we got from our parents. I would agree that this is something that we should permanently fund. I did not know it was something that was just grant-funded. I am very much in support of S.B. 281.

MS. JACOB:
I am here in support of S.B. 281 as amended, and I am going to echo the comments from my colleagues from Clark County who spoke about the kids and how they come back.

I have also talked to some of our kids, and I agree that they really enjoy this model. I would like to thank Senator Nguyen. This was a budget request that we had asked the State to continue this model. Thank you for championing the needs of the county and really doing the work with us on these types of services for extended youth once they begin to age out of foster care. Senator Titus, I completely agree with you. We have heard over and over that kids, when they exit out of foster care, do need additional support and the kids have asked us for it. So, we are in support of the bill.

MS. MATIJEVICH:
We are also here in support of S.B. 281 with the amendments and would like to express our sincere thanks to Senator Nguyen as well. She has been a champion for kids in foster care; particularly kids when they transition out of foster care and into young adulthood. Senator Lange, to answer your question, we first implemented this program in Washoe County in November of 2023. And since then, we have been able to serve 60 young adults as they are transitioning.

Washoe County is currently still under a grant. It is a declining grant. When it first started, it was the lion's share of it. And as it has declined, more and more of that has come to fall under the county's child welfare budget. I have been in this chair more times than I care to count, opposing things because they did not have a funding source. So, I am going to scratch the needle across my broken record and say I am so pleased to be here in support. We're so grateful that that this is an opportunity to fund these programs, and we urge your support of S.B. 281.

MS. BURTCH:
We are in full support of S.B. 281 for all the reasons given previously. Thank you, Senator Nguyen, for bringing this bill forward.

MS. MARTINEZ:
We have a foster child who has aged out and she is staying with us. We hope you pass this bill.

CHAIR DOÑATE:
Having no testimony in opposition or neutral, we will hear a closing statement.

SENATOR NGUYEN:
I just want to be clear; I think that the counties and people will continue to reach out to find additional grant funding. Even the funding that we are asking for today does not cover every single child in extended foster care. And I think, ultimately, that would be the goal. At the end of the day, it would be cost saving if we had those one-on-one in-person interactions with these young people who often are dropped off at the time they turn 18. This would give them the support that a lot of us had. And if we did not have it, I think we can all recognize that it would be helpful if we had had that help while we were entering into young adulthood between the ages of 18 and 22, and honestly, beyond that at this point. I appreciate your consideration and thank you and hopefully I can count on your support for this bill.

CHAIR DOÑATE:
I will close the hearing on S.B. 281 and open the bill hearing on S.B. 306.

SENATE BILL 306: Revises provisions relating to mental health services for children. (BDR 39-796)

SENATOR MICHELEE CRUZ-CRAWFORD (Senatorial District No. 1):
We are going to get our presentation (Exhibit E) up and running, but I am going to start. I am here today to present S.B. 306, which is an act relating to mental health, revising provisions related to the admission of a child with emotional disturbance to certain inpatient psychiatric treatment facilities, establishing provisions related to the discharge of a child from a psychiatric treatment facility and providing other matters properly relating thereto. I was originally approached with this idea of "no reject, no eject" and the smart people with me will present it in a tangible manner. But it really spoke to me.

I am a principal of a school that has a STAR[On] Program [Schools Targeting Alternate Reform On-Site] which was formerly known as a severely emotionally challenged program. I have students that range in mental health issues from schizophrenia to bipolar, and sometimes they need to be hospitalized in these types of facilities. When I heard that there was an issue that some facilities that receive state funding have the option to "eject and reject," I just thought that would really overload the system at one particular facility. And I know how that

feels, being a Title I principal; I do not have the opportunity to eject or reject students. So, when other schools around me have programs, or if charter or private schools have that option, I know that I get overloaded in my system. And the way to really fix these systematic issues is to put pressure across the board so that we all acknowledge and see where those issues lie. My copresenter is the executive director of SEIU, Michelle Maese.

MICHELLE MAESE (President, Service Employees International Union Local 1107):
I just want to first say that this has been an amazing day for child welfare. We are very excited to be in this committee today and present this bill. It has been a long time in the making. I am the president of Service Employees International Union (SEIU) Local 1107 and also a 17-year employee and supervisor for Clark County Department of Family Services. I work in the unit specializing in child fatalities, near fatalities and sexual abuse.

Thank you to Senator Cruz-Crawford and to Assemblymember Erica Mosca, Assembly District No. 14, for sponsoring this bill which will address the need for appropriate placement, treatment and discharge of our children in Nevada who need mental health services. I also want to thank our SEIU members who have traveled here today, as well as the 3,500 foster kids who are in care right now and all the children who need mental health treatment. They did not choose this path. We appreciate their patience in working with us adults as we try to navigate and make it better for them.

I also want to emphasize that this bill is referencing all Nevada children whether they are with their guardians, their parents, relatives, foster care or adopted. This is for all children. I want to explain what "no reject, no eject" means. It means that a temporary shelter, such as Child Haven, cannot reject a child from coming into care due to the child's mental health needs. And then once a child is placed in a temporary shelter like Child Haven campus, they cannot eject the child. Once the child is there, they have to provide services and find placement for the child.

NICOLE MILLER (Clark County Family Services):
I am a 20-year member of SEIU and I have worked for Clark County Family Services for 20 plus years. I work five days a week with our abused and neglected babies, youth and teens on the Child Haven campus. Child Haven is an emergency shelter for abused and neglected children ages 0 to 18. The

shelter is designed to be a safe temporary place for children that have nowhere else to go due to being removed from an unsafe home environment.

Child Haven is licensed as a daycare center, not a mental health facility. The difference between temporary emergency shelters and a residential treatment facility is that the residential treatment facility is designed to provide acute mental health services to children in need of stabilization with medication and individual and group therapy. Once acute treatment is established, the child can be released with a treatment plan for ongoing services in order to meet their daily needs.

Our temporary shelter can't provide the services children need for stabilization in mental health care. When children arrive at our temporary emergency shelters, we are unable to diagnose or manage their ongoing mental health issues. Children are being disrupted from foster homes and dropped off at temporary emergency shelters because their mental health needs can't be met safely in the home. When ongoing medication management and psychiatric care needs are not established and ongoing, there is a gap in care until they are placed in a treatment facility and can be stabilized.

We had a child that was transported to our temporary emergency shelter by paramedics. He was strapped to a gurney due to his violent tendencies. For this story, I will identify the child as Richard. Richard was 11 years old, and he was approximately 5'3" and weighed 200 pounds. He was diagnosed with mental health issues, and he was also autistic. He was nonverbal and in diapers, and due to his physical aggression, his mom could no longer care for him. She refused to pick him up from the hospital and upon discharge, he was transported to our shelter. Richard was dysregulated and violent. He attacked staff and other children in his way. He was so upset at one point, that he charged the male staff and they fell through a glass window. Both Richard and our staff union member ended up at the hospital, and Richard came back to our temporary emergency shelter. Richard needed one-on-one care, thus taking care away from other abused and neglected children who were subsequently impacted by this [incident] and endured secondary trauma. Richard's needs could have been better met in a residential treatment facility as opposed to our emergency shelter. This is just one story of many that we deal with.

BRIGID DUFFY (Assistant District Attorney, Clark County District Attorney's Office):
I oversee about 20 deputy district attorneys who handle cases of children in foster care and then another 9 deputies who handle children that are in the delinquency system.

I was approached about this bill, and I am going to walk you through it. What I hope you have is the latest amendment (Exhibit F) that is on NELIS so that we all are looking at the same bill. Section 1 of that bill would add an amendment to NRS 433B.130 which would be amended to add new provisions within subsection 2 of the act. Section 2, subsection 2.1 adds new language stating,

> Notwithstanding any provision of NRS 433B.320 or 433B.330 if a public or private inpatient psychiatric treatment facility is enrolled as a Medicaid provider of services for the treatment of a child with an emotional disturbance, the public or private inpatient treatment facility shall admit the child for treatment unless the facility does not have the availability or resources to adequately meet the needs of the child.

We would then be adding a new section to Section 2 amending NRS 433B.130 which would require the administrator of DPBH, upon an order of a juvenile court pursuant to NRS 432B, which is children in foster care; NRS 62E which are [cases] in the juvenile [courts]; or NRS 62D.180 to 62D.185, which are for incompetent children, that they would accept those children and provide services to a child. A new section within 433B.130 would be if the court ordered, pursuant to Section 1 paragraph (c), that a child is in need of placement in an inpatient facility, the court shall order the administrator or the administrator's division designee to place that child into the facility for treatment within 30 days.

Chapter 433B of NRS would be amended to say that a public or private inpatient psychiatric treatment facility that admits a child with an emotional disturbance shall establish a discharge plan that would include, but not be limited to requiring court approval if it is not approved by the child's parent, guardian or legal custodian. It prohibits discharge into a temporary facility and requires approval by an agency that provides child services before receiving the child after discharge.

When this amendment was given to me, I spoke to juvenile justice agencies and district attorneys around the State, both rural as well as Washoe and Clark Counties, to discuss their experiences. This is not just a Clark County issue. This is an issue that we see around the State, where children are in temporary shelters or in juvenile detention in need of residential treatment facilities. But the residential treatment facilities are not willing to take the children because they say they are too dangerous. Therefore, our children just languish in these detention facilities or in our temporary shelters, which are only meant to be temporary shelters. That just causes trauma to other children. It causes injury to other children; it causes injury to staff; and it is not helping children get well. Senate Bill 306 would help the State—and when I say the State, I mean the entire State from counties to parents, everybody—to understand who is in charge of our children's mental health system.

Over the years, we have spent a lot of time talking about our adult mental health system—consent decree after consent decree—to mandate that adults are ensured treatment in mental health facilities. But we do not talk about our kids. A lot of times it is because our kids cases are confidential. They are hidden—the press is not showing up in courtrooms. We are not allowed to talk about specific cases because they are confidential. So, nobody knows what is really going on. And what NRS 433B is [addressing] that we have children in need of some help. They need help and they are being left in facilities month after month after month without the appropriate help. We need this legislative body to finally put an end to the question, "Who is the safety net for children's mental health" when a private facility will not take them? Whose job is it? And that is what I think this bill says. It says it is the job of the State to be that safety net for our children and to provide those services.

I ask you to please consider passing NRS 433B [S.B. 306]. I know we have some more amendments coming to Section 2 to work with some other stakeholders. And I thank you for your time and consideration and allowing me to walk you through this very important piece of legislation.

MS. MAESE:
In conclusion, S.B. 306 guarantees that Nevada children who need mental health treatment will receive the care they need by ensuring that they are placed in the proper facilities, instead of being rejected or ejected and sent to a temporary shelter. This will also restore the working conditions at Child Haven and other temporary shelters by reducing the number of children in the shelters

and allowing staff to provide the adequate care that is needed there. Senate Bill 306 will not only guarantee that our children receive the appropriate mental health care they need, but this bill will also allow us to partner together as agencies to make sure that a discharge plan is appropriate.

CHAIR DOÑATE:
Which amendment document is the one that we should be referring to?

SENATOR CRUZ-CRAWFORD:
There are two that look the same, but I just want to make sure we are all on the same page. Ms. Duffy, can you please give us some indicators? I do not know if you have the same naming convention, but at least you could tell us what is at the top of each one of them so that we can be on the same page.

MS. DUFFY:
My understanding is the current working amendment, Exhibit F, was submitted by SEIU. At the top, it starts with a green section 1, chapter 433 B. Then it has some blue under section 2 and then some red strikes through on section 2 and then there's a paragraph that is in black that says, "The administrator shall ... ," which is current language in the statute and then adds some green language.

CHAIR DOÑATE:
All right, let us go ahead now that we have the packaging. Are there any other remarks that you had or are we good for questions?

SENATOR CRUZ-CRAWFORD:
I just want to say we did have so many amendments because we work so well with stakeholders. We wanted to make sure we got everybody on board.

SENATOR TITUS:
It is important that we provide more access to behavioral health across the spectrum, especially for our children. I am worried about beds. I am worried about providers and facilities. And you just can't invent them by bringing forward a bill. And unfortunately, I am worried that sometimes they have to be in temporary shelters until beds are available in some of our more permanent locations. And I am worried that this bill mandates that a facility that may be full to accept children when they should not.

The second amendment that the SEIU put in, (Exhibit G), the short one, says that for treatment unless a facility does not have the availability or resources to do so. I do not know where that ended up in all this and I know there's a lot of amendments here. I am really concerned about making sure that—as a little hospital if our beds were full and it was not safe to keep a patient there—we would transfer them. And sometimes, especially during COVID-19, there were not beds available in my little rural town. We actually sent them all the way to Vegas. I am just worried about making sure that there's that potential, that there may not be available beds. And I think that is a true issue here in the State. And I am wondering because I didn't see it in the amendment we looked at.

JILL MARANO (Director for Clinical and Community Services, Clark County):
We share the same concerns about children not having appropriate beds. The situation that we are in now is that, at Child Haven or in detention or whatever other facility it is, when there are not enough beds, we have to be resourceful and figure out how to create them. And when we are in this situation and we are trying to create those beds, we are creating beds for very high-need children—children with excessive mental health, behavioral health or developmental concerns—children with a very high level of acuity. And it becomes a very volatile situation in those facilities.

It is a struggle for us today. There are 102 children in Child Haven today. But if an acute child comes in that every acute hospital has declined, we have to figure out how to maintain an appropriate level of supervision for that child if the child is suicidal. And what we do know with our facilities and in particular, some of our state facilities—their census is much lower and they do have more availability and more clinical services and more treatment services for these children than we have in our facilities.

I think the other key thing to note in this bill is that it does say a 30-day time for placement. So that does give time for planning; it gives time to figure out discharge plans. And, of course, we would work very closely if we had another child in one of those beds that was ready for discharge. We would work on figuring out that discharge plan because we do want to make sure that our kids are in appropriate placements.

SENATOR LANGE:
Senator Cruz-Crawford, in your role as a principal, did Clark County School District when they had their budget crisis—well, I guess they are still in a budget crisis—let go of a whole bunch of mental health providers in the school district?

SENATOR CRUZ-CRAWFORD:
We had to close a lot of our programs. I had After School All Stars, and we lost that. We were going to lose our mental health, Hazel Health Online Therapy, but I was able to advocate to keep that. We almost lost some Communities in Schools. We're reducing in half next year. And so, yes.

SENATOR LANGE:
The reason I asked that question is because I understand the level of care for some of these students; they need to be in a facility to get the best treatment possible. But we are in a school situation, and it probably happens around the State, those kids could be served prior to going into long-term care situation. And I am just trying to figure out the responsibility between the schools, the school districts and the next step, which is long-term care. And if anyone can respond to that, I would be really appreciative.

MS. MARANO:
I completely agree with you. I think this is one piece of a solution to a bigger problem. The bigger problem is an overall lack of service array with mental health and developmental services for our children—particularly for our children in foster care and in the juvenile detention settings. And I think this is one solution that serves an immediate need right now because we have kids sitting in detention and in our temporary shelters that are languishing because they are not getting the treatment that they need. I think the other piece of the solution is a more robust development of community supports.

CHAIR DOÑATE:
With no more questions from the committee, we will begin testimony in support of S.B. 306. There are five letters of support (Exhibit H) for S.B. 306.

LAYAH HAWKINS (Child Haven Campus, Department of Family Services):
I am testifying today in favor of S.B. 306. In my experience working with youth that have mental and behavioral health issues, the youth have been turned away from psychiatric facilities regardless of meeting the criteria of being in crisis and

being deemed acute. The youth that have been in our system for many years have been turned away because of their reputation for being difficult or having difficult behaviors because their Medicaid will run out or their lack of participation in those facilities' programs.

I witnessed our staff contact anywhere from three to eight different facilities on behalf of one child, and they've been turned away. We have a few of our youth that are banned from those facilities because of their reputation. As a result, our youth begin to treat themselves, and this looks like excessive drug and alcohol use, fighting, running away from the shelter, sex trafficking recruitment and engaging in sexualized behaviors. These youth then become disruptive and violent, attacking staff and other youth. This re-traumatizes them and those who reside in the shelter.

Our temporary emergency shelter is licensed as a daycare facility and we do not have the resources or services to support this population. I am asking the chair and members of the committee please vote in favor of S.B. 306 and help these facilities provide our youth with the services that they need to become productive members of society.

MAKENZIE LEE (Senior Family Services Specialist, Service Employees International Union Local 1107):

I am a dedicated senior family services specialist with 25 years of experience in mental health; the last 20 years in adolescent care, temporary shelters, residential treatment centers and acute mental health. Numerous children have returned to the community without their mental health needs being met. No aftercare services are set in place; therefore, the child regresses and returns to the original setting that caused the initial issues for hospitalization. Due to traumas, unmet needs and ongoing issues, they are placed on a "Do Not Admit" list; all local mental health facilities working in unison with one another. The child's needs continue to be unmet, and then they are placed in a temporary shelter.

I am in favor of passing S.B. 306. It is vital in providing adequate care to our adolescent community. Addressing these needs allows the youth to live as a prosperous and productive member of our society.

KOREY COOK (Service Employees International Union Local 1107):
I am a ten-year SEIU member. I work for Clark County—working in the residential treatment center emergency shelters. I have 25 plus years working with child welfare. I have also worked as a psychiatric caseworker and as a family services specialist. I have seen the whole engine and how it works when it comes to kids being ejected or not accepted into those facilities. Even with written referrals for the hospitals, they reject them. I can pinpoint when they do it; it is always after they've been seen more than two times. After two or three times, they start to reject them—not because of lack of beds—they are rejecting them because they do not want to deal with their behaviors.

I am wholeheartedly in support of S.B. 306. I think is going to destroy a lot of those issues that we have had in the past and it is going to get our children moving in the right direction when it comes to taking care of their mental health as they age out.

I have a kid right now on campus with us who suffers from ADHD, is suicidal, and has bipolar disease. He comes in and out. We try to talk to him, get him into treatment. He was in and out of our facility for the last five years. He finally got treatment and went the first two times. He came back to us—same thing, suicidal again, and he does not get accepted. That kid right now is 17 years of age. He is about to be out. I told him we gotta keep pressing forward on getting this mental health done before he turns 18 and gets too old and not able to change. As we get older, we get more stubborn. We do not want to do those things anymore. Let's get it done now. But if he keeps getting rejected, rejected, rejected, we are not going to see any results for our youth. So, I am wholeheartedly in support of this bill.

MS. BURTCH:
We strongly support S.B. 306. No more excuses, just no more excuses. We must take care of our children.

LORRAINE OLIVER:
I am a retired member of SEIU and I have had many opportunities to sit with SEIU members who are actually working in this field. I am a nurse and many times I have had to work with children who are in custody or having care. I believe that all of us as adults should stand up for the best of our kids. When I listen to my colleagues at SEIU, I hear that Child Haven is always overflowing with children because they cannot be rejected. So, it seems to me that that

should be spread out a little bit better and that whatever this bill can do to help them not be the only ones who cannot reject a child. I feel it is not a good thing for us to reject any child in any case. Whatever you can do to step forward for this bill and support it. I am in full support of S.B. 306.

CARLOS HERNANDEZ (Nevada State AFL-CIO):
Nevada's children deserve care that is safe, stable and compassionate. Unfortunately, the current system of child welfare and mental health systems is failing to deliver this basic promise.

Under the current system, mental health facilities can eject children at any time without being required to place them in a safe and appropriate alternative facility. This leaves children without the treatment they need and without the security they deserve. Senate Bill 306 would change that by creating clear, enforceable standards for discharge and placement, ensuring children are not left in limbo. Passing S.B. 306 will not only improve the quality of care for our most vulnerable children, but it will also help ensure that mental health facilities in Nevada are being held accountable and that children in need of care are treated with dignity and respect. For these reasons, the Nevada State AFL-CIO proudly supports S.B. 306.

CASEY STIPSON (Supervisor, Clark County Family Services, Service Employees International Union Local 1107):
I am testifying in support of S.B. 306 to not only ensure the needs of the children on specialized caseloads, but for all children involved in the child welfare system. Specialized permanency serves children and families impacted by sexual abuse, child fatalities, near fatalities, commercially sexually exploited youth and severe physical abuse to children aged four and under.

Children on specialized caseloads have extensive medical, developmental, behavioral and mental health needs. Their needs cannot be met in a shelter. Their trauma experience and their mental health is best met when they are wrapped by trained licensed professionals, not by placing them in temporary shelter situations. Children whose mental health is not properly addressed and who are placed in temporary shelter situations frequently negatively impact the other children in the shelter. This is seen through acts of aggression, violence, perpetration and solicitation.

Our children deserve support services and treatment. They do not deserve to be passed on to the next temporary stop until their needs become acute again. I personally supervise three staff who provide after-hours on-call support to permanency. In addition to their regular duties, it is commonplace for them to spend hours in emergency rooms with youth having mental health episodes which have not been appropriately or adequately addressed. They are pending treatment and have no place to go. This bill will help ensure our children's mental health needs are prioritized and met adequately and further ensures the safety of all children in temporary shelters. It provides support that is desperately needed for my peers who work in temporary shelters such as Child Haven.

MS. ADAMS:
I am testifying in support of S.B. 306 because, as a six-year permanency worker supervisor for Clark County Family Services, I have witnessed far too many children in foster placements who suffer a wide range of mental health diagnoses being declared acute and admitted into a mental health facility. During their mission, they receive intervention-style treatment that allows their behaviors to stabilize for the moment but are not provided treatment that will equip them with sustainable coping mechanisms. They are prematurely released from these facilities, often to a temporary shelter due to the "no eject, no reject" policy there. Personnel are not trained to manage the constant roller coaster of uncontrollable outbursts and harmful behavior to themselves, their peers and caregivers that stems from improper treatment of their mental health, which results in multiple hospitalizations. These children are being treated for the moment but not for the mental. These children deserve proper mental health care. I am in support of S.B. 306.

MS. JACOB:
I am here with many of my colleagues on behalf of family services. We've been here many sessions talking about the fact that our Child Haven facility has been overcrowded and that it is Clark County workers who had to be there. The issue of discharging to a temporary shelter is not one that we think is appropriate. The Clark County Board of County Commissioners has adopted a policy that we support—the kids [should be] getting clinically appropriate care when they need it, and we do not believe that level is at Child Haven. It has been a struggle for Clark County, as you have heard. We are in support of the bill, and we will continue to work on it in support of the passage.

CHAIR DOÑATE:
We are out of time for support testimony. If you would like to send your written testimony in support of S.B. 306, please send it to us, and we will put it in the record. Having no testifiers in opposition, we will move to testimony in neutral.

MR. LOWE:
I appreciate the opportunity to provide neutral testimony on S.B. 306. This bill seeks to improve access to inpatient psychiatric care for children with emotional disturbances by establishing admissions requirements, securing provision plans and discharge-planning protocols. Ensuring that children receive timely and appropriate mental health care in criminal [cases] is a critical issue. While S.B. 306 aims to enhance accessibility and continuity of care, it is important to consider the capacity and resource limitations of facilities trusted with these responsibilities. Also, there should be a provision for alternative outpatient home- and community-based service providers providing treatment in the least restrictive environment. Additionally, collaboration among providers, families and policymakers will be essential to successfully implement these measures without overburdening the system. I encourage the committee to carefully evaluate both the benefits and potential challenges of this bill to ensure that it effectively meets the needs of Nevada's children while maintaining a sustainable mental healthcare framework.

KYRA MORGAN (Medical Epidemiologist, Division of Child and Family Services, Nevada Department of Health and Human Services):
I want to present some information related to Nevada's only state-operated residential psychiatric hospital for children and adolescents, Desert Willow Treatment Center. We have a total of 44 beds, 32 of which are residential and eight are pediatric. In 2023, we served 65 youth in our residential unit which was a 44 percent increase from 2022. And it marked the highest volume that we have seen in the data that I reviewed for the last eight years. We do see youth readmitted several times. In fact, we had a youth in 2023, who was admitted for the sixth time. Median length of stay was just under four months and 80 percent of our youth are covered by Nevada Medicaid.

These are very complex cases that have overlapping needs. The most common primary diagnosis categories were persistent mood disorders, major recurrent depressive disorders and reactions to severe stress and adjustment disorders. Fifty-three percent of youth had documented or suspected intellectual or developmental disabilities and 18 percent had a secondary diagnosis of ADHD.

It is becoming increasingly common for youth to be in state custody at their time of admission to Desert Willow. Thirty-eight percent of youth were in state custody in 2023 when they were admitted; 45 percent were victims of substantiated abuse or neglect and 37 percent had previously been removed to foster care.

The complexity of treating youth requires highly specialized staff who not only have expertise in diagnosing mental health conditions and treating them, but also possess the skills to work with the emotional cognitive and social complexities of youth. A subgroup of high-needs youth account for a disproportionately large share of resources. In 2023, we had 37 youth that were responsible for 168 aggressive incidents in the facility. Of course, that is highly dependent on the number of beds that are occupied and the mix of patients in the facility at any given time, as well as staffing.

In some cases, patients have a history with each other from detention facilities. There is a comprehensive report that contains a lot more information than I have time to provide today. It is available online on our website. It has been submitted to the committee. I just wanted to give some highlights on the complexity of serving these youth.

CHAIR DOÑATE:
Thank you. Please circulate that report. I will ask Senator Cruz-Crawford for any closing remarks.

SENATOR CRUZ-CRAWFORD:
I just want to thank you, Chair, and the committee for the opportunity to share this important piece of legislation. Thank you, Children and Advocacy Alliance, for coming up in support; thank you for the report. I think that report really highlights the differentiation between specialized treatment and unspecialized treatment and the importance of making sure that our children are in specialized treatment facilities that are prepared to take on their needs. I want to take a moment to thank all of the workers for the work they do. This is really one of the hardest jobs, mentally and physically, and these people are really changing Nevada for the better. They get up every single morning believing that these children can have a better life and can have a better future. And so, I just want to thank all the workers that put that time and effort in.

CHAIR DOÑATE:
I will close the hearing on S.B. 306 and open the hearing on S.B. 424.

SENATE BILL 424: Requires an assessment to be imposed on private emergency medical transport providers. (BDR 38-561)

BRIAN MCANALLEN (Nevada Ambulance Association):
I'm here today representing the Nevada Ambulance Association (NNA). The association represents 95 percent of all private emergency medical service (EMS) providers in Nevada covering both ground and air services. We worked on a bill in 2023 and had some challenges trying to move it through the process, so we are glad that we are here today with a full hearing. As you know, EMS services in this State are provided both by public and private entities. On the public side, you would have your fire departments; fire districts; on the private side, you have those of us here today that will be weighing in on this legislation. As I mentioned, we worked on this legislation in the last legislative session and were unsuccessful in getting it to move forward. So, we spent the interim working with our members and reaching out to those who are not a part of the association. We were successful in getting responses from some, but others did not respond. But we did work with all private entities to come forward with this legislation. We also worked very closely with the Division of Health Care Financing and Policy (DHCFP) and I want to thank Stacie Weeks and her team for their counsel and engagement throughout this process to bring this legislation forward.

Senate Bill 424 essentially allows private ambulance providers to assess themselves and use that money to draw in federal matching dollars to increase the share of federal Medicaid dollars that we can bring into the State. We also have a similar program for our colleagues on the public side, called Ground Emergency Medical Transport (GEMT). This bill does not do anything to that existing program that already receives enhanced Medicaid dollars for the public side of our system. We also have a friendly amendment (Exhibit I). We needed to address some technical changes such as taking air [service] out of the bill. This bill only impacts ground emergency providers.

FELICIA SZE (Counsel, Nevada Ambulance Association):
I am managing partner at Athene Law, LLP. I am not licensed in Nevada, so full disclosure on that. I am here as an outside consultant, not as legal counsel, and

to provide additional technical support on S.B. 424, which funds enhanced Medicaid payments for emergency ground ambulance provider services.

As you are aware, the Medicaid program provides healthcare services to approximately 21 percent of Nevada's population. It is for children, pregnant mothers, seniors in nursing homes and individuals with disabilities. These are Nevada's neighbors, family members, grandparents and veterans. As you will hear today, emergency ambulance service is a critical public infrastructure. This system ensures that ambulance first response is available to provide on-scene emergency care and transport for patients to hospitals or other appropriate facilities. However, in order for the system to work, ambulance companies must staff enough rigs to respond timely to citizens when needed.

Currently the Medicaid program pays a private ambulance provider a base rate of $187.58 to $247 for most 911 calls. Mileage fees of $4.74 per mile are added to this base rate. Unfortunately, for the most part, these rates still fall below the cost to providers to provide the emergency ambulance service, especially as labor, equipment and fuel costs continue to grow.

This underfunding places a strain on the State's EMS system, especially in underserved and vulnerable communities across the State. Unlike other providers, ground emergency ambulance providers do not have the ability to pick and choose the patients they serve. Simply put, they cannot opt out or otherwise limit their participation in the Medicaid program the way other non-emergency healthcare providers can obtain a favorable payer mix.

As you are aware, the Medicaid program is a joint state- and federal-funded program where state dollars are matched with federal funding. While the federal Medicaid Act requires 40 percent of each state's Medicaid funding to come from the state General Fund, nearly all states rely on various mechanisms including provider assessments to fund the remaining share of Medicaid payments. This is not new. The federal government has allowed states to use these types of healthcare assessments since the inception of the Medicaid program, which you are likely aware of given the hospital assessment in place here in Nevada. Senate Bill 424 would create a new provider assessment on private ground emergency ambulance companies to support Nevada and provide resources needed to increase Medicaid reimbursement for emergency ground ambulance services. The proposed structure would involve a nominal assessment of all private ground emergency transports, which would then be

used to support increased Medicaid reimbursement. This mirrors programs already in existence in approximately 17 states, including Alabama, California, Georgia, Michigan, Utah and Washington.

Bottom line: this increased Medicaid reimbursement would help offset the unpaid costs of care for core Medicaid services instead of increasing the burden on Nevada taxpayers and help ensure access to critical services. The NAA has worked on the development of S.B. 424 with Chair Doñate's direction and the leadership at DHCFP.

Here is a summary of the provisions of S.B. 424. Section 3 defines the Account to Improve Emergency Medical Transportation, Quality and Access, which is created by section 7 of the act. The proceeds of that assessment and any interest and income earned on the money in the account are to be credited to that account for an enhanced reimbursement program. Section 7 authorizes the use of the money in that account to be used for enhanced payment rates to private GEMT providers, funding to DHCFP for various public health functions and for the administrative costs of implementation. Section 4 defines the term "emergency ambulance services."

As Mr. McAnallen has mentioned, we have proposed a friendly amendment, Exhibit I, to this definition to ensure that the definition of "emergency ambulance services" matches the definition used by the federal government. Part of that is to ease the process for implementing such a program. In this case, there would be no prior federal approval required for the imposition of the assessment because the assessment would be imposed uniformly on all emergency ambulance services.

We also have provided a friendly amendment, as Mr. McAnallen mentioned, to exclude air ambulance services, as the State is not authorized to impose an assessment on air ambulance services under federal law and preemption.

Section 5 limits this program to private emergency medical transport providers, as public emergency medical transport providers [already] receive enhanced Medicaid payments through a separate program.

Section 6 authorizes DHCFP to impose an assessment equal to a percentage of net revenues earned by private emergency medical transport providers, subject to ceilings set forth in federal law and also a statutory ceiling that we have put

in an attempt to be conservative in terms of historical limits on the amounts of assessments that have been permitted. It further authorizes DHCFP to collect data from private emergency medical transport providers so that it can ensure that it properly establishes the program.

In addition to setting up the account, section 7 authorizes DHCFP to utilize the proceeds of the assessment to increase rates of reimbursement to private emergency medical transport providers using any or all of three mechanisms in either the fee-for-service program or through managed care. It limits the assessment revenues that may be used for DHCFP for non-Medicaid rate purposes to 10 percent of the total proceeds of the program.

Section 8 authorizes DHCFP to establish administrative penalties and impose other enforcement actions against private emergency ambulance providers. And that is reinforced by provisions in section 11 of the act, which was added based on discussions with DHCFP leadership as to the kinds of mechanisms they needed in order to ensure compliance.

Section 9 gives DHCFP certain flexibilities in implementing the act to the extent necessary to obtain federal approval. Now, more than ever, those kinds of flexibilities are important so that we can address any changes that may come about in federal law. The NAA has developed this proposal with outreach to all private 911 GEMT providers in Nevada. Based on its preliminary modeling, they estimate that the State would collect approximately $4 million in assessments to support over $12 million in enhanced provider payments. The proposed legislation says that 90 percent of this money will be used to fund enhanced payments for private emergency ambulance services which we believe will help protect access to care in the most vulnerable communities. We appreciate your support and thank you for your consideration of S.B. 424.

SENATOR TITUS:
You are Nevada Ambulance Association, and you are private ambulance companies. How many members do you have?

MR. MCANALLEN:
We have approximately 11 members.

SENATOR TITUS:
And how many ambulance companies are in Nevada?

MS. SZE:
With correspondence with leadership at DHCFP, we got a list of all of the entities they thought may be providing private GEMT. We did reach out to all of them to verify that they were providing emergency and medical transportation. There were a number of those that we either determined were public entities or, to our knowledge, were not providing emergency transportation. They were providing transportation on a non-emergency basis. An attempt was made to reach out to all of those entities. I apologize, I do not have the list in front of me, but I want to say that we had reached out to another 10 or 12 entities.

SENATOR TITUS:
So, all 11 members of your association support this.

MR. MCANALLEN:
Yes, they do.

SENATOR TITUS:
We do not know how many private ones out there that did not respond to you, but it would be good to know. And I am sure we could get that somewhere because they have to have a license. That information is important. We know from a pattern in the healthcare system, the hospitals that have joined this, that there are winners and losers in this type of program. Some facilities did lose that higher rate of reimbursement. Do you have any idea based on other programs what that would look like in the ambulance world?

MS. SZE:
I have been involved with the establishment of these programs in various states. This is a very different program than a hospital program. With emergency ambulance, particularly when you are taking 911 calls, it is essentially a lottery. So typically speaking, most 911 providers are treating a minimum number of Medicaid enrollees. As a result, in a number of the other programs that we have been involved with, while there's no direct or indirect guarantee that providers will be made whole, for the most part, we are not aware of any significant losers. And part of that has to do with the nature of the 911 system and the distribution of Medicaid enrollees throughout the State.

SENATOR TITUS:
So, this reimbursement would be strictly for services by a private ambulance that are taking Medicaid patients. And the reimbursement would be only for the cost of the Medicaid transports?

MS. SZE:
The assessment is imposed on all transports, but the enhanced reimbursement is only for Medicaid transport.

SENATOR TITUS:
Correct. But in section 6, you talk about the percent based on net revenue. These are bill charges for across-the-board—your private services and Medicaid patients—that then you get that reimbursement. I just want to make clear that you are going to be paying on a net bill, which we know you do not necessarily get that. You are only paying on the money that you got back from Medicaid or you are paying on the money you got back from a private insurer versus the bill charges. That's what I want to understand.

MS. SZE:
That is correct. The language actually matches the limitation that is set forth in federal law, which bases the limit on net revenue. Net revenue is based on the income that is received, not the amounts that are billed for cross-payer types.

SENATOR TITUS:
Because we certainly know we can bill a lot and we do not always get back a lot. I wanted to make sure what that is going to look like. I have a lot of questions but, I will just let somebody else ask questions. I can take this offline too.

SENATOR STONE:
Why not just reprioritize Medicaid fees to reimburse private ambulances and get a Medicaid waiver. Why are we slapping a tax on private ambulance services? And ultimately, it is going to raise costs for other areas.

MR. MCANALLEN:
We looked at lots of different options to try to find the best mechanism for improving Medicaid reimbursement in the State, absent going to the State directly and asking for an increase, which is unlikely, and especially in these budget confinements that exist today. It functions in 17 other states, and we

thought that this would be the best mechanism to drive more federal dollars into our State and help close that gap between what we do not receive and trying to bring in more federal dollars to enhance our medical program.

SENATOR TITUS:
I appreciate that, and not to belabor the point, but I am very concerned that we are making decisions based on 11 companies when we know there are at least 10 that did not respond or participate. So, I have big concerns about that. I share Senator Stone's issues and I would really like hear from Stacie Weeks and the DHCPS on what this looks like. If you do not mind and if Ms. Weeks does not mind.

STACIE WEEKS (Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services):
We have been in discussion with the Nevada Ambulance Association about this bill over the interim. I think we will have to move forward in implementing it if it passes. I think you are right—with any tax, there are always winners and losers. I think not being a taxing entity, it does create challenges for us often in terms of operating a tax, but we are doing it now for hospitals and with skilled nursing facilities. We would take a similar approach to implementing this bill.

This bill does include an assessment fee that we would use as part of the revenues to help fund a vendor. We currently use Mercer to operate our programs, and we probably would continue that work. I have seen some of the analysis about the value of the program, to getting back to Senator Stone's question, it does give us state revenue to increase rates that we do not have today. I think that is the value and that is why the NAA is here today asking for this revenue.

SENATOR TITUS:
Would you be able to provide us with some of those numbers and what that looks like?

MS. WEEKS:
Yes, we can reach out to see who all is licensed and get a full list of information. I think we have done that before. We can definitely get you the full list and share that information with the committee.

CHAIR DOÑATE:
I think you alluded to a lot of other states that have already implemented this. I think with the hospital program that we have that we just enacted, right? But I think it was a great challenge that did not need to occur? We know the program works so far from what we have implemented, and if essentially the Legislature should have acted way sooner right? We're seeing the benefits now going toward children's mental health, which we did not have that source of revenue before. If we can take such action, the model is already there to replicate.

I wanted to mention section 7, subsection 2 deals with the other funding dedicated toward public health. Perhaps we can look at how we can lessen the burden for, say, rural providers or other parts of the State. I think maybe we can talk offline if that is an idea that you would be willing to consider.

SENATOR TITUS:
I have one comment; I worry that this just addresses the private ambulance services, but we still have poor reimbursement for most of the EMS. Certainly in the rurals are fire districts and those fire districts have ambulances and they have to bill for their time. They still need to be reimbursed, but this does not help them in any way, does it?

CHAIR DOÑATE:
For the sake of time—let us work on something offline that can maybe make it more palatable for all of us to be on the same page.

MS. WEEKS:
Just be careful because there are federal rules around these taxes. If you want to open it up, you will probably have to consider taxing more of the ambulances. There's just a bigger picture to think about. I know there's a limited amount of revenue that you have put together here to make this work for those members now. Just be mindful that all of these programs are very delicate and sort of how they impact the providers.

CHAIR DOÑATE:
I think you are referring to the Centers for Medicare and Medicaid Services guidelines. If you are going to give the reimbursement, then you also have to include them as part of the tax base.

MS. WEEKS:
Typically, that is what I am assuming. If you are only taxing the private ambulances and then turning around and using that money more broadly for a bigger group of people—that's possible, for sure, Mr. Chair, but I do think there's probably not enough revenue in this tax, from what I remember. Looking at this model, it is not as generous as the hospital program. I would say if you tweaked it a little bit, you are going to have more losers than winners. That is what I would worry about. Just be mindful of that. I mean, there could be discussions about adding some funding in here to support other providers, but it might be separate from the tax would be my advice.

CHAIR DOÑATE:
Thank you very much. Let's move to support testimony for S.B. 424.

ADAM HEINZ (Chief Operating Officer, Regional Emergency Medical Services Authority):
We, along the with the NAA, support this legislation. It applies across all of our emergency transport platforms, which include emergency ground ambulance service here in Washoe County and northern Nye County. We provide facility transports across the State in our critical-care ambulances and throughout 12 Nevada counties. We provide out-of-hospital health care to more than 91,000 people annually. Of those responses, nearly one-third, 30,000, are Medicaid patients. The Regional Emergency Medical Services Authority (REMSA) has been and remains a nonprofit organization and does not receive a taxpayer subsidy to operate. We have proudly cared for the communities since 1981. We believe strongly in the importance of creating access to health care for rural communities across the State, giving people life-saving care when they need it most.

The challenge is that Medicaid reimbursement continues to fall way behind the costs for providing care. It is critical that payments cover, at a minimum, the cost to maintain safe and appropriate staffing levels, dependable vehicles, essential equipment, supplies and provider training—all of which ensure competent clinical emergency care. Whenever someone calls 911 in your community, REMSA and our sister agencies across the State, and across the country, have subsidized the losses due to significant lagging reimbursement for Medicaid beneficiaries. This bill helps reduce that. In conclusion, REMSA urges this committee to ensure that all Nevadans continue to have access to lifesaving, emergency medical care and transport by supporting S.B. 424.

GLEN SIMPSON (Community Ambulance):
I am here on behalf of Community Ambulance testifying in support of S.B. 424. I have had the opportunity to serve in emergency services since 2004 in Southern Nevada starting as an EMT and then continuing my work into management at Community Ambulance.

Community Ambulance is a private ambulance provider, responsible for more than 60 percent of the 911 call volume in Clark County, and the exclusive backup provider for the City of Henderson. We're proud members of the NAA. We employ over 700 providers and operate 90 ambulances in our fleet at any given time. We have up to 50 ambulances deployed in our community, ready to respond to the next 911 call. On average, we respond to more than 350 calls for service each day and perform about 295 transports on average per day. Our services are available 24/7, 365 days a year.

For emergency calls, we are contractually required to respond within 12 minutes. This means we need to have enough ambulances positioned throughout our service area to ensure ambulance services are available, no matter where the call [originates]—even if ambulances are in route to or in a hospital. We respond to every call; that means the patients we serve reflect our communities in Southern Nevada.

Over the last five years, the cost of operating an ambulance service has increased significantly. The greatest cost to our organization is labor which has increased about 15 percent over the last five years for us. Our fuel cost has doubled over the last five years and our professional liability insurance has increased about 30 percent over the last year. Medications and medical supplies have increased by about 30 percent in the last five years as well. A third of the communities we serve are covered by the Nevada Medicaid program. Unfortunately, the Medicaid rates fell short of covering our costs five years ago. Our last rate increase was July 1, 2013.

Senate Bill 424 would provide an avenue for Nevada to stop this trend. It provides much needed enhanced reimbursement to private ambulance providers like Community Ambulance that will further our ability to continue to meet the needs of our communities.

MR. LOWE:
I am in strong support of S.B. 424. This bill is essential for improving EMT services in Nevada by ensuring adequate Medicaid reimbursement rates for ambulance providers. Emergency medical transport is a lifeline for individuals in critical situations. However, many providers struggle to cover costs due to inadequate reimbursement rates which threaten access to timely and high-quality care.

Senate Bill 424 addresses this issue by establishing a dedicated funding mechanism to support ambulance services, improve public health education and enhance emergency response infrastructure. By supporting S.B. 424, Nevada will strengthen its emergency medical system, ensuring that no one is left without the urgent care they need. I urge you to support this bill and prioritize the well-being of our communities.

DAMON SCHILLING:
I am here representing myself. As a former first responder of 22 years, proudly serving Las Vegas as a paramedic and as the former president of the Nevada Ambulance Association, I support S.B. 424.

This bill creates a small assessment on private ambulance providers, which brings in more federal Medicaid funding. That money helps raise reimbursement rates and strengthens emergency medical services across the State. It helps ambulance providers by covering the real cost of care. It helps the State by bringing in more federal dollars without having to raise taxes. It helps first responders by giving them the tools, the training and support necessary. And most importantly, it helps Nevadans by ensuring faster, better emergency care when they need it.

I definitely urge you to pass S.B. 424 as it is a smart investment in public safety and healthcare access.

KURT SCHMIDT (American Medical Response):
I will be brief. We stand alongside the NAA and the other providers who have spoken in support of S.B. 424. American Medical Response responds to approximately 110,000 requests for service in Clark County each year, resulting in approximately 73,000 transports each year. Of those, 30 percent of those transports are paid for by Medicaid.

We are proud to be a safety net provider for the underserved communities across Clark County and across the State, giving people the lifesaving care when they need it most. The challenge, as you have heard today from the NAA and others, is Medicaid reimbursement, which continues to fall way behind the cost of providing care. We ask for your support of S.B. 424 which will provide us with a much needed lifeline to protect access to care for all Nevadans.

TREVOR PARRISH (Vegas Chamber):
I would like to echo the comments made by my friend Mr. Schilling. I would like to add that this assessment would provide a stable funding source to improve data infrastructure, which is vital and crucial to public health. By providing for this additional sustainability for ambulance services, S.B. 424 would also create a positive economic impact in our community by better serving our vital healthcare services. I would like to thank the committee for your consideration of this measure and also thank you to the NNA for the presentation.

TOM CLARK (MedX AirOne):
MedX AirOne is primarily a fixed-wing and helicopter ambulance provider. It is unfortunate that we cannot participate in this program. But MedX AirOne also provides ground transportation throughout rural Nevada in Elko, Winnemucca, Hawthorne, Battle Mountain and Ely. A lot of the services we provide are helping those fire agencies that have transport issues as well. You can imagine the vast highway system; there are emergencies everywhere. It really is a "who can get there as quickly as possible" kind of a scenario for most of rural Nevada. And there's a lot of hospital-to-hospital transport too, where you do not want your fire service out of service in one county to get a patient from say Elko to Washoe or whatever.

That being said, we very much support this particular bill. This idea was brought forward briefly in the last legislative session. MedX AirOne is very much in support of this because of the number of transports that we do have that are Medicaid-related, and [we want] to participate in a tax that is going to benefit all. From our perspective this is something that the whole system will benefit from. And so, we are in support.

BRET SCOLARI (Medic West Ambulance):
I am here on behalf of Medic West and in support of S.B. 424 based on the amendment that was proposed by the NAA. I will just leave it at that.

MR. MCANALLEN:
I just want to say thank you for introducing S.B. 424, and we stand ready to work with you and the committee members on any improvements that you see necessary to move it forward. Thank you for your time tonight.

CHAIR DOÑATE:
I close the hearing on S.B. 424 and call for public comment.

TINA DICOLA:
I spent 22 years in the dispatch center in Las Vegas; then 9 years ago, I took a 911 call from a trafficking victim, and it changed my life. I found out at that time that there was no training for dispatchers and very minimal training for fire and EMS, which compelled me to put together training for Southern Nevada. This training has been very successful. Clark County, Henderson and Las Vegas Fire have had success with juvenile traffic victims on routine medical calls. I have received much support from fire agencies, private ambulance companies and dispatchers, all of whom play such a vital role in helping victims. Sadly, not all agencies are doing the training consistently. To my knowledge, it is not being offered to my partners in Northern Nevada.

Mandated standardized training not only prepares us and protects us, but it saves lives. I understand that other agencies or other groups would like to have mandated training. Don't put our field responders in great risk like responding to a trafficking victim. I would be forever grateful if we could get S.B. 127 heard to have mandated training for fire, emergency services, dispatchers and nurses in Nevada.

SENATE BILL 127: Revises provisions relating to certain training for first responders. (BDR 40-30)

RHONDA SHORTINO:
I am in here trying to encourage you to please have a hearing for S.B. 127 that Ms. Dicola mentioned. It mandates the training of first responders who currently have no specific training on identifying and safely protecting children from traffickers. It will save the lives of children who are being trafficked. Traffickers are much more likely to call firefighters than they would police. Yet many first responders are not trained to protect child victims or to protect themselves in those dangerous situations when they receive that call.

First responding agencies are in support of S.B. 127. Unions of first responders are in support of S.B. 127. There's no cost to this bill and first responders who have completed this training have reported having identified and rescued children from situations that they would not have previously recognized as trafficking. On behalf of Prevent Child Trafficking Nevada, a nonprofit organization here in Nevada, trying to create a prevention model that can be replicated in communities throughout the United States, I ask you to please give us a hearing on S.B. 127.

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CHAIR DOÑATE:
There being no further business, this meeting is adjourned at 6:23 p.m.

RESPECTFULLY SUBMITTED:

_____
Donna Crawford Kennedy,
Committee Secretary

APPROVED BY:

_____
Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
S.B. 284	C	7	Jonathan Norman / Nevada Coalition of Legal Service Providers	Support Testimony: Amy Honodel
S.B. 281	D	20	Senator Rochelle T. Nguyen	Conceptual Amendment
S.B. 306	E	25	Senator Michelee Cruz-Crawford	Presentation: Michelle Maese / Service Employees Informational Union Local 1107
S.B. 306	F	28	Brigid Duffy / Clark County District Attorney's Office	Conceptual Amendment 1
S.B. 306	G	31	Senator Robin Titus	Conceptual Amendment 2: Jill Marano / Clark County
S.B. 306	H	32	Chair Fabian Doñate	Five Support Letters
S.B. 424	I	39	Brian McAnallen Nevada Ambulance Association	Conceptual Amendment