MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Eighty-third Session
May 6, 2025

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:37 p.m. on Tuesday, May 6, 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 Angela D. Taylor, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

GUEST LEGISLATORS PRESENT:

Assemblymember Natha C. Anderson, Assembly District No. 30
Assemblymember Tracy Brown-May, Assembly District No. 42
Assemblymember Steve Yeager, Assembly District No. 9

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Taylor Volk, Intern to Assemblymember Steve Yeager
Steve Fenberg
Patrick Neville
Carissa Pearce, Children's Advocacy Alliance
Hito Norhatan, One APIA Nevada

Kaylyn Kardavani, New Day Nevada
Kent M. Ervin, Nevada Faculty Alliance
Sabrina Schnur, Leukemia and Lymphoma Society
A'esha Goins, Service Employees International Union Local 1107
Shelbie Schwartz, Executive Director, Battle Born Progress
Jonathan Norman, Legal Aid Center of Southern Nevada; Northern Nevada Legal Aid; Southern Nevada Senior Law Program; Volunteer Attorneys for Rural Nevadans
Aaron Plotke, Associate Director, Health Care Innovation, Families USA
Eric Waskowicz. United States of Care
Jesse Wadhams, Nevada Hospital Association
Allison Herzik, Dignity Health – St. Rose Dominican
Blayne Osborn, Nevada Rural Hospital Partners Foundation
Connor Cain, Hospital Corporation of America
Dan Musgrove, Valley Health System of Hospitals
Michael Hillerby, Renown Health
Misty Grimmer, North Vista Hospital
Cyrus Hojjaty, Strong Towns Las Vegas
Nicholas Schneider, Vegas Chamber
Denise Tanata, The Children's Cabinet
Deetra Stewart, Family Child Care Association of Nevada
Nic Ciccone, City of Reno
Justice Forest, Nevada Association for the Education of Young Children
Annette Magnus, MomsRising Together
Marc Ellis, Communication Workers of America Local 9413
Jamelle Nance, Children's Advocacy Alliance of Nevada
Carmalietha Allen-Ward, Lee Lee's Busy Bees FCC
Ryley Svendsen, Nevada Coalition to End Domestic and Sexual Violence
Garrett Gordon, Community Associations Institute Nevada
Lisa Nunley, General Manager, Caughlin Ranch Homeowners' Association
Mike Kosor
Carolyn Glaser, President, Red Rock Country Club Homeowners Association
Benn Wiebers
Heather Scherloski

CHAIR DOÑATE:
We are going to start with Assembly Bill (A.B.) 343 first. If folks are here for different bills, feel free to step in and step out as we go through this process.

With that, I will open the bill hearing for A.B. 343 and invite Speaker Yeager to present this bill.

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

ASSEMBLYMEMBER STEVE YEAGER (Assembly District No. 9):
It is an honor to present A.B. 343 to you this afternoon. I want to introduce Taylor Volk, who is with me at the table. He is one of our Assembly leadership office interns this session. After my introductory remarks, he is going to provide an overview of the bill. But before I continue with those remarks, I want to tell you a little bit about Taylor. He's done an amazing job this session. He's a senior at the University of Nevada, Las Vegas, and while getting experience here at the Legislature, he is also working for Brookings Mountain West. His interests lie in public policy, and he has taken an interest in both health and substance abuse policy. After graduating with his bachelor's degree in political science, his focus is working toward getting his juris doctor or master of public administration degree. He still has some education to pursue.

I want to let you know that in addition to Mr. Volk with me, on Zoom, we have two former legislators from the State of Colorado. They worked on this legislation in Colorado. We have Steven Fenberg, who's the former Democratic president of the Colorado Senate, and we have Patrick Neville, former Republican leader of the Colorado House. They will be available to answer questions. But I want to point out that they were the cosponsors in Colorado. It was a bipartisan effort there, and we sure hope it can be here as well.

This is a critical piece of legislation that will bring much-needed transparency to healthcare pricing in Nevada and ensure that patients have the information they need to make informed decisions about their medical care, health care. As you all know, it is one of the most significant expenses for Nevada. Yet too often patients are left in the dark about the true cost of their care until they receive a bill in the mail. That's not how a fair and functioning market should work. Assembly Bill 343 seeks to change this by codifying existing federal price transparency requirements into state law, giving Nevada patients the ability to compare hospital prices just as they would for any other major purchase.

In 2019, which seems like a lifetime ago, President Trump issued an executive order that laid the foundation for healthcare price transparency nationwide. His

administration's Centers for Medicare and Medicaid Services (CMS) rules required hospitals to post their pricing for shoppable services and mandated that health plans disclose negotiated rates with providers. These requirements were enforceable as of July 1, 2022, however, compliance across the country has been slow, and Nevada is no exception. According to Patient Rights Advocate's most recent analysis, only 35 percent of Nevada hospitals are currently in full compliance with the federal price transparency law. That means most patients in our State still do not have access to the clear upfront pricing information that federal law requires. This is unacceptable. We cannot allow hospitals to continue operating under a system that leaves consumers guessing about what their care will cost. More recently, on February 25, 2025, President Trump signed a new executive order to reinforce the rules that increase enforcement. Now it is our turn here in the State to do our job at a state level and require hospital price transparency in state law and empower Nevadans to protect their rights to be informed consumers.

This bill is straightforward and a necessary solution. The bill really does three key things. Number one, it codifies federal transparency requirements into state law. It ensures that hospitals comply with the same standards already mandated at the federal level, reinforcing accountability at the state level. It also requires hospitals to file annual reports with the Department of Health and Human Services (DHHS), ensuring ongoing compliance. Number two, it prohibits hospitals from collecting medical debt if they fail to comply—patients should not be on the hook for medical bills when hospitals have failed to provide clear pricing information up front. If a hospital does not comply with these transparency rules, A.B. 343 will prevent them from pursuing medical debt collection. Additionally, patients will have the ability to bring civil action to stop debt collection in cases of noncompliance.

Number three, A.B. 343 empowers the State to enforce compliance. Without enforcement, transparency laws are meaningless. This bill will allow the State to take civil action against hospitals that refuse to comply, ensuring that all Nevada healthcare consumers have access to the pricing information. They deserve transparency in health care.

As I mentioned. this is not a partisan issue. It is a commonsense reform that benefits every Nevadan. We've already seen strong bipartisan support for similar laws in other states. I mentioned Colorado. Ohio has successfully passed a hospital price transparency law with Ohio's legislation receiving unanimous

support and being signed into law by Republican Governor Mike DeWine. Several other states including New Mexico, Wyoming, Oklahoma, Kentucky, Oregon, Washington, Illinois, Pennsylvania, Hawaii, Michigan, Indiana and Iowa, are all currently considering this legislation in 2025. And if you parse those states out, we have some red states, some very red states there, and we have some very blue states as well. By passing A.B. 343, we would be aligning Nevada with this growing bipartisan movement and ensuring that our State stands up for patients, not opaque hospital billing practices.

This bill is about fairness, accountability and empowering patients to make informed choices about their health care. Every business in America is required to disclose pricing up front. Hospitals should not be the exception. I urge your support of this measure that will allow us to join a national effort to make transparency a reality for all Nevada patients. Now, I will turn it over to Mr. Volk to walk you through the sections of the bill in a little more detail.

TAYLOR VOLK (Intern to Assemblymember Steve Yeager):
I will walk you through A.B. 343. Sections 1 to12 of the bill include definitions and scope of the legislation. Sections 13 to 16 codify federal price transparency rules and establish a system of annual reporting requirements. These sections incorporate federal price transparency requirements into Nevada law. Hospitals are required to post a machine-readable file with a standard charge for all items and services and provide a consumer-friendly display of at least 300 shoppable services. Noncompliant hospitals must submit a corrective action plan. That plan, in section 17, prohibits hospitals from engaging in medical debt collection if they are noncompliant with price transparency requirements and designates such actions as a deceptive trade practice. If prices are charged and not match the posted price on a hospital's website, a patient can file a complaint with the Attorney General and DHHS to dispute the charge and ask for an investigation. While a charge is in dispute, medical debt on that charge cannot be collected. And additionally, if a hospital attempts to collect medical debt on a disputed charge, they can be fined.

Sections 18 to 21 give the Nevada Attorney General's Office and DHHS the authority to take legal action against noncompliant hospitals. It establishes penalties for hospitals that fail to meet transparency requirements, and it also ensures that Nevada can enforce compliance independently of federal agencies. Section 22 requires hospitals to provide an itemized receipt and associated information to patients.

Now, I finally want to walk through the proposed changes of this conceptual amendment (Exhibit C) that is also posted on the Nevada Electronic Legislative Information System (NELIS). Item one deletes the requirement to have tax identification numbers reported. Item two removes 95 percent compliance. Either a hospital is compliant, or they are not. Item three removes some language that is not needed related to the posting requirements. And finally, item four allows hospitals to deliver itemized receipts digitally or through the online portal. That is the walk-through of the bill.

ASSEMBLYMEMBER YEAGER:
I was advised that I may have misspoken in part of my testimony. I just want to make clear for the record that there is not a private right of action that an individual could bring for some of those who were in opposition to the bill in the Assembly. We made that a deceptive trade practice so the Attorney General could act, but you would not have the ability to bring a private right of action. I wanted to make that clear because I think I may have stated otherwise in my initial comments.

SENATOR TITUS:
Thank you for bringing this bill forward and for acknowledging that the Trump Administration has done a great job in health care from his first administration to his current administration. Having transparency is something that is critical and something that our President has acknowledged is important. Since CMS has really made this a priority and our President has made it a priority twice because it was not upheld and enforced, and he has come around again to say this is critically important. I know you went through it quickly and I appreciate the quickness of it, but my concern is if the CMS has already brought this back and it was important enough for a Trump Administration to address it again, there are hospitals in this State that are in 30 different states. Are we looking at legislation and transparency? There are 30 different types of legislation, so how will they be able to make sure that they are compliant versus just following this template that the federal government has given us?

ASSEMBLYMEMBER YEAGER:
Mr. Fenberg from Colorado is really the expert on what is going on around the country and can help answer that question about how this might be different from other states or the federal legislation.

STEVE FENBERG:
We wrote this bill intentionally to ensure that if a hospital in Nevada is complying with this bill, then they will automatically be in compliance with the CMS rules. They will not have to have two different files to make sure they are meeting different requirements. One is nested within the other, and they will be in compliance with federal and state rules and laws at the same time. The difference really is that A.B. 343 allows the State to have more of a conversation with their hospitals on the ground, something that CMS obviously will struggle to do with just how many hospitals and how many jurisdictions they would have to be involved in for adequate enforcement. The bill as it stands really allows DHHS to say, "Hey, it has come to our attention that you might not be totally compliant in this particular area, and so we want to talk to you about getting you into compliance." It does not automatically go to fines or penalties, but really is a partnership to ensure that the hospitals are acting in good faith and that they are meeting the requirements of Nevada law, which will be the exact same requirements that will be at the federal level from CMS and essentially what other states are doing there.

I do not know of any states that are going significantly beyond or departing significantly from CMS rules. I think if a hospital system that is in multiple states applies the Nevada regulations to all their systems or all their hospitals within their system, then they also would be in compliance with federal law. It really is meant to be complementary, instead of being an additional regulation. Mostly, [the idea is] just making sure that each individual state can enforce it if, and especially when, CMS does not have the ability to do actual on-the-ground enforcement and have that long-term relationship with the hospitals to make sure they are serving their community and getting consumers what they need before they get their surgeries or their operations.

SENATOR TITUS:
I am wondering how long ago Colorado passed this law? What I want to look at is was there a benefit we have, how long ago did you do this? Has there been a benefit to consumers, just as a perspective, before we go down this road?

MR. FENBERG:
We passed this law a handful of years ago, so it is relatively new. Patrick Neville, who's also on the line, really is sort of the godfather of that. I wrote it and cosponsored it, but he really was the guy who made it happen. We saw compliance, though, in Colorado, which was similar to the rest of the

country—a low 20 percent or so in terms of compliance from our hospitals. We passed that law and did a lot of education around it. Because of the passage of that law, compliance shot up almost immediately to more than 70 percent. We know it works, and it is not because it is a stick and you are penalizing hospitals. It is because you are simply having that conversation at a local level and making sure the regulators and the hospital together are ensuring that they are in compliance. But we saw the impact.

SENATOR TITUS:
You passed it six years ago, compliance increased to 70 percent. What I am really seeking is if there was better patient outcome, and did you lower the cost of health care?

MR. FENBERG:
I can't definitively say it lowered the cost of health care. If there is any politician or regulator in America that can definitively say that about one particular policy, they'd be famous. What I can say is that we know it has been successful because we know that consumers and patients have been checking to see what the cost of their service will be prior to going in and, presumably in a free market, with information to educate themselves. That means you are making a better choice for you and your family.

This really is about empowering consumers as well as employers as well as unions or anybody else who's purchasing health care in that way. [It is] making sure they have the information they need to make a better decision as a consumer. And then, if there is a situation where they are overcharged or they are charged something that feels unreasonable, they have the tools to investigate that and see if that hospital was acting in good faith or if they were charged in a manner that might be predatory. That is when they can act by filing a complaint or something like that and really having the tools to advocate for themselves. That is the purpose. I can't say appendectomies were more successful after the bill passed, but I can say that consumers were empowered to make better decisions for themselves and their pocketbooks.

SENATOR TITUS:
To be clear, I am a physician, and I have recommended and referred patients to many different areas. As somebody who's on Medicare and likes to pay cash for things, I check what it costs. I want to know what I am going to pay if I am paying cash, and with the high deductibles, I encourage patients to call around

and find out what costs are. I certainly support transparency and support consumer involvement in their healthcare process. My concern always, it sounds great, but does it really solve the problem we are looking at?

PATRICK NEVILLE:
I want to give you a personal example of the way this actually helped me out just two weeks ago. My daughter was in a bad car accident. She got a really bad concussion. It was her second concussion within a year, and I was able to easily go online and search because so many hospitals are compliant. Her pediatrician referred us to a hospital in Colorado, and I was trying to find the price. The price was $2,000 for the facility fee alone, but because Colorado is so compliant, we have a bunch of technical aggregators in Colorado that made it super easy for me to search. I was able to find that same MRI that my doctor recommended for my daughter for $420.

I am on Tricare insurance, so it really does not cost me anything. I know the copay is going to be $38, anyway. But I am a good steward of taxpayer dollars. I was able to find it and say the hospital that is recommended for my daughter's MRI can be $3,000—and that is going to be two weeks out for the MRI. I was able to get it the next day, about 25 miles closer to my house, and it was going to be $420. I saved the taxpayer dollars. They ended up covering it through Tricare. I only paid $38, but it makes it easy for me to save the taxpayer dollars.

Getting the compliance rates has been wildly effective in Colorado. I would just say the most important factor here is making it as local as you can. What this bill has done is give consumers some buy-in. Consumers can send these reports to the attorney general, and they can give some input. When I did any sort of policy as a legislator, I wanted to be regulated as closely as possible. And even being a conservative Republican, full disclosure, I did not want the federal government coming and telling my state what to do, so this gives the state some authority over this, which is just a commonsense policy.

SENATOR STONE:
You say that 35 percent of the hospitals in Nevada are compliant and by inference, 65 percent are not in compliance. Would you say that the 35 percent that are complying, would they be compliant with this bill if it were a law today, or is your law different than the federal mandates?

ASSEMBLYMEMBER YEAGER:
If they are compliant today, they would be compliant with this law, so nothing would change in that regard. Of course, there's always a possibility that someone falls out of compliance and that does happen on occasion, but this does not add any additional regulatory burdens that are not already in the federal rules and law.

SENATOR STONE:
I noticed in the bill it says that you must keep the data on the website for seven years. I was curious as to why we need to keep the data so long on the website.

MR. FENBERG:
The reason for that is because sometimes you get a procedure done and you are still dealing with the billing many months, if not years later. Potentially, it [could be] tied up in an insurance dispute or something like that. If the way to empower the patient for that [situation] is to be able to look up what the price should have been on the day of the procedure, then you need to make sure that the information they are looking up is relevant for that day. If it has been a year and there's a new file posted on the website, the patient is going to need access to the file from the previous year to get the right information.

Now, not everything changes every year, but some do. Hospitals have a right to renegotiate their contracts whenever they would like, and that is the reason. We have been having conversations, making sure it is not burdensome and [deciding] whether five years or seven years is the right amount. We are open to reasonable conversations around that. But that is the purpose for making sure that some of the information is retained for longer than one year.

SENATOR STONE:
Lastly and according to the bill, it must be updated by the hospital once a year. Is that correct?

ASSEMBLYMEMBER YEAGER:
Yes.

SENATOR STONE:
In these inflationary times, we see changing premiums, copays and costs of procedures. If a hospital is neglectful and not quickly posting a change in the

price of an MRI, for example, is this just an open opportunity for somebody to sue the hospital, and/or is there a remedy for the hospital to make a correction so they are not able to collect the debt later because of the way the bill is written?

ASSEMBLYMEMBER YEAGER:
I think I know the answer to that, but I am going to ask Mr. Fenberg if he could answer because I want to make sure it is an accurate answer.

MR. FENBERG:
The requirement in the law is that they will update the file once a year or not less than once a year, which is in line with what the requirement is at the federal level. If a consumer looks up the file and it seems like the number was wrong, but in reality, it was right because the hospital had just not updated their website, that would be okay. To me, if most hospitals are not updating their pricing that often, once a year is the standard, and that is why the CMS rule is what it is. Some are not even updating every year.

But just a reminder, there is no private right of action or lawsuit ability for that patient. It would simply be a conversation with the hospital or the billing department to figure out what the actual price was supposed to be and maybe a conversation with the regulator to clear it up. It would be in the hospital's best interest to ensure that their pricing on their website is up to date and current so they do not have to deal with those types of disputes that are not relevant. But if they had not, I think there would be an easy way to remedy that and clarify the information. Just a reminder, if they did not do that, it would not lead to a lawsuit. It would simply lead to filing a complaint on the regulator's website and probably having a subsequent conversation once that complaint is filed.

SENATOR TAYLOR:
I am not an attorney—would you explain private right of action versus the other piece?

ASSEMBLYMEMBER YEAGER:
It is a good question. A private right of action just means that the individual can sue the hospital—they could file a lawsuit directly against the hospital. We do not have that here in Nevada. Your remedy would be to make a complaint to the Attorney General's Office, and then the Attorney General will go through its

process. Now that you have asked about private right of action, you are going to hear it more than you think from here on out.

That was a point of contention on this bill on the Assembly side, particularly with our chambers of commerce. They have always been very sensitive to private rights of action. They want to make sure that lawsuits are not abused. That was one of the compromises we made in the bill—to take that out and say we think we have enough resources on the state level between the Attorney General and the regulator to make this right. It is not going to be a situation where a hospital is going to get sued by 150 people because their price list was not accurate on one day. Instead, it is going to go through the state process.

SENATOR TAYLOR:
Thank you so much. There's a phrase for that process, not a private right of action, but it's something else.

MR. VOLK:
Is it deceptive trade practice?

ASSEMBLYMEMBER YEAGER:
Exactly. There's already law around what is a deceptive trade practice. We are simply adding this to the list. The Attorney General already has purview over deceptive trade practices as we define them in statute. We are adding this to the list of things where they could act if they found fit to do so.

CHAIR DOÑATE:
We have had many meetings about this bill. There are concerns that the bill provisions are more extensive than what the federal requirements are and that this is going to be very onerous to hospitals. But it is my understanding that some of the hospitals that exist in this State also exist in your state. Can you please talk to us about the implementation of the bill and what has transpired since the bill passed in your state?

MR. FENBERG:
Yes. The bill or a similar bill was passed in Colorado and, compliance almost immediately shot up more than 70 percent. Our belief is that the hospitals that are not in compliance can get into compliance very easily and quickly. Sometimes, it is literally that they just have not taken the time to update their

files and make sure that every procedure has an actual price instead of indicating NA [not applicable] or leaving a blank in the cell.

If there's no reason to be extra careful in the compliance, sometimes entities will not be, but if it has gotten some attention and maybe there's been a news article or two that it is a new law, then we often will see compliance shoot up. We have not seen a lot of penalties or fines or anything like that in Colorado. I do not know if we have seen any at all, to be honest. We do have what we call a private right of action in Colorado that is not in this law. I think there's only been two cases that were filed in the last several years since this new law existed. I do not think you'll see this translate into a plethora of complaints or anything like that.

Lastly, this bill is in line with the exact same regulations at the federal level. There is some guidance at the federal level that we think would be different in Nevada. But the actual letter of the law, if you compare the regulation to what is in this bill, they really are the same requirements. The federal government analyzed what the cost or burden of compliance would be, and they estimate that it is about $12,000 per hospital to make sure they have an updated spreadsheet with pricing that is kept up-to-date and current on the website.

It is very minimal for a hospital system to be in compliance and to do that one time to ensure that they have the pricing available. We assume that that cost or that burden would be similar if not almost zero because, theoretically, they should already be in compliance with the federal law, and that in itself only costs $12,000.

CARISSA PEARCE (Children's Advocacy Alliance):
We are in support of A.B. 343 and have submitted a letter in support (Exhibit D) to enforce transparency of healthcare costs in hospitals.

HITO NORHATAN (One APIA Nevada):
I live in Sparks, and I am currently undergoing treatment as a stage III cancer patient. I am here today to express my strong support for A.B. 343 because for cancer patients like me, understanding the charges is a matter of survival and fairness. Throughout my treatment, I have been hospitalized several times due to complications. However, the most shocking aspect for me was not the diagnosis or the procedures themselves but the bill that arrived weeks after I returned home—a staggering $117,000 in total.

To make matters worse, many of the charges were vague, confusing and unrecognizable. At a time when I should be focusing on my health, my family and I are instead consumed by fear, not just for cancer but for financial devastation. I am not alone—in speaking with other cancer patients, I have heard the same story repeatedly. Patients already fighting for their lives should not have to fight to understand the cost of their care. The reality is that some of the largest hospital systems, while claiming nonprofit status for tax purposes, continue to impose massive, unpredictable bills on patients without clear explanation. It is not just unfair, it is unacceptable. Therefore, I urge you today to stand with patients, to stand with families and to choose transparency over unchecked pricing practices.

KAYLYN KARDAVANI (New Day Nevada):
We support A.B. 343 and hospital transparency. Nevada patients and families should have the right to see what something costs and make an informed decision before they are potentially subjected to mountains of medical debt and random bills. Nevadans deserve to have the ability to make the best decision for their health and finances. Assembly Bill 343 takes that important step forward.

KENT M. ERVIN (Nevada Faculty Alliance):
We are in support of this bill. Some years ago, the Public Employees' Benefits Program started what they call a consumer-driven health plan. The theory was that if you had a high deductible so that the patients had skin in the game, they would be able to research and save money by comparison shopping. Well, you can't comparison shop if you can't see the data in an easy way. From personal experience, I will spare you the story about how hard that is, but we support the bill.

SABRINA SCHNUR (Leukemia and Lymphoma Society):
We would especially like to ditto the doctor from Sparks who testified earlier. My favorite line he said was, "Patients already fighting for their lives shouldn't have to fight for their bill too."

A'ESHA GOINS (Service Employees International Union Local 1107):
We represent healthcare workers across Nevada and strongly support this bill. When patients can't see hospital prices, they are essentially buying health care blindfolded. This bill tears off the blindfold and allows the patients to see. We urge you to support this bill.

SHELBIE SCHWARTZ (Executive Director, Battle Born Progress):
I am also here today as a mother who experienced firsthand the frustration, confusion and financial burden [due to] hospital billing after an unexpected caesarean [C-section]. Like so many others, I went into labor expecting to have a straightforward delivery. Childbirth is unpredictable, and I ended up needing an emergency C-section, a decision made quickly by my doctors. In that moment, I had no time to compare costs, shop around or ask for a breakdown of hospital charges. My priority was my baby's safety.

The shock came later when I received an exorbitant hospital bill. Even after my insurance, no one had told me what the charges would be ahead of time, and I had no way of knowing if the costs were fair or inflated; worse, as a brand-new exhausted mother, the responsibility fell entirely on me to call the hospital, navigate complex billing departments and request an itemized receipt, something [which should be] public knowledge and [which] parenting groups [know] to significantly reduce hospital costs.

I want to put an emphasis on that: it is widely known in parenting groups and due date groups that simply asking for an itemized receipt can make a hospital bill dramatically lower. If those costs were not arbitrary, why would this happen? Why would any patient have to play a guessing game or fight just to be charged fairly? This bill would make hospital pricing transparent from the start so that patients like me who are already dealing with one of the most vulnerable moments of their lives are not blindsided by unfair billing practices. I urge you to support this bill so that no mother and no parent has to go through what I did. Transparency should not be optional. It should be the law.

JONATHAN NORMAN (Legal Aid Center of Southern Nevada; Northern Nevada Legal Aid; Southern Nevada Senior Law Program; Volunteer Attorneys for Rural Nevadans):
Ditto, and I support this bill on behalf of the Nevada Coalition of Legal Service Providers.

AARON PLOTKE (Associate Director, Health Care Innovation, Families USA):
We are a leading national, nonpartisan voice for healthcare consumers. I am here today to convey Families USA strong support of A.B. 343 that has the power to promote meaningful healthcare price transparency in Nevada by codifying a stricter version of the federal hospital price transparency rule in State law. This legislation could not come at a more important time as

Nevadans and Americans across the country are experiencing a severe healthcare affordability crisis.

While every person and family should have access to high-quality affordable health care, nearly 60 percent of Nevadans report delaying or foregoing the medical care due to the high cost. We know a leading driver of this crisis is high and rising healthcare prices and, in particular, hospital prices which are causing millions of Americans to go into medical debt and workers to lose thousands of dollars in lost wages due to rising premiums.

In Nevada, hospital prices have consistently made up the largest source of healthcare spending in the State and are some of the highest in the country. Consider Las Vegas, where hospitals are charging over 20 percent more for the same care in the nation overall. As we are seeing in Nevada and across the country, large healthcare corporations have destroyed healthy competition, which has allowed them outsized market power that they then use to dramatically increase their prices year after year.

Fundamentally, hospitals can do this because they can keep the underlying price of healthcare services hidden from public oversight and scrutiny. Despite federal price transparency rules, large hospital corporations, including those in Nevada, have mostly subverted the federal requirements and are actively working to keep their prices hidden.

Codifying strengthened federal price transparency requirements into Nevada law, as well as strengthened enforcement as A.B. 343 does, is a crucial step to holding the healthcare system accountable for rational hospital prices and to make health care more affordable and accessible for all.

ERIC WASKOWICZ (United States of Care):
We are a nonprofit, nonpartisan organization working in Nevada to support this bill. We believe this represents a strong step toward greater transparency and allows Nevada patients to compare data more easily when they are deciding to seek care. In addition, A.B. 343 also requires Nevada hospitals for the first time to report on any facility fees they charge patients. Currently, it is next to impossible for Nevada families to predict or plan for the surprise costs, which can range from $15 to hundreds of dollars out of pocket. Requiring hospitals to report to the State information on the facility fees they charge, as at least

nine other states do, would help policymakers develop future solutions to protect patients from these unexpected costs.

JESSE WADHAMS (Nevada Hospital Association):
We are opposed to A.B. 343 as written. Since 2007, Nevada has been at the forefront of hospital price transparency. Members of this body created *Nevada Revised Statutes* (NRS) 439A.270, putting hospital charges online and publicly available for the last 18 years. Price transparency is not our objection here. We comply with Nevada and federal law. Both regulators check our compliance regularly. This bill is an overly complicated addition to existing laws.

Here are some of the Nevada-specific mandates: disallowance of the online price estimator tool; posting by tax identification number each health plan price; posting of each third-party contract by a hospital, potentially adding thousands of new entries to the database; sending these data files to DHHS; potential cancellation of medical debt for being accused of being in noncompliance; monetary penalties six times greater than federal law; and a new unrelated billing process that contrasts with current laws on billing and collection, which is found in NRS 449A.100 through NRS 449A.165. A violation of this provision could become a class action with penalties of $10 million among other changes.

We have had great conversations with the sponsors, and we will continue to do so. We have proposed amendments to bring this bill closer in line with federal law, and we remain committed. Just two months ago, the Joint Committee on Health and Human Services talked about the fragile state of Nevada's healthcare delivery system. This bill adds to those costs by being a different system than what is in federal law. We look forward to working with the sponsors and continue to work in good faith on it.

ALLISON HERZIK (Dignity Health - St. Rose Dominican):
We are a member of CommonSpirit Health, a nationwide nonprofit, faith-based health system with seven acute care hospitals serving Nevadans in the Las Vegas Valley, here today in opposition to A.B. 343 as written. We have worked directly with CMS to ensure that the data fields we report are meaningful and searchable for consumers. We are proud to share that all our hospitals are in full compliance with federal transparency laws. We recognize the intent behind transparency efforts and support policies that help patients make informed decisions. We are asking such state-level regulations mirror those at the federal level.

This bill as written will create costly and complicated administrative burdens that lessen our ability to fund our mission-driven charity care and low-cost community health programs. Our focus is to ensure patient access to information while preserving a consistent regulatory environment that does not overburden our patients or system. We hope to continue conversations with the bill proponents to ensure these important goals are achieved.

BLAYNE OSBORN (Nevada Rural Hospitals Association):
We are in respectful opposition to A.B. 343. I would invite you all to go to any of our hospital websites and pull up the price transparency files and look for yourself at what being in compliance with the requirements looks like. Currently, CMS is auditing 200 hospital files across the country per month, and all their enforcement actions are posted online. You can see how many times hospitals in Nevada have been checked and which hospitals.

What happens currently is when CMS finds a hospital to be out of compliance, they are given a 90-day window to get into compliance. At that point, if the hospital does not, they are given another 45 days to do a plan of corrections with CMS. If the hospital still willfully ignores all those things, at that point they will be issued a civil monetary penalty from CMS. Currently, only 18 fines have been issued across the country. Those are 18 hospitals that willfully ignored it. Our biggest concern with A.B. 343 is section 17. The idea that you would not be able to collect medical debt, collect payment for services during those windows to be in compliance, is difficult for us.

CONNOR CAIN (Hospital Corporation of America):
We respectfully oppose A.B. 343. Like many of our colleagues, we are not opposed to transparency and have expended significant resources and time to comply with complex federal transparency requirements. We believe that alignment with existing federal requirements is imperative, as any deviations could quickly multiply the operational burden on hospitals with no additional benefit to patients. Most importantly for patients, alignment with federal standards would provide consistency and prevent confusion. We look forward to the opportunity to continue to work with the sponsor and proponents of A.B. 343 to ensure that it aligns with federal requirements; unfortunately, we remain opposed currently.

DAN MUSGROVE (Valley Health System of Hospitals):
I would just echo the comments of my partner hospitals in the Nevada Hospital Association and add, me too.

MICHAEL HILLERBY (Renown Health):
On behalf of Renown Health, I will not belabor the points already made by my colleagues in opposition to the bill but just want to point out our number one goal always is the highest quality care for our patients. Transparency is an annex to that. That's important, but adding further complications that you have already heard about—the additional fees, fines, penalties through lawsuits and potential class action—does not do anything to advance that goal of high-quality patient care.

We do support transparency. We are supportive of the federal effort and would like to see the bill match more closely with the federal effort that is always going on because it does not come without expense. [We would like to] be sure that those compliance issues are always focused primarily on the highest quality patient outcomes. We do not see that in the punitive measures in this bill, but we will obviously continue to work with the sponsor and others to see if we can come to something that works and benefits patients.

MISTY GRIMMER (North Vista Hospital):
North Vista Hospital is the only hospital in North Las Vegas. I will not belabor the point as my colleagues covered all the issues quite well. We do have serious concerns about the bill and hope that we can get to some resolution with the Speaker and the sponsors.

CYRUS HOJJATY (Strong Towns Las Vegas):
I stand in opposition. I appreciate the efforts in the bill. We need serious reform in our healthcare system, and transparency is one of them. But I will ditto all the opposition comments. I just do not believe this is the bill to do it.

NICHOLAS SCHNEIDER (Vegas Chamber):
The Vegas Chamber was opposed to the bill as it was originally introduced, and we have been actively working with the bill sponsor and the proponents to address our concerns regarding the private right of action and the fines violation. We really do appreciate that partnership with Speaker Yeager and appreciate the clarification as well that a private right of action has been

removed pending the drafting of that proposed amendment. We're happy to stay in neutral so long as that private right of action piece stays out.

MR. VOLK:
We urge your support for this bill. Transparency is vital for health care, and we look forward to working with those in opposition.

SENATOR TITUS:
If this bill is an exact template of the Colorado legislation, what was the purpose of having all the negotiated contracted rates in your bill? As contracts for different services change all the time, different systems, whether you have different insurers that you contract with, different insurance companies, different providers that you contract with—those contracts are not always up on the same date. Did Colorado have these contracted rates with providers in their bill? That's different than having a transparent charge of what an MRI costs, significantly different.

MR. FENBERG:
This bill is not identical to the Colorado law; there are some differences. But that aspect that you are asking about is the same in that it mirrors the federal requirements. The information that is required to be in the file or in the spreadsheet that is on the hospital's website is exactly what is in the federal CMS requirement. We did not invent that—it is just a replication of the federal law. The reason is because every healthcare billing system is complex and almost every individual is a unique situation depending on their employer and their plan, the hospital they are going to and where they are in their deductible.

The reason it is supposed to be in there and the reason CMS requires it is that no matter who you are in America, if you look up the price of what an MRI will cost you, you should be able to get an answer. It does require that the file provides the charge master price. You probably know the charge master price is meaningless to consumers because it is almost never what they will be charged and what they must pay. It does provide what the out-of-pocket cash price would be, which can be particularly useful, and then it requires them to provide what the price would be if they went through their insurance provider. That is the information that a consumer needs to be able to decide. Should they pay cash? Should they go through insurance, or should they look at a different hospital because it might be cheaper if they compare the prices.

CHAIR DOÑATE:
In addition to testimony heard today, our committee secretary received four letters in support (Exhibit E) of A.B. 343 and two letters in opposition (Exhibit F). I will now close the hearing on A.B. 343 and open the hearing on A.B. 185.

ASSEMBLY BILL 185 (1st Reprint): Revises provisions relating to child care. (BDR 10-187)

ASSEMBLYMEMBER NATHA C. ANDERSON (Assembly District No. 30):
Assembly Bill 185 deals with an issue that many of us are aware of but many of us are not personally part of. It deals with home-based childcare for our children that are under the age of four and how exactly do we help them get that childcare, whether it is childcare education or traditional childcare services. Before getting into the meat of the bill, I just want to bring up a few studies that have been done or statements that have been made. The first comes from the Center for American Progress; it was a report from January 2025. Childcare and early learning programs are foundational to any well-functioning society, providing large and lasting economic and societal returns and setting children up for success in school and beyond.

Two years ago, the February 2023 Governor's Office of Workforce Innovation and the Governor's Workforce Development Board released a childcare report. First, this finding shows that there is inadequate access to childcare centers, which is creating barriers for working families and impedes our economy. From the press release, 74 percent of Nevada children, ages 0 to 5, do not have access to licensed childcare. In Nevada, childcare is often more expensive than in-state college tuition. These are our three-year-olds, our four-year-olds. They cannot get a job to help pay for their college education, and yet it is more expensive than that. Nevada is a childcare desert in every single county, not just our most populous, due to not having enough infrastructure and childcare workers, and the capacity-building in both areas is needed.

Finally, childcare facilities should not be a one-size-fits-all model because of Nevada's key economic industries, whether it is mining, hospitality or warehousing. All of these are 24/7; around-the-clock access is needed. The idiom of “how do you eat an elephant” lends itself to this issue. The bill that is being presented today is one small step toward a solution for this, and that is providing more access.

Before I hand it over to my copresenters, I just want to say as a high school English and civics teacher, this time of year is very tough not to be in school. I mean, I love serving the Legislature. I want to make sure that is clear as well because I get to actually practice what I teach my students. For the next three weeks when my students are graduating, I do not get to be part of that excitement.

Next week, they get their caps that they will start to decorate; they get their gowns. They are starting to get a whole bunch of other great things—the end is near for so many of my students. But I realized as a high school teacher, preparing for this graduation takes place when they are three and four years old. This is one reason I am bringing this bill forward. This foundation makes a difference for the students who I get to teach when they are in eleventh and twelfth grade. I will now hand it over to Denise Tanata with The Children's Cabinet, who will go into early childcare information in a much deeper way.

DENISE TANATA (The Children's Cabinet):
I am an early childhood comprehensive systems advisor with The Children's Cabinet. I will lay out the foundation for this bill and why we need it so much. I have a slide presentation (Exhibit G) for you. One of the documents you were provided just before the hearing is the 2025 Early Education and Care Fact Sheet (Exhibit H). This has some more detailed information on where we are in terms of childcare in Nevada. But we also wanted to point out a few specific pieces. As the Assemblymember mentioned, Nevada remains a childcare desert. On slide 2 in Exhibit G, we have a limited supply of childcare in the Nevada licensed childcare.

Our licensed care meets only about 36 percent of the demand for children under the age of five who have all parents in the workforce. Our report that just came out this year that looks at data from 2018 to 2024 for licensed childcare found that we had a 55 percent decrease in family childcare during that period. There are a lot of reasons for that. We've done a lot of work over the past couple of years trying to address how we expand access, how we expand quality childcare and how we increase affordability. As was mentioned in the opening, this is one of the issues that we have identified specific to our family childcare providers.

We also wanted to make sure that we are all on the same page when talking about home-based childcare providers. There are really three types. The first is

license-exempt, home-based childcare providers or, as defined in NRS, small childcare establishments. Those that are caring for four or fewer children in their home are not required to get a license, background check or home inspection, so they can care for four or fewer children in their home, be paid and not have to go through any of those requirements. To be clear, for the specific provisions that we are talking about today in this bill, it does not include those license-exempt home-based providers.

The two other types of home-based providers are family childcare centers; those that are caring for 6 or fewer children in their home, or group family childcare that are caring for 12 or fewer children in their home. Those are both licensed childcare providers that are providing care inside of their home that they reside in. They must follow requirements for licensed providers as developed by childcare licensing, which currently is administered by the State. They are doing things like background checks, home inspections—having to meet a lot of requirements. They must also follow all the local health department regulations and fire safety. If required by their local government, zoning and special-use permits, they are required to have liability insurance. They also have 24 hours annually of continuing education units with which they must comply. These are just some of the examples of the requirements for those home-based providers.

With reductions in childcare subsidy funding, resulting from changes to income eligibility criteria, expanding access to cost-effective options that also maintain the quality and safety standards that are afforded by licensed settings is critical. Home-based childcare offers the most cost-effective option for working families. Improving access and quality in these settings will also support parental choice for prekindergarten (Pre-K) programs as we look to expand a mixed delivery model for our State of Pre-K, including districts, childcare centers and home-based childcare providers. At this time, I will hand it over to our other presenter in Las Vegas, Ms. Deetra Stewart, who is a home-based childcare provider.

DEETRA STEWART (Family Child Care Association of Nevada):
I am a home-based educator, and I am also the president of the Family Child Care Association of Nevada. I have been a family childcare provider for over 30 years. Today, I am here to express my full support for A.B. 185, which successfully passed through the Assembly and now stands before you for consideration. This bill addresses a critical issue impacting families and home-based educators across our State. This is the right to operate a licensed,

safe and regulated childcare business from our homes even when we live in communities governed by a homeowners' association (HOA).

Home-based educators are essential to Nevada's childcare system. We offer high-quality care and education to children in our communities. Additionally, we offer working parents flexible hours that are not typically offered by center-based facilities. We support families with culturally responsive environments and the comfort of care that feels like family. Yet many of us are faced with discrimination or restrictions simply because of where we operate.

I have personally had an experience and faced this challenge. After years of serving families in my community, my HOA tried to shut down my program. I had to fight for months just to continue providing care that was already licensed, insured and compliant with every regulation. Assembly Bill 185 changes that. It ensures that licensed childcare providers can conduct business and cannot be treated unfairly, targeted or shut down by HOA rules. It brings fairness, clarity and opportunity for home-based educators and families. I urge you to support A.B. 185. Let's stand together for children, for equity and for Nevada's future.

ASSEMBLYMEMBER ANDERSON:
One of the important reasons we are specifically bringing forward an HOA bill is the fact that in the *Commission for Common-Interest Communities and Condominium Hotels Report*, Perry Faigin, Deputy Director for the Department of Business and Industry, stated that almost all, if not all, new developments in Southern Nevada have HOAs associated with the development. All municipalities require this as part of their planning and permitting process. What that means is we have more people that are moving into these communities as we build more houses. They will have young children and yet not be able to have those neighborhoods [in which] we could have a smaller area to have the home-provider family childcare.

You will notice on slide 5, there are 3,699 registered HOAs at this time in the State, which equals 608,000 total units. This bill is attempting to address the issue in a succinct and fair fashion. Since our March [2025] hearing in the Assembly, a few issues were raised. The amendment (Exhibit I), as presented by Ms. Tanata, addresses the concern for outdoor space required to be within a mile. That would be mostly for our apartment complexes. That has been removed and instead replaced with language similar to what is present in statute

for on-site childcare facilities of multiunit dwellings. That is a friendly amendment.

In the last 24 hours, I have worked with a few stakeholders for three additional conceptual amendments (Exhibit J) to be added to section 1, subsection 4. I will be uploading those to NELIS following this hearing, but I want to mention them to you specifically. One part, a new section for section 1, subsection 4 is,

> Nothing in this provision would exempt a homeowner, or their tenant, who is operating a child care facility in a [common-interest community (CIC) from adhering to all requirements of the covenants, conditions, and restrictions] CC&Rs adopted by the board of directors, including nuisance provisions and utilization of common areas.

A concern was raised about parks and pools. Although I teach high school, if I even take a 13-year-old to a pool, I think there's something wrong. But if you take two, forget it. But I admire those that are willing to do so. This would address that issue.

[The amendment to] section 1, subsection 4, paragraph (b) is, "The provisions of this section do not apply to a common-interest community that is an age-restricted community pursuant to the federal Housing for Older Persons Act." That age is set at 55. Our language is set at age 50, but we will go with what the federal language says if that is what is recommended.

The next provision that we are asking for is a new provision [stating that] notice of application of licensure for the facility may be filed with the CIC board of directors or agent. [It provides that,] as required by the HOA's common policies, the HOA may require a licensed childcare facility to add the CICs as an additional insured to the liability policy, but it may not require policy limits greater than those required by the childcare licensing entity.

I have not had a chance to talk with the HOA lobbyists since last week. However, I am hoping that these conceptual amendments will help address the concerns that were brought forward, and I am more than happy to continue to have those discussions. In closing, on slide 6, there is even more information provided about the newly registered homeowners' associations. In fiscal year 2023-2024 and partial year in 2024-2025, there are now 66 newly registered

HOAs—that is equivalent to 13,395 new units added. We still have a childcare desert. This bill is an attempt to try to address one part of it.

SENATOR LANGE:
I served on the Governor's task force until last year. Out of the Governor's task force, did they recommend having childcare in HOAs?

ASSEMBLYMEMBER ANDERSON:
I do not know, but I am more than happy to look that up. I would hope that they did, but I am more than happy to ask others who were on the task force as well as look for that report.

SENATOR LANGE:
Okay. And then my other question [concerns] HOAs and their CC&Rs. I lived in an HOA but I do not now, which I love, but the people that live in the HOA can work with the board on creating rules for their HOA. In some respects, I feel like we, as a State with this bill, are coming over the top and telling the HOA what they must do. I am wondering, from your perspective, why you think that is okay because I honestly have a problem with it, but I am curious what you would have to say.

ASSEMBLYMEMBER ANDERSON:
Thank you for asking about that because I understand where you are coming from. I would agree with that as well. But when I sat down and started looking at both areas in my Washoe County district and some of the new communities that are being planned, those CC&Rs are going to be in place now for many of the new places that are being talked about. The other issue I found was that sometimes, some of the HOA boards are not exactly open to allowing others to come in; they have made it clear that this is how it's always been, and this is how it needs to be. We need to also sometimes make changes. There are too many HOAs that are not listening to what others are trying to do.

Quite frankly, I do not live in an HOA—it is important you know that. But from some of the CC&Rs that I have read and some of the stories that I have been told anecdotally, it becomes, "Well, it does not matter what the government says, this is what we want to do." At some point, we need to be looking beyond just our house that we might be in ourselves but also think about the whole community. We are having more communities that are being created that are HOA-based that will not be able to provide the childcare services that we

need. Part of that data is because of the HOAs not being allowed to have them. That is my belief, but I will hand it over to my other copresenters as well if they would like to add to it.

MS. TANATA:
In response to your question, it is a balance. I lived in Las Vegas for about 30 years. It is hard to find a home that is not in an HOA. It is one of the issues that we have run into over the past couple of years and working with some partners to try and expand access to homes with childcare, in particular. A lot of resources have been put into a CARE Nevada program to purchase homes, renovate them and make them group family childcare. They're limited on the available inventory because they cannot purchase in any HOA because of the potential of that HOA, even if they do not have rules in place right now, restricting it; they could potentially restrict it. And then we have invested a lot of money into those programs that would not be able to operate.

I think the other side to look at it is as a homeowner. Do I have a say in what I am able to do in my own home and how I am able to operate that? I operate a business out of my home—I do not have kids coming in and out. It is a balance between having a choice and knowing what is in a large sometimes complicated document that maybe not everybody fully understands. There's not a lot of choice, particularly in our urban areas, on living in an HOA or not living in an HOA.

MS. PEARCE:
I want to add to that in our discovery of the new units that were added for fiscal year 2024 and the partial fiscal year in 2025; 80 percent of those are in Southern Nevada. That means that 80 percent of at least the new units added are within HOAs—that means 80 percent of the new developments are not going to have access to home-based childcare.

SENATOR LANGE:
Don’t the HOAs have the opportunity to create the rules to add childcare?

MS. PEARCE:
Yes, when we were having conversations with the counties when we presented this bill in the Assembly, they had some concerns for our zoning language, which is why we had an initial amendment to remove that. The reason I mention that is because we asked them if they had ever denied home-based

childcare because of a zoning issue, and they pulled records and said the only times that childcare was denied was because the HOA blocked it.

SENATOR LANGE:
One last question. On your slide presentation, could you refresh my memory about background checks? I thought you said in one particular category a background check was not required, and I am simply curious about that.

ASSEMBLYMEMBER ANDERSON:
That's another bill that I will be presenting next.

MS. TANATA:
If you are a licensed exempt provider, meaning that you are caring for fewer children in your home, you are not required to get a license and you are not required to get a background check.

MS. STEWART:
I live in an HOA community, and I really like my HOA community. There were definitely reasons that I chose to live there. However, when we look at home-based educators, there is an issue for me when a person can say yes you can vote on this and you can vote on that and you can vote on this. But when it comes to educating our children—and I have six children in my home that I am providing childcare for—and I can get the neighbor to the right or to the left or behind me to say, I do not want them to do that. To be able to vote that yes, you can have childcare in the community for this year and then next year you can't and then the following year you can, and then the next year you can't, just depending on who's your neighbor, does not seem like it is the right thing to do.

It is not so much about having the right as it is what is the right thing to do? What should we be doing? And just speaking as a community, we recognize that we are in a desert, a childcare desert. What are we going to do as far as our entire State? When are we going to step up and say, "What are our choices? What is the right thing to do?" It has to start somewhere.

SENATOR STONE:
Thank you for the amendments because those are some of my concerns, especially the insurance concern and indemnification issues. I worry about a child getting hurt on a piece of gym equipment and filing a multimillion-dollar

lawsuit against an association. Also, I had my concerns about age-restricted communities. I thought that a great avenue for you with your bill would be looking at things prospectively with HOAs because you are right, HOAs seem to be the predominant associations that we are seeing in Northern and Southern Nevada. I live in an HOA and, I will be honest with you, I looked at the HOA documents before I bought into the development.

In my development, I live in the Anthem area, you cannot have a business at all, whether it is childcare or any other business. Frankly, I like that. Those are mostly other more active businesses to which I am opposed. We have a playground, a pool and a gym. These are paid for by the homeowners through their monthly assessments, and I will tell you, I do not have much heartburn with your proposal as far as being in the single-family developments. My concern is the denser condominium developments where you have somebody living above you, below you, to the right of you or to the left of you. People bought into these developments because they read the CC&Rs, and they wanted to have habitability. They did not want to have a lot of noise. They want to make sure that they had a parking place for their cars. How do you address these issues with your bill?

MS. TANATA:
There are a couple of things. One, we tried to address in the amendment, Exhibit I, that was submitted regarding changing the requirements. Honestly, we are going to have very few. It is going to have to be a special apartment or condominium—an exceptionally large apartment or condominium—that would meet the space requirements. If they have both an indoor learning area, which must be 35 square feet per child, in addition to an indoor play area, which would have to be separate at 37 square feet per child, it is going to be rare for those type of facilities; they'd have to be fairly large.

CHAIR DOÑATE:
I had a few suggestions if you are interested in them from a past hearing about some of the concerns that I heard. First, I appreciate your amendment because it alleviates a lot of the concerns that we heard from the condominiums and so forth. The only thing that I would mention to you is that I know you are looking at adding a new section 1, subsection 4, where you included provisions on the nuisance of noise in the common-interest areas. I would just recommend that you consider ingress and egress of transportation. Second, I know that has been an issue, especially for instance, if you live in a cul-de-sac. I am just giving that

as a potential recommendation as well, since you already did that for noise complaints.

Obviously, you are looking at section 1, subsection 4 that deals with the exclusion for age-restricted communities. Senator Stone has a point that condominiums are a little different than a single-family unit or household. That would be a mediation that you should look at post hearing. Then there was one concern that was raised to me about if we are now requiring HOAs to establish such policy, how do we prevent folks from buying three homes that are on the same street and converting all of those into childcare facilities? Now it becomes more convoluted. I think you can solve a lot of these issues offline in the amendment revision.

I do like the idea of being prospective if you wanted to look at that for new HOAs that are being stood up, especially as we are expanding our housing availability. I'm just throwing that in as an offer if you are interested. I am sure you can talk about that offline, but I do not know if you have any response. I was just giving recommendations.

ASSEMBLYMEMBER ANDERSON:
Thank you for the recommendations. I am taking notes and then would be more than happy to meet with you separately as well.

NIC CICCONE (City of Reno):
We had opposed the bill in the other House. But all the provisions that would have taken away the city's ability to zone properly were taken out. That addresses many of the issues that you have talked about with egress, talking about the condominiums. Although we do not actually license childcare facilities, we do say where they can be. We look at how close they are to maybe cannabis establishments to prohibit that. That is why it is important that we could keep that ability to regulate it at the local level. We appreciate that, and we believe that this is one part of the solution to solving the childcare crisis.

JUSTICE FOREST (Nevada Association for the Education of Young Children):
I am here on behalf of the Nevada Association for the Education of Young Children, Nevada EYC, for short. I am here today because Nevada EYC strongly supports A.B. 185 and the impact it will have in making childcare more accessible to all families in our State. We believe that home-based licensed

childcare providers are a vital part of Nevada's economy and childcare ecosystem. And as such, we support the work that A.B. 185 provides in cutting red tape that inhibits these small businesses from operating within our State.

As you know, Nevada is home to many industries that have work schedules beyond the traditional nine-to-five hours, including our gaming industry, warehousing and manufacturing industries such as the Tesla Gigafactory on USA Parkway. For those workers, home-licensed childcare facilities often provide access to childcare services that they otherwise would not be able to receive through traditional childcare facilities whose hours may not align with their schedules. By protecting the rights of providers to operate a licensed childcare facility in their home without excess and undue restrictions being imposed upon them, we can help to ensure that our childcare providers are able to support families across the State. For these reasons, we strongly urge you to support this bill and protect our service employees throughout the State.

ANNETTE MAGNUS (MOMSRISING TOGETHER):
MomsRising Together is a network of families here in Nevada and across the U.S. who are united by the goal of building a more family-friendly America. We are here today in support of A.B. 185. We know that access to good quality and affordable childcare is a crisis in the State. This bill addresses one part of that critical shortage of providers. Nevada is at a crossroads on this issue. We have a choice to address this issue head-on with sensible solutions like this one, or we can continue to kick the can down the road while our families struggle to find access to care. This issue impacts families and businesses.

On a personal note, my husband and I own a home in a community in Las Vegas with two HOAs in Mountains Edge. We have no children. However, I would welcome these kinds of small businesses in our community. I am very involved with my HOAs, and I have seen firsthand the problems with my HOAs when it comes to fairness and working with our community members. They often ignore what their neighborhoods want and operate as their own little governments with no oversight. I see the struggles of my friends who have small children. One neighbor is paying over $27,000 per year for her two small children as a nurse and single mother. She struggled to even find space for her kids to attend childcare, let alone afford it. This bill would help her directly if she were able to have a provider closer to our homes and in our community, especially if it could be more affordable. The more access Nevadans [have to] care, the better. Please support A.B. 185.

MARC ELLIS (President, Communication Workers of America Local 9413):
We are in solidarity with MomsRising Together, and we support the bill.

JAMELLE NANCE (Children's Advocacy Alliance):
My name is Dr. Jamelle Nance. I am the early childhood policy director with the Children's Advocacy Alliance. We are a nonpartisan, independent voice for Nevada's children with a mission to ensure every child in Nevada thrives. We are speaking in strong support for A.B. 185. As you all are aware today, Nevada continues to face a childcare crisis with families struggling to afford childcare.

We have issues with accessibility and quality, and so I do want to mention that the Governor's Office of Workforce Innovation 2023 *Childcare Policy Report* does suggest home-based childcare, particularly to address the issue of infrastructure. Right now, HOAs can prevent licensed family childcare providers from operating in their homes, further reducing options for working parents. Assembly Bill 185 removes this unnecessary restriction, allowing trained, qualified providers to serve their communities without HOA interference.

Home-based childcare is essential and even more affordable. It provides flexible hours for families working nontraditional schedules, and it also helps fill the gaps with Nevada's childcare desert. As we have heard today, at a time when 10,000 children recently lost access to childcare subsidies and HeadStart programs are under attack, we must be working to expand childcare options, not restrict them. This bill protects childcare providers supporting working families and ensures that children have safe, stable learning environments. We urge your support of A.B. 185 to give more Nevada families access to childcare that best meets their family needs.

CARMALIETHA ALLEN-WARD (Lee Lee's Busy Bees FCC):
I am a childcare provider and have provided childcare in my home for several years. I am in support of A.B. 185. I have a personal HOA horror story testimony. After serving my community for over two years, I received a notice from an HOA that there was a complaint. I reached out to my neighbors, and I asked what was the problem? It was something minor. Long story short, it ended in a U.S. Department of Housing and Urban Development [HUD] investigation—three-and-a-half years later, thousands and thousands of dollars out of my pocket.

The point is that I am providing quality education for working families. A lot of my families' children have been with our childcare since infancy. We provide such great fundamental educational development and things for these families. Not only do I provide services for my community and for the families, but I also employ people in our community who use that income to provide for their families as well. There are a lot of questions about certain regulations—we are highly regulated. There are a lot of restrictions with childcare licensing, with fire regulations and the Southern Nevada Health District that we must abide by, including background checks and fingerprints. My husband retired as a Las Vegas Metropolitan Police Department officer and resides in my home. Even he must get separate fingerprints. There are so many protections when we have home-based day cares in our communities. I encourage you to pass this bill so that we can continue to provide this early education for our families and communities.

RYLEY SVENDSEN (Nevada Coalition to End Domestic and Sexual Violence):
We strongly support A.B. 185 because access to affordable, flexible and reliable childcare is violence prevention. Concrete family support reduces household stress, preventing violence before it occurs while also ensuring victim survivors can access the care needed to leave abusive relationships. By reducing childcare barriers, A.B. 185 directly supports these crucial services, and we urge your support.

GARRETT GORDON (Community Associations Institute Nevada):
I am a real estate lawyer with the law firm of Womble Bond Dickinson. Today, I am representing the homeowners' association industry group called the Community Associations Institute [CAI] that advocates for the approximately 3,600 associations in Nevada and over 600,000 Nevadans living in associations. It is always difficult when painting associations with one broad brush. One size definitely does not fit all these 3,600 [*sic*] associations. Some are in rural counties, some in urban counties, some range from a few dozen homes to over 10,000 homes. Some include condominiums and townhomes with shared walls, ceilings and floors. Others have very large master-planned communities. The general manager for Caughlin Ranch is with me today.

In fact, given these differences, all these associations have each individually and intentionally decided one by one whether they desire a commercial business and the impacts of that commercial business in their community. These impacts could include increased traffic on local private streets from vehicles outside the

association, congestion in cul-de-sacs, investors buying up properties to run commercial businesses, noise disruption in a quiet neighborhood, especially condominium and townhome complexes, and use of the pool, playground equipment and other common areas. [These are] commercial businesses whose customers are not paying for the maintenance, the capital upgrades and the insurance for these common areas. These costs are solely charged to the existing residents living in the association, who pay to use these facilities. Finally, there is liability to associations if these commercial businesses or their customers sue the association for some sort of injury in the pool. Again, lawyers, insurance premiums and court costs are all paid for by the existing hardworking residents. Given these concerns, we've been advocating for four amendments that we think provide reasonable guardrails.

CHAIR DOÑATE:
Sir, if you can please complete your remarks. You can submit your amendments to the committee secretary; just complete your remarks, please.

MR. GORDON:
Okay, no problem. I have four amendments that I will submit. In closing, we will continue to work with the sponsor on amendments dealing with insurance, and we would respectfully request that condominiums are exempted.

LISA NUNLEY (General Manager, Caughlin Ranch Homeowners' Association):
I am here today to respectfully request that you oppose A.B. 185 in its current form. I have submitted my written letter (Exhibit K).

MIKE KOSOR:
I have been elected to multiple HOA boards in South Las Vegas ranging in size from 250 units to over 8,000 units. I am here in opposition to A.B. 185 and I have provided my letter with a proposed amendment (Exhibit L).

CAROLYN GLASER (President, Red Rock Country Club Homeowners Association):
I am the president of the Red Rock Country Club HOA in Clark County with over 1,100 homes and over 2,000 homeowners. I oppose A.B. 185 as written. Please consider amending the bill to allow the HOAs to control the use of the common areas as it relates to the children from the childcare facility to be able to use the HOA parks and facilities. Please amend the bill to require childcare facilities to have insurance listing the HOAs as additionally insured so that we

can protect the other homeowners in the HOA in case of any kind of accident with a childcare facility.

BENN WIEBERS:
I strongly oppose A.B. 185 as currently written. I have submitted my written testimony (Exhibit M) in opposition to this bill.

HEATHER SCHERLOSKI:
I oppose this bill and have submitted my written letter (Exhibit N).

CHAIR DOÑATE:
In addition to the testimony heard today, our committee secretary received two letters in support (Exhibit O) and four letters in opposition (Exhibit P). I will now close the hearing on A.B. 185 and open the hearing on A.B. 484.

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

ASSEMBLYMEMBER TRACY BROWN-MAY (Assembly District No. 42):
I had the honor of sitting on the Joint Interim Committee on Health and Human Services and cochairing the Southern Nevada Forum's Health Committee. During those meetings, one of the topics that kept coming up over and over is staffing for our medical professionals and how we have a shortage of many medical professionals throughout our State. I attended a National Conference of State Legislators (NCSL), and we did several healthcare initiatives. Probably three or four times over the course of the interim, I have traveled to participate in NCSL healthcare conferences, and staffing for medical professionals is an issue that is raised across the country.

One of the proposed solutions is the collection of data of medical professionals in a consolidated database where we can then identify as a state where we have shortages in medical professionals. In looking at the road map that is presented as part of those national materials, we identified that in Nevada, we currently collect data. It is voluntary, and it is managed out of DHHS,the Department of Health and Human Services. There were a couple of things that we were not asking. Those have been added as this measure shows.

The bill is cut-and-dried. It adds the sex of the applicant to the data that we are already collecting, which would tell me if my gynecologist were female or male;

any other jurisdiction where the applicant holds the same type of license certificate or registration, so I would know if you had a dual license in another state; whether the applicant utilizes telehealth as defined in NRS so we have access to you as a telehealth provider; the types of patients who the applicant serves and if they speak other languages so we [know we] have accessibility. These are just the pieces that we are missing from the national road map that is being collected consistently across the country that we can add into our database collection system. This is the first step, then, in how we collect the data consistently.

Right now, it is about collecting all the data that is necessary so that we can continue to pursue additional federal dollars to help us with medical staffing. That is what this measure is in its entirety.

SENATOR TITUS:
Did you say that you want the registry to have whether they are male or female?

ASSEMBLYMEMBER BROWN-MAY:
That is correct. You can elect to not answer that, but it is the recommendation and the national standard that a person would identify what sex they are.

SENATOR TITUS:
You are just asking them to identify what sex they are because it has been clear in this building that Assemblymembers took man or woman away from that. But now, you want the healthcare provider to identify as a male or female? Is that correct?

ASSEMBLYMEMBER BROWN-MAY:
That is correct. That is the national standard and the road map that is identified in the data collection so that you can choose the type of physician you want to access. It is really data collection. It would be up to the applicant whether they disclose that. I do not know if that is relative to Assemblymember, as that is written in our constitution from what I understand, and why we chose as a body to move in that direction. I do not want to go there because it is not relative to this conversation, and it is a voluntary disclosure.

SENATOR TITUS:
That's where I am going. Then if they do not have to answer that, they can have "none of the above" or NA, or they will not be forced to answer that question.

ASSEMBLYMEMBER BROWN-MAY:
That is correct. We would not mandate any specific answer that is not comfortable for the person who is filling out the survey. We want the question to be asked, Senator, to be clear, and for people who are not comfortable in answering the question, for them to have that option also.

SENATOR TITUS:
And is it listed as what sex you are versus what sex do you identify yourself as?

ASSEMBLYMEMBER BROWN-MAY:
The way that this is written is sex of the applicant. Sex of the applicant is what will be written into NRS.

SENATOR TAYLOR:
What are we hoping to do with this data? Why is this important to do?

ASSEMBLYMEMBER BROWN-MAY:
We're hoping to access additional federal grant dollars by having consistency in the data that we are collecting upon licensure renewal. That's the goal.

CHAIR DOÑATE:
The hearing on A.B. 484 is now closed, and I will now open the hearing on A.B. 521.

ASSEMBLY BILL 521 (1st Reprint): Revises provisions relating to the protection of children. (BDR 40-1099)

ASSEMBLYMEMBER NATHA C. ANDERSON (Assembly District No. 30):
This bill was inspired by a series of audit reports from the Legislative Auditor regarding governmental and private facilities for children. There was another individual that sat on this committee when we heard about it or sat on the audit committee when it was presented. I think [it was] in January 2025, though the first audit report had just a little bit of background information. The first audit

report is from January 2024 that included a recommendation to require healthcare facilities to screen employees for a history of child abuse or neglect. The second report from December 2024 repeated this recommendation.

Currently, healthcare facilities licensed by the Bureau of Health Care Quality and Compliance (HCQC) are not required to screen employees who have direct contact with children for substantiations of child abuse or neglect. Specifically, these facilities are not required to submit employees' names to the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child prior to the employee's hire. A submission to this registry is called a child abuse neglect screening or HANDS. While some facilities voluntarily perform these screenings, 9 of the 15 facilities inspected in 2023 did not screen their employees. Let me say that point again—9 of 15. Having no requirement to perform these screenings introduces the potential for people who are known to have neglected or abused children or who prey upon children to work in an environment with direct contact with these same individuals.

From the January 2024 report of the legislative audit, the governmental facilities considered include any facility owned or operated by a governmental entity that has physical custody of children pursuant to the order of a court. The bill directly addresses the issues raised in the audit report by requiring facilities licensed by HCQC to perform initial and periodic child abuse and neglect screenings of all employees. This process requires a facility to submit an employee's name to the Statewide Central Registry to determine if there has been a substantiated report of child abuse or neglect against the individual.

Additionally, the bill requires an intermediary service organization to terminate the employment of any employee who provides services to a person with a disability or child of said employee who has a confirmed report of abuse or neglect of a child against them. I am trying hard to be very analytical and to get to the point about this bill and not to allow my emotions to come into it. But quite frankly, as many of you know who served on this committee or have had the opportunity to work with me before, it is very difficult for me to simply look into language and to not start seeing my students or other individuals who I know have been hurt and who I have been able to help. The emotions of anger and disgust [come from] even looking at this and even thinking about the report. I sat next to Senator Titus, who was aware of how upset I was when this report was first presented to us. This disgust that I have for these predators I know is shared by most of us, if not all of us, in this building.

These attackers prey upon our vulnerable kids, individuals who already are questioning themselves because they are not in a home or facility where they feel loved. Many times they are put into these facilities because of situations that are not in their control. We need to make sure that they are as safe and respected as they should be. This is just too important for us to sweep under the rug and think that 80 percent of those [facilities] that are licensed is [not] enough. It should be 100 percent. Our students, our children and our society deserve that. I believe A.B. 521 would enhance the protection of our children in these facilities.

I do want to thank the legislative auditors in particular—Hailey Cornelia-Swift, Monica Cypher, Jennifer Otto and Todd Peterson, who performed the audits. They looked at the words that we create as a law, and they made sure that they were being followed in practice. They went to the facilities; we simply help to enact laws. They make sure that the [laws] are being followed. If we are successful in getting A.B. 521 to pass, it is because of their work.

SENATOR LANGE:
I really like this bill a lot, and having been in this situation personally before, it is so important. Thank you for bringing it forward.

MS. PEARCE:
I am with the Children's Advocacy Alliance, and we are in strong support of A.B. 521. It is clear that it is a necessary bill. It prioritizes the safety and well-being of vulnerable children, which is a very necessary proactive measure to help prevent potential harm to children. People with a history of abuse of children should never be in a position or employment where they can interact or care for vulnerable children. This is a necessary step in ensuring that harmful adults are not given the opportunity to [cause] harm in our care facilities that are meant to be safe spaces and are looked at as safe spaces. We are responsible for protecting our youth, which starts with who we let take care of them.

MS. TANATA:
I am just going to say The Children’s Cabinet is in very strong support of A.B. 521.

MS. SVENDSEN:
The Nevada Coalition to End Domestic and Sexual Violence is in strong support of A.B. 521 as it represents a critical safeguard for children. Ensuring that facilities and organizations that provide services to children are safe, we can ensure that children have the best chance to heal and thrive—ending cycles of trauma. We urge you to support this bill.

CHAIR DOÑATE:
I will now close the hearing on A.B. 521. We have had some internal discussion, and we will now work session this bill.

SENATOR TITUS:
I feel very strongly that this provision relating to the protection of children has total and complete support in the Assembly, no opposition, no amendments. I would love to move it for a work session.

CHAIR DOÑATE:
I will entertain a motion to do pass A.B. 521.

SENATOR TITUS MOVED TO DO PASS A.B. 521.

SENATOR TAYLOR SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

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CHAIR DOÑATE:
There being no public comment or further business for the Senate Committee on Health and Human Resources, this meeting is adjourned at 5:48 p.m.

RESPECTFULLY SUBMITTED:

_____
Norma Mallett,
Committee Secretary

APPROVED BY:

_____
Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
A.B. 343	C	6	Taylor Volk	Conceptual Amendment: Martin Fitzgerald
A.B. 343	D	13	Carissa Pearce / Children's Advocacy Alliance	Letter in Support
A.B. 343	E	21	Senator Fabian Doñate	Four Letters in Support
A.B. 343	F	21	Senator Fabian Doñate	Two Letters in Opposition
A.B. 185	G	22	Denise Tanata / The Children's Cabinet	Presentation
A.B. 185	H	22	Denise Tanata / The Children's Cabinet	Early Education Fact Sheet
A.B. 185	I	24	Denise Tanata / The Children's Cabinet	Cover Letter and Proposed Amendment
A.B. 185	J	25	Assemblymember Natha C. Anderson	Conceptual Amendment
A.B. 185	K	34	Lisa Nunley / Caughlin Ranch HOA	Letter in Opposition
A.B. 185	L	34	Mike Kosor	Letter in Opposition with Conceptual Amendment
A.B. 185	M	35	Benn Wiebers	Letter in Opposition
A.B. 185	N	35	Heather Scherloski	Letter in Opposition
A.B. 185	O	35	Senator Fabian Doñate	Two Letters in Support
A.B. 185	P	35	Senator Fabian Doñate	Four Letters in Opposition