



NEVADA LEGISLATURE

LEGISLATIVE COMMITTEE ON HEALTH CARE

(*Nevada Revised Statutes [NRS] [439B.200](#)*)

DRAFT SUMMARY MINUTES January 15, 2020

The third meeting of the Legislative Committee on Health Care for the 2019–2020 Interim was held on Wednesday, January 15, 2020, at 9 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3137, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Granicus/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Lesley E. Cohen, Chair
Senator Joseph (Joe) P. Hardy, M.D.
Senator Joyce Woodhouse
Assemblywoman Connie Munk

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Senator Julia Ratti, Vice Chair
Assemblywoman Robin L. Titus, M.D.

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Patrick B. Ashton, Senior Policy Analyst, Research Division
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
Eric W. Robbins, Principal Deputy Legislative Counsel, Legal Division
Joe F. Steigmeyer, Deputy Legislative Counsel, Legal Division
Jan Brase, Research Policy Assistant, Research Division
Crystal Rowe, Research Policy Assistant, Research Division

Items taken out of sequence during the meeting have been placed in agenda order.

AGENDA ITEM I—OPENING REMARKS

Chair Cohen called the third meeting of the Legislative Committee on Health Care (LCHC) for the 2019-2020 Interim to order and reviewed meeting protocol.

AGENDA ITEM II—PUBLIC COMMENT

Chair Cohen called for public comment. She announced that each person could speak for three minutes, and any written comments submitted before, during, or after the meeting would become part of the public record.

Nancy Jones, Nevada resident, representing Health Freedom Nevada, shared a story about a member of her organization who, at 16 years of age, received the human papillomavirus (HPV) vaccine and quickly demonstrated symptoms of a severe reaction to the medication. She said the young woman has experienced long-term and life-altering consequences. Ms. Jones asked Committee members to consider the hazards of liability-free drugs and vaccines and the vital need for adequate safety studies and oversight.

Meredyth Keast-Devine, Pharm.D., B.C.P.P., mother and grandmother, submitted written comments (Agenda Item II A) regarding negative efficacy risks of the HPV vaccine and its severe health impacts on young men and women. She said she once advocated the use of the vaccine and was, herself, inoculated. She shared that a month later, she was diagnosed with aggressive cervical cancer. Ms. Keast-Devine related her daughter's health issues following HPV vaccinations including postural orthostatic tachycardia syndrome, rheumatoid arthritis, and fainting episodes. Ms. Keast-Devine urged the Committee to be aware of the health risks of the HPV vaccine.

Lynn Chapman, representing Nevada Eagle Forum, said as a child she suffered serious adverse effects following inoculations; she recognized parents' decisions to avoid giving their children vaccines. She stressed Americans' constitutionally guaranteed rights to individual and religious liberty and noted mandated vaccinations have resulted in considerable costs, both in terms of community health and taxpayer funded settlements. She discussed proposed Arizona legislation, which would require that parents are notified of the positive and potentially negative effects of their children's vaccinations and provided with a full list of the medications' ingredients and side effects. Ms. Chapman noted children today are required to receive more than 70 vaccines, which is a significant increase from the five required in the 1960s. Ms. Chapman asked the Committee to recognize parents' rights to decide what is best for their children.

Daphne Lee, Nevada resident, shared the experience of a friend's daughter who is suffering with poor health following an HPV vaccination. She noted correlations between vaccinations and subsequent health issues are difficult to establish largely because physicians are not trained to recognize risks. She drew the Committee's attention to *The HPV Vaccine on Trial: Seeking Justice for a Generation Betrayed*, a book, which addresses clinical trials, court cases, and long-term adverse reactions to the vaccine. Ms. Lee stressed the need to schedule regular cancer screenings following vaccinations and said there is a misconception about the efficacy of HPV inoculations.

Doug Guzman, Practice Manager, Nevada Health Centers (NHC), discussed his organization's oral health program, insurance and payment options, and the communities

served. He noted NHC maintains fixed dental service sites in Las Vegas and Elko, which provide care to children and dental health care education to their parents. Mr. Guzman said NHC also provides services to patients in rural areas throughout the state and expressed gratitude to Committee members for their support of NHC's oral health programs.

Christina Madison, Pharm. D., Associate Professor of Pharmacy Practice, College of Pharmacy, Rosen University of Health Sciences, testifying as a citizen, related her observation that women of color who struggle with maternal health issues are sometimes subject to biased treatment related to their race. She shared her experience following the delivery of her second child. She said was in severe pain and sought care at the emergency room. Dr. Madison was released without treatment and was advised to take anti-inflammatory medication and to get some rest. She stated the pain worsened and ultimately, she was diagnosed in the early stages of sepsis. Dr. Madison was admitted to the hospital and was not released for five days. She encouraged Committee members to be aware of inherent bias and preconceived notions relating to women of color and their health care needs. Dr. Madison offered to provide assistance and expertise in efforts to address these issues.

Greg Cantin, Nevada resident, shared his objections to mandatory vaccinations for children and adults. He expressed his concern about Immunize Nevada, which was discussed during the December 11, 2019, meeting of the LCHC. It is a state-registered nonprofit organization, but Mr. Cantin said he has not been able to locate publically available funding information. Additionally, Mr. Cantin stated his concern that four drug manufacturing companies that produce all mandated vaccines in Nevada have been named and convicted in a number of civil and criminal cases. He stressed the importance of transparency relating to the funding of Immunize Nevada.

Juanita Cox, Nevada resident, representing Citizens in Action and the Nevada Republican Assembly, a national organization, submitted written testimony that stated her opposition to mandatory vaccinations (Agenda Item II B). She stressed patients have rights to make their own health care decisions.

Elizabeth Purtee, mother and grandmother, stated her opposition to mandatory vaccinations and said several members of her family relocated from California to Idaho to avoid the required immunizations. She expressed her hope that Nevada citizens will be allowed to decide whether or not to immunize their children.

Octavio Posada, Interim Executive Director, Nevada Minority Health and Equity Coalition, expressed his members' support for access to child care services and efforts to address childhood obesity in Nevada.

AGENDA ITEM III—APPROVAL OF MINUTES OF THE MEETING HELD ON DECEMBER 11, 2019

MOTION: Senator Hardy moved to approve the minutes of the December 11, 2019, meeting. The motion was seconded by Assemblywoman Titus and passed. Vice Chair Ratti was absent for the vote.

AGENDA ITEM IV—CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO [NRS 439B.225](#)

A. LCB FILE R066-19 OF THE NEVADA STATE BOARD OF OPTOMETRY

(Agenda Item IV)

Eric W. Robbins, previously identified, offered a clarification of R066-19. He noted the submitted regulation is labeled a revised proposed regulation; however, it was approved during the last meeting of the Legislative Commission and was scheduled to be adopted during the next scheduled meeting of the Nevada State Board of Optometry. He stated Caren C. Jenkins, member of the Board, is present to answer any questions.

Senator Hardy noted language in Section 10 of R066-19 is inconsistent with custodial medical records requirements. He said the section provides that patient records are the property of the optometrist who provides services but questioned how records might be obtained or transferred. Dr. Hardy stated the regulation should align with [NRS 629.061](#), which addresses custodial records' control in other medical disciplines.

Mr. Robbins said statute would prevail in the event regulations differ from provisions in NRS. He told Senator Hardy he would research possible conflicts and provide further information.

Assemblywoman Titus questioned subsection 2 of Section 12, which states "An optometrist shall not employ or be employed by a physician." She asked whether this provision is a national policy and whether it precludes optometrists' employment in multidiscipline practices. Assemblywoman Titus requested clarification of the subsection's purpose.

Caren C. Jenkins, Executive Director, Nevada State Board of Optometry, explained optometrists in Nevada operate under the authority of the Board and are prohibited from working as employees of anyone who is not subject to the Board's provisions. She said in the case of multidiscipline practices, optometrists manage patients and function as independent contractors and are not in an employer/employee relationship. Ms. Jenkins noted that in for-profit organizations, the goal of providing quality health care can be inconsistent with the goal of increasing revenue.

Assemblywoman Titus asked whether there is a baseline or nationwide standard practice that comports with recommendations in R066-19. She said a nurse practitioner who works with a physician is required to work within the requirements of a nursing board and is not prohibited from working as an employee in a physician's office. She said she is unclear about the distinction as it relates to optometrists and requested clarification.

Ms. Jenkins said she would research and provide information. Responding to a question from Senator Hardy relating to custodial records control, Ms. Jenkins stated patient records are the responsibility of any group employing optometrists. Independent optometrists are the responsible party for patient records.

Mr. Robbins clarified [Chapter 629](#) of NRS applies to all providers of health care. He said [NRS 629.031\(g\)](#) identifies optometrists as a provider of health care. Mr. Robbins stated the statutes in Chapter 629 concerning custodians of record would apply to optometrists; however upon review, there does not seem to be a conflict because [NRS 629.051](#) dictates requirements for maintenance of records and [NRS 629.016](#) defines custodian of records as

any person having primary custody of health care records pursuant to the chapter. He noted Section 10 of R066-19 dictates who that person will be with respect to optometrists.

Responding to Senator Hardy's question, Ms. Jenkins noted neither NRS nor *Nevada Administrative Code* address independent contractor relationships between independent contractors and their colleagues. There is simply a prohibition from being employed by anyone other than an optometrist. She said the configurations that are undertaken by independent contractors are developed independently of the Board. Concluding, Ms. Jenkins said the Board is scheduled to adopt R066-19 at its meeting on January 21.

AGENDA ITEM V—OVERVIEW OF MATERNAL MORBIDITY AND MORTALITY: TRENDS AND POSSIBLE NATIONAL AND STATE LEVEL INTERVENTIONS

Brian K. Iriye, M.D., President, Society for Maternal Fetal Medicine, and Managing Partner, High Risk Pregnancy Center, Northern and Southern Nevada, provided an overview of maternal morbidity and mortality in Nevada. He focused his presentation on: (1) the increasing rates of maternal mortality in the United States, much of which is preventable; (2) racially based inequities in maternal health outcomes; (3) costs and complications associated with maternal morbidity, preterm births, neonatal care, and postpartum care; (4) advantages of expansion of postpartum Medicaid coverage; (5) the vital need to support postpartum patients with behavioral health and substance abuse issues; and (6) the value of establishing a perinatal quality collaborative (PQC) (Agenda Item V).

Dr. Iriye noted the United States is the only developed nation in the world with an increasing maternal mortality rate, and compounding the problem is the fact that 60 percent of maternal deaths are preventable. He said black women in the United States have higher mortality rates than women delivering babies in Uzbekistan. Dr. Iriye stressed health care inequities persist and need to be addressed. He explained the Society for Maternal-Fetal Medicine has developed a maternal mortality score card, which rates states by four categories: (1) whether the state has an active maternal mortality review committee (MMRC); (2) whether the state has a PQC; (3) whether the state has agreed to Medicaid expansion; and (4) outcome data based on race. He noted Nevada meets only one of four standards. He said his goal is to make the Committee aware of the gaps and ways to improve Nevada's response to maternal mortality.

Dr. Iriye discussed costs and complications of maternal morbidity and noted increases in long-term disability; he said costs can be 40 to 100 times higher than maternal mortality. He outlined some details related to live and preterm birth costs: (1) live-born infant cases are the second most common diagnosis for hospital admission in the United States and the third most costly; and (2) preterm births are estimated at \$26 billion in the United States in 2007.

Dr. Iriye presented the following themes and policy options to improve maternal health (Agenda Item V):

- Support a PQC;
- Change the poverty threshold for Medicaid coverage for pregnancy;
- Provide one year of Medicaid postpartum coverage;
- Support payments of behavioral health in mental health offices;

- Support telephonic services in pregnancy for behavioral health;
- Support payment systems to screen patients for Medicaid-assisted treatment;
- Encourage payers to develop systems to decrease neonatal intensive care unit and neonatal length of stay;
- Mandate electronic health records within the state; and
- Support screening brief intervention and referral to treatment (SBIRT) payments.

Dr. Iriye advocated for the formation of a PQC in Nevada a statewide team, which would work to improve the quality of care for pregnant women. He stated Nevada is 1 of 14 states without a PQC beyond the development stage and noted that the lack of a PQC negatively impacted the State's ability to secure a grant through the MMRC. Dr. Iriye drew the Committee's attention to a graph indicating the substantial reduction in the maternal mortality rate in California following the state's formation of a PQC. He noted that during the same reporting period, maternal mortality rates increased significantly across the country. He provided the Committee with information relating to the process by which a PQC would be formed including: funding sources, information technology and support, marketing, personnel, training, and travel (Agenda Item V).

Dr. Iriye highlighted the advantages of expanding maternal Medicaid coverage especially in terms of prenatal and postpartum care. He emphasized the need to support postpartum women for a full year following delivery with medical services and behavioral health care.

Assemblywoman Titus referred to Nevada's rating as third in lowest maternal death rate. She noted Dr. Iriye expressed concern about the accuracy of the data while he is confident about other information presented.

Dr. Iriye said he wants to present the most accurate information possible and clarified that in 2018, Nevada reported 17 maternal deaths with 35,000 births equating to 47.8 deaths per 100,000, which places Nevada in the bottom eight to ten states. He stated Nevada provides a comanaged maternal care model as some physicians are caring for as many as 500 patients a year. He said the wide ranging support system has contributed to improved outcomes for mothers and their children; however, there are still critical needs to be addressed.

Discussion ensued regard the following:

- Possibilities for expanding Nevada's comanagement model on a national level;
- Nevada's standing as having the lowest number of obstetrics and gynecology (OB-GYN) providers in the nation while having a higher than average maternal medicine population;
- National data related to maternal mortality as it relates to race;
- Possible solutions and means of addressing race-based health outcome disparities;
- Social determinates of health;
- Effects of implicit bias in health care and efforts to address the issue; and

- Importance of standardizing care through the use of mandatory health checklists.

Chair Cohen requested information relating to rural maternal health care and noted there are little or no options for women who live outside urban centers in Nevada.

Dr. Iriye said patients who live in rural counties are generally seen for care in Reno and Las Vegas, have telemedicine access, and may communicate by telephone. He expressed concern that many patients do not have transportation or Internet/telephone access.

Assemblywoman Titus made the Committee aware of a prenatal care outreach program established by the Nevada Legislature and administered by the University of Nevada, Reno. She encouraged members to continue funding and supporting this valuable program.

Dr. Iriye suggested considering expanding funding for the outreach program beyond the university system to include private medical providers. He stated his organization provides telemedicine equipment in several rural counties and patients would benefit from improved access.

Responding to Chair Cohen's question regarding a definition of *preconception costs*, Dr. Iriye said the term refers to medical support for women with preexisting conditions, such as diabetes and high blood pressure, before they become pregnant. He emphasized the importance of stabilizing conditions that would have an adverse effect on maternal and natal health. He noted studies have confirmed that every dollar spent in preconception costs results in a five dollar savings in maternal care.

AGENDA ITEM VI—UPDATE ON THE IMPLEMENTATION OF THE MATERNAL MORTALITY REVIEW COMMITTEE ESTABLISHED BY [ASSEMBLY BILL 169](#) (2019)

Beth A. Handler, M.P.H., Deputy Director, Programs, Director's Office, Department of Health and Human Services (DHHS), and Vickie Ives, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health (DPBH), DHHS, presented an overview of MMRC duties and responsibilities as authorized by AB 169 including: (1) diverse committee membership; (2) federal efforts to address maternal mortality; (3) goals to eliminate preventable maternal mortality and address disparities; (4) scope of maternal mortality reviews; (5) development of recommendations for programmatic implementation; and (6) next steps in the upcoming biennium (Agenda Item VI).

Recognizing Nevada's inability to secure federal grant funding during a previous cycle, Vice Chair Ratti requested details of opportunities relating to upcoming grant opportunities.

Ms. Handler explained that two requirements for the development of a MMRC and a PQC at the time of application had not been accomplished. She noted the Centers for Disease Control and Prevention (CDC) may have additional funds available and that Nevada will now be a more competitive contender following the formation of a MMRC.

Vice Chair Ratti asked when the Committee can anticipate the next competitive cycle.

Ms. Ives stated no date has been set for a grant announcement.

In anticipation of a bill draft request (BDR), Dr. Hardy questioned whether and in what capacity the LCHC might contribute to the efforts of developing a MMRC.

Ms. Handler said the newly developed MMRC expects to present recommendations to the LCHC, other relevant legislative committees, nongovernmental entities, and the public. She stressed that the goal is to provide information and policy recommendations to as broad an audience as possible.

AGENDA ITEM VII—EXTENDING MEDICAID COVERAGE FOR WOMEN PRE- AND POSTPARTUM

Suzanne Bierman, J.D., M.P.H., Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, and Robert Thompson, Deputy Administrator, Program and Field Operations, Division of Welfare and Supportive Services (DWSS), DHHS, provided an overview of Medicaid options for uninsured women pre- and postpartum. They discussed: (1) data on Nevada's remaining uninsured populations; (2) examples from other states; (3) Medicaid's role in improving maternal and child health with a focus on coverage and access; (4) potential Medicaid eligibility expansions for pregnant women; and (5) a review of existing Medicaid eligibility coverage options (Agenda Item VII). Their discussion focused on access and coverage options, Nevada's high rates of uninsured women of child-bearing age, available Medicaid coverage options, support for expanding Medicaid coverage to postpartum women to one full year following delivery, lawfully residing immigrant pregnant women, and presumptive eligibility for pregnant women as applied in various states.

Ms. Bierman and Mr. Thompson expanded on: (1) presumptive eligibility, which is used to expedite enrollment into Medicaid; (2) required waivers for the extension of postpartum Medicaid coverage; (3) and examples of Medicaid Section 1115 Demonstration waivers implementation in other states.

Responding to members' inquiries, Ms. Bierman drew the Committee's attention to data related to pregnancy associated deaths in Nevada (Agenda Item VII).

Discussion took place on Section 1115 Demonstration waivers regarding the following:

- Federal fund matching requirements;
- Number of women who will be impacted;
- Programs available through adjustments to state plan authority;
- Required changes to NRS or need for budget enhancements;
- Impact of increase to eligibility based on federal poverty levels (FPL);
- Potential policy options and fiscal impact; and
- Timeline for completion of proposal.

Responding to questions and concerns from Assemblywoman Munk, Ms. Bierman and Mr. Thompson discussed uninsured Nevadans and outreach efforts in nontraditional settings.

Assemblywoman Titus requested information related to:

- Pregnancy-related maternal mortality rates, causes, and prevention opportunities;
- Efficacy of expanding postpartum Medicaid coverage to one year following delivery; and

- Studies comparing outcomes for women with and without postpartum health care coverage.

Vice Chair Ratti asked whether there is a federal regulation prohibiting coverage of all immigrants regardless of citizenship status and questioned whether the term *lawfully residing immigrant* refers to those who are deemed eligible by federal standards.

Mr. Thompson stated the proposed postpartum Medicaid expansion would allow coverage to immigrants with legal status and would address sections of this population who are barred from receiving benefits in their first five years as legal residents. Responding to Vice Chair Ratti's request, Mr. Thompson agreed to provide a Medicaid-related financial impact statement after raising eligibility to 200 percent of FPL, covering all eligible immigrants, including presumptive eligibility, and expanding coverage to one year following delivery.

AGENDA ITEM VIII—UNIVERSAL SCREENING OF PREGNANT WOMEN FOR ILLICIT SUBSTANCES AND INFECTIOUS DISEASES, TREATMENT OPTIONS, AND CHALLENGES

Stephanie Woodard, Psy.D., Medical Epidemiologist and Senior Advisor on Behavioral Health, DPBH, DHHS, presented an overview of programs, treatment options, and challenges related to substance use disorders (SUD) and infectious diseases in pregnancy (Agenda Item VIII). She focused on Nevada's goals for addressing SUD, national guidelines for universal screening, use of the technology of SBIRT, prevention and early intervention, preconception planning, prenatal substance use and birth rates in Nevada, and comparison of clinical outcomes with and without a SUD diagnosis.

Discussion took place related to:

- The need to improve systems for engagement in SUD treatment;
- Provider reference guides and decision-making tools;
- Support for women in recovery who have an increased risk for relapse during postpartum; and
- Goals and efficiency of universal screening.

Candice McDaniel, M.S., Bureau Chief, and Bureau of Child, Maternal and Child Health Director, Family and Community Wellness, DPBH, DHHS, provided information regarding CDC recommendations for pregnant patients, screening for sexually transmitted diseases, and State of Nevada testing requirements (Agenda Item VIII).

Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health Services (CHS), DPBH, DHHS, submitted the following policy recommendations (Agenda Item VIII):

- Mirror syphilis testing to that of HIV testing;
- Test pregnant women in emergency room and labor and delivery settings for HIV and syphilis;
- Focus on non-OB-GYN settings;

- Continue to support/fund long-acting reversible contraception methods and other family planning options for women who have a high risk of future infection;
- Increase funding for epidemiological case and contact investigations; and
- Require chlamydia and gonorrhea screening to fully align with CDC guidelines.

Discussion ensued regarding the following:

- Unreliability of urine testing for drug screening due to a brief window of detection;
- Consideration of expanding testing to include hair and saliva collection;
- Medicaid funding of universal testing processes; and
- Health care provider penalties as provided in [NRS 442.020](#) and DPBH enforcement.

DuAne Young, Deputy Administrator, DHCFP, DHHS, stated Nevada Medicaid covers urine drug screens and hair testing with prior authorization.

Committee members and DHHS representatives discussed Medicaid coverage and treatment of pregnant women who are incarcerated.

In response to questions from Assemblywoman Titus, Mr. Young said once patients are incarcerated, they lose access to Medicaid treatment; however, if there is an episode that cannot be treated within the corrections system, inmates are transferred to an outside facility. He stated the inmate will be eligible for care under emergency Medicaid. In the case of pregnancy, DHCFP works to provide emergency Medicaid through DWSS. He affirmed that the delivery, maternal care, and infant would be covered by Medicaid.

Ms. Peek added that [SB 94](#) (2019) expands funding for family planning services to departments and divisions within the Executive Branch of Nevada's state government. She has provided this information to the Department of Corrections (DOC) as well as guidance for programs, which can offer pre- and postnatal services to incarcerated women.

Dr. Hardy asked for information relating to preventive vaccines provided to pregnant and postpartum women. He suggested vaccinations should be considered as part of the screening process.

Vice Chair Ratti asked how inmates' nonemergency prenatal care is financed. She noted it seems to be a basic standard of care, which should be provided by the DOC. Vice Chair Ratti requested that details be researched and provided at a future meeting.

Continuing, Vice Chair Ratti inquired about possible additional policy recommendations and requested that details be provided to the Committee prior to its final meeting in order to develop BDRs.

Ms. Woodard requested support for funding and establishing in statute a PQC, which would provide needed resources for universal screening of pregnant women. Additionally, a PQC would improve Nevada's eligibility for MMRC grants.

In response to Chair Cohen's inquiry regarding uninformed bias against pregnant women who struggle with SUD, Ms. Woodard noted that this is likely one of the most stigmatized

populations in society. She said DPBH coordinates with Child Welfare and Child Protective Services, Division of Child & Family Services, DHHS, to design education tools for providers who are often uncertain about their responsibilities when a pregnant patient is identified as having a substance abuse issue. Concluding, Ms. Woodard stressed the need to mainstream addiction treatment into general medical care.

AGENDA ITEM IX—REPRODUCTIVE HEALTH SERVICES AND REPRODUCTIVE JUSTICE PROPOSALS

A. *MEDICAID COVERAGE OF LONG-ACTING REVERSIBLE CONTRACEPTION METHODS*

DuAne Young, previously identified, presented an overview of Medicaid coverage of long-acting reversible contraception methods (LARCs) and discussed family planning services available to men and women of child-bearing age, reimbursement rates, processes, and eligible provider types (Agenda Item IX A). He stressed pregnancy-related services are only covered for all forms of family planning up to 60 days postpartum.

Responding to a question from Assemblywoman Titus, Mr. Young clarified tribal health service clinics, as a result of federal legislation and CMS regulation, are now allowed to enroll as federally qualified health centers. He noted that, to date, there have been no applications for this option. Mr. Young said there is tribal interest in the program and DHCPF is working to provide guidance and assistance.

B. *UPDATE REGARDING THE ACCOUNT FOR FAMILY PLANNING AS REVISED BY SENATE BILL 94 (2019)*

Beth A. Handler, previously identified, and Julia Peek, previously identified, presented an update of DHHS efforts to carry out provisions of SB 94 (Agenda Item IX B). They discussed: (1) an overview of family planning services; (2) community service funding opportunities, and (3) organizations currently receiving assistance.

Ms. Peek noted next steps and policy recommendations include:

- Monitor awards, spending of funds, and authority to roll unspent funds into subsequent fiscal years;
- Support partner agencies and identify additional opportunities to bolster family planning services; and
- Identify service gaps not covered in current legislation.

Discussion followed on the following topics:

- Competitive grant and the continuation of funding amounts;
- Funding and scope of community health nurse programs; and
- Authorization to buy family planning supplies and the ability to make bulk purchases.

Responding to Vice Chair Ratti's inquiry related to the Account for Family Planning and the current status of funding balances, Ms. Peek outlined the following:

- Administrative allowance—\$300,000;
- Continuation fund—\$2,855,831;
- Noncompetitive fund, including community nursing and High Sierra Area Health Education Center—\$924,376; and
- Competitive fund—\$1.9 million.

C. PRESENTATION CONCERNING ACCESS TO FERTILITY TREATMENT

Amanda Klein, Community Advocate, Fair Access to Fertility Treatment Act (FAFTA), submitted written testimony that explained infertility coverage in Nevada and the FAFTA of New York (Agenda Item IX C). She urged the Committee to consider drafting a bill similar to FAFTA, which relates to insurance coverage of in vitro fertilization and other fertility preservation treatments, and drew members' attention to [AB 472](#) (2019).

AGENDA ITEM X—WOMEN'S REPRODUCTIVE HEALTH: OUTCOMES, TREATMENT COVERAGE, AND PRE- AND POSTPARUM ACCESS TO HEALTH CARE

Sheila Leslie, Consultant, SagePine Strategies, LLC, provided an overview of an informal group she has formed in Clark County to address a number of issues: lack of access to prenatal care; increasing incidences of congenital syphilis; the need to provide quality care to uninsured pregnant women; and the need to providing a safe, comfortable, and open forum for underserved populations. She stated the effort has expanded to include northern Nevada and the goal is to produce a community action plan for improving reproductive health access, which will be available to the Committee in the near future.

Ms. Leslie identified the variety of the group's participants including:

- DHHS staff;
- Managed care organizations;
- Community-based organizations serving the African-American and Hispanic communities;
- Medical and nursing school faculty and students; and
- Nevada State legislators.

Ms. Leslie outlined issues and actions the group has addressed:

- Increase in access to community reproductive health services and care;
- New approaches to prenatal care;
- Possibilities for expanding Medicaid coverage;
- LARCs—promoting access and defraying costs;
- Encouraging provider awareness especially as related to implicit bias;

- Preventing congenital diseases; and
- Improving sex education opportunities.

Ms. Leslie made the Committee aware of a [privately funded public sex education campaign](#) aimed at youth and young adults, which provides valuable and easily accessed information.

Discussion ensued related to the unbundling of medical billing, which is billing for procedures separately that are normally covered by a single, comprehensive CPT (current procedural terminology) code.

Assemblywoman Titus questioned whether unbundling would allow for Medicaid payments for durable medical devices, which are sometimes only available when health care providers are able to supply them without reimbursement.

Ms. Leslie stated Medicaid has indicated it would be possible to make this accommodation, and a work group has been formed to determine the best administrative strategy to provide for these billing adjustments.

DuAne Young, previously identified, said there are various mechanisms within managed care systems that allow for immediate action. He explained that within the fee-for-service model, a policy change would be required. Mr. Young stated a fiscal impact study is underway and will be included in a future budget proposal. He noted that the unbundling of rates can lead to access and quality of care issues.

Responding to a question from Chair Cohen regarding hospitals' reluctance to provide IUDs to mothers immediately following delivery, Ms. Leslie noted several issues are at play including costs, reimbursement, stocking of devices, and the need to change long-accepted practices.

AGENDA ITEM XI—ADDRESSING CHILDHOOD OBESITY IN NEVADA: SUCCESSES AND CHALLENGES

Kristi Robusto, Ph.D., Section Manager, Chronic Disease Prevention and Health Promotion, DPBH, DHHS, submitted a presentation depicting the successes, challenges, and opportunities facing childhood obesity in Nevada (Agenda Item XI). She discussed obesity issues including: (1) definitions; (2) risk factors; (3) consequences and health factors; and (4) numbers and characteristics of Nevada children affected.

Laura Urban, Food Security and Wellness Manager, Office of Food Security, DPBH, DHHS, and Dr. Robusto provided an overview of the Obesity Prevention and Control Program (Agenda Item XI), which focused on:

- Early childhood obesity prevention in early childhood education centers;
- Initiatives, partnerships, and funding;
- Successes and barriers; and
- Prevention and best practices for early childhood, school-age children, and community.

Discussion ensued on the following topics: (1) possible state funding sources; (2) request for data that specifically outlines program successes and supports funding; and (3) possible correlation between asthma and obesity.

AGENDA ITEM XII—CHALLENGES TO ACCESSING CHILD CARE IN NEVADA

Christell Askew, Child Care Unit Chief, DWSS, DHHS, and Elisa P. Cafferata, Deputy Administrator, Field Operations Support, DWSS, DHHS, shared a presentation of the significant challenges and barriers to accessing child care in Nevada (Agenda Item XII). They focused on key challenges, definition of quality child care, the Child Care Block Grant, Nevada's roles in child care and state partnerships, and solutions in other states. Ms. Askew stressed the importance of utilizing grant funds to implement quality activities and programs, which serve families receiving subsidies, and said that in doing, so all children in the program are positively impacted.

Ms. Askew discussed opportunities to support access to quality child care including: (1) collaborating and strategic planning to leverage state's resources; (2) making care more affordable by increasing subsidy funding and streamlining Nevada's rate and copay system; (3) expanding Nevada's eligibility criteria; (4) expanding federal parental leave policies to the state level; (5) working with struggling providers to identify needs and address them; (6) assisting license-exempt family, friend, and neighbor providers to become licensed family child care providers; (7) working with providers to evaluate the impact of current policies; and (8) developing a strategic plan to address all child care challenges.

Discussion took place on the following issues:

- The relationship between regulations, the economy, and the declining number of child care providers in Nevada and the importance of considering all factors contributing to shortages; and
- DWSS efforts to support employers and businesses to provide on-site child care facilities.

AGENDA ITEM XIII—IMPROVING THE HEALTH OUTCOMES OF CHILDREN

Marty Elquist, Chair, Early Childhood Advisory Council, provided an overview of the Nevada Early Childhood Advisory Council (NECAC), the organization's strategic plan, objectives to improve health results, and expected outcomes (Agenda Item XIII A). She discussed the following child and family health goals addressed by the NECAC: (1) advocate for increasing the number of health providers and promote high-quality programs; (2) deploy well-trained community health workers; (3) expand NECAC to include health field representation; and (4) raise awareness of mobile health and health fair opportunities.

Denise Tanata, J.D., Executive Director, Children's Advocacy Alliance (CAA), shared a presentation focusing on increasing access to health and education opportunities for children and Nevada's collaboration with the Pritzker Children's Initiative, which focuses on expanding high-quality services nationally for low-income families with children prenatal to age three (Agenda Item XIII B). She discussed uninsured rates for children in Nevada, low birthweights, scarcity of maternal prenatal care, childhood obesity, and efforts to improve Nevada's national rankings as they relate to early child hood care and education.

Ms. Tanata identified the following CAA policy priorities:

- Increase access to Medicaid by: (1) establishing 12-month continuous eligibility for children and 12-month postpartum coverage for mothers; (2) expanding presumptive

eligibility for pregnant women; and (3) eliminating the five-year wait period for lawfully residing pregnant women;

- Increase utilization of community-based early childhood supports by: (1) establishing a community health worker/early childhood certification for all births in Nevada; and (2) expanding access to home-visiting programs;
- Increase capacity and utilization of quality child care programs by: (1) establishing contracted slots at child care centers for infants and toddlers; (2) expanding eligibility for Early Head Start from 100 percent FPL to 200 percent FPL; (3) establishing a targeted Quality Rating and Improvement System enhancement program; (4) establishing rate enhancement for providers who serve children during non-traditional hours and children with disabilities; and (5) establishing a targeted recruitment and support program for home-based providers; and
- Improve cross-sector vertical and horizontal alignment of children and youth services by: (1) establishing a position in Governor Steve Sisolak's office to assist with alignment of children and youth programs and services; and (2) improving access to high-quality services for children prenatal to age three by 25,000 families by 2025.

Concluding, Ms. Tanata made the Committee aware of additional child health policy considerations as summarized by the CAA (Agenda Item XIII B).

Senator Woodhouse discussed legislation from the 2017 Session, which supported online provider training, and she questioned whether the program has been successful.

Ms. Tanata clarified the Nevada Registry oversees training for Nevada's early childhood providers. She stated there is a wide range of learning opportunities in a variety of platforms and offered to provide additional information regarding program effectiveness.

Responding to Chair Cohen's question of the types of training available to home-based child care providers, Ms. Tanata explained that training in safety, school readiness, and healthy development are among the programs offered. She stressed the need to assist families, friends, and neighbors who provide child care and drew the Committee's attention to [My Village](#), an organization that offers support in transforming home-based child care into learning environments.

Vice Chair Ratti requested information relating to similarities and differences between the NECAC and Pritzker plans and requested that proposed policy suggestions be prioritized and submitted to the LCHC with the understanding the Committee is allotted a limited number of BDRs.

AGENDA ITEM XIV—PUBLIC COMMENT

Sara Hunt, Assistant Dean of Behavioral Health Sciences, School of Medicine, University of Nevada, Las Vegas (UNLV), and Director of Mental and Behavioral Health Training Coalition, UNLV, voiced support for the model of integrated health care as represented by presenters during the meeting. She stressed the importance of: (1) screening pre- and postpartum women for mental, behavioral, and substance abuse issues; (2) providing referral services for those identified with needs for follow-up care; and (3) integrated care between mental health professionals and primary care physicians. She discussed barriers to mental health care in Nevada, including a severe lack of mental health professionals, services, and

addiction counselors and insurance billing practices, which do not support integrated comanaged health care programs.

Octavio Posada, previously identified, stated his organization's goal is to improve minority health outcomes in Nevada by eliminating health disparities through constructive and supportive collaboration among partners, leaders, and stakeholders committed to improving the health and well-being of minority groups and underserved Nevadans. He expressed a need for committed on-going funding to support programs and initiatives that address barriers, lack of access, and affordability to high-quality care to Nevada's children.

Joan Hall, President, Nevada Rural Hospital Partners, discussed the following barriers to OB-GYN services in rural hospitals: (1) workforce shortages; (2) low volumes; (3) high costs associated with providing care; and (4) low Medicaid reimbursement rates. She noted the high rate of maternal morbidity and mortality in rural communities.

Norman Wright, Nevada resident and infection prevention public health nurse, expressed concern relating to the emergence of multidrug antimicrobial resistance, the lack of accurate and reliable data, and the need for effective monitoring and public notification.

An unidentified member of the public stated her opposition to mandated vaccinations and noted that minority groups are negatively impacted when policy makers rely on powerful vocal majorities in their decision process. She stressed the importance of protecting the rights of individuals and allowing them to express their concerns on these vital issues.

Michelle Agasi, Nevada resident, asked the Committee to be aware that those who object to mandated vaccinations are well-educated and informed constituents with valid concerns. She said many parents have vaccinated their children who are now living with life-long consequences. Ms. Agasi outlined the significant health issues her children are faced with following vaccinations and stressed that medical freedom is a basic human right, which should not be denied to any citizen. She discussed [SB 314](#) (2013)—which established parents' rights to make choices regarding care, custody, and management of their children—and stressed the importance of protecting these rights.

AGENDA ITEM XV—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:08 p.m.

Respectfully submitted,

Jan Brase

Research Policy Assistant

Patrick B. Ashton

Senior Policy Analyst

APPROVED BY:

Assemblywoman Lesley E. Cohen, Chair

Date:

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item II A	Meredyth Keast-Devine, Pharm.D., B.C.P.P.	Written testimony
Agenda Item II B	Juanita Cox, Nevada resident	Written testimony
Agenda Item IV	Eric W. Robins, Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau	LCB File R066-19 of the Nevada State Board of Optometry
Agenda Item V	Brian K. Iriye, M.D., President, Society for Maternal Fetal Medicine, and Managing Partner, High Risk Pregnancy Center, Northern and Southern Nevada	Microsoft PowerPoint presentation
Agenda Item VI	Beth A. Handler, M.P.H., Deputy Director, Programs, Director's Office, Department of Health and Human Services (DHHS); and Vickie Ives, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health (DPBH), DHHS	Microsoft PowerPoint presentation
Agenda Item VII	Suzanne Bierman, J.D., M.P.H., Administrator, Division of Health Care Financing and Policy (DHCFF), DHHS; and Robert Thompson, Deputy Administrator, Program and Field Operations, Division of Welfare and Supportive Services (DWSS), DHHS	Microsoft PowerPoint presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item VIII	Candice McDaniel, M.S., Maternal and Child Health Director and Bureau Chief, Bureau of Child, Family and Community Wellness, DPBH, DHHS; Julia Peek, M.H.A., C.P.M., Deputy Administrator, Community Health Services (CHS), DPBH, DHHS; and Stephanie Woodard, Psy.D., Medical Epidemiologist and Senior Advisor on Behavioral Health, DPBH, DHHS	Microsoft PowerPoint presentation
Agenda Item IX A	DuAne Young, Deputy Administrator, DHCFC, DHHS	Microsoft PowerPoint presentation
Agenda Item IX B	Beth A. Handler, M.P.H., Deputy Director, Programs, Director's Office, DHHS; and Julia Peek, M.H.A., C.P.M., Deputy Administrator, CHS, DPBH, DHHS	Microsoft PowerPoint presentation
Agenda Item IX C	Amanda Klein, Community Advocate, Fair Access to Fertility Treatment Act	Microsoft PowerPoint presentation
Agenda Item XI	Kristi Robusto, Ph.D., Section Manager, Chronic Disease Prevention and Health Promotion, DPBH, DHHS; and Laura Urban, Food Security and Wellness Manager, Office of Food Security, DPBH, DHHS	Microsoft PowerPoint presentation
Agenda Item XII	Christell Askew, Child Care Unit Chief, DWSS, DHHS; and Elisa P. Cafferata, Deputy Administrator, Field Operations Support, DWSS, DHHS	Microsoft PowerPoint presentation
Agenda Item XIII A	Marty Elquist, Chair, Early Childhood Advisory Council	Microsoft PowerPoint presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item XIII B	Denise Tanata, J.D., Executive Director, Children's Advocacy Alliance	Microsoft PowerPoint presentation

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