MINUTES OF THE DECEMBER 21, 2021
MEETING OF THE
INTERIM FINANCE COMMITTEE

Chair Chris Brooks called a special meeting of the Interim Finance Committee (IFC) to order at 9:04 a.m. on December 21, 2021, via videoconference. Pursuant to *Nevada Revised Statutes* (NRS) 218A.820, there was no physical location for this meeting.

COMMITTEE MEMBERS PRESENT:
Senator Chris Brooks, Chair
Assemblywoman Maggie Carlton, Vice Chair
Senator Nicole Cannizzaro
Senator Moises Denis
Senator Marilyn Dondero Loop
Senator Pete Goicoechea
Senator Scott Hammond
Senator Dallas Harris
Senator Heidi Seevers Gansert
Senator Don Tatro
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Michelle Gorelow
Assemblyman Gregory Hafen
Assemblywoman Sandra Jauregui
Assemblyman Glen Leavitt
Assemblywoman Brittney Miller
Assemblywoman Daniele Monroe-Moreno
Assemblywoman Sarah Peters
Assemblyman Tom Roberts
Assemblywoman Robin Titus
Assemblywoman Jill Tolles
Assemblyman Howard Watts
Assemblyman Steve Yeager for Assemblyman Jason Frierson

COMMITTEE MEMBERS EXCUSED:
Assemblyman Jason Frierson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:
Brenda Erdoes, Director, Legislative Counsel Bureau
Wayne Thorley, Senate Fiscal Analyst
Sarah Coffman, Assembly Fiscal Analyst
Alex Haartz, Chief Principal Deputy Fiscal Analyst
Brody Leiser, Chief Principal Deputy Fiscal Analyst
Bryan Fernley, Legislative Counsel
Eileen O'Grady, Chief Deputy Legislative Counsel
Tom Weber, Fiscal Analysis Division Secretary

EXHIBITS:
Exhibit A: Meeting Packet
Exhibit B: Coronavirus Relief Fund Presentation - Governor's Office of Finance
Exhibit C: Public Comment - Kent Ervin, Nevada Faculty Alliance
Exhibit D: Public Comment - Tiffany Tyler-Garner, Children's Advocacy Alliance
Exhibit E: Public Comment - Miranda Campbell
Exhibit F: Public Comment - Steven Cohen
Exhibit G: Public Comment - Diane Hale, Best in the West Safety, Inc.

A. ROLL CALL.

Sarah Coffman, Assembly Fiscal Analyst, Fiscal Analysis Division, Legislative Counsel Bureau (LCB), called the roll; all members were present except Assemblyman Frierson, who was excused. Senators Goicoechea, Hammond and Tatro joined the meeting in progress.

B. PUBLIC COMMENT.

DAN MUSGROVE (Chair, Clark County Children's Mental Health Consortium):
I am speaking in support of Agenda Items C-1 and C-8, and I thank the Legislature, the Office of the Governor, and the Department of Health and Human Services, Division of Child and Family Services for bringing these items forward. It is crucial that Nevada funds this intermediate care facility (ICF) for youth. Nevada's children are experiencing a mental health crisis. Many Committee members have likely toured Child Haven and have seen what happens at the University Medical Center of Southern Nevada with children who do not have the appropriate facility to handle their behavioral health issues. This ICF is especially important for Nevada, and I appreciate the work that Clark County has done to get this facility open and running. Getting this facility open has been a concern of the Children's Mental Health Consortium for many years.

C. WORK PROGRAM REVISIONS IN ACCORDANCE WITH NRS 353.220(5)(b) - REQUIRES EXPEDITIOUS ACTION WITHIN 15 DAYS.

1. Office of the Governor - COVID-19 Relief Programs - FY 2022
Transfer of $1,971,000 from the Reserve category to the American Rescue Plan Act (ARPA) Projects category to fund an allocation to the Department of Health and Human Services, Division of Child and Family Services to support operation of an intermediate care facility for youth in Clark County. Requires Interim Finance approval since the amount added to the ARPA Projects category exceeds $75,000. **RELATES TO ITEM ~~C.4~~ *C.8*. Work Program #22FR132706. RECEIVED 12-10-21.**

Agenda Items C-1 and C-8 were discussed jointly. Refer to discussion and motion for approval under Agenda Item C-8.

2. Office of the Governor - COVID-19 Relief Programs - FY 2022
Transfer of $19,613,528 from the Reserve category to the American Rescue Plan Act (ARPA) Projects category to fund an allocation to the Department of Health

and Human Services, Division of Public and Behavioral Health for support of contracts for monoclonal antibody and oral antiviral COVID-19 treatment centers. Requires Interim Finance approval since the amount transferred to the ARPA Projects category exceeds $75,000. **RELATES TO ITEM ~~C.3~~ *C.4*. Work Program #22FR132707. RECEIVED 12-13-21.**

Agenda Items C-2 and C-4 were discussed jointly. Refer to discussion and motion for approval under Agenda Item C-4.

3. Department of Health and Human Services - Aging and Disability Services - Desert Regional Center - FY 2022

Addition of $53,544 in Coronavirus Aid, Relief and Economic Security (CARES) Act, Coronavirus Relief Funds (CRF) transferred from the COVID-19 Relief Programs account to reimburse eligible expenditures under the CRF guidelines for COVID-19 related costs for intermediate care facilities. Requires Interim Finance approval since the amount added to the CARES Relief Funds category exceeds 10% of the legislatively approved amount for that category. **Work Program #22CRF3279. RECEIVED 12-15-21.**

Agenda Items C-3, C-5, C-6, and C-7 were discussed jointly. Refer to discussion and motion for approval under Agenda Item C-7.

4. Department of Health and Human Services - Public and Behavioral Health - Public Health Preparedness Program - FY 2022

Addition of $19,613,528 in federal American Rescue Plan Act (ARPA), Coronavirus State Fiscal Recovery Funds transferred from the COVID-19 Relief Programs account to fund contracts for monoclonal antibody and oral antiviral COVID-19 treatment centers. Requires Interim Finance approval since the amount added to the Transfer in Federal ARPA category exceeds $75,000. **RELATES TO ITEM C.2. Work Program #22FR321801. RECEIVED 12-13-21.**

Agenda Items C-2 and C-4 were discussed jointly.

JULIA PEEK (Deputy Administrator, Division of Public and Behavioral Health [DPBH], Department of Health and Human Services [DHHS]):

The DPBH is requesting American Rescue Plan Act (ARPA) funds to support COVID-19 therapeutic services throughout Nevada. The division is requesting $19,613,528 for budget 3218, which supports public health preparedness and planning efforts in Nevada's rural counties.

This proposal was prepared to support COVID-19 therapeutic services at approximately 5 fixed sites in a home-based model for 1 year to provide monoclonal antibody (MAB) treatment to approximately 1,100 patients per week. The division is aware of new therapeutic options that will soon be made available and could be a better choice for some people. Nevada's current federal allocation for MAB doses is approximately 1,366 doses per week. This allotment is variable and depends on utilization.

In preparation of developing this program, the DPBH and the Department of Administration, State Purchasing Division worked together to provide a request for qualification (RFQ) for outpatient services. The RFQ is open until December 31, 2021. There are several vendors that can provide services statewide in a facility-based, mobile, or home-based model. Monoclonal antibody treatments have been reported to reduce the risk of hospitalization and death caused by COVID-19 by as much as 70%.

Currently, MAB treatments are being provided statewide at approximately 48 facilities including hospitals, medical centers, clinics, and other health care facilities. However, there are still substantial access issues with this model. The cost of treatment is free; though the cost to administer the MAB by a medical provider tends to be expensive. While some facilities accept insurance, facilities that do not accept insurance charge up to $1,000 for treatment. Due to varying circumstances, such as cost and location and being homebound, not all individuals are able to access MABs even when eligible.

This request would support contractual expenses to develop freestanding treatment centers that can offer MABs at no charge to Nevada residents. This model has been highly successful in other states. A few rural counties in Nevada, including Churchill and Elko Counties, are setting up freestanding treatment centers in their communities. The centers have been successful, with urban county residents even receiving treatment in Churchill County.

The DPBH and the Nevada State Board of Pharmacy are attempting to increase access to private outpatient settings through education and outreach using Project ECHO and through direct outreach to individual providers. Although Project ECHO is well attended, the opportunities to access treatment are still limited. The challenges surrounding access and inequity will continue to limit treatment options for Nevadans. Offering treatment centers or in-home treatment options will immediately allow individuals to access services and reduce hospitalizations and severe cases that can result in death.

It is necessary to implement treatment centers and in-home treatment options immediately as limited staffing in hospitals remains the major cause of capacity issues. Further, these services must be well established prior to peak influenza season, which is typically around February. Influenza vaccination rates are historically low in Nevada. Hospitals need to be prepared to treat the most severe COVID-19 and influenza cases in the months ahead.

Currently, there is no virus-specific data to determine whether MABs will maintain efficacy against the Omicron variant; however, based on data from other variants, the expectation is that the Omicron variant will remain susceptible to MABs.

The goals of the program are to:

- Ensure equitable access to MABs for all Nevadans regardless of geography, demography, or health insurance coverage.
- Increase the accessibility of MABs or other COVID-19 treatments throughout Nevada by offering freestanding treatment centers or easy access to oral antiviral medication.
- Decrease the number of hospitalized patients due to COVID-19 in Nevada.
- Decrease the number of deaths due to COVID-19 in Nevada.

If the IFC does not approve this work program request, Nevada may continue to have critical levels of hospital capacity, especially since influenza season can potentially cause post-holiday surges. The DPBH will not be able to address the access and equity issues identified under the current structure.

CHAIR BROOKS:
I understand the primary motivation for this work program is to provide access to MABs, to ensure the hospital system is not overwhelmed, and to obtain positive health outcomes for Nevadans. However, many individuals who become extremely ill from COVID-19 are not vaccinated. I realize the purpose of the MABs is to prevent Nevadans from becoming extremely ill or hospitalized. What is the average cost per patient for MAB treatment?

MS. PEEK:
When the division originally examined the cost, it was approximately $8,650 to provide MAB treatment; the amount did not include subcutaneous treatment. The Centers for Medicare and Medicaid Services will reimburse just under $500 for the administration of the drug. Staff time and oversight increase the expense of this model since patients must be monitored for an hour after receiving the dose. Federal partners have worked with an emergency medical technician (EMT) model that uses a subcutaneous injection, which is less expensive. The division has requested EMT model assistance from its federal partners.

This MAB treatment is available regardless of vaccination status and is meant for those individuals who are not yet having severe symptoms or have not been hospitalized, which may include unvaccinated individuals. If the criteria are met to receive MAB treatment, it is important that treatment is available.

CHAIR BROOKS:
In looking at the cost benefit analysis, it appears vaccinations would be less expensive than waiting for individuals to become severely ill and requiring hospitalization. While I know many vaccinated individuals are becoming infected, all the data indicates that vaccinated individuals do not experience severe symptoms or require hospitalization. I would like a better understanding of the cost benefit analysis of MAB treatment versus the costs associated with promoting vaccinations.

MS. PEEK:
I acknowledge that the division is requesting a large amount of funding. A

hospital stay with COVID-19 can be extremely expensive; it averages about $20,000 per patient. When looking at the cost benefit analysis, the MAB treatment has a potential to reduce 70% of hospitalizations and deaths related to COVID-19. I agree that vaccination is the less expensive option; however, it is important to make the MAB treatment available to both vaccinated and unvaccinated individuals.

CHAIR BROOKS:
The MAB treatment is a valuable solution, especially for communities that do not have access to hospitals.

ASSEMBLYWOMAN MONROE-MORENO:
If one of the freestanding facilities is not being used to its potential, can it be relocated to another area that would have a greater utilization rate?

MS. PEEK:
Models include fixed or mobile sites, and some companies offer a recreational vehicle model. The division is collaborating with its federal partners to provide services in three different rural communities over the course of a week. The sites can be mobile if necessary. Some contracts include a 30-day notice clause, so the division could change locations or throughput.

If cases were to decrease and a site did not have a high demand, there would be no need for a service provider in that location or at that throughput. The DPBH can reassess services every 30 days and then increase or decrease services as appropriate. The division did something similar with state employee testing sites. When demand lessened, the division reduced the number of locations or throughput, and it will use that process with these contracts as well.

ASSEMBLYMAN HAFEN:
The MAB is a great option for Nevada to provide, especially considering the average cost of a hospital stay compared to MAB treatment. I understand that many hospitals across the state are filling up quickly and staffing is a big issue. Is the DPBH confident that the independent contractors can provide sufficient staff and services?

MS. PEEK:
The DPBH will contract with several private vendors to provide vaccinations, testing, and MAB treatment using the EMT-type model. These vendors are already providing similar services in states that are much larger than Nevada. The vendors have not communicated any staffing issues and provide traveling staff who are present for the duration of the week or the length of time the site is open. Several vendors noted that staffing was available within a week or less. If staffing does become an issue, there are seven other vendors with whom the division could contract.

ASSEMBLYMAN HAFEN:
Would there be any reciprocity issues with out-of-state staff? Will staff be able

to transfer?

MS. PEEK:
No, there have not been any issues with reciprocity.

DAVE WUEST (Deputy Executive Secretary, Nevada State Board of Pharmacy):
Both the Nevada State Board of Nursing and the Nevada State Board of Pharmacy have processes in place to expedite reciprocity.

ASSEMBLYMAN HAFEN:
I want this program to succeed. It is important for people to receive MAB treatment within the first four to ten days of being infected with COVID-19. Is there a plan in place to notify people that MAB treatment is available within the ten-day period?

MS. PEEK:
The DPBH plans to collaborate with Nevada 2-1-1 as a general resource for information. The division will wait until the sites are established before determining hours and availability. Current providers have had challenges with notification of hours and availability.

The DPBH will also utilize case investigation and contact tracing. The division receives information on all positive COVID-19 cases in the state. Currently, the division follows up with as many cases as possible within 24 hours. As part of the referral, the division could refer individuals who are interested in treatment to Nevada 2-1-1 to receive information about available resources in the community.

Navigation has been the biggest issue with MAB treatment. Helping people understand the treatment and providing referrals to resources within the ten-day timeframe requires a great deal of groundwork.

ASSEMBLYWOMAN CARLTON:
The Coronavirus Aid, Relief, and Economic Security (CARES) Act funding provided for COVID-19 testing. The state's goal was to ensure that testing was available to all Nevadans. The state used an entity to contract with a hospital to perform the testing, but there was no flexibility or accountability. The state ultimately paid for tests that were not used. The current environment is changing quickly, and the state needs to have the flexibility to adapt. I want to ensure that flexibility is built into the funds to avoid the need for another work program.

MS. PEEK:
Frequent changes in the landscape during the COVID-19 pandemic necessitate flexibility. The DPBH will evaluate the throughput on the models every 30 days, which is a benefit of using a private vendor instead of a state agency. The division will reassess after 30 days and if the throughput is lower than anticipated, the money can be returned. If the throughput is greater than anticipated, it is important to have those funds available understanding that adjustments can be made.

It is possible that oral antiviral medications will soon be available. The flexibility will provide facilities the ability to change the model to offer oral medications, which most likely will be the preferred treatment. One product that is not yet approved by the U.S. Food and Drug Administration indicated an 89% reduction in severity of symptoms and hospitalization; more than the 70% reduction provided by MABs. The oral medication will be less expensive to administer. Therefore, the division does not expect the expenditure to exceed the projected amount.

The DPBH is requesting $19.6 million to ensure MABs can be provided to Nevadans for one year.

MR. WUEST:
I will add that the MAB medication is allocated by the federal government. Any misconduct will result in loss of access. It is a bit different than the testing programs. Monoclonal antibody treatment cannot be provided without the drug. However, it is a valid concern.

ASSEMBLYWOMAN TITUS:
The requirement to have a positive COVID-19 test to receive MAB treatment has not been addressed. I am concerned with the turnaround time for positive test results. There are significant inaccuracies with the rapid tests. Will the vendor provide testing? Are plans to improve testing and turnaround times being considered?

MS. PEEK:
This work program requests funding for MABs. The DPBH acknowledges there are challenges with turnaround time and is attempting to address this issue using remaining CARES Act Coronavirus Relief Funds (CRFs). There will also be more over-the-counter testing available on the market. The DPBH provides notifications for the confirmatory test and the division can transfer records to the hospitals.

The team can also collaborate with the vendors to ensure that positive lab results are on file. The division can arrange for providers to access health records during the case investigation process and transfer records, so the vendor has the confirmatory test results prior to offering the medication.

One of the challenges hospitals encounter when offering MAB treatment is that a full panel of tests must be administered prior to the treatment, which adds additional costs and delays to patients. I anticipate an automated method to ensure that a lab report would accompany a referral to the vendor, enabling the MAB treatment to be administered in real time.

ASSEMBLYWOMAN TITUS:
It is correct that unvaccinated individuals can become severely ill. One of the advantages of MAB treatment is that it continues to be effective even as the virus mutates, while the effectiveness of the vaccines is uncertain.

Monoclonal antibody treatment prevents hospitalization regardless of an individual's vaccination status.

I am concerned that the freestanding clinics will recruit staff from hospitals that are already experiencing a critical workforce shortage. I am interested in the EMT models. Will all the freestanding clinics use the EMT model and how soon will this model be available?

MS. PEEK:
Many of the freestanding programs use the EMT model for subcutaneous injections. However, intravenous infusion treatments require a higher level of clinician to oversee the administration of the treatment. I understand that companies provide traveling staff to vendors to provide the services. Some vendors use the EMT model for testing and vaccinations. Also, the EMT model utilizes a short-term variable contract. The division will increase and/or reduce staff as needed, which is a risk for anyone considering a position with this program.

MR. WUEST:
The majority of MABs are administered as a subcutaneous injection, which does not require a nurse. The EMT model is being utilized in rural areas and can be used by a vendor. Additionally, the COVID-19 Public Readiness and Emergency Preparedness (PREP) Act provides that a pharmacist can administer MAB treatment. With the other models available, I do not foresee an increased workload for nursing staff.

ASSEMBLYWOMAN TITUS:
The DPBH is estimating that approximately 220 doses will be administered per day and 57,000 doses dispensed per week. About six weeks ago, clinics in Lyon County initially administered a total of 83 doses. In the last six months, only one dose was administered. I realize that many people are not aware this treatment exists; however, the cost seems to be inflated based on the figures provided.

MS. PEEK:
The DPBH's proposal is based on 100 doses per week for the home health model and 1,000 doses per week at five fixed or mobile sites that will offer MABs. The proposal of 1,100 per week may be reduced if throughput is lower. The most important piece is ensuring that people are informed about the service.

As stated previously, the DPBH contacts individuals and refers them to treatment. I personally found it complicated to locate a facility offering MAB treatment and I have heard similar complaints in Carson City and Washoe County. The division is aware there is a demand for this service but the amount of service available cannot meet the demand.

The program will not take away from facilities or providers that are currently providing MAB treatment. The vendors will provide services to individuals who

are admitted to the emergency room (ER) with COVID-19 but do not have severe enough symptoms to be hospitalized. The division intends to reach individuals who are not at risk of developing a severe reaction to COVID-19 and immediately refer them to one of the freestanding clinics.

If it turns out the throughput number is an exaggeration of the need, there will be no issue with reducing the services.

ASSEMBLYWOMAN TITUS:
I would like clarification of the number of doses the funding will provide. Will any of the funds be allocated for advertising, public relations, or community service programs? How does the division plan to address the communication disparity?

MS. PEEK:
The DPBH did not build funds into its budget for communication. However, there are other grants that have dedicated outreach funds. I envision communication that will include information about vaccination locations and treatment resources. The division will utilize available outreach dollars to increase messaging and relay this information.

The DPBH is updating its website to include resources and refer individuals to Nevada 2-1-1. The division will also utilize its provider network, case investigation and contact tracing to refer people to Nevada 2-1-1. Individuals will be referred to resources by a case manager or provider. The Board of Pharmacy will provide information to pharmacists. The DPBH intends to collaborate with the Nevada State Medical Association to advise providers of these resources.

SENATOR GOICOECHEA:
I appreciate the clinic at the Walmart in Elko. I support the freestanding clinics and anticipate these clinics will alleviate the issue of turnaround times to receive positive test notifications.

MS. PEEK:
The DPBH intends to examine the issue of turnaround times in rural areas immediately. I will note that several vendors who applied to provide MAB services have also been awarded contracts through the State Purchasing Division to provide testing and vaccination services. The funding request will include the combined model of testing, vaccination, and MAB treatment.

If a site offers the combined model that provides all three services, the division will use allowable funding streams to ensure the vendor has access to rapid tests and additional services. In the event of an increased demand for testing, the division could add more testing sites and provide more rapid tests.

The division is developing a satellite Nevada State Public Health Laboratory (NSPHL) in Churchill County. The satellite site will potentially reduce turnaround times for positive test results in the rural areas and will provide a central location for lab testing in Nevada's rural communities. The division has a laboratorian

secured for the satellite NSPHL.

SENATOR GOICOECHEA:
How accurate are the rapid tests?

MS. PEEK:
The DPBH struggles with the benefit of rapid tests. A test is not confirmed positive until an individual has a follow-up lab-based polymerase chain reaction (PCR) test, which is the gold standard. However, home tests have a place in the market. I have personally used them to test family members prior to gathering during the Thanksgiving holiday. Again, the rapid test is not a confirmatory lab-based test.

The division aims to communicate to individuals who receive a positive test result to follow up with a lab-based PCR test. Dr. Mark Pandori, Director, NSPHL has been a great resource regarding the accuracy of tests.

During the model startup process, a provider will require an accurate PCR test. The vendor can access the results, confirm the test, and provide the treatment. Nevada's State Epidemiologist is also available to answer additional questions or provide clarification.

CHAIR BROOKS:
The events in the United States and the discourse taking place during the pandemic are fascinating. I am grateful for the science and medical care that are available to Nevadans during the pandemic.

SENATOR DONDERO LOOP:
I appreciate the hard work of the division throughout the COVID-19 pandemic.

ASSEMBLYWOMAN TITUS:
When can the IFC expect to have a report on the status of treatment centers, how the funding is being allocated and the utilization of doses? What is the timeline for the division's startup plans and reporting? I am concerned with the accountability of the MAB program.

MS. PEEK:
The division will provide a status report with that information to the Committee. The DBPH has the potential to set up a dashboard to provide progress in real time. One challenge with MAB treatment and the model that the division is currently using pertains to minimal transparency. Mr. Wuest oversees the allocation, and the division monitors the MAB allotment distribution; however, limited demographic information is available.

As soon as more demographics are available in the private outpatient model, the DPBH will be able to see who receives treatment and where treatment is provided to assess throughput. If a patient requires hospitalization, the division can analyze hospital discharge billing data and mortality data. The DPBH can either

develop a written report or establish a dashboard and share a link to the information.

ASSEMBLYWOMAN TITUS:
Home health treatment is critical to fill the voids in health care in both rural and urban areas, especially in Nye County. Will the DPBH use the same vendors to provide the home health model?

MS. PEEK:
Home health is one of the best models, though it can be more expensive. There is an expectation for individuals with COVID-19 to isolate and remain at home. Currently, vendors have one week left to apply to provide the home health model. Vendors that have applied for the mobile unit or the fixed model can include the home health model and negotiate any additional costs. The home health model provides equity for individuals that cannot or should not leave home.

Currently, the home health model is proposed for Clark County and the DPBH will examine the option of providing that model statewide. The home health model will complement the fixed and/or private sites that offer services in the state.

SENATOR HARRIS:
It is especially important that individuals who test positive for COVID-19 are advised of treatment options, and for individuals who are sick to stay at home. How does the division intend to notify people who test positive for COVID-19 that MAB treatment is an option?

MS. PEEK:
Committee members are great advocates for Nevada communities and can communicate the importance of treatment. Word of mouth plays a significant role to convey information. The division will promote its plan for providing information to resources through Nevada 2-1-1. Nevada 2-1-1 offers a variety of resource navigation and will include MAB options. The DPBH will reach out to providers who offer COVID-19 testing but do not provide therapeutic treatment. The Washoe County Health District distributes a newsletter that can be made available to providers in the community, the Washoe County Medical Society, and similar entities.

During contact with individuals who test positive, the DPBH could include discussion about severity of symptoms and a referral to Nevada 2-1-1 for an appointment. Discussion could also include referrals to local resources that offer treatment. The DPBH will make every effort to communicate information. The division has other grants available for marketing and outreach contracts. It is important to provide resources for testing locations, available treatment options, and vaccination services. Additionally, word of mouth is a very effective method to advise people about treatment.

ASSEMBLYWOMAN CARLTON MOVED TO APPROVE AGENDA ITEMS C-2 AND C-4.

SENATOR DENIS SECONDED THE MOTION.

ASSEMBLYWOMAN TITUS:
I would support the motion if it included accountability and a request for a report back to the Committee.

ASSEMBLYWOMAN CARLTON:
The Committee can request an update from any agency. I would be happy to amend the motion for the record to ensure the IFC receives a report.

WAYNE THORLEY (Senate Fiscal Analyst, Fiscal Analysis Division, LCB):
The motion maker can amend or rescind the original motion.

ASSEMBLYWOMAN CARLTON AMENDED THE MOTION TO APPROVE AGENDA ITEMS C-2 AND C-4 AND REQUIRE THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH TO PROVIDE REGULAR UPDATES TO THE INTERIM FINANCE COMMITTEE BEGINNING IN MARCH 2022.

SENATOR DENIS SECONDED THE MOTION.

SENATOR GOICOECHEA:
I encourage constituents to reach out to Ms. Peek and Dr. Pandori regarding questions or concerns surrounding the MAB program as they are quick to respond. This may enable a constituent's concerns to be addressed without having to wait for the next IFC meeting to occur.

THE MOTION PASSED UNANIMOUSLY.

5. Department of Health and Human Services - Public and Behavioral Health - Office of Health Administration - FY 2022

Addition of $230,652 in Coronavirus Aid, Relief and Economic Security Act, Coronavirus Relief Funds (CRF) transferred from the COVID-19 Relief Programs account to reimburse eligible expenditures under the CRF guidelines for COVID-19 related costs for processing of electronic documents. Requires Interim Finance approval since the amount added to the Information Services category exceeds $75,000. **Work Program #22CRF3223. RECEIVED 12-15-21.**

Agenda Items C-3, C-5, C-6, and C-7 were discussed jointly. Refer to discussion and motion for approval under Agenda Item C-7.

6. Department of Health and Human Services - Public and Behavioral Health - Southern Nevada Adult Mental Health Services - FY 2022

Addition of $286,410 in Coronavirus Aid, Relief and Economic Security Act, Coronavirus Relief Funds transferred from the COVID-19 Relief Programs account

to reimburse eligible overtime costs for staff who have been substantially redirected to respond to the COVID-19 pandemic and costs for protective equipment, sanitization supplies, and a utility transportation cart. Requires Interim Finance approval since the amount added to the Reserve for Reversion to General Fund category exceeds $75,000. **Work Program #222CRF3161. RECEIVED 12-15-21.**

Agenda Items C-3, C-5, C-6, and C-7 were discussed jointly. Refer to discussion and motion for approval under Agenda Item C-7.

7. Department of Health and Human Services - Public and Behavioral Health - Facility for the Mental Offender - FY 2022

Addition of $12,423 in Coronavirus Aid, Relief and Economic Security Act, Coronavirus Relief Funds (CRF) transferred from the COVID-19 Relief Programs account to reimburse eligible expenditures under the CRF guidelines for COVID-19 related costs for cleaning supplies and medical equipment and supplies. Requires Interim Finance approval since the cumulative amount added to the C-19 category exceeds 10% of the legislatively approved amount for that category. **Work Program #222CRF3645. RECEIVED 12-15-21.**

Agenda Items C-3, C-5, C-6, and C-7 were discussed jointly.

SUSAN BROWN (Director, Governor's Office of Finance [GFO]):
The GFO is requesting allocations from the CARES Act Coronavirus Relief Fund (CRF) to reimburse expenditures related to the ongoing response and mitigation of the COVID-19 pandemic. The GFO is requesting a revision to Agenda Item C-5, Work Program #22CRF3223 to change expenditures from category 26 to category 27, which would isolate CRF expenditures within this budget.

The past 18 months have been extremely hectic for agencies tasked with responding to COVID-19 public health emergencies. State agencies had the challenge of ensuring that every Nevadan had the necessary resources to survive the pandemic and to ensure that government operations continued. Fiscal and programmatic staff across the state worked tirelessly to manage CRF funds and help Nevada recover from the pandemic.

Page 2 of the Governor's Office of Finance - Coronavirus Relief Fund Presentation (Exhibit B) is a snapshot of the CRF balance sheet. The pending work program revision requests appear in red, totaling $583,029. Upon approval of the pending requests, the amount of finalized or approved allocations total $831,661,228, with a remaining balance of approximately $4.3 million in unspent CRF funds.

Funds for projects that have carried over into FY 2022 with expenses incurred through December 31, 2021, are highlighted in yellow on page 2 of (Exhibit B). These figures represent both the year-to-date actual amounts and the projected expenses for the month of December 2021. Expenses are ongoing until the end

of the calendar year. A balance of approximately $67 million in CRF funds remains in this budget account and reimbursements are occurring on a continual basis.

Approximately $13.5 million in expenditures are currently being finalized by the GFO. State agencies will continue to submit their final invoices and the GFO anticipates the balance will be fully expended in the coming months.

There are approximately $4.3 million in remaining CRF funds. The GFO is currently reviewing several proposals for eligible expenses that were incurred through the end of the calendar year. The deadline for the expenditure of CRF funds is December 31, 2021. These proposals focus on reimbursable expenses such as:

- Telehealth
- Dedicated COVID-19 payroll
- Vaccination and testing, and other incurred expenses
- The Department of Employment, Training and Rehabilitation, Unemployment Insurance Trust Fund

The GFO is conducting weekly check-ins with programs to ensure that projections are on target. Proposals for the remaining dollars will be finalized in the next few weeks. The GFO is dedicated to ensuring that the remaining CRF funds will be spent by the end of FY 2022.

CHAIR BROOKS:
Regarding the potential options available to the GFO during the last few weeks of FY 2022, are the proposals for the $4.3 million in remaining CRF funds intended for previously approved items or will funding requests need to be brought before the IFC as a work program revision?

MS. BROWN:
It is possible that additional work programs will come forward as the GFO reconciles the CRF funds. The budget may not include the necessary authority to reimburse for costs already incurred.

ASSEMBLYWOMAN CARLTON:
The state's focus has been on allocating the CRF funds, which has been a challenging task. However, it is important to avoid overspending so that General Funds do not have to be used to backfill those commitments. Is the GFO confident the state is on target regarding the use of CRF funds? If the amount exceeds what is anticipated, will it be minimal? I appreciate the work that the GFO is doing with the CRF funds.

MS. BROWN:
Yes, I feel secure that Nevada is on target with the budget.

CHAIR BROOKS:
The economic impact on Nevada has been unquestionably harder than on any other state. Nevada has the smallest per capita government in the U.S. I am confident that together all the state agencies, along with LCB staff and this Committee, will ensure that every dollar is used to its greatest benefit for the Nevadans who need it most.

ASSEMBLYWOMAN TITUS:
I appreciate the work that the GFO has done managing the CRF funds, but I am still concerned regarding accountability within the spending categories and the use of funding. I want to make sure that the state agencies using the CRF funds use the money to make a meaningful impact on the lives of Nevadans

ASSEMBLYWOMAN CARLTON MOVED TO APPROVE AGENDA ITEMS C-3, C-5, C-6, AND C-7, INCLUDING THE REVISION TO AGENDA ITEM C-5 AS NOTED ON THE RECORD.

SENATOR DENIS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

8. Department of Health and Human Services - Child and Family Services - Clark County Child Welfare - FY 2022
Addition of $1,971,000 in federal American Rescue Plan Act (ARPA), Coronavirus State Fiscal Recovery Funds (FRF) transferred from the COVID-19 Relief Programs account to support operation of an intermediate care facility for youth in Clark County. Requires Interim Finance approval since the amount added to the Transfer from ARPA FRF category exceeds $75,000. **RELATES TO ITEM C.1. Work Program #22FRF31421. RECEIVED 12-10-21.**

Agenda Items C-1 and C-8 were discussed jointly.

DR. CINDY PITLOCK (Interim Administrator, Division of Child and Family Services [DCFS], DHHS):
The DCFS, the DHHS Aging and Disability Services Division, Clark County, Nevada Medicaid, the DPBH, the Office of the Governor, and DHHS Director Richard Whitley worked collaboratively on Agenda Items C-1 and C-8. Nevada is in a critical mental health crisis and its youth are suffering, particularly in Clark County. Children with developmental delays and autism are disproportionately impacted. In-home services and community-based services are overwhelmed, minimized, and in some cases these services were eliminated during the COVID-19 pandemic. Emergency room visits by children for mental health issues increased by approximately 30% for youth ages 12 to 17 and 24% for youth ages 5 to 11.

When a placement is unable to be secured for a child in the care of Clark County, the child is placed at Child Haven, which is intended as a temporary shelter. Child Haven cannot provide the appropriate level of care for youth with

high-intensity needs. This program would allow for placement into an appropriate treatment-level setting with proper interventions and support.

Funding will be used to support services to operate six beds in Building 13 of the Oasis Residential Treatment Center on the DCFS Southern Nevada Child and Adolescent Services campus through a subgrant to Clark County. Clark County will lease the building and contract with a provider to operate as an intermediate care facility (ICF). The funding will support operations for 18 months. Partners intend to work together to identify sustainable funding streams and to develop parallel programs to serve youth with acute needs.

The DCFS recognizes this is not a long-term solution; however, the division is responsible for providing safe placement and an appropriate level of services to Nevada's youth having critical needs.

The division continues to collaborate with partners to create actionable items including:

- Developing current facilities.
- Contracting for additional staff.
- Partnering with community providers to provide intensive outpatient and/or partial hospitalization programs.
- Training other providers in the wraparound service model.
- Working toward providing additional mental health services in schools.

The DCFS thanks the Committee for the previous support it has provided allowing the division to strengthen its mobile crisis response team model to more immediately respond, both in the community and through telehealth, to youth and families in crisis; the division is fast tracking the implementation of its mobile crisis response team.

ASSEMBLYWOMAN CARLTON:
Conversations regarding the ICF have been going on for months, and I would like an update on the timeline and the long-term plans for the use of the facility. When will the ICF be operational and providing services?

JOANNA JACOB (Government Affairs Manager, Clark County):
The lease for the ICF is on the agenda of the Clark County Board of Commissioners meeting today. Approval of the lease is the first step in the timeline.

TIM BURCH (Human Services Administrator, Clark County):
Upon approval of the lease, Clark County can introduce the vendor to the board. The vendor must be a licensed provider within the ICF. The application for licensure will be provided to the DPBH Bureau of Health Care Quality and Compliance (BHCQC) by the end of next week. Clark County anticipates a vendor will be onsite in the building within eight weeks of today's IFC meeting.

There are eight children at Child Haven who qualify for the ICF at Oasis Building 13. Clark County expects the program will fill quickly.

MS. JACOB:
A collaborative team including DHHS Director Richard Whitley, Nevada Medicaid, the DCFS, and the Office of the Governor have met and agreed to use an 18-month timeline to develop a sustainable funding plan to present to the 2023 Legislature. The 18-month period will end on June 30, 2023.

The division realizes the importance for this project to be in place. The ARPA funds will be used to facilitate the project and this work program request will provide funding for the operation of the ICF. The available data will provide Clark County with a better sense of children's needs and the information required to develop a sustainable rate. Clark County is committed to being on board and ensuring that a plan is in place before June 30, 2023.

DR. PITLOCK:
I want to reiterate, on behalf of the entire collaborative team, the sense of urgency to roll out services for Clark County's youth with high-acuity needs. The DCFS understands that it will need to initiate more services for these youth during the 18-month period. This 18-month period will enable the division to sustain funding, solidify existing programs, and provide new services.

The DCFS plans to appear before the IFC again to bring forward ideas and requests. The division recognizes that this ICF is meant to provide for the needs the youth are not currently receiving and to provide Clark County time to solidify programs.

ASSEMBLYWOMAN CARLTON:
I would like the DCFS to advise the Committee of any needs that might arise prior to the 18-month deadline. The IFC is aware of the significance of the issue, the amount of time necessary to provide a solution and that this project is a work-in-progress. It is important that these children receive the services they need.

SENATOR DENIS:
I have had conversations with Child Haven employees. This is a critical issue, and I am pleased it will be expediated. What comparable Medicaid services did the DCFS examine to determine the $600 daily rate?

MS. JACOB:
Information on the rate compilation was provided to the Committee. Clark County considered a blend of existing Medicaid rates and surveyed services and rates in other states. The State of Colorado pays a bed rate of $750 per day. The proposed rate is commensurate to other states.

MR. BURCH:
The daily rate is a blend of the Medicaid psychiatric hospital rate, the level three

behaviorally complex rates, and ancillary supporting services, such as transportation, education assistance, and social enrichment activities. This blended rate incorporates services required to provide a level of care to children based on the needs noted at the Child Haven campus over the last 18 months. Since the decline of community services, the division has had to import those services. Clark County used a regional comparison and discovered that Nevada's rate is lower than partner groups in Maricopa County and neighboring states.

ASSEMBLYWOMAN TITUS:
This is a critical issue, especially in Clark County. The Committee members are aware there are not enough services for youth in Nevada. I am concerned with staffing and long-term funding for this program. Nevada currently has a staffing shortage in the mental health care field. How does the vendor intend to provide sufficient staffing? Will staff be moved in from other facilities?

MS. JACOB:
The vendor has initiated the recruitment process. Information in the meeting packet (Exhibit A) indicates which services the vendor will provide.

MR. BURCH:
The vendor currently operates a skilled-nursing facility with similar operations and levels of service to this project. The vendor is collaborating with its existing employee base and Clark County to attempt to mitigate any deficiencies in other high-demand services.

ASSEMBLYWOMAN TITUS:
Even though there is a need for these services across the state, I am concerned that these employment opportunities could create a workforce shortage. When the state provides funding for additional positions and increases the pay of these positions, workers are incentivized to leave their current positions for higher pay.

CHAIR BROOKS:
Does the 18-month timeline create any obstacles for completing licensure or credentialing?

DR. PITLOCK:
The DCFS and the DPBH are collaborating with the vendor to fast track the licensure process.

PAUL SHUBERT (Chief, BHCQC, DPBH, DHHS):
The BHCQC recognizes the immense need for this service in the community. A preliminary inspection by the bureau found that the ICF met all the licensing requirements. Once the bureau receives the application, and following the initial licensure inspection, the license will be expedited as quickly as possible.

SENATOR HARRIS:
What is the long-term plan for the use of the ICF? Will the division provide a progress report on long-term funding to the IFC prior to or during the 2023 Legislative Session?

DR. PITLOCK:
The DCFS is collaborating with the Children's Mental Health Authority[1], the Children's Commission, Nevada Medicaid, and various stakeholders to solidify intensive outpatient services and provide sustainable funding. The division is working on components that will strengthen mobile crisis response teams in schools, provide intensive outpatient services, and establish an assessment center that will redirect services from ER bed placements. The DCFS is also developing solutions to offset the closing of a hospital in Northern Nevada. The division will return to the IFC and provide a progress report.

SENATOR HARRIS:
I would like to request an update on the progress to locate funding sources within the 18-month timeline.

DR. PITLOCK:
The division is exploring many ideas to strengthen community services. The DPBH intends to return to the IFC and report on the progress to locate funding sources and develop a final plan within the 18-month period.

CHAIR BROOKS:
I would like to receive an update before the 2023 Legislative Session.

ASSEMBLYWOMAN CARLTON MOVED TO APPROVE AGENDA ITEMS C-1 AND C-8.

SENATOR DENIS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

D. PUBLIC COMMENT.

DR. KENT ERVIN (President, Nevada Faculty Alliance) provided public comment for the record (Exhibit C).

RANDI RANAE:
I survived COVID-19 and want to recognize natural immunity, which has not been discussed. There are several proven therapeutics allowed for use in this state. India spent $2 per person and reduced its COVID-19 positivity rate. I understand that funds from the federal government will be provided to local governments, and I wonder if any of that money will be used to provide vaccines to children and infants in foster care. The purpose of the federal funding is to help people. I know the Committee is aware the state

[1] Nevada Children's Behavioral Health Consortium

received funds that have not been accounted for or tracked. There will be a watchdog group tracking these funds.

DR. TIFFANY TYLER-GARNER (Children's Advocacy Alliance):
I want to thank the Committee for prioritizing children's mental health. Investments in children, infant and early childhood mental health, community support and crisis intervention are all necessary. There is a national emergency underway that has profoundly impacted Nevadans. The Children's Advocacy Alliance appreciates the collaborative planning and coordination between the state and local municipalities. The Children's Advocacy Alliance urges the IFC to approve the proposed investments on today's agenda.

Dr. Tyler-Garner provided public comment for the record (Exhibit D).

CASEY RODGERS:
Nevadans should be using MABs. The polymerase chain reaction COVID-19 tests are unreliable and inaccurate. The cost of Ivermectin and hydroxychloroquine is less expensive than vaccines. There is currently a lawsuit in the State of Alabama where 45,000 deaths occurred within three days after people received the vaccination.

Page 36 of the lawsuit reads:

> The Centers for Disease Control indicates that children under the age of 18 have a 99.98% COVID-19 recovery rate with no treatment. This contract was over the 45,000 deaths and hundreds of thousands of adverse events reported following injections with the vaccine. The risk of harm to children may be as high as 50 to 1. Children under the age of 18 are under no statistically significant risk of death from COVID-19. Administering vaccines to this age group exposes them to unnecessary and unacceptable risk. Finally, the use of masks, the business closures, are all admitted by the conspirators to be acts to coerce the population into taking a vaccine. Further, these acts disrupt the democracy of the United States of America.

MIRANDA CAMPBELL submitted public comment for the record (Exhibit E).

STEVEN COHEN submitted public comment for the record (Exhibit F).

DIANE HALE (Best in the West Safety, Inc.) submitted public comment for the record (Exhibit G).

E. ADJOURNMENT.

Chair Brooks adjourned the meeting at 10:48 a.m.

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Senator Moises Denis, Chair
Interim Finance Committee

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Brenda Erdoes, Director, Legislative Counsel Bureau,
and Secretary, Interim Finance Committee