



NEVADA LEGISLATURE JOINT INTERIM STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

(Nevada Revised Statutes [NRS] 218.E320)

MINUTES

August 12, 2024

The seventh meeting of the Joint Interim Standing Committee on Health and Human Services (JISCHHS) for the 2023–2024 Interim was held on Monday, August 12, 2024, at 9 a.m. in Room 165, Nevada Legislature Office Building, 7230 Amigo Street, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, 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/Video/>. 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:

Senator Fabian Doñate, Chair
Assemblyman David Orentlicher, Vice Chair
Senator Rochelle T. Nguyen
Assemblywoman Tracy Brown-May
Assemblyman Brian Hibbetts
Assemblyman Duy Nguyen

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Assemblyman Ken Gray

COMMITTEE MEMBER ATTENDING REMOTELY:

Senator Robin L. Titus

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Patrick B. Ashton, Principal Policy Analyst, Research Division
Davis H. Florence, Senior Policy Analyst, Research Division
Sarah Baker, Research Policy Assistant, Research Division
Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division
Jeff Koelemay, Deputy Legislative Counsel, Legal Division
Kimbra Ellsworth, Senior Program Analyst, Fiscal Analysis Division

*Items taken out of sequence during the meeting have been placed in agenda order.
[Indicate a summary of comments.]*

AGENDA ITEM I—OPENING REMARKS

Chair Doñate:

Good morning, everyone, and welcome to our last meeting of the JISCHHS.

[Chair Doñate reviewed housekeeping measures and public comment protocols.]

I have a few remarks, but I am going to wait until after public comment and before we start the Work Session. We will start public comment at this time.

AGENDA ITEM II—PUBLIC COMMENT

Chair Doñate:

Since we will be having a Work Session today, I encourage individuals to address any item in the Work Session during the first public comment period to ensure you have an opportunity to present your views. This does not preclude us from requesting clarification if the Committee has questions regarding specific items on the Work Session Document “WSD.”

Vinson Guthreau, Executive Director, Nevada Association of Counties (NACO):

As you may know, NACO is a collective county voice whose members are all 17 of Nevada's counties. I am here this morning to provide input regarding Recommendation 5 in the Committee WSD, the creation of the Public Health Improvement Fund. ([Agenda Item II A](#))

First, on behalf of our NACO membership, we want to express our sincere thanks to Chair Doñate for his good faith engagement of the numerous stakeholders who have worked on the proposal before you this morning and before this Committee for consideration. We are thankful and appreciative of the Chair's commitment to public health and increasing investment in public health in Nevada.

Additionally, NACO thanks the Chair, the Legislature, and the Governor for the passage of Senate Bill 118 in the 82nd Session of the Nevada Legislature, which provided much needed investment in public health infrastructure. We also provided this Committee our full stakeholder memorandum that represents the work and effort of the collective stakeholder group, and you will hear from some of them this morning as well.

I wanted to highlight the perspective of our members on a few key points. At NACO, we heard two main priorities from our members regarding investments in public health. One was that funding needs to be sustainable. Our members find it challenging from a community trust perspective to stand up new, ongoing programs without sustainable funding to continue those newly created services.

Additionally, funding should be flexible, especially when we are addressing local community needs. The diversity of our communities is also reflected in the diversity of our public health needs. The public health needs in White Pine County probably differ from the public health needs of Lincoln County. Understanding that today is about moving forward, we look forward to addressing a conceptual solution to Nevada's needs in public health in future conversations. While nuances around legislative oversight and flexibility of the funding

allocation will need to be addressed in continued discussions, NACO realizes this is not the last discussion regarding this policy proposal, and we would support and appreciate the passage of this bill draft request (BDR) during the Work Session today. We appreciate everyone's commitment to healthy communities and a healthy Nevada.

Adam Plain, Insurance Regulation Liaison, Nevada Division of Insurance:

I have submitted public comment in writing, which I will not attempt to read in my time allotted, but for Agenda Item V related to the Work Session—specifically Recommendations 2 and 7 dealing with the Silver State Health Insurance Exchange and health insurance coverage for the screening and assessment of certain disorders and disabilities—we have attempted to provide a crash course in the archaic federal provisions for defrayment related to certain benefit mandates and State payments. I will not go into detail here in public comment, but I will be present during the Work Session, so if there are questions, I will be able to answer those. ([Agenda Item II B](#))

Chad Kingsley, District Health Officer, Northern Nevada Public Health:

I want to commend the Committee for its forward thinking approach to enhancing public health funding across Nevada, especially for the impact it will have on our rural communities as outlined in Item 5. This is a critical step towards improving health outcomes statewide and ensuring equitable access to care. Local health authorities and stakeholders have appreciated the coordination. Our notes and recommendations that were submitted for today's proposal are available upon request.

As we move forward, I urge the Committee to address a few key concerns regarding the recent bill proposals. While the intention to strengthen statewide public health efforts is commendable, some aspects of the bill could unintentionally hinder local health initiatives. One significant issue is the proposed composition of local boards of health. The current recommendation may undermine the local government's ability to effectively address community-specific health needs. Local boards with a unique understanding of local challenges are best positioned to respond to those issues. Any structure that limits their autonomy could be counterproductive and should be reconsidered.

Additionally, the proposal emphasizes enhancing State data authority to line up with federal guidelines. While this is a step in the right direction, clarifying language is essential to ensure that this State authority is appropriate to enshrine provisions for the oversight and accountability of local boards. By improving State authority and financial capacity over data management while maintaining robust local involvement, we can achieve a balanced approach that ensures both State-level coordination and local financial accountability. I recommend revising the bill's proposals to better integrate local perspectives and appropriate funding levels for rural counties, while maintaining effective accountability through data-driven outcomes overseen by the State.

The balanced approach, which ensures both State-level coordination and local financial accountability, will not only enhance the overall effectiveness of public health initiatives but also foster a more collaborative and responsive health system between the State and local authorities. Ultimately, this benefits individuals, families, tourists, and Nevada's economy. I look forward to continued progress and hope for a balanced approach that benefits all Nevadans.

Cadence Matijevich, Liaison, Government Affairs, Washoe County:

I want to express our gratitude to the Committee for the opportunities that we have had during this interim to make presentations to you and provide information to you and wanted to express our support today specifically for Recommendations 6, 11, and 12 on your agenda. I will be here throughout the day and happy to answer any questions that you may have as you come to those items.

Nikki Aaker, Director, Carson City Health and Human Services:

First, I would like to thank all of you and the many stakeholders for the passage of SB 118 in the last legislative session. I would like to express the importance of public health non-categorical funding, which this document supports. ([Agenda Item II C](#))

Nevada's public health departments are highly grant funded. These funds allow us to provide many different services within our community. The majority of these funds have specific deliverables, which does not give us the flexibility to address needs identified by Community Health Needs Assessments.

Nevada's health departments have been conducting Community Health Needs Assessments for many years. These assessments are a requirement of public health accreditation of which three of your health departments have achieved. Counties without health departments are fortunate to have the assistant of NACO's Public Health Coordinator, Amy Hyne-Sutherland, to assist with the foundational Public Health Services Assessment, which identifies the public health needs within those counties.

Some of the needs identified within these assessments cannot be addressed with grant funding received. For instance, one of the priorities of the regional county health needs assessment conducted for the quad counties is access to basic needs. Carson City Health and Human Services does not have grants that can directly address this need. Since we received the SB 118 money, we were able to use some of this non-categorical funding to address a portion of this need. Each county or region has different needs, so this is the reason non-categorical funding is so important for improving the public's health in Nevada.

Fermin Leguen, M.D., M.P.H., District Health Officer, Southern Nevada Health District (SNHD):

I want to congratulate you for pursuing sustainable additional funds to support public health infrastructure in Nevada. Before I go into my comments, I want to emphasize that we strongly support the approval of this BDR. We think it is very important for the future of public health in Nevada. ([Agenda Item II D](#))

Having said that, I want to express my concerns regarding Item 5(g) and 5(h) on the public health improvement and public health interoperability. If they are proposing the addition of two members to look at boards of health across Nevada, we feel this might have negative results across the community. Local boards of health are created to prioritize and also look for main issues affecting the communities and provide direction and recommendations on those issues. Having State Legislature appointees there could be at odds with the mission, duties, and commitments of those local governing boards.

I also want to share my concerns regarding Recommendation 5 on public health improvement and public health intake operability. This is more about the language that is there. We believe that data interoperability is important for public health here in Nevada

and across the country, but also, we consider that the cost associated with achieving it is uncertain, and trying to force this into local health authorities might jeopardize the implementation of other public health initiatives that are needed across the community. If so, SNHD strongly supports data exchange and management across the State; we believe we have a standardized data system that includes information from local health authorities, hospitals, and main health care providers. We also believe that the funds allocated for this initiative must be flexible instead of having categorical items that might divert the attention from local health authorities on other issues that they need to address.

Chair Doñate:

Is there anyone else here in Las Vegas? Broadcast and Production Services (BPS), let us go virtually, please.

Allison Genco, Director, Nevada Government Relations, Dignity Health, St. Rose Dominican:

I am calling today to express our support for proposal number 5 on the WSD related to the Public Health Improvement Fund. As a Southern Nevada public health partner, St. Rose supported SB 118 during the 2023 Legislative Session, and we look forward to seeing this funding become permanent to address the needs of our community.

On a personal note, I previously served as Nevada's Public Health Resource Officer, where I worked closely with local health authorities and State public health officials to develop priorities for improving Nevada's public health infrastructure. Of those priorities, sustainable and non-categorical funding for public health services was always at the top of the list. Nevada consistently ranks low for public health spending, and this proposal will not only continue to increase our ranking but keep our communities healthy and our economy thriving. I look forward to working with you on this important measure in the 2025 Session.

Megan Comlossy, MPP, Director, School of Public Affairs and Policy, School of Public Health, University of Nevada, Reno (UNR):

I echo the gratitude of previous speakers to the Chair and Committee Members for recognizing the importance of increasing flexible, sustainable State funding for the public health system that works to keep Nevadans healthy. Proposal number 5 in the WSD is in line with one of the four priorities outlined in the recent Silver State Health Improvement Plan and key to improving the health and economic well-being of the State. On behalf of the UNR School of Public Health, thank you for your leadership in this area. We look forward to this BDR moving forward.

Sheila Bray, Coordinator, Community Partnerships, Clark County, UNR Extension:

We would like to show our support for proposal number 5 today, the Silver State Health Improvement Plan, as we believe that will help to address public health throughout all communities, leading to a healthier Nevada and—as the previous speaker Megan Comlossy mentioned—all of the positives that go along with this plan. We would also like to commend the Committee for all of your support and recognition this interim in support of the health care workforce and look forward to meeting and working with all of you ahead of this session.

BPS:

There are no further callers wishing to offer public comment at this time.

Chair Doñate:

We will now close public comment.

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON APRIL 8, 2024

Chair Doñate:

We will move on to [Agenda Item III](#), approval of minutes for the meeting on April 8, 2024. Committee Members, are there any questions regarding the minutes? Seeing none, I will entertain a motion to approve the minutes.

ASSEMBLYWOMAN BROWN-MAY MADE A MOTION TO APPROVE THE MINUTES OF THE MEETING HELD ON APRIL 8, 2024.

ASSEMBLYMAN GRAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

We will now move on to our next agenda item.

AGENDA ITEM IV—CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NEVADA REVISED STATUTES 439B.225

Chair Doñate:

Let us continue with Agenda Item IV.

Mr. Robbins:

We have eight regulations for the Committee's consideration:

- LCB File R056-24 of the Board of Dental Examiners of Nevada ([Agenda Item IV A](#));
- LCB File R083-24 of the Board of Dental Examiners of Nevada ([Agenda Item IV B](#));
- LCB File R106-24 of the Board of Examiners for Long-Term Care Administrators (BELTCA) ([Agenda Item IV C](#));
- LCB File R117-24 of the Board of Medical Examiners ([Agenda Item IV D](#));
- LCB File R101-24 of the Nevada State Board of Optometry ([Agenda Item IV E](#));
- LCB File R081-24 of the State Board of Health ([Agenda Item IV F](#));
- LCB File R108-24 of the State Board of Health ([Agenda Item IV G](#)); and
- LCB File R087-24 of the State Board of Nursing ([Agenda Item IV H](#)).

We should have representatives available either in person in Carson City or virtually to answer any questions.

Chair Doñate:

Committee Members, are there any specific regulations we have questions on?

Vice Chair Orentlicher:

My question is on LCB File R087-24 of the State Board of Nursing. One of the items is, to accredit a program, 80 percent of the graduates must pass, which sounds like a good requirement. I am curious about the 80 percent—it could be 75 percent or 90 percent. Where does 80 percent come from?

Chair Doñate:

We will come back to that. We will go in order for any of the questions. Are there any other regulations?

Senator Nguyen:

I have a question regarding [Agenda Item IV C](#), LCB File R106-24 of the BELTCA.

Chair Doñate:

I also have one on [Agenda Item IV D](#), LCB File R117-24 of the Board of Medical Examiners. Let us begin with LCB File R106-24.

On section 10 of the proposed regulation, what was the rationale for including requirements for citizenship or legal status? Is there a particular reason why that language was included?

Mary Wilkinson, Executive Director, BELTCA:

I am the new Executive Director. I have only been on the job eight days, so I will give it my best shot. That was put in there—and it was specific to residential facility or assisted living administrators—because the Board was finding that people would come into Nevada and think it was easy to start an assisted living facility. They would open the property. They did not bother to license, they could not speak any language other than their home language, could not communicate with the residents they were to care for, and the standards were very different from some of the countries they came from. That is why the citizenship question was put in there.

Chair Doñate:

Let me think about this. It is going to be a bit difficult because I know you just started. Are you familiar with Assembly Bill 275 from the 2019 Legislative Session?

Ms. Wilkinson:

No, sir.

Chair Doñate:

Essentially, AB 275 removed similar language that has been proposed in regulations, so I would encourage you to research that legislation that was passed and signed by the Governor. I believe this regulation and this section goes against the intention of AB 275, so I would implore you to make certain considerations and review that before the Legislative Commission approves it. I hear the concerns, but I do not know if that is the appropriate

way of resolving them. I am happy to chat offline about how we can tackle that, but it seems to me that it is very narrow thinking from Board Members as to how you address that problem. That is my recommendation. I do not know if anyone else has any other comments.

Ms. Wilkinson:

May I ask a question? What was the bill on that?

Chair Doñate:

It was in the 2019 Legislative Session, AB 275.

Senator Nguyen:

I would echo that. I know you are brand new on the job, so you are thrust into this position where you are answering questions. Feel free to phone a friend or follow up offline. I had similar concerns. We worked on that bill in 2019. It was passed and signed into law. When you read the language of the regulation being proposed by your Agency, it is the deleted language from the 2019 law that has been deleted in that law and then cut and pasted into your new regulations. I have concerns about circumventing the clear intention of that statute that, in addition to this, was meant to take away a lot of the red tape around licensing and regulatory things, not just for your Agency, but across all State agencies. That is an important thing to all of the Members, I believe, in the Legislature—to get rid of unnecessary regulatory red tape. I would encourage you to look at that law, and how that coincides with this proposed regulation.

Ms. Wilkinson:

May I make a quick comment? I could not agree more, and I think the Board is very sensitive to making certain the licensing process is easier. There are huge commitments relative to mobility of licensing from out-of-State candidates who wish to come to Nevada. I know the Board has been very effective in being one of the most reasonable in terms of making sure applicants get their licenses as quickly as possible. In fact, we have other states that come to Nevada because the process is so efficient.

I am sensitive to what you are saying relative to AB 275. I will look at that with counsel and the Board. The intent was to make sure people do not open a property and take off because they cannot operate effectively. We are looking for public safety, and that was the intent of the whole thing. We can look at that and make sure we are not denying anyone licensure based on any discrimination.

Chair Doñate:

I am having a tough time trying to wrap my head around the rationale for this. Part of me feels there are plenty of other laws we can use to circumnavigate those situations we are experiencing. If such facilities are being stood up, it leads to different questions. Number one is, have the folks standing them up been denied employment from other means? Number two, if they are operating without a business license or license in general, I would presume there is already an ability to prosecute them and go after them for that. It does not matter if it is someone's legal status. That is the easiest way we would go after them in general. With someone starting a false business, we already have the ability to do that.

I would implore you to go back and restart that process. I am still a bit confused as to how you arrived at that conclusion, but I am happy to work with you, and I would ask that you at least fix this before you go to the Legislative Commission. Otherwise, I would hate for us to restart the process, especially if there is a certain intention that you are trying to accomplish. Are there any other questions?

Lewis Ling, Counsel, BELTCA:

If I may, I wanted to add to the concerns that are being raised. The good news is that we are in the process and these regulations may still be changed at this point. We do not have a hearing on these regulations until November, so we will take the input from the Committee here today directly back to our Board and make sure that language gets addressed before we have our regulatory hearing in November.

Chair Doñate:

Great. It goes with full disclosure, I say this to all the licensing boards: as you are encountering these situations, I hope you would have staff who are bilingual who can talk to the folks you are penalizing, so they can at least understand the full extent of the law. That is my only request for any licensing board.

Let us go on to the next regulation, LCB File 117-24 from the Board of Medical Examiners. Are there folks either in Carson City or here in Las Vegas? It looks like they are in Carson City.

Sarah Bradley, J.D., MBA, Deputy Executive Director, Board of Medical Examiners:

Good morning, I am here on behalf of the Board.

Chair Doñate:

I have a question on section 2. I know there are a lot of different parts of this regulation. The part that caught my eye the most was regarding access to medical records, which discusses the medium of how records are translated. As the Board of Medical Examiners, have you had any conversations as to what the cost should be for accessing medical records in general? Oftentimes, from the patient perspective, we hear it can be cumbersome for folks to be able to access their medical records. I do not know if this is the regulation for it, or if you have had that conversation; but it caught my eye when I was reviewing it. Do you have any feedback on that?

Ms. Bradley:

There have not been extensive conversations on that. This was a recommendation from a staff member and the Board approved it at the Board meeting in June for us to submit it in a regulation. We cannot change anything that is in NRS Chapter 629, but our hope is that if they are providing records electronically, costs are minimized, and they are recovering that medium they use. I think right now a lot of it is done by pages and in hard copy, so we are hoping to try to transfer to electronic and make it easier and simpler for patients.

Chair Doñate:

Are there any other questions from Committee Members on this one? Let us move on to the next one, LCB File R087-24 from the State Board of Nursing.

Vice Chair Orentlicher:

I am interested in how you arrived at the 80 percent threshold for [unintelligible] qualifying on the examination.

Fred Olmstead, Esquire, General Counsel, Nevada State Board of Nursing:

The shortest answer possible is that it is in the other regulations: *Nevada Administrative Code* (NAC) 632.605 and 632.625 require an 80 percent pass rate of the National Council Licensure Examination (NCLEX) to get full approval of the Board, and NAC 632.630 provides that if you do not have an 80 percent pass rate, then you are exempt by the Board and placed on conditional approval. I would also add that 80 percent is the national standard. If you want to be a nurse in any state, all 50 require the same test. I believe all the provinces of Canada also require that test, so everybody has the same test.

As the Nevada State Board of Nursing protects the public; we approve nursing programs. We put those programs on our website, so anybody who goes on our website says, "Oh, those are the approved programs," so when I pay my hard-earned money to go to that nursing program, I stand a good chance of passing the NCLEX because I am not going to be a nurse unless I pass that test. We want to show that all the programs in Nevada have an 80 percent pass rate required.

Some states have programs, and they want to have their clinicals in Nevada, so they send their students to Nevada to do clinicals. Nurses look at our website and say, "I am going to go to school at a program out-of-state, but I want to come back into Nevada to do my clinical," so we want to show that the out-of-state programs are as good in terms of pass rate as programs in State. That is why we think we are protecting the public, and why we chose the 80 percent pass rate. I am happy to answer any questions.

Vice Chair Orentlicher:

That all makes sense. I worry that sometimes when you set these standards, you may make it harder for certain applicants who come from disadvantaged backgrounds to get into a profession. Is there any concern or any evidence that we might have that unfortunate screening-out effect where we prevent people who ought to be able to get into the profession from getting in? That can happen with these kinds of standards.

Mr. Olmstead:

We are sensitive to all of the above. We have a regulation process, a workshop; and we had a workshop on this regulation on Thursday. There was public comment about whether or not it is discriminatory, and again, the Board has not had a regulation hearing on this. We will reduce the workshop comments to a transcript and give that to the Board before they have a hearing on it, and in all regulations, they must come back to the Legislative Commission, so if the Board has any inclination that this would be reducing anybody's ability to get into a nursing program, we would take that into effect. On the other hand, we want qualified nurses, so that when you are on the gurney looking up, you say, "I know you. You are a nurse, you passed NCLEX."

Chair Doñate:

Are there any further questions on any of the regulations? Seeing none, we will close this agenda item and move on to the Work Session.

AGENDA ITEM V—WORK SESSION—DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATING TO:

Chair Doñate:

We will now begin the Work Session. Members, the WSD is posted on the Committee's meeting page, and you should all have a copy as well. It contains a list of proposed recommendations relating to matters in the purview of our Committee. ([Agenda Item V](#))

As a background of the documents we are reviewing today, over the course of the interim Committee meetings we have held over the last several months, we have had members of the public come to us with thoughts and ideas of how to improve the health care system in our State. I was talking to Mr. Ashton, and I believe we reviewed over 80 recommendations in addition to the public comment periods, and those who had the chance to present in front of us.

To come to this moment has been difficult for many reasons. There are plenty of ideas we could have gone with. We encourage folks to work with our colleagues who sit on this Committee if the bill you recommended was not on this WSD. I think there are a lot of good ideas out there, but hopefully, as we go through this process, we will be able to make changes on a positive note towards our health care system here in the State.

Committee Members, we will go one by one through each BDR, have the opportunity to ask questions, and then we will take a vote on each one. That way, everyone has an opportunity to have questions, discussion, and comments.

Mr. Ashton:

As nonpartisan legislative staff, I can neither support nor oppose any proposal that comes before the Legislature. The WSD was prepared by the Chair and Committee staff. The WSD's purpose is to assist the Committee in determining which legislative measures and other actions it will request for consideration during the 2025 Legislative Session. The document contains recommendations presented during public hearings, through communication with Committee Members, or through correspondence submitted to the Chair, Committee Members, or staff. The recommendations are organized so Committee Members can review them and decide whether they want to accept, reject, modify, or take no action on the recommendations.

The Committee may request up to 15 BDRs that relate to matters within the jurisdiction of the Committee. The Committee may also vote to send as many letters of recommendation or support as it chooses or include statements in the final report. Committee Members are advised that LCB staff, at the direction of the Chair, may coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the Committee's final report after the final meeting. For the sake of time, I will also summarize some of the recommendations. My colleague Davis Florence and I are happy to answer any questions before we continue with the recommendations.

Chair Doñate:

Let us proceed with our first recommendation, which deals with Emergency Medical Services (EMS).

Mr. Ashton:

Recommendation 1 regarding EMS, which you can find on pages 2 and 3 of the WSD, requests a BDR to revise NRS Chapter 439 and 450B to authorize the district board of health in a county whose population is 100,000 or more, but less than 700,000 to administer EMS in the same manner as a county whose population is 700,000 or more, and to authorize a person between 16 and 18 years of age to become licensed as an ambulance attendant or an Emergency Medical Technician (EMT). Recommendation 1(a) was proposed by David Cochran, President of the Nevada Fire Chiefs Association, and Recommendation 1(b) was proposed by Chair Doñate.

Chair Doñate:

We have folks available for questions. Committee Members, are there any questions on this proposal?

Assemblyman Hibbetts:

I have a clarifying question on 1(b): is that statewide or only applied to a county of 100,000 to 700,000 as in 1(a)?

Chair Doñate:

It should be statewide. Are there any other questions? Let us go to comments.

Assemblyman Gray:

One recommendation that came up during the last session, is that currently students who must do ride alongs for the EMT program who never touch patients—from the way I understood it—must become licensed as an ambulance attendant just to do the ride along. I am wondering if we can do away with that requirement in this proposed BDR. As long as they are not touching patients, they should not have to be licensed for anything as far as I am concerned. It adds more bureaucracy and paperwork to the State, the student, and the school.

Chair Doñate:

We will do the motion to do pass and accept your recommendations included as part of this item. Are there any other comments or suggestions before we move on to the motion? Seeing none, Assemblyman Gray, do you want to do the motion?

Assemblyman Gray:

I would like to recommend the Committee draft a BDR with regards to EMS with the aforementioned amendment.

ASSEMBLYMAN GRAY MADE A MOTION TO AMEND AND DO PASS
RECOMMENDATION 1.

ASSEMBLYWOMAN BROWN-MAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

We will now move on to our next agenda item, the Silver State Health Insurance Exchange.

Mr. Ashton:

Recommendation 2 on The Silver State Health Insurance Exchange can be found on pages 2 and 3 of the WSD, and is based on testimony related to the Section 1332 State Innovation Waiver during the Committee's meeting on April 8, 2024. The Recommendation is to propose legislation to require the Silver State Health Insurance Exchange, in consultation with the Commissioner of Insurance and the Director of the Department of Health and Human Services (DHHS), to apply for a State Innovation Waiver under Section 1332 of the Patient Protection and Affordable Care Act (ACA) (H.R.3590, 111th Congress) and to specifically seek a waiver to Section 1312 (f)(3) of the ACA to the extent it would otherwise require excluding certain Nevada residents from enrolling in qualified dental and health plans of the State's Exchange Section.

It also requires the Exchange to conduct an actuarial analysis for the waiver application to determine without limitation that the waiver meets certain requirements as outlined in the subsection of 2(b) of the WSD. It makes an appropriation totaling \$1 million from the State General Fund to the Exchange over the next biennium to conduct the analysis. It also requires the Exchange to complete the analysis and apply for the waiver in such a manner that it can offer health insurance under the waiver starting on January 1, 2028, and it amends subsection 2 of NRS 695I.300 by requiring the Senate Majority Leader and the Speaker of the Assembly to each appoint one additional voting member to the Board of Directors of the Exchange.

Chair Doñate:

Members, do we have any questions regarding this BDR? Seeing none, I will entertain a motion to do pass.

ASSEMBLYWOMAN BROWN-MAY MADE A MOTION TO DO PASS
RECOMMENDATION 2.

SENATOR NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. We will move on to our next one on Tribal Health Care.

Mr. Ashton:

Recommendation 3 relates to tribal health care. In summary, it proposes the drafting of legislation to establish a Tribal Health Authority Council on all matters related to health and health care for American Indians and Alaska Natives in Nevada. Items 3(a) through 3(c) on the WSD establish the purpose, membership, and terms of the Council.

Item 3(d) requires the Director of DHHS to request federal approval authorizing tribal health benefit coordinators to determine Medicaid eligibility of any American Indian and

Alaska Native in the State, and DHHS shall also collaborate with the Council and tribal health clinics for any activities that will enable such coordinators to make Medicaid determinations.

Item 3(e) creates an account for Tribal Health in the State General Fund and allows the Council to apply for matching federal funds and accept gifts, donations, grants, or other money sources to fulfill the Council's purposes.

Item 3(f) appropriates funds to the Nevada Department of Native American Affairs for a coordinated position for the Council and Item 3(g) requires DHHS to collaborate with the Council in developing proposals that would establish a Medicaid investment program, and to submit a report regarding these proposals to this Committee during the next legislative interim. The recommendation was proposed by Chair Doñate and Angie Wilson, Director of the Reno-Sparks Tribal Health Center, at the Committee meeting on February 16, 2024.

Chair Doñate:

I want to thank Ms. Wilson for helping draft this BDR. I know it is historic and will be a work in progress as we continue to evolve how we work with our tribal communities, but I cannot understate my thankfulness to Ms. Wilson. Are there any comments or questions regarding this proposal? Seeing none, I will entertain a motion to do pass this BDR.

SENATOR NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 3.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Chair Doñate:

Is there any discussion on this proposal?

Senator Titus:

I appreciate what you are doing with this WSD in allowing this communication with the tribes. It is long overdue and again, it does not mandate that tribes do this. It just mandates that the State helps tribes in the best way we can, so I appreciate this BDR and definitely support it.

Chair Doñate:

Is there any other discussion on this item? Seeing none, we will take a vote on the motion.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

The BDR is approved. Let us move on to the next item, Health Services Provided to Medicaid-Enrolled Pupils.

Mr. Ashton:

Recommendation 4 proposes to draft legislation related to health services provided to pupils who are enrolled in Medicaid. The WSD includes a brief overview of the pertinent Medicaid

provider types, and the United States Centers for Medicare and Medicaid Services (CMS) grant that was awarded to Nevada Medicaid to expand access to critical health care services for pupils.

The Recommendation requires the DHHS Director to take any action necessary to ensure that local and State educational agencies receive Medicaid reimbursement for covered school health services and to establish incentives for providers of school health services and to apply for any necessary federal authority to increase Medicaid reimbursement rates by at least 5 percent for school health services and at least 10 percent for services rendered through school-based health centers as outlined in the WSD.

Item 4(b) establishes the School Health Access Resource Center in Nevada Medicaid to assist school health services providers with billing Medicaid for the services they provide. Additionally, Items 4(c) and 4(d) of the Recommendation make certain appropriations to Nevada Medicaid to establish the Resource Center and for additional staffing. Committee Members, if you have any questions, Medicaid staff is present today to offer their expertise.

Chair Doñate:

Committee Members, are there any questions regarding this BDR?

Senator Titus:

I have concerns about where this particular regulation is going, as I expressed to you earlier. Access to care is one of my key passions, but I am concerned about this particular BDR suggestion and was focused on whether or not it would be for some of the mental health providers we need in school, because children's mental health is one of the things we have also shown great concern for and know there is not enough access to.

I am letting you know that the way it is currently presented, I am not in full support of it, so I will be a no on this BDR when we get to the voting process, but possibly as it comes out and as it is written—all of us know that these are high-level views, just suggestions, and as the BDR is written, we have time to work on this. I support the concept of access to care for all of our kids, especially mental health, but I am concerned about possible interference with some other issues. Currently, I will not be supporting this.

Chair Doñate:

I do not know if the folks from Medicaid wanted to provide background on the grant, and the work you have been doing.

Stacie Weeks, J.D., MPH, Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS:

We have recently received a grant from the federal government that is going to focus our efforts on expanding access to school-based services, and I think this bill aligns nicely with that effort. It will support the continuation of the Resource Center we will be developing and working regionally with the counties and the Department of Education, other divisions, and sister divisions of our Department. It is a big effort, and we are happy to provide a briefing or summary to you afterwards if that is helpful.

On the rate increases for school health services, I wanted to note that those would go to behavioral health services as well, so any service that is covered—which we do currently cover a very broad array of services in schools—would include behavioral health. The issue

is that schools are not billing us. Even of those that are enrolled, very few are billing for services outside of those that would be provided and mandated under federal law for children with disabilities, so what we are trying to do is get schools to leverage Medicaid.

The other effort we are looking at is getting a billing vendor in an electronic health record for schools through this grant, so schools who cannot bill and cannot access or provide themselves with an electronic health record system could have access to that. We are trying our best to simplify it and make it easier. We will also be looking at and redoing our entire manual, because right now it is a little complicated trying to figure out who can provide what, how much, and how often. We are going to hone in on schools, and what they need to do to bill. I hope that answers your question or provides further clarity. I am happy to answer any questions Members might have.

Chair Doñate:

Are there any other comments or questions regarding this proposal?

Senator Nguyen:

I wanted to clarify a lot of schools are already doing this, and this would allow some of our rural communities to be able to engage and capture this federal money; and it allows them to go farther to get more money. Is that correct, Ms. Weeks?

Ms. Weeks:

Yes, that is correct.

Senator Nguyen:

So without this change, it would be difficult for our rural communities or smaller communities and schools to be able to take advantage of this Medicaid reimbursement and get this money because they do not have these elaborate record sharing systems. Is that correct?

Ms. Weeks:

This bill does not fund that electronic health record. That is more of the federal grant, but this bill would support helping us roll out that grant with the Resource Center and support schools in trying to make sure we understand why they are not billing. It also puts in that 5 percent rate increase to support increased reimbursement for any providers in the school system of any service that we cover. Hopefully, that answers your question.

Senator Nguyen:

It does.

Chair Doñate:

Are there any other questions? Seeing none, I will entertain a motion for this BDR.

ASSEMBLYWOMAN BROWN-MAY MADE A MOTION TO DO PASS
RECOMMENDATION 4.

SENATOR NGUYEN SECONDED THE MOTION.

THE MOTION PASSED. (SENATOR TITUS, ASSEMBLYMEMBERS GRAY AND HIBBETTS VOTED NO.)

Chair Doñate:

The motion passes for this BDR. Let us move on to Item 5, the Public Health Improvement Fund and Public Health Interoperability.

Mr. Ashton:

Recommendation 5 proposes to draft a bill related to public health and for the sake of time, I will briefly summarize: Item 5(a) establishes the Account for Public Health in the State General Fund administered by the Division of Public and Behavioral Health (DPBH). The account is funded with the first \$30 million per biennium of the Insurance Premium Tax collected by the Department of Taxation. The funding must be used to address the tribal, county, district, and State public health needs in Nevada.

Item 5(b) sets forth the definition of a "health authority" for the purposes of this Recommendation and Item 5(c) creates the following formula to allocate the money in the account to each Nevada tribe—10 percent; to DPBH—5 percent; and to each county or district board of health in Nevada—1 percent. After this initial round of allocations, the remaining funds shall be distributed to the county or district boards of health in proportion to their respective population. Item 5(c) also sets forth provisions on what happens with funds that have not been expended by a health authority by the end of the fiscal year and allows to carry forward up to 4 percent of funds as a reserve in the account.

Items 5(d), 5(e), and 5(f) require DPBH to oversee public health priorities and associated spending plans from each health authority and require the health authorities to submit proposals of these priorities and spending plans to DPBH for review and approval. Items 5(g) and 5(h) add two additional members to any district board of health who must be appointed by the Senate Majority Leader and the Speaker of the Assembly.

Finally, Item 5(i) requires health authorities to establish by 2030 a framework that includes standards on public health data interoperability and data exchange. It outlines certain conditions for the framework and requires health authorities to use funding from the Public Health Improvement Fund to establish the framework for their respective jurisdiction.

Chair Doñate:

Committee Members, are there any questions or discussion on this BDR?

Assemblyman Gray:

I would like to take a moment to reiterate Mr. Guthreau from NACO's comments this morning. I think it is going to be key for this to be successful; there is going to have to be identifiable, sustainable funding, and as or maybe even more important than that is the ability for the counties or public health districts to decide how they want to expend those funds instead of being directed how to expend those funds. As he pointed out, each area has specific needs that they need to be allowed to address on their own.

Chair Doñate:

Are there any other comments with this proposal?

Senator Titus:

I am going to abstain from this vote for multiple reasons.

Chair Doñate:

We are back on the motion for do pass on this BDR. We will now take a motion.

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 5.

SENATOR NGUYEN SECONDED THE MOTION.

Chair Doñate:

Is there any other discussion on this BDR? This is one of the complex bills that we have coming into the next legislative session because there are a lot of moving parts in terms of trying to figure out sustainable funding. Working with our fiscal staff, there are a lot of mechanics we are going to have to change in due time.

There was discussion as to whether or not these funds—I think it goes to show if you have been following our April meeting, there is obviously a needed accountability. I have received numerous calls from folks who are nervous—if that is the word to use—about adding members appointed by the Legislature to local health boards. I understand those concerns, but I think the most important part is that there is a public discourse and folks from the public are able to participate in how these funds have been expended. That was not part of the process the last time we expended these funds, and we need to make sure we are providing at least a base level of funding, so no county is left behind.

There are a lot of mechanics we are going to be working on. I received a recommendation last week about these funds perhaps having to be approved by the local boards in a public matter so there is at least some discussion of how they should be expended. This is a work in progress, so I encourage folks to continue to provide recommendations for making sure these dollars go to their best interests and not to the interest of the leadership of the health districts. Unless there are any other comments, we will take the vote.

THE MOTION PASSED. (SENATOR TITUS ABSTAINED.)

Chair Doñate:

Let us move on to Item 6, Medicaid Reimbursement for Community-Based Living Arrangement Services Provided to Adults with Serious Mental Illness.

Mr. Ashton:

Recommendation 6 on the WSD requests the drafting of a BDR to require Nevada Medicaid to coordinate with DPBH to establish a method of reimbursement for a therapeutic group home model of care for adults with serious mental illness who are Medicaid recipients. Additionally, the Director of DHHS shall seek all necessary federal authority to provide

Medicaid reimbursement for services provided in such group home models by qualified providers.

Chair Doñate:

Are there any questions on this proposal? Seeing none, I will now take a motion to do pass this BDR.

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 6.

ASSEMBLYWOMAN BROWN-MAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. Let us move on to Item 7, Health Insurance Coverage for the Screening and Assessment of Certain Disorders and Disabilities.

Mr. Ashton:

Recommendation 7 proposes legislation to require private and public health insurers to provide coverage for persons under 18 years of age or, if enrolled in high school, until the person reaches 22 years of age for the screening and assessment of attention deficit and hyperactivity disorder, fetal alcohol spectrum disorder, intellectual disabilities, and specific learning disorders.

This Recommendation was proposed by Brian Knudsen, Councilman, City of Las Vegas, and Holly Welborn, Executive Director of the Children's Advocacy Alliance of Nevada, at the Committee meeting on June 10, 2024.

Chair Doñate:

For some of these bills, you will see that Councilman Knudsen was very helpful in this process, so I want to give him a shout out. Are there any questions or comments on this proposal?

Assemblyman Gray:

I have a question; are insurers required to provide full-time students coverage until age 23 if they are on their parents' policy? If that is the case, should the age be 23 as well?

Chair Doñate:

We will have our Legal Counsel review that, but I think Assemblywoman Brown-May may have a comment.

Assemblywoman Brown-May:

Relative to services of students with intellectual and developmental disabilities, typically assessment happens earlier in life, so this then mandates that assessment can continue through that adult age, but it is now mandatory. Oftentimes, if a child is not diagnosed early

on, they miss the assessment and then do not qualify for follow-along support services they otherwise would be qualified for. This bill makes it clear that any child who did not receive the assessment early will have an opportunity to be fully assessed even as they age.

Senator Titus:

I have a question. I am good to do the assessment, but then there is no access to the treatment or coverage. This bill does not address that, correct? This bill only covers the assessment. In other words, there is no treatment included.

Chair Doñate:

If folks from the Children's Advocacy Alliance could come forward, I think it would be helpful to provide some context. My understanding is this was a continuation of the bill that was passed in 2015 for a different type of disorders.

Tara C. Raines, Ph.D., N.C.S.P, Deputy Director, Kids Count Initiatives Director, Children's Advocacy Alliance:

The spirit of this bill was to offer an opportunity for folks to have access to screening and assessment for these common disorders of childhood. We recognize that it does not include a mandate for treatment. For most of our youth, this treatment is available through school settings. We would be open to a conversation about including treatment. We know that would increase the financial burden substantially, so we felt like a substantial first step would be to make sure folks are identified, and with that identification, we can move toward providing robust treatment options throughout the State.

Assemblywoman Brown-May:

Thank you for the clarification. I appreciate that. I have personal experience relative to students who potentially had not received an assessment or diagnosis and then no longer qualify for services into adulthood. It is important as we look at skills development, training, vocational assessment, and vocational training. Without a diagnosis, they would be not authorized to participate in many federal programs. I would like to commend your work relative to this continuation of the assessment until the age of 22, which is when federally we are no longer responsible for students; as they have aged out of high school and are transitioning into other work and employment opportunities.

Senator Titus:

I agree. I think getting a handle on how big the problem is and then looking forward on how we solve it, and what we need as far as access and where that lies is an important step; I appreciate that.

Chair Doñate:

At this time, I will take a motion to do pass this BDR.

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 7.

ASSEMBLYMAN GRAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. Let us move on to Item 8, Social Work Apprentices.

Mr. Ashton:

Recommendation 8 proposes the drafting of a bill to establish a Social Work Apprentice Program similar to the Apprentice Nurse Program currently available to nursing students. It requires the Board of Examiners for Social Workers to promulgate regulations authorizing a social work student to perform social work functions as a social work apprentice. The conditions on these regulations have been modeled after regulations of the State Board of Nursing for apprentice nurses.

The recommendation establishes the Social Work Apprentice Program in DHHS, which shall oversee the program and may contract with any third party to administer the program and reimburse the third party for its services. Also, DHHS shall determine various aspects of the Program as outlined in the WSD. Finally, the recommendation appropriates \$2 million to DHHS for the next biennium to establish and administer the Social Work Apprentice Program. This Recommendation was proposed by Senator Titus.

Chair Doñate:

Are there any questions regarding this proposal or discussion?

Senator Titus:

This is a bill I suggested, and we spoke about; I appreciate you including it. For those who did not hear the discussion when we had the presentation with the Nevada Rural Hospital Association on the Nurse Apprentice Program, and how well it did. One of the conversations Chair Doñate and I have had many times, is that we have a real opportunity to change with this interim Committee, and when we see success in one program, it is nice if we can mirror that in others. This was a perfect segue since it had already been discussed; thank you for including it. I highly support this program.

Chair Doñate:

Are there any other comments before we move on to the motion?

Vicki Erickson, Executive Director, Board of Examiners for Social Workers:

Good morning.

Chair Doñate:

Excuse me, we are not in the public comment period right now. I do not think there was a question that was asked, ma'am.

Ms. Erickson:

I am here to answer any questions you might have. I have a response to this, but if it is an inappropriate time, I appreciate that.

Chair Doñate:

I do not know if any question was flagged or raised. I do not think there is a necessary response. If there is any response, I would ask for it to be done during public comment.

Are there any other questions or discussion from Committee Members? Seeing none, I will take a motion to do pass this BDR.

SENATOR TITUS MADE A MOTION TO DO PASS RECOMMENDATION 8.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. Let us move on to Item 9, Health Care Workforce.

Mr. Ashton:

Recommendation 9, which you can find on pages 11 through 14 in the WSD, proposes to draft a bill related to health care workforce. The first part of the Recommendation establishes the State Office of Healthcare Workforce and Licensing within DPBH, DHHS, and moves to this new State Office all funding, power, and responsibilities pertaining to the Graduate Medical Education (GME) Grant Program and the Advisory Council on GME established in NRS Chapter 223. The Recommendation also establishes a Behavioral Health Board to consolidate all boards established pursuant to the NRS Chapters for psychologists; marriage and family therapists; social workers; alcohol, drug, and gambling counselors; and applied behavior analysis.

I want to note that the Behavioral Health Board is modeled after Utah's Behavioral Health Board. The State of Utah Code provisions establishing its Board can be found in Attachment A of the WSD. The Recommendation also requires DPBH to develop and execute a plan for transitioning to the Consolidated Behavioral Health Board; the Board starts to conduct its business no later than January 1, 2027.

Finally, DPBH must develop and provide recommendations to this Committee during the next interim that outline the consolidation of all other health care licensing boards and other professions under the State Office of Healthcare Workforce and Licensing. A list of these licensing authorities can be found on pages 13 and 14 of the WSD.

Chair Doñate:

Are there any questions or comments on this BDR?

Senator Titus:

I think there may be some anxiety out there over this particular BDR, but it is a good start. The exact wording can always be changed, but I think clarification for this workforce needed to be done. We need to—again, that access to care and this is a good start, so I support the concept, and some of the words may be changed and we

may add or take off. It is not the final document, but I think it is a great step; thank you for bringing it forward.

Chair Doñate:

Is there any other discussion or questions? Seeing none, I will take a motion to do pass this BDR.

SENATOR NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 9.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. We will now move on to Item 10, priority review of health care license or certificate applications.

Mr. Ashton:

Recommendation 10 requests the drafting of a bill to require all entities that license or certify health care professions to develop a process to expedite the licensure or certification process by giving priority review status to the application of an applicant for a license or certificate, which demonstrates that he or she intends to practice in an historically underserved community.

Chair Doñate:

Are there any questions or comments from Committee Members?

Senator Titus:

The goal here for those of you who might be concerned on these particular boards—but the reality is we wanted to make sure for the ones who come out to rural areas, it could take months for these applicants depending on the licensure to get processed and sometimes the desperation—there is no other person out there. To bring these folks who are willing to go out to the rural areas, the top priority accessing their application is huge. I appreciate the Chair for bringing this forward.

Chair Doñate:

Are there any other comments or questions? Seeing none, we will take a motion to do pass this BDR.

SENATOR NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 10.

VICE CHAIR ORENTLICHER SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. Next, we will go to our child welfare bills. We have a few of them, and we are almost to the end. We will let Mr. Florence from Carson City start with number 11, Categorical Funds for Adoption Assistance Programs.

Mr. Florence:

As nonpartisan legislative staff, I can neither support nor oppose any proposal that comes before this Committee. Recommendation 11 relates to categorical grants for adoption assistance programs. It proposes to amend Chapter 432B of NRS to adjust the calculation for the amount of the grant that is allocated to a child welfare agency to also be determined by the calculated adoption savings that has been prescribed by the *U.S. Code*. Lastly, this proposal will allow any savings from an adoption assistance program to be carried forward with that child welfare agency for two fiscal years instead of only one fiscal year.

Additional information relating to this proposal may be found under Attachment B of the WSD. This was proposed by Ms. Ashley Garza Kennedy on behalf of Clark County and Ms. Joanna Jacob should be available for any questions.

Chair Doñate:

As you mentioned, this is a proposal recommended by Clark County. If there are any questions regarding the intention or the Recommendation, now would be the time. Are there any questions or discussion? Seeing none, I will take a motion to do pass.

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 11.

ASSEMBLYWOMAN BROWN-MAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. We will now move on to Item 12, Immunity for Reporting Child Abuse and Neglect.

Mr. Florence:

Recommendation 12 relates to immunity for reporting child abuse or neglect. It proposes the drafting of legislation to amend NRS Chapter 432B to clarify provisions regarding the protection from criminal and civil liability for individuals who make a good faith report of suspected or known child abuse or neglect or who provide assistance such as medical evaluations or consultations in connection with such reports or investigations.

Specifically, this Recommendation proposes extended immunity for civil or criminal liability to every person who in good faith permits, takes, reviews, consults, or provides a medical opinion regarding a medical test, photographs, or X-rays. Additionally, this proposal would provide that a mandatory reporter who has prevailed as a defendant in a civil action may be awarded by the court costs and reasonable attorney's fees incurred by the defendant. Additional information for this proposal may be found under Attachment C of the WSD. Ms. Joanna Jacob should be available for questions.

Chair Doñate:

Assemblyman Gray, I think you had a question on this one if you want to proceed.

Assemblyman Gray:

I want to clarify is this aimed only at mandatory reporters? I am looking at paragraph (a), and it says “clarify the provisions regarding the protection from criminal and civil liability for individuals who make a good faith report of suspected or known child abuse or neglect who provide assistance.” I see two categories of people there, a mandatory reporter as well as somebody who is not a mandatory reporter.

I do not want to see nonmandatory reporters protected under this provision. Child abuse allegations are often used in divorce cases, and there are lots of reasons to wage lawfare on people, and to determine good faith in those cases is hard. As long as you have a licensed individual or somebody who is a mandated reporter, good faith should be assumed and be covered by this. My question is, is it aimed at both of those or just mandatory reporters? If it is mandatory reporters, I think we need to make that a little clearer in that first sentence.

Chair Doñate:

My understanding is—and it is one of the attachments that is provided in the WSD—it is to make sure we are in alignment with the Child Abuse Prevention and Treatment Act (CAPTA). I will let Ms. Jacob provide a response, but I believe it is for mandatory reporters.

Joanna Jacobs, Government Affairs Manager, Clark County:

Thank you for the opportunity to clarify that. I wanted to put on the record that in Clark County, we conduct on average about 11,000 investigations on reported child abuse and neglect to the Agency, so that would address some of the concerns you have. We respond to everything. However, what we are trying to get at is are the cases that get referred after going through investigations for criminal prosecution—so on average, we do 11,000 investigations, but in the last year, we only sent in about 1,279 reports that went to our District Attorney (DA). This was identified through our DA and our Metro teams who work on these criminal cases, so I am putting out what we are trying to do. The federal law was updated in 2018 and codified in 2019 to say that we should have immunity for medical professionals who may be called upon to testify in that criminal case and afford them the ability to opine on whether it is child abuse or neglect or not.

I agree with you that the language we submitted may be a little broad, and we are happy to narrow down the language. For example, on the last page of the language we said, “If a defendant prevails in a civil action,” I agree with you that may be too broad, and we can narrow it down. I would prefer maybe “a health care provider” if they were super malpractice but they still reported and participated in good faith. You are only afforded immunity under the existing law if you participate in good faith, so that is one standard. If you were reporting to harass, for example, you would not be covered by this. The second thing would be that we could talk about the narrowing on mandated reporter. I would have to check if they are included in that definition, Assemblyman Gray, but that is our intent. I hope that answers the question. I am happy to answer any others.

Assemblyman Gray:

I appreciate that. Dr. Titus, correct me if I am wrong, but I believe all health care providers are covered as mandatory reporters. One change I would like to see made is in the

second line under (a) to change “individuals” to “mandated reporters,” and I think that would fix everything below that as well. Would that be an acceptable change?

Chair Doñate:

I am discussing with Legal Counsel. While I am discussing with them, Senator Nguyen, if you want to ask your question.

Senator Nguyen:

This goes in line with what I think Assemblyman Gray is trying to get at. It sounds like this is somewhat in alignment with that Federal Act. Is there any way we can draft it to make it, so it is specifically in alignment with that Federal Act? I think that would give more specificity to the drafting of the legislation that might take into consideration some of the concerns Assemblyman Gray has as well. I recognize these are just recommendations coming out of this Work Session, and we will be working on the details of the language. Do you think that might do that if I can ask Legal Counsel?

Mr. Robbins:

Yes, we could draft it to refer to the federal law, probably.

Ms. Jacob:

That is our intent, so for Legal Counsel, I will give you the citation to the Victims of Child Abuse Act Reauthorization Act of 2018. Our intent is to mirror the federal protections, so I am happy to accept that proposal. Also, keep in mind the guidance from Assemblyman Gray today. We would want to make sure we work on the language, and that is a very good discussion today. We do not want to make it broader than what I am stating is the intent.

Chair Doñate:

In speaking with Legal Counsel and Senator Nguyen, as a response to your proposal, would you be okay to do pass this Recommendation, but to refer back to what is already in CAPTA in federal law, and make sure that it is in alignment with it? Would that solve your concerns, Assemblyman Gray?

Assemblyman Gray:

I am sorry. Was that to me, Chair Doñate?

Chair Doñate:

That is correct. The Recommendation would be to do pass this recommendation, but to align it to federal law, which is CAPTA. Does that satisfy your request?

Assemblyman Gray:

I will support it one way or the other. I would like to see all medical workers, law enforcement, teachers, and anybody who is a mandated reporter—as long as they report in good faith, I would like to see them covered for any litigation purposes, but if we narrow to health care workers, I am good with that too. I think the overall intent here is to protect the kids and make sure people who should report are reporting and that they are protected; take that for what it is worth, but I will support it going out either way.

SENATOR NGUYEN MADE A MOTION TO AMEND AND DO PASS RECOMMENDATION 12.

ASSEMBLYMAN GRAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This BDR has been approved. Let us move on to Item number 13, Adoption of Children and Adults.

Mr. Florence:

Recommendation 13 relates to the adoption of children and adults. It proposes the drafting of legislation to do the following: Item (a) codifies NAC 127.140 in Chapter 127 of NRS to authorize the fingerprinting of an applicant for an initial license as a director of a private child-placing agency; Item (b) authorizes the Division of Child and Family Services (DCFS) to release information to relatives under extenuating circumstances as determined by the Division; and Item (c) authorizes prospective adoptive parents to attend a court hearing by videoconference or any other technological means available to the court. This Recommendation was proposed by Marla McDade Williams, Administrator from DCFS; and she is available for questions.

Chair Doñate:

Committee Members, are there any questions or discussion on this BDR?

Assemblywoman Brown-May:

I wanted to offer my commendation for the hard work on this. As a person who was adopted as an infant, locating siblings has been important to completing a family and having the ability for a child to be able to make that determination outside of the consent given to their parent. It is important that we allow families to reunify whenever possible when they desire to do so. For me, this is an important step forward for our kids who have come through foster parents or adoptive situations to be able to relocate their siblings. I want to say thank you to the folks who are working on this bill, and I look forward to working on it throughout session.

Chair Doñate:

This was a cleanup BDR recommended from Ms. McDade Williams; I wanted to thank her as well. Are there any other comments or questions on this proposal?

Assemblyman Gray:

I want to echo Assemblywoman Brown-May's comments and say especially that Item (b) is long overdue. There are people out there who want answers to their lives, and it is time they get them; and with that, I would also like to offer a motion to do pass.

ASSEMBLYMAN GRAY MADE A MOTION TO DO PASS RECOMMENDATION 13.

ASSEMBLYWOMAN BROWN-MAY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

I want to clarify for the record that Dr. Titus had a slight glitch on her computer, but she was a yes on Item 12 as well. I want to make sure that we are clear on that. Let us move on to Item number 14, the Office of Children's Mental and Behavioral Health.

Mr. Florence:

Recommendation 14 requests the drafting of legislation to create the Office of Children's Mental and Behavioral Health within the Director's Office of DHHS. Item (c) of this proposal outlines the duties of the Director of the Office of Children's Mental and Behavioral Health, and Item (e) makes an appropriation to the Office for the personnel and operating costs during the 2025–2027 Biennium. This Recommendation was proposed by Councilman Knudsen and Director Welborn.

Chair Doñate:

We have folks available to answer questions regarding this proposal. Are there any questions or comments from Committee Members at this time?

Assemblywoman Brown-May:

I think it is important that I personally go on record this morning to say how important this is, and how loudly we heard the voices throughout this interim talk about children's mental health, and how we must pay attention to it. This Office of Children's Behavioral Health is important as we continue to look forward. How do we raise healthy citizens for our future and invest in our children now to help us identify where we can get better? I want to personally thank this Committee for supporting this measure as we invest in our children throughout the next legislative session.

Are there any other comments or questions? Seeing none, I will take a motion.

ASSEMBLYWOMAN BROWN-MAY MADE A MOTION TO DO PASS
RECOMMENDATION 14.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

We will now move on to Item 15, a statement on Cardiovascular Health.

Mr. Florence:

That concludes our recommendations for legislation included in the Committee's WSD. As Mr. Ashton mentioned earlier, the Committee may vote to send as many letters of recommendation or support as it chooses or may include statements in the final report.

The final Recommendation included in the WSD proposes to include a statement of support in the Committee's final report that supports an updated Complete Streets Policy as developed through the Context Sensitive Design approach from Nevada's Department of Transportation (NDOT). This Recommendation was proposed by Chair Doñate in response to testimony provided by representatives of NDOT at the joint meeting of Growth and Infrastructure and JISCHHS on July 17, 2024.

Chair Doñate:

This was a recommendation based on the meeting we had with our colleagues on the Joint Interim Standing Committee on Growth and Infrastructure. Essentially, it says we love Complete Streets and folks being active to prevent cardiovascular disease. Are there any questions or suggestions? Seeing none, I will take a motion to do pass.

SENATOR NGUYEN MADE A MOTION TO DO PASS RECOMMENDATION 15.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Chair Doñate:

This letter has been approved. We have reached the end of the WSD. Now, we will go to public comment and then, since this is our last meeting, I will let Committee Members speak if they have any comments.

AGENDA ITEM VI—PUBLIC COMMENT

Chair Doñate:

We will move on to our last agenda item, public comment. Seeing none here in Las Vegas, we will start in Carson City.

Vikki Erickson, LCSW, Executive Director, Board of Examiners for Social Workers, State of Nevada:

I want to apologize for my disruption earlier. I am still getting my legislation feet wet. I wanted to speak on behalf of the social work apprentices. For consideration, I wanted to let you know that UNR and the University of Nevada, Las Vegas have practicums for bachelor's- and master's-level students which consist of 450 hours per semester. Moving forward after they receive their master's degree, if a social worker wants to move on to clinical licensure, they obtain 3,000 hours of internship similar to that of an apprenticeship. It would be helpful to consider allowing some of those funds to go to the university to pay for the practicum students. The Board is happy to continue to work with legislative committees throughout the legislative session. I want to thank you, Dr. Titus and Senator Doñate, for bringing this forward. I appreciate it.

Chair Doñate:

Is there any other public comment either in Carson City or in Las Vegas at this time? BPS, is there anyone virtually?

**Valerie Cauhape Haskin, MA, MPH, Rural Regional Behavioral Health Coordinator,
The Family Support Center, Rural Regional Behavioral Health Policy Boards,
State of Nevada:**

My public comment today echoes some of the things you have heard previously. The item I would like to provide public comment on is Recommendation 8 from the WSD regarding the social work apprenticeship. While it is wonderful and badly needed that we get more hands-on training for social workers, particularly out in our rural communities and those who may be working in a health care environment, unfortunately, it is unknown at this time whether or not this may affect the Board of Social Workers' ability to enter into its Interstate Compact, which is something our Board is working with them on. Interstate compacts allow for a much cleaner process to get experienced and licensed providers into the State of Nevada, so while it would be great to have all that additional training, we need to make sure it does not affect the ability of the Board to enter into the Interstate Compact.

BPS:

There are no callers wishing to offer further public comment at this time.

The following written public comment was submitted:

- Joe Lombardo, Governor, State of Nevada ([Agenda Item VI A](#));
- Andrea Gregg, CEO, High Sierra AHEC ([Agenda Item VI B](#)); and
- Natalie Gautereaux, Nevada Public Health Foundation ([Agenda Item VI C](#))

Chair Doñate:

Seeing that we have reached the end of public comment, I want to give my Committee Members the chance if they have any comments, since this is our last time meeting before the next legislative session.

Senator Nguyen:

I am probably speaking for everyone else on the Committee, too. I do not want to be presumptuous. For all those people watching who have participated, have questions or concerns, or want to continue to stay involved in the numerous bills that were recommended out of the Work Session, I would encourage you to continue to reach out to all the Members of this Committee as we are working through the development of the language we will hopefully see proposed in the upcoming legislative session.

On a personal note, I want to thank our Chair. He ran amazing meetings, took on very complex topics, and always kept us on track. We had long meetings, but I think it was important to have the voice of our community we serve have that input, so we can make our health care delivery, accessibility, and everything that much better.

Vice Chair Orentlicher:

I want to echo Senator Nguyen's comments about the Chair leading us so ably. I also want to thank my colleagues and all the people who came and testified. I learned a heck of a lot this interim, and it was great to get input from people out in the community and from my colleagues. I think you helped us shape a very good agenda of recommendations.

Senator Titus:

I want to thank all the Members of the Committee, but especially the Chair, for having an open-minded process in looking at what the issues are in our State across the spectrum and addressing all of it. Although we will not and we did not always agree on the pathway to solutions, we certainly had great lines of communication open to having multiple discussions and wanted to get stuff done.

I have been on this Committee many times now, and one of my frustrations is that we have these ten BDRs, we look at these ideas, and then we only get one or two passed. From the start, you were open to comments and suggestions, but especially open to finding correct solutions that can move forward, so thank you for that and to all Committee Members for your great comments in trying to address the issues with health care in Nevada. It was a pleasure being on this Committee.

Chair Doñate:

Are there any other comments? I know Angie Wilson had a few glitches, but we received a comment from her, and it sounds like it was expressing gratitude to the Committee for their approval of the tribal BDR. Thanks to her and to all the Committee Members and folks who participated in this process.

When I first got the notification that I was going to Chair this Committee, it was a daunting task. Committee Members and staff can attest that we had a long time trying to plan each Committee and there were some that were difficult, including planning the behavioral health ones. I want to thank our colleagues and all the Members who sit on this Committee. We worked hard behind the scenes to make sure that most, if not all, of these bills were passed bipartisan. I mentioned at the beginning during my opening remarks of this interim that our goal is to pass bipartisan, because we want to make sure health care is improved in our State.

Ultimately, it does not matter what our background is; we all have to live in the same system, in the same community, so what matters most is that we can protect our well-being and each other. While some of these BDRs may have not gone far enough, and we are still going to have issues beyond them, we worked hard behind the scenes to at least solve some issues.

For those watching, I want to encourage individuals to participate. The bills obviously do not go into effect tomorrow. We still have a lot of changes we have to go through and questions that must be asked. Some of these bills may survive, and some of them may not, but we had at least discussion as to why we wanted to arrive at these conclusions, and hopefully these ideas continue to move forward into the next legislative session.

I want to take the time to thank our staff: Patrick, Davis, Sarah, Eric, Kimbra, Aaron, and Jeff. There are lots of folks behind the scenes who were helpful in making these bills and Committee meetings run smoothly, so I want to express my gratitude to them. Now, the work begins to make sure we improve the lives of Nevadans. We will hopefully see you all in Carson City in a matter of time. Please enjoy the rest of your day.

AGENDA ITEM VII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 11:21 a.m.

Respectfully submitted,

Sarah Baker
Research Policy Assistant

Patrick B. Ashton
Principal Policy Analyst

Davis Florence
Senior Policy Analyst

APPROVED BY:

Senator Fabian Doñate, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item II A	Vinson Guthreau, Executive Director, Nevada Association of Counties	Written Public Comment
Agenda Item II B	Adam Plain, Insurance Regulation Liaison, Nevada Division of Insurance	Written Public Comment
Agenda Item II C	Nikki Aaker, Director, Carson City Health and Human Services:	Written Public Comment
Agenda Item II D	Fermen Leguen, District Health Officer, Southern Nevada Health District	Written Public Comment
Agenda Item IV A	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB)	LCB File R056-24 of the Board of Dental Examiners of Nevada
Agenda Item IV B	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R083-24 of the Board of Dental Examiners of Nevada
Agenda Item IV C	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R106-24 of the Board of Examiners for Long-Term Care Administrators
Agenda Item IV D	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R117-24 of the Board of Medical Examiners
Agenda Item IV E	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R101-24 of the Nevada State Board of Optometry
Agenda Item IV F	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R081-24 of the State Board of Health
Agenda Item IV G	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R108-24 of the State Board of Health
Agenda Item IV H	Eric W. Robbins, Senior Principal Deputy Legislative Counsel, Legal Division, LCB	LCB File R087-24 of the State Board of Nursing

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item V	Patrick B. Ashton, Principal Policy Analyst, Research Division, LCB Davis H. Florence, Senior Policy Analyst, Research Division, LCB	Work Session Document
Agenda Item VI A	Joe Lombardo, Governor, State of Nevada	Written Public Comment
Agenda Item VI B	Andrea Gregg, CEO, High Sierra AHEC	Written Public Comment
Agenda Item VI C	Natalie Gautereaux, Nevada Public Health Foundation	Written Public Comment

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