

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-Second Session
April 7, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 12:45 p.m. on Friday, April 7, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [[Exhibit A](#)], the Attendance Roster [[Exhibit B](#)], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sarah Peters, Chair
Assemblyman David Orentlicher, Vice Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblywoman Selena Torres, Assembly District No. 3

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Eric Robbins, Committee Counsel
David Nauss, Committee Counsel
Shuruk Ismail, Committee Manager

Minutes ID: 729



Lori McCleary, Committee Secretary
Gina Hall, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Claudia Miner, Executive Director, Waterford Upstart
Guy Girardin, Private Citizen, Las Vegas, Nevada
Gil Lopez, Executive Director, Charter School Association of Nevada
Holly Welborn, Executive Director, Children's Advocacy Alliance
Denise Tanata, Director, Early Childhood Comprehensive Systems, The Children's Cabinet
John Cregg, Executive Director, Nevada Association for the Education of Young Children
Rich Harvey, Fire Chief, Central Lyon County Fire Protection District; and representing Nevada Fire Chiefs Association
Todd Ingalsbee, President, Professional Fire Fighters of Nevada
Dennis Nolan, EMS Clinical Coordinator/Instructor, Truckee Meadows Community College
David Cochran, Fire Chief, City of Reno Fire Department; and President, Nevada Fire Chiefs Association
Charles A. Moore, Fire Chief, Truckee Meadows Fire Protection District
Ryan McIntosh, Assistant Fire Chief, Central Lyon County Fire Protection District
Michael R. Schulz, Director, Public Safety, Truckee Meadows Community College
Lindsay Knox, representing Regional Emergency Medical Services Authority
Chris McHan, Chief, Emergency Medical Services, Elko County
Tom Clark, representing MedX AirOne
Brian McAnallen, representing Global Medical Response
Damon Schilling, President, Nevada Ambulance Association
Mike Dzyak, State Fire Marshal, Department of Public Safety
Kelly Quinn, Private Citizen

Chair Peters:

[Roll was called. Committee rules and protocol were explained.]

Today on the agenda we have two bill hearings and a work session. We will start with the work session. The first bill on work session is Assembly Bill 132.

**Assembly Bill 132: Creates the Committee to Review Overdose Fatalities.
(BDR 40-721)**

Patrick Ashton, Committee Policy Analyst:

As nonpartisan staff, I cannot advocate nor oppose any measures before this Committee.

Assembly Bill 132 was heard on March 1, 2023 [[Exhibit C](#)]. For the sake of time, I will go straight to the amendments [pages 2 through 23]. Assemblywoman Cohen proposes to revise the current provisions of A.B. 132 with the conceptual amendment and mock-up, which are attached to the work session document. In summary, the amendments:

1. Allow State and local agencies, institutions, or entities to conduct opioid overdose fatality reviews (OOFRs) and authorize access to data and records necessary for such reviews;
2. Authorize the sharing of aggregate data with State and local agencies throughout the state to recommend community-level interventions or actions to prevent opioid overdose fatalities; and
3. Facilitate the coordination and organization of OOFRs by a statewide entity for the purpose of identifying trends and making recommendations on interventions to prevent opioid overdose fatalities.

Chair Peters:

Are there any questions? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 132.

ASSEMBLYWOMAN GORELOW MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 132.

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Cohen. The next bill on work session is Assembly Bill 135.

Assembly Bill 135: Revises provisions relating to homelessness. (BDR 40-324)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 135 was heard on March 20, 2023. It requires the Nevada Housing Crisis Response System of the Department of Health and Human Services to collaborate with the Department of Motor Vehicles to assist a person who is transient, at imminent risk of homelessness, or homeless, with the person's application for an identification card.

Assembly Bill 135 also requires an issuing entity of birth certificates to notify an applicant for a birth certificate if required documents are missing from the application. If the applicant is homeless, the issuing entity must allow the applicant at least 30 days after such notification to submit the missing documents.

Finally, the bill requires Clark and Washoe Counties to each develop a strategic plan addressing homelessness within their respective counties [[Exhibit D](#)].

Members, there are two conceptual amendments which are attached to the work session document [pages 3 through 5, [Exhibit D](#)]. The first amendment is from the Clark County School District and amends section 6. It removes the requirement that the date of birth must be included on the school identification card when presented as an alternative to prove the age of an applicant for an identification card who is a homeless child or youth less than 25 years of age. It also requires such an applicant to additionally present an unofficial school transcript, which must include the applicant's date of birth.

The second amendment, submitted by Clark County, proposes to remove section 7, which requires Clark and Washoe Counties to each develop a strategic plan addressing homelessness, among other provisions.

Chair Peters:

Are there any questions from the Committee? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 135.

ASSEMBLYWOMAN THOMAS MADE A MOTION TO AMEND AND
DO PASS ASSEMBLY BILL 135.

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman Hafen:

I will be supporting this bill today. I appreciate everyone working together to ensure everyone has the ability to get an identification card. As you know, I have another bill that has been dubbed the Voter ID bill, that would do something similar, and that I am very passionate about. I want to thank everyone for getting together to make this happen.

Chair Peters:

We are always looking for ways to make it easier to access social services. Is there any other discussion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman González. We are going to put Assembly Bill 156 at the bottom of the agenda for work session. The next bill on work session is Assembly Bill 197.

Assembly Bill 197: Authorizes an assessment on certain health care providers for an account to fund Medicaid. (BDR 38-167)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 197 was heard on March 20, 2023. The bill authorizes, by regulation of the Division of Health Care Financing and Policy of the Department of Health and Human Services, the imposition of an assessment on specific health care provider groups and physicians in specialty areas to increase Medicaid reimbursement rates of providers in the assessed group. At least 67 percent of the affected providers must approve the assessment, and the assessment must be in an amount equal to a percentage of the net revenue generated by the health care provider from providing care during a calendar or fiscal year.

The Division may use the assessment proceeds to increase Medicaid reimbursement rates of providers in the assessed group and to cover any administrative costs. If the Legislature authorizes the use of funds for any other purpose, the Division shall poll each provider group against which an assessment is currently being imposed concerning the continued imposition of the assessment. If the poll does not receive an affirmative vote from at least 67 percent of the affected providers, the assessment ceases and all pertaining regulations are voided [\[Exhibit E\]](#).

Assemblyman Orentlicher proposes the following amendments to section 5 concerning the definition of a "provider group:"

1. Revise to exclude hospitals, physicians, and physician services;
2. Revise to include items of services listed in certain sections of the Code of Federal Regulations to include any other class of health care providers who might become eligible under federal law for a provider assessment; and
3. Clarify that a provider group may have multiple specialties within a group and ensure that any future provider group with multiple specialties is also within the purview of this bill.

Chair Peters:

Are there questions on A.B. 197? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 197.

ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 197.

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS,
AND KOENIG VOTED NO.)

I will assign the floor statement to Assemblyman Orentlicher. The next bill on work session is Assembly Bill 237.

Assembly Bill 237: Makes revisions relating to Medicaid. (BDR 38-328)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 237 was heard on April 5, 2023 [[Exhibit F](#)]. For the sake of time, I will go straight to the amendments. Chair Peters proposes to replace all sections of the bill with the attached conceptual amendment [page 3], as presented at the bill hearing two days ago.

Chair Peters:

Are there any questions from the Committee? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 237.

ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 237.

ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS,
AND KOENIG VOTED NO.)

I will take the floor statement. The next bill on work session is Assembly Bill 259.

**Assembly Bill 259: Revises provisions governing wages for persons with disabilities.
(BDR 39-13)**

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 259 was heard on March 22, 2023 [[Exhibit G](#)]. For the sake of time, I will go straight to the amendments. Assemblywoman Brown-May proposes the amendments set forth in the mock-up attached to the work session document [pages 3 through 16]. In summary, the amendments:

1. Replace throughout the bill any references to a provider of jobs and day training services with the intent to encompass all providers of jobs and day training services who are authorized to employ or arrange for the employment of a person at less than minimum wage;
2. Remove subsections 2(b) through (e) in section 3, which are several report requirements accompanying the transition plan;
3. Delete subsection 4 of section 3 requiring the Division to compile submitted data and make it available to the public on an Internet website of the Division;
4. Revise in section 8 the date to January 1, 2025;
5. Revise in section 11 the existing Nevada Medicaid home and community-based services for intellectual disabilities and related conditions by requiring Medicaid to apply for a waiver of the requirement that a person receiving prevocational services be compensated at less than 50 percent of the minimum wage; and
6. Revise the effective date in section 15.

Chair Peters:

Are there any questions?

Assemblyman Hafen:

I want to confirm the intention of the amendment, or at least a portion of the amendment, is to either eliminate the fiscal note or substantially reduce it.

Chair Peters:

I do not believe Assemblywoman Brown-May is in the room today. As we are not a money committee, we do not generally assess the fiscal notes. I am going to ask you to get the information from the Assemblywoman.

Assemblyman Hafen:

I will support the bill until I am able to get the answer to that question. I will have to reserve my right to change my vote on the floor.

Chair Peters:

I believe you will have that opportunity when the bill is in the Assembly Committee on Ways and Means. Are there any other questions?

Assemblyman Gray:

I am going to be in the same boat as Assemblyman Hafen.

Chair Peters:

I will entertain a motion to amend and do pass Assembly Bill 259.

ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 259.

ASSEMBLYWOMAN TAYLOR SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Brown-May. The next bill on work session is Assembly Bill 293.

Assembly Bill 293: Revises provisions governing Medicaid. (BDR 38-972)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 293 was heard on March 20, 2023. The bill requires the Director of the Department of Health and Human Services to cover supports and services provided to Medicaid recipients through medical-legal partnerships that are aimed at addressing social determinants of health [[Exhibit H](#)].

There is a technical amendment to A.B. 293, which was submitted after the work session document was finalized. Mr. Robbins or Assemblyman Orentlicher could summarize the bill for you.

Eric Robbins, Committee Counsel:

In subsection 2 of section 1, it says, "The Department may apply to the Secretary of Health and Human Services for any waiver granted pursuant to federal law or amendment to the State Plan for Medicaid." That authorizes the Department to receive federal funding to include in the State Plan for Medicaid the coverage described in subsection 1. The amendment would be to replace the second reference to the State Plan for Medicaid with a more general reference to the Medicaid program because if the service is provided pursuant to a waiver, which is the first option granted by that subsection, then the coverage would not be included in the State Plan itself but would be in a separate waiver document.

Chair Peters:

Are there any questions? [There were none.] I will entertain a motion to amend with the amendment described by Mr. Robbins and do pass Assembly Bill 293.

ASSEMBLYWOMAN THOMAS MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 293.

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBITTS, AND KOENIG VOTED NO.)

I will assign the floor statement to Assemblyman Orentlicher. The next bill on work session is Assembly Bill 422.

Assembly Bill 422: Revises provisions relating to autism spectrum disorder. (BDR 38-774)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 422 was heard on April 5, 2023 [[Exhibit I](#)]. I will go straight to the amendments. Assemblywoman Gorelow proposed to replace the current provisions of this bill and instead, authorize the Aging and Disability Services Division of the Department of Health and Human Services to initiate a pilot program through the Autism Treatment Assistance Program. The purpose of the program is to provide evidence-based services and supports for children diagnosed with fetal alcohol spectrum disorders that would lead to the development of a service delivery model and program to address the unmet needs and service gaps. The pilot program is based on available funding and ends no later than December 31, 2025.

Chair Peters:

Are there any questions? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 422.

ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 422.

ASSEMBLYWOMAN TAYLOR SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY AND HAFEN VOTED NO.)

I will assign the floor statement to Assemblywoman Gorelow. The last bill on work session is Assembly Bill 156.

**Assembly Bill 156: Revises provisions relating to substance use disorders.
(BDR 40-331)**

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 156 was heard on March 15, 2023. The bill requires certain health care providers, upon diagnosing a patient with an opioid use disorder, to counsel and provide information to the patient concerning evidence-based treatment for opioid use disorder. If the patient requests medication-assisted treatment, a provider who is authorized to prescribe such treatment shall offer to issue such a prescription. All other providers shall refer the patient to a provider who is authorized to issue such a prescription.

Finally, A.B. 156 requires certain publicly funded providers or programs for the treatment of alcohol or other substance use disorders to prioritize the treatment of persons according to federal regulations [[Exhibit J](#)].

There are two conceptual amendments attached to the work session document [pages 3 through 5, [Exhibit J](#)]. Chair Peters proposes the first conceptual amendment.

1. Remove any provisions that require a prison or jail to ensure the availability and continuation of medication-assisted treatment for an incarcerated individual diagnosed with an opioid use disorder; and
2. Require the Department of Corrections and local jurisdictions that maintain a jail to each conduct a study on the provision of medication-assisted treatment in these facilities and present and report each study's findings to certain Interim Committees by June 30, 2024.

The study requirements are outlined in the conceptual amendment. The difference to the conceptual amendment as presented during the bill hearing is item 2(b) on the bill page [page 2, [Exhibit J](#)], which requires local jurisdictions within a county whose population is 100,000 or more to additionally study the feasibility to establish a medication-assisted treatment program that meets certain standards, and assess community partnerships with various behavioral health providers. Any local jurisdiction within a county whose population is 100,000 or less is authorized but not required to study these additional items.

The second set of conceptual amendments in the work session document is from Assemblyman Orentlicher. The amendments:

3. Require a practitioner who prescribes or dispenses an opioid to a patient for the treatment of pain to counsel and provide information to the patient concerning the possibility of opioid overdose and treatment of an opioid overdose through an opioid antagonist approved by the United States Food and Drug Administration;

4. Require the State Board of Pharmacy to prescribe a protocol;
5. Require a pharmacist to register with the State Board of Pharmacy; and
6. Require public and private health insurance plans to reimburse pharmacists for these services at a rate equal to similar services provided by physicians, physician assistants, or advanced practice registered nurses.

Committee members, Assemblyman Orentlicher is proposing an additional amendment to A.B. 156, which was submitted after this work session document was finalized [[Exhibit K](#)]. You should have received a copy of this third conceptual amendment, and it is by now also available on the Nevada Electronic Legislative Information System.

In summary, the amendment:

1. Establishes an account for the bulk purchasing of opioid antagonists, which may receive funding from gifts, grants, donations, proceeds from opioid settlements, and appropriations from the Legislature. The account is administered by the Division of Public and Behavioral Health and funds in the account do not revert to the State General Fund.
2. Authorizes the Division to bulk purchase opioid reversal medication using funds from the Opioid Reversal Medication Bulk Purchase Account.
3. Authorizes the Division to distribute the opioid antagonists purchased from the account to public health organizations or other entities at the discretion of the Division.

Chair Peters:

Are there any questions on any of the amendments? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 156.

ASSEMBLYWOMAN GORELOW MADE A MOTION TO AMEND AND
DO PASS ASSEMBLY BILL 156.

ASSEMBLYWOMAN NEWBY SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman Orentlicher:

I would like to thank some of the people who helped me with these conceptual amendments, Dr. Traci Green from Brandeis University, Jason Griffin, Jimmy Lau, and Brian Reeder, regarding the bulk purchasing proposal.

Assemblyman Hafen:

I am going to support this today. There are sections in the amendments I do appreciate the hard work in. There are some sections I am still trying to digest, but I believe the overall concept is good.

Chair Peters:

I do, too. I would also like to echo the thanks to the law enforcement groups I met with who were interested in pursuing something around this area, but just acknowledging the resources are not quite there for us to get all the way to where we would like to be yet. We will hopefully have a plan next time. Is there any other discussion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblyman Orentlicher. I will close out the work session. We have two bill hearings today and will take them in order. I will open the hearing for [Assembly Bill 348](#) and welcome Assemblywoman Torres to present the bill.

[Assembly Bill 348](#): Creates the Virtual Early Childhood Family Engagement Pilot Program in the Department of Health and Human Services. (BDR S-988)

Assemblywoman Selena Torres, Assembly District No. 3:

This is the first time I have ever presented a bill in this Committee, but you will see me again on Monday. Thank you for the opportunity to present [Assembly Bill 348](#), which seeks to expand early childhood education opportunities for all Nevadans by appropriating funds for a Virtual Early Childhood Family Engagement Pilot Program within the Department of Health and Human Services. As multiple academic research continues to highlight, the earlier we can invest in families and a child's education journey, we will see the drastically improved social economic outcomes for our students.

Children who have an early childhood education are more likely to earn a high school degree; they are more likely to pursue a path toward postsecondary education, and overall, early childhood education is a key tool to improving student achievement through the duration of their K-12 journey. As an educator, I have seen that firsthand. Even in high school, you can tell which students had access to early childhood education services.

Today, we are here to vastly expand the accessibility and reach out of early childhood programs by funding a virtual program through the Department of Health and Human Services to help target the communities with continued challenges to obtaining any form of early childhood education—working class families, children within the foster care system, and folks in our rural and frontier communities.

I have with me here today, Dr. Claudia Miner, the executive director and cofounder of Waterford Upstart, who has been a strong provider in this area to tangible access to early childhood education, which impacts young Nevadans' lives. Before I hand it off to her to present, I will briefly walk through the different sections of the bill as amended [[Exhibit L](#)].

Section 1 of the bill makes conforming changes, while sections 2 and 3 define "department" and "program" for the bill.

Section 4 creates the Virtual Early Childhood Family Engagement Pilot Program within the Department of Health and Human Services (DHHS) and outlines the program support purpose.

Section 5 outlines the request for proposals process the Department must issue to select an organization to lead this work.

Section 6 of this bill outlines the program's administration and requirements for both the population and standards the program must adhere to.

Section 7 relates to the reporting requirements the selected 501(c)(3) must transmit to the Department of Health and Human Services at the conclusion of each fiscal year.

Section 8 details the appropriation amount over the biennium to the pilot program. Section 9 states the effective date as July 1, 2023.

Just a couple of reminders for the Committee, obviously there will be a conversation about the fiscal note, but that is not a conversation for this Committee. That is a conversation for the Assembly Committee on Ways and Means, and a conversation I hope to have after the bill has been moved out of this Committee. The conversation today is really around expanding access to early childhood education programs within our community. With that, I will pass it to Dr. Claudia Miner.

Claudia Miner, Executive Director, Waterford Upstart:

I am here today to provide information on the nonprofit Waterford Upstart, which is an example of the programs that exist that can accomplish the goals outlined in A.B. 348. I would like to reference this document [[Exhibit M](#)], which was uploaded to the Nevada Electronic Legislative Information System for the Committee and members of the public.

Most educators agree the most strategic time for a child to start learning is early. When young children do not have learning opportunities, they start school without basic skills. When that happens, they are 25 percent more likely to drop out, 40 percent more likely to become teen parents, and 60 percent less likely to attend college.

Access to early education is a national problem in the United States. Despite outstanding efforts by Head Start, local education agencies, and quality site-based preschools, there are still 2.2 million children in the U.S. without access to early education. That is more than half of the four-year-olds in the country.

There are significant barriers to overcome to serve our youngest learners, including geography, especially in rural parts of the country, and transportation, because most early education does not provide transportation. Instead, it relies on parents, many of whom are

working. Then there is the important issue of parent choice. No state requires a four-year-old to go to school. So, it is up to parents to find a solution that works for them if they are going to access early education for their children. In places like Nevada, parents who work shifts are especially challenged.

With all of this in mind, 15 years ago I cofounded the Waterford Upstart program. We began in Utah, where the state faced significant rural service challenges and many parents wanted to keep their children at home to prepare them for school. Waterford Upstart is a technology delivered kindergarten readiness program that can be done in the home. It uses early learning software that individualizes instruction so children can learn at their own pace. We have relied on experts on the science of reading, brain development, and all aspects of early learning to tell us what the software should do and what it should look like.

However, there is another piece to Upstart that makes it different and more effective. Upstart puts parents in control of their children's education. We believe that with the right kind of support, including computers and Internet—if the families do not have them—parents can get their children ready for school. This fits with the research that suggests parents are their children's first teachers, but we do not ask them to do it alone. We provide every family with a coach that speaks the home language, and we also provide a steady stream of resources.

Simply stated, that is what Upstart is. Children use the software 15 minutes a day, 5 days a week, and Waterford Upstart supports the parents through training, phone calls, texts, emails, and offline materials. To date, we have had more than 200,000 children use the program, and our results have been outstanding.

An external evaluator has shown that our children have two to three times the learning gains the year before school compared to children who do not participate. Several random control trials showed Upstart has strong evidence of effectiveness, and a longitudinal study showed that our gains last into third and fourth grades, the highest grade Upstart children had achieved. These are academic gains, but there is another study that showed our children's social and life skill gains were as great as those attending public and private preschool. But the best part is, when we asked parents if they feel they would be more involved in their child's education after Upstart, 98 percent said yes.

To date, the program has been piloted in all 50 states, and 11 states are currently investing state funding to provide it to their children. Now there are skeptics. Some people do not believe young children should have screen time. To them, we say the usage requirement for Upstart, just 15 minutes a day, is far below the hour recommended by the American Pediatric Association for four-year-olds. Some people only believe site-based preschools can work. To them, we say site-based preschool is great, but if you cannot get all the children there or you cannot find teachers or build classrooms or parents will not send them to school, is an evidence-based virtual option not a great alternative?

At Upstart, we do not want to replace anything. We want to serve children who otherwise would not be getting early education. We estimate that about 86 percent of Nevada's four-year-olds are not getting early education. We hope you will consider adding a program like the one described in A.B. 348 to a mixed delivery system in Nevada to get all children ready for success in school.

I thank Assemblywoman Torres for bringing this bill forward and appreciate your interest and time. I stand ready to answer any questions you may have about the program.

Assemblywoman Torres:

I want to note that Waterford Upstart is only one great program that is already providing service and serving students in Nevada. This bill does not appropriate the funds directly to this organization, but rather it would appropriate funds to DHHS, which would then begin the request for proposal (RFP) process. This is the kind of program we might see applying for this type of RFP.

Chair Peters:

Thank you for the presentation. We do have some questions. I want to thank the sponsor for speaking with me yesterday about the allocation ask and the appropriation ask. I am pleased to have the conversation of what we should be spending in pre-K. A lot of the complaints and opposition I have read have to do with how much we are already spending in this space and how this ask is greater than what we spend in total in some of these other programs that exist today. I think that is such an important piece to talk about: why are we funding things in such a little way that the pie gets smaller for everyone? How is that just for our children? That is a conversation to be had in a different committee that is not policy related but more fiscal appropriation related. I want to extend my appreciation to those who have brought that to the attention of our body.

We will start the questioning with Assemblyman Hafen.

Assemblyman Hafen:

I am curious about how much this would cost per child for Waterford Upstart to provide this program, and also, how many kids would you be able to serve with the appropriation as requested?

Claudia Miner:

We have modeled and estimated that 30 percent of children or families would need computers. About 25 percent would need Internet. The program itself costs \$1,100 per child. With those figures in mind, we could serve 2,860 children per year.

Assemblywoman Thomas:

I believe in early childhood learning. One of the reasons I am an assemblywoman right now is because of pre-K. My first question is, what age are you looking at when you start this

program? For my second question, I feel we should be tracking every pre-K student. Have you engaged with the Nevada Early Childhood Advisory Council within Nevada's Department of Education (NDE)?

Claudia Miner:

The year before kindergarten for the most part, the children are four-year-olds and some would be five when they begin the program.

Tracking the children is very important so we can see the results of the program over time. We can provide information to NDE so they can assign whatever identifiers they use. That is usually the way we have seen other states prefer to do it, rather than to give us a number.

Assemblywoman Torres:

Section 7 of the bill does require reporting, so there would be a report to NDE, which includes the number of children enrolled in the program, the number and percent of children identified earlier in the bill, the demographics of the children, and the quantitative data to the extent available that demonstrate the effectiveness of the program. There is definitely a requirement for the data to be reported to NDE.

Assemblywoman Thomas:

Thank you, Assemblywoman, because it is very necessary. Right now, we are only tracking about 2,300 children in our entire state. That is why I think it is very important to have that tracking. I am glad you have that in this bill.

Assemblyman Hibbetts:

Either I am psychic or I have heard this exact same presentation in a previous committee hearing, either here or in the happiest committee; the Assembly Committee on Government Affairs. Why are we hearing the same presentation twice in two different bills?

Assemblywoman Torres:

We did probably hear a similar presentation in Government Affairs. I believe it was actually Assembly Bill 113, if I remember the number correctly. That was Assemblywoman Thomas' piece of legislation. That bill creates the Office of Early Childhood Systems within the Office of the Governor. This bill is different; it appropriates funding to DHHS to carry out the duties of a very specific program. Assembly Bill 113 had to do, more specifically, with ensuring we are looking at early childhood education and making sure we are consolidating and coordinating those early childhood education efforts.

Assemblywoman Taylor:

As the educator I am, there is no replacement for that early childhood education. We want our children to graduate college and be career ready. I know you provided some college numbers, but this is equally as important for those children who do not go to college, who are going into careers, to get the right foundation. Thank you for bringing the bill, and thank you for the program. It sounds like it is helping a lot of students. Hopefully, it will be able to help more.

Because it is such a great program, and I am excited for the children who do not go to pre-K, usually our lower income, most vulnerable children; the Black, Brown, and poor kids who are usually the ones who miss out on pre-K, so they already start behind. How do we get this information to those families? I know once you get them, they can get connectivity and a laptop. What about those families who do not tune into the usual communication? How do we get those families who really need it?

Assemblywoman Torres:

I am going to let Dr. Miner answer that question, but I would like to preface it. This is a conversation I have had with Dr. Miner for more than three or four years. We brought a bill last session that did not get scheduled for a hearing, missing the deadlines. We are bringing it back this session. The reason I agreed to initially carry this piece of legislation is because of the work Waterford Upstart had already started doing in our most vulnerable populations in Nevada. That was exactly my question, so Dr. Miner can talk about some of the work Waterford Upstart has already done from the funding they do have to impact Nevada families.

Claudia Miner:

Outreach is incredibly important to us, and we do it in a number of ways. One of the easiest ways today is to use social media. However, you are right, Assemblywoman, not everyone has access to that tool. We are on the ground, meeting with the families, but we like to do that best through trusted gatekeepers. In other words, those families do not know us. We will find partners in the community and convince them of the value of the program and then ask them to introduce us to the families. It then becomes up to us to convince the families to participate. We do that through state fairs, free lunch in the park, you name it, we are there.

We also use radio, which is very important in rural areas. We use television, of course, and we use dual language television, which is important for finding those families, as well. Our recruiters do speak Spanish and represent all the communities we want to reach.

Assemblywoman Taylor:

I am glad you mentioned what you did because I had a constituent ask if this program was just for children of color. I do think you think about the rules as well because it is a virtual program. This allows those indigenous families living on reservations. I think about those things. For the record, can you clarify that? Is this bill just for Black and Brown kids?

Claudia Miner:

No, it is not. One of the most important populations we have served across the country are rural children. That is pretty simple. We know their older siblings can get on a bus and go to school, but it is fairly hard with a four-year-old to put them on that kind of travel schedule. Rural communities have worked very well for us. In fact, we have a U.S. Department of Education Innovation and Research grant, which has given us great results in the five Great Plains states where the population per square mile averages less than one.

Assemblywoman Torres:

In this piece of legislation, section 6, subsection 2 does outline exactly what students would be served. This would be children who are four years of age at the beginning of the school year including, without limitation, those who have an income which is not more than 200 percent of the federally designated poverty line; also students in the foster care system and students in rural areas. These are the students who I feel need access to a program like this who have difficulty having access to a pre-K in their community. Oftentimes, there are just not enough pre-K seats, especially in rural Nevada, but also in more urban, condensed areas where there are many people who are at the poverty line but there are not enough seats.

Chair Peters:

I want to note that housing this program under DHHS means they can integrate it into their No Wrong Door policies. As families are being assessed for other social services, including Medicaid, this can be another service that gets connected to families who need it through those programs, which is beneficial for being housed through DHHS.

Assemblyman Gray:

Thank you for clarifying that. I lovingly refer to my district as the richest area in the state and the poorest area in the state. I can tell you, poverty knows no skin color and kids need these skills. If we can spend money anywhere in education, I feel where it will have the greatest impact and return on our investment is going to be pre-K. I am not making a statement on the cost of the program or anything, I just think this is probably where we are going to get the biggest bang for our buck—giving these kids a foundation to move forward. If they get to kindergarten and do not have the basic skills to read and write their name, they are going to be lost from Day One because that is where most kids are entering the kindergarten arena these days. I look forward to seeing what comes of any amendments.

Chair Peters:

In section 4, subsection 4(b) of the amendment [[Exhibit L](#)], you have an added sentence. We want to clarify whether that was intended to be under the purpose of the program or whether it is the scope of work within the context of the program. The sentence states, "Twice during the program year, and as requested by participating families, provide, via email and in writing, information" We can work with you on moving that around if we need to.

Claudia Miner:

I would think it would be scope of work. I would say since we have access to these families and a coach, something we would be happy to do is tell them about other services available to them in the state.

Assemblywoman Torres:

I see why you are noting that because it is probably more appropriate in a different section of the bill as well. That is the intent, obviously, to make this a part of the scope of work.

Chair Peters:

We can continue working on that; we just wanted some clarification on the amendment. I know amendments are moving very quickly right now, so I appreciate the dexterity around those. Are there any other questions before we move into testimony?

Assemblyman Orentlicher:

I am a big fan of pre-K. I see the request for proposals, and I am glad they have to be not-for-profit and not opening it up to for-profit organizations. It does not suggest that a school district could offer one of these programs. Is it your intention to exclude school systems for developing these kinds of programs?

Assemblywoman Torres:

To my knowledge and sitting on the Assembly Committee on Education, school districts are overwhelmed with the work they have to do right now. While they do provide some pre-K, I do not believe it is the intent to offer school districts to apply for these programs. I do not think they have the tools to create virtual learning opportunities for early childhood education. As an educator myself who watched my colleagues who teach pre-K virtually, I think my colleagues would agree it is just not within the scope of work within the school district setting. It would also require them to create entire systems and programs. It is not intended to be a 15-minute program where everyone logs onto a computer at 8 a.m. That is not the intent. It is supposed to be a little more individually paced.

Chair Peters:

Seeing no further questions from members, we will move into testimony. We will open the hearing for support testimony in Carson City, Las Vegas, and the phones. Is there anyone in Carson City who would like to provide support testimony on A.B. 348? [There was no one.] Is there anyone in Las Vegas? [There was no one.] Is there anyone on the public line wishing to provide support testimony for A.B. 348?

Guy Girardin, Private Citizen, Las Vegas, Nevada:

For a little bit of a different perspective, there has been a lot of discussion lately about health equity. I think what we need to recognize is education is a fundamental social determinant of health. In terms of need, programs that close the gap in educational outcomes between low income or racial and ethnic minority populations and higher income or majority populations are truly needed to promote health equity.

That said, for this program to have the greatest impact on health equity, it is imperative to reach families in marginalized communities. It is further important that the program address the many barriers to access faced by under resourced families. These may include awareness, trust, language and literacy challenges, finances, the digital divide, and others. Speaking to an earlier question, this will definitely require an organization such as Waterford Upstart with a diverse, culturally and conventionally responsive outreach, established partnerships with trusted community advisors, and a proven record of direct street-level engagement. Clearly, this investment will ultimately lead to the growth and prosperity of our families and communities in general.

Gil Lopez, Executive Director, Charter School Association of Nevada:

The Charter School Association of Nevada represents almost 67,000 students in our public charter system, making ourselves the second-largest K-12 education system. We are here in full support of A.B. 348. This bill recognizes the importance of childhood education as the foundation for future academic success. Our complete remarks are online [[Exhibit N](#)]. We would like to thank Assemblywoman Torres for bringing this bill forward, and we urge you to support A.B. 348.

Chair Peters:

Seeing no other callers for support, we will move into opposition testimony. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony on A.B. 348?

Holly Welborn, Executive Director, Children's Advocacy Alliance:

We are testifying in opposition today. We have done some background work on this bill. We appreciate the sponsor for meeting with us, and we appreciate the proponents of this bill for meeting with us. However, we need to stand in opposition today for a number of reasons. Specifically, those in-person programs are so crucial to the future development of a child, to building those connections, and building that connection with in-person learning. We understand the challenges of the rural communities, but investments in those in-person programs would be better spent.

We do appreciate the sponsor for considering changes that connect young people to in-person programs. After two years, it would be re-evaluated to perhaps connect to programs that are growing in specific communities that are in-person and provide that crucial learning. We understand this is a policy committee, but at some point the very large investment that will be made is the same investment we have in our current pre-K programs and becomes a policy decision that the Legislature is making. For those reasons, we are opposed today.

Chair Peters:

It is not in the purview of our Committee to make appropriations. We do not do that here. I appreciate your comments, but this Committee has no real say in appropriations. There is a different committee for that.

Is there any other opposition testimony in Carson City or Las Vegas? [There was none.] Is there anyone on the phone lines for opposition testimony on A.B. 348?

Denise Tanata, Director, Early Childhood Comprehensive Systems, The Children's Cabinet:

I have had the honor of working in Nevada on early childhood issues as well as other issues impacting children and families for the past 25 years. In that time, I worked extensively with a broad range of stakeholders in the field of early childhood education and development. However, I am reaching out today to express my opposition to A.B. 348. While I appreciate the efforts of the bill's sponsor and proponents to increase access to early education programs and enhance family engagement, I have several concerns regarding the proposal.

First, I do want to note the Legislative Counsel's Digest of the bill in the first sentence makes reference to the Nevada Early Childhood Advisory Council. As an appointed member of the council and also as the chair of the Early Childhood Advisory Council, I want to make it clear that the Early Childhood Advisory Council had no knowledge of or involvement in the development of this bill. We were not asked to provide any input on the provisions in this bill. As written, we cannot support or recommend the use of online or screen technology for early childhood education programs.

I also want to point out, as previously stated, a foundational component of high-quality early learning is relational interactions, which this program does not provide. We do align with the statement from the National Association for the Education of Young Children that was put out in March 2022 called "Making Connections." I have submitted my testimony online [page 2, [Exhibit O](#)] and there is a link to that article.

I also want to point out and reiterate that I recognize this is not a money committee, but we are talking about funding a new program. Before we start funding yet another pilot program that is going to serve a fraction of our children, I think it is really important we look at existing programs and how those are supported, trying to scale those up so we are serving more children. The Nevada Ready! State Pre-K program has been mentioned, but our current investment is minimal. In that program, we are serving less than 16 percent of eligible four-year-olds in all pre-K programs. That is not because of lack of need but because of the lack of investment in funding those programs. We also have Head Start programs in the state and Early Head Start programs. We rely solely on federal resources to support those programs and they serve only a fraction of eligible children. Similarly, with The Children's Cabinet's child care subsidy program, which is making current efforts to make high quality, early programs more accessible, particularly in underserved communities, we are serving less than 6 percent of eligible children. Programs like home visiting, which again we are only using federal resources, we are serving less than 1 percent of eligible families, which is the lowest rate in the entire country. We do have other programs. Before we start investing in new programs, we should try to scale up the programs to serve more children with programs we know work.

John Cregg, Executive Director, Nevada Association for the Education of Young Children:

The Nevada Association for the Education of Young Children opposes A.B. 348. This bill does propose to use \$8 million to create a virtual program to assist families with preparing their young children for school. This is a lot of money for a pilot program, particularly when there are other virtual options that already exist at no cost. On December 15, the Interim Finance Committee approved \$2 million for a virtual pre-K early learning program with similar requirements and outcomes.

The Nevada Association for the Education of Young Children supports directing funds toward our Nevada Ready! State Pre-K program, which provides four-year-olds with developmentally appropriate early childhood educational opportunities, social-emotional skills needed to succeed in school, and family engagement activities.

If the Committee is interested in expanding access to early childhood education, then we encourage you to consider universal pre-K.

Chair Peters:

Having no other callers waiting to provide opposition testimony, we will move to neutral testimony. Is there anyone in Carson City or Las Vegas wishing to provide neutral testimony? [There was no one.] Is there anyone waiting on the phone to provide neutral testimony? [There was no one.] Are there any closing remarks from the sponsor?

Assemblywoman Torres:

Thank you to the Committee for allowing me to present A.B. 348. Ultimately, we need to expand access to early childhood education programs throughout the state. You will notice in the bill language, that was very intentional. I did not use the word pre-K because this is not pre-K. This is not a program that is going to replace in-person pre-K.

My niece is in pre-K right now, and she goes to school every day from 8 a.m. to 2 p.m. She has nap time and lunch, and she plays outside with her friends. My niece is one of only a couple thousand students in Nevada who are lucky enough to get a spot in pre-K. I think every child deserves access to early childhood education programs and this is a part of that fix. This is a part of that education. This is not replacing it.

Additionally, one of the things I think is critical is the conversation with families. That is one of the goals of pre-K, bringing families into the education process. This bill ensures those programs continue to do that, engaging with them, having conversations with them about how they can support their child. My mom always tells us my brother was in Head Start when we were kids. She learned a lot of her parenting skills from Head Start because of the work those educators do with the parents. A program like this is going to make sure those parents have the skills they need so they can be successful in advocating for their child in education settings.

Children's Advocacy Alliance testified in opposition, and I am a little disappointed. When we spoke, I accepted the amendment that had to do with the policy. I did not accept the fiscal appropriation amendment because today we are having a conversation on policy. I do want it noted for the record that I did accept part of their amendment.

One of the caller's comments was that we need to work with a program that works. We know early childhood education works. We know that programs like Waterford Upstart work, and there are other programs similar to it. I am not saying this will be better than pre-K. Ultimately, one day I hope we can have universal pre-K. We already know that today is not that day. At the end of the day, I would like to go back to my constituency and say we did expand those educational opportunities. Otherwise, when we go back, as many seats as we have right now are the ones our constituents are going to have available to them in our most vulnerable communities, which means access is significantly lower. I urge you to support A.B. 348.

Chair Peters:

I will close the hearing on Assembly Bill 348. I will open the hearing on Assembly Bill 358.

**Assembly Bill 358: Revises provisions governing emergency medical services.
(BDR 40-859)**

Assemblyman Ken Gray, Assembly District No. 39:

Thank you for taking the time to hear this bill. Today I am accompanied by Chief Rich Harvey with Central Lyon County Fire Protection District and Todd Ingalsbee with Professional Fire Fighters of Nevada. In the interest of time, we will be as brief as possible.

Assembly Bill 358 seeks to correct some long-standing issues within the emergency medical services (EMS) community. A white paper published in 2016, titled, "State of EMS Challenges and Opportunities within the State of Nevada" documented many issues with the state of EMS, including poor communication responsiveness; a lack of leadership and direction; cumbersome processes for certifications, licensing, permits, course approvals; and inconsistent or unqualified opinions [[Exhibit P](#)].

The solutions recommended withered over time and were never implemented or put into policy. These unaddressed issues have negatively impacted our state EMS system, which is supposed to provide prompt, efficient, and appropriate emergency medical care and transportation to the people of Nevada. Assembly Bill 358 brings these long-sought changes to the state EMS, changes that will improve delivery of emergency medical services to Nevada and better align state EMS with the state's EMS providers. Assembly Bill 358 has the support of the vast majority of the EMS providers and communities who see it as a strong first step in improving emergency medical care in Nevada.

At this point, I am going to turn the presentation over to Chief Rich Harvey.

Rich Harvey, Fire Chief, Central Lyon County Fire Protection District; and representing Nevada Fire Chiefs Association:

Our membership is the fire departments and districts, many of them volunteers, serving Nevada and Nevadans. While fire is prominent in our name and our mission, our members are also the largest providers of emergency medical services in Nevada, responding to the 911 calls of approximately 85 percent of all Nevadans. The Nevada Fire Chiefs Association strongly supports Assembly Bill 358.

Creating the Bureau of Emergency Medical Services in the State Fire Marshal Division of the Department of Public Safety better aligns state EMS with the state EMS providers. Currently, state EMS is a program under the Division of Public and Behavioral Health within the Department of Health and Human Services. Moving state EMS into the Department of Public Safety as a bureau will be an upgrade in standing and focus attention that can be used to effect a positive change in state EMS and improve the delivery of emergency medical services to all Nevadans. The bill moves the funding and the staff that currently exist as state EMS. No new funding or fees are proposed.

The white paper, "State of EMS Challenges and Opportunities within the State of Nevada" that Assemblyman Gray referenced was published by the Northern Nevada Fire Chiefs Association in 2016, and identified many issues at state EMS, including poor communication, responsiveness, lack of leadership and direction, cumbersome processes and course approvals, and inconsistent and unqualified opinions. The white paper concluded that the providers and stakeholders are not supported, and an efficient system is not promoted by state EMS.

For example, the state EMS licensing certification system is cumbersome, onerous, far from transparent, and in no way timely. It can also be redundant, such as requiring a background check—a time-consuming and not free process—for an initial license application for a fire fighter/paramedic who just completed a background check prior to being hired by the agency directly responsible for their conduct. Just last month, state EMS issued an extension letter in lieu of renewed credentials because they needed more time to review and process applications. Delays like this jeopardize our ability to provide service by filling positions and put additional strain on our first responders and add liability to our providers.

The state EMS approval process for continuing education units (CEUs) necessary to meet renewal requirements and keep pace with evolving technology and medical advancements is also slow and inefficient, with many classes being taught before the CEUs can be approved by state EMS, thus requiring additional training at a cost of both time and money to meet the required number of CEUs for renewals. Often, we have paramedic-level CEU courses waiting on approval from an emergency medical technician (EMT).

With state EMS, we struggle to get timely approval for courses, even required annual courses like International Trauma Life Support, pediatric life support, and advanced life support necessary for those CEUs and recertifications. It should not be difficult for state-certified instructors teaching nationally recognized courses to get approved.

There are opinions that EMS should not be based in fire departments and districts. That is simply not the current reality in Nevada or the nation. The City of Reno Fire Department, Truckee Meadows Fire Protection District, City of Sparks Fire Department, all sitting behind me, are adding paramedics and ambulances in Washoe County. Counties like Lyon, Douglas, Storey, and Carson City, also here today, are expanding their fire-based EMS providers in response to increasing populations and growth. The United States Fire Administration incorporated EMS in 2012. The state of Utah recently—last month in fact—passed Senate Bill 64, which moved its state EMS from the health department to public safety.

Fire-based EMS, the largest provider of pre-hospital care in Nevada, also need the support of state EMS to carry out the obligations to the public we serve. As I said, the largest providers of EMS in Nevada are not represented on the Committee on Emergency Medical Services. We have no voice. The volunteer firefighting agency representative on the committee is

from Lovelock. The combination fire department representative is from Ely. The urban firefighting agency representative is from the City of Elko. The private ambulance provider is from Fallon, and the Health Division employee is also from Elko. No one from Washoe, Carson, Douglas, or Storey Counties are on the committee.

We have tried working with state EMS and the Department of Health and Human Services to make improvements since the white paper of 2016. Most recently, in 2021, a Nevada Fire Chiefs working group on EMS focused, along with the Department of Health and Human Services and others, on issues with state EMS. It fell apart when, in the words of the organizer from Nevada Fire Chiefs, "The door was slammed in our faces." We turned our attention to solutions which eventually became Assembly Bill 358.

Assembly Bill 358 is the accumulation of years of effort by the Nevada Fire Chiefs Association to effect a positive change in state EMS and improve the delivery of emergency medical services in Nevada. It has been vetted at many levels and in front of many audiences. It has near unanimous support from first responders and the agencies that support them. It is also not perfect, but it still represents a major step in the right direction.

Critical elements of an EMS system to provide prompt, efficient, and appropriate medical care and ambulance transportation for the people of Nevada are missing, slow, or neglected. Assembly Bill 358 improves the responsiveness of the state EMS for the needs of the providers and utilizers of the system. It ensures timely communication and responsiveness regarding certifications, licensing, permits, and course approvals. Assembly Bill 358 represents over a decade of work invested in improving the delivery of emergency medical services in our community. Emergency medical services in Nevada is growing, changing, and maturing in its delivery to the public. Our regulator system must mature along with it. We cannot tolerate anything less than responsible, collaborative, cooperative, and professional environments whereby the entire system benefits and regulators and stakeholders are finally on the same team rather than in opposition to one another.

Assembly Bill 358 recognizes that the State Fire Marshal has a proven track record working with the State Board of Fire Services, a system in place for credentialing firefighters that is mostly smooth and very transparent, and a training course approval process that is fairly easy and straightforward, whether it is a local course, regional—like the Capital City Regional Fire Academy—or statewide—like FireShowsWest or the Nevada State Fire Fighters Conference. Approvals, the training itself, and the certifications go smoothly. One would expect that one system could learn and benefit from the other. Assembly Bill 358 puts Nevada on the path to achieving the mission of state EMS to promote and support an EMS system that provides prompt, efficient, and appropriate medical care, ambulance transportation, and air ambulance transport for the people of Nevada.

We would like to thank the Chair and the Committee for their time and consideration today. Before I take questions, I would like to turn it over to Todd Ingalsbee, with Professional Fire Fighters of Nevada, and Dennis Nolan from Truckee Meadows Community College.

Todd Ingalsbee, President, Professional Fire Fighters of Nevada:

I will make it simple. Ditto to what Chief Harvey has said. I want to make sure everyone understands the correlation. Without our being able to get our medics certification and their continuing education credits, all that does is take members of our already short staffing off the streets to be able to protect all the citizens and constituents you represent. That is what we are talking about here. Not having a more streamlined process hurts our citizens and our ability to protect those citizens we are sworn to serve.

Dennis Nolan, EMS Clinical Coordinator/Instructor, Truckee Meadows Community College:

I am here today to testify in favor of the passage of A.B. 358. I emailed each of you a letter with my comments on the need for the overall bill [[Exhibit Q](#)]. However, today I will be testifying, for the sake of brevity and with direction from Truckee Meadows Community College, specifically on section 22, page 23 of the bill, which greatly impacts the state's colleges, EMS programs, our students, and our emergency responder partners.

Currently, the state EMS program requires all EMT students to submit for a provisional ambulance attendant license, to complete a one-time, 10-hour ride-along observation with the fire department or ambulance services. The licensing is similar if not identical to the process the state requires for EMS professionals who are nationally certified and are seeking employment with those same emergency agencies. The process is time-consuming for the students filling out their online applications, time-consuming for the staff at the colleges to administer this process, and time-consuming for the emergency agencies who are allowing the ride-alongs to the students, who have to go through the system to affirm they have been granted a license by the state. The process sets additional, unnecessary work to an already overworked and understaffed state EMS agency.

Depending on workloads and staffing shortages, it is not unusual for the state EMS not to be able to provide approved course numbers needed to fill out the application, or of approvals granted for provisional licenses in time for the schools or the fire department and EMS agencies to accommodate the ride-alongs. There are no statutory or regulatory requirements for the students to go through this licensing process and, in fact, Clark County EMS Division operating under the same state laws, does not require this type of provisional licensing.

You may ask, Why do we not just direct them not to do this? The program itself defends the need and this process in what I estimate to be approximately 500 provisional licenses each year. There would be nothing short of prohibitive legislation to prevent this particular administration or any new administrator in the future from reinstating this process if legislation were not passed or prohibitive. While this probationary license will become a regular license for some students who go on to be employed, let that happen when that individual applies and is hired by our department.

Very recently, the EMS program eliminated one step in this process of provisional licensure, which has made it less onerous. However, making an unnecessary exercise in futility less onerous is really tantamount to putting lipstick on—pick your favorite bovine.

Thank you, and I would be glad to answer any questions.

Chair Peters:

We do have several questions. I would appreciate everyone sticking around for those. We will start with Assemblywoman Newby.

Assemblywoman Newby:

What do these delays do at the ground level? What are the operational impacts you are seeing as a result?

Rich Harvey:

I think there are two major impacts. The first is filling positions. To hire someone into a paramedic position, they have to have a paramedic license. Any delay in getting that license means a delay in getting that position filled. That means either no one is available to fill that spot or the people who are already working are getting mandatory overtime and covering overtime shifts, working longer and longer hours in order to provide the coverage for the position that is missing. It is a twofold process: getting them into the system and having more stress on the system when we do not have all the bodies in.

Assemblyman Gray:

Having been in EMS myself and actually having to work with course certification, one of the big problems I see is getting the latest and greatest material to the student. If there is a change in protocol, that cannot be taught until it is approved. They still need to go by the old protocols or whatever the old curriculum is. It is imperative that the new curriculum is approved as soon as possible.

Dennis Nolan:

From the college perspective, the delay in the provisional licensing and the course numbers ultimately results in having to delay course startups. The other part of the provisional process is we schedule with all the regional fire department's ride-along opportunities for each of the students. On more than one occasion, not receiving the provisional license has caused us to have to cancel those, which is not only a problem for us and an inconvenience for the student, but also for the fire departments and EMS agencies who have blocked time and space for the students to go on the ride-along.

Assemblywoman Thomas:

I am trying to understand this bill. You started off saying you want more committee members or to have a committee. How did you put it? You do not have a seat at the table. The other issue was appointments for the practicum, then licensing and course work. What else?

Rich Harvey:

Let me start with the committee. The committee size basically stays the same. The Committee on Emergency Medical Services is still the Committee on Emergency Medical Services. It just moves from being under the Division of Public and Behavior Health within the Department of Health and Human Services (DHHS) over to the Department of Public Safety (DPS) and the State Fire Marshal. The makeup of that committee is currently appointed by DHHS and will eventually be appointed by DPS. That is where we will address the membership on the committee so the members of the committee are actually representing the providers of the service.

Right now, for example, the urban firefighting representative is from the City of Elko, population of 22,000. I just confirmed they run four or five EMS transports a month. By comparison, the City of Reno or Truckee Meadows or someone in Washoe County is running 100 times that call volume. That is why we want representation on the committee, to ultimately reflect the people who are providing that service.

The credentialing issue is separate. The committee helps oversee and state EMS runs the credentialing procedure. I talked to Clark County the other day. In Clark County you can walk in to their county EMS office and walk out with your license the same day. Just the other day, state EMS put out an email to all providers in the other 16 counties asking us to bear with them, it is going to be a while because they are pretty far behind. We want to find a way to improve the speed of delivery for credentialing so licenses get applied a lot quicker. One of the reasons we have confidence in the State Fire Marshal's office is they already credential firefighters. The firefighters get their certification from the State Fire Marshal's office in a timely manner. We are hopeful that by merging what is best for state EMS with what is best from DPS, we get a system that works better for everyone involved. That is the correlation.

The same with course approvals. The course approval going through the State Fire Marshal approving courses and instructors works smoothly. State EMS has delays. Those delays hurt us. Again, we are hopeful the two systems existing under the same leadership provide a better way of speeding it up. Not a loss in quality—no changes there, we are not trying to do that. We are just trying to make it more efficient.

I will give you a quick example. Central Lyon County Fire District has nine people we just hired as firefighters/paramedics. They are going through the fire academy and working on getting their licenses. Our battalion chief just sent them a letter the other day telling them to be patient, the portal to get the license is really quick. Last Friday, they finished the hazardous material training of the fire academy, and by Monday they had their credentials from the State Fire Marshal's office.

Those are the kinds of efficiencies we are looking to create. A better way to do business. If there was a second part to your question, I forgot it.

Chair Peters:

I do want to make note, it is Friday before a deadline week. I think folks are looking forward to getting home to their families and have plane flights out of here. Not to rush this, but if you could keep our answers succinct, it would be great.

Assemblywoman Thomas:

I appreciate the concise answer because the bill was confusing.

Assemblywoman Taylor:

What does the state EMS think about this change?

Rich Harvey:

I have asked them that. I sent them an email before we even developed the bill draft request to sit down and talk about it but got no response. I imagine they will be testifying at some point. I do not know their actual opinion.

Assemblyman Koenig:

My question dovetails what was previously asked. I want to know a little more about the makeup of the board that has members from Fallon, Lovelock, two from Elko, one from Ely. How do those people get appointed? From the outside looking in, that is a skewed representation. What would be the appointing process of this new bureau you are creating and how do we make sure there is better representation? Will there be one from here, one from here, and one from here to make sure we have a better representation? To have two from Elko and none from anywhere on this side of the state does not make sense. I am just wondering how that makeup works.

Dennis Nolan:

I am answering this question because I most recently served on that committee. I retired from the Reno Fire Department last year as their EMS Division Chief. In that capacity, I served on the state EMS Advisory Committee. It is a voluntary advisory committee made up of a number of professionals who are prescribed in *Nevada Revised Statutes* and cover most of the spectrum of the emergency medical service providers. Chief Harvey will enumerate that in just a moment.

Let me digress for a moment. This is an advisory committee, so all they can really provide to the state EMS office is volunteer direction and advisement. The state does not have EMS and quite often does not accept suggestions, directions, or advice from this professional advisory committee. When there is an opening on the committee, the chairman of that committee, who is elected for a two-year term, will direct the committee and the state to seek out individuals who might be interested in the committee. Individuals who are interested in serving in one specified position will submit their name and a CV [curriculum vitae] and then are considered by that committee.

Rich Harvey:

There is a published list of who is on the committee and the positions they fill. I would say the answer to your question of how it becomes so rural—for lack of a better term—is up to how the committee does its work, which is nominating individuals and they are approved up the chain of command. That process will not change. However, when you go down to who is appointed, for example a registered nurse who has experience providing emergency medical service, that person is from the Department of Air Force in Las Vegas, Nevada. Las Vegas is in Clark County the last time I checked, and they have nothing to do with the state EMS system and are not affected by it.

Over time, this membership has grown to not be reflective of the providers of state EMS in the rest of the state. We are hopeful with the committee support, their recommendations carry weight, and that the people appointed as these members' terms expire will better reflect the diversity of EMS in Nevada.

Assemblyman Koenig:

Could you potentially set the committee up as consisting of one member from Washoe County, one from Carson County, et cetera, so you never end up with two from Elko and none from Carson or Lyon Counties? Could you specify where those people come from ahead of time when you are forming this?

Rich Harvey:

That is a possibility. The way we set it up was to more clearly define a volunteer-based fire/EMS provider, a midterm combination department provider, and an urban provider. We can certainly examine it. I think everyone has the same goal in terms of making the committee diverse enough to represent all the providers of EMS in the 16 counties that are not Clark County in Nevada. That is what we want to try to do.

Chair Peters:

I have significant concerns with any entity that requires volunteers because we know purse strings are tightening for everyone. It makes people less and less likely to be willing to serve on these committees or commissions. I do wonder sometimes if part of the reason we are not seeing the right representation is because we do not compensate people for their time and expertise on these issue areas. I understand the desire for it to be volunteer, but we are in a different world today than we were 10 or 20 years ago. In section 16, it looks like there is an existing per diem and travel specification, so there is some recovery of those dollars. It is not all just volunteer and self-paid.

Assemblywoman Gray:

As you hear some of the opposition, you may hear that it works great for them. We have to remember, it is not working great for the other 85 percent of the providers. We are looking to fix things. You also might hear that things are changing; but I am sorry, I have to say too little, too late. It has been seven years since the white paper was published and is quite a long time to begin initiating changes.

Chair Peters:

Are there any other questions from the Committee? [There were none.] We will start with support testimony from those in Carson City or Las Vegas. Again, we appreciate everyone's input and stories, but if we could not duplicate and instead ditto some statements, that would be appreciated for time. Please remember to state your name for the record.

David Cochran, Fire Chief, City of Reno Fire Department; and President, Nevada Fire Chiefs Association:

In honor of your request to be succinct, I will not repeat the comments of Mr. Ingalsbee and Chief Harvey, but I will echo those and offer support on behalf of the City of Reno Fire Department and the Nevada Fire Chiefs Association.

Charles A. Moore, Fire Chief, Truckee Meadows Fire Protection District:

We serve a large portion of Washoe County and about 105,000 constituents. We run about 10,000 calls per day providing EMS service.

There are two points I want to make. There are glaring problems with the current arrangement—accountability, efficiency, and oversight. I could give you many anecdotes, but I am going to give you one. We hired two paramedics two years ago and found out just last week they were never certified as ambulance attendants even though their paperwork was efficiently submitted by us. Unbeknownst to us when they went to renew, the state EMS said, "Sorry, we lost your paperwork." I could go on for weeks telling you problems like that. It simply needs to be fixed.

Another major issue I have is prehospital care and emergency response is more of a public safety function than it is a public health function. Twelve weeks ago you heard a famous member of our community was run over by a snowplow and nearly killed. Through our response and through North Lake Tahoe and REMSA [Regional Emergency Medical Services Authority] Care Flight, that life was saved.

On Monday, I was assisting a motorist on Interstate 580, and I was hit by a car at 45 miles per hour. I was pushed into a concrete barrier. Luckily, my radio was not knocked out of my hand, and I was able to call for help. I would equate these problems to, "Sorry, Chief, we cannot find the keys to the ambulance and come and help you." The inefficiencies are glaring, and they need to be fixed. I think EMS and emergency response is better placed under the Department of Public Safety rather than the Department of Health and Human Services.

Chair Peters:

I did hear our community member is part titanium now, which I think just adds to the narrative of superheroism. Thank you for your service. I have been on those roads myself doing inspections, and it is terrifying. As a public service announcement from this position, I ask people to please be respectful on the roads for people who are pulled off to the side. It is incredibly dangerous out there.

Ryan McIntosh, Assistant Fire Chief, Central Lyon County Fire Protection District:

I am the operations chief for the largest and busiest fire protection district in Lyon County, which happens to be the third-largest county in Nevada. We run all of our EMS certification, CEUs, and everything through state EMS. When I took my position four years ago, one of the problems we had was trying to get our providers licensed in a timely manner. An opening came up to represent the combination fire departments on the state EMS Advisory Board. I thought it would be a great place for me to be involved to try to make some changes to help my providers be able to serve our constituency. I threw my name in the hat, wrote a nice letter, attended all the meetings, and made sure I was up to speed. The date of the nominations came, the board nominated each other—not following state law. The current position holder for the position I was running for on the board was from Ely. His friend in Fallon nominated him and he nominated the friend from Fallon. They nominated each other, and it got pushed through.

The Department of Health and Human Services is supposed to make those elections. The board members elected themselves. Me, being very disappointed that I was not able to take the opportunity I saw fit, I wrote the former director of DHHS an email asking for a deputy attorney general (DAG) opinion on how the nominations and elections were carried out. About six months later, I heard nothing. I wrote another email asking if I could get some follow-up. I got a two-sentence email that said, The DAG opinion says DHHS can take the recommendations of the advisory board, and they have been reappointed to their positions. The entire procedure is very contrary to how the state law says the advisory board should be filled. Obviously, it left me in a position of disappointment because I was hoping to make positive changes on the advisory board. It created my feelings toward state EMS and that advisory board is a position of being very disenfranchised.

An example of some of the inefficiencies in state EMS currently is I hired a gentleman out of California in October as a single-role paramedic for Central Lyon County Fire District. He was a licensed paramedic working for a busy system in Vallejo, California. He came to Nevada to work for us. He submitted his application in October. His application was not acknowledged until almost March, and then I got an email saying he had filled out the wrong application and could not practice in the state of Nevada as he had not been qualified. He is a nationally registered paramedic and a former California certified paramedic. The state EMS office told him not to practice in Nevada because he filled out the wrong application and gave him no notification for over four months.

At that point, needing this paramedic to provide service to our constituency, I picked up the phone and called the representative from state EMS to ask what the hangup was and what we could do to fix it. I spent my entire day trying to get this license fixed. I received a roundabout. By the end of the conversation, I was told the state EMS office has a very limited number of people who are doing the best they can, but that is the explanation we get on the end of the line as providers in northern Nevada, outside of Clark County, for the inefficiencies of the state EMS. Four months of no response is the best they can do.

I am for the passage of A.B. 358 and believe it can make great changes for the providers of EMS and the state of Nevada.

Michael R. Schulz, Director, Public Safety, Truckee Meadows Community College:

I am here in support of the passage of this bill. I would like to add a couple of things to what has already been said regarding provisional licensing. There is really zero need for it. All it does is keep our students from moving forward in their programs. For instance, if a student finishes the didactic portion and is heading into the clinical field, if we do not have those provisional licenses yet, the student is stalled from moving forward.

Secondly, to reiterate what has been said, there are departments running at half capacity. Agencies are struggling to get folks into the state to be able to become providers. Between our hybrid programs and our in-class programs, Truckee Meadows Community College is running five paramedic programs at any given moment. Quite frankly, we can continue to do that for the next five years, and we will not put a dent in the need we have here in northern Nevada. Anything we can do to ease the burden on licensing would be appreciated.

Chair Peters:

Seeing no one else in Carson City to provide support testimony, is there anyone in Las Vegas in support of A.B. 358? [There was no one.] Is there anyone on the public line for support testimony? [There was no one.] We will move into opposition testimony in Carson City and Las Vegas.

Lindsay Knox, representing Regional Emergency Medical Services Authority:

Our responsibility is to provide the best possible care, which requires us to have a strong relationship with the other health care providers and health agencies. We do not believe moving EMS under the State Fire Marshal will enhance the level of care to our patients. The future of EMS must remain aligned with health care rather than public safety. This was very visible during the pandemic and remains visible with EMS moving into areas like telehealth and behavioral health. We strongly oppose A.B. 358.

Chris McHan, Chief, Emergency Medical Services, Elko County:

The state of Nevada, like 42 other states, has the state EMS office aligned with the state health divisions. That is because the state EMS naturally contributes to the vision of the Division of Public and Behavioral Health, which is to protect, promote, and improve the physical and behavioral health and safety of all in Nevada; EMS is emergency medical services. Today, it is viewed more as medical services that are done outside of a health care facility.

Across Nevada that looks different from our rural volunteer services to metro services that provide mobile integrated health care and nurse triage lines. During the COVID-19 pandemic, Elko County Ambulance played a critical role in the health care emergency

response. As we did things like running a MAB clinic, which is monoclonal antibodies, or public testing, we asked many questions of the state EMS office to make sure we were in compliance. Those answers were streamlined because of their position with the Division of Public and Behavioral Health.

Only 27 percent of the agencies that are permitted by the state EMS office are fire-based agencies. The other 73 percent of non-fire agencies consist of air ambulances, private and municipal ambulances, and other ground transport agencies. Many of these agencies transport after a fire department corresponds with them. Elko County is one of those.

The state EMS office is working with minimal funding and extremely low staffing. During the testimony, you heard there are multiple problems with getting applications returned. With a staff of four that is processing 8,000 plus applications each year, I can imagine that is difficult.

This bill does nothing to address these problems. It only moves EMS away from health care. I believe we all agree the EMS office needs change. They need to be properly funded and they should be a division or a bureau within DHHS. The EMS office needs staff, as suggested by the 2016 white paper [\[Exhibit P\]](#), which has already been mentioned. A 2009 Nevada EMS study from the National Highway Traffic and Safety Administration of the U.S. Department of Transportation, also makes suggestions for more staffing in the state. Since that study, we have gone from eight full-time equivalents in the office to seven. They are not able to fill those positions because of funding.

I will also address the Committee on EMS. I know this Committee has addressed [Assembly Bill 24](#) to make some changes. It was only a few years ago that the rurals were talking about how they did not have representation. It is interesting how that shift has occurred. I think that is because those meetings are now virtual.

I oppose this bill. [Written testimony was also submitted [Exhibit R](#)].

Tom Clark, representing MedX AirOne:

MedX AirOne is the rural air and ground transportation system out of Elko. In deference to time, I will simply say, me too, to the previous testimony.

Brian McAnallen, representing Global Medical Response:

I would like to associate myself with the comments made in opposition to this legislation. Our big concern is that EMS should stay with health care and not be part of the State Fire Marshal. We realize there are a number of challenges with state EMS. We need to address the provisional licensing issue and the credentialing and reciprocity challenges. We need to keep that going in the state EMS now. They are understaffed and do need help. This bill will not resolve those issues. We should put our resources toward fortifying the EMS system and offices right now.

This bill does create a chief of EMS. That is a good part of the bill, and keep that part in there, but we should keep state EMS in its current structure.

Chair Peters:

Seeing no one else in Carson City or Las Vegas, is there anyone waiting on the phone to provide opposition testimony?

Damon Schilling, President, Nevada Ambulance Association:

The Nevada Ambulance Association represents emergency and nonemergency private ambulance services in the state and makes up the largest ground and air ambulance association in the state as well. This association submitted a letter [[Exhibit S](#)], as we wanted to be assured of this testimony.

The Nevada Ambulance Association strongly opposes [A.B. 358](#). More than ever, emergency medical services have aligned with public health care and that was evidenced during the national pandemic. The Centers for Medicaid and Medicare Services has aligned EMS with health care to provide better care, improve the health of populations, and do it at a lower cost. Emergency medical services in Nevada has initiated mobile integrated health for in-home visits, transportation to alternative destinations such as urgent cares and behavioral health centers, and even in-home telehealth with qualified health care providers to improve in-hospital bed capacities and to decrease emergency department overcrowding.

Working with our health care facility partners will mold the future of EMS to provide the right care at the right time at the right cost. We do not believe moving EMS under the State Fire Marshal and the Department of Public Safety, as outlined in [A.B. 358](#), will improve the delivery of emergency medical services or prehospital health care within the state of Nevada.

We are aware of some of the licensure issues that exist and, thus, we would recommend creating the Bureau of Emergency Medical Services and a bureau chief of EMS to oversee the agency under DHHS. This may improve processes and areas of concern expressed by those who do support this bill.

Thank you for allowing the Nevada Ambulance Association to provide testimony in opposition to [A.B. 358](#).

Chair Peters:

Seeing no other callers to provide opposition testimony, we will move to neutral testimony. Is there anyone in Carson City or Las Vegas wishing to provide neutral testimony?

Mike Dzyak, State Fire Marshal, Department of Public Safety:

This was not something the State Fire Marshal or the Department of Public Safety sought out. This was regarding some problems that were brought to us, and we were asked if we could help. In looking at the issues we have heard today within state EMS, I want to say to members of the Committee that regardless of your decision, we already do a lot of similar things. I answer to the State Board of Fire Services, which meets quarterly. They tell us

what we should be doing and what we need to do more of. We listen and provide the services, which apparently they are happy with. We perform inspections and the certification of all the firefighters. I have a staff of four full-time equivalents and one contractor who certifies all the firefighters within the state. We also accept reciprocal certifications from out of state through the International Fire Services Accreditation Congress. We do a lot of similar things.

If this is the will of the Legislature and you want to put it in the State Fire Marshal's Office, you have my commitment to do everything within my power to fix it. It is not some sort of issue on our side where we are looking to get into the testimony of the concerns you heard today. I am also here for questions if you have any.

Chair Peters:

I am glad you offered that, because I do have a question and I am glad you are here today. You mentioned you do work with another board, but it sounds like it might be in the opposite direction of where the board is above you and that helps direct your efforts. You would be appointing folks to this committee or helping them as a committee. Could you talk about your experience with a board or committee that works similar to how this is proposed to work under your office?

Mike Dzyak:

The State Board of Fire Services is composed of fire officials from across the state. That board is an advisory board to me. We have a chief of a paid department, a chief of a partially paid department, a training officer who is a volunteer or partially paid. It is structured in a much similar way, which is why I think the bill is structured the way it is.

Since being appointed State Fire Marshal, I make sure we hold quarterly meetings, once we got through the COVID-19 issues. The board has its own budget for travel to make sure we get everyone here. We do it online. It is very similar to what the proponents are saying. The Governor appoints members to the State Board of Fire Services. I understand them, and I am listening to what the issues are. There are a lot of similarities with what we had to go through to get where we are. A state agency that is not listening to the board appointed to advise it is no different than someone hiring an attorney and not taking his advice, or coming in with a reasonable measure and saying, "We cannot do this because . . ." Having the board helps solve the issues. Does that answer your question?

Chair Peters:

It helps paint a picture. Are there any other questions for our State Fire Marshal? [There were none.] I do not know if other people do this, but we have our fire extinguishers certified regularly. Have you done that to this building recently?

Mike Dzyak:

Those had better have been done recently, or there will be questions. But I am sure the probability is high.

Chair Peters:

I would imagine, but I have not checked myself. I thought I would just see where we are in compliance with your office. Thank you for being here today. Is there anyone else wishing to provide neutral testimony?

Kelly Quinn, Private Citizen:

As a former provider of EMS and also a former ringleader with the EMS section you are talking about—it has been many years ago—I continued my service as a peace officer in the state of Nevada. As I read through this bill and listened to some of the testimony, I heard a lot of the problems that are happening within the EMS section and the desire to move it to the Department of Public Safety. There was a bill many years ago that tried doing the same thing. It failed at that time. It was viewed as the fire departments wanting to pull themselves out from under the regulatory authority with the State Board of Health and out of the EMS section.

I am curious about this, if all the staff and programming moved the DPS and the Fire Marshal, what is going to change? It is going to be the same people, the same programming, just another level of bureaucracy. Also, as I am listening, what has been done to help the EMS section? I heard seven years ago a white paper was presented. Have there been efforts made to support the EMS section to get their jobs done?

I did have some conversations with one of the offices. I was not able to contact Clark County on this particular bill. But across the board in this state, including my current department, there are staffing shortages throughout. I heard the full-time equivalent employees we have right now are far fewer than when I worked for the section years ago. I think they need the support and the positions, certainly. I agree it should not take weeks or months to process certain paperwork. I think that needs to be looked into to find out how to make that more efficient. If the Fire Marshal's office is going to be more efficient and have the systems in place, then I would support that. If we look at how the EMS section is supported now, that would be a great improvement.

My final comment is the section staff are not here today, either. I would encourage them to get to the table, or perhaps the Committee members reaching out to those staff as well to find out what their needs are and supporting them the best they can.

Chair Peters:

We have some guardrails around support, opposition, and neutral testimony. Because of the specifics called out in that testimony, I would reclassify it as opposition, but only to the definition we generally use in our Committee.

Seeing no one else in Carson City or Las Vegas for neutral testimony, is there anyone on the phone lines? [There was no one.] Are there any closing remarks?

Assemblyman Gray:

You heard some folks testify and one thing that drew my attention is they were private industry. They have their place, but fire-based EMS in this state provide 85 percent of the calls. We should drive our policy to support them and what they are asking for. They have come to the table to ask for support so they can be the guys who show up at our doors who are licensed, trained, and ready to go. Nothing is going to stop what we call curbside medicine. During COVID-19, these guys showed up and helped out with folks at home without necessarily having to transport them. That arena is not going to change. They are still going to provide those services, and there will still be a medical director over it, but it is a sound policy decision. I really encourage you to get this bill to a work session quickly.

Chair Peters:

I will close the hearing for Assembly Bill 358. That takes us to the end of our hearings and leaves public comment as our last agenda item. I will open public comment. [Public comment rules and protocol were explained.]

[Public comment was heard.]

I will close public comment. That concludes our business for the day. We will meet on Monday at our regular time, but keep an eye on the agenda and make sure your attachés are checking the agenda at least Monday morning.

This meeting is adjourned [at 2:52 p.m.].

RESPECTFULLY SUBMITTED:

Lori McCleary
Committee Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is the Work Session document for [Assembly Bill 132](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session document for [Assembly Bill 135](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session document for [Assembly Bill 197](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is the Work Session document for [Assembly Bill 237](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit G](#) is the Work Session document for [Assembly Bill 259](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit H](#) is the Work Session document for [Assembly Bill 293](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit I](#) is the Work Session document for [Assembly Bill 422](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit J](#) is the Work Session document for [Assembly Bill 156](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit K](#) is a conceptual amendment to [Assembly Bill 156](#), submitted by Assemblyman David Orentlicher, Assembly District No. 20.

[Exhibit L](#) is a proposed amendment to [Assembly Bill 348](#), submitted by Assemblywoman Selena Torres, Assembly District No. 3.

[Exhibit M](#) is a document titled "Waterford Upstart," submitted by Claudia Miner, Executive Director, Waterford Upstart, regarding [Assembly Bill 348](#).

[Exhibit N](#) is written testimony submitted by Gil Lopez, Executive Director, Charter School Association of Nevada, in support of [Assembly Bill 348](#).

[Exhibit O](#) is a compilation of letters in opposition to [Assembly Bill 348](#).

[Exhibit P](#) is a white paper from the Northern Nevada Fire Chiefs Association, dated September 30, 2016, titled "State of EMS Challenges and Opportunities within the State of Nevada," submitted by Assemblyman Ken Gray, Assembly District No. 39.

[Exhibit Q](#) is a letter submitted by Dennis Nolan, EMS Clinical Coordinator/Instructor, Truckee Meadows Community College in support of [Assembly Bill 358](#).

[Exhibit R](#) is a letter dated March 27, 2023, submitted by Chris McHan, Chief, Emergency Medical Services, Elko County, in opposition to [Assembly Bill 358](#).

[Exhibit S](#) is a letter dated April 7, 2023, submitted by Damon Schilling, President, Nevada Ambulance Association, in opposition to [Assembly Bill 358](#).