

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON REVENUE**

**Eighty-Second Session
March 14, 2023**

The Committee on Revenue was called to order by Chair Shea Backus at 4:01 p.m. on Tuesday, March 14, 2023, in Room 4100 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 Shea Backus, Chair
Assemblywoman Venicia Considine, Vice Chair
Assemblywoman Natha C. Anderson
Assemblywoman Lesley E. Cohen
Assemblywoman Danielle Gallant
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblywoman Erica Mosca
Assemblyman Duy Nguyen
Assemblyman P.K. O'Neill
Assemblyman David Orentlicher
Assemblywoman Shondra Summers-Armstrong

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None



STAFF MEMBERS PRESENT:

Michael Nakamoto, Chief Principal Deputy Fiscal Analyst
Susanna Powers, Deputy Fiscal Analyst
Nick Christie, Committee Manager
Gina Hall, Committee Secretary
Cheryl Williams, Committee Assistant

OTHERS PRESENT:

Fergus Laughridge, Chair, Rural Regional Behavioral Health Policy Board; Health Director, Fort McDermitt Tribal Wellness Center
Valerie Haskin, Coordinator, Rural Regional Behavioral Health
Sara Hunt, Assistant Dean of Behavioral Health Sciences, Department of Psychiatry and Behavioral Health, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas; Director, University of Nevada, Las Vegas Mental and Behavioral Health Training Coalition
Steven Cohen, Private Citizen, Las Vegas, Nevada
Alejandro Rodriguez, Director, Government Relations, Nevada System of Higher Education
Leann D. McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics
John Etzell, Executive Director, Boys Town Nevada
Lea Case, representing Nevada Psychiatric Association; Nevada Primary Care Association; and Nevada Public Health Association
Andrea Gregg, Chief Executive Officer, High Sierra Area Health Education Center
Steven Shane, Private Citizen, Reno, Nevada
Megan Comlossy, Associate Director, Center for Public Health Excellence, School of Public Health, University of Nevada, Reno
Jose Cucalon Calderon, Private Citizen, Reno, Nevada
Jimmy Lau, representing Dignity Health-St. Rose Dominican
Zoë Houghton, representing MedX AirOne
Michael Flores, Vice President, Government and Community Engagement, University of Nevada, Reno
Dora Martinez, Private Citizen, Reno, Nevada
Sondra Cosgrove, History Professor, College of Southern Nevada; Executive Director, Vote Nevada

Chair Backus:

[Roll was taken and Committee rules and protocol were reviewed.] I want to welcome our guests this evening who will be speaking on Assembly Bill 37. Before we get started I wanted to give you all a heads-up that this hearing needs to be completed by 4:45 p.m. or we will have to recess and return to complete the hearing. I will open the hearing on Assembly Bill 37. Feel free to start when you are ready.

Assembly Bill 37: Authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada. (BDR 34-361)

Fergus Laughridge, Chair, Rural Regional Behavioral Health Policy Board; Health Director, Fort McDermitt Tribal Wellness Center:

I am Fergus Laughridge, the Chair of the Rural Regional Behavioral Health Policy Board and the Health Director for the Fort McDermitt Paiute and Shoshone Tribes in McDermitt, Nevada. I will have my colleagues introduce themselves before we get into our presentation.

Valerie Haskin, Coordinator, Rural Regional Behavioral Health:

I am Valerie Haskin, Rural Regional Behavior Health Coordinator.

Sara Hunt, Assistant Dean of Behavioral Health Sciences, Department of Psychiatry and Behavioral Health, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas; Director, University of Nevada, Las Vegas Mental and Behavioral Health Training Coalition:

My name is Sara Hunt. I am the Assistant Dean of Behavioral Health Sciences at the Kirk Kerkorian School of Medicine at the University of Nevada, Las Vegas (UNLV) and Director of the UNLV Mental and Behavioral Health Training Coalition.

Fergus Laughridge:

Members of the Committee, we are pleased to bring this bill before you. We have tried a number of times but weather and such things have precluded that. I will explain our history and how this came about. For those of you who are new to the Legislature, there are five regional behavioral health policy boards. We represent the rural part of the state [page 2, [Exhibit C](#)]. These policy boards were enacted by the Nevada Legislature in 2017 and our area encompasses Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties. This is quite a vast area we are covering, but this bill is not just centric to the rural areas. Very importantly, this is a statewide bill.

As you can see, our current membership and boards are very diverse [page 3]. We have different professions and walks of life in the behavioral health community identified. You will hear "behavioral health" quite often throughout this session. You might hear mental illness or some other vernacular used. We thought we would present this to you today [page 4] so you can see when behavioral health is talked about, it encompasses all four of these areas. I will now turn it over to Ms. Haskin.

Valerie Haskin:

When we are talking about behavioral health [page 5]—this specific bill is looking to affect the number of behavioral health providers we have in Nevada—we want to outline the behavioral health providers we are speaking to within this bill. This is a long list of the different types of behavioral health providers who will be affected by this bill. You can see that there are not only psychiatrists and psychologists, but we are also including marriage and family therapists, licensed clinical social workers, school psychologists and school counselors, as well as the certified programs—problem gambling counselors, drug and

alcohol counselor types, and others. We also included behavior analysts and behavior technicians. While those providers tend to work more with persons on the autism spectrum, it is not necessarily a more typical behavioral health provider type, but looking at the statute and the needs of the communities, as well as what behavioral health is defined as in statute for the boards, we wanted to make sure these professions were addressed as well.

It should not be too much of a stretch for anyone at this point in time to understand that most of the state, if not all of it, is in a provider shortage area [page 6]. This goes for all provider types, including physical health providers, but we are in a very critical state as far as the availability of our mental health and, generally, behavioral health provider types. One point I would like to draw your attention to is that approximately 28.6 percent of Nevada's mental health needs are being met by the current provider availability. That is one-quarter across the entire state.

The takeaway here is that while there are other strategies and other proposed legislation moving forward to fill immediate gaps [page 7], this is more of a long-term solution to some of the long-term issues Nevada has been experiencing for quite some time, long before the COVID-19 pandemic. In the development of this bill [page 8] we wanted to outline the process for you, so you would have an idea of who we have been working with and what we have been hearing. In May 2022, the Rural Regional Behavioral Health Policy Board heard Dr. Sarah Hunt's presentation on the Nebraska model, regarding their Behavioral Health Education Center. The Board latched onto it and decided to move forward with this as their topic for this session, as it seemed to be a great model we could implement in Nevada and have some positive outcomes. We had a couple of subcommittee meetings where we were able to garner feedback on this concept from local-level stakeholders, as well as state-level stakeholders. Our Chair, Fergus Laughridge, Dr. Hunt, and I worked on the language, took the concept before our stakeholders and other board members so we were sure to get a lot of insight and feedback before we got it to this point and submitted it as a bill draft request (BDR).

Some of the folks who were invited to the table for these meetings included all the licensing boards, the Department of Education, local school districts, law enforcement, our prevention coalitions—which out in rural Nevada are the backbone and lifeblood of a lot of the prevention efforts—behavioral health providers, health care systems, and many others [page 9]. We currently have those stakeholders engaged [page 10], as well as a stronger connection with the Nevada System of Higher Education (NSHE), necessary for this bill; High Sierra Area Health Education Center (AHEC); and we have also been working with the Health Care Workforce Development Pipeline Workgroup, which is a broad group of stakeholders working to affect workforce development across health care, behavioral health, public health, the other policy boards, and many others.

The general concept here is to build out a robust pipeline for behavioral health providers in Nevada [page 11], and with this we really want this pipeline to work kindergarten through grade 12 (K-12) through professional practice. We are building upon what we currently have involved and incorporating the pieces that are already in place. Right now, a lot of those

pieces may be specific to certain schools or specific to certain areas or communities, so having this more cohesive effort that moves statewide is really the main purpose of this board. When we look at this particular piece, what I would like to also note are the specific goals and objectives of the Center itself which are outlined in section 6 of the bill at the top of page 3, if you would like further details. We are going to talk about what that will look like in practice, K-12 through professional practice.

At the K-12 level the Center would collaborate with school districts to support and expand career and technical education (CTE), or career and technical education programming related to behavioral health professions in the schools [page 12, [Exhibit C](#)]. Right now, there are very few schools that offer any CTE programming related to behavioral health. In fact, CTE programming itself can be a little bit spotty across the different schools depending on who they are able to find to hire within the school districts. We want to help build a more robust behavioral health representation within those programs, and also collaborate with the Area Health Education Centers, such as High Sierra AHEC, to start to include more recruitment efforts for high school and young adults who may be interested in pursuing behavioral health professions.

Next, we really want to make sure we are bolstering efforts at the K-12 level to recruit persons who are representatives of historically marginalized communities, including people of color and those who are from disadvantaged communities. We realize this is important and something that has to happen before people get to college. We need to start opening up those recruitment efforts. We need to look for ways to weave social-emotional learning and mental health programming within the school districts with these recruitment efforts and give kids an opportunity to see, "Hey, if you feel that this is important to you, you too can pursue a career in behavioral health."

Moving on to the NSHE level [page 13], the professional programs at NSHE that we are really looking to effect here would be marriage and family therapy, clinical professional counseling, psychology, psychiatry, clinical social work, behavior analysts, all drug and alcohol counselor types, and some specialty medical tracks such as psychiatric nurse practitioners. Again, I believe all of those are outlined in section 7 of the bill.

At the NSHE level, some of the work will include ensuring undergraduate students are prepared for the rigors of graduate school, particularly those who may be first-generation college students and whose families may not fully understand what graduate school means when you are going through it [page 14]. Also, clarifying those pathways from and through undergraduate through graduate school, helping ensure people are aware of timelines, deadlines, testing, and other things that need to happen. One of the key pieces here is creating easily accessible opportunities for high-quality graduate and clinical internships or practicum, with an emphasis on creating opportunities to work with communities with the least access to appropriate care. These can include rural communities. It can include historically marginalized communities, and other groups as well.

Moving on to the professional licensing piece [page 15, [Exhibit C](#)], there are sometimes disconnects between the graduate programs and licensing boards across the nation. That is not just an issue in Nevada. With this, the Center is going to focus on expanding the number of approved internship sites and approved supervisors from the licensing boards, making those internship sites more available to both graduate students as well as those who have just finished graduate school; and with those who are not already doing so, working with them to ensure their processes to gain licensure, particularly for Nevada graduates, are expedient and efficient.

Last but not least we come to the professional practice end [page 16]. This is really where we are also including some retention, because now that we have recruited them and we have gotten people licensed, we want to ensure they stay here. With this we will be working with programs such as the Nevada Health Service Corps and other federal programs for placement for loan reimbursement, as well as looking for other opportunities to provide education for existing providers on the business of behavioral health. Some topics this might include are management and supervision of staff, which is generally not included in behavioral health graduate level programming; and also recruiting eligible providers who have gone through this pipeline and bringing them back as some of those approved supervisors and supervision sites to close that circle.

As far as the intention for infrastructure [page 17], what we are really looking to do with this is not create a building but rather focus any resources on more of the utilization of remote technology, so the Center itself can have staff across the state, which helps improve any chances, and ensures we are not focusing on just one community or just one school. We also want to make sure that gives an opportunity for more diverse perspectives in the building of the Center staffing and the programs involved.

This is the hub-and-spoke model [page 18]. I believe this was taken from the Illinois model we were looking at, because both Nebraska and Illinois have similar centers like this that have been successful. The main hub would be seated in either University of Nevada, Reno (UNR) or the University of Nevada, Las Vegas, and then we would have regional hubs located in each of the behavioral health regions that are not served by the main hub. That way we ensure there is programming available across the entire state. Another piece of this is those regional hubs will have specialized training available that may be appropriate for their location. As I was talking to someone the other day, would it not be great if we had some specialized training for behavioral health providers in law enforcement for co-response models or for crisis-response models that are in-person, because there is not a lot of training for that. That is the type of thing, not necessarily a specific issue, to just throw out there as an example.

The work of the Center itself will be moved and guided by an advisory consortium [page 19]. We wanted to make sure the advisory consortium was very diverse in its perspectives and covered all pieces of the behavioral health system. We started out with the membership of the policy boards because, as the policy boards, it seemed like a great place to start. We then built out different pieces, knowing we were going to be more involved in education, so

ensuring we are including school districts, NSHE, and also having a more diverse perspective on people who have utilized services. Right now, the policy boards all have a seat that is dedicated to a peer and/or family member, and we want both seats at those tables. We also want to make sure that there is specific representation for persons of color and marginalized communities.

We are not going to get too far into the fiscal note today, but I wanted to put this on the radar [page 20, [Exhibit C](#)]. The current fiscal note is \$2.3 million for the first biennium and approximately \$2.7 million per biennium thereafter. The Nebraska model focused just on psychiatrists and psychologists and used about \$1.3 to \$1.6 million. Ours is more, but we are also affecting a much larger group of behavioral health providers with that funding. While the board was very apprehensive about pursuing a BDR or a bill concept that would have a fiscal note, ultimately the consensus from the board members and a lot of the stakeholders we worked with is that we are at crisis levels with our lack of behavioral health providers, and we are at a point where we need to do something. While there is a lot of funding coming down for different programs, that does not matter if we do not have the staff to staff those programs and services.

These are the references for the resources provided here [page 21] and our contact information [page 22]. With that, I will open it up to my counterparts, and open it up for questions.

Fergus Laughridge:

I hope you catch where we are coming from with this bill. We have done a lot of work getting it ready for you, so we do not have to try to massage things. What we are trying to do here is grow our own within the state of Nevada. We see all too often and hear all too often that folks are trained here but have to go out of state for supervision to get that licensure part. A case in point is White Pine County. They had a social worker who was in training. She needed to get her hours in for supervision. She went to Idaho for that, and Idaho offered her a job. Guess where she is located now, and White Pine County is again without a provider. We are trying to fix that. We want to get young people interested in the behavioral health field. You can go to a health fair and see all the different things from area hospitals, EMTs [emergency medical technicians], and things like that, and all those fancy shiny things, but how do we get them keyed into behavioral health at an early age to make a difference going forward? That is what we are trying to do with this. We have lots of support from many stakeholders. To this point, we have heard no negativity. We are prepared to bring it before you, and I appreciate the time.

Chair Backus:

Dr. Hunt, did you have anything to add, or are you here to answer questions that may come up?

Sara Hunt:

Yes, I am here to answer any questions and to provide moral support.

Chair Backus:

Thank you for your presentation and for traveling here today to present A.B. 37. We will move to questions from the members of the Committee and begin with Assemblywoman Gallant.

Assemblywoman Gallant:

First off, I want to say what you are doing is a huge undertaking and so necessary. Personally, I got my master's at Auburn University in marriage and family therapy. I had to keep moving to different states, so there was this constant drop off during the licensing process. You are left out into this vast, wide world where you cannot find somebody to supervise you, and if you do for the job you have, the supervision is too expensive. It is a nightmare. Thank you for what you are doing, because this is so very necessary.

We keep having this issue within this state, with a barrier of entry with licensing. It is just constant. What is it here in Nevada for licensed therapists, and that barrier of entry? Are you working with the Governor, or have you reached out to see if you can maybe reduce it a little bit so we can make this process easier? Just going through the process of becoming a therapist and getting that degree, your supervisors are on top of you like you would not believe. Those were the most intense two years of my entire life.

Valerie Haskin:

Last legislative session, this Board put forward a bill that focused on the licensing board and particularly streamlining those processes. In Nevada, for marriage and family therapy, as well as clinical and professional counselors, I believe it is 3,000 hours they need for supervision, which seems to align with most states. We did an analysis of where Nevada lies, as far as the different behavioral health providers, and where that was. That was a tricky spot. We then ended up pivoting and focusing more on how we could get the timelines for the licensure process cut down or streamlined. We made a valiant effort with that with Senate Bill 44 of the 81st Session.

Assemblyman Nguyen:

I want to echo the sentiments of my colleague that this is a great program. I am looking forward to what this could do. I know the sections of the bill that cover the diversity and what you are trying to do with including the marginalized communities, and you listed those things. In terms of language access, I was wondering, as I do not see it mentioned anywhere, and I think it is important to consider, because a person of color and language access may not be the same things. It is important for the community I represent to ensure this is clearly stated. I wanted to hear your thoughts around that.

Valerie Haskin:

Previous to that conversation this was not necessarily even on our radar. I believe the Board would definitely be open to an amendment to include language, to ensure there is also a diversity in the language abilities and the fluency of behavioral health providers.

Fergus Laughridge:

The hub-and-spoke model that works in Las Vegas, with the population we are serving there with language, may be different than what we have in rural Nevada, with more of a Latino-type. We are definitely cognizant to that, and we can work on amendments for that.

Assemblyman Nguyen:

I look forward to that.

Assemblyman Hafen:

Could you elaborate on why the decision was made to put this under the Board of Regents rather than under one of the Governor's Workforce Development offices?

Valerie Haskin:

Because this Center would be very focused on working with the graduate schools themselves, it seemed to be a little more efficient to put it within NSHE. However, I think if need be, we could probably explore other options. I am going to ask Dr. Sarah Hunt to comment on this.

Sara Hunt:

This also follows in line with the models from the other states, where it has lived under their higher education systems. That was also part of the direction we talked about going in.

Chair Backus:

I noticed that in section 6 it is a discretionary authority. It is not anything mandatory with respect to the Board of Regents to establish the Behavioral Health Workforce Development Center. Do you have any inclination whether the Board of Regents is inclined to approve this?

Sara Hunt:

Yes. This was actually presented at a special meeting of the Board of Regents at the end of February. I am sorry for forgetting the exact date. It was presented to the full board, from the Chancellor, that this was an initiative coming forward, and the Regents at that time expressed full support for this bill and provided the Chancellor and the System the opportunity to go forward in the session and support it. It has been heard by the full Board of Regents and they fully support it.

Assemblyman Gray:

I really like the idea, and then I got to the fiscal note. I am not opposed to it. I am just wondering; we have a lot of these programs come up and there is really never a way to benchmark them and see what our successes are. What are you going to be using for a benchmark to show your successes?

Valerie Haskin:

That is a great point. We do want to ensure any public funds are used efficiently, and within this you will note the Center is mainly responsible for putting together a strategic plan,

carrying that forward, and evaluating it with those benchmarks. We do have those models from Nebraska, as well as one that is still in the more formative stages in Illinois to learn from, to take their successes and challenges. I will ask Dr. Hunt to comment.

Sara Hunt:

As part of the language, you will see a yearly report has to be put out to multiple stakeholders, talking about what the successes are and how we are reaching those benchmarks. Some of those benchmarks would be formed in that strategic plan, but certainly one of the big ones you want to look at is, are we seeing our licensing numbers trend up? That is a big data point that we would want to focus on every year in that report—are we seeing the number of licensed psychologists, psychiatrists, and marriage and family therapists trend up over time?

Assemblyman Gray:

Will you establish targets to know if you are coming close and not just trending? I am talking about actual targets you can reach.

Valerie Haskin:

Yes. If you look in section 2, it also outlines some specific areas that could have measurable outcomes, which we would do beginning benchmarks on, then follow-up benchmarks, and track thereafter.

Assemblyman Orentlicher:

This bill is very much needed. My questions tie into the benchmark, that sad slide [page 6, [Exhibit C](#)] where we are only meeting 29 percent [28.6 percent]. Do we have any sense from Nebraska and Illinois, enough data points, to know how much we can move that 29 percent? What is a realistic goal for that? How high can we get that?

Sara Hunt:

I can reach out to my counterparts in those states about that specific metric. I would say in general, around the metric of seeing the increased number of mental health professionals in Nebraska, their model has been in existence for over a decade, and they have seen about a 39 percent increase in the number of mental health professionals licensed in their state. That would be your traditional therapists, and about a 30 to 32 percent increase in the number of prescribers in their state over time. Those would be your psychiatrists and nurse practitioners. I can certainly ask them if they are also tracking that needs-met percentage.

Chair Backus:

Dr. Hunt, if you do get that information, please feel free to share it with us. We would love to receive that information. I am going to move to taking testimony in support of [A.B. 37](#). I always hate to limit people, but if you could do your best to keep your testimony and support to two minutes it would be greatly appreciated. If someone has said something you already wanted to say, just say "ditto," and put your name on the record. We will start in Las Vegas, with testimony in support of [A.B. 37](#). I do not believe there is anyone else there beside Mr. Cohen.

Steven Cohen, Private Citizen, Las Vegas, Nevada:

I will keep it short and sweet. Ditto.

Chair Backus:

Is there anyone else in Las Vegas who wishes to give testimony in support of A.B. 37? [There was no one.] We will move to Carson City for testimony in support. Feel free to begin.

Alejandro Rodriguez, Director, Government Relations, Nevada System of Higher Education:

To the Chair's previous question, I will confirm what Dr. Hunt stated. The Board of Regents voted at the February 3 special board meeting to offer their full support for A.B. 37.

Leann D. McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics:

In late 2021, the Academy declared a national emergency in children's mental health, and we support this bill. We believe it is a proven best practice in other states to increase the workforce. In the interest of time, I will submit more in writing [[Exhibit D](#)].

John Etzell, Executive Director, Boys Town Nevada:

We run a behavioral health clinic in Las Vegas with four full-time child psychologists and are certainly in support of A.B. 37 as our wait list, since we started doing this in 2017, has continued to grow. We have well over 300 kids and families who are waiting for services. When we get new providers who are coming in, it takes a considerable amount of time to get them through the process, which has also been addressed here today.

Another area that is a concern and that we think will be a positive benefit from this is looking at what is called a pediatric behavior consortium if we have the additional providers. We want to continue to attract more folks to come here as well—to hang their shingle and continue to do the good work. We want people to be able to do that. A pediatric consortium is basically a conglomerate of behavioral health clinics, typically with support from UNLV and Dr. Hunt, to be training new psychologists, new psychiatrists, to be able to be here and continue that, so once they do their year here as part of their internship, they are more likely to remain.

Boys Town, as you may know, was originated in Nebraska. That is something that Boys Town, in our national office, worked with the University of Nebraska, Lincoln to create, and that allowed more folks to come as well and stay there. We are looking to potentially do the same thing here.

Lea Case, representing Nevada Psychiatric Association; Nevada Primary Care Association; and Nevada Public Health Association:

The Nevada Psychiatric Association are the prescribers mentioned by Dr. Hunt. Child psychiatrists are especially in short supply in Nevada. The Nevada Primary Care Association, which some of you may have met during Community Health Provider Day,

represent the federally qualified health centers here in Nevada. Those are your safety net clinics. Workforce is a huge policy issue for the Nevada Public Health Association. On behalf of those three clients, we are here in support of A.B. 37.

Andrea Gregg, Chief Executive Officer, High Sierra Area Health Education Center:

The High Sierra Area Health Education Center aims to build a strong and diverse health care workforce for Nevada's underserved communities. We do that through education, training, and community partnerships. We are very excited to provide our support for this bill, as an organization that truly believes in the importance of grow your own. Granted, it is not a quick and immediate fix, but it certainly is moving the state in the right direction from a long-term investment perspective.

I would like to echo the importance of the comprehensive training, mentorship, and supervision pieces that come with this bill, and the ability to give students the access to a lot of challenges we see when working with these students directly, hopefully to give them ease in that access and then give them the resources that are required to obtain their continuation of those aspirations.

I wanted to highlight section 7 of the bill, as it really underscores the critical importance of strategic planning for the recruitment, education, and retention of a skilled diverse behavioral health workforce in Nevada. We know how critical this is from a cross-sectoral, collaborative perspective. I think what they are trying to do here is innovative, and they are thinking by bringing all the traditional players together in a very untraditional way, to ensure the successful pathways for those who are interested in pursuing such careers.

Steven Shane, Private Citizen, Reno, Nevada:

I am a practicing pediatrician at Northern Nevada Hopes in Reno. I would like to echo my support for A.B. 37. My patients, on a daily basis, suffer from the lack of behavioral health specialists in this state. It includes children with depression and anxiety and patients with autism who cannot get proper therapy with applied behavior analysis therapy. I think this is a sustainable model that could greatly improve the care for my patients.

Megan Comlossy, Associate Director, Center for Public Health Excellence, School of Public Health, University of Nevada, Reno:

I am testifying today on behalf of the Nevada Health Care Workforce and Pipeline Development Workgroup. This is a statewide initiative that aims to improve, grow, and diversify the public health, behavioral health, and primary care workforces in Nevada. The group brings together more than 40 leaders from across the state. They represent a variety of sectors and are working together to break down the silos in which traditional workforce development has occurred. The workgroup is built on many of the same ideas as the Behavioral Health Workforce Development Center of Nevada, as proposed in A.B. 37, and similarly established because the current approach to improving workforce development has not yielded sufficient results and a new approach is needed.

While we have seen in the past targeted approaches to address behavioral health workforce in the state, they have not sufficiently moved the needle. We are seeing this session targeted initiatives like loan repayment to encourage behavioral health providers to come and stay in Nevada, but they are not enough. This bill provides a comprehensive, coordinated, and innovative approach to looking at the big picture at the entire pipeline, as Ms. Haskins showed you, and we need to start earlier. We need to start in K-12, and we need to continue providing opportunities for workforce development throughout the pipeline. Young people have to know about professional opportunities to dream to be it. This is a great bill in order to get people into and to advance through the pipeline. It provides great opportunities for folks to become licensed, opportunities like internships, mentorships, things to keep them in Nevada.

Chair Backus:

Ms. Comlossy, I do not mean to cut you off, but we are coming up to our deadline. Thank you for your remarks. I believe you also submitted something in writing [[Exhibit E](#)]. I always feel bad for the last people when I ask if you are in support to just say your name and who you are representing and limit it to that.

Jose Cucalon Calderon, Private Citizen, Reno, Nevada:

I am a general pediatrician practicing here in northern Nevada. I am in support of [A.B. 37](#). I think it is going to be wonderful helping families who have very difficult access to be able to get it now.

Jimmy Lau, representing Dignity Health-St. Rose Dominican:

Ditto. We support this bill.

Zoë Houghton, representing MedX AirOne:

We are in support of [A.B. 37](#).

Michael Flores, Vice President, Government and Community Engagement, University of Nevada, Reno:

In support. Ditto.

Chair Backus:

We will move to the phone lines. Is there anyone on the phone lines who wishes to give testimony in support?

Dora Martinez, Private Citizen, Reno, Nevada:

I represent the Nevada Disability Peer Action Coalition. We are in one thousand percent support of this bill. Some of my members who have disabilities have been waiting for services.

**Sondra Cosgrove, History Professor, College of Southern Nevada; Executive Director,
Vote Nevada:**

I am in support of A.B. 37. I would like to thank the sponsors. My son has bipolar disorder so I know firsthand that we desperately need more providers.

[[Exhibit F](#), [Exhibit G](#), [Exhibit H](#), [Exhibit I](#), [Exhibit J](#), [Exhibit K](#), and [Exhibit L](#) were submitted in support of A.B. 37 but not discussed and are included as exhibits of the meeting.]

Chair Backus:

Since we have no further callers on the phone lines, I take it there is no opposition. There is no one else in Las Vegas in opposition. Is there anyone in the audience here who wishes to testify in opposition to A.B. 37? [There was no one.] Is there anyone in the audience who wishes to give testimony neutral to A.B. 37? [There was no one.] There is no one in Las Vegas or on the phone lines neutral to A.B. 37. Are the presenters okay with not giving any further remarks? [They were.]

I will close the hearing on A.B. 37. Last but not least, is there anyone who wishes to give public comment this evening? [There was no one.] That concludes our meeting this evening. We do not have a hearing on Thursday. We are adjourned [at 4:42 p.m.].

RESPECTFULLY SUBMITTED:

Gina Hall
Committee Secretary

APPROVED BY:

Assemblywoman Shea Backus, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a copy of a PowerPoint presentation titled "Presentation on Behalf of the Rural Regional Behavioral Health Policy Board, Assembly Bill 37, 'Authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada,'" dated March 14, 2023, presented and submitted by Fergus Laughridge, Chair, Rural Regional Behavioral Health Policy Board; and Health Director, Fort McDermitt Tribal Wellness Center.

[Exhibit D](#) is a statement dated March 14, 2023, submitted by Leann D. McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics, in support of [Assembly Bill 37](#).

[Exhibit E](#) is a letter dated March 14, 2023, submitted on behalf of the Nevada Health Care Workforce and Pipeline Development Workgroup, signed by Megan Comlossy, Associate Director, Center for Public Health Excellence, School of Public Health, University of Nevada, Reno, Co-Facilitator, Nevada Health Care Workforce and Pipeline Development Workgroup; and Andrea L. Gregg, Chief Executive Officer, High Sierra Area Health Education Center, Co-Facilitator, Nevada Health Care Workforce and Pipeline Development Workgroup, in support of [Assembly Bill 37](#).

[Exhibit F](#) is a letter dated February 28, 2023, signed by John Packham, Ph.D., Co-Director, Nevada Health Workforce Research Center, in support of [Assembly Bill 37](#).

[Exhibit G](#) is a letter signed by Sarah Watkins, Interim Executive Director, Nevada State Medical Association, in support of [Assembly Bill 37](#).

[Exhibit H](#) is a letter dated February 27, 2023, signed by Laura Drucker, Psy.D., Legislative Co-Chair, Nevada Psychological Association; and Michelle McGuire, Psy.D., Legislative Co-Chair, Nevada Psychological Association, in support of [Assembly Bill 37](#).

[Exhibit I](#) is written testimony, submitted on behalf of the Nevada Association of School Psychologists, signed by Jessica Shearin, President, Nevada Association of School Psychologists; and Paige Beckwith, President-Elect, Nevada Association of School Psychologists, in support of [Assembly Bill 37](#).

[Exhibit J](#) is a letter dated February 27, 2023, submitted on behalf of the Henderson Chamber of Commerce, signed by Aviva Gordon, Chair, Legislative Committee, Henderson Chamber of Commerce; and Emily Osterberg, Director, Government Affairs, Henderson Chamber of Commerce; in support of [Assembly Bill 37](#).

[Exhibit K](#) is a letter dated March 1, 2023, submitted on behalf of the Washoe Regional Behavioral Health Policy Board, signed by Julia Ratti, Director of Programs and Projects, Washoe County Health District, and Chair, Washoe Regional Behavioral Health Policy Board; and Steve Shell, Vice President of Behavioral Health, Renown Health, and Vice Chair, Washoe Regional Behavioral Health Policy Board, in support of [Assembly Bill 37](#).

[Exhibit L](#) is a letter dated March 15, 2023, signed by Karen A. Oppenlander, Executive Director, Board of Examiners for Social Workers, on behalf of Dr. Esther Langston, Chair; Linda Holland Brown, Vice Chair; Abigail Klimas, Treasurer/Secretary; and Jacqueline Sanders, Member, Board of Examiners for Social Workers, in support of [Assembly Bill 37](#).