

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-second Session
April 11, 2023**

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:33 p.m. on Tuesday, April 11, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Fabian Doñate, Chair
Senator Rochelle T. Nguyen, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

GUEST LEGISLATORS PRESENT:

Senator Nicole J. Cannizzaro, Senatorial District No. 6
Senator Marilyn Dondero Loop, Senatorial District No. 8
Senator Dallas Harris, Senatorial District No. 11
Senator Dina Neal, Senatorial District No. 4
Senator Rochelle T. Nguyen, Senatorial District No. 3
Senator Heidi SeEVERS Gansert, Senatorial District No. 15

STAFF MEMBERS PRESENT:

Destini Cooper, Policy Analyst
Eric Robbins, Counsel
Norma Mallett, Committee Secretary

OTHERS PRESENT:

Billy Vassiliadis, Nevada Resort Association
Aysha Molino, MGM Resorts International; Nevada Resort Association
Virginia Valentine, Nevada Resort Association

Senate Committee on Health and Human Services
April 11, 2023
Page 2

Andrew Diss, Meruelo Gaming
Erin McMullen Midby, Boyd Gaming Corporation
Bradley Mayer, Southern Nevada Health District
Elyse Monroy-Marsala, Nevada Public Health Association; Nevada Primary Care Association
Karlos LaSane, Caesars Entertainment
Stephen Ascuaga, Peppermill Casinos, Inc.
Joelle Gutman-Dodson, Washoe County Health District
Andrew MacKay, Nevada Franchised Auto Dealers Association
Pete Boyd, General Manager, The Venetian Resort
Bryan Wachter, Retail Association of Nevada
Mary Beth Sewald, Vegas Chamber
Barry Lieberman, South Point Casinos
Tom Clark, Reno + Sparks Chamber of Commerce
Ted Pappageorge, Secretary-Treasurer, Culinary Workers Union Local 226
Diana Valles, President, Culinary Workers Union Local 226
Gladys Blanco, Culinary Workers Union Local 226
Susie Martinez, Nevada State AFL-CIO
Greg Esposito, Nevada State Pipe Trades
Adam Mack, International Alliance of Theatrical Stage Employees Local 363
Elizabeth Renteria, Culinary Workers Union Local 226
Elena Newman, Culinary Workers Union Local 226
Charetzayda Gonzalez, Culinary Workers Union Local 226
Tony Ramirez, Make The Road Nevada
Mirian Cervantes, Culinary Workers Union Local 226
Michael Gittings, President, United Food and Commercial Workers Union Local 711
Liz Sorenson, President, Nevada State AFL-CIO
Christine Saunders, Progressive Leadership Alliance of Nevada
Marc Ellis, Communication Workers of America
Renee Ruiz, National Nurses United
Beverly Williams, Secretary-Treasurer, Southern Nevada Central Labor Council, AFL-CIO
Linda Ward-Smith, President, American Federation of Government Employees Local 1224
Dave Christenson, American Federation of Government Employees
Joseph Guild, Union Pacific Railroad
Wendy Knorr, Executive Director, Board of Applied Behavior Analysis
Michelle Scott-Lewing, Executive Director, Autism Coalition of Nevada

Senate Committee on Health and Human Services
April 11, 2023
Page 3

Molly Halligan, Nevada Association for Behavior Analysis
Kasey Rogers
Dillon Martin, Nevada Academy of Nutrition and Dietetics
John Phoenix, Nurse Practitioner; Huntridge Family Clinic
John Jones, Clark County District Attorney's Office
Joanna Jacob, Clark County
LC Rapert, Silver State Equity
Sarah Adler, Nevada Advanced Practice Nurses Association
Serena Evans, Nevada Coalition to END Domestic and Sexual Violence
West Juhl, Director, American Civil Liberties Union of Nevada
Bill Head, Pharmaceutical Care Management Association
Janine Hansen, Nevada Families for Freedom
Melissa Clement
Jim DeGraffenreid, Nevada Republican Party
Theresa DeGraffenreid
Deborah Earl, Power2Parent
Mason Van Houweling, CEO, University Medical Center of Southern Nevada

CHAIR DOÑATE:

We will begin today's meeting with a presentation on Senate Bill (S.B.) 441 by Senator Marilyn Dondero Loop.

SENATE BILL 441: Revises provisions relating to public health. (BDR 40-451)

SENATOR MARILYN DONDERO LOOP (Senatorial District No. 8):

I am presenting S.B. 441, which revises provisions relating to public health and eases some of the protocols put into place concerning the prevention and response to COVID-19.

My mother, Thalia Dondero, was the first woman to be elected to the Clark County Commission almost 50 years ago. Imagine how much courage it took for her to break that barrier in those days. Her sheer determination inspires me and countless others today. She had the courage to stand up, be heard and be counted. Throughout her career, she was never afraid of political reprisal or paybacks. If she believed in something enough, she would simply soldier on. She would often remind me that to be effective in public office, you must trust your gut and call them the way you see them.

Today, when I am deciding on bills, I harken back and I ask myself, what would Thalia do? The reason I mention this is because as a Senator, I draw on my mom's legacy every day and it is her good judgment that led me to introduce this legislation.

Senate Bill 441 is a declaration that the last remaining law of the emergency COVID-19 era is proposed to end. Two Nevada Governors have already declared COVID-19 over. President Joe Biden brought COVID-19 to a close yesterday. Looking back to the beginning of COVID-19, we did everything we could to protect ourselves and our visitors, while knowing little about the virus and its transmission, how long it would last or how dire the consequences would be. All we knew is that it was deadly and so we acted. Remember when some of us thought it would only last six weeks or that it could be transmitted on hard surfaces? And who can ever forget the toilet paper crisis?

Writing COVID-19 laws was indeed a remarkable accomplishment born out of uncertainty. I am unaware of any Legislator who regrets voting yes on S.B. No. 4 of the 32nd Special Session; I know I did not. At the same time, we also approved S.B. No. 386 of the 81st Session. Those two emergency bills were essential to ensure the health and safety of Nevadans and tourists. They worked effectively in tandem to protect us from a ravaging worldwide pandemic. In the meantime, we sheltered in place, socially distanced, vaccinated, boosted, wore masks and fought hard against the virus. In part, because of the laws we enacted, we protected ourselves, we saved lives and we prevailed, but we missed something. In the rush to craft S.B. No. 4 of the 32nd Special Session, we forgot to do one thing. Senate Bill No. 386 of the 81st Session sunsetted last year; S.B. No. 4 of the 32nd Special Session did not. It was an oversight and, since we meet only every other year, we had to wait until now to act. It is clear as day that we should have phased out S.B. No. 386 of the 81st Session. That is why I brought this bill forward.

To be clear, this is not a repeal of something we got wrong—quite the opposite. This is something we got right. It worked then, but it does not work now. The metrics we relied on are either no longer in effect or out of existence. Yet today, the statute remains locked in place. Given what we know now, we should unburden our hotel operators of the COVID-19-era restrictions and allow them to return to the high standards of cleaning they have used to meet and exceed expectations related to their customers' safekeeping.

That is it in a nutshell. It is a simple sunset bill that ushers out COVID-19-era room-cleaning requirements and ushers in post-pandemic health and safety standards. I have watched this industry my whole life because I was born and raised in Las Vegas. Our hotel operators know their customers best and for 70 years, they have always made their customers' safety a top priority.

In closing, I am proud of the work we did on S.B. No. 4 of the 32nd Special Session and am proud three years later to present S.B. 441. Like S.B. No. 386 of the 81st Session, it is time to sunset a COVID-19 housecleaning policy that served its purpose but outlived its necessity. While thinking about this bill, I asked myself two questions. Why would I keep a law on the books that has no objective justification and, of course, what would Thalia do?

I will introduce Senator Rochelle Nguyen with additional information and Billy Vassiliadis with the Nevada Resort Association, who has been intimately involved with the State COVID-19 response.

SENATOR ROCHELLE T. NGUYEN (Senatorial District No. 3):

There are three of us in this room who served in the Legislature that led to S.B. No. 4 of the 32nd Special Session. When I think back to the summer of 2020, I am reminded of that uncertainty and fear. I remember what many of us thought would be a two-week sacrifice in our lives back in March of 2020 turned into four months of uncertainty and fear. In my household, we were glued to our televisions, phones and the Internet watching health officials, President Donald Trump, Governor Steve Sisolak, Dr. Anthony Fauci and seeing the ever-changing recommendations.

It was a time to protect your family members. I know in my family we were trying to protect my father. He survived ten years in a war to come to this Country, work as an immigrant and live with diabetes. So, I knew he had a potential life risk for COVID-19. I also lived with my 83-year-old father-in-law and we were concerned about his health. I also had my two kids that we were trying to school and do distance learning and make things as normal for them as possible. I was scared for myself and my husband as we continued to go into the court system to work, as things were not stopping in that work area.

I remember briefings from public officials to the Legislature and meetings about the pandemic's ever-changing nature. We had meetings with doctors, hospitals, nurses and others in the healthcare industry to figure out what to do, how to

react and what we could do to keep ourselves safe. I even think back to the toilet paper situation and, with six adults that needed toilet paper in my household, this was a very real situation.

Even in the summer of 2020, when we met for a Special Session, masks were still not available. People were still washing their groceries before bringing them into their houses. So that is where we were at that time. I remember having the same thoughts as I entered that Thirty-second Special Session, when the bill was discussed. Unlike many of the Committee members that are serving here today, I was able to vet, ask questions, and talk to our leaders and health officials to figure out what we could do to best protect Nevadans.

Legislation was established during that time to prevent the transmission of COVID-19. Senate Bill No. 4 of the 32nd Special Session provided certain entities with immunity from civil liability for personal injury; and we came up with health and science-based evidence to make everyone safe. That is what we knew in July 2020. I remember speaking with our public health officials and briefings with other legislators about this ever-changing information. Many things like home testing, vaccinations and therapeutic treatments for COVID-19 did not emerge until January 2021 and even later. This COVID-19 protection bill was based on what we knew in 2020.

I believe in science and in the legislative process. We evaluate bills based on the information, science and evidence before us. We have a duty to follow that science and amend our bills when they no longer follow that same evidence-based system of science that guides public health. This COVID-19 protection bill was based on the information that we had in 2020. Even when we drafted this bill during the Special Session, it was our legislative intent to protect people, our workers, businesses, tourists and our economy from COVID-19. In fact, we intended these COVID-19 protections to sunset.

We have provisions in that bill that are intended to sunset. Everyone who was at that table discussing that information, whether it was those representing our workers, liability interests, the Resort Association, us as legislators and the Executive Branch, intended for this to sunset. We turned to our public officials and medical professionals and we listened and encouraged people to do the same. We tied these provisions to one of three provisions that were relevant in the summer of 2020. We intended the provisions to sunset with the science and reporting of 2020.

So, I will guide you through that legislation. Again, this sunset is tied to only one of these three provisions. I will go through these three provisions, so you know what we are talking about and what we tied the science to in 2020 and what we are talking about undoing here today.

The first provision is the Governor's emergency declaration. It was already ended by our previous Governor Sisolak, our current Governor Joe Lombardo and by President Biden of the United States.

The second and third provisions are the most problematic because they are based on what we knew in 2020. The second provision is positivity rates over 5 percent in any 14-day period in a 90-day period. This is data that the State does not even post or publish. The Division of Public and Behavioral Health no longer publishes this information because it is not an accurate reflection of our testing numbers. At the time, people had difficulty getting a COVID-19 test in the hospital. In the summer of 2020, we had not yet set up drive-through locations to have COVID-19 testing.

The reason this information was never tested and this bill will never sunset is because it is based on the science and collectability of data in 2020. It does not reflect positivity rates of those tested, it only counts people who are typically hospitalized. Those numbers are always going to be high because we are not collecting the data of all people tested. We now have home testing kits, but people are not reporting results from those kits. That is not included in the data that is being assessed and evaluated that was intended in this bill to keep people safe.

The third provision is a new case rate above 100 per 100,000 people in any 14-day period in a 90-day period. Again, this data is not reported on a regular basis because it is not collected in this manner. We currently have various strains of COVID-19. There was only one strain of COVID-19 impacting us in 2020. Three years later, we are at the point where we need to follow the science. We need to follow the evidence-based training and need to repeal this last COVID-19 protocol that we got right in 2020 and that saved lives. However, we need to stay consistent intellectually, morally, responsibly and legislatively with the bills that we vet in this building. What our intent was in 2020 when we passed this legislation, we should follow that science and data. We should listen to our public health officials when they say we do not collect

this data anymore because it is not accurate, it is inconsistent and it is not a reflection of safety.

BILLY VASSILIADIS (Nevada Resort Association):

I will try not to be repetitive, but many of my points are the same and need to be repeated. First, the context of S.B. No. 4 of the 32nd Special Session: I was here on behalf of the resort industry but also worked with the Governor's COVID-19 task force and the Governor's medical team as a lot of these protocols were being prepared. I can tell you it was confusing as hell. The terminology that was being used contradicted reports of the World Health Organization. Our own health districts could not even agree. Reporting and testing were a nightmare in and of itself. Masks, no masks, wipe surfaces, do not wipe surfaces, airborne or by contact. All those issues were debated every day. We came to this Special Session and Governor Sisolak called a specialist expressly to deal with COVID-19-era issues. We did so with good faith negotiations and discussions.

The bill originally was going to be a liability protection bill because it was hard to figure out how to sue somebody when we did not even know yet how COVID-19 was being contracted and transmitted. So, we sat down and in good faith the bill was passed. We negotiated S.B. No. 386 of the 81st Session and again discussed moving those sunsets to the right place and it worked. We assumed, and we took it on faith, that when the emergency orders were declared over, this would end. Yet here we still are today.

What we want as an industry, is customer choice, like we had before COVID-19. You are going to hear what customers can choose now. We need to inform them that they had that option prior to COVID-19. The customer satisfaction survey for Las Vegas resorts was 90 percent and with that, we informed them that they could choose to not have their room cleaned every day. Somewhere between 40 percent to 50 percent chose not to and why? Because it is Las Vegas—I am out at night and I sleep during the day. As much as I adore my housekeeper, I do not want housekeeping when I just went to bed. It becomes a question of customer choice and informed choice.

Operationally, staffing is tough. It has been tough and, not just for Las Vegas, but also for the whole State's hotel industry and tourism industry. With the options of hybrid work or working from home, many folks have opted not to go back to customer- or public-facing positions. If you look at two major airports in

Europe, London Heathrow and Amsterdam Schiphol, they are capping the number of trips to those airports because they cannot staff up. Look at what happened in December 2022 with Southwest Airlines. It was not just data issues, it was also major staffing issues. We are seeing all the incentives today to get pilots back. Across this industry, staffing is a challenge, but we are beginning to stabilize. Unfortunately, the idea that we could just pay \$25 an hour is a little hopeful. When you look at all the national surveys of people entering the workforce, the number one thing they are looking for is flexibility so they can create their own schedule. Getting folks to come back is not that easy.

We have had entire rooms and wings down for days or weeks at a time to get everything clean again. We are not talking about not cleaning rooms. There are laws in place and we must clean and change sheets when the room changes hands. Our customers can have their rooms cleaned every night, but it is an option not to. I do not know about you, but a lot of times we go on vacation and just want fresh towels. I am sure a lot of you do too. So, the operational issues are tough. Our industry in this State, north and south, has had a commitment to excellence. That is how we survive and continue to grow. That is how we continue to pay the wonderful employees we have.

Las Vegas, for example, counts on a return of about two trips a year per customer. They would not come back if we did not keep our properties clean and did not service them well. I do not understand why this has become such a contentious and political issue. This seems to be a purely policy issue, an issue of when we had COVID-19 protocols. We put terminology in there for what we knew then, that we know is not relevant today.

During the last year we talked to you, many Legislators and folks running for office asked about this bill and S.B. No. 4 of the 32nd Special Session. Quite a few did not know it was still the law. They were surprised that it was still in effect because it does not make sense. This is one of the last COVID-19-era protocols in the Country that is burdening this industry. We ask you to support S.B. 441. We ask you to allow us to get back to doing what we do best, serving our customers and working with our employees to present a great product in this State.

AYESHA MOLINO (MGM Resorts International; Nevada Resort Association):

From the operator point of view, I will provide a few comments because I, also, was part of those negotiations. It was a time of incredible uncertainty. Many of

the operators worked with the Legislature and introduced a set of policies that focused on two things—creating a set of standards that would give certainty to our employees and our guests that we were taking the pandemic incredibly seriously. For the first time, the entire Nevada Resort Corridor and every gaming facility in the State had been closed for 77 days.

We had just reopened, international borders were still closed and people were terrified of getting on planes. At the time, COVID-19 tests were in short supply. When we could get tests, we were unsure how long it would take to get test results. The health and safety of our employees was at the forefront. If we did not get this right, then the implications were going to stay with us for years to come. The reputation that we all had worked so hard to build for decades could be ruined just as quickly.

At the same time, we were also seeking liability protection because of unbelievable global uncertainty when information was just coming out about how the virus was transmitted. If you recall, people were still not certain about how severe or harmful it was to be indoors versus outdoors. These were issues that were still being navigated. We were navigating in real time and we thank the Legislature. We thank those of you who were part of the negotiations and for your time and support in getting this across the finish line. There was a great deal of collaboration among the industry, Legislators and the unions to make sure that we passed a bill that was generously applied.

We are now in a very different moment in time when the health and safety requirements in the bill are not necessary anymore. They have created adverse impacts in the resort hotel industry and in daily housekeeping. What we have found from an operator's perspective is that our guests, and their demands in terms of housekeeping, have really changed over the course of the last three years. We are constantly monitoring data relative to our customer preferences, and we are in a highly competitive industry and we know that customers have a lot of choices about where and how they spend their travel time.

Las Vegas has been fortunate in seeing a significant amount of demand from our customers in the wake of the pandemic. We also know that, as the world continues to reopen, competition is only going to heighten and we must be responsive to customer demands. It is hard to be in a situation where we are telling our customers that we can or cannot offer them something because we

are still under COVID-19-related mandates when for the rest of the world, COVID-19 mandates are effectively over.

For the last 12 months, more than 40 percent of guests have placed “Do Not Disturb” signs on their doors or otherwise declined daily housekeeping service. This figure is consistent across all our Las Vegas resort property bases. Whether you are staying at the Excalibur or the Bellagio, customer preference holds steady. It has ranged from 35 percent to a high of 48 percent over the last 12 months. It means millions of our guests have been declining daily housekeeping. Our guests are abundantly clear with us about their preferences and their expectations.

The fundamental reality is that COVID-19 has changed the way that hotel guests view cleaning services. The reason for declining service varies depending on the guest. For some, it is their desire for privacy and others are more protective of their personal space. Some of our guests are still operating in an environment of heightened personal health and safety protocols and we respect that. Our leisure travelers on average stay at our properties for 2.7 days. This is an important data point to keep in mind as we talk about things like statutorily required daily room cleaning. This is not a matter of not wanting to provide daily room cleaning service. We are providing daily room cleaning service. We do not incentivize our guests to decline daily room cleaning. It is provided to all our guests unless the guests decline the service.

It is incumbent on us as hospitality industry operators to account for and react to what our guests want and need from us. Daily room cleaning service required by the emergency response statute implemented three years ago is not aligned with the practical reality of today. Moreover, we have procedures in place to implement room cleaning services even in cases where guests have declined.

For MGM Resorts, these procedures are a result of the collective bargaining agreements that we have in place. If guests decline room cleaning services for 48 consecutive hours, we will bypass the “Do Not Disturb” sign and require that room to be cleaned. However, due to the average length of stay, it is not that often that this procedure needs to be actioned. In addition, if the room is found to be particularly dirty, there is a process available to our guests and attendants to provide them with assistance cleaning the room or a reduction in the workload associated so that they have additional time to clean the room as required.

We are in the business of hospitality. The guests vote with their pocketbooks. They choose where to stay, including whether to visit Las Vegas. According to data released by the Las Vegas Convention and Visitors Authority, the Las Vegas Strip occupancy year-to-date in February is 83.2 percent, which is only down 3.4 percent from February 2019. We are thankful for a sustained recovery of the Las Vegas hospitality industry, but we recognize that we still have challenges, including labor challenges, that we are constantly trying to meet.

We continue to prioritize the hiring and retention of operation roles such as guest room attendants. At the end of February 2023, we had more than 4,300 union guest room attendants on staff. We are not including the Mirage and Cosmopolitan so that we can give you an accurate comparison. This number is 86 percent of our total in February 2019. This is not a matter of intentional staffing on our part. We currently have more than 200 open guest room attendant positions and have a turnover rate of 14 percent.

Our ongoing efforts to maintain a properly configured workforce are reflective of the hospitality industry that overall is adapting to not just guest needs and expectations, but also employee needs and expectations. The notion that we are not prioritizing room cleanliness or that we do not have proper resources in place to maintain room cleaning standards that our guests expect is simply not accurate. Our ask of this Committee and this Legislature is simple and straightforward. There is no longer a reason to statutorily mandate resort hotels or any other public accommodation facilities to operate pursuant to a state of emergency that has now expired. It has been three years and it is time to implement a complete repeal of the provisions.

CHAIR DOÑATE:

It is important to vet this bill and the policy before us. It is important for me to say thank you to our gaming operators and to our workers that were on the front lines. I think about 2020 and the experiences that our families had to go through including my own father, uncles, aunts and cousins, who are all casino workers and were on the front lines. I take the conversation that we are talking about today seriously because they were impacted by the legislation. With regards to COVID-19, I have said on the record before that we did not prepare adequately and that has been the sentiment that I have shared.

Through the provisions of S.B. 209 of the 81st Session that we passed, the Joint Interim Standing Committee on Health and Human Services did the study. I do not buy the notion nationwide that we could not have prepared for this moment. We could have done better to prepare for the public health ramifications as a system. That is something that we must carry with us with this bill and with other legislation. All of us recognize the importance of why public health matters and what we can do to move forward. My position has always been that we should not take our State backward; we should always try to find some avenues to keep the narrative moving forward. We went through devastation and deserve to find ideas that bring us all together, so we do not return to such a situation. However, I understand we are in a different time.

To be clear, COVID-19 will not be the last pandemic. We will have many more pandemics and diseases for which we must prepare. We should be ready for them. When we think about this bill, we should have conversations as to what we can do as an industry and as a State to move forward on that narrative. Whether that is codifying the law, how we respond to emergency preparedness or other future diseases, like Legionnaires' disease, the flu, or others, we need to approach this situation no matter how this bill comes forward. It is an opportunity for all of us to see what the finished product will be.

My questions are more directed toward the industry as we go through this process. It was important for me to clarify my position before I start my questions.

My first question is talking about the preparation for future pandemics. We want to be able to move our State forward and it is important to know if there have been any discussions from the industry to codify public health provisions for future pandemics and if there is hesitation to do that.

MR. VASSILIADIS:

There is no hesitation. We have not actually started planning for the next pandemic partially because we are just rolling out of this one. The efforts for recovery to get back to normal and rebuild our infrastructure have taken up quite a bit of the current plan. Having said that, we learned some things coming out of the past pandemic and, you are right, there needs to be some preparation. The challenge is that we did not have anything like that for 100 years. I read many of the references you read, and this is going to continue to morph and change, or new viruses will come along for a variety of reasons.

The number one lesson we learned from this experience is the importance of flexibility and quick movement. The controlling health authorities, whether it is the health districts or the State, need to move, research and make decisions more quickly. Putting things like this into State law, for example, was the right thing to do when it happened. The challenge with this is that you meet every two years unless a special session is needed. We have some brilliant healthcare minds in the State, such as the State epidemiologist and the health districts around Nevada. Getting with them to create response protocols would be a wonderful thing to do and I can commit that our industry would participate earnestly, transparently, openly and happily because none of us want to live through this again.

SENATOR NGUYEN:

Chair Doñate, we had conversations offline about public health and I know it is a passion of yours. Part of the reason I felt compelled to be a part of this is that I want to follow the recommendations from our public health officials. When I reached out to some of them, you inspired me. I reached out to talk about some of the provisions in S.B. No. 4 of the 32nd Special Session and they stated they do not collect that data. No public health official would tell you that these three provisions tied to the sunset of this bill have anything to do with public health or safety. I am glad that we have therapeutics, that people got vaccinated, and that this saved lives, our industry, workers and community from this pandemic. It is important to follow the bills that we do pass to make sure that they are still consistent with the intent when they were drafted.

CHAIR DOÑATE:

I want to make a clear dividing line between the difficulty of public health adaptation versus daily room cleaning, which are separate questions. I come from the public health perspective that we should modify and change our positions in certain instances. We should have a framework to prepare for emergency responses. We should codify that or have some mechanism as to how we come together.

Some kind of safety net should be the norm. Whether it is protection against violence or disease, there are situations we will encounter. As a community, we should actively participate and practice our response before the encounters occur. As Senator Nguyen mentioned, we must be able to readily adapt and that is an important distinction. If there is an ability to codify standards, what will that look like? I am happy to work with you offline so that workers, gaming

operators and the community can meet to coordinate beyond this moment and beyond the end of COVID-19. Now I want to pivot towards talking about daily room cleaning because that is an important question. Did daily room cleaning exist as part of the standard policy before COVID-19?

MR. VASSILIADIS:

Before COVID-19, customers had a choice and they could pass on daily room cleaning. This did not start with COVID-19. One of the reasons for daily room cleaning, or opting out of daily room cleaning, was a part of environmental and sustainability discussions. The use of water, detergents, and so forth was downstream. Some companies adopted the idea of building sustainable, more green property early on. Passing on daily room cleaning and opting out of daily room cleaning was in place prior to COVID-19.

CHAIR DOÑATE:

I was not in the Senate for the discussion of S.B. No. 4 of the 32nd Special Session, but it is important as part of this bill process. My understanding is we had these practices in place. COVID-19 happened. We came back during a special session to address the science we had known and, now that the science has shifted, we are now trying to figure out where all this fits together. What we are hearing in this presentation is where does daily room cleaning stand and what is the future of what we had prior to that?

What I have heard is that resorts are making record-breaking profits. Employees deserve some level of security, whether we agree or disagree within this Committee. Do you happen to know what percentage of properties offer daily room cleaning as the standard post-COVID-19? There was a letter of support ([Exhibit C](#)) submitted by Wynn Resorts that says their property will continue this service as part of their five-star class. Do you have a percentage as to what that looks like in the industry right now?

MR. VASSILIADIS:

I do not, but it is a great majority. In the letter you are referring to, Wynn Resorts are not necessarily against this bill, they are still supporting their colleagues. It is just that there are certain five-star ratings that require different levels of staffing, cleanliness, quality of restaurants; there are a lot of qualifications that go into obtaining that rating.

CHAIR DOÑATE:

To clarify, are most of the practices that were in place before COVID-19 back to the same operations? Is that the general sentiment for many in the industry?

MR. VASSILIADIS:

Yes, we are allowed to go back to informing our customers of their options. Most of the properties, in fact, a great majority, will take advantage of that.

CHAIR DOÑATE:

Is daily room cleaning addressed in this bill and is there still a commitment to go back to the pre-COVID-19 standard for daily room cleaning? If yes, is there a disparity in what the levels are now?

MR. VASSILIADIS:

I do not know that there is going to be a disparity from COVID-19 to post- or pre-COVID-19. Is that what you are asking?

CHAIR DOÑATE:

Let me rephrase the question. Is what was established pre-COVID-19 different from the standard that we have today? The opposition says that there has been a disparity in the level of service. There is a request to make it the same as what we had before. Is there an industry commitment to at least reach the same level of service that we had for daily room cleaning?

MR. VASSILIADIS:

It is an industry must; it is how we keep our customers. Whether it is the rooms, restaurants, how pleasant our valet is, how accessible parking is—all that is necessary to be the number one convention and domestic destination in the world. The same goes for the entire State and our Reno and Tahoe properties. If we are not providing that level of service, we will lose because there are so many options today. It is not only a commitment, but also a must and a necessity.

I do not understand the whole profit discussion because this is also an industry that tanked for two years because of COVID-19 and then reinvested heavily to recover.

You look at the Formula One races and Super Bowls and everything that has gone into this destination, including the money being spent in northern Nevada

to rejuvenate those properties. There has been a yeoman's effort and I echo what you said, the heroes of our frontline, our workers, were tremendous contributors to this recovery. I do not understand why we are mixing profits with the issue of keeping a COVID-19-era. The question is, are we going to retain COVID-19 protocols in law? As you appropriately brought up, should we begin to discuss how to better prepare?

One of the things we found out on the front lines of COVID-19 was that everything was so constricted and restricted in terms of authorities. If there is anything this Legislature could do, it is to move communication faster among the health districts from the State to the locals, so there are no burdens placed on one area or another. We need a free-flowing ability to reach a consensus on treatment, prevention, mitigation, testing or whatever the vocabulary will be when that happens. I did not mean to imply there is no role for the Legislature. I can tell you firsthand, one of the problems is how quickly we can move. We knew nothing when it started, and we were responding to rumors and changes of the day. Certainly, we would love to support and contribute to a long-term policy on public health.

CHAIR DOÑATE:

I appreciate your response because we are going to hear sentiments about how to maintain the standards from what we had before. That is where this bill becomes a little convoluted. If we need to modify our adaptations to public health, how do we move forward? Those are valuable conversations we should entertain. One last thing is labor costs. If you can touch on that in terms of where we are at, workforce shortages and labor costs, that would be great.

MR. VASSILIADIS:

The shortages are across the entire State, not just the hospitality industry, but in most public-facing positions. We hear about shortages of law enforcement and all entities and businesses that are trying to recruit people. Local governments are having a hard time getting people who want to come into the office. That is challenge No. 1. Costs of the workforce have gone up and cost of labor has gone up to attract people to apply. I know companies have offered signing bonuses, retention rewards and awards because it is not just getting folks to come, it is also getting them to stay that has become a challenge. I do not know that there is a single answer. Each company has taken it on differently and, of course, they are also operating under collective bargaining agreements and meeting the requirements.

SENATOR DONDERO LOOP:

This bill does nothing but take us back to before. We are not instituting something different. We are just not doing what we decided we should be doing during the pandemic. While I recognize that some of our colleagues were not here, we were making choices because we were closed. We were making choices between funding kids, prosthetic legs or autism or what were we going to cut next? We were having to make decisions like that.

The other piece is that we have had numerous discussions in every committee about the number of vacancies we have right here in the State. I know the Nevada Department of Motor Vehicles has a 50 percent vacancy rate. We have less than 50 percent of our highway police, our State police. That being said, no one is trying to cut jobs. We have an industry and Ms. Molino and Mr. Vassiliadis are right. Every hotel is trying to do the best it can to get customers in. If I want to go to a five-star hotel or to the Circus Circus Hotel and Casino, and they are right across the street from each other, it does not matter, I am going to get what Las Vegas has customized as world-class service.

Ms. MOLINO:

In response to your direct question about labor costs, we have more than 200 openings currently for guest room attendants. From our perspective, it is not a matter of us trying to have fewer, it is that we cannot attract enough applicants. In terms of the labor cost question, at MGM Resorts, our guest room attendants are part of the Culinary Union, therefore, our labor wages are governed by the collective bargaining agreement.

VIRGINIA VALENTINE (Nevada Resort Association):

We are in full support of S.B. 441. Along with many here with us today, I testified in support of S.B. No. 4 of the 32nd Special Session back in 2020. At the time, in the context of liability protections and cleaning standards for the pandemic, we think that was appropriate. We want to thank the bill sponsor for her work on this and for recognizing that it is time for Nevada to join the rest of the world by removing one of the last remaining pandemic mandates. Gratefully, the pandemic has ended and Nevada's declaration about this emergency is over. President Biden ended the national emergency and the World Health Organization is talking about the end of an international public health emergency.

I am thankful that today is not the summer of 2020 when S.B. No. 4 of the 32nd Special Session was signed into law. Looking back at the first days of the pandemic, no one knew anything about the virus or how it spread. Our members, many of them, closed before they were ordered to do so. All of them hired national experts on epidemiology, health and safety protocols and developed their own public safety plans for their resorts and operated, in some cases, beyond what was required. The resorts were closed for an unprecedented 78 days. The virus itself changed the standards and guidelines. The Centers for Disease Control and Prevention (CDC) changed guidelines over and over. The flexibility to change in a dynamic situation like that, to adjust the guidelines and requirements in real-time to the changes in the virus, are extremely important.

The industry partnered with the State and local health districts and invested millions of dollars in health and safety protocols with the highest standards for cleaning to prevent the infection spreading. Every step along the way, more was learned, and new tools were developed to fight it; and the industry did everything it could to protect its employees and its guests. Unfortunately, because of S.B. No. 4 of the 32nd Special Session, Nevada continues to be tied to the mandates developed at the very height of the crisis. Today, the scientific community agrees that excessive cleaning requirements are not consistent with the current science on COVID-19 transmission mitigation. However, we have not been able to pivot to the latest guidance, which is much different today than it was in the summer of 2020. All the resorts offer daily cleaning and respect the "Do Not Disturb" sign on the door.

ANDREW DISS (Meruelo Gaming):

We operate the Sahara Las Vegas on Las Vegas Boulevard and the Grand Sierra Resort and Casino in Reno. Some of your earlier questions were related to workforce pressures and how we take care of our team members. I will give you a quick example of how room attendants take care of our guests. In addition to the wages they make, we also pay a bonus based on the number of rooms they clean every day. The average time to clean a guest room by attendants is about 30 to 45 minutes for a standard-sized room and a little more if it is a suite; that works out to 1.5 to 2 rooms per hour.

In addition to the full cleaning they do when guests are checking in and out, they also do cleaning for guests if requested mid-stay; that is something that we offered prior to the pandemic. Senate Bill No. 4 of the 32nd Special Session

turned into a hindrance to hiring so we doubled the bonus per room that we were offering prior to the pandemic to attract more people. Even by doing that, we still struggle to meet our demands. There have been times, and it was mentioned by Mr. Vassiliadis earlier, that we have had to take rooms offline. We have had to take entire floors offline because we have not been able to meet that cleaning need for our guests. So, that is from the perspective of what our team members and guest room attendants go through. Does that help clear up some of the questions you had earlier?

CHAIR DOÑATE:

The sentiments that we will hear in opposition are that longer time to clean rooms could be a result of rooms being messier. Have you talked with your housekeepers about meeting the quotas you have established for bonuses so long as they do not have messier rooms to clean so they can still meet the quota?

MR. DISS:

We have had some of those conversations at both of our properties, but it comes down to the needs and wants of our guests. Sometimes the guests do not want it mid-stay for whatever reason; they are out all night and sleeping during the day or only want towels or the bed made. They do not want the full cleaning to happen in their room. However, should they want full cleaning, then we provide that every time it is requested.

ERIN McMULLEN MIDBY (Boyd Gaming Corporation):

Boyd Gaming Corporation is in strong support of S.B. 441. When S.B. No. 4 of the 32nd Special Session was passed in August 2020, it was at the height of the pandemic when much about the COVID-19 virus was still unknown and not yet contemplated. Back then, we did not know how it spread, vaccines were not available and it was thought that individuals could only get COVID-19 once. Fast forward to April 2023, and we know so much more than we did back then and COVID-19, as well as our response, has evolved significantly. We have had numerous variants, vaccines and boosters are widely available. The CDC guidelines have changed frequently, and we have had additional tools and protocols for reducing the spread of the virus. Simply put, we understand COVID-19 much better now and how it is spread.

The goal of S.B. No. 4 of the 32nd Special Session was to keep employees and customers safe from COVID-19 and that remains our top priority. But we are

nothing without our team members, as we saw during the COVID-19 shutdown—they are the lifeblood of our properties. However, today, the provisions of S.B. No. 4 of the 32nd Special Session are outdated and ineffective in protecting our team members. It only creates a burden to those whom it was intended to help and keep safe. The bill was intended to sunset, but the metrics to trigger that sunset are not collected or even reported in some cases.

Senate Bill No. 4 of the 32nd Special Session is not tied to CDC guidelines and puts additional burdens on employers and employees alike that are no longer required anywhere else. The provisions of S.B. No. 4 of the 32nd Special Session are no longer necessary to keep employees and visitors safe from COVID-19. We have sufficient and adequate protocols in place to address cleanliness and safety at resort hotels. When industry everywhere is facing workforce and hiring issues, S.B. No. 4 of the 32nd Special Session only exacerbates those challenges. Our company is no exception. Currently, we have a shortage of guest room attendants, among many other positions, and we cannot run our properties fully staffed each day. With the requirements of S.B. No. 4 of the 32nd Special Session, our properties that are not fully staffed must schedule for lower occupancies mid-week so they can run at maximum occupancy on weekends when we get the most demand. We urge the Committee to support S.B. 441 and repeal the onerous and outdated provisions of this bill.

BRADLEY MAYER (Southern Nevada Health District):

The Southern Nevada Health District (SNHD) supports this bill as it repeals the mandate for SNHD to inspect resorts every 2 months and hotels with at least 200 rooms every 3 months, as opposed to the pre-pandemic statutory requirement of once a year. This requirement has represented a significant mandate to SNHD and diverts environmental health staff away from the myriad of other responsibilities that they undertake. In this bill, the requirement to inspect is tied to the 5 percent positivity rate, as opposed to the Governor's executive order which sunset other provisions of this bill. That rate is no longer instructive because of the prevalence of at-home testing and because the federal public health emergency for COVID-19 ends on May 11, 2023. We will no longer receive data after that date.

CHAIR DOÑATE:

Regarding emergency preparedness, what are health districts doing to coordinate between different industries? Are there certain mechanisms that are already in place? Do you practice pandemic response, as we discussed earlier? Is that something that is already codified or is that something we should be considering?

MR. MAYER:

I am unsure of the specifics of those questions. I can follow up with a subject matter expert and get back to you.

ELYSE MONROY-MARSALA (Nevada Public Health Association):

The Nevada Public Health Association (NPHA) stands with the health district in support of the sunset provisions of this bill. The NPHA also supports investments in building out the State's public health infrastructure so Nevada can be better prepared and in a better position the next time this happens. The NPHA is the State's membership organization for Nevada's leading public health experts and encourages all Nevada's industries to engage with us and our subject matter experts so that the private sector and various industries can be better positioned the next time a pandemic spreads and they can protect the public.

KARLOS LASANE (Caesars Entertainment):

When the COVID-19 virus descended on Nevada, it devastated families, took loved ones from us and many of our businesses and industries came to a complete halt. Nevada's gaming hospitality industry, as well as all nonessential businesses, were shut down March 18, 2020, to slow the spread. We reopened in June 2020. Senate Bill No. 4 of the 32nd Special Session passed using the then current guidelines of the CDC on how to provide additional protections for workers and to underscore to our guests that we were doing everything in our power to create a safer environment.

The gaming and hospitality industry implemented an aggressive vaccination mandate for all our employees and set forth strong health and safety protections and protocols for our guests. The membership of the Nevada Resort Association participated in daily and weekly meetings with county leadership, public safety, health and human services, regional health departments and the Office of the Governor. In the last three years, medical experts have learned a great deal about how this virus is transmitted.

In the beginning, I am sure I was not the only one washing my groceries and disinfecting my mail. Since that time, epidemiologists discovered that this is an airborne virus. It is not transmitted from contact with surfaces. The provisions of S.B. No. 4 of the 32nd Special Session were well-intentioned, but this bill was conceived at a time when the facts were unknown. Now is the time for us to move on. Medical experts continue to have a vocabulary debate, pandemic versus endemic. However, the medical community now agrees that surface contact is not how this virus is spread. Additionally, the spread and the severity of cases has subsided, and the data supports that. The lingering requirements of S.B. No. 4 of the 32nd Special Session are no longer necessary. It is time to move forward. I urge you all to support S.B. 441.

STEPHEN ASCUAGA (Peppermill Casinos, Inc.):

This is a critical bill for our industry. It has been three years since we were on a conference call with Governor Sisolak to prepare for the Statewide shutdown. It still feels surreal when we think back to shutting our doors, closing our operations and saying goodbye to our employees, coworkers and guests wondering what was in store for everyone. After being closed for just under 80 days, we successfully brought back our team members and could safely open to a public that was very anxious and ready for some sense of normalcy. The following year was one of adjustments to various mandates, directives and declarations. It has been challenging to say the least.

Senate Bill 441 is another much needed and overdue adjustment. Now is the time for State leaders, such as yourselves, to come together with the leading industry in the State to work together. Senate Bill No. 4 of the 32nd Special Session is outdated and unnecessary COVID-19 legislation. Our cleaning standards both in the industry and at the Peppermill Resort Hotel will not be compromised. Our company's commitment to cleanliness and safety is expected from our guests and our employees. Respectfully, it is not something that needs to be legislated.

Separate from cleaning standards, Mr. Vassiliadis has covered the challenges operationally. The other area that has been extremely challenging for us is the human resources aspect. The increased requirements, testing, callbacks, and paid time off that management has been dealing with is challenging and distracting for our human resources department. Thank you for your support of S.B. 441.

JOELLE GUTMAN-DODSON (Washoe County Health District):

We are in support of S.B. 441. The pandemic was an extremely difficult time for health districts. We are charged with disease investigation, contact tracing, testing, vaccine administration and dissemination. Every employee at the Washoe County Health District was pulled into new duties overnight. When S.B. No. 4 of the 32nd Special Session happened, it was a necessary but unfunded mandate that put further strain on us as a health district. As a result of the shift in testing, we can no longer accurately measure the positivity rate in the community, which is one of the main reasons we did additional inspections and cleaning standards.

We support the elimination of COVID-19 regulations and inspections of certain hotels and casinos because we believe our existing laws and regulations, which were in place before the pandemic and are currently in place right now, provide for the safe management of public and environmental health matters within gaming properties when enforced and followed.

ANDREW MACKAY (Nevada Franchised Auto Dealers Association):

We support S.B. 441. This bill is a key step to help our friends and colleagues in the resort industry continue to move forward and go back to some semblance of normalcy, pre-COVID-19.

PETE BOYD (General Manager, The Venetian Resort):

The Venetian Resort supports the repeal of S.B. No. 4 of the 32nd Special Session and supports the passage of S.B. 441. We agree with the comments of the Nevada Resort Association and the leaders of other properties that have already provided testimony. In 2020, the bill was passed in response to the global pandemic which has thankfully passed its peak. The federal government and Governor Joe Lombardo both recognized the COVID-19 emergency has faded. The provisions of S.B. No. 4 of the 32nd Special Session were targeted to respond to that emergency and have now outlived their usefulness.

Senate Bill No. 4 of the 32nd Special Session goes beyond requiring daily housekeeping and provides explicit instructions for how daily housekeeping should be completed, which are directly connected to the threat of COVID-19 at the time the law was passed. These specific cleaning standards no longer serve their original purpose given today's understanding of COVID-19.

More importantly, these standards do not add value to the guest experience, do not markedly improve protection against COVID-19 and are an operational burden for our housekeeping team members. During the closure of the Las Vegas Strip, the Venetian retained and paid wages to all our team members including housekeepers. Despite all our efforts to keep talented staff throughout the pandemic, we suffered a shortage of housekeeping staff after the Strip reopened. Our hiring of housekeepers is continual and, as others have stated, we continue to suffer shortages in staffing. We urge you to pass S.B. 441 and repeal S.B. No. 4 of the 32nd Special Session.

BRYAN WACHTER (Retail Association of Nevada):

We support S.B. 441. Representing an industry that never closed one day during the entire COVID-19 pandemic really allows us to understand what we were going through when those regulations were changing by the hour, day and week, and our ability to remain flexible as a business community and as an industry. This powered Nevada's ability to respond to the COVID-19 pandemic and the following crisis with the speed and flexibility to ensure that we were saving as many of our citizens as we could while understanding we had an economic situation in Nevada that needed to keep going. There are people that rely on those services and tax revenue and on the government to function, which requires businesses to be open.

We need to recognize going forward that the flexibility that other industries enjoyed while the resort industry did not is something we should not repeat during the next pandemic. We take very seriously our responsibility to protect our customers and our employees. We all remember the days when we thought that one-way grocery store aisles were something that was going to have an impact on protecting against COVID-19. We know now, just like washing your groceries, that was not the best way to stop the COVID-19 pandemic. We appreciate having the flexibility through that two-year period to recognize that and evolve our response to ensure we have the fastest, most effective way to keep Nevada safe. For these reasons, we implore you to support S.B. 441.

MARY BETH SEWALD (Vegas Chamber):

We support S.B. 441. The Vegas Chamber was also a leading advocate for the passage of S.B. No. 4 of the 32nd Special Session in 2020. It made sense at the time to adopt these provisions into State law when we were uncertain about how we were going to move forward from the initial effects of the COVID-19 pandemic. However, since that Special Session, we have developed

a much better understanding of how COVID-19 is transmitted, and vaccines and antiviral medications are readily available to the public.

The economy is fully reopened and many COVID-19 standards have expired or have been repealed at the State, local and federal levels of government. The State lifted its emergency declaration on COVID-19 on May 20, 2022. That is why the daily cleaning provisions that were adopted with the passage of S.B. No. 4 of the 32nd Special Session should be repealed. This legislation reflects the progress that we have made against COVID-19. Keeping these measures in State law contradicts the progress we have made in our public health response to COVID-19. Many of the COVID-19 reporting elements are no longer available and it is only hindering our largest industry. These provisions are also labor intensive, costly, inefficient, requiring more water resources and supplies, and burdensome to the hospitality industry.

That is why the provision should have an expiration date as the COVID-19 civil litigation and community does in State law, which was also adopted in the passage of S.B. No. 4 of the 32nd Special Session. This bill is important as we move beyond the initial public healthcare response to COVID-19 and adapt as we have always done as a State. Thank you so much for your time and consideration in supporting S.B. 441.

BARRY LIEBERMAN (South Point Casinos):

I echo the prior testimony of my colleagues. When S.B. No. 4 of the 32nd Special Session was enacted, it was based on the best information available at that time. The requirements codified in the statute were well-intentioned and like many of our collective responses to the pandemic, we formulated those responses during an unprecedented time when so little was known about the disease. But as another colleague from the Wynn Resorts stated, I recommend that her letter be read by the Committee because it has tremendous citations on why all these requirements are no longer recommended by the U.S. Environmental Protection Agency or the CDC.

We now know that COVID-19 was an airborne virus and not on surfaces. A lot of the specifics in S.B. No. 4 of the 32nd Special Session had to do with cleaning of surfaces. Excessive cleaning requirements are not consistent with the science and are certainly not consistent with good customer service. The health and safety of our customers and our employees are central to the operation of this industry. Customers are given the choice of whether they want

daily cleaning or fresh towels. About 45 percent of our guests do not want daily cleaning or even towels because they are environmentally conscious. We agree that our customers are our guides in terms of what type of cleaning they want.

One other point is that in the *Nevada Revised Statutes* (NRS) 447, there are substantial health, safety and sanitary regulations. Specifically, it requires all rooms and toilets and bathrooms to be kept in sanitary and clean conditions. All we are asking is to let us go back to what the law was in 2019. Let us repeal S.B. No. 4 of the 32nd Special. We are in full support of S.B. 441.

TOM CLARK (Reno + Sparks Chamber of Commerce):

I am calling on behalf of our 2,300 members for all the important reasons that have been stated previously. We join our fellow speakers in support of S.B. 441.

TED PAPPAGEORGE (Secretary-Treasurer, Culinary Workers Union Local 226):

We agree that S.B. No. 4 of the 32nd Special Session was a landmark and necessary bill. The Culinary Union recognizes the need to repeal some of the provisions of S.B. No. 4 of the 32nd Special Session, but is strongly opposed to S.B. 441 as currently written because the Nevada Legislature should be protecting guest room attendants and daily room cleaning. Daily room cleaning was standard practice in Las Vegas prior to the pandemic, it was good policy during the pandemic and it is still good policy. Protecting daily room cleaning means protecting workers, protecting the Las Vegas image and protecting hotel customers.

The hotel industry changed the rules of the game since S.B. No. 4 of the 32nd Special Session was enacted. Since the pandemic, resort hotels in Nevada have cut costs to achieve downsizing of labor while certainly increasing profits, which means that the customers are still paying for first class rooms but not getting first class cleaning service. Nevada's reputation of being a premier hospitality destination suffers. By cutting labor costs, service companies are shirking their responsibilities; providing good and sustainable jobs is important in our local community. This is all happening during record revenue. In 2022, Nevada's casinos generated a record-breaking \$14.8 billion in gaming revenue. A Wall Street analyst stated:

... expects gaming results from the Strip will grow in 2023, given the recovery in group meetings and convention business, a return

of international visitation and heavy interest in November's Formula One Las Vegas Grand Prix, which has already attracted worldwide interest.

Room rates are 30 percent higher and service charges are at an all-time high. So, what have some Nevada gaming companies done with their record earnings? MGM Resorts International spent close to \$4.7 billion on share buybacks since 2021 and authorized another \$2 billion. Caesars Entertainment Corporation spent \$1.2 billion in 2022 to pay down its debt. All of that is great. We applaud these efforts and the incredible work that has been put into this recovery. You would think with all these profits, a lot more jobs for Nevadans would be created. The gaming industry only provides as many jobs as it did in the mid-1990s, per government data for employee levels. In February 2023, the U.S. Bureau of Labor Statistics showed 148,400 Nevadans employed in the State's casino hotels. In January 1994, that figure was only 400 more, at 148,800. So, what is going on? We have somehow gotten record profits with fewer workers. As *The New York Times* reported in September 2020, even before the COVID-19 pandemic:

Companies want to save money, so they've created programs that discourage guests from requesting housekeeping, but have framed them as environmental initiatives and offered guests rewards points for skipping cleanings. The pandemic, as [housekeepers] see it, has given these companies an opportunity to trim cleaning even more—and cut their costs.

The attempt to eliminate or reduce daily room cleaning is particularly concerning for Nevada's resort hotel industry, especially a resort hotel. The lack of daily room cleaning available as needed unnecessarily downgrades and degrades the kind of resort experience guests expect when paying hundreds of dollars either on vacation or on a business trip.

Recently, there was an outbreak of Legionnaires' disease in an off-Strip property. God forbid that we get that sort of outbreak on the Strip because the impact on Las Vegas could be devastating. Yet another reason daily room cleaning is essential needs to be part of the safety and security of tourists, guests and the reputation of the No. 1 industry in Nevada. A significant reduction, due to the elimination of daily room cleaning, would mean reductions in thousands of jobs and millions of lost wages for workers in our community

and a windfall profit for Nevada's resort hotels and companies. This would be an absolute blow to a group of workers who are a majority of women and women of color.

We have already been economically impacted due to the COVID-19 pandemic. You might say, why are you here and why are you not negotiating for daily room cleaning in your union contracts? The answer to that is that we will. Prior to the pandemic, hospitality companies provided daily room cleaning with the standard "Do Not Disturb" card that all guests have available on their door. It was understood that Las Vegas is the entertainment capital of the world and guests should expect full service and clean rooms. All of you on this Committee travel and you have seen this avoidance of daily room cleaning. We respectfully disagree with the prior speakers that it is available whenever needed.

Our five-year contract with employers expires June 1, 2023, and we will be negotiating wage increases, health care and benefits, workplace safety, language and workload issues, including daily room cleaning. We think there will be difficult issues and, unfortunately, strike issues and we will fight for the best contracts for our members. But that is not enough. We claim in Nevada that we are the gaming gold standard. But in New Jersey, the Legislature passed daily room cleaning standards. Many of the same companies that are opposing daily room cleaning in Nevada have hotel resorts in Atlantic City. Why is it good enough in New Jersey but not in Nevada?

We know that even with the State regulations, our sister Local 54 was forced to resolve the daily room cleaning issue and their contract on the eve of a strike with their employers. In 2018, during contract negotiations in response to the October 1, 2017, mass shooting on the Strip, we made it very clear to the employers that the idea that someone could hole up in a room and refuse service day after day was unacceptable. We negotiated language on safety checks, safety buttons, but that was in addition to standard daily room cleaning. We hope that will ensure that horrific event will never happen again.

We will fulfill our responsibilities and negotiations, and this is about workers and workload, but it is not just about that. You will hear from other speakers. It is also about safety and well-being of your constituents that work in these hotels, but it is not just about that. It is about protecting the industry that is the lifeblood of Nevada and protecting our standing as the entertainment capital of the world. As Legislators, you have a huge responsibility for the public good of

our communities. As we said before, we agree that some items in S.B. No. 4 of the 32nd Special Session should be eliminated, repealed and discussed, but daily room cleaning is something we think should stay. We ask you to oppose S.B. 441 as written or significantly change the law to ensure the daily room cleaning provisions of S.B. No. 4 of the 32nd Special Session stay intact.

DIANA VALLES (President, Culinary Workers Union Local 226):

I am the president of the Culinary Union and a proud former guest room attendant. The Culinary Union is opposed to S.B. 441 as currently written because it eliminates daily room cleaning. A lack of daily room cleaning leads to job losses in the hospitality industry, making work particularly more difficult for women, especially women of color. It is inconsistent with the gaming industry's commitment to safety and with Nevada's promise of being a premier travel destination. The potential job losses due to the elimination of daily room cleaning will have a disproportionate impact on communities of color.

The 2021 UNITE Progress Report highlighted the fact that 73 percent of hotel housekeepers in the U.S. are people of color. Any efforts to reduce housekeeping jobs in the hotels will further devastate the communities of color, which are still recovering from the disproportionate impact of the COVID-19 pandemic. The lack of daily room cleaning makes guest room attendant work more difficult and increases work-related suffering among a demographic that is primarily women of color. A hotel room that is not cleaned daily during the guests' stay is harder to clean upon checkout. A 2016 time-motion study of an all-suite hotel found that the checkout rooms took 82 percent longer to clean than the stayover rooms.

The American Hotel & Lodging Association has recommended that the best prevention for pests, including bed bugs, is daily inspection. Daily room cleaning is also a safety issue. Guest room attendants are often working alone in the hallways if there is no daily room cleaning. Another safety issue is the lack of security guards patrolling the hallways. We have heard reports of workers being attacked when they are by themselves on these floors. When there is daily room cleaning, workers know their customers and can watch out for each other because there are more guest room attendants on these floors.

Another serious concern that is always on guest room attendants' minds is the threat of another mass shooting like October 1, 2017. When a guest room attendant knocks on the door, the attendant never knows what is behind it and

worries about opening the door to a pile of weapons or worse. We constantly hear from guest room attendants, union and nonunion, about this issue and we must do everything to prevent another October 1 mass shooting, which includes ensuring that rooms are not locked up for days on end.

The lack of daily room cleaning is concerning for Nevada's reputation and standards as a premier travel destination. *The New York Times* reported in March 2023 that a travel industry observer asked about hotels in general. Why would you stay at a full-service hotel if it strips all the benefits? Customers pay for full service and they should get the quality services that hospitality workers provide. Otherwise, why would tourists not just stay in Airbnbs where they strip their own linens and change their own sheets? Or is that the next thing in the gaming industry? Dirty rooms full of garbage, customers hunting down toilet paper and fresh towels are just not the standard that Nevada's travel industry should be. The Culinary Union advocates every day for workers, union and nonunion. The original law that was passed in 2020 protected all workers in the hospitality industry and we continue to push for protections that include nonunion guest room attendants on the daily room cleaning issue. Daily room cleaning impacts tens of thousands of guest room attendants employed downtown, on the Strip, throughout Las Vegas Valley and the entire State. In Nevada, 90 percent of people who responded in a March 23, 2023, poll say they will support a law mandating daily room cleaning. Daily room cleaning is overwhelmingly popular in Nevada. The Culinary Union urges Nevada legislators to protect working women and oppose S.B. 441.

GLADYS BLANCO (Culinary Workers Union Local 226):

I am a guest room attendant on the Strip and have been a Culinary Union member since 2012. I am here today in opposition to S.B. 441. Daily room cleaning is a safety issue when it has been three or four days since I have been assigned to clean a room and someone has been staying there all week. I am never sure what I am going to find behind the doors. I am worried there could be a body, a totally trashed room or a stash of guns, like it was in the hotel room on October 1, 2017.

As guest room attendants, we also see a lot of guests who get mad and ask us why we have not cleaned the rooms. Often the guests want their rooms cleaned and new towels, but if the company has not assigned this room to be cleaned, those guests have to look for us on the floors and get more items like toilet paper and towels. If I am not cleaning rooms daily, then I get assigned to

do only checkouts. Checkouts are when the guests end their stay and there is a deep cleaning of the rooms for the next guests. That takes more time and a lot of effort. When I do not have a mix of checkouts and stayovers, it is hard to work and do 13 to 15 rooms, all checkouts. It is overwhelming and exhausting. We get so tired that we do not even want to cook dinner for our families when we get home. Please oppose S.B. 441 and protect working families like mine.

SENATOR STONE:

I see this strictly as a labor issue and that is why you are here. If the customers were so disenfranchised by not having their rooms cleaned daily, why are we seeing record numbers of visitors coming here to Nevada these days if they are so unhappy?

MR. PAPPAGEORGE:

We are the entertainment capital of the world in Las Vegas and this recovery is in effect. Somebody simply had to go to the CONEXPO-CON/AGG at the Las Vegas Convention Center to confirm the recovery. Even though you heard earlier from some of the experts that the number of folks checking in are a little bit lower than in 2019, it is interesting that the room rates are still much higher, and so the demand is there, the amenities are here and Las Vegas is morphing into a new type of venue.

The Formula One Grand Prix, the Super Bowl, concerts, sporting events and various other events show that the demand is there. What we think is happening is that the industry is looking at a penny-wise and pound-foolish strategy that companies were quick to cut out of desperation during COVID-19. We found that folks worked extra hard and wanted to save their jobs and the company and they worked extra hard. Companies got folks to do more with less. Folks are working hard to try to take care of the customer. From our members, who are the folks on the ground, we think that this will backfire. We think that the entertainment capital of the world needs to be full service and think this is short-sighted.

SENATOR STONE:

Obviously, we did not expect to have a pandemic; it was a once in 100 years event. When COVID-19 hit, you can understand the knee-jerk reaction that the Legislature would have had in 2019 to try to figure this out, including the safety of all the employees that are here. But if COVID-19 has taught us anything, it taught us that we can do business differently. A lot of businesses found out

they could do business remotely. It is coincidental that, at the time that the pandemic hit, we had the invention of Zoom which could not have come at a better time for companies. We have seen air travel decrease. Everybody was getting groceries and products delivered by Amazon, which certainly hurt brick-and-mortar businesses. We endorsed telehealth programs that we are still considering maintaining today because we can reach populations in rural areas where we were not able to effectively provide care. We are dealing with many large corporations that depend on the officers of those corporations to maximize profits for their shareholders. They would not purposefully hurt their business by deleting the option for daily room service if they felt it was not going to bring people back to their hotels.

As an Airbnb owner, we do not go in and service the rooms every day because the people that rent them want to have privacy and do not want people coming in. People usually stay two to three days, then we clean and sanitize after the guests leave. I heard a statistic today that 93 percent of Nevadans support daily room cleaning. That is probably your membership because I do not think the public sitting at home is thinking that we have a big problem in Nevada if we do not clean the hotel rooms every single day. It is difficult to understand that a hotel would ration toilet paper or not provide towels or daily service to their rooms if a customer so directed it. But you cannot criticize the companies for trying to reduce costs by offering incentives to have a visitor opt into not having daily service for points or a reduced room rate or whatever they do to get customers to come into their hotels. I understand your plight when you have people that are used to working every single day that want to clean the rooms every single day. The service levels that customers expect have changed and corporations are just adapting to these changes.

We have all adapted to changes with COVID-19. Please give me more concrete evidence as to why we must have this every single day. You mentioned it is a health issue. There could be a new health issue every day when a person that is cleaning a room might find a different virus or problem. I heard the issue of bedbugs, which is a pretty serious issue and very hard to eradicate. What is the incidence rate of bedbugs in the hotels? Do you have any idea why New Jersey adopted daily cleaning as opposed to where you think Nevada may go with this bill?

MR. PAPPAGEORGE:

There are certainly places for Airbnbs in the world and small operators. We understand about companies maximizing profit, which is the nature of the business. We all went through this horrific pandemic, and we expect this to happen again. We were all there and most of us lived through it—some of our friends and family members did not. I would not look at it as a knee-jerk reaction and think it was appropriate legislation and the right thing to do. We fought very hard for S.B. No. 4 of the 32nd Special Session and we recognize that certain parts of it are no longer relevant. We are in complete agreement with that.

We think New Jersey enacted daily room cleaning because it is a good policy and a long-term way to maintain and protect a healthy industry. We see what we see because our members are working the frontlines. What we have seen financially is that these are Wall Street-driven companies and mandatory short-term profits are the lifeblood of these massive companies. If they are not able to produce, they are not able to get financing and leadership gets voted out. We are not hotel operators or smaller operators that have the expertise you all have. But we have a responsibility to be part of looking at the long-term health of this industry and the long-term health of our community.

The second issue is safety. When guest room attendants are doing mostly checkouts and are not where they normally work, they feel unsafe. With daily room cleaning, the guest room attendant gets to know the guests, they know if there is a family in a room, or a bunch of frat guys that are drinking or someone who is alone that they may have to watch out for. When you work your stations with a normal number of checkouts and daily room cleanings, you keep an eye out for each other as there are other attendants on the same floor. Otherwise, the guest room attendants end up working alone and there are significant dangers.

We believe that besides the workload issue, protecting this industry and providing a full service is a piece of this safety puzzle in these massive resorts. We mentioned October 1, 2017, our members were adamant they were going to fight hard in our 2018 negotiations for room checks after a certain number of hours. A key piece of that is the idea that there is a level of cleaning and attention to these rooms. This idea that guests can stay in their rooms for as long as they want, is something we will fight tooth and nail. These companies are the leading gaming companies of the world and Las Vegas is the gaming and

entertainment destination of the world. The truth of the matter is that the Legislature has a responsibility, and we are asking the Legislature to consider the public good and the long-term good that is part of your role. Therefore, we feel so strongly about this piece of S.B. No. 4 of the 32nd Special Session.

SENATOR STONE:

You have a job to do, which is to protect your members and you are doing the best job you can. I appreciate the diligent jobs that these housekeepers do. When I was a former visitor and not a resident of Nevada, I was always impressed with the hotels' response to my needs. I also have a capitalistic side and I do not think hotels would embrace any policies that would detract people from coming to the entertainment capital of the world.

CHAIR DOÑATE:

Can you please talk about what the union's perspective is on the workforce shortage? What is your position on this issue?

MR. PAPPAGEORGE:

It is clear this pandemic has changed all of us. During the pandemic, we fought very hard, not just for S.B. No. 4 of the 32nd Special Session but for S.B. No. 386 of the 81st Session. It was also about language and agreements with the companies that allowed folks who chose not to come back to work, to get extended recall rights and opportunities to pass on work if they were taking care of folks at home that were potential victims of COVID-19 or elderly folks or those who were handicapped. We worked and fought very hard for that. We disagree with chatter heard over the last few years about folks who do not want to work or folks who do not want to work in hotels.

There is competition out there, and we are still determining if the hotel industry understands it yet, but there are Amazons where folks can make over \$20 an hour plus benefits and do not have to deal with customers. Everybody that works in the hotels knows people that left and did that. We understand there are 14 Amazon fulfillment centers just in Las Vegas. There have also been folks that retired, especially housekeepers.

As our Culinary Union president did, I worked for many years in the hotel industry. What has always been seen as the hardest job in a hotel, because of this move towards less daily room cleaning, has made it even harder. We heard the representative talk about a 200-person shortage of guest room attendants

throughout the corporation, with around 4,500 total. I may be misquoting those numbers; however, is a turnover in that job happened pre-COVID-19 and has gotten worse. It has become a self-fulfilling prophecy that these hard jobs have been made even harder where daily room cleaning is not provided and that has made it more difficult to bring in workers.

Large companies in Las Vegas are bound by the Culinary Union contract and we are very proud of that, but our wage levels are a floor level, not at ceiling height. Every union contract negotiates entry-level rates and, for a while, the large companies offered 100 percent rates to bring in guest room attendants. Recently, these large companies in Las Vegas went back to the 80 percent entry rate. There are workers who want to work but hard jobs were made harder. Companies are going to have to deal with that in one of two ways. One is that they must reduce the level of work and workload. Two, they are going to have to meet the challenge of the environment. Right now, we have all been hurt by inflation. Many workers are either single moms or parents who both work in these hotels to provide for their families. We have seen that companies can bring in the workers that they need. We think there is a move by companies to restrict daily room cleaning and it is to the detriment of the well-being and long-term well-being of this industry. It is certainly a detriment to the well-being of our members and your constituents that work in the hotels.

CHAIR DOÑATE:

In the bill itself, we have discussed the issue of provisions that are outdated in terms of compliance toward positivity rates, CDC requirements, etc. From my understanding of your testimony, there is no argument against that provision, but what we are hearing is daily room cleaning should be maintained as it was the standard before COVID-19 and we should continue to do that moving forward. Is that an accurate interpretation?

MR. PAPPAGEORGE:

Yes, that is accurate. During the pandemic, we participated along with the companies, the Legislature and the Office of the Governor to try to get to where we needed to be. But in S.B. 441 it allows guests to opt out of daily room cleaning. The normal process for guests is that they would hang a "Do Not Clean" sign on their guest room door indicating they would rather not have cleaning that day. That is understood to be necessary in the industry and this bill allows for that. What it does not allow is for the company to incentivize guests or to attempt to make policies that say we are not going to provide daily

room cleaning or we are going to incentivize folks against daily room cleaning. That was a thoughtful and common sense piece of this bill. We think that is effective, provides the companies and the guests everything they need to be able to decide whether they want daily room cleaning, but without the company making this wholesale move to reduce or eliminate the idea of daily room cleaning. For Las Vegas and the gaming industry in Nevada, the standards should be held.

For all of you that travel, you have all declined daily room cleaning at times. But all of you that have traveled since the pandemic have also heard that daily room cleaning was unavailable and that the issue was not finding enough workers. That is not the issue. New Jersey's gaming industry has a good policy. Those here from the gaming industry who also participate in New Jersey work under those requirements. That is where we think this needs to go and we would be more than willing to sit down and work closely with this Committee, the industry and anybody else to try to get to an agreement.

CHAIR DOÑATE:

We have heard sentiments that guests in general do not have a preference for daily room cleaning. Do you think it is fair to say that the visitors who pay for the hotel rooms do not want the room cleaned daily? Is that an accurate sentiment? Is that something that your workers hear differently? We have talked enough about the safety aspects, but I just want to ensure that is clarified before we move on.

MR. PAPPAGEORGE:

With the research and polling our team has done and the information we get from our members, we must respectfully disagree that guests do not want daily room cleaning. If folks are told and they are incentivized, that may happen. We say it is detrimental to the industry's overall long-term health. We just do not see that; it is a wrong turn by the industry. To remind guests they may use the standard procedures they have always used to decline daily room cleaning; that is appropriate. If that is the case, then the industry's huge disagreement is a moot point because we are certainly fine with allowing guests to decline. The industry should not have an issue with that. We do not understand why they do.

SUSIE MARTINEZ (Nevada State AFL-CIO):

On behalf of 150,000 members in 120 unions, the Nevada State AFL-CIO strongly opposes S.B. 441. The provisions in the previous bill ensured that the State economy stayed afloat during the pandemic and protected our hospitality workers as they worked to keep the business up and running. Before I was the Executive Secretary-Treasurer of the Nevada State AFL-CIO, I worked on the Strip for 34 years as a front desk agent. This is not just an issue of the union red shirts, this was something that affected me as well.

Throughout the years, we incentivized people by saying that we were going green, basically saying we did not want to clean the room. Throughout my 34 years of being at the front desk, we would also tell people we would give them a \$25 food and beverage credit if their room was not cleaned. Recently, we would have to ask people if they wanted their room cleaned when I was checking them in. If I did not put the information properly in the computer, I would be called in by management because they are keeping track of what we are doing. They are keeping track of how many people I am telling to opt out and how many people I am telling to opt in.

So, I have had to deal with this; I have been on the frontline and I am the one who gets beat up. People would come to the front desk and would complain that they had been here for four days and their room had not been cleaned. I was instructed by management that if they got out of line, I could offer one free night to calm them down. If they were still upset and yelled a little more, I could offer another free night. The most that they would let us take off was three nights because then we were getting into the profits.

I have seen and worked in this industry, and when I hear people say Las Vegas is fabulous, I beg to differ. Come and work side by side with me and my coworkers at the front desk, we would hear it every single day. I would arrive at work in the morning, and people would complain about why their room was not cleaned, and when they spoke about toilet paper, they would bring us an empty toilet paper roll. I would hand out toilet paper to my guests because we did not have guest room attendants to give it to them.

They cut down on all our staff. Even at our front desk during Christmas, we were reduced to a small number of staff. One of my coworkers got fired because she took the Christmas vacation off. Thank God, we have a union because, in our union contract, there are a certain number of people that are

allowed to be off. She got her job back. We work so hard in the casino industry and I loved my career and my job. These last few years have been tough because I know what we have gone through.

Here at the Legislature, the lobbyists, Legislators and employees all treat you nicely. I came here, did my session business, went back to work and about 15 minutes after I got to work, I get called these obscene names at the front desk by guests because the rooms are not getting cleaned. That is a travesty for our industry. I take pride in Las Vegas and our hotel rooms because that is our bread and butter. We need to take pride in our Las Vegas—we are fabulous. Let us keep it that way.

GREG ESPOSITO (Nevada State Pipe Trades):

The plumber protects the health of the Nation. Cleanliness is one of the ways that gets done, whether you are talking about COVID-19, SARS, a few years ago, or Legionnaires' disease. There are lots of ways that dirty residences used by mass amounts of people can breed disease and pass it on. You look at cruise ships and how they get cleaned twice a day. The surfaces on cruise ships get cleaned all day every day because of the potential for norovirus.

I listened to what the proponents of the bill said and I hope they know what they are talking about. I hope they know what they are doing when it comes to guest services and not making one of our resorts ground zero for what happens next. Because, if it happens, it would be devastating in Las Vegas. If you look at any of the previous problems we have had, whether it be tragedies or other infections, it has hit us. I oppose this bill because I do not want that to happen again because somebody did not know what they were doing when it came to the cleanliness of a hotel room.

ADAM MACK (International Alliance of Theatrical Stage Employees Local 363):

Speaking on behalf of hundreds of theatrical workers who were displaced from their careers for over one year during our last public health crisis, we oppose S.B. 441 as written. Heightened cleaning standards represent job safety and job security for those who work in high-occupancy establishments. While we understand that certain cleaning standards from S.B. No. 4 of the 32nd Special Session are now outdated regarding COVID-19, we believe it is not yet time to move on from these enhanced cleaning measures.

My wife and I stayed at the Luxor Hotel a few weeks ago for a Taylor Swift concert. That same weekend, the University of Connecticut Men's Basketball Team reportedly left the Luxor Hotel due to poor cleaning standards. We experienced similar poor cleaning standards. Our room was only cleaned on the first day. We did have to track down housekeeping on our own because we were never able to contact someone at the front desk. We most definitely intend to return to Las Vegas, whether for a Las Vegas Raiders game or another high-profile concert that we cannot find here in northern Nevada. But next time, we may just try Mandalay Bay instead.

ELIZABETH RENTERIA (Culinary Workers Union Local 226):

I am a guest room attendant on the Strip and I have been a Culinary Union member since 2018. I oppose S.B. 441. Daily room cleaning is important so I can have the strength to go home to my family, make dinner and be with my kids. We have a law mandating daily room cleaning, but that does not always happen. After my shift, my entire body is in pain, and I must take pain medication every single day. On those days when I only clean checked-out rooms, my back hurts because I am going as fast as I can. I am worried that I could slip, fall, and get hurt trying to keep up with the workload. That is why daily room cleaning is a safety issue.

There was a situation where a guest was aggressive with me because he wanted me to clean the room, but it was not assigned to me. When I reported this to the company, they ended up having me clean the room anyway. It would be less stressful to have automatic daily room cleaning. I want Nevada leaders to know that not cleaning the room every day does not help us. It also cuts jobs, and my coworkers end up not working as much, which means those of us working have to do more and more. We are the ones cleaning those rooms every single day. We know how dirty they get and the extra time that we must spend in those rooms. My coworkers and I are mostly women of color. The loss of our income and job will devastate our families and communities. Please support the workers and oppose S.B. 441 and protect working moms like me.

ELENA NEWMAN (Culinary Workers Union Local 226):

My name is Elena Newman and I am a guest room attendant in Las Vegas and have been a Culinary Union member for 19 years. I am here today in opposition to S.B. 441. In Las Vegas, the law requires daily room cleaning. I want to clean rooms every day but that does not always happen, even though there is a law requiring it. When rooms are not being cleaned daily, there is excessive work.

There is soap scum that can build up in the bathroom. There is a lot of trash in the room. It takes a lot longer to clean and vacuum the rooms. It gives me a lot of stress because I get behind in my work. When we are unable to complete our rooms, we get disciplined. When I get stressed, my body aches, which does not make me feel good.

Guest room attendants throughout Nevada have been fighting for increased safety and daily room cleaning. Recently, my coworker and I found a man sleeping in our hotel tower that we were assigned to clean. I pushed the safety button and called my supervisor. By the time security showed up, the guy was long gone. Daily room cleaning is a safety issue. When we are not cleaning daily, there are fewer workers and when there are fewer workers in these massive hotel towers, we are not able to work or look out for each other. By law, we need to clean the rooms every day. We want to keep that law. I ask Nevada Legislators to oppose S.B. 441.

CHARETZAYDA GONZALEZ (Culinary Workers Union Local 226):

I am a guest room attendant on the Las Vegas Strip and a Culinary Union member for 17 years. I am here today to oppose S.B. 441. It is not a good law for us. During the past closure, I was called back to work. I noticed that my coworkers and I were not cleaning rooms daily like we used to. The customers were getting upset with us because the rooms were not being cleaned. When rooms are not cleaned daily, it causes more work for us. The rooms are dirtier when they leave the room. We try our hardest to complete the room assignments every day. When rooms are not cleaned daily, we are stressed and exhausted. I work hard to support my family and I want the same for my coworkers. I want to keep doing an excellent job. But with S.B. 441, and without a daily cleaning requirement, my job will be harder. When I get off work, I am so tired and do not have the energy to spend with my family. I want the Nevada legislators to know that we need daily room cleaning and are opposed to S.B. 441.

TONY RAMIREZ (Make The Road Nevada):

I represent Make the Road Nevada, a Nevada-based nonprofit that elevates the powerful working-class immigrant communities in Nevada. On behalf of our membership, we oppose S.B. 441.

MIRIAN CERVANTES (Culinary Workers Union Local 226):

I have been a guest room attendant for 16 years on the Strip. I am opposed to S.B. 441. I work so hard and the quality of my work is approved by my supervisors. I try hard to finish my room quota each day, but the workload is intense, and I am usually exhausted at the end of every day. In rooms that are occupied, I do not clean them every day now, which means it is horrible. An angry guest came out of his room and asked why I did not clean his room yesterday. His room was not on my list to clean. I let the customer know to call housekeeping. I asked him if he called and he said he did, but they could only send clean towels. He did not want only clean towels, he wanted the room cleaned and nice like we used to do for guests. The customer was really upset and told me that he paid full price for his room and that he wanted it cleaned. He called housekeeping again and they told him they were short on staff.

Daily room cleaning includes safety issues. When my coworkers and I are working, we keep an eye out for each other to ensure everyone is safe every day. When daily room cleaning is eliminated, there are fewer jobs and fewer of us working, so who will watch out for us when working alone in the towers? It is a question that guest room attendants here today and on behalf of tens of thousands in Las Vegas, including the nonunion workers, ask the vital leaders. We ask you, leaders, to protect us and oppose S.B. 441.

MICHAEL GITTINGS (President, United Food and Commercial Workers Union Local 711):

We represent over 7,000 workers in Nevada and urge the Committee to oppose S.B. 441. The parts of this bill regarding daily room cleaning are an example of essential workers being taken advantage of in the name of profit. This bill is shortsighted in that people have come to expect a certain level of service when they come to Las Vegas. Now that the city is bouncing back, why would we want to treat visitors worse than we did pre-pandemic? Those parts of this bill are good for no one. Do not give employers a free pass to abuse essential workers and tarnish the image of Las Vegas.

LIZ SORENSON (President, Nevada State AFL-CIO):

I am taken aback listening to all the safety issues and concerns this evening and certainly hope that all the Legislators are listening to this because this is not anything that any of us should take lightly. For this reason, and for many other reasons, that were stated earlier, I strongly oppose S.B. 441 and urge this Committee to do the same.

Senate Committee on Health and Human Services
April 11, 2023
Page 43

CHRISTINE SAUNDERS (Progressive Leadership Alliance of Nevada):

I echo the sentiments of the folks who spoke before me in opposition to S.B. 441. But as someone with an autoimmune disorder, I am at a higher risk of complications from COVID-19 than other people. I still carry these fears with me every day, as numerous folks have been out sick with COVID-19 during this Legislative Session. Policies like maintaining daily room cleaning help me feel that I live in a State that values my health rather than corporate profits.

MARC ELLIS (Communication Workers of America):

We oppose S.B. 441 as currently written, for all the reasons mentioned previously.

RENEE RUIZ (National Nurses United):

As nurses, we are on the front line of the pandemic. To be clear, COVID-19 is not gone. Neither are all the other hundreds of communicable diseases that still exist and are transmitted all over Las Vegas, including in our resorts and hotels. Cleanliness is a public health issue and should be maintained at the highest standards. Additionally, the safeguards put in by workers going in and out of rooms, knocking on doors and interacting with guests save lives. They provide a welfare check for many people who are in situations in which they potentially need help. Therefore, we stand in solidarity with the Culinary Union in opposing S.B. 441.

BEVERLY WILLIAMS (Secretary-Treasurer, Southern Nevada Central Labor Council, AFL-CIO):

I strongly oppose S.B. 441 and urge the Committee to oppose this bill as well. Safety and cleanliness come first.

LINDA WARD-SMITH (President, American Federation of Government Employees Local 1224):

We represent over 3,000 federal workers and are speaking in opposition to S.B. 441, standing in solidarity with our Culinary Union members. As a nurse, I can tell you that germs do not discriminate. They go where they can, and we think that because our guests are in their own rooms, in their own environment, the germs stay where they are. However, germs go where they can and they transmit. Our guests go to the casino and the germs go there too. Therefore, when our guests come back into the room, the germs that are there migrate with our guests in their rooms. That is how the germs spread. When our guests

go back into their own states, they do not take the germs with them. We strongly hope you oppose S.B. 441 on that effort.

DAVE CHRISTENSON (American Federation of Government Employees):
I strongly oppose S.B. 441 and urge this Committee to oppose it as well. The safety of workers is paramount.

CHAIR DOÑATE:

We have heard testimony in support as to the burdens that our gaming operators have faced. We have also heard testimony from the opposition saying that there is no hesitation to one part of the bill, which is the public health aspect. If there is no denial on that portion of the bill, but the priority now is the codification or moving forward for the standard of what we had before COVID-19, why is there opposition to codifying daily room cleaning? This question is directed at the industry.

MS. VALENTINE:

There were cleaning standards that were in statute before the pandemic. Those require that soiled linens and worn-out linens be cleaned, and they also require that rooms be thoroughly cleaned between different guests. We are saying that standards that were specific to the COVID-19 pandemic, now that it is over, let us go back to that standard. We are respecting a guest's preference for when rooms are cleaned. Some guests just want towels. Some guests want the rooms cleaned every day. They can do that now.

We feel like we are a responsible industry with health and safety being our top priority and it is up to the resorts to comply with State laws before the pandemic. Someone pointed out that this was a different kind of pandemic. We do not know what the next one will be and maybe we will not want daily cleaning then. There was a time early on when one of the national organizations recommended that people not go into guest rooms to reduce the spread of COVID-19.

Regarding your question about codifying, you have put something in the statute that we do not have the flexibility to change. The virus itself changed over time and the recommendations from national experts and CDC changed. We simply cannot be in a position where we do not have the flexibility and we are limited to changing or revisiting regulations or standards once every two years when the Legislature is in session. We have many extremely qualified health

professionals, both at the local health districts and at the Nevada Department of Health and Human Services. It is more appropriate, and I speak for all of us, that those entities with expertise and who are there every day doing their jobs can set those regulations and expectations rather than be stuck with something that does not. We are not able to change as the virus changes or the emergency changes. That is why we want to have those laws taken out of statute. Let it be dealt with in a place where they can be changed and can go with the ebb and flow of whatever emergency we are dealt with next.

CHAIR DOÑATE:

Are we failing to comply with the regulations or are we maintaining compliance as before and now you are asking us to revise it? What is the status of how you are operating right now in terms of compliance?

MS. VALENTINE:

The resources are continuing to comply with the 2020 COVID-19 pandemic regulations as amended. There were some things that were removed in S.B. 386 of the 81st Session, but yes, we continue to be fully compliant. We are inspected by the health districts and until we can pass this bill, we will continue to comply with all State and local regulations.

SENATOR DONDERO LOOP:

To be clear, this is not a repeal of something that we got wrong. It is quite the opposite. It is a subset of something we got right. The resorts, as Ms. Valentine said, are complying. You have heard a lot of testimony tonight and the health departments have solidified the conversation. So, I urge you to pass S.B. 441.

CHAIR DOÑATE:

Thank you to everyone for testifying on this bill, whichever side. It is an important conversation for all of us. Thank you to our gaming operators and the workers for showing up today. As an important closing statement, and I want to make sure the record reflects this, I can spend my time talking to folks that represent organizations. But when this bill came up, there was a need to ask the most important persons, which are my mom and my grandma, a simple question. I asked if we had daily room cleaning, would that have made a difference? They said, absolutely. That was a conversation I had with my own family.

Senate Committee on Health and Human Services
April 11, 2023
Page 46

I have one document ([Exhibit D](#)) for support and one document for opposition ([Exhibit E](#)) for S.B. 441. We will close the hearing on S.B. 441 and go the remaining eight work session documents, starting with S.B. 117.

SENATE BILL 117: Revises provisions relating to community health workers.
(BDR 40-333)

DESTINI COOPER (Policy Analyst):

I have a work session document ([Exhibit F](#)) describing the bill and its amendment.

CHAIR DOÑATE:

I will entertain a motion on S.B. 117.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 117.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:

Let us move on to S.B. 119.

SENATE BILL 119: Provides for the continuation of certain requirements governing insurance coverage of telehealth services. (BDR S-336)

Ms. COOPER:

I have a work session document ([Exhibit G](#)) describing the bill and its amendments.

CHAIR DOÑATE:

I will entertain a motion on S.B. 119.

SENATOR TITUS MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 119.

Senate Committee on Health and Human Services
April 11, 2023
Page 47

SENATOR NGUYEN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:
Let us move on to S.B. 146.

SENATE BILL 146: Revises provisions relating to health care. (BDR 40-462)

MS. COOPER:
I have a work session document (Exhibit H) describing the bill and its amendments.

ERIC ROBBINS (Counsel):
Can I get a clarification for drafting purposes for this amendment? The amendment talks about an offer of employment to teach medical students and/or residents from an accredited school of osteopathic medicine. Is the intent to only include osteopathic medicine?

SENATOR LANGE:
It is both osteopathic and allopathic.

CHAIR DOÑATE:
Let us make sure we reflect that it is both osteopathic and allopathic schools of medicine. I will entertain a motion on S.B. 146.

SENATOR LANGE MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 146.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:
Let us move on to S.B. 204.

Senate Committee on Health and Human Services
April 11, 2023
Page 48

[SENATE BILL 204](#): Provides for the limited practice of medicine by certain medical school graduates. (BDR 54-49)

Ms. COOPER:

I have a work session document ([Exhibit I](#)) describing the bill and its amendments.

CHAIR DOÑATE:

I will entertain a motion on [S.B. 204](#).

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED [S.B. 204](#).

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:

I am going to vote no at this time but might change my mind when it comes to a vote on the Senate Floor. I need to wrap my head around the added amendments and discuss with some of my peers what that looks like. We have had a lot of conversations and this is a bill you worked hard on starting last year so you did not come to this lately. The amendments you have made may fix my concerns.

SENATOR STONE:

I admire the author tremendously and like the fact he thinks out of the box. We need to get more providers in the rural areas and this is a great program to do that. My only concern is with some of the costs. However, I reserve the right to not vote for the bill as I work to try to minimize those costs. I applaud the author and this is a great piece of legislation.

CHAIR DOÑATE:

There is a motion on the Floor to amend and do pass as amended and it has been seconded.

THE MOTION CARRIED. (SENATOR TITUS VOTED NO.)

* * * * *

Senate Committee on Health and Human Services
April 11, 2023
Page 49

CHAIR DOÑATE:
Let us move on to S.B. 280.

SENATE BILL 280: Revises provisions governing contraception. (BDR 40-40)

Ms. COOPER:
I have a work session document (Exhibit J) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion.

SENATOR STONE MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 280.

SENATOR NGUYEN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:
Let us move on to S.B. 315.

SENATE BILL 315: Makes revisions relating to the rights of persons with disabilities and persons who are aged. (BDR 38-808)

Ms. COOPER:
I have a work session document (Exhibit K) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 315.

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:

I must be a no on this bill. I am concerned that it has some unnecessary consequences. I respect folks with disabilities and it is important that we follow the Americans with Disabilities Act that already exists. I also worry that there may be a potential pathway for trial attorneys to mince it if we pass this bill.

SENATOR STONE:

I will also be a no on this bill. It might be an unfunded mandate on long-term facilities when they have people that are not paying for their services.

CHAIR DOÑATE:

Once again, the motion is to amend and do pass on S.B. 315.

THE MOTION CARRIES. (SENATORS STONE AND TITUS VOTED NO.)

* * * * *

CHAIR DOÑATE:

Let us move on to S.B. 317.

SENATE BILL 317: Establishes provisions relating to resources for persons experiencing homelessness. (BDR 38-981)

Ms. COOPER:

I have a work session document ([Exhibit L](#)) describing the bill and its amendments.

CHAIR DOÑATE:

I will entertain a motion.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 317.

SENATOR LANGE SECONDED THE MOTION.

CHAIR DOÑATE:

To clarify, we are going with the Washoe County amendment.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:
Let us move on to S.B. 390.

SENATE BILL 390: Enacts provisions relating to neurodegenerative diseases.
(BDR 40-135)

Ms. COOPER:
I have a work session document (Exhibit M) describing the bill and its amendments.

CHAIR DOÑATE:
I will entertain a motion.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 390.

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:
I am going to be a no on this. It is important we recognize this disease, but there are so many diseases that need to be recognized. I appreciate that it is going to be an opt in, but I just cannot support this legislation.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

* * * * *

CHAIR DOÑATE:
We will move on to S.B. 397, which will be presented by Senator Cannizzaro.

SENATE BILL 397: Revises provisions relating to subsurface installations.
(BDR 40-962)

SENATOR NICOLE J. CANNIZZARO (Senatorial District No. 6):

I am here this evening to bring before you S.B. 397, which revises provisions relating to subsurface installations and makes changes to how we define an operator. An operator is described as any person who owns, operates or maintains a subsurface installation. However, there are certain exclusions to this definition. I am joined this evening by Joseph Guild who will provide you with a brief walk-through of this bill.

Section 1 updates the definition of an operator as follows: It changes the current exemption of the Nevada Department of Transportation from the definition of an operator to the proper capitalization of this entity, which previously did not have "the" capitalized. Section 1, subsection 2 of the bill excludes an interstate railroad company that operates more than 1,000 miles of railroad track if the subsurface installations owned, operated or maintained by the company are located within the right-of-way of the company and do not include facilities within the jurisdiction of the U.S. Department of Transportation.

JOSEPH GUILD (Union Pacific Railroad):

I am representing the Union Pacific Railroad on this bill and ask for your support of S.B. 397. I want to make it absolutely clear up front that changing the definition to not include an operator as described by Senator Cannizzaro does not absolve that entity from being required to create and operate a call-before-you-dig system. That is what NRS 445 is about.

This legislation does carve out an exception from being required to join an appropriate association for operators that is in the statute, and when there will be construction activity, which may affect subsurface installation. This notification in all other construction matters, results in locating subsurface installations to avoid contact and possible damage from construction activity.

The intended target of call-before-you-dig laws across the Country are organizations that own subsurface installations that are located outside of their other property. This would include such public utilities as electric generators, water companies, natural gas companies and things like that. In Nevada, the preferred association is Underground Service Alert, USA North 811. There are also entities such as the Union Pacific Railroad, which has a great deal of subsurface installations on their private property and the Union Pacific (UP) right-of-way in Nevada, which is private property approximately 1,200 miles

long throughout its approximately 29,000 miles of right-of-way across the Country.

There are many other subsurface installations and to address the necessity for a call-before-you-dig system, Union Pacific operates its own call-before-you-dig system. It has been effectively managing third-party work on UP property for years and years. If the UP was required to join USA North 811 and this is the rationale for the bill, it would potentially create an unsafe perception among excavation contractors that they could perform work on UP property without consulting UP if they called USA North 811. So, the exception for the definition of the operator would apply only to the UP Railroad and would not create an unsafe condition for excavations elsewhere in the State. It would bring Nevada in line with other states that have created such exceptions.

Here is the genesis for this bill and we spoke with Senator Cannizzaro about this late last summer. The Public Utilities Commission of Nevada (PUCN) came to the UP Railroad and said we want you to join the Nevada USA North 811 call-before-you-dig association and if you do not, you are going to be subject to fines. After many discussions with the PUCN, I would like to thank them because the language in front of you was created by the PUCN with the approval of the UP Railroad.

The UP Railroad was in this untenable situation where they were darned if they did not and darned if they did. Since they have their own call-before-you dig system and it is operating on their private property, we carved out this very narrow exception.

The UP Railroad operates about 1,200 miles of mainline track in Nevada. That is more than 1,000 miles of railroad track and located in the right-of-way of the company as indicated in section 1, subsection 2 of the bill. The railroad owns all that property as its own private property as well as the right-of-way, so the subsurface installations are on private property. This does not include facilities subject to the jurisdiction of the U.S. Department of Transportation, pursuant to 49 CFR Parts 191 to 195, inclusive. That federal regulation talks about the transportation of natural and other gas by pipeline and prescribes a requirement for the reporting of incidents by those pipeline operators. The PUCN caught that and realized that we wanted to ensure that there was no duplication here. There is already federal preemption in that area.

SENATOR TITUS:

There is a railroad crossing in Wabuska, Nevada, that has gas, phone and power lines with some significant things that cross the railway to go to Hawthorne. At that railroad intersection, where there is the highway, power, other utilities and the Fort Churchill Generating Station, who communicates with whom and who would be affected if there is construction there?

MR. GUILD:

This is how that would work. A contractor who is going to operate a construction event on the right-of-way would be in a contractual relationship with the UP Railroad. That contract would require the construction operator to notify through the UP system, which would be part of that contract, prior to taking a construction event onto that property. The contractor calls the UP Railroad knowing they have a contractual obligation to do that, and they would call the UP call-before-you-dig system that is registered. There would be a UP person who would come on site and identify what other utilities might be in that right-of-way. Let us say there is a Southwest Gas pipeline there, so UP would call Southwest Gas in northern Nevada and ask for the exact location of their pipeline. That is how it would work.

SENATOR TITUS:

When that train track crosses the highway and there might be highway construction, digging or clearing, does the railroad take precedence? They would call you first before digging versus calling the power company or anyone else. When the tracks cross the road, whose right-of-way is it?

MR. GUILD:

It is the Union Pacific property that allows a State highway to go across the railway. If I understand your question, it would be UP doing the construction on that or the Nevada Department of Transportation. The process I described before would be the same.

CHAIR DOÑATE:

Hearing no one in support, opposition or neutral testimony, I will entertain a motion on S.B. 397.

SENATOR NGUYEN MOVED TO DO PASS S.B. 397.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR DOÑATE:

We will move on to S.B. 191 presented by Senator Seevers Gansert.

SENATE BILL 191: Makes certain changes relating to applied behavior analysis.
(BDR 38-545)

SENATOR HEIDI SEEVERS GANSERT (Senatorial District No. 15):

I am presenting S.B. 191 and I have two presenters who will be joining us including Wendy Knorr, executive director of the Board of Applied Behavior Analysis, and Michelle Scott-Lewing, executive director of the Autism Coalition of Nevada.

Section 1 of this bill requires the director of the Nevada Department of Health and Human Services to include in the State Plan for Medicaid coverage for the cost of services provided by behavioral analysts, assistant behavioral analysts and registered behavior technicians to those under the age of 27 who are eligible for Medicaid-provided services. Right now, you can only receive those services up to the age of 21. What we know in Nevada for your regular health insurance, if you are on your family policy, you can be on that policy through the age of 26. This would be matching language, although it is only related to Medicaid. So, we can extend coverage for individuals with autism through the age of 26.

There was a mistake in the fee for the issuance of an initial license as a behavioral analyst or assistant behavioral analyst, so you will see in section 2 a change in the application to \$550, so that would be an amendment. We would leave the first charge the same \$100 and the second would be \$50.

When talking about autism, this Legislative Body has done tremendous work around autism for decades. We raised the rates for providers, which helped us get more providers. In 2017, we created a board specifically for behavioral health. At that time, we only had about 40 registered behavior technicians (RBT) and those are the individuals who worked with children on the ground and are there every day working with the early intervention. Now we have over

2,000 RBTs. We have made such great strides and we want to extend coverage through the age of 26.

WENDY KNORR (Executive Director, Board of Applied Behavior Analysis):

We are a new Board, about a year and a half old. I am here to talk about the fee change. We have discovered through the transition of our regulations over the last five years, that we have some cleanup to do. Governor Lombardo's Executive Orders 2023-03 and 2023-04 have given us an opportunity to review our regulations. One of the first changes is just a change in verbiage. We would like to amend the issuance of an initial license to maximize out at \$550; the fee is currently \$450 and we do not anticipate increasing the fee for the license. But the other fees that are listed allow us if, at a time in the future we need to justify an increase, we have that leverage.

We do not typically weigh in on payer sources but in discussions with family members who contact our office for services and the providers in the communities who are providing services through their agencies with their behavior analysts, assistant behavior analysts, and registered behavior technicians, indicate that there is any ever-increasing need for services. We could safely say that we would support any access to services.

MICHELLE SCOTT-LEWING (Executive Director, Autism Coalition of Nevada):

I will give you a summary of the Autism Coalition of Nevada (ACON). Through the combined efforts of ACON, our members and supporters, a law was passed in 2011, making Nevada the eleventh state to mandate health insurance coverage for the diagnosis and treatment of autism spectrum disorders. The Autism Treatment Assistance Program was adopted into the Aging and Disability Services Division (ADSD). We have been at this for quite some time and there have been 12 years of effort put forth to advocate for the increasing population of individuals in Nevada with autism.

One of our key initiatives in this Session is to get the age cap of 21 increased to the age of 26, which would align with federal and State insurance laws that allow parents to keep their children on their health insurance policies until the age of 26. This would prevent the severe drop-off in services that now happens when these kids turn age 22. From a scientific standpoint, the brain continues to mature and is not complete until the age of 26. Brain maturation and development do not actually finish until age 26. That is one of the reasons that it is federally mandated with health insurance. This means that five additional

years of brain plasticity are being negated by terminating services for these individuals at age 21.

It is a huge loss of opportunity to further their progress, especially as they are becoming adults and beginning to lean into adult behaviors and responsibilities. According to the National Institutes of Health (NIH), the brain continues to mature even after it is done growing into the late twenties, at least past age 26. The National Center for Biotechnology Information, National Institute of Mental Health and NIH also document that the developmental maturation of the prefrontal cortex occurs primarily during adolescence, and it is fully accomplished at the age of 25 years.

It has been our experience that families throughout Nevada are in dire need of autism services. The services waitlist is long and can take as many as two years for the individual to be seen. For families whose children will age out at 21, this means they may have missed at least 2 years of services, and that is for the 21-year-olds. Extending the age cap through the age of 26 will summon additional providers to Nevada for individuals aged 21 and up, which would ease the waitlist for early intervention services.

The impact on existing systems, such as our healthcare and judicial systems, has been and will continue to be exponential since these individuals and families have no other place to turn once they hit 21 years of age. They have been getting services for years, and then it abruptly stops. We are respectfully asking all of you to consider extending that age cap so it aligns with the federal age cap and gives these kids that additional five years that they desperately need.

SENATOR SEEVERS GANSERT:

This bill only pertains to Medicaid coverage. To clarify, the State Medicaid Plan right now does not extend to private insurance. We could potentially look at that, but we would have to ensure that all folks were notified. If this bill is amended to fix the one fee and passes, we anticipate the fiscal note to be about \$2.7 million. We appreciate your support for S.B. 191.

SENATOR TITUS:

I need some clarification. I am not excited about the fees that are in the bill. Who was your presenter?

SENATOR SEEVERS GANSERT:

That was Ms. Scott-Lewing and she did not explain everything that happened. The Board was created in 2017 and the ASD ran the Board. The State staffed the Board because they had not yet formed who was going to be a member and did not know how to operate it because we were creating a brand new Board, which is unusual. They turned over the administrative authority to the Board itself and even the background checks that were being done through ASD. A year and a half ago, the Board picked up the responsibility for this and realized that there was an issue with the initial application fee. That has been an error, but no one recognized it was an error because the State was handling the administration of the Board.

SENATOR TITUS:

I understood that. You mentioned that if we expanded this age group up to 26 years old that would bring providers to our State. Is there anything that prohibits the children, if they are not already on their parent's Medicaid or could qualify for Medicaid themselves, to get services from a mental health professional or are there some that suddenly get no care from age 21 to 26?

Ms. SCOTT-LEWING:

What I meant is that when you have a focus on early intervention and a certain age bracket where there are services provided, that is the bulk of the service providers. There is a whole plethora of service providers nationwide that serve individuals older than age 21 who have private health care insurance and cannot afford it, so those providers are readily available and do not have that many individuals on the spectrum to serve. This would be an opportunity to bring many more of those providers who are only used to serving people over the age of 21. It would help relieve some of the stress on the system because you have that many more providers in this State, not just for people with autism, but other intellectual disabilities.

SENATOR TITUS:

I have never known a provider who moved here to Nevada because of our Medicaid rates. That scenario would be highly unusual.

Ms. SCOTT-LEWING:

I was not referring to Medicaid rates only.

SENATOR TITUS:

Would this bill only affect Medicaid recipients? This would not be for insurance companies to cover. What this would do is authorize coverage for Medicaid for this one particular entity because these 21- to 26-year-olds could already be on Medicaid if they qualify financially.

SENATOR SEEVERS GANSERT:

Yes, they could be on Medicaid, but we designate services just like foster care for children and different groups of people. For children with autism, we designate services on Medicaid through the age of 21. We do not designate services beyond that to the age of 27 and they do need specialized services. That is part of the reason we created the Board. They were like a stepchild of the Nevada Board of Psychological Examiners and were not getting people licensed and were not prioritized. It just was not happening. We did not have a lot of providers. We raised the rates, gave them their own Board and brought many other providers. It is one thing bringing providers from other states, but it is also people going into the business of helping these people. Our graduates and people interested in this are greater because of some of the work that we have done in the past. Ms. Scott-Lewing is suggesting that there will be more people who will want to work with older children if they have these types of services available through Medicaid.

SENATOR TITUS:

Is this a different provider type so they get a different National Provider Identifier number and a different Medicaid billing code as a provider?

Ms. SCOTT-LEWING:

Highly specialized individuals work with individuals with autism. There is a special opportunity here with that brain plasticity through the age of 26 that could make a significant difference. Things just turn the corner for individuals with autism. Once they turn into that adult stage, it is sometimes remarkable. It is much more remarkable to watch that come to a screeching halt at the age of 21 when the opportunity is right there to keep things going and really make a difference.

MOLLY HALLIGAN (Nevada Association for Behavior Analysis):

I had the pleasure of working in conjunction with the licensure Board when it became an independent Board last Session and I support S.B. 191.

SENATOR SEEVERS GANSERT:

We had several other people who were going to testify and as it got later, we lost folks.

CHAIR DOÑATE:

We have one document ([Exhibit N](#)) in support of S.B. 191. We are going to close the hearing on S.B. 191 and open the hearing on S.B. 385.

SENATE BILL 385: Revises provisions relating to health care. (BDR 40-375)

SENATOR DINA NEAL (Senatorial District No. 4):

I submitted my conceptual amendment ([Exhibit O](#)) to this bill. Section 1 in this bill is being adjusted because my intent was not to deal with what was happening in a hospital but with home health. The provision that lays out that a dietician should assist in the care of the patient while the patient is rehabilitating came about because of the home healthcare model that should include the dietician upon release. The bill also speaks to making sure that, in the hospital setting, the dietician is at least identified if there is a critically ill patient.

In addition, the bill adds to section 9 which has language related to the expansion of Medicaid. It talks about the federal participation that is available for the nonfederal share related to cavities and fabrication, preparation and placement of crowns.

I added the piece on the polycarbonate lenses. Typically, Medicaid does not cover polycarbonate lenses and you pay extra money for them. You normally get the basic plastic breakable lenses and it is considered an upgrade to your lenses. I wanted Medicaid to cover it because polycarbonate has been around since 1970 and became very popular in the 1980s. It eliminates the light that comes into the lens and reduces the breakability. For kids who have to get glasses, polycarbonate lenses are better for them.

SENATOR TITUS:

I have a question regarding the mandated discharge planning and dieticians. Dieticians are a rare commodity in Nevada. They are not as available, especially in rural Nevada. I have many patients I try to refer to dieticians, and it takes months to get in to see them. I have met with them in my office, and they are trying to build up their visibility and licensure. But again, well-meaning but concerned about availability. I worry about that one mandate. I have not read

your amendment yet, so I will pull that up while other people ask their questions.

SENATOR NEAL:

I grew up with a mother who was a dietician. I also encountered the need and necessity within a home healthcare environment for a dietician to be a part of the home healthcare model when my dad got sick and had a stroke. What is important is when a person goes into a home healthcare environment and is on a special diet, if the family is not aware or does not know how to feed their significant other, it is important to keep in touch with the dietician. You need to ensure that they are on the team because if they run out of food, there is a need for an alternative if their sodium is being reduced.

Nutrition is one of the foundational pieces to get well, along with medicine and doctors' care. It is one of the pieces that is almost always overlooked when nutrition is a driving force to how you are going to get well. I also know that when you run into a situation of low sodium or potassium, you can talk with a dietician to find out what the person can eat if the person cannot swallow. It is important that the dietician be on the team so you can contact, call, text or email the dietician in case you need assistance while you are at home.

Nutrition is a factor that many families do not manage well, and certainly not when their family member is sick. When I was taking care of my father and part of his medical team and home health care was there, my sister did not know how to mix my father's nutrition, which was liquid form, and we had to go over it repeatedly. He needed the right amount of water and nutrition in his body. All the things you think are bad for you, like having too much sodium or too little sodium, can put you in a catatonic state, and not having enough potassium in your body can change the game. I learned all these unique things by being educated to call the hospital to say I know the dietician is supposed to be a part of this model, and you need to assist me.

One of the things that occurred when my dad came out of rehabilitation, is that we did not have his food for two days. He left with food that lasted him only on the day of discharge. I had to wait for the food to be delivered. In that context, you need a dietician or someone you can call to help you figure out what to do for the next 48 hours while this person is home.

That is why I wanted to put that piece in the conceptual amendment that relates to the hospital itself, home health care and for the hospital to identify whether the person being discharged has met the dietician. I recognize that there may be only two or three dieticians within the hospital setting. However, you should at least know who they are. I can count how many times the dietician may have walked into the room, and I did not even know who they were. It is important if a person is going to be discharged, and if you are going to manage the care of that person, you need to know what diet they are on. People feed their family members the wrong things all the time like chocolate or orange juice which could be a restricted food/drink item. It is a matter of how you get well versus the obstacles and why a dietician is not present because there should be at least one.

CHAIR DOÑATE:

I had an encounter like that at my clinic. We had a very senior patient who was somewhat immobile; she could not move one limb. We had difficulty teaching her kids the process of what she would need to be fed. On one occasion, her kids came to the clinic and said, we guess we are supposed to come here because our mom is not eating. We asked what they had been feeding her, and they said we gave her a hot dog. The question was "Well, she has a feeding tube; why are you feeding her a hot dog?" It is an important conversation about how home health care and patient education all come down to wraparound services. It is needed and we could do more.

SENATOR STONE:

Is there a precedent you have seen in any other state that requires a dietician consult for a patient discharged to home care?

SENATOR NEAL:

I did not look that up. It was just common sense for me because of my personal experiences. When I talked with the home healthcare attendants, who work for the Service Employees International Union, I presented the bill idea. I also talked with the Academy of Nutrition and Dietetics about this bill and the necessity of trying to bring them into the patient care model and how nutrition is overlooked in terms of the health care that a person needs to get well.

SENATOR STONE:

I agree with you. Everyone should consult with a dietician, including me because I eat many foods that are not good for me. Anybody who is going to be

discharged from the hospital should consult if they have hypoglycemia or hyponatremia, low potassium or low sodium. They probably should not be discharged anyway because it is usually indicative that something else is going on. Maybe they are taking potassium-sparing diuretics and they are not taking the potassium that has been ordered by their doctor.

I assume that while they are home, they are going to be getting some medical attention as well, but I also share the concern with my colleague that we do not have a plethora of dieticians in the State. If we make it a mandate, I am not sure how we fulfill that mandate. Looking at your amendment, the provider of health care who is primarily responsible for the treatment of the patient and the hospital should document reasons in the medical record of the patient. For example, if the patient asks for a test and the provider chooses not to conduct the tests when admitted to the hospital. Usually, it is a physician that is governing the diagnosis and the tests that are ordered to establish a diagnosis. Do you have an example of a test that a provider would not conduct based on the request of a patient that would be necessary for a diagnosis or treatment of a particular disease?

SENATOR NEAL:

When you talk about low potassium, my example was not low potassium in a hospital, but low potassium can occur when someone is in home health and suddenly there is a reduction and you do not know what to do. It will result in them being readmitted to the hospital. If you do not know what is going on, at least you can have a conversation with someone. The part in the amendment that I have was given to me by the Nevada Hospital Association and Renown Health.

I will give you a specific example. I have a constituent that had hip surgery and typically there is a pre-operation and a post-operation X-ray, which is supposed to show that the ball or insertion in the hip was put in the right place. This constituent only had the pre-op picture, but not the post-op picture. She had a lot of pain in her hip and could not get up. After hip surgery, you are asked to immediately move and start walking around and she could not move for an entire day or go anywhere. It was supposed to be a short two-day rehabilitation.

I asked her if she knew if the surgery went well and if there was a second test done. The answer was no. We asked the charge nurse to see the post-op picture and there was no picture. It was followed up with ordering the picture

so we could find out why she was not able to move right after surgery when the physical therapy assistant came in and said they could not do rehabilitation because she was not getting up. There were other things that needed to be asked or addressed in the managed care of this individual. That is one of the better examples I have.

A series of issues were brought to me when a person's grandmother was in the hospital, and they felt something was wrong and she had a high blood pressure reading. They said that she had just got on a diuretic medication and her blood pressure was a ridiculous number like 170 over 110, raising alarms. Rather than address that, she sat there for hours and her blood pressure did not come down. When her blood pressure was taken again, they released her and sent her home. They told her to just let her medication work itself out. We will check it in a couple of days, and call her primary physician. Although she did not pass out, she felt there should have been additional tests because the blood pressure was still high enough that it was a risk. She was 51 years of age, and it did not make any sense why she was released from the emergency room when they probably should have kept her there longer to let the blood pressure, each normal before sending her home.

I was asked to require a patient's medical records include the reason why a requested test was not given. When the patient meets with their primary doctor, the updated medical record would inform the provider why the tests were not run. It will help the primary doctor figure out the issue. The problem of what test may be ordered as an outpatient is the only example I can give you.

SENATOR STONE:

What if a patient is asking for a specific test, or there may not even be a test that can be done to accomplish the goal for the patient? If the doctor has done everything he can and is giving the patient medication to lower the blood pressure, tells them to take the medication and go see their primary care doctor to work up some other tests. In all likelihood, in a situation where she is experiencing shortness of breath or chest pains, the doctor is going to admit the patient.

My only concern is that we are trying to micromanage physicians through legislation by having them document. Say I have a patient that comes into an emergency room and says they have a horrible headache behind their eye, and they think they have a brain tumor and want a magnetic resonance imaging test

that might cost \$4,000. I worry about the patient dictating to the doctor what kind of test should be run when the doctor oversees the patient's health.

SENATOR NEAL:

I am glad you mentioned migraine and blood pressure because there was a situation where my daughter's friend had a migraine for several days. Turns out that his blood pressure had increased and he started to lose vision in his right eye. He went to the hospital, they let him sit and the only thing they did was give him blood pressure medication to bring it down. They never checked the eye. He had an occlusion in his eye and then he lost sight in the eye and did not gain it back.

I called and told him he needed to get out of that hospital and go to the hospital where his primary doctor is located. He did a medical discharge against the advice of the doctor and then went to the second hospital where his medical records are because he was born with a defective heart. They told him it was too late because the first hospital did not act soon enough to deal with the issue. He then got an outpatient request to see an eye doctor to look at his eye to determine if there was any way to reverse the occlusion or somehow release the pressure to bring his sight back. It is still not back. That was two months ago, and I had to intervene and call Anthem Blue Cross. The eye doctor said he did not know what else he could do. He told him to come back in a couple of months to see if the eyesight comes back.

The system was completely messed up, but I called Anthem Blue Cross. I asked them if they could figure out who is the best doctor in the system, so he can see someone who cares about him as a person. I come from a family of finding a solution and working it out. We do not accept this standard of care from anyone ever. I care about the care that this friend did not receive, and it is unacceptable that he spent the first time in the hospital and did not get addressed properly. That is why this particular piece of legislation was necessary and needed because we should never be having a conversation about anybody.

ELYSE MONROY-MARSALA (Nevada Primary Care Association):

I am submitting a white paper ([Exhibit P](#)) that was done by Carli Lusk, who is an intern with the Nevada Primary Care Association, that looks at expanding dental coverage for adults on Medicaid. We support S.B. 385, specifically section 9, which would allow Medicaid to cover the nonfederal share for dental services.

While it was not really touched on in the bill presentation, it is relevant to have sections of this bill address Medicaid when there are provisions of the bill concerning nutrition. Nevada's Medicaid Plan currently does not cover adult dental services over the age of 21. That is an important factor to think of with nutrition. Nevada is below the national average for people seeing a dentist. Often people who have dental pain will show up in the emergency room. Evidence suggests a strong connection between oral health and overall health. We urge your support of this bill.

KASEY ROGERS:

I support this bill. My daughter studies nutrition and we have discussions about these things. You can cure most ailments if you just have proper nutrition. Doctors are lacking in a lot of that education.

DILLON MARTIN (Nevada Academy of Nutrition and Dietetics):

On behalf of myself as a Nevada dietician and as a board member for the Nevada Academy of Nutrition and Dietetics, I will speak about the sections of the bill that refer to dietitians specifically. We appreciate Senator Neal introducing S.B. 385 and her passion to improve nutrition care for patients receiving home health.

There are multiple frustrating reasons why patients may have difficulty obtaining nutrition services in the home. We have over 1,000 licensed dietitians in Nevada, but that is across a broad spectrum of nutrition areas. Not all those registered dietitians see patients clinically and, yes, it is much more difficult to find dietitians in rural areas. In the hospital, dietitians work alongside the medical team to address the nutrition needs of patients that are moderate to high nutrition risks. Before patients are discharged from the hospital, the discharging physician and case manager should ensure that high-nutrition-risk patients have been consulted.

I have worked in the hospital setting and would often meet with patients or their families prior to discharge to provide education and ensure they understood their nutrition needs when they go home. Once the patient leaves the hospital, the care is transferred to the primary care physician, outpatient specialist and a Nevada home health agency to take over the care of the patient. At times, that process can be confusing and frustrating for everyone involved. What Senator Neal is trying to do with S.B. 385 is ensure that hospital patients receive a smooth transition of care to the home setting.

The Nevada home health agency tries to determine if the patient needs the services of a dietician and will try to connect them with a local private practice. Coverage for dieticians is mixed. The home health agency may not employ dieticians directly. I like the amendments offered by Senator Neal. One recommendation is that you may not want to define who needs nutrition care as high-risk or moderate-risk patients, rather just state that it applies to all critically-ill patients. Also, one correction that we want to suggest is to make sure we get the spelling of dieticians correct so that it matches the rest of the NRS.

JOHN PHOENIX (Nurse Practitioner):

I am testifying in neutral for this bill. There are difficult challenges in finding dieticians anywhere whether you are in the hospital, home health situation, rural Nevada or Las Vegas. In S.B. 119, which we heard earlier, there is a concern that will take away a very important component of telehealth for dieticians. A lot of the care that we provide for dietician services is done through telehealth. That bill we just heard may eliminate those provisions. Documenting care should be part of our standard of care and be part of what we do in our differential planning for patients. We should be talking about why patients need or do not need a diagnosis and having those conversations with patients.

Dental care for Medicaid patients is a huge benefit for Medicaid recipients. Adults do not get dental care; they get their teeth pulled or they get cleanings. That is all they get through Medicaid. This bill also highlights some concerns with respect to malpractice if we are requiring people to document and they do not, that is going to open malpractice issues.

The final thing this bill highlights is the lack of health literacy we have in the U.S., and in our communities. People do not understand what they need or what they are asking for. People listen to Dr. Google all the time and he does not have a physical practice location and patients need to understand why. Like the example Senator Neal gave about the migraine, a migraine is a diagnosis, it is a bad headache to everyone else, but it is a diagnosis that fits specific criteria. The retinal occlusion she spoke about should have been picked up and that is unfortunate, but it is a lot about health literacy that patients do not understand.

Senate Committee on Health and Human Services
April 11, 2023
Page 68

CHAIR DOÑATE:

I have two documents ([Exhibit Q](#)) in support of S.B. 385. We will close the hearing on S.B. 385 and open the hearing on S.B. 439.

SENATE BILL 439: Revises provisions relating to communicable diseases.
(BDR 40-987)

SENATOR DALLAS HARRIS (Senatorial District No. 11):

I want to make sure that Mr. Phoenix can give his short presentation on this bill and then I will run through some of the provisions.

JOHN PHOENIX (Huntridge Family Clinic):

I have a presentation ([Exhibit R](#)) on S.B. 439. Senator Harris, thank you for carrying this important bill that is designed to positively impact the lives of people living with human immunodeficiency virus (HIV) and those who would benefit from HIV prevention strategies and other important harm reduction tools.

I am an advanced practice registered nurse in Las Vegas and my preferred name is Rob. I am here representing the Huntridge Family Clinic and advocating for the thousands of people living in Nevada with HIV, who will benefit from pre-exposure prophylaxis (PrEP) and HIV services and many of the things that we are talking about in today's bill. I have been a registered nurse since the 1990s. I graduated from nursing school in 1990 at the height of the HIV epidemic. For almost 40 years, I have been on the global team fighting to improve health care, outcomes and access for people with HIV.

In 1987, I worked in a hospital that said we do not want to put patients' care first. We want to take profits first because this is a very expensive disease. My friends were dying, the community members were dying and nobody wanted to help them. What you can see on this timeline, [Exhibit R](#), Slide 2, is the significant improvements, changes, challenges and opportunities, and how we have turned walls into bridges over the course of the 40-plus years of HIV care in the U.S. and globally.

We have gone from 1987, when we first started to see individuals showing up with HIV symptoms and the first reports in the CDC morbidity and mortality reports of an unusual cancer. In 1987, we had the development of a medication by American Gene Technologies, AGT103-T. We killed as many people as we helped with that medication because we did not know how to use it. Fast

forward to 1995 and we have the introduction of protease inhibitors, which were a game changer in how we managed HIV care. Moving into 2006, we have our first single-tablet regimen. So, we were combining multiple pills. Many of you are familiar with the pictures of people taking handfuls of medications multiple times a day. AGT103-T was taken four times every four hours around the clock. Without exception, you set an alarm on your clock and you woke up every four hours to take that pill because you were told if you did not, it was going to kill you and you are going to die.

Now move forward to 2015, we have integrated inhibitors. Then, in 2021, we have a single every-other-month injectable for people living with HIV as their complete regimen for treatment. For years, people had to make choices about multiple pill regimens, threatening patient adherence, and jeopardizing patient health outcomes. You can see on [Exhibit R](#), Slide 5, all the benefits of doing the single tablet pills, which are at risk every day in insurance land because it is very cheap to make a generic pill. When you have a medicine like Symtuza, which contains three active medications, that is a much more expensive pill. But, when you break it up into four pills because it needs a booster now, you are making a patient go from a single tablet every day to four pills every day. That is a huge issue with adherence. When patients are not able to adhere to care, regardless of whether it is diabetes care, HIV care, high blood pressure or birth control, we have all these unintended and unwanted negative consequences.

That is what this bill is trying to help prevent and it is mitigating those unwanted consequences. We are following a process of status neutral to HIV prevention and care. That is one of the other things that this bill is big on introducing and pushing forward. How are we going to prevent new infections and eventually end this epidemic that we have been dealing with for 40 years? The status-neutral approach by the CDC talks about getting people tested. The University of Nevada, Reno, published a study in 2022 that showed 40 percent of people living in Nevada have never had an HIV test and one in five people living in Nevada with HIV were unaware of their status. Most people that are transmitting infections are unaware of their status.

We must change that landscape and this bill is a way that we can do this. We can do that through strategies such as "Undetectable = Untransmittable" (U=U) but that is tied to adherence to medications. The strategy U=U is a scientifically valid prevention method where patients who are living with HIV,

who are virally suppressed to the point that we cannot measure their HIV, viral load, or how much HIV they have in their system, cannot and do not transmit HIV through sexual contact. Three extremely large international trials have documented over 8,000 patient lives not impacted negatively by HIV. In these studies, over 15 out of 8,000 patients became HIV positive. Every single one of those persons became HIV positive because they had a partner that was living with HIV that was detectable. They were either not engaged in care, underdiagnosed or had a measurable viral load and that is how they transmitted the virus.

That is my strategy for protection. My husband has been living with HIV for 11 years. He got diagnosed in Texas at work. On the telephone, he was told you are HIV positive and they hung up. He did not get linked to services. He did not get wraparound services. He did not get told what Ryan White services are. He did not know how to access services. These are all things that are important, and these are all things that we are trying to improve and maintain in this bill.

We have treatment as prevention, getting patients like my husband on medication so that he is undetectable. He has been undetectable for five years. He was diagnosed initially with AIDS, which means that his CD4 count was less than 200. It is now 500 which is normal. It is not great, but it is normal, and it is allowing him to live his best life.

Programs like we are trying to put in this bill have allowed people like my husband to get out of homelessness or substance use. My husband was an addict. He is in recovery, but he was homeless, struggled with work, and struggled to stay engaged in care when he found a medical home that was able to give him the wraparound services that he needed. Those are the things that changed how he is now able to be a productive member of society. He is enrolled in school, is not using and has been clean for five years. His housing is secure; he has food and insurance. These are all things that this bill is designed to help us with.

In addition to HIV, we have an epidemic of hepatitis C. This bill addresses some of those things as well. [Exhibit R](#), Slide 6, shows that we have incredible numbers of new people being diagnosed with hepatitis C and 45 percent of those young people are also injecting drugs. Part of this bill talks about treatment and access to hepatitis C strategies as well as HIV treatment and

prevention strategies and substance use or harm reduction strategies. We are making sure that people know what those behaviors are and how can they make them safer, so we are getting them access to clean needles.

There is a biomedical HIV conference being held in Las Vegas as we speak. It is today and tomorrow, and my clinic is probably going to go to jail because we are distributing harm reduction strategies and distributing safe snorting kits. That is our strategy to get people to do things in a safer way. We built kits that people can use for snorting. It is not designed to make them snort or to make them do anything bad. It is designed to help them be healthier because when you share a straw to snort cocaine, methamphetamine or fentanyl, you will transmit hepatitis C.

When you share a pipe to smoke crack or crystal meth, you will transmit hepatitis C. These are strategies that will reduce these things, and these are strategies that are in this bill that will help prevent these infections. We have made incredible progress in getting people access to care for hepatitis C. We have taken away the sobriety and housing restrictions. We have made progress in treating hepatitis C. [Exhibit R](#), Slide 11, is the most important slide; the U.S. District Court ruling in *Braidwood Management, Inc. v. Becerra, N.D. Tex, No. 20-cv-283 (2023)* has the capacity to undo everything that we have worked on in the past ten years with the Affordable Care Act. [Senate Bill 439](#) puts all these protections in place.

SENATOR HARRIS:

This bill is the product of work done over the Interim by Governor Sisolak's Advisory Task Force on HIV Exposure Modernization. We are continuing the work that we did with S.B. No. 275 of the 81st Session. This bill is designed to continue our State's movement to systematically address a lot of the health issues that we are seeing.

SENATOR NGUYEN:

There are quite a few amendments that are posted on the Legislative website and some of them say friendly amendments and some say proposed amendments. Which ones are we are proceeding with?

SENATOR HARRIS:

My proposed conceptual amendment ([Exhibit S](#)) is presented. The amendments from Clark County ([Exhibit T](#)) and the Nevada District Attorneys Association

([Exhibit U](#)) are friendly. The Pharmaceutical Care Management Association amendment ([Exhibit V](#)) is also friendly. I will be accepting all of them.

SENATOR STONE:

Can you talk about step therapy as it relates to this bill? Pharmacists have been able to give PrEP and post-exposure prophylaxis (PEP). Are they being reimbursed for that service, not just the cost of the PrEP and PEP, but for the professional service of evaluating and giving?

MR. PHOENIX:

Senate Bill No. 325 of the 81st Session gave pharmacists the ability to prescribe HIV prevention as well as post-exposure prophylaxis. Unfortunately, there have been a lot of hurdles in that process. We are still working on implementation and, unfortunately, no pharmacies have successfully done that. Challenges have come up regarding Medicaid reimbursements. There has been a process to address that, which is in place. There are challenges around the testing and treating, licensing and business license registration. These are things that we are working through and we are actively continuing to push those things forward.

SENATOR STONE:

There is some legislation that would hopefully fix that problem because you can go to a pharmacist or a pharmacy 24/7 and get in to see a doctor for PrEP or PEP, but there are time constraints associated with those drugs. Hopefully, we can fully make pharmacists the willful providers that they want to be in this area. You also mentioned hepatitis C and 45 percent, which is an incredible statistic. Pharmaceuticals have progressed to a stage where we have cures for hepatitis C. Have there been access issues for AIDS patients or those that have hepatitis C in getting this covered through their insurance or Medicaid?

MR. PHOENIX:

Historically, yes, there have been significant barriers for patients accessing medications for hepatitis C and yes, we do have cures for patients with hepatitis C. It is a different virus than HIV and hepatitis B, for which we do not have cures but have treatments. Barriers have been around and we have been very successful in removing those barriers in Nevada. Housing and sobriety were barriers and we have taken those out. Patients do not have to test negative for alcohol or drugs. We can still treat patients who are homeless. So

yes, we are addressing those, but there are still challenges and opportunities to improve access.

SENATOR STONE:

If you could, please address the step therapy.

SENATOR HARRIS:

We have taken pains to try and ensure that this bill does not mess with the current structures of where we have step therapy and where we do not in the current NRS. If you notice throughout the bill, a lot of places you will see, "except for step therapy" and that is to ensure that we are not altering the current system.

SENATOR TITUS:

I appreciate your passion and your advocacy, both of you. This is a large bill, and it has many amendments, but I did read the bill. I have significant concerns about section 17, where you kind of gutted and reestablished the sex education that is mandated in our public school systems. I am wondering how that all fell into what you are trying to do and the changes, if any, on sex education and the relevancy that you have in this bill.

SENATOR HARRIS:

It is the opinion of the Governor's Advisory Task Force on HIV Exposure Modernization that sex education is an important part of our State Plan to lower the incidence of sexually transmitted diseases. There are a lot of Nevadans who feel similarly. I had a hearing on a bill that addressed preventative care services for minors, and I heard repeatedly in testimony, why are we not teaching these kids to do better in school? Section 17 does make our sexual education more comprehensive. It changed it to evidence-based, factual instruction. Section 17, subsection 2, paragraph (f) highlights the importance of involving parents or guardians of pupils in the instruction provided and encourages pupils to communicate with their families concerning issues relating to sexuality. There are a lot of good things in this bill that will ensure our children are learning what they need to learn so that we do not repeat the same patterns. We are addressing it from multiple angles and this is a crucial piece. There is another bill that is fairly similar to this one with the one difference being we do not mess with the opt-in versus the opt-out structure here in this bill.

JOHN JONES (Clark County District Attorney's Office):

On behalf of the Clark County District Attorney's Office, we support S.B. 439 with the amendment, Exhibit U, which was accepted by Senator Harris. We appreciate the efforts that Senator Harris has engaged in that started with S.B. No. 275 of the 81st Session and continued with this bill. Unfortunately, I submitted the amendment late, but we came to an agreement with Senator Harris after the deadline. Our amendment strikes section 3 from the bill and rewrites a small portion of the unlawful acts related to human excrement that is contained in section 13, subsection 4.

JOANNA JACOB (Clark County):

We also support S.B. 439 with the amendment from Clark County. We worked with Senator Harris on her comprehensive bill last Session so we are very supportive of this work. Clark County Social Services administers the Ryan White Part A Program for our community. Our amendment makes a change in section 11, subsection 2, paragraph (b) and section 12, subsection 2, paragraph (b) on behalf of the Clark County Detention Center. We can comply with all the requirements in this bill except for one that raised concern, which was the duty to provide condoms in the jail setting because of concerns about contraband in the jail setting. Senator Harris agrees with the amendment.

LC RAPERT (Silver State Equity):

Our Mission is to create a world that is healthy, just and fully equal for all LGBTQ+ people. This is an important bill and a good step in the right direction.

MR. MAYER:

We support this bill. Members of SNHD were on the Governor's Task Force that helped develop some of these recommendations in the Interim. Washoe County Health District also had representatives there and is also supportive of S.B. 439. One thing we did want to put on the record is that to carry out the provisions potentially of section 1 in a future public health emergency may require us to add some additional staff to continue to provide those services. If we did encounter such an event in the future, we would be seeking an investment to offset some of those expenses and staff that would be created at that time.

SARAH ADLER (Nevada Advanced Practice Nurses Association):

We support this bill and appreciate the work of Senator Harris and of the Governor's Task Force. It is great that this bill focuses on the health of vulnerable populations and on harm reduction.

Senate Committee on Health and Human Services
April 11, 2023
Page 75

MS. MONROY-MARSALA:

We support this bill for the reasons stated today.

SERENA EVANS (Nevada Coalition to END Domestic and Sexual Violence):

Senate Bill 439 addresses the long, overdue need for modernization and the destigmatization of HIV and communicable disease treatment and services. This bill also works to establish proven prevention education measures that reduce the rates of sexually transmitted infections, sexual abuse, and committed and unplanned pregnancies by incorporating evidence-based age-appropriate comprehensive sex education for Nevada students. Specifically, in section 17 of the bill, for many students, schools are the only setting where they have a chance to learn about sexual health and healthy relationships. Without this vital education, students may not understand how their bodies are changing, how to care for their bodies, protect themselves or identify sexual abuse. It is time to give students the resources for better success outcomes.

WEST JUHL (Director, American Civil Liberties Union of Nevada):

We support this bill.

BILL HEAD (Pharmaceutical Care Management Association):

We support S.B. 439 and thank Senator Harris for her fine work and for working with us in creating this bill.

JANINE HANSEN (Nevada Families for Freedom):

We are concerned about section 17. A bill was presented this morning in the Assembly that is almost a clone to this bill. It is Assembly Bill (A.B.) 357 and it has been presented to the Legislature at least four times previously.

ASSEMBLY BILL 357: Revises provisions governing sexual education in public schools. (BDR 34-163)

We continue to have significant concerns. One of our biggest concerns is the fact that it changes how the curriculum is developed. Right now and for many years, the curriculum has been developed by the local Sex Education Advisory Committees set up in statute. Those Committees are chosen by the elected members of the school board in their communities. The curriculum must be approved by the school board.

This bill completely changes that. In section 17, subsection 1, it says:

The course of instruction must comply with the standards of content and performance for a course of study in health established by the Council to Establish Academic Standards for Public Schools.

What we have is the removal from the local level, where people have access and the community can talk to the people that are on the Committee, to an unavailable and unaccountable State standards board. Parents never know when they meet and never can have anything to say. We are very concerned about this significant change in the way it is being done. It is very antidemocratic because local communities have participated in this in all the counties for many years. We oppose that part of the bill.

We are also concerned about the provision that will change who does the teaching. It has always been done by a teacher or a school nurse and that was because we were worried about outside people. This bill has always been brought forth in the past by Planned Parenthood and its advocates. We have been very disturbed about who is going to be teaching in the classroom and what they are going to be teaching. We do not want a particular agenda promoted. If you have people that have an agenda, it is always a problem. This bill allows for the approval of people who are not teachers or school nurses to be in the classroom. We are significantly concerned about that portion of the bill and we do not want that changed.

Additionally, we are concerned that it says the way local students will be taught and the way to locate and access reproductive health care without limitation. We know what that means. We know it means Planned Parenthood and it means access to contraceptives and abortions without any parental consent. We understand that is what the real goal is here and we are significantly troubled they may access other things. We have bills in this Legislature right now that allow family resource centers to give contraceptives and other treatments, which have never been the case in Nevada. Some of those resource centers are in the schools, for instance, in Washoe County and Elko County.

We are concerned about that inclusion. We feel this is anti-traditional family when it includes promoting gender identity expression and sexual orientation. We are concerned about that. We appreciate the fact that this bill has not changed the opt-in to opt-out; A.B. 357 does do that. We are significantly

concerned because that excludes parents. What it does is instead of encouraging parents to be proactive in what is happening with their children, it discourages that. We are concerned that parents are included in this process because it is significant in their lives and in their communities. So, that is the portion of this bill that we oppose in section 17.

We are also concerned that it is not simply basic facts; that it goes far beyond facts to philosophy and completely changes the scope of what has been there before. It makes these local sex education advisory committees essentially irrelevant because the curriculum will be determined by the State standards board.

MELISSA CLEMENT:

I oppose S.B. 439, specifically section 17, which deals with sex education for Nevada students. Parents are rightly the first educators of their children, especially in morals. Sex education, when it goes beyond the very basics and the science of the reproductive system, can easily conflict with a family's morals and religious beliefs. It is important for parents to be involved in the process of curriculum decisions in this sensitive area. This bill takes curriculum decisions from county school boards and moves it to appointed members of the Council to establish academic standards for public schools. The Governor, Speaker of the Assembly and Majority Leader of the Senate appoint these members. Currently, it appears that most, if not all, the current members are from Las Vegas. This has the potential of creating sex education completely out of step, at either end of the pendulum, with parts of our State. The Council meets only once a year. This provides little to no parental input.

Currently, decisions on curriculum are made by elected officials and feedback is given directly at school board meetings. It is messy. It is sometimes painful, but parents can have direct involvement in the decisions that affect their kids and their family as it should be. Making decisions concerning sex education should rightly be made closest to home so that parents have an active voice in policy making. Making decisions at the State level does not take into consideration the real differences in our communities of interest. What is needed in Clark County may not be needed in Smith Valley and vice versa. Over the past decade, I have spent countless hours attending meetings, organizing parents and testifying.

A few years back, Washoe County parents were outraged because proposed sex education materials for children ages 11 and 12 included discussions on

vaginal, oral and anal sex because parents were able to attend meetings and view the proposed materials. They were able to stop this outrageous violation of our children's innocence. Passage of S.B. 439 would create a top-down decision with no parental involvement. Please keep parents involved.

Ms. ROGERS:

I echo everything that the previous two speakers said. But as a parent, I am constantly being told that parental rights are not at risk but it sure sounds like the State is trying to take our kids. It sure sounds like a totalitarian government is trying to have our children and I am not down with it as a parent. The current world population is approximately 8,025,718,113. That means every single person on this planet has been born from a woman. Zero were born by a man. You are telling me that there is going to be evidence-based information and sexual education for our children. We have an identity war going on right now. So, I do not believe that and I do not trust it; it is inaccurate.

JIM DEGRAFFENREID (Nevada Republican Party):

On behalf of the Nevada Republican Party, the rule requiring bills to address a single subject was not applied to S.B. 439. This bill starts by requiring emergency services for those who are HIV positive. Then it delves into retroactively vacating criminal convictions, increasing medical care provided in jails, giving out taxpayer-paid condoms to 13-year-olds, imposing unfunded mandates for HIV drugs, allowing sexuality to be taught in schools and replacing sex education. It changes sex education from being taught by a nurse or teacher to being taught by outside organizations not accountable to the school board, forcing insurance coverage for drug addicts and requires social justice training for doctors.

This entire bill deserves to be thrown in the trash. The policy in S.B. 439 is very damaging for Nevada and section 17 is particularly egregious. Existing law already requires HIV education in school. Yet this omnibus bill deletes that language and replaces it with a long laundry list of sex education requirements that already exist in other bills such as A.B. 357 and S.B. 439.

These provisions seek to take away the ability of local school boards who are the most accountable to parents to set the sex education curriculum and determine the ages that are appropriate for this information. Instead, the State will set a one-size-fits-all curriculum. We know from support testimony on many other bills in this Session that this Legislature seeks to impose a Statewide

sexual agenda that as many as half of Nevada parents oppose. Local control allows Nevada parents to direct school boards to set a curriculum that aligns with their values. Policy changes involving sex education should be determined by parents, educators and local school boards. Local environment allows discussion, debate and decisions for the children who attend schools in those neighborhoods. A uniform one-size-fits-all approach to sex education is ill-advised. Please do not circumvent local school boards and parental involvement, especially not by burying it 17 sections deep in an omnibus bill like this one. Please oppose S.B. 439 to protect Nevada families and children.

THERESA DEGRAFFENREID:

As I went through this bill, I was appalled at how many different types of items were addressed in it. All kinds of things about jail, HIV drugs and all kinds of other things that are fine and probably need to be addressed in separate bills. But, in section 17 someone decided to throw in sex education for the children in the State. I would advise and ask everyone to vote no on this bill.

DEBORAH EARL (Power2Parent):

We represent over 15,000 parents in Nevada who care deeply about their right to direct the education of their children. I am speaking today on their behalf and in opposition to S.B. 439. This is a bill about treatment and pharmaceutical access for HIV and other communicable diseases. However, sections 17 and 18 are problematic because they address sex education in our schools. These two sections require the implementation of expansive sexuality education and grants the State the power to decide on sex education standards for the entire State, depriving parents and communities of local control. If these sections pass, the State, not local school boards, will establish academic standards that will require specific topics to be addressed and determine the age at which a child should be exposed to that information.

If the State sets the sex education standards, communities and families will be deprived of local control. When it comes to sex education curriculum at their schools, parental control will be significantly diminished in this important aspect of their child's education. Additionally, current law requires a health teacher or employee of the district to teach sex education. This law allows outside entities like Planned Parenthood, who are not accountable to parents, to teach sex education at school. Parents in Nevada know what is best for their children, especially when it comes to teaching them values related to sexual activity and deciding when their children are ready for that information. Maintaining local

control is paramount to protecting parents' rights to direct the education of their children. Please oppose S.B. 439, especially sections 17 and 18, or reject this bill entirely.

SENATOR HARRIS:

I point out to the Committee that in Section 17, subsection 4 the advisory committee is still in existence that will advise the district concerning the content of materials to be used in a course or unit of a course. That advisory committee will continue to stay, and they will continue to have discretion to implement the curriculum. I want to get it on the record that we are not taking that advisory board away. We are, in fact, keeping it. When we talk about who can come in and teach this course, it is a teacher, school nurse or provider of health care. If anyone else is doing it, the school board of trustees must approve them for the purposes of delivering that course. Again, this is another opportunity for parents to be involved as a lot of the folks who came up and testified want to be. It is important to note that we are not changing the current structure allowing local people to have input on what sex education would look like. We are just making it more holistic, ensuring that children are getting the education they need to make good decisions because it is costing the State a lot of money to have such an unhealthy population, especially when it comes to sexually transmitted infections. We are going to try and see if we can do something about that.

CHAIR DOÑATE:

I have one document ([Exhibit W](#)) in support of S.B. 439. I am closing the hearing on S.B. 439. We will now open the hearing for S.B. 192.

SENATE BILL 192: Revises provisions relating to county hospitals. (BDR 40-749)

MASON VAN HOUWELING (CEO, University Medical Center of Southern Nevada):
The University Medical Center of Southern Nevada (UMC) has been serving the community since 1931 and fast forward, today is the highest level of care in the entire State. We submitted an amendment ([Exhibit X](#)) to S.B. 192, which I will address. We are home to a lot of firsts such as the only Level 1 trauma center, pediatric trauma center, transplant center, verified burn center and accredited children's hospital. We are happy to report that we are a big provider with our HIV/AIDS Wellness Center that we have in our operations.

We also are a major teaching institution. We are proud of our mission to train the next generation of healthcare workers. We are partnered with the University of Nevada, Las Vegas, School of Medicine to provide 217 residents in 17 different programs, along with 2,000 other students coming through our doors every year.

We are here to discuss S.B. 192. This bill supports UMC's mission to provide the highest level of care to our patients, while ensuring exceptional quality and meeting the goal as trusted stewards of taxpayer dollars. This bill offers several key improvements. First, it codifies our UMC governing board in NRS, which currently refers to the body as the advisory board. This is a cleaning up of the language changing "advisory board" to "governing board."

In 2013, the Clark County Commissioners had the foresight to recognize the importance of having dedicated members of the community with specialized knowledge and skillsets to provide oversight of the daily management of the hospital operations. The UMC governing board was created by a County ordinance. Members are appointed by the Clark County Board of Commissioners, and those commissioners serve as our hospital board of trustees and have the ultimate governing body authority. It is a nine-member board who meet every month. Within the governing board, there are four subsections that meet throughout the month as well. They are audit and finance, human resources, quality and strategic planning.

Health care law and regulations are incredibly complex and constantly evolving. The second intent of S.B. 192 is meant to address the complex unique issues public hospitals face around the regulatory environment. The University Medical Center of Southern Nevada would like the ability to have frank conversations and dialogue with our board leaders, whether it is the governing board that I just spoke about or hospital trustees. Our licensing and regulatory accreditation standards require us to ensure that we are fully informing both of our boards as we make very difficult decisions. Within the ability to have private deliberations under Nevada laws, procedures and statutes can sometimes conflict, so we want to clean this up. Furthermore, it can lead to delays in informing both of those boards when we would like to take very proactive measures that can serve to improve quality and care as we discussed.

Let me be clear. This bill does not allow the governing board of any public hospital to act or make decisions in a closed session. But it recognizes the

importance of allowing public hospital boards to conduct certain proceedings in closed sessions. Other state legislatures have authorized boards of county hospitals to enter into closed sessions, much like we are trying to do in S.B. 192. Nevada law also currently authorized other public bodies to go into closed session. This bill will allow public hospitals and governing boards in Nevada to fulfill an essential function of proactively addressing federal and state requirements as well as potential legal and regulatory issues. This bill is not against transparency, does not create any new privilege, expand any existing privileges, or allow any action to be taken in the closed session. This is merely to address the ability to deliberate and have discussions with our board members. All votes and matters will always occur in open session in accordance with existing requirements.

After filing the amendment before you, [Exhibit X](#), UMC had further discussions with the Nevada Justice Association and have agreed on two revisions. First in section 1, subsection 3, paragraph (c), the language will now specifically read "Matters before a review committee, including, without limitation, deliberations of the character, alleged misconduct, professional competence or physical or mental health of a provider of health care." This will allow and make clear that our board can serve as a review committee and appeal for the medical staff who may fear a fair hearing. The second change is a minor one and will change the word "alter" to "limit."

Finally, this amendment upgrades the language in relation to employment of dentists. I am pleased to hear some of the conversations around dentists this evening and you talked about wraparound services and the lack of dentists in the community and often patients who seek out emergency departments for emergency dental care. We want to expand the language from physicians in NRS 450 to providers of health care, allowing that to be a little bit broader as there are a lot of mid-levels providing services.

Specifically, what we are looking for are dentists. We would like to better utilize emergency department resources at UMC and improve our patient throughput. What we would like to do is for patients that are seeking care in the emergency room to allow us to employ dentists, stabilize the emergency condition, but also move into a more effective setting, perhaps getting preventive care, getting out of the emergency room setting and treating them with specialty services that will no longer require acute care management. We would like to start a clinic at the hospital.

In closing, we are always working with our various stakeholders to address concerns and are willing to listen to find a suitable path forward to deliver the best patient care.

SENATOR NGUYEN:

I know that we worked on this during the 2021 Session and am glad to see that you were able to work something out and come to the table to move this forward. I know that you have been wanting and needing this to better serve your patients and staff.

SENATOR STONE:

When you have these closed sessions, are you saying that there will be no votes taken or decisions made, but any direction that is given in these closed sessions will be reported at some certain time in the future?

MR. VAN HOUWELING:

Absolutely, yes. These are conversation deliberations. No action can be taken in the closed session. Depending on if it is privileged, but certainly in any of our closed sessions, we keep minute records and those are released after five years. So again, nothing is done without action taken in an open session.

Remainder of page intentionally left blank; signature page to follow.

Senate Committee on Health and Human Services
April 11, 2023
Page 84

CHAIR DOÑATE:

I have one document ([Exhibit Y](#)) in opposition to S.B. 192. The hearing on S.B. 192 is now closed. Hearing no public comment, and no further business for the Senate Committee on Health and Human Services, the meeting is adjourned at 9:45 p.m.

RESPECTFULLY SUBMITTED:

Norma Mallett,
Committee Secretary

APPROVED BY:

Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Reports Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.B. 441	C	15	Senator Fabian Doñate	Letter of Support – Wynn Resorts
S.B. 441	D	46	Senator Fabian Doñate	Letter of Support
S.B. 441	E	46	Senator Fabian Doñate	Letter of Opposition
S.B. 117	F	46	Destini Cooper	Work Session Document
S.B. 119	G	46	Destini Cooper	Work Session Document
S.B. 146	H	47	Destini Cooper	Work Session Document
S.B. 204	I	48	Destini Cooper	Work Session Document
S.B. 280	J	49	Destini Cooper	Work Session Document
S.B. 315	K	49	Destini Cooper	Work Session Document
S.B. 317	L	50	Destini Cooper	Work Session Document
S.B. 390	M	51	Destini Cooper	Work Session Document
S.B. 191	N	60	Senator Fabian Doñate	Letter of Support
S.B. 385	O	60	Senator Dina Neal	Proposed Amendment
S.B. 385	P	65	Elyse Monroy-Marsala / Nevada Primary Care Association	White Paper – Carli Lusk
S.B. 385	Q	68	Senator Fabian Doñate	Letters of Support
S.B. 439	R	68	John Phoenix / Huntridge Family Clinic	Presentation
S.B. 439	S	71	Senator Dallas Harris	Proposed Conceptual Amendment
S.B. 439	T	71	Senator Dallas Harris	Proposed Amendments – Clark County

S.B. 439	U	72	Senator Dallas Harris	Proposed Amendment – Nevada District Attorneys Association
S.B. 439	V	72	Senator Dallas Harris	Proposed Amendment – Pharmaceutical Care Association
S.B. 439	W	80	Senator Fabian Doñate	Letter of Support
S.B. 192	X	80	Mason Van Houweling / University Medical Center of Southern Nevada	Proposed Amendment
S.B. 192	Y	84	Senator Fabian Doñate	Letter of Opposition