

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

**Eighty-second Session
February 7, 2023**

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:33 p.m. on Tuesday, February 7, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E 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

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Jeff Duncan, Agency Manager, Aging and Disability Services Division, Nevada
Department of Health and Human Services
Adrienne Navarro, Social Services Chief II, Aging and Disability Services
Division, Nevada Department of Health and Human Services
Dena Schmidt, Administrator, Aging and Disability Services Division, Nevada
Department of Health and Human Services
Susan Beckett
Beth Jones

CHAIR DOÑATE:

We will open the meeting and public comment.

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I will entertain a motion to adopt the Senate Committee on Health and Human Services Rules for the 2023 Session ([Exhibit C](#)).

SENATOR NGUYEN MOVED TO ADOPT THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES RULES FOR THE 2023 SESSION.

SENATOR STONE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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DESTINI COOPER (Policy Analyst):

I am presenting the Committee Brief ([Exhibit D](#)). The full document can be found on the legislative website. I would like to make a disclaimer that I cannot advocate or oppose any of the proposals that come before you. I am here to assist the Chair and the members with any questions concerning policies that may arise and I am going to be objective and unbiased. I am presenting a brief overview that discusses various important measures for this Session.

The Senate Committee on Health and Human Services considers numerous bills and resolutions on topics primarily related to mental health, public health and safety, behavioral health, and public welfare, among other issues. Bill statistics from the previous Session can be found in this document. During the 2021 Session, 87 measures were found and referred to the Committee, which is less than the previous Covid-19 Session. The vetoed bills from last Session and the committee of jurisdiction can also be found in this document. Potential issues to be considered for the 2023 Session include access to health care, telehealth, health insurance coverage, healthcare workforce, behavioral health among our youth, substance abuse, public health and more relevant reports. Studies and audits can also be found here for your reference, including a summary of the interim study on the Covid-19 health crisis. I am available to assist the Committee and its members on any issues related to matters before the Committee. The Research Division is also available for any research requests.

CHAIR DOÑATE:

I will now open the hearing on Senate Bill (S.B.) 4.

SENATE BILL 4: Revises provisions governing certain programs to pay for prescription drugs, pharmaceutical services and other benefits. (BDR 40-220)

JEFF DUNCAN (Agency Manager, Aging and Disability Services Division, Nevada Department of Health and Human Services):

The intent of S.B. 4 is to provide the Nevada Department of Health and Human Services (DHHS) the ability to adapt to the changing pharmaceutical landscape, which will lead the prescription assistance program to be more effective in addressing the pharmaceutical needs of Nevadans.

ADRIENNE NAVARRO (Social Services Chief II, Aging and Disability Services Division, Nevada Department of Health and Human Services):

The Senior RX Program was established during the 1999 Legislative Session. The Disability RX Program was added during the 2005 Legislative Session in conjunction with the implementation of Medicare Part D in 2006. Both Programs are designed to assist Medicare beneficiaries with out-of-pocket costs for prescription medications while in the Medicare Part D coverage gap, known as the "donut hole." These two Programs also assist Medicare beneficiaries with the cost of monthly Part D insurance premiums.

Beginning in 2006, federal laws were passed which positively impacted the overall landscape of Medicare Part D. The Affordable Care Act, enacted in 2010, led to the final closure of the "donut hole" in 2020. The Bipartisan Budget Act of 2018 required pharmaceutical companies to offer the same discounts to Medicare beneficiaries as they offered to other insurance providers and pharmacies. The Inflation Reduction Act of 2022 caps insulin co-pays, limits out-of-pocket drug costs and allows Medicare to negotiate drug pricing directly with drug manufacturers.

As Medicare Part D has changed over time, it is important for DHHS to evaluate changes to the Senior RX and Disability RX Programs. Utilization data demonstrates change is necessary, with the average number of Program members per month decreasing from 6,073 in fiscal years (FY) 2014-2015 to 550 in FY 2021-2022. These legislative changes are being proposed so that this Program will continue benefiting Nevadans.

Senate Bill 4 will give DHHS the ability to adapt to federal and State policy changes and more effectively address the pharmaceutical needs of Nevadans,

while increasing equity in access to prescription medications for those most in need.

Sections 1 and 2 of the bill remove references to repealed statutes.

Section 3 removes the requirement that funding must be directly expended by DHHS. This will allow more flexibility in program design, allowing DHHS to provide grants and enter into contracts or intergovernmental agreements to pay for or subsidize the costs of prescription drugs. Section 3 also removes the limitation that requires funding to be used only to pay for benefits for seniors and persons with disabilities. Instead, funding can be used to assist a broader population, including natural persons who are residents of Nevada and who meet other eligibility criteria to be established by DHHS. Finally, Section 3 revises the reporting requirement from quarterly to annually concerning program expenditures. This reporting timeline aligns with other programs funded through the Fund for a Healthy Nevada under *Nevada Revised Statutes* (NRS) 439.630.

Section 4 repeals statutes relating to the specific policies and procedures of the program and aligns with other programs funded through the Fund for a Healthy Nevada under NRS 439.630.

SENATOR TITUS:

Can you define what a natural person is?

ERIC ROBBINS (Counsel):

Nevada Revised Statutes 439.587 defines a natural person to include both individual persons and corporate persons. When the term natural person is used here, it is referring to an individual person and not a corporation or organization.

SENATOR TITUS:

In the original statute for seniors and persons with disabilities, does changing the wording make it open to all Nevadans?

MR. ROBBINS:

Correct.

SENATOR TITUS:

The bill does not specify that the person is a legal citizen in Nevada, just that the person is in Nevada. Would that be a natural citizen, or does the person have to be a legal citizen of Nevada?

MR. ROBBINS:

The person must have established residency in the State. It does not require the individual be any other type of person, just an individual person who is a resident of the State.

SENATOR TITUS:

By removing and changing the word to a natural person, will seniors and persons with disabilities still be managed under the DHHS, or will it be moved to a different department because it is not just seniors and persons with disabilities any longer?

MR. DUNCAN:

The Program will continue to be managed under the Aging and Disability Services Division (ADSD).

CHAIR DOÑATE:

The bill states the person who qualifies must meet the criteria for eligibility established by regulation.

SENATOR STONE:

This subject is important to me since I lost my mother at age 57 because she was a smoker. Cancer went from her lung to her breast when she passed away. I assume there are certain criteria for funds to be spent as part of a tobacco settlement. Is there a connection to treating those who are addicted to nicotine? We have done a lot to reduce nicotine addiction with the advent of vaping pens and liquid nicotine products. However, we are seeing a new generation of kids and young adults who are becoming addicted to nicotine as they watch television and see people smoking traditional cigarettes; we are perpetuating a cycle. Looking at the amount of money our federal government spends on emphysema and asthma for people who smoked for generations, we are talking about billions, if not trillions, of dollars over the past 30 years or 40 years. Where is the connection to the tobacco settlement money to improve the health and welfare of people who are truly addicted to nicotine? I support the idea that we are reducing prescription costs for people.

MR. DUNCAN:

This specific statute calls out what we do with the now combined Senior RX and Disability RX Program. There are other cessation programs funded by the DHHS not listed here; however, I can get back to you with information about those specific programs.

CHAIR DOÑATE:

We will close the hearing on S.B. 4 and open the hearing on S.B. 43.

SENATE BILL 43: Makes various changes relating to services for aging persons and persons with disabilities. (BDR 38-219)

DENA SCHMIDT (Administrator, Aging and Disability Services Division, Nevada Department of Health and Human Services):

The intent of S.B. 43 is to clean up language in NRS 427A related to various public bodies, strategic planning, and the Community Advocate Program. This language will clarify various duties of the ADSD and public bodies.

Section 1 of this bill authorizes the Governor to appoint members to the Nevada Commission on Aging who are employees or officers of city and county governments. Expanding this language from officers of these governments to include employees of city and county governments will help fill vacancies in the Commission and ensure that representation of city and county governments is included in the work of the Commission.

For transparency, section 2 removes references to outdated one-time funding and clarifies the duties of ADSD in relation to our Strategic Plan for Persons with Disabilities.

Section 3 expands language related to the duties of the Nevada Commission on Services for Persons with Disabilities. It adds a requirement to coordinate efforts with the Statewide Independent Living Council, in line with the State Plan for Independent Living. The Statewide Independent Living Council is federally mandated and made up of many persons with disabilities who are responsible to advocate for the needs of persons with disabilities in our State, specific to independent living. This language will help ensure collaboration between the two public bodies and reduce duplication of efforts.

Sections 4 and 5 change the name of the Office of the Community Advocates of Elder Rights to the Office of the Community Advocate. The reason for this change is that in 2017, we expanded the duties of the positions to include aging persons and persons with disabilities, so we are shortening the name of the Office and the title of the Community Advocate by removing the "Elder Rights" portion.

Section 6 broadens the duties of the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired related to its strategic plan. The revised language gives this Commission the power to develop a State plan for serving persons who are deaf, hard of hearing and speech impaired, rather than a strategic plan specific to the services of the ADSD. This allows the Commission to develop comprehensive recommendations for services for its targeted population beyond those under the purview of ADSD and that are in line with its priorities.

SENATOR TITUS:

I understand the difficulty in filling seats and the necessity to rethink who can be appointed to commissions. I am questioning this change to the language to add the deaf, hard of hearing or speech impaired. Are you eliminating other disabilities because those disabilities are not defined? By eliminating the words "Elder Rights," it places a limiting factor by redefining the new title. I am confused how this gains anything.

Ms. SCHMIDT:

We have multiple commissions that address other disabilities. We have the Nevada Commission on Aging, the Commission on Services for Persons with Disabilities, the Nevada Commission on Autism Spectrum Disorders and multiple specific commissions. The way this bill was written gives the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired the ability to be more specific, just like all the other commissions.

SENATOR TITUS:

Maybe we have too many commissions because everyone is in these silos. It is not uncommon for a person to have more than one disability. I am worried we are putting persons with disabilities into even more silos. I like the broader title. When someone is a senior, there is a clear definition. Disability can fall into many definitions and that umbrella covers many people. My concern is when you specify yet another disability or limitation, the affected people may or may

not look at it as a disability. You are defining the disability in a silo. I am concerned about using that as a pathway and am not sure it gains anything.

Ms. SCHMIDT:

We had this conversation in ADSD about how many commissions and boards are appropriate. We find that when you only have one, it is too broad, and people's voices are not heard. Because there are many crossovers, what we try to do with each of these strategic plans is identify the crossover areas when we prioritize. By having various commissions, boards, and voices heard, we hear the details of the challenges faced by different populations.

This process allows each of our populations to make recommendations and evaluate those recommendations as a whole to see what can move forward. We do identify overlaps and train our boards as we work together. They all have strategic plans and we identify the priorities from all the plans, trying to ensure that we are addressing the needs of all the populations. I understand the concern; it is a challenge we face daily. We have discussed if there are ways to combine some of these boards and commissions.

SENATOR TITUS:

The uniqueness of each person, whatever the disability is labeled or called, is an individual disability unique to them, whatever they recognize as a barrier for themselves. If they do not fall into one of these many commissions, I worry we will not have an overall view of the person. I would love to see your plan. I understand you review these different commissions to see where there is overlap and try to deal with it. I understand the uniqueness of each person and that you are trying to give them a voice; however, I worry that, at some point, there is no return.

SENATOR NGUYEN:

We have many specific commissions and there is some overlap, but there are things unique to each one of those commissions. The NRS states what this specific Commission does and within the structure we have, does this broaden that authority within the statute?

Ms. SCHMIDT:

It narrows the scope for this particular Commission.

SENATOR LANGE:

You had a five-year review of the long- and short-term goals. The goals are always changing based on the needs of the State and the communities. As you change the language, when would you have a review?

MR. DUNCAN:

I do not have the date when the next review is due. Like any of our strategic plans, we always try to make them living, breathing documents. The councils and commissions always provide updates. We will get back to you on the actual date for the five-year plan.

SENATOR LANGE:

Should this be in the law? It does not have to be a specific date, but it could be a two-, three- or five-year review, whatever you decide is appropriate.

MR. DUNCAN:

We agree, and a specific review date is something we could add.

SENATOR STONE:

The second page, line 47, section 6 of S.B. 43 abolishes the five-year strategic plan and instead authorizes the Commission to develop a Statewide plan to provide services to persons who are deaf, hard of hearing or speech impaired. What are we doing with the progress of the five-year strategic plan? Has it already been underway? Are we starting from scratch again? We certainly are concerned about this population of people, and it seems like we are recreating the wheel.

Ms. SCHMIDT:

The original plan and five-year strategic plan have to do with our Olmstead planning. We are in the process of updating our strategic plan for ADSD based upon Olmstead planning, which is a four- to five-year plan, and we always update it so we do not have to start all over. We look at what we are able and not able to accomplish, what is needed to move certain initiatives forward and identify new initiatives from the last time frame. It is a constant process.

SENATOR NGUYEN:

We are removing the annual review of a five-year strategic plan. Do other commissions have a five-year date as part of their statutes, or is this unique to this statute for this Commission?

MR. DUNCAN:

Not all of our advisory bodies have the same time frames around their State plans or strategic plans, but we will get back to you. A couple of them do not have any formal plans, but we can get you a list of all our advisory bodies and their plans. We make the effort to coordinate so we do not duplicate efforts.

SENATOR NGUYEN:

So, there is potentially some consistency but not necessarily.

MR. DUNCAN:

Correct.

CHAIR DOÑATE:

If you can include a comparison and contrast with other DHHS commissions, we can see if they even review strategic plans. That is helpful for us to understand.

Is there any testimony in support of S.B. 43?

SUSAN BECKETT:

I am testifying on behalf of this bill as latent deaf. I was born hard of hearing, became deaf at age 40 and have cochlear implants. This bill will assist the deaf, hard of hearing and speech-impaired community. The needs of our community are everchanging, and if we stick to a five-year plan, it holds the work of our Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired to that specific strategic plan. They are working hard on our behalf.

BETH JONES:

I am representing myself as a parent of two deaf and hard of hearing children. I participate in a variety of organizations including the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired and as Executive Director of Nevada Hands & Voices. I am also a former special education teacher of autism in Nevada and a graduate of Partners in Policymaking, so I am familiar with various disabilities in the State. I am in support of S.B. 43 to empower the Commission to use the resources, or lack of resources, for this low-incidence disability, especially to support the needs of children.

CHAIR DOÑATE:

Hearing no further testimony, the hearing on S.B. 43 is now closed.

We will introduce three bill draft requests (BDRs).

BILL DRAFT REQUEST 40-333: Revises provisions relating to community health workers. (Later introduced as [Senate Bill 117](#).)

BILL DRAFT REQUEST 40-334: Revises provision relating to public health. (Later introduced as [Senate Bill 118](#).)

BILL DRAFT REQUEST S-336: Provides for the continuation of certain requirements governing insurance coverage of telehealth services. (Later introduced as [Senate Bill 119](#).)

Throughout the Legislative Session, committees are asked to introduce bill draft requests to begin the bill process, assign a bill number and get referred back to our Committee. Your vote to introduce BDRs is not an indication of your support or opposition; it is to get the bill printed and assigned a bill number. These BDRs are reflective of the work we did throughout the Interim Session, so we should be familiar with them.

SENATOR TITUS:

If we vote to send these BDRs out of Committee today, it does not mean we will be supporting them when we get to the hearings. I have three questions on [BDR S-336](#). Does the telehealth provider have to be a licensed Nevada physician? Does the telehealth provider have to have an established provider and patient relationship? Does the telehealth provider have to have a brick-and-mortar facility in Nevada?

MR. ROBBINS:

The sections of this BDR require the insurers to pay the non-federal share of expenses for services provided to a person through telehealth in the same amount as services provided in person or other means, except for audio-only interaction. A person could not provide telehealth services under conditions that would not be covered if they are not doing it in accordance with State law. If it is something that requires a license, such as rendering a diagnosis or managing the treatment of the patient, and they do not have a license, it would not be covered per NRS 629.515.

CHAIR DOÑATE:

For clarification, this is not the vetting of the bill. We will have the opportunity to do that throughout this Session. This is a formal introduction of BDRs, so it is not in favor of or against the bill; it is a procedure we must follow.

SENATOR STONE:

Do the recommendations we make here affect the language that is going to be inserted into the bill?

CHAIR DOÑATE:

My understanding is that it does not. This is part of the formal proceedings of introducing the three bill draft requests (BDRs) from the work we did during the Interim Session. It is a launching mechanism; there will be time to vet and amend when the bill comes before us.

SENATOR NGUYEN MOVED TO INTRODUCE BDR 40-333, BDR-40-334 and BDR S-336.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR DOÑATE:

Having nothing further to come before the Senate Committee on Health and Human Services, we are adjourned at 4:26 p.m.

RESPECTFULLY SUBMITTED:

Norma Mallett,
Committee Secretary

APPROVED BY:

Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
	C	2	Chair Doñate	Committee Rules
	D	2	Destini Cooper	Committee Brief