

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

**Eighty-Second Session
February 17, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 1:32 p.m. on Friday, February 17, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was video conferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [[Exhibit A](#)], the Attendance Roster [[Exhibit B](#)], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

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



Spencer Wines, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Kenneth Osgood, M.D., M.P.H., Member, Council on Food Security
Regis Whaley, Director of Advocacy and Research, Three Square Food Bank
Sarah Rogers, Deputy Chief, Nutrition Unit, Bureau of Child, Family and Community
Wellness, Division of Public and Behavioral Health, Department of Health
and Human Services
Shane Piccinini, representing Food Bank of Northern Nevada

Chair Peters:

[Roll was called, and a quorum was present.] First order of business today, we have a committee bill introduction, Bill Draft Request 39-325. Do I have a motion to introduce BDR 39-325?

BDR 39-325—Revises provisions relating to planning for the provision of behavioral health care. (Later introduced as [Assembly Bill 201](#).)

ASSEMBLWOMAN GONZÁLEZ MOVED TO INTRODUCE
BILL DRAFT REQUEST 39-325.

ASSEMBLYWOMAN NEWBY SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMAN HAFEN WAS
ABSENT FOR THE VOTE.)

[Protocol was reviewed.] We have presentations on food security. This is a hot topic item, as we heard a couple days ago. We are dealing with the unwinding of the pandemic relief resources, including Supplemental Nutrition Assistance Program (SNAP) benefits and other benefits that our community members may be dependent upon. Food security is one of the components that impacts our families specifically. We have several folks presenting today on food security issues. First, we have the Council on Food Security, and then second, we will look at childhood food insecurity in Nevada. I would ask that the presenters for Council on Food Security please come up to the desk. Dr. Osgood, good to see you. Please introduce yourself when you are ready and proceed.

Kenneth Osgood, M.D., M.P.H., Member, Council on Food Security:

I have been asked by my colleagues on the council to make this brief presentation to let you know a little bit about the council since so many of you are new members to the Legislature and to give you a bit of history of our accomplishments working together with the Legislature, over the last few years. Then we will close with some suggested legislative actions for this coming year. With me in the audience is Marcia Blake, Executive Director of Helping Hands of Vegas Valley, and who is also on the council. Regis Whaley from the

Three Square Food Bank, who is the Director of Advocacy and Research, has helped us collect a lot of our research and kept us on track for many years.

What we planned on doing is having a very brief presentation from me, giving the background as I have just suggested; and then Sarah Rogers, who supports our council and is the Nutrition Unit Deputy Director at the Department of Health and Human Services. She will make a presentation on the details relating to kids that are currently going on, and then we will open it up to questions.

This is a brief history of our council [page 2, [Exhibit C](#)]. On February 12, 2014, Governor Brian Sandoval and his wife, who was a social worker, recognized that there were some significant issues with food insecurity in the state. They held a meeting of both government and nongovernment people here in the state. Out of that came Governor Sandoval's establishment of the Governor's Council on Food Security per an executive order. In 2019 that council was made a permanent part of the Department of Health and Human Services. We have many obligations and duties, but I just want to highlight two that are germane to this session.

First, we are to review and comment on any proposed federal, state, or local legislation and regulation that would affect Nevada food policy. Second, we are to advise and inform the Governor on Nevada food policy. For those of you who do not know what food security and insecurity is, a conceptual definition of food and nutrition security was established by the Life Sciences Research Organization in 1989 [page 3, [Exhibit C](#)]. For those of you who were around at that time, there was significant public and private effort in the '60s and '70s which resulted in the elimination of food insecurity in this country. It recurred in the 1980s, and it reached the point that the federal government decided we better measure it, monitor it, and see how we can control it again. That is when these definitions were formed, and they are the same definitions today.

The definition of food and nutrition security is my second bullet that we put on this slide [page 3]. It reads, it is the ready availability of nutritionally adequate and safe foods and an assured ability to acquire acceptable foods in a socially acceptable way without, for example, resorting to emergency food supplies, scavenging, stealing or other coping strategies [page 3]. Food insecurity exists whenever availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain [page 4].

What are food deserts? Food deserts are identified as census tracts with low income and low access to nutritious foods within one mile in urban census tracts or ten miles in rural census tracts. Although food deserts are not included as the social determinants of health, which we will not be discussing, they are presented here because they are a known barrier for food insecure older seniors. The term "food desert" describes areas of lack of adequate access to healthy foods, typically in the form of a supermarket. The United States Department of Agriculture (USDA) identified food deserts in 58 of our 688 census tracts here in Nevada.

Those living in food deserts may have inadequate options to obtain fruits and vegetables and subsequently may have difficulty meeting the dietary guidelines [page 5, [Exhibit C](#)].

This is a graph that shows where the census tracts are [page 6]. You will notice they are in the major urban areas of Reno and Sparks and in Las Vegas and in many of the rural areas. We know from years of academic study that food insecurity has been linked to both mental and physical illnesses that we, as a society, are spending a substantial amount of money to treat. When we eliminate food insecurity, we eliminate a substantial percentage of people who have these illnesses. It turns out that the research shows we spend a lot less money on the prevention of food insecurity than on the mental and physical illnesses that food insecure people subsequently get. Those illnesses that have been scientifically linked to food insecurity include the following: obesity, diabetes, cardiovascular disease, anemia, depression, and anxiety. It also includes poor self-reported health, lower quality of life, functional impairment, cognitive impairments, and shorter life expectancy [page 7].

To be food secure, everything listed on this slide [page 8], these social determinants, all must be met. The lack of any one of them can result in food insecurity. You must have enough financial resources to purchase healthy foods. You must have available transportation to obtain the food and knowledge about which foods are healthy and which are unhealthy. You must have that knowledge to purchase and consume the correct foods. You must have available food preparation and food storage facilities in your own home or where you live. You must have assistance in obtaining food and/or preparing meals when a physical and/or mental disability is present. Many people need caretaker services. You must have access to healthy food. You have to be physically safe and have living conditions with adequate activities of daily living, and daily support services for mental health. You must have regular eating patterns. Recently it has been shown that you must understand information technology and its implementation to obtain food and not be food insecure.

This is a summary of how we, in Nevada, compared to the rest of the country over the last 20 years [page 9]. If you will notice in the first line, years 2004-2006, Nevada had 3.2 percent of our population classified as very low food insecurity. If you consider the low and very low for whom we need to intervene, we had 12 percent of our population versus the national average of 13 percent. We were below average. After the Great Recession, we jumped to above average. If you will notice, we had 16.2 percent of our population as low plus very low versus the national average of 14.6 percent. The very low category jumped to 6.9 percent. We more than doubled the percent of our population that was very low right after the recession. If you go through 2014-2016, we remained low. I have a prejudice. I would like to thank you and our council and all the partners because I think we all contributed to reducing that percentage of food insecure households. In 2016-2018, we jumped to above the national average. We have remained above the national average ever since.

This slide shows what is happening today, or as recently as 2021 [page 10]. The food insecurity due to COVID-19 in our state jumped 26 percent. It was the second-largest increase among all the states in the United States, and we now have the eighth-highest food

insecurity rate in the United States. If you notice, we jumped to 15.2 percent of very low food insecurity up from 12.1 percent.

This next slide is a summary of three of the events that the Council on Food Security has held since 2013 [page 11, [Exhibit C](#)]. We had an event arranged by then Governor Sandoval's office, called A Place at the Table. We had 165 organizations, both government and nongovernment, represented at that meeting. The participants analyzed what the situation was, and the Governor created the Council on Food Security. In 2018, the first group that we focused on was school-aged kids. By 2018, we recognized that we still had some collaboration and connection problems between the organizations that address the issue. We held another conference, and that was also held here in Las Vegas. There were 50 different organizations represented at that one. I think it resulted in an improvement of the collaboration.

The council began to focus attention on seniors. We defined seniors as over age 60. We were going to hold an in-person council meeting to discuss the issues and how we could reduce the food insecurity among seniors, but we had a COVID-19 epidemic. We had to hold that meeting virtually. To our pleasant surprise, we had 111 participants. This was the first of these meetings in which representatives from five of our six representatives in Washington, in the Senate and Congress, participated. We also conducted a survey of 175 public and private agencies to find out what services they were doing around the state. If people are interested, the results of that survey are available in our report.

As I said, we were concerned about school lunches and breakfasts because we did a survey and estimated that a minimum of 250,000 children in Nevada entered their first class at school without having had breakfast. All of us know the negative impact that has on learning and mental health. Several action steps were taken, and by 2016, every single kid in the state had access to breakfast before they started class. Regarding seniors, our council's survey in 2016 indicated that we had about 80,000 seniors in this state who were food insecure, and that number was going to grow to 100,000. I just looked at the data we have for 2022 and it has grown to about 120,000. The survey findings indicated that we had improved the services so we were serving at least 70,000 seniors. The surveys were not able to determine if we were serving any more [page 12].

To those of you who are new to the Legislature, this is a list of the legislative initiatives that have been passed, all of which have had a very positive effect and impact on food insecurity, controlling it or reducing it. If you have any questions about them, I suggest that you look at the sessions, or you call us, and we will try and give you details [page 13].

We have three recommendations for you to consider [page 14]. Going forward, particularly with the cut of the funding the state and nongovernment organizations have been getting from the federal government, which was a significant reduction in funding, we would like to request first that you reauthorize the current funding of \$3.4 million for the home-delivered and congregate meals and include a substantial increase of about \$8 million to adjust for the loss of federal funds, inflation, and the anticipated increased demand, which is significant. If

you have any questions your contacts are Marcia Blake, who is here, and Deacon Tom Roberts of Catholic Charities. I put that information down on the slide, so you know how to contact them.

Second, we would like you to reauthorize the current funding of \$2 million for the Home Feeds Nevada Agricultural Food Purchase Program at its current level. Your contact for that is Jenny Yeager. I do not know whether she is attending the session up at Carson City or not, but I gave you her contacts. If you cannot reach her, please contact me, and I will try to get you a good contact if you reach out to develop an initiative that reauthorizes that funding.

Third, we are asking you to consider appropriating \$3.5 million per year over the next two years to support household food security for Nevadans to neutralize the loss from the SNAP Emergency Allocation funds that our state and agencies within our state have received, particularly the food banks. We are asking that you appropriate an additional \$1 million per year to support the anticipated increased demand for food from the food banks. I would like to turn it over to Sarah Rogers to discuss childhood food insecurity in Nevada.

Chair Peters:

I have a couple of questions related to your presentation. I know we have other questions from the Committee. So let us go ahead and start with questions for you, Dr. Osgood, and then we can jump into Ms. Rogers' presentation.

Assemblyman Gray:

Looking at your slide of the food deserts in Nevada [page 6, [Exhibit C](#)] I have to question how you came up with that data. Looking at Lyon County, I would agree, not all of Lyon County is a food desert, but the eastern portion just before you get into Churchill County is absolutely one of the problem areas we always had to deal with as a county commission. Then it is funny because you go into an area that says it is a food desert, Churchill County, which is one of the breadbaskets of the state. I am just wondering how you guys came up with that.

Kenneth Osgood:

Let me introduce Regis Whaley who is responsible for research at Three Square Food Bank. Regis came up with this slide for us, and he will introduce himself and try to answer your question.

Regis Whaley, Director of Advocacy and Research, Three Square Food Bank:

This data was taken from the U.S. Department of Agriculture (USDA). I believe it was the Food Access Research Atlas where they have their list of food desert information. For this one, in rural areas, it was looking at areas where a significant amount of the population was, I believe, 20 miles away from the nearest grocery store.

Assemblyman Gray:

It has to do with being close to a grocery store and not the availability of food to the actual family?

Regis Whaley:

The USDA does look at the placement of retail outlets. It is the proxy for access to food.

Assemblyman Gray:

That really skews the data. I mean Silver Springs and Stagecoach, which are more than 20 miles from a grocery store, have some of the poorest residents in this state, I would posit. I know their food bank is always struggling to meet the need out there. Then as I said, going into Churchill County, you have, I will not say higher incomes, but higher incomes than eastern Lyon County and some of the other surrounding areas. Most of the population is centered around Fallon, which has several grocery stores. It just leaves me scratching my head.

Kenneth Osgood:

I suggest that as we move forward, we take a detailed look at that and see if we can identify who specifically is food insecure and how to address that local issue, as we have been doing in other parts of the state.

Chair Peters:

I think that is an interesting point, and it brings something up. Are farmers markets included in the assessment?

Regis Whaley:

No. Farmers markets, as far as I know, are not included in there. We are looking at stationary retail outlets.

Assemblywoman Newby:

I have a two-part question. One, back on the food deserts, would you be able to provide more detailed information on that or a blowup of these maps? I would really be interested in seeing that detail. Two, has the council made any recommendations for policy changes to address food deserts, recruiting grocery stores, or maybe other policy suggestions? What were those?

Kenneth Osgood:

We are interested in doing that, but we are trying to recruit somebody to participate on the council who could help us. At this point in time, we do not have an individual on the council who could take the lead to help us get that information. We would be delighted to have somebody help us.

Assemblywoman Taylor:

You mentioned earlier in the presentation there was a survey that you said we have access to, or we have a copy of. I do not know if we do; I do not see it in our exhibits today. I may have missed it. Can you give us a little bit more; or make sure we have that?

Kenneth Osgood:

It is the survey that we did on seniors and the 175 responses. I will ask your Legislative Counsel to contact us because it is in our reports. We give an annual report to the Governor, and I would be happy to see if we can get you a copy of it. We will try to get that to you from our own reports.

Chair Peters:

I have a question for you about the impact of the unwind. You mentioned in your recommendations an appropriation to meet the loss to programs such as SNAP programs due to emergency allotments. Can you expand a little bit on the impact that we have been seeing, and that request.

Regis Whaley:

I will provide some background on the SNAP Emergency Allotment, first. Since April 2020, the State of Nevada has been a part of this program through the USDA receiving those emergency allotments. They spend \$40 million per month coming into the state of Nevada to support households that are participating in SNAP. The last of those emergency payments will be issued in March. After that, there will not be what has been a second payment going out to households that participate in SNAP. We are talking about, again across the state, \$40 million worth of purchasing power that is going to be lost from those households. Looking at other states that ended their emergency allotments—because many states have—in 2022, on average, states that ended their emergency allotments experienced roughly a 16 percent increase in food insecurity. That is based on some data from the U.S. Census Bureau. That is what we are looking at here in Nevada. The reason for asking for an appropriation in that amount is looking at a potentially 16 percent increase in food insecurity and the food banks being able to support those who will be losing the allotments.

Chair Peters:

Can you break down a little bit for us what the amount lost is per family and what different scenarios would look like. I know that senior populations receive a different benefit than family populations do. Can you just talk a little bit about what it is, what that difference is that we are looking at in the benefit as that funding goes away.

Regis Whaley:

I can send that over to you. The Nevada Division of Welfare and Supportive Services (DWSS) has a few scenarios that they have walked through—some different income amounts and different household sizes, which are two of the primary factors for determining what the amount of loss is going to look like. We are talking about some very stark losses. One of them that I can remember for our seniors, just because it was such a drastic decrease. I mean you are talking about seniors that are going to go from receiving nearly \$300 a month in SNAP benefits down to the minimum of around \$20 a month in benefits. If you can imagine being a senior having no other income receiving \$300 during this time of increased food cost and inflation, all the things that we are all experiencing right now, going from \$300 a month for your food budget down to \$20. It is going to be hard times for a lot of folks out there.

We have been in talks with DWSS and we are here to support. We want to make sure that whatever we can do on the food bank side, we are here to do it for Nevada.

Chair Peters:

The magnitude of that is unimaginable to me. I think about the constituents I hear from, particularly our fixed-income senior populations who are already struggling with rising rent rates. That that emergency fund offset some of those impacts to them. Add to that inflation and the cost of food today, the cost of gas and other transportation as well as the cost of health care. It does not settle well. Are there any other questions from the Committee? [There were none.] Our second presentation today will be on childhood food insecurity in Nevada with Sarah Rogers, who is Deputy Chief of the Nutrition Unit of the Bureau of Child, Family, and Community Wellness.

Sarah Rogers, Deputy Chief, Nutrition Unit, Bureau of Child, Family, and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services:

[Reading from [Exhibit D](#).] Food security means the ability of a person to access enough food for an active and healthy lifestyle [page 2, [Exhibit D](#)]. The Nevada Office of Food Security (OFS) is located within the Division of Public and Behavioral Health Nutrition Unit and the mission of the OFS is to effectively improve the life and health of Nevadans by increasing food security throughout the state [page 3]. The guiding principles of OFS includes the following:

- Incorporate economic development opportunities into food security solutions.
- Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing short-term assistance.
- Focus on strategic partnerships among all levels of government communities, nonprofit organizations, including foundations, private industries, universities, and research institutions.
- Use available resources in a more effective and efficient way.
- Implement research-based strategies to achieve measurable results.

The target populations we focus on are food-insecure Nevadans with an emphasis on children and older Nevadans. In addition, the OFS staffs the administrative support for the Nevada Governor's Council on Food Security and supports the implementation of its guiding plan, Food Security in Nevada: Nevada's Plan for Action.

As Dr. Osgood mentioned previously, Nevada currently ranks eighth nationally among states with projected overall food insecurity [page 4]. We are also eighth for projected very low food security rates nationally. Nevada's Third Congressional District is one of the areas with the highest national projected food insecurity rates, with an increase of 36,970 individuals projected to experience food insecurity, as well as the highest projected very low food security, with an increase in 17,430 individuals expected to experience very low food security rates. As of 2021, Nevada ranks fifth, or at 23 percent, for states with highest projected child food insecurity rates. We are below Louisiana at 26 percent, Hawaii at

24.6 percent, New Mexico at 23.7 percent, and Texas at 23.6 percent. For states with very low and projected very low food security rates for children, Nevada ranks second at 8.1 percent, just below Oklahoma at 8.4 percent.

When it comes to national household characteristics for food insecurity, households below the poverty line and single women heads of household with children are the most likely to be food insecure at 33 percent and 24 percent respectively, followed by single men heads of household with children at 16 percent, then dual heads of household with children at 8 percent and households with elderly individuals at 7 percent [page 6]. Black, non-Hispanic individuals are the race and ethnicity most likely to be food insecure at 20 percent, followed by Hispanic at 17 percent, other non-Hispanic at 10 percent, and white non-Hispanic at 7 percent. The Women, Infants, and Children (WIC) program is located within the Division of Public Behavioral Health Nutrition Unit [page 7, [Exhibit D](#)]. It is a supplemental nutrition program that aims to safeguard the health of young and expecting families through nutrition and breastfeeding support and education as well as an issuance of a monthly tailored food package. At the start of the COVID-19 pandemic, WIC saw an initial increase in participation rates; however, participation has continued to fall across the state and all WIC programs. As of 2022, we are down to 40,023 children aged 0-5 participating in the program. That is a drop from 45,225 in 2020.

The SNAP program has seen an increase in participation for children under 18 years old, from April 2022, compared to January 2023 [page 8]. Based off a federal regulation, SNAP participation does make a categorically eligible child or parent adjunctively eligible to participate in WIC. However, as you can see from these numbers, SNAP participation for 0-to-5-year-olds is over 20,000 more than 0-to-5-year-olds participating in the WIC program. That is a major gap in those who are eligible to be served by the WIC program. As this Assembly heard last Friday from the DWSS, starting April 1, participants will see a decrease in their SNAP benefits. While this is happening across the country, this is a decrease in over \$43 million per month in Nevada alone. This graph does represent 92 percent of the total SNAP participation currently. On April 1 the average one-person household will see almost a 47 percent reduction in monthly SNAP benefits. A two-person household will see a 43 percent reduction. The three-person households will see almost 34 percent reductions, and a four-person household will see 36 percent in monthly reductions.

What does the discontinuation of the SNAP emergency allotment look like for the average person, family, or senior [pages 9 and 10]? Currently there are 31,940 single-parent SNAP households. They will experience an average monthly loss of \$152.51. There are 47,918 one-person households where the member is 60 years or older. Their average loss per month will be \$131.86. There are 11,444 two-person households where both members are 60 years or older. Their average monthly loss will be \$231.49. Additionally, seniors who received unearned wages such as Retirement, Survivors, and Disability Insurance (RSDI) or Supplemental Security Income (SSI) will see a decrease from \$281 per month to \$23 per month. As we are all facing the end of the SNAP emergency allotment, we need to look at the overall impact this will have on Nevadans. We know there will be disproportionate impacts on racial and ethnic minorities, senior citizens, households with children, and people

with chronic diseases. Programs will have to pivot quickly and enhance programming to adjust to the increased need. Inflation is already making it very hard for our partners to purchase enough foods. Women, Infants, and Children does anticipate an increase in participation as a result, and luckily WIC is maintaining their cash value increase in fresh fruits and vegetables which was started because of the pandemic. That was an increase of \$9 for children and \$11 for women, to \$25 a month in fresh fruits and vegetables for children, \$44 a month for pregnant and postpartum participants, and \$49 a month for exclusively breastfeeding participants.

However, the barriers that have created this gap in SNAP and WIC participation still exist. Those include needed WIC technology improvements. We know that SNAP now offers online ordering and delivery, whereas the WIC program does not have those capabilities. The requirements to become certified on WIC are a lot more stringent. We also require WIC participants to maintain quarterly appointment schedules and nutrition education requirements. Unfortunately, the WIC program is still perceived by many as a formula program, which as an Abbott Nutrition contracted state in the wake of a formula recall and formula shortage, we have experienced some hesitancy from participants and new participants.

Pregnancy and childhood are a vital time to establish good health for lifelong impacts, and some implications of food insecurity at this stage include birth complications such as low birth weight, poor maternal health outcomes, iron deficiencies, as well as developmental issues like stunted growth, anemia and asthma, oral health problems, mental disorders, and lower cognitive levels [page 12, [Exhibit D](#)]. There are negative health outcomes: lower-quality diets and nutrition insecurity, higher health care costs and higher obesity rates. Some of the current efforts of the Division of Public and Behavioral Health to mitigate food insecurity include the 2023 Food Security Strategic Plan, which should be ready for release any time this month [page 13]. This plan has more of an emphasis on collaboration across the food security ecosystem: non-typical food security partners such as transportation and housing, and those with lived experience.

We are also currently going through a new round of Funds for a Healthy Nevada Notice of Funding Opportunities, which are being reviewed for food security work through state fiscal year 2024-2025. Women, Infants, and Children and SNAP are also working together to streamline their referrals. Nevada is also one of five states that was awarded the WIC online ordering grant, which we are hoping to use to explore expanding shopping options for WIC participants to make shopping easier and reduce the stigma in stores. Nevada WIC is also supporting multiple local organizations and applying for an upcoming WIC Community Innovation and Outreach grant which we hope will raise awareness of the program and increase participation. I am happy to answer any questions.

Chair Peters:

Thank you so much for the presentation and for covering some of this information. That helped answer some of the questions that I had earlier. We have several questions from Committee members.

Assemblyman Nguyen:

I want to ask you a question about slide 11 [page 11, [Exhibit D](#)]. It mentioned the data on ethnicities and the impact for ethnic and minority communities. I wondered, on slide 6 [page 6] you mentioned national data, is there Nevada data in terms of race and ethnicities?

Sarah Rogers:

Not that I have currently available, but I can find out for you.

Assemblyman Nguyen:

I know we did not mention in terms of formulas and how the funding is for SNAP here on these slides. Just out of curiosity, do you know if the state puts in any types of SNAP matching, because I know for nonprofit organizations that work with the SNAP program, they are only given 47 cents per dollar from the federal budget. Does that 47 cents have any state money in there at all, or is it just all federal?

Sarah Rogers:

I will have to follow up with our DWSS.

Chair Peters:

We have representatives from Three Square and the Food Bank of Northern Nevada here. If you have any response to that, you are welcome to come up and share your knowledge.

Shane Piccinini, representing Food Bank of Northern Nevada:

The money through the SNAP program is exclusively federal dollars. There is a thing called the SNAP match that the state must put towards the federal grant, but that does not apply additional dollars to the client. It is for the administrative operation of the SNAP program.

Assemblywoman Taylor:

On slide 6 [page 6], and I am sure you spoke through this and I may have been taking a note and I missed it. Help me understand the difference between the two rankings. One is, we are fifth for states with the highest projected child food insecurity rates, but then we are second with very low food insecurity rates. Help me understand.

Sarah Rogers:

When it comes to food security, I believe there are four tiers. Very low food security would be the bottom, or the most severe, and that is where there is a disruption in one's eating patterns. Whereas projected food insecurity is the top tier, the beginning tier, so it just goes down in the tiers. Very low food security is where we see disruption in eating patterns, missed meals, more severe issues like that.

Assemblyman Taylor:

So, really there are two different scales? I was trying to figure out how they fit together, and they do not. Just for my own clarification, I am pretty sure I have this, but talk to me a little bit. You mentioned how sometimes WIC and SNAP work together. Will you give a little

basic of WIC; I know that it is for women and children. Help me clearly understand the differences between the two and how they should work together.

Sarah Rogers:

The WIC program, also a supplemental nutrition program, is completely different from the SNAP program. They have different income limits and requirements. The WIC income limits are higher than SNAP, which is why if you participate in SNAP, you are adjunctively eligible to participate in WIC because it is assumed you meet the income requirements. Women, Infants, and Children also has some more nutrition education and breastfeeding components. We also require height and weight data to be collected and iron data as well. There are more touchpoints for the WIC program. It is meant to be a short-term program where we provide the medically-tailored meals and then also the nutrition education to help them sustain the good eating habits once they no longer qualify for the WIC program. It is for pregnant women or breastfeeding individuals up to one year or postpartum individuals up to six months, and then children from age zero and until their fifth birthday.

Assemblyman Taylor:

If I may follow up. WIC is easier to qualify for? If you qualify for SNAP, then you are going to be getting WIC?

Sarah Rogers:

In terms of income, yes.

Assemblyman Taylor:

With WIC, the whole idea is that it is a more severe case in terms of the health of the children. It seems as though there are some things involved in terms of their weight, or did I misunderstand that?

Sarah Rogers:

In WIC we identify them as having a nutrition risk which, as you know, pregnancy can be considered a nutrition risk. They have those additional components, but as far as measuring height, weight, and iron, those are just other touchpoints of the WIC program that we use to help safeguard the health. We are following that closely with the participants while they are participating in the program.

Assemblyman Taylor:

The whole idea is to just get them off of WIC?

Sarah Rogers:

Yes, the idea is it is a long-term health solution.

Chair Peters:

I have a quick follow-up on that description of the metrics that are collected from the families that are participating in WIC. Is that the state requirement or federal requirement?

Sarah Rogers:

It is a federal requirement.

Assemblywoman Thomas:

When you were giving the percentages of households' characteristics, I was wondering is this indicative of Nevada or the country?

Sarah Rogers:

This is a national characteristic.

Assemblywoman Thomas:

Is there any way for the Department of Health and Human Services (DHHS) to break it down for Nevada so that we can see areas, like my District 17 in the south, so I can visualize where the deficiencies are?

Sarah Rogers:

I can absolutely work with our analytics department and see what we can get for you.

Assemblywoman Thomas:

On slide 12 [page 12, [Exhibit D](#)] I was wondering, do you have the data when you are giving us the birth complications—This means a lot to me—for Black, Brown, and Indigenous people? Do you have the data that supports whether or not the deaths of these babies occurred because of nutrition, or lack thereof?

Sarah Rogers:

I can work with our Maternal Child and Adolescent Health program that has the Maternal Mortality Review Committee as well as the Infant Fatality Review Committee.

Assemblywoman Gorelow:

I want to go back to what my colleagues were talking about with WIC and those metrics that you are collecting: the iron, weight, and height. Can you talk a little bit about how you collect those? Do you see that as a barrier?

Sarah Rogers:

For the iron, it is usually a finger poke in the clinic. Some clinics will contract out, so the participants will have to go to a different clinic or nurse to get the finger poke and have their blood iron levels read. The height and weight information is usually collected in the clinic, or they have to collect it from the doctor who faxes it over. We do see it as a barrier because it is an additional step to becoming certified for the program and maintaining certification of the program.

Assemblywoman Gorelow:

I think it is important to bring up, if they must go to a nurse someplace else, many times transportation is an issue. I would have some concerns about that, but as you mentioned, that is a federal requirement. I am not sure what we can do about that. We have talked about

food insecurity and people not having food, but then in the bullet points and in presentations it talks about higher obesity rates. I think for some people that might seem a bit like an oxymoron; you do not have food, yet you are heavy. If you could elaborate for others, to explain how that works together.

Sarah Rogers:

When it comes to the higher obesity rates, a lot of times, it is not necessarily to do with the amount of food, but the quality of food you have access to. It also has a lot to do with food insecurity and nutrition insecurity. Oftentimes, the foods that have the higher energy requirements are more processed, are cheaper and easier to access.

Chair Peters:

I have a follow-up on the WIC criteria. There is no waiver program for WIC on those obligations to measure weight, height, and iron metrics?

Sarah Rogers:

Throughout the pandemic, there was a waiver so that we could waive that as much as possible. The participants who went to the doctor were just having the doctors send faxes in when they could of those updated heights and weights. That is not a long-term waiver, and it is ending at the end of the public health emergency.

Chair Peters:

I would like to invite our food bank partners to talk a little bit about the quality of nutrition that you provide to folks who use your services. Can you tell us how you are engaging in high-quality foods and fresh foods, and what kind of differences it makes to people's lives.

Shane Piccinini:

Our food bank has, for the last four and a half years, been engaged in sourcing foods that are lower in salt and lower in sugar. We encourage client choice, but we have got identifiers throughout our different pantries. We have about 150 partner agencies, where there is a red, yellow, or green tag on there. Greens obviously would be the lowest processed foods, lowest in sodium that are healthier. Yellow is sure, go ahead, but not every day. Then red is, are you kidding?

A lot of this is client or neighbor education on what healthy food choices are. It is a long-term process because we want them to choose to be healthier. We do not want to tell them how they and their families should choose to eat. Also, part of that has to do with the availability of culturally sensitive food or the unavailability of that. There are a bunch of different factors that play a role in what is considered to be healthy eating and what families consider to be healthy eating.

Regis Whaley:

Many of the things you are hearing about from Mr. Piccinini that are happening at Food Bank of Northern Nevada; similar things are happening in southern Nevada at Three Square. The system that Mr. Piccinini is referring to, that red, yellow, green kind of stoplight system,

is something that is being worked on through the Robert Wood Johnson Foundation. That is the largest philanthropy in the U.S. working on public health issues, and there is a lot of research and support behind it. One of the goals we have at Three Square is looking at how much fresh produce we are putting into the community. We do have some internal goals around making sure at least 40 percent of what we put out there is just fresh fruits and vegetables because we know that those are not always easy to come by, especially for our neighbors who are experiencing food insecurity. We also take a look at the way that we are doing purchasing and procuring food through our other channels, trying to figure out how we optimize the nutrition that is coming through there. As Mr. Piccinini mentioned, we are looking at some of the low-sugar, low-salt options, but also thinking about our proteins, looking at lean proteins, making nonmeat proteins available for those with different food preferences or food allergies. It has been an important part of our two food banks. It is something we are seeing food banks taking part in across the country.

Chair Peters:

In my life, cooking was a large part of how my family saved money when I was a kid. My mom knew how to cook. That is often a barrier for folks, with fresh foods. It is not knowing how to make them taste nice, or not being familiar with the tastes you can create with fresh foods. I know in other areas, I have heard on radio segments that they are introducing cooking classes as part of some of these programs. Are we doing anything like that in Nevada?

Shane Piccinini:

We do have a nutrition education program, working with our neighbors, which does demonstrations of recipes. We have a program called Mobile Harvest that delivers a 53-foot tractor trailer into neighborhoods to directly distribute fresh produce. We distribute recipes through that. We also have the Nutrition Education Department within our programs division at the food bank that goes out and shows clients and neighbors exactly how to prepare some of those foods and to give them healthy options for what we are distributing.

Kenneth Osgood:

For many years, the University of Nevada's Extension Program has had those kinds of cooking programs offered here in the valley. They are active in the southern half of the state, and I assume the extension in the northern half of the state is doing the same. There is one other comment I wanted to make about WIC. I, unfortunately, was involved with the creation of WIC while I was treating children just on the other side of the Grand Canyon on the Navajo Nation, when I served in the U.S. Public Health Service and we were trying to keep children alive who we are born with and had within six months of age kwashiorkor [protein malnutrition] or marasmus [inadequate energy intake], the diseases you see in Africa. We had it here in the United States. Our physicians and nurses wrote a report that was picked up by Congress and out of that, we were pleasantly surprised, they created a supplemental program called WIC specifically targeting children up to the age of one to try and make sure that we eliminated those problems. Women, Infants, and Children is not a federal program for all other age groups, just to let you know.

Chair Peters:

I asked staff to pull up the annual income limits for SNAP, just to bring folks' attention to slide 9 as we talk about this. To give you some perspective on the loss of income we are looking at, the maximum income for a household of one, that first row on the table here, the maximum income is \$17,667. The loss of \$132 is almost 10 percent of that income. For a household of two, the maximum income is \$23,803. Again, almost 10 percent of that income is lost. For a household of three, the max income is \$29,939, in a household of four the max income is \$36,075.

I just wanted to give you some perspective of what we are looking at in the fallout from the SNAP Emergency Allotment loss. Are there any other questions from the Committee for these experts today? [There were none.] I think these are really important issues and particularly because we are looking at the loss of some of these benefits, it is important for us to know what we are looking at and consider what we can do to help. I appreciate you-all being here. [[Exhibit E](#) and [Exhibit F](#) were submitted but not discussed, and are included as exhibits for this hearing.]

I am going to close out that agenda item today and move on to our last agenda item. Public comment. [There was no public comment.] We are going to close public comment for the day and move on to the end of our agenda. Are there any members who would like to share comments or questions? Seeing none, our next meeting will be on Monday, February 20, at 1:30 p.m. We will see you all here, and with that, the meeting is adjourned [at 2:39 p.m.].

RESPECTFULLY SUBMITTED:

Spencer Wines
Committee Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a copy of a PowerPoint presentation titled "Council on Food Security," dated February 17, 2023, presented by Kenneth Osgood, M.D. M.P.H., Member, Council on Food Security.

[Exhibit D](#) is a copy of a PowerPoint presentation titled "Childhood Food Insecurity in Nevada," dated February 17, 2023, presented by Sarah Rogers, Deputy Chief, Nutrition Unit, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services.

[Exhibit E](#) is a document titled "Facts and Figures for Older Adult Meal Programs," submitted by Marcia Blake, Member, Council on Food Security.

[Exhibit F](#) is a report titled "Nevada Food Banks: Budget Priorities FY 2023-2024," submitted by Regis Whaley, Director of Advocacy and Research, Three Square Food Bank, and Shane Piccinini, representing Food Bank of Northern Nevada.