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

Eighty-Second Session
February 8, 2023

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 1:32 p.m. on Wednesday, February 8, 2023, Online and in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

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

Garrett Tamagni, Committee Secretary
Traci Dory, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Richard Whitley, Director, Department of Health and Human Services
Marla McDade Williams, Deputy Director of Programs, Department of Health and Human Services

Chair Peters:
[Roll was taken.] On today's agenda we will have staff and Committee introductions, adoption of Committee policies, and presentations from staff in the Department of Health and Human Services (DHHS). We have four Committee bill draft requests (BDRs) to introduce as well. I am going to start with a couple of comments and some housekeeping, and then we will move into introductions.

First of all, I would like to say that we are grateful to be back in the committee chambers with all of you. It has been a long three years and I know we are all looking forward to finding a groove in this new normal space. Please know that we are working to ensure that we are accommodating access needs. If there is something specific that you need, or something you think will make this Committee more accommodating, please feel free to share that information with me or staff. We have several new members and are happy to have you all with us this year.

I have worked with staff to identify issue areas of relevance to this Committee that are worth digging into a bit more. We will be starting the session off with several presentations to the Committee. We recognize that this is not a comprehensive list of issue areas that will be heard in this Committee but I wanted to make sure we introduced you all to major topic areas of it, as well as the staff who support those areas in Nevada. That being said, we have wonderful staff I will introduce in a minute who can help answer questions and connect you with the right person to answer your questions on any topic area under the purview of this Committee.

I do expect folks to act respectfully in this Committee. We will not tolerate disrespect. We are all here because our constituents elected us to do the job of this body, not to squabble over political rhetoric. Lastly, I want to mention that topics heard in this Committee are often personal and can elicit strong emotions. I have been known to cry several times in committee over the years. We honor these reactions. Please prioritize taking care of yourselves, whether it is to excuse yourself from the space if you are being triggered, or to take a deep breath before you respond or ask a question.

I would like to remind everyone to please silence your electronic devices, including your laptops and cellphones. Members of the public may provide testimony in a variety of ways, all of which are listed on the agenda. Today, we will have public comment at the end of the

meeting. You may also submit public comment in writing, whether in addition to testifying, or in lieu thereof. Written public comment may be submitted before, during, or up to 24 hours after the meeting adjournment. If you wish to testify in person, please sign in at the table by the doors and leave a business card. This helps us keep track of who you are as you are speaking and make notes that go into the record. Anyone who would like to receive electronic notifications and access to the committee meeting materials can do so by signing up on the Legislature's bill tracking website, Nevada Electronic Legislative Information System (NELIS). To ensure an orderly flow of discussion, all comments, questions, and responses must go through me. Committee members, please be recognized by me before you speak.

With that, we will move on to introductions. First of all, I would like to start with our Committee members. Members, if you would like to introduce yourselves, please include the district you represent, your interest in Health and Human Services, as well as your goals for the Committee during this session. We will start with Vice Chair, Assemblyman Orentlicher.

Assemblyman Orentlicher:
It is great to be back. I am David Orentlicher, representing Assembly District 20 on the southeast side of Las Vegas. This is my second term on this Committee. My background is in medicine and law. I teach Health Law at the University of Nevada, Las Vegas. In my professional life I spend a lot of time thinking how we can improve our health care system and that is what I hope we can do, to do more in the way of prevention and improve access to health care. I am delighted to be here and working with you all.

Assemblyman Hafen:
I represent Assembly District 36. This is my third session on the Health and Human Services Committee, and over the last three years we have seen our medical community be overburdened. I am really looking forward to hearing policies that are going to help bring more medical professionals to our community and also to be able to help our citizens of the state with their mental health and medical needs. This is going to be one of the most important committees this session. I appreciate the opportunity to serve here.

Assemblywoman Gorelow:
I represent Assembly District 35 which is in the southwest of Las Vegas. Prior to working in the Legislature, I was an advocate for women and children's health care issues. I am passionate about those issues. I look forward to being on this Committee for my third session.

Assemblywoman Thomas:
I represent Assembly District 17 which includes the North Las Vegas Veterans Affairs Medical Center as well as Nellis Air Force Base. I am glad to be on this Committee again, this will be my second term here. I look forward to working for the people of the state of Nevada.

Assemblywoman González:
I represent Assembly District 16 in the heart of the beautiful Las Vegas community. This is my second session, but my first time on the Committee on Health and Human Services. I am excited for all the things that we will do and look forward to working together.

Assemblywoman Newby:
I represent District 10, which is near downtown Las Vegas. It is my first time in the Legislature. On this Committee, I am particularly interested in mental health services, particularly mental health services for children.

Assemblyman Nguyen:
I proudly represent Assembly District 8 in southwest Las Vegas, one of the most diverse districts in Nevada. When it comes to my interests as a parent, a community advocate, and a small business owner, health care is the foundation of everything. In terms of my background, I used to run community clinics and private clinics. I have an interest in seeing how we can reduce the barrier to care as well as enhancing language access. That is something that I am passionate about in terms of the work in the Asian Pacific Islander community, which is one of the fastest growing communities in our state.

Assemblywoman Taylor:
I proudly represent District 27 of Washoe County, and this is my first year in the Legislature. I am excited to be on this Committee and I am looking forward to working with my colleagues to give the people of Nevada care and keep them safe.

Assemblyman Gray:
I represent Assembly District 39, which is the central Lyon County corridor and all of Douglas County. I have spent about 26 years in the health care industry, both in the military and the public sector. I am looking forward to representing the needs of rural Nevada. We all know that Nevada has shortages all over the place, but those shortages are more acutely felt in the rural areas without doctors and practitioners of all varieties. I am looking to see what we can do to address those needs.

Assemblyman Hibbetts:
I represent Assembly District 13, which is in the north-northwest portion of the Las Vegas Valley. This is my freshman year. I am looking forward to hearing testimony so that I can learn what it is that I can do to help our citizens.

Assemblyman Koenig:
I represent Assembly District 38, which is part of Lyon County, all of Churchill County, all of Mineral County, all of Esmeralda County, and a little bit of Tonopah. I am a practicing optometrist; my career is in health care. I want to mimic what other people have said, but it is important to me that we get the providers that are needed to the rural areas of the state, especially mental health providers and specialists. There is a lack of specialists. I have patients from out in the middle of nowhere whom I am watching go blind because they are not able to get to one of the big city populations where the specialists are at, and there is no

way that they can get there. It is heartbreaking. We definitely need to see what we can do to help get some of the specialists out in the rural areas and help out my rural constituents.

Chair Peters:
As you can see, we have quite a variety of backgrounds and expertise in this room. I am grateful for all of you being here and look forward to the conversations we will have in this committee room.

I am Sarah Peters. I represent Assembly District 24. I have been honored and proud to represent this district for three sessions. I was the Vice Chair for the Committee on Health and Human Services last session, during one of the most trying times in this building with COVID-19. I am grateful to be back in a more normal capacity. I also had the opportunity and honor of chairing the Joint Interim Standing Committee on Health and Human Services, during which we explored a variety of issue areas including behavioral health care, children's wellness issues, public health issues, and insurance coverage issues, just to name a few. We have some BDRs to introduce today that came out of that committee and I am looking forward to working on those bills with you all.

My priorities in this Committee are aligned with what we looked at during the interim committee. Behavioral health care is a passion area of mine. That is going to be a topic area that we dive into here. I am also passionate about access and transparency—increasing access and increasing transparency—so that patients are the center focus of all care in the state of Nevada. I also agree with my colleague that reducing barriers is a part of that transparency piece, ensuring that people know how to get access to the care that they need and have the ability to access it. Whether they are in our rural communities or urban districts, it is important that we all have an equitable access to the health care that we need and that our families need.

Top of mind for me is always harm reduction. What can we do to reduce the harm that exists in our health care system? Inherently, you would think that harm is being reduced. That is not always the case. Sometimes the system has been manipulated or broken in ways that increase harm. As we process bills and issues, and as I look at what we are doing in the Committee, one top focus for me will always be reducing the harm to the public and patients, as well as to the industry that supports what we are able to provide to our constituents.

I do expect that our members, those who join us, the public, and those who present in this Committee, will act with respect to each other. We do not always have to agree, and we certainly will not always agree. It is important that we give each other the deference to say our piece, to share our stories, to share our opinions, but also to respect that we all deserve that same thing in return. I will not tolerate name-calling. I will not tolerate abusive decorum in this room. You will be asked to leave. I have not yet had the pleasure of having to remove somebody from committee, and I hope that that never comes to be. I just want to put that out there as the standard for our Committee actions.

I would like to introduce our staff. I will start with Shuruk Ismail. As an Arab Israeli, she was born in the north of Israel. She lived in Jerusalem for 25 years where she worked intensively with the government in her capacity as a health policy researcher and later as a program director at the Rothschild Foundation. Her main expertise is in health policy, health inequities, workforce development, and local governance. Before moving to Reno, Nevada, she lived in Boston for three years where she acquired her master in public administration from the Harvard Kennedy School of Government. She is grateful for the opportunity to utilize her skills, knowledge, and expertise in support of the Legislature's mission and the common good of the people of Nevada. We are so grateful that you are here.

Please welcome back Terry Horgan, our committee secretary who unfortunately cannot attend today. She has lived in Carson City since 1975 and is a retired bookkeeper. She has worked as a committee secretary for many legislative sessions, primarily on the Committee on Health and Human Services. Terry says she loves her job.

Cullen McGinnis is my personal attaché. He was born and raised in Reno and graduated from the University of Nevada, Reno (UNR) with a degree in political science. When he is not at work, he is passionate about photography, playing the cello, and gardening. I have known Cullen since he was about 12 years old, and I am glad that he is in the building. I remember one of the first conversations we ever had was about politics, and that was over a decade and a half ago. Also with Cullen is Rachel Freshman, who is my intern, and she is fabulous. She is at UNR, working on getting her master of public health. When you come by my office, you will see these two and they will be helping out with the Committee.

Please also welcome Ashley Torres who will serve as the committee assistant for the Committees on Health and Human Services, Education, and Judiciary. Ashley was born in Huntington Park, California, and moved to Carson City in August 2014. She and her family enjoy all the outdoor activities that northern Nevada has to offer like hiking, kayaking, and sightseeing. This will be her first legislative session and she is excited to be part of such important work. Thank you for being here.

Eric Robbins, Committee Counsel:
I am Eric Robbins from the Legal Division of the Legislative Counsel Bureau (LCB). This will be my sixth legislative session. I have staffed the Senate Committee on Health and Human Services since 2015, but this will be my first time assisting with the Assembly. I look forward to the experience.

David Nauss, Committee Counsel:
This is my second legislative session with the Nevada Legislature and my first as counsel for the Committee on Health and Human Services. During the interim, I was junior counsel for the Nevada Youth Legislature.

Patrick B. Ashton, Committee Policy Analyst:
I am a policy analyst from the Research Division of the Legislative Counsel Bureau. This is my third session with the Legislature. During past sessions and interims, I staffed a lot of

Health and Human Services and Commerce and Labor related committees. I have two master's degrees from UNR, one in social work, the other one in political science. I am a licensed social worker, having worked before at the Aging and Disability Services Division and at the University Center for Autism and Neurodevelopment at UNR. I am originally from Munich in Bavaria, Germany, but since 2009 I have called Nevada my home. I am honored to serve as your committee policy analyst and am looking forward to an interesting session.

Chair Peters:
Our first order of business today is the adoption of Committee policies [Exhibit C]. These policies are on NELIS. The work of the Committee is governed by the Assembly Standing Rules and the Joint Standing Rules that we adopted on Monday in the full Assembly. The proposed Committee policies serve to complement these rules by adding more detail for our specific Committee. Members of the Committee, are there any questions regarding the Committee policies? [There were none.] I will entertain a motion to adopt the Committee policies for the Assembly Committee on Health and Human Services.

> ASSEMBLYWOMAN NEWBY MOVED TO ADOPT THE COMMITTEE POLICIES FOR THE ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES.
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> ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Are there any comments or discussion on the motion before we vote? [There were none.]

> THE MOTION PASSED UNANIMOUSLY.

Our committee policy analyst, Patrick Ashton, will present the Committee Brief [Exhibit D].

Patrick B. Ashton:
As nonpartisan legislative staff, I can neither advocate nor oppose any of the proposals that come before you during session. I am here to assist the Chair and members of the Committee with any questions concerning policies that may arise. My only agenda is to be objective and provide you with unbiased information. I am available to assist the Committee and its members on any issues related to health and human services. In addition, the Research Division is available to provide information and assistance on a confidential basis to individual members of the Legislature on any topic. Please feel free to reach out to me or my colleagues at any time.

You have all been provided with an electronic copy of the Committee Brief [Exhibit D], and you can also find a copy on NELIS. This brief provides background information on the work of the Committee and policy issues that you may consider this session. I would like to take just a few minutes to cover some highlights.

On page 1 [page 3, Exhibit D] of the Committee Brief, you will find an overview of the committee staff and committee jurisdiction. On pages 1 and 2 [pages 3 and 4], there is an overview of the committee activity last session. During the 2021 Legislative Session, this Committee considered a total of 44 Assembly bills and 26 Senate bills and resolutions, which is 70 measures in total. Fifty-four of these were voted out of the Committee. The Legislature approved 51 measures and 1 bill was vetoed by the Governor. Overall, the Committee considered fewer bills than usual last session, likely due to the special session format during the COVID-19 pandemic. Regarding the vetoed bill, Governor Sisolak vetoed Senate Bill 391 of the 81st Session after the Legislature adjourned, sine die. On page 2 [page 4], you can find a short summary of this bill.

Pages 2 through 5 [pages 4 through 7] of the Committee Brief show that over the coming months you can expect hearings about many health and human services issues either in this Committee, or in the Committees on Commerce and Labor, Ways and Means, or on the floor of the Assembly. For example, you may consider measures related to access to health care, behavioral health, homelessness, public health, and prescription drug costs, just to name a few. The Committee Brief provides background information on these highlights. You will also hear detailed presentations from subject matter experts on public health, behavioral health, and Medicaid and welfare in the next couple of weeks.

Next, on pages 6 and 7 [pages 8 and 9] of the Committee Brief, you will find an overview of relevant audits, reports, and studies, such as interim committee bulletins and reports that summarize the work of committees and studies during the past interim as well as pertinent legislative audits from the LCB Audit Division. The Committee Brief contains hyperlinks to the audit's reports and bulletins, if you wish to dig deeper in on certain issues. This concludes my presentation, and I would welcome any questions.

Chair Peters:
Does the Committee have any questions for Mr. Ashton? [There were none.] Thank you so much, Mr. Ashton.

So that we can keep the BDR process going, I am going to start us with BDR introductions. These are Committee BDRs. I want to be clear that the introduction of these BDRs just allows them to go to the floor, for them to be introduced and referred to our Committee, so that we can have formal hearings on them. Voting yes on introducing these Committee BDRs does not preclude you from opposing these bills when they come to Committee for hearing, and it does not demand that you support these BDRs as they move through the process. We have four BDRs today.

BDR 38-326—Requires certain facilities to be licensed as child care institutions. (Later introduced as Assembly Bill 136.)

BDR 40-327—Revises provisions related to fetal alcohol spectrum disorders. (Later introduced as Assembly Bill 137.)

BDR 38-332—Provides Medicaid coverage for certain types of behavioral health integration services. (Later introduced as Assembly Bill 138.)

BDR 40-324—Revises provisions relating to homelessness. (Later introduced as Assembly Bill 135.)

Do I have a motion to introduce these four BDRs?

> ASSEMBLYMAN ORENTLICHER MOVED TO INTRODUCE BILL DRAFT REQUEST 38-326, BILL DRAFT REQUEST 40-327, BILL DRAFT REQUEST 38-332, AND BILL DRAFT REQUEST 40-324.
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> ASSEMBLYWOMAN GORELOW SECONDED THE MOTION.

Are there any comments or discussion on the motion before we vote? [There were none.]

> THE MOTION PASSED UNANIMOUSLY.

Next, we have a presentation from the Department of Health and Human Services. I would like to invite Director Whitley and staff to come up for this presentation. This presentation is uploaded onto NELIS [Exhibit E].

Richard Whitley, Director, Department of Health and Human Services:
I serve as the Director for the Department of Health and Human Services (DHHS). With me today is Marla McDade Williams. She serves as the Deputy Director at DHHS. Also with us is Kyra Morgan and she serves as the DHHS Chief Biostatistician. We will talk in our overview on how we have enhanced our data analytics, and the role it plays in our funding and policymaking related to health and human services.

I appreciate the invitation to present today, and in the future, you are going to hear from some of our divisions that will take a deeper dive into certain aspects related to health. Today, I want to give an overview of our agency so that you know where to go if you have requests for data or information, or questions on aspects of a program. Often, our programs are solely federally funded, and that funding is specific. There are a lot of nuances to some of the programs that we provide, and on the surface, they may sound comprehensive, but they are not always that way. My intent for today is that if you have an interest in any of our programs you can reach out, knowing that I am accessible and helpful. If you or a constituent have concerns with navigating the complexities of health care, I also extend myself in that way to assist Nevadans who are seeking services.

As a broad overview, our biennial budget in DHHS is over $16 billion. We are nearing 7,000 employees. Those employees range from direct service providers, to regulators, to fiscal management. We are the largest state agency. The primary driver for cost in DHHS is Medicaid. Medicaid is the largest payer of health care in our state. Our agency is involved in all aspects of health care, from primary prevention, to intervention, to quality services.

We assist across the lifespan, with subpopulations that are more burdened with disease or risk factors. We work in traditional health care settings as well as in settings that influence health or are the determinants of health.

The Department is organized into five divisions [page 3, Exhibit E] and that is where you will hear, as the Committee proceeds during the session, some focused topics. The Division of Welfare and Supportive Services focuses on eligibility. If you have a constituent who applies for SNAP [Supplemental Nutrition Assistance Program], what in the past was known as food stamps or WIC [Women, Infants and Children], Medicaid, temporary assistance for needy families, or any of the energy assistance programs, we have a consolidated application process where the consumer is prompted that if they have additional needs, they do not have to wait in multiple lines to get access for services. It is a means-based process. Verification is done, but it is not done for each categorical program, for efficiency. During the pandemic—as a substory to the DETR [Department of Employment, Training and Rehabilitation] delays—I am quite proud that our Division of Welfare and Supportive Services was able to help out their workforce to speed up the processing. Some of that has to do with the efficiencies that we have been able to produce with eligibility.

The Division of Health Care Financing and Policy deals with Medicaid. It is the state's largest payer of health care. Governor Sandoval opted in to expand Medicaid. Currently, about 90 percent of Nevadans are insured either through commercial insurance or Medicaid. Sadly, about 56 percent of the births in Nevada are on Medicaid, which means that those children are living near or in poverty. There is a lot of work to do in that space, as we are a payer, but being a payer is not enough. Some of you mentioned in your introductions that you have areas of interests in such topic areas as children's behavioral health. You can have a payer source, but if you do not have providers, it does not matter, you cannot access health care. Or, if it is remote, and you cannot get to it, it does not matter if you have a payer source. None of these service areas work in isolation to solve problems, they have to work together; somebody could have health care but need food. The integration of our programs is something that our agency prides itself on.

The remaining three divisions are more population- and service-focused. The Division of Child and Family Services (DCFS) runs the gamut of child welfare, primarily in the rural areas. That is their role as a direct intervention point in collaboration, or through contract with the rural counties to serve in that role for child welfare. Clark County and Washoe County implement their own child welfare systems. On the juvenile justice side, DCFS oversees the juvenile, they have juvenile facilities as well as juvenile parole. The counties do probation, and the state does parole. It is a complicated system but requires working with local counties to be comprehensive.

With DCFS, we also have children's behavioral health. When we look at the three agencies that provide services, it is important to understand that the complication in Nevada being a small state is that we fund services, we regulate services, and we fill in as a safety net to provide direct services. With the pandemic and workforce shortages, we have had challenges

in all of those areas. We had made some strides, but the challenges to hire staff have put us at a deficit.

The Division of Public and Behavioral Health (DPBH) has a role in the state's public health system, which is a system that you likely do not hear much about until you need it. There is not a line of people waiting for that service. It usually comes in the form of primary prevention—clean air, clean water, and ensuring that the food you eat is safe. The foundational program of DPBH is our Vaccines for Children Program, which ensures that children are vaccinated. It is a safety net program to ensure that all children in the state have access to vaccines.

The Division of Public and Behavioral Health also oversees some direct services. The big area that was impacted by the pandemic is forensic mental health. The state has a statutory responsibility to do assessment and restoration to competency. During the pandemic, the need for those services had somewhat slowed down, but now we are bottlenecked, and we are not meeting all the needs. The city of Las Vegas had an empty jail that we are converting into a forensic hospital. If you are on a budget committee, you will see a request in our budget to expand that forensic hospital to help meet that backlog of inmates waiting for assessment and restoration to competency.

We also provide, as a safety net in public and behavioral health, civil hospitals. Nevada is one of just a handful of states that has really held on to direct service delivery. Over the decades, most states moved from state-operated, direct services in mental health, to county-delivered mental health services, to now being community-based mental health services. The expansion of Medicaid changed everything because the individuals having a payer source and choice, which is a good thing, have the ability to actually get services in places other than state agencies. We still operate civil hospitals and do serve as that safety net to the community.

There are delays sometimes in the rural areas when the critical access hospitals have a need for transfer. You will hear from those acute hospitals that the emergency rooms sometimes have a backlog of people with serious mental illness. In the Affordable Care Act, there are parity protections for mental and behavioral health, making behavioral health a health condition.

One of the complex functions that the DPBH has is the regulation of health facilities such as hospitals. In order to bill Medicare and Medicaid, you have to be licensed and certified. Hospitals are the only health facility type that federally has a requirement for appropriate discharge. That is surprising, but it is there to prevent the dumping of patients. Emergency rooms get bottlenecked because they have to either transfer the client or discharge them, and if there is nowhere to go, they stay in their emergency room. That is a problem that we are in the process of solving. During last session, we were approved for crisis stabilization centers and those are much like an urgent care for behavioral health. Crisis stabilization centers are connected to a hospital, but they do not have to be on the campus. We are currently working on standing those up.

Additionally, due to DPBH, Nevada was one of eight states to receive a federal award to stand up certified community behavioral health clinics. Many of those clinics serve primary care in the rural areas, but also in urban Reno and Las Vegas. Those are our federally endorsed clinics that cannot refuse service to anyone based on their ability to pay. This certified community behavioral health clinic model is much like that; it pays an enhanced rate to the provider. The providers of those services are unlike a lot of providers who have to balance out the support of their services by not just taking Medicaid clients, because we do not reimburse that well. We are the lowest payer, lower than Medicare. The certified behavioral health clinics and the federally qualified health centers do an enhanced payment and essentially make the providers whole. Because of that, they are federally required not to deny anyone service.

You will see in our budget this session that we are standing up more certified behavioral health clinics. Las Vegas definitely needs additional clinics; they only have one currently. We have a few throughout the rural areas. Vitality Center Elko—of Vitality Integrated Programs—started as a substance abuse treatment facility, then took advantage of the opportunity to grow off that model and expand to a certified community behavioral health clinic. From there, Vitality Integrated Programs spread out to other parts of the state, including Carson City, Dayton, and Reno. This has provided an opportunity for some service providers to really grow and develop. I am very excited that the Governor put in the budget to expand those and make those more available. Those services must provide a network of care, not just the clinical services, but housing support, transportation, and addressing food security. They have to demonstrate an entire network of care and they must serve both children and adults. As you can tell, DPBH has a lot on its plate, more than some state agencies. The role of being a funder, a regulator, and a direct service provider has been a challenge in our agency.

The final agency that I will go over is Aging and Disability Services. Just as the title suggests, the focus is on the aging population. Similar to child welfare, we do this in collaboration with the counties. There are some areas that we could improve in with providing those senior services. The goal is to help individuals live as independently as possible in their home environment. With the workforce shortages, some of the personal care work that was done in homes, as well as recruitment of staff was made harder by the pandemic. You will see in our budget an enhancement in the rate that we pay those folks that go into the home and help people to live independently.

We have disability services facilities in Las Vegas. If the individual can live in a natural environment with their parents, we try to support that. If they need to live in a home in the community, we regulate and fund those. To help people to live at their highest level as independently as possible is the goal. Last session, we had several programs that categorically went towards informing and educating the public. It is the area that I feel like I have the most work to do in. We have 211, which is a referral system of the Nevada Department of Health and Human Services, but we also have ombudsmen who can follow up if any adult is being abused or neglected.

If you went onto the DPBH website and looked at the Bureau of Health Care Quality and Compliance, that is the agency that actually licenses and certifies health facilities. If you had a loved one or a constituent who is trying to decide where to place somebody, the site reads fairly bureaucratic. I think that we could do more in this space to help the consumers understand when making decisions like, who could best serve a loved one or who could best serve me if I am looking for a facility. We have just started to work those programs together in a way that is more transparent and meaningful to consumers.

I am a lifelong public servant and I believe in the services to the public, but the Governor has challenged us all to look at regulations and how those might be a burden. We do not often pause and try to identify the unintended consequences of new regulations. It is the same with sharing information with the public. It may be crystal clear in a categorical program what it does, but it does not always convey that from the consumer's perspective. I am committed to working in that space of aging and disabilities. The 211 program is a great framework and we have benefited from some relief funds to do some enhancements in that. I look forward to making that a better service for the public.

I am going to hand it over to Marla McDade Williams and then I am hopeful at the end if you have questions, we can answer them or provide more information for you.

Marla McDade Williams, Deputy Director of Programs, Department of Health and Human Services:
I want to go over some other programs that we operate out of the Director's office in addition to overseeing and providing technical assistance to the divisions, shown on the next slide [page 4, Exhibit E].

We have the Office of Minority Health and Equity, which is a small program of about two people. They are largely grant-supported and work on activities related to health equity and disparities. We have the Patient Protection Commission, which is also relatively new and works on health care costs. The Fund for Resilient Nevada, which I believe is our newest program, is a result of opioid settlements and legislation that resulted from the 2021 Legislative Session. They have done a state plan and health needs assessment which is available on our website. We have the Governor’s Council on Developmental Disabilities, which is an independent agency that advocates for persons with disabilities, making recommendations for services, and advocating on behalf of persons who are disabled.

We have the Grants Management Unit; I believe they administer three major grant programs. They are responsible for issuing notices of funding opportunity, assessing the applications, and issuing and monitoring funds that go out. Data Analytics functions as support for data throughout the Department and all the divisions. Last, we have the Individuals with Disabilities Education Act (IDEA) Part C, which oversees the system related to children receiving services from Early Intervention Services. Those are children three years old or younger who have extensive needs.

As you probably saw in your Committee Brief, you have jurisdiction over certain titles of the *Nevada Revised Statutes*. Listed out for you on page 5 [Exhibit E] are some of the key statutes that we administer throughout the five divisions in the programs that we have. For your reference in terms of the juvenile justice provisions, there are just two chapters in Title 5 that DCFS would have some responsibility over.

We do a lot of work in the interim on behalf of the Joint Interim Standing Committee on Health and Human Services and provide information, similarly to the Joint Interim Standing Committee on Judiciary, as it relates to some of the juvenile justice issues for DCFS. If you look on your website, there are a whole host of non-legislative committees. This [page 6] is just a sample of some of those non-legislative committees. I believe the reason they are on your website is because they have some legislative representation as members on those committees. We spend a lot of time working with the legislative committees, as well as a whole host of other non-legislative committees that we participate in.

I want to highlight some accomplishments that the programs within the Director's office have done [page 7, Exhibit E]. The Office of Analytics has made data more accessible by making dashboards, including health profiles by district, accessible to the public. The Office of Minority Health and Equity is another accomplishment. They joined the Fountain of Hope African Methodist Episcopal Church in their annual Back to School Backpack Giveaway with the goal of dismantling disparities in vulnerable communities and bringing those communities together. The Patient Protection Commission has calculated and analyzed statewide health care cost growth and established key components of the health care cost benchmark.

Moving on to page 8 [Exhibit E] the Fund for a Resilient Nevada has completed the Opioid Needs Assessment and that is available on the website. The Governor’s Council on Developmental Disabilities has advocated for voting rights for people with disabilities and they have a list of policy recommendations. They do have a website that has a host of information for people related to persons with disabilities. The Grants Management Unit was able to expand eligibility criteria for clients needing rental and utility assistance. They were able to fund additional money to the Family Resource Centers to reduce health disparities and allow for rural communities to improve physical infrastructure in public areas.

Finally, IDEA Part C has worked hard to develop a retention initiative in response to some of the shortages for developmental specialists in early intervention. We believe that this initiative will really help with the staff shortage and ensure that we can continue to provide those services in a timely and quality manner.

As Director Whitley said, we are a very large agency. We have a lot of responsibilities related to children and families and we all share a goal of closing the socioeconomic and health disparity gap through the programs we administer. We are happy to answer questions.

Assemblyman Hibbetts:
I would like to take you back to the beginning of your statement to clarify; did you say that your budget is $16 billion?

Chair Peters:
I also want to clarify this. Is that all state funds or does that include the grant and Medicaid reimbursement dollars?

Richard Whitley:
That is the biennial budget, and that is the budget in its entirety. The primary source for this funding is Medicaid and depending on the populations we are serving, we get a different federal match. It was actually increased during the pandemic during the federal public health emergency, but it is a match. We have a budget presentation that breaks out those costs; it goes into detail which funds are federal or state, which I am happy to provide.

Chair Peters:
I do want to clarify that our Committee is policy, not fiscal. The fiscal stuff is done in the Committee on Ways and Means and the Committee on Finance in the Senate, and we here assess policy. If you have those questions, you are welcome to direct them to policy staff or to the agency themselves if you like. We will stick with policy in this Committee.

Assemblyman Hafen:
Could you give us a quick overview explanation of the certificate of need process and the importance of that process?

Richard Whitley:
Our office actually oversees the certificate of need process. The intent behind it is to not allow businesses that might actually do harm by coming in and providing an aspect of health care to the entire health care system. The hospitals in rural Nevada are delicate. Most of them are critical access hospitals, many have a rural health clinic attached to them, and they are all dependent. The health care workforce shortage that is experienced in the urban areas is experienced even more so in rural Nevada, in all aspects of health care and specialty care. When a business may want to come into the community and provide a new service, the intent of the process is to look to see if harm will occur to the existing health care system. We get a couple each year; I am happy to pull a summary of what we have had.

Usually, it is a component of health care. It might be a laboratory or something else, and then we look at the context of the hospital and the health care that currently exists, as well as the skilled nursing facilities that are in the rural areas. I believe in Pahrump there was a request related to an ambulatory surgery center that wanted to provide a service and we had to look at how that would impact the hospital. Since my tenure as the director in the past five years, I have not denied any of them. I am confident with our review process for looking at what impacts they have, but it is focused on the rural areas and the intent is to do no harm with expansion of health care. There is a dollar threshold in that about doing harm. Many states still do this statewide. Nevada is focused in the rural areas.

Assemblyman Nguyen:
My question is regarding one of the topics that you mentioned earlier about mental health. I think during our training back in December on your division of Medicaid, I have heard of shortages. Of course, we have a provider shortage on mental health and many other specialties, but mental health in particular is my interest. Is there anything that the Department and the division are doing for recruitment for providers with language access in terms of the populations that are needing language access?

Richard Whitley:
As a payer with Medicaid, we are responsible for providing all services, including behavioral health in a language that the consumer can understand. There is a shortage. The federal Health Resources and Services Administration has the Bureau of Primary Health Care that does federal designations for workforce shortage areas. It means a lot in our state to know where those shortages are. It also means the placement of scholarships can go at the federal level for health care workers' loan repayment programs. Additionally, with the J-1 Clinical Visa Foreign Physician Program each state could get 16 placements. The workforce shortage really drives where we are eligible.

Our entire state is a behavioral health workforce shortage area, including the urban areas, particularly in child psychiatry. One thing that I did not mention was the enhancements in our budget. If you were in the budget committee and you looked at the budget, you would just see categorical rate changes. Those do not tell the whole story of what we are trying to do. There are several rates that will increase or improve access for children's health and primary care. There is some pay parity for advanced nurse practitioners. In our state, UNR has a psychiatric specialty for APRNs [advanced practice registered nurse] and UNLV [University of Nevada, Las Vegas] has a pediatric specialty. Both those universities are spot on with helping us to meet our state needs. In some of our neighboring states, like Arizona, we saw a quick increase in access to primary care keeping people out of hospitals because they are addressing their needs at a lower level before it becomes a crisis.

I know that I covered some topics outside of your question, but I wanted to expand on just how important that is. There is no configuration of how these rate increases really can help primary care, including behavioral health in an outpatient setting and a focus on children. With 56 percent of births in Nevada being enrolled in Medicaid, if we can get women into prenatal care and launch healthy babies and intervene early, we are going to help those kids when they go to school as well as launch them into healthy adults. The workforce shortage is crucial to identify. Adding the layers of cultural competence and language barriers, it is complex. I would say statewide health care in general is more of a challenge in rural frontier Nevada.

Assemblyman Nguyen:
I saw an earlier slide [page 4, Exhibit E] that talked about the Office of Minority Health and Equity under the Director's office. I know it is a small team of two. Is this the team responsible for some of the language access policy? Or is it a systemwide responsibility and all of your departments have someone designated to look at language access?

Marla McDade Williams:
Language access was actually in legislation enacted in 2021. We had to do an assessment of all department programs to really look at how successfully we are providing language access and assess our gaps. We have done that. It is a work in progress, but the Office of Minority Health and Equity has been one of our lead agencies in working with our other programs throughout the Department to help guide that process.

Assemblyman Gray:
Just a quick clarification. How many employees did you say you had?

Richard Whitley:
I said about 7,000, but 6,900 would be more accurate.

Chair Peters:
Those are across the state, not isolated in one area, correct?

Richard Whitley:
The majority are located where the population is. Our roles are very different across the Department. We deliver direct services in rural frontier Nevada. We serve as the public health agency in many of the rural counties. We have community health nursing provided out in rural frontier Nevada. Our clinical services are mostly facility-based. Our hospitals provide services to both adults and children. Those take up a majority of the positions, but it is across the workforce from financing, to regulatory, to direct services.

Assemblywoman Taylor:
I found myself during the presentation thinking about the weight of what it is that you carry for all the 3 million-plus citizens in our state. Language access, recruiting, staff vacancies, rural areas versus suburbs, poverty rates and growth, and it seems to go on and on. What are the three priority areas that you have, in terms of what DHHS needs, that will really help to make a difference?

Chair Peters:
I want to say that Director Whitley's budget is either the largest or the second largest budget in the state. When we are talking about the issues and services provided by the state, it really is highly focused in your Department and your divisions. Three highlights are a good start, but there are lots of areas in which we can dive into.

Richard Whitley:
I think workforce is an area of priority. Not just as a state agency, but also as the regulator and payer. The Bureau of Health Care Quality and Compliance licenses and certifies health facilities. If you are a new business in our state, the workforce that would investigate a complaint, problem, or do a routine inspection, is the same workforce that would license a new facility. When there are shortages in that workforce, we delay new providers because you have to be licensed and certified in order to bill Medicaid and Medicare or commercial

insurance. We have to protect the public, but we also need to get access to health care. That is a huge challenge, and it is probably my most graphic example.

The other example is with our hospitals. We have a facility in Las Vegas, Child Haven, which is an assessment center for kids that require an intervention from Clark County social services for child welfare and some of those children are waiting placement in a higher level of care. If we have empty units in our children's hospital, but we do not have the staffing, we cannot admit someone we cannot care for safely. And that is really hard to do because there is a push to have them in a different level of care. That is why there is credentialing of standards in facilities, and we certainly would not provide a lower standard. I am really proud that all of our hospitals, children and adult, remained joint commission accredited during the pandemic. However, the workforce shortage impacts them with their ability to serve as that safety net in the community.

Workforce shortage issues are also impacted when we do not pay competitively. I am really pleased with some changes that our Division of Human Resource Management is doing because sometimes it is not always about pay. Sometimes it is about just how long we take to offer someone a job. There have been some immediate changes in that processing. I am hopeful that our speed at being able to offer people jobs will help us in that service, but we do also have to be competitive. We do not have much flexibility when we only get our budget approved every two years.

I am most concerned with the regulatory side because I think it would be a shame if our delays were causing facilities that we are trying to stand up and offer more health care with were delayed. I am really pleased that Ms. Williams returned to state service and has a regulatory background and is helping to take a look at that to see how we can be more efficient in that area. If you are standing up a facility, you have to go through the local fire marshal, then the state fire marshal, then we ourselves look to see if you are adhering to safety codes. Some of those things seem like one should count for all if it is a standard and if there is no evidence of failure.

With Medicaid, we grew really fast with a system of coverage, but we did not really mature the infrastructure. Prior to the expansion of Medicaid, we primarily were fee for service. That is what Medicaid does in rural frontier Nevada where the patient is made eligible, and they can find the services amongst all the providers who are enrolled in Medicaid, as opposed to the managed care model that is primarily used in Clark and Washoe County. In a managed care model, every year we all get to pick a health plan, including the people on Medicaid and they can pick a managed care plan, and they then can use the network that that plan has.

I think my second area is maturing oversight and leveraging of resources within Medicaid. I think you will hear this session about a provider fee for hospitals, leveraging funding to draw down that federal money so that we can increase rates. In the past we have not had the staffing to have the opportunity to focus on some of those policies and creative ways of leveraging federal funding to grow that concurrently with making people eligible. I think we are efficient at getting people made eligible, but if you qualify and you cannot get health

care, it is empty. Medicaid needs to make it easier, and we are working on it for providers to enroll. Right now you have to enroll in Medicaid, then you have to enroll in each managed care. That is exhausting for a provider who is well-intended and wants to open their practice up and help see some of the people in the community and share the burden.

I think public health would be my final one. As I mentioned in my overview, we are amongst the states that invest the least amount of public dollars. We are mostly reliant on federal funding. We actually did very well during the pandemic in some specific areas like our skilled nursing facilities. We had some of the lowest death rates in the country. That is an outcome of an event we had about ten years ago. We had an exposure of hepatitis C associated with a surgery center in Las Vegas, and that really transformed our health care system in terms of the health care-acquired infections. As a result of that event, we embedded epidemiologists in our health facilities. That was one thing that made us ready to look at infection control practices and facilities and this was absent having a vaccine available, let alone did everybody choose to get one. We had made that change as a result of a past tragic event where we changed our systems. I think that highlights that sometimes even we deliver public service with humans, and we make mistakes. I will be the first to tell you that when I make a mistake, I own it. I want to learn from it, and I want to improve it and leave the system in a better place.

Public health does not get a lot of attention until it is needed. When it is working the best, you do not even know it, because your community is protected. The biggest determinants of public health are nutrition, physical activity, and tobacco use. Those are all behavior-based. Public health has a lot of initiatives that we have cobbled together to the best of our abilities. However, we do not have local health districts across our state. We are really excited with the leadership from Churchill County with growing a health district. We will fund them as a district like Clark and Washoe. We do some delegated authority to Carson City, which is partnered with Douglas and Lyon in some aspects, but they have not moved to formally become a health district. To become a health district gives you some entitlement to federal funding to come through.

Chair Peters:
To your point on public health, your offices are the initiation point for places having environmental inspections, making sure food comes out clean, the bathrooms in community facilities are clean, and that facilities are operating at a consistent standard. All of those things, which when we walk into a facility we often take for granted or do not notice, start in your office. Those regulations are developed in your office and the people who regulate those standards and ensure those facilities are meeting those standards, they start in your office. I think it is sometimes easy to take that for granted as being a foundational baseline of the standard of operation in our communities.

Assemblywoman González:
I want to follow up on Assemblyman Nguyen's question about language access. You said you were working with organizations to figure out gaps and I am curious if you have identified these gaps? What are the gaps? How are we providing solutions for the gaps? My

other comment is that I am on the district health profiles and wow, this is so much data. I think this is great and accessible. I will have many more questions after I get more time with this dashboard.

Marla McDade Williams:
Our assessment is actually an internal assessment, they are not outside of our Department. So, we do have individual reports of where we identified some gaps and what the needs are moving forward. I am happy to share that link.

Chair Peters:
Thank you. That would be great if you could follow up and share that with the Committee. I think that is important information. To that point, the data transparency undertaking of your office has really been one of the greatest moves our state has made towards including the public in where we stand as a state. I really appreciate your effort there. Thank you so much for that.

Are there any other questions from the Committee before we let these fine people go? [There were none.]

Thank you so much for being here today. We really appreciate your taking the time to introduce your offices to us and letting us know what you are doing and what we will look forward to this session. I know we will see you more as we move forward.

That gets us to the last part of our agenda today, which is public comment. We ask that public comment be kept to two minutes in Committee, and please avoid repetition of comments made by previous speakers. We do this to ensure that everyone gets an opportunity and that there is equitable access to the public comment period. If you would like to follow up, you are welcome to submit comments in writing and those will be distributed to the members as well as included as exhibits. Staff will be timing each speaker during public comment. Please clearly state and spell your name for the record, and then we will start your time.

Is there any public comment? [There was no one.] I will then close public comment for the meeting. Before we adjourn, are there any comments from the membership this morning or this afternoon? [There were none.]

I appreciate you all being here today, and I know that was a brief overview of some of the work we will be undertaking this session. I also wanted to make note that if you want to follow all of the issues on health care, they do not only come to our Committee. A lot of the licensing, certification, and job growth issues will go to other committees. Keep an eye out on those committees as well for some of the bills that may not make it to our Committee but are pertinent to this area if you are interested.

That concludes our meeting for today. Our next meeting will be on Friday, February 10 at 1:30 p.m. With that, this meeting is adjourned [at 3:01 p.m.].

RESPECTFULLY SUBMITTED:

_____
Garrett Tamagni
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 document titled “2023 Assembly Committee on Health and Human Services: Legislative Committee Policies,” presented by Assemblywoman Sarah Peters, Chair, Assembly Committee on Health and Human Services.

Exhibit D is a document titled "Assembly Committee on Health and Human Services: Committee Brief," dated February 2023, presented by Patrick B. Ashton, Senior Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is a copy of a PowerPoint presentation titled "Overview of the Department of Health and Human Services," dated February 8, 2023, presented by Richard Whitley, Director, Department of Health and Human Services, and Marla McDade Williams, Deputy Director of Programs, Department of Health and Human Services.