ASSEMBLY AGENDA

COMMITTEE ON HEALTH AND HUMAN SERVICES

Day Wednesday Date February 12, 2025 Start Time 1:30 p.m. Room 3138

Room 3138 of the Legislative Building, 401 S. Carson St., Carson City, NV. Videoconferenced to Room 1 of the State of Nevada Hearing Rooms, 7120 Amigo St, Las Vegas, NV.

To provide public comment or testimony, call (888) 475-4499. When prompted, provide the Meeting ID, enter 884 5992 0652 and then press # when prompted for a Participant ID. To resolve any issues related to calling in to provide testimony during the hearing, please call (775) 684-1300.

Overview of Medicaid and Social Services Programs in Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy
Stacie Weeks, Administrator
Division of Welfare and Supportive Services

Kelly Cantrelle, Deputy Administrator of Program and Field Operations

A.B. 36 Revises provisions relating to Medicaid. (BDR 38-291)

A.B. 42 Revises provisions governing the adoption of regulations for the administration of certain programs of public assistance. (BDR 38-289)

Matters continued from a previous meeting.

Possible Committee BDR introductions.

Public comment.

You can view this meeting live over the Internet on the Nevada Legislature's website at https://www.leg.state.nv.us by clicking on the link "View Events" and selecting this meeting. You can also view the meeting on the Legislature's YouTube Channel.

Public comment may be presented in person, telephonically, or in writing. Because of time considerations, persons offering public comment will be limited to not more than 2 minutes. We are pleased to make reasonable accommodations for people with disabilities. If special arrangements for the meeting are necessary, please notify us by email at accessibility@lcb.state.nv.us or by phone at (775) 684-6903.

Proposed amendments, written testimony, and other documents for the record must be submitted electronically in PDF format to AsmHHS@asm.state.nv.us 24 hours before the meeting date unless waived by the Chair.

PLEASE PROVIDE 10 COPIES OF YOUR DOCUMENTS.



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