MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR

Seventy-third Session
April 21, 2005

The Senate Committee on Commerce and Labor was called to order by Chair Randolph J. Townsend at 7:33 a.m. on Thursday, April 21, 2005, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4406, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Randolph J. Townsend, Chair
Senator Warren B. Hardy II, Vice Chair
Senator Joe Heck
Senator Michael Schneider
Senator Maggie Carlton
Senator John Lee

COMMITTEE MEMBERS ABSENT:
Senator Sandra J. Tiffany (Excused)

GUEST LEGISLATORS PRESENT:

Assemblyman Bob Seale, Assembly District No. 21
Assemblywoman Debbie Smith, Assembly District No. 30

STAFF MEMBERS PRESENT:

Shirley Parks, Committee Secretary
Kevin Powers, Committee Counsel
Scott Young, Committee Policy Analyst
Donna Winter, Committee Secretary

OTHERS PRESENT:

Trey Delap, Deputy Executive Director, State Board of Osteopathic Medicine
Kathleen Rand

Fred L. Hillerby, State Board of Pharmacy; State Board of Nursing
Scott Watts, Nevada Alliance for Retired Americans
William J. Birkmann, Communication Workers of America
Barry Gold, American Association of Retired Persons, Nevada
Mary Liveratti, Deputy Director, Department of Human Resources
Tina Gerber-Winn, Social Services Chief, Division of Health Care Financing and Policy, Department of Human Resource
Robert A. Desruisseaux, Northern Nevada Center for Independent Living
Connie McMullen, Accountability Committee for the Strategic Plan for Seniors
Jon L. Sasser, Washoe Legal Services
Rose E. McKinney-James, Clark County School District

CHAIR TOWNSEND:
I am sorry the full Committee is not here but I want to take this opportunity to say something that does not get said enough. Yesterday was a unique day for this Committee on the floor of the Senate because we ended up with 90 percent of the amendments on the floor. The burden fell on all members of this Committee. Everyone was required to stand up and advocate and defend some very complex issues. I want this on the record that I as Chair personally thank each and every one of you. You handled yourselves well, did it in a respectful manner and were knowledgeable about your issues. I did not have to jump up once to try to save anything because I think you did an outstanding job.

I have scheduled Assembly Bill (A.B.) 195 that was sent over by the Assembly for May 12, 2005.

ASSEMBLY BILL 195 (1st Reprint): Makes various changes concerning purchasing prescription drugs from Canadian pharmacies and regulation of certain pharmacies located outside Nevada. (BDR 54-875)

I was fortunate enough to hear a presentation by a former member of the Canadian Parliament, Chris Ward. Mr. Ward has had high-level involvement in public policy in both the public and private sectors of the health system in Canada. It was the most informative presentation I had ever heard, because I was not familiar with the issue. I would like to have this Committee request the individual attend our meeting on May 12, 2005. If we make the request, the Legislature can pay for his trip. It would be very helpful for the debate. I would like to take a motion for Mr. Ward to attend on that day.

SENATOR HARDY MOVED TO HAVE MR. WARD ATTEND THE MAY 12, 2005, SENATE COMMITTEE ON COMMERCE AND LABOR MEETING TO TESTIFY ON A.B. 195.

SENATOR HECK SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS SCHNEIDER AND TIFFANY WERE ABSENT FOR THE VOTE.)

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I will open up the hearing on A.B. 203.

ASSEMBLY BILL 203 (1st Reprint): Makes various changes concerning osteopathic medicine. (BDR 54-1116)

ASSEMBLYMAN BOB SEALE (Assembly District No. 21):
The osteopathic doctors have requested this bill. I have with me today Trey Delap who is the Deputy Executive Director of the State Board of Osteopathic Medicine. He will make the presentation and answer the questions.

TREY DELAP (Deputy Executive Director, Board of Osteopathic Medicine):
This bill includes seven provisions (Exhibit C), three of which were the most interesting in the Assembly. The first one is the provision for a hearing officer. When a formal complaint is brought before the Board, it is heard by the whole Board. As of late, we have had a number of contested hearings that have become very busy and delayed. Our Board consists of five busy physicians and two lay members. Trying to schedule all of them to attend a three- to six-day hearing has become difficult. Other states use administrative law judges or hearing officers. For example, the Board of Medical Examiners has used hearing officers since 1980. The hearing officer would be able to conduct evidentiary hearings, make findings of facts and conclusions of law, and recommend sanctions to the full board. This is the standard for most regulated professions.

In section 8 of the bill, we are asking for a small-scope expansion of authority granted to resident physicians to provide for critical medical need in performing medical exams on patients of a public mental health facility. This portion of the bill incorporates recommendation 9 from the Nevada Mental Health Plan Implementation Commission report by “supporting the concept of increasing

medical staff at the state's mental hospital to accommodate mentally ill patients with physical health issues." As this section reads, the patient will already be a patient of the public mental facility. The osteopathic physician (DO) resident in their second or third year of training will provide only basic medical services. This would include exams as required by accreditation standards for psychiatric hospitals. This bill in no way would allow under-trained DOs to actually treat the underlying mental condition. The DO resident would work in cooperation with the psychiatric team in treating the mentally ill with concurrent medical problems.

The last part is the fee increase. We want to increase our upward caps on licensing fees. We are asking for two changes: an increase in the annual licensing fee from $300 to $500 and an increase in the application and licensing fee from $500 to $800. The Nevada Osteopathic Medical Association does support these changes. These are necessary because we need to increase revenue and replenish our reserves spent on disciplinary hearings.

From 2003 to 2005, we have spent $170,000 prosecuting only 3 cases and $140,000 of that went to the Office of the Attorney General (OAG) for legal fees. One of our complaints was recently resolved. Included in these figures are legal fees associated with defending the Board's public authority in court. Three times this past year, we have been taken to court by doctors before disciplinary hearings had occurred. In these cases, the respondent doctors attempted to have an injunction placed on the Board to prevent them from proceeding with an administrative hearing. The court ruled that their claims for injunctive relief were premature and thus not ripe for judicial intervention, because they occurred before the Board could act. Even though these cases were dismissed, the Board incurred $30,000 in additional legal cost defending these cases.

SENATOR CARLTON:
If these cases were unripe, can you not ask them to pick up the cost of the legal fees?

MR. DELAP:
It is a Rules of Civil Procedure, Rule 11 violation for an attorney to bring a frivolous lawsuit, but courts are reluctant to make that kind of determination. If it is an unripe suit, the OAG can seek fees on our behalf. It requires additional legal pleadings. We would have to file additional complaints.

SENATOR CARLTON:
It would cost you more money to get your money back than actually it would be worth.

MR. DELAP:
In theory, we should be able to get our money back from disciplinary hearings. This is reliant on the licensee either pursuant to a settlement agreement being willing to pay the Board back, or if they have a revocation, they would not be motivated to pay the Board back. The Board can pursue other legal remedies. Again, this is additional legal cost, and there is no guarantee we will ever get that money back.

SENATOR CARLTON:
Are they trying to keep you from disciplining by taking you to court? Are they trying to cut off you guys at the knees by taking you to court? Do they not recognize who you are yet?

MR. DELAP:
We understand the process of disciplining a physician is scary, because their livelihood is at stake. They use every means possible to stop the Board from even having a hearing. We have been to court three times with this exact issue, and each time it has been thrown out. Yes, they are trying to challenge the authority that the Board has over their license, and they try to keep us away from them by using premature judicial review.

SENATOR CARLTON:
This is the Board's bill. Is there an association and are they in support of the bill?

MR. DELAP:
Yes, Nevada Osteopathic Medical Association, and they are in support of the bill now.

SENATOR CARLTON:
Are they now? Were they not before?

MR. DELAP:
They were not in support before because we were asking for $800 on the annual licensing fee. They also had a concern that I would be the hearing officer.

SENATOR CARLTON:
Were they concerned that you would be the hearing officer?

MR. DELAP:
I assured the Association that we wrote that amendment out of the bill and that it would be a staff person. We would use hearing officers from the Department of Administration. I would not be a hearing officer because I supervise investigations and it would be a conflict.

SENATOR CARLTON:
I have some concerns about the temporary license-fee increase from $100 to $500. I know that is a cap. It seems like a large gap. The others seem to be reasonable. It provides room for the next couple of years, hopefully four years. The $100 to $500 just seems to be a big jump. It is a $400 gap rather than a $200 gap. Is there any particular reason for that?

MR. DELAP:
I cannot say there was any particular reason. In my five years with the Board, we have never issued a temporary license. A temporary license is a specific type of license that is for someone who is already licensed somewhere else and who is coming to Nevada to fill a place of an absent physician.

The special license fee is a designation for those who are in training. That fee is paid by the schools that sponsor these residents.

SENATOR CARLTON:
Does the reexamination fee not have an existing number?

MR. DELAP:
That is an antiquated reference in this law. The law provides that the Board conducts examinations. Many medical boards, specifically West Virginia and California, have their own exams in addition to the national exams. The way the law is written, if a physician has never taken the national boards, they could still

appeal to take a state exam, and the Board could accept the state exam in lieu of the national exams.

SENATOR CARLTON:
Do we have a state exam?

MR. DELAP:
No, we do not have a state exam.

SENATOR CARLTON:
So, we are in a catch-22 on coming to Nevada.

MR. DELAP:
The standard now in medical training is as follows: the first step of the boards is taken after the second year of medical school, the second step of the boards is taken after medical school and the third step of the boards is taken after the first year of postgraduate training. Almost every physician now takes those national exams. It would be extremely rare that we would have a physician, most likely that was in practice for thirty-plus years, who chose to get a new license in Nevada who may have not taken the state exams. It would be a rare and unique thing. It would not be for new physicians. It is not a barrier to entry for new physicians.

SENATOR HECK:
I have concerns with two portions of the bill. Let us start with the fees. I am an osteopathic physician. In the 2001 Legislative Session, we went from a $100 to $300 cap. Where statute states not to exceed $300, when I received my renewal notice at the end of 2001, it was $300. Now, we are going to $500 based on the expenses of the Board in dealing with three disciplinary cases that have caused $170,000 to be expended. This is a disservice to the physicians who are not requiring discipline. We are footing the bill for the three bad apples. The Board needs to take a hard look at making sure they exhaust every possible option of recouping those expenses from those individuals rather than putting those expenses on the backs of the other physicians who are licensed and who are not subject to the disciplinary exam. The proposed legislation states not to exceed $500 this year, but I fully expect to receive a $500 renewal notice in October.

My other concern is with the mental health basic services exams. It was also in 2001 when the Osteopathic Board went from licensing physicians with one year of postgraduate study to requiring the same three years of postgraduate study that our allopathic brethren require in the State. Allowing a resident physician with only one year of postgraduate study to take care of mental health patients sends two bad messages: First, those with mental health illness do not deserve the same level of medical care as those who receive medical care outside of a mental health institution where you are required to have three years of postgraduate study before you get a license. Second, we are taking a step backwards. We went from requiring three years of postgraduate study to get an active, unrestricted license, and now we are saying in this case only one year is needed. While I understand it is primarily to provide the admission history and physical exams as required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the wording is "basic medical services."

For those of us who have provided medical care for those with mental health problems, these are very difficult patients for whom to care. This difficulty occurs because their mental health problems sometimes mask their true physical problems, or a physical problem could be causing what might be construed as a mental health problem. I have a concern about a physician with only one year of postgraduate training, whether or not they are under the supervision of a psychiatrist or another physician at a distant location, making those determinations. It is not in the best interest for those patients with mental health problems.

I know this was not part of the Board's bill. I know there was another entity that approached the Board about doing this, but stating it is to increase access is disingenuous. This has nothing to do with access. The individuals will still end up at the mental health facility. It is all about whether or not they are going to get their admission history and physical within the 24 hours of admission as required by JCAHO. It has nothing to do with access. Patients will still be there. It is just a matter of whether or not they get their physical.

Most disturbing is that nationally as a medical community, we are moving away from allowing residents to moonlight. This is exactly what this provision does; it allows an individual with one year of postgraduate study to moonlight. They will be paid by a state or federal medical agency to perform these physical exams.

SENATOR HECK (continuing):
The same services could be provided by a memorandum of understanding (MOU) with the residency training program that has these physicians rotate over at the Division of Mental Health and Development Services. The other argument was that it was supposed to increase these physicians' awareness of those with mental health problems. If this was the real reason for doing this, then no money would need to change hands and no bills would need to be generated. A MOU with the institutions that provide the residents could be written allowing the residents to perform these services as part of their training program under the supervision of an attending physician. I have significant concerns with the section that allows those with just one year of postgraduate study to perform the physical exam or, even worse, provide undefined basic medical services to those with mental health problems.

CHAIR TOWNSEND:
The points that Senator Heck made are important and will be considered by the Committee. The biggest one is the money problem. Did you testify that there were three cases that cost $170,000 or just one case cost $170,000?

MR. DELAP:
Three cases cost $170,000. One case cost $100,000, another was $40,000 and the least costly case was $20,000.

CHAIR TOWNSEND:
In any of those cases, did you or your deputy attorney general attempt to recover the money? Are all three cases still pending?

MR. DELAP:
They are not done yet. We did resolve one case, and it ended with nine counts of gross malpractice and a revocation. The particular physician has no assets. We will include the legal expenses in the order. We will then have a judgment, and we can keep that in place. If he tries to get his license back, he will have to pay us back at some unknown point.

The other two cases are still pending. If we settle the case and do not revoke the physician's license, the physician will have to pay us back as part of the settlement. If it is a revocation, then we would have to do additional legal work to attach liens on the physician's property; we have the authority to do that.

There are other provisions in law that allow us to collect attorney's fees from a prosecution. We pursue that aggressively when we get a judgment.

CHAIR TOWNSEND:
We would encourage the OAG on behalf of any licensing board to aggressively pursue the recovery of those funds. If the vast majority of licensees under any board are subsidizing the bad actors, that is not what the Legislature traditionally endorses.

MR. DELAP:
An interesting concept is that 38 percent of our licensees are out of state. The out-of-state people are paying to discipline the three in-state people.

CHAIR TOWNSEND:
There are two individuals here today who sit on the subcommittee that deals with boards. Between the two of them, they can find a result and bring it back to us, because there are some questions regarding the mental health issue.

I will close the hearing on A.B. 203 and open the hearing on A.B. 276.

ASSEMBLY BILL 276 (1st Reprint): Requires registered pharmacist, upon request by patient, to transfer prescription for patient to another registered pharmacist. (BDR 54-1266)

ASSEMBLYWOMAN DEBBIE SMITH (Assembly District No. 30):
I have written testimony (Exhibit D).

KATHLEEN RAND:
I have written testimony (Exhibit E) about my series of circumstances from the summer of 2004 in trying to transfer my prescriptions from one pharmacy to another.

CHAIR TOWNSEND:
I am sorry you ran into that problem. I guess it came to you, like most of us, as a surprise that you could not do that.

MS. SMITH:
It did. When I contacted the State Board of Pharmacy, I think we were all surprised to find out that this was not already in place.

CHAIR TOWNSEND:
Did you finally get everything worked out?

MS. RAND:
I still have some prescriptions at the old pharmacy; they are refusing to move those prescriptions to the new pharmacy.

CHAIR TOWNSEND:
We will have the appropriate person make the phone call to see if they can get those transferred to where you want them. Mr. Hillerby are you going to testify?

FRED L. HILLERBY (State Board of Pharmacy; State Board of Nursing):
I just want to say that the State Board of Pharmacy is in support of A.B. 276.

SCOTT WATTS (Nevada Alliance for Retired Americans):
I am here on behalf of our membership in support of A.B. 276. I urge the Committee to pass this bill, get it through the Senate and get it on the Governor's desk as soon as possible.

CHAIR TOWNSEND:
What bothers me with this bill is that the effective date is not specified. If we do not specify an effective date at passage and approval, the effective date will default to October 1, 2005. I do not want to amend the bill, but if we do not it will not be effective until October. We will talk to the sponsor and find out if the Committee does not have a problem with it.

WILLIAM J. BIRKMANN (Communication Workers of America):
I just ask for your support on this bill.

BARRY GOLD (American Association of Retired Persons, Nevada):
The American Association of Retired Persons' (AARP) advocacy campaign, "a prescription for Nevada," is centered on the affordability and accessibility of prescription drugs. I will be in Carson City next week and I will tell you more about that campaign.

I have written testimony on A.B. 276 (Exhibit F).

CHAIR TOWNSEND:
I will close the hearing on A.B. 276.

SENATOR HARDY MOVED TO AMEND AND DO PASS A.B. 276 WITH THE AMENDMENT TO MAKE THE BILL EFFECTIVE ON PASSAGE AND APPROVAL.

SENATOR CARLTON SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS LEE AND TIFFANY WERE ABSENT FOR THE VOTE.)

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I will open the hearing on A.B. 126.

ASSEMBLY BILL 126 (1st Reprint): Revises provisions governing provision of care by personal assistant for person with disability. (BDR 54-167)

MARY LIVERATTI (Deputy Director, Department of Human Resources):
Assembly Bill 126 revises provisions regarding care provided by an unlicensed personal-care assistant. Currently, a personal-care assistant may perform specific medical, nursing or home health care services for a person with physical disabilities without being licensed as a health-care provider if specific conditions are met. These services would usually be performed by a person if the person did not have a disability. The services must be simple and performance must not pose a substantial risk to the person with disabilities. This allows people with disabilities to self-direct their own care after a health-care provider determines that the personal assistant has the knowledge, skill and ability to perform these services competently.

The Division for Health Care Financing and Policy offers services as described under *Nevada Revised Statutes* (NRS) 629.091 for about 30 individuals in the waiver for persons with physical disabilities. This NRS as currently written has been interpreted that the person with the disability must be able to direct the care themselves. It has excluded children and adults with cognitive impairments. This bill would provide clarification and comparability by allowing a parent or legal guardian to direct the care for a child, or allow a spouse, parent, guardian or adult child to direct the care for a person with cognitive disabilities. This revision would allow Medicaid to include this service delivery to all Medicaid recipients.

Section 2, subsection 4, paragraph (c) of the bill requires that the parent, guardian, spouse or adult child must be present when these services are delivered. This section was requested by the State Board of Nursing to ensure the health and safety of the child or person with cognitive disabilities.

TINA GERBER-WINN (Social Services Chief, Division of Health Care Financing and Policy, Department of Human Resources):
I have written testimony (Exhibit G).

SENATOR CARLTON:
If these are basic type services, I understand in the case of a child more than likely the parent or guardian will be there. However, if you are trying to help an adult, I do not understand why someone else would need to be there.

MS. GERBER-WINN:
Under our State plan for the Personal Care Assistance Program, the services are basic care delivery such as showers, grooming, dressing and meal preparation. The NRS expands the ability of the personal care attendants (PCA) to perform skilled services such as a catheter insertion, wound treatment or feeding tubes as an example. Discussions we had with the State Board of Nursing revealed an individual who is competent as the law is written can say, "Stop, please do not continue this care because I believe you are not doing it correctly," or, "It does not feel right." For a child or a person who is cognitively unable to state that, the safeguard is the person watching the care being delivered.

SENATOR CARLTON:
I want to make sure I heard you correctly. Can those basic services include the catheter insertion, wound treatment or feeding tubes? Would this be unlicensed people doing these services?

MS. WINN-GERBER:
Under this current NRS, that is what could occur. Generally, a physician would sign off those skilled services that the person can safely receive. The individual aide is trained by a nurse or skilled professional to render the care. It would only be those specific services that a physician states are not going to do any harm to the individual.

SENATOR CARLTON:
They are not licensed, but are they certified in someway? Is there some type of paper trail that confirms they have been trained and that they really do know what they are doing?

MS. GERBER-WINN:
Our Division's implementation does have a sign-off process. I could refer to Todd Butterworth in the Office of Disability Services. We expect the individual to have seen the physician, the physician to have certified the task to be completed as well as have obtained a sign-off from a professional stating that this attendant is capable of rendering those particular services. Also, there should be a fallback statement indicating if anything unexpected happens, they are to contact the physician. So, we do have a monitoring process in place.

SENATOR CARLTON:
Would the person who is making these decisions be the actual legal guardian of this person?

MS. LIVERATTI:
It does not have to be a legal guardian. For example, an adult child may not have a legal guardianship over their parent, but they are able to make health-care decisions for their parent. In the case of a child, if it was not a parent, then it would be a legal guardian.

SENATOR CARLTON:
What if two different people had two different opinions on the type of care the person should get, how would that be handled?

MS. GERBER-WINN:
The physician actually decides which tasks are appropriate to be rendered by the attendant. The guardian has the responsibility to oversee the provision of care. It is the physician who certifies the medical appropriateness of the services being rendered.

ROBERT A. DESRUISSEAUX (Northern Nevada Center for Independent Living):
The Strategic Plan for People with Disabilities, which was endorsed in 2003 by the Legislature, specifically identified as one of the strategies within the plan to expand and be able to apply this option to other programs throughout the State. The problem has been, as explained by Ms. Gerber-Winn, the ability to offer

comparability to everyone under a specific program. This will enable more individuals within the community to direct their own care.

I would like to point out some of the benefits individuals who have been taking advantage of this option over the last five years have expressed to me. Rather than using multiple service providers just to get out of bed and to get on with their day to receive their care, this option enables those with disabilities to use one service provider. It has expanded their day by several hours; it has expanded their freedom and options.

According to discussions I have had with the Division of Health Care Financing and Policy (DHCFP), there have not been any significant instances or circumstances over the last five years associated with these 30 people who have been able to provide these services under the Physical Disability Waiver. We have demonstrated a good track record over the last five years. This does work, and it has a positive impact on the disabled community.

CHAIR TOWNSEND:
In section 2, subsection 4 of the bill, "A personal assistant shall not" under current law and then it continues in paragraph (c) of that subsection, "... perform services for a person with a disability in the absence of a parent or guardian ... if the person with disability is not able to direct his own services." Is there a catch-22 there, because if a personal assistant attempts to provide basic service and the recipient is not capable of directing their own care, do they not still need the service at that time? Do they have to wait for the parent or guardian to come forward?

MR. DESRUISSEAUX:
Assuming that I understand your question correctly, if an individual is not able to direct his own care, then a guardian or a legally responsible adult should be able to direct that care for them.

CHAIR TOWNSEND:
I do not disagree. I am just saying this prohibits any service being provided to the disabled person unless the guardian or legally responsible adult is there.

MR. DESRUISSEAUX:
That is correct. It would prevent the PCA from providing those skilled tasks if that individual is not there. If that individual could not be there, then a nurse or

someone would be required to perform those tasks. We all agreed through this process that the guardian or legally responsible adult being present is important. That is the safety measure if the disabled person does not have the capability to say stop should things go wrong.

CHAIR TOWNSEND:
Then, it goes to another level. Does it go to either a nurse or a doctor?

MR. DESRUISSEAUX:
Yes, it would not mean that the individual would not receive those services. They would have to receive them through another means, a licensed individual.

CONNIE MCMULLEN (Accountability Committee for the Strategic Plan for Seniors):
I have written testimony (Exhibit H). Regarding your last question of Mr. Desruisseaux, there are many families where the spouse cannot direct care for an ailing significant other or spouse, because they also have chronic disabilities or frailty.

SENATOR HECK:
This system has worked well for those with physical disabilities. You just want to expand it to include cognitive disabilities such as Alzheimer's patients. The guardian's, parent's or spouse's presence is the check and balance for the person who is otherwise unaware of their surroundings and may have somebody else performing the procedures on them. I am in full support of this. I would like to have a list of the most common procedures that are performed by these PCAs. What I really want to know is if you got the State Board of Nursing to sign off on an unlicensed person doing a catheterization. I want to know how you did that.

MS. LIVERATTI:
When we went before the State Board of Health, they said they were doing this on a daily basis. They are teaching family members to do these things. In our cases, people do not have a family member that is available to perform these types of services. They indicated that with the monitoring and the parameters we are implementing, they were comfortable. Many times, people with disabilities will have a trusted friend or someone who they want to be trained to do this for them. They have an ongoing relationship with them. It is usually not a stranger off the street. The State Board of Nursing was very supportive.

CHAIR TOWNSEND:
Mr. Hillerby and Mr. Sasser, since this bill went through the Assembly already, I presume you will not have a laundry list of amendments?

MR. HILLERBY:
I have no amendments on this bill. We are here in support of A.B. 126. It is important to point out two things. The genesis of this whole concept came from the disabled community. I will tell you that the State Board of Nursing was somewhat resistant with this initially because of unlicensed personnel. This is a way to save cost and it makes sense. Section 2, subsection 1, paragraph (a) is the original premise: "The services to be performed are services that a person without a disability usually and customarily would personally perform without the assistant of a provider of health care." Chair Townsend, that is what links back to section 2, subsection 4, paragraph (c) of the bill that you asked about.

We have enjoyed working with the Division and they were very helpful. I am glad the State Board of Nursing could be helpful in this process, and we are here with unqualified support of A.B. 126.

JON L. SASSER (Washoe Legal Services):
I also served on the Strategic Plan Accountability Committee and on the Strategic Plan for People with Disabilities. My role this morning was to perform the role of clean-up. I do not see anything to clean up. I ask for your support of the bill.

ROSE E. MCKINNEY-JAMES (Clark County School District):
The Clark County School District supports A.B. 126. There is a provision that creates an exemption for this type of activity where it occurs in an educational setting. We appreciate that amendment, and it allows us to fully support the bill.

CHAIR TOWNSEND:
I will close the hearing on A.B. 126.

SENATOR HECK MOVED TO DO PASS A.B. 126.

SENATOR SCHNEIDER SECONDED THE MOTION.

THE MOTION CARRIED. (SENATORS CARLTON AND TIFFANY WERE ABSENT FOR THE VOTE.)

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CHAIR TOWNSEND:
The meeting of the Senate Committee on Commerce and Labor is officially adjourned at 8:37 a.m.

RESPECTFULLY SUBMITTED:

_____
Donna Winter,
Committee Secretary

APPROVED BY:

_____
Senator Randolph J. Townsend, Chair

DATE: _____