

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

**Seventy-Sixth Session
May 13, 2011**

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 1:34 p.m. on Friday, May 13, 2011, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, 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/76th2011/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman April Mastroluca, Chair
Assemblywoman Peggy Pierce, Vice Chair
Assemblyman Elliot T. Anderson
Assemblywoman Teresa Benitez-Thompson
Assemblyman Steven Brooks
Assemblyman Richard Carrillo
Assemblywoman Lucy Flores
Assemblyman Jason Frierson
Assemblyman Pete Goicoechea
Assemblyman John Hambrick
Assemblyman Pete Livermore
Assemblyman Mark Sherwood
Assemblywoman Debbie Smith

COMMITTEE MEMBERS ABSENT:

Assemblyman Scott Hammond (excused)

GUEST LEGISLATORS PRESENT:

Senator David R. Parks, Clark County Senatorial District No. 7
Senator Valerie Wiener, Clark County Senatorial District No. 3

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Mitzi Nelson, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, Washoe County Health District
Hilary McQuie, Western Director, Harm Reduction Coalition
Melanie Flores, Member, Northern Nevada Outreach Team
Lawrence P. Matheis, Executive Director, Nevada State Medical Association
Elisa P. Cafferata, President and CEO, Nevada Advocates for Planned Parenthood Affiliates
Michelle R. Jotz, Director of Governmental Affairs, Las Vegas Police Protective Association Metro, Inc.; and representing Southern Nevada Conference of Police and Sheriffs
Tracey Green, M.D., State Health Officer, Health Division, Department of Health and Human Services
Robin Keith, Vice President, Government Relations, Nevada Rural Hospital Partners

Chair Mastroluca:

[Roll was called.] We will begin today's meeting with a presentation by Senator Parks on Senate Bill 335 (1st Reprint).

Senate Bill 335 (1st Reprint): Revises provisions governing hypodermic devices. (BDR 40-795)

Senator David R. Parks, Clark County Senatorial District No. 7:

Since 1987, I have been a member of the Nevada Statewide AIDS Advisory Task Force (commonly known as the State AIDS Task Force). An ad hoc advisory committee was formed under this task force to look at potential legislation for the 2011 Legislative Session. Senate Bill 335 (1st Reprint) is directed at provisions in *Nevada Revised Statutes* (NRS) that deal with hypodermic devices, otherwise referred to as syringes. Injection drug users account for approximately 16 percent of all infections and 24 percent of the more than 1 million adults living with human immunodeficiency virus (HIV) in the United States. When implemented as part of a comprehensive HIV prevention strategy, syringe exchange programs (SEPs) are an effective

public health approach to reducing the spread of HIV, AIDS, and other blood-borne diseases. Science has shown that SEPs promote public health and safety by taking dirty syringes off the street and protecting law enforcement personnel from needle-stick injuries that can result in the transmission of HIV and hepatitis C. Research has also shown that SEPs do not increase crime or drug use within our communities. I would like to now turn the testimony over to experts in the field.

Jennifer Stoll-Hadayia, M.P.A., Public Health Program Manager, Washoe County Health District:

I am the Chair of the State AIDS Task Force Ad Hoc Policy Committee, referenced by Senator Parks in his comments. I am also a member of the Public Health Alliance for Syringe Access (PHASA). The Public Health Alliance for Syringe Access has submitted a statement in support of S.B. 335 (R1) ([Exhibit C](#)) which is on the Nevada Electronic Legislative Information System (NELIS). This alliance was recently formed to support syringe deregulation in Nevada for the purpose of preventing HIV and viral hepatitis. Currently, 14 local, state, and national organizational members, including the Washoe County Health District and the Southern Nevada Health District have come forward in support of this bill.

I would like to give a brief overview of what S.B. 335 (R1) does in its current form. There are essentially two parts to this bill. The second part, the deregulation of hypodermic devices, is actually the core of the bill. Currently it is prohibited to sell or possess sterile hypodermic devices without a prescription or for a nonhealth-related purpose. Senate Bill 335 (R1) would remove hypodermic devices from the list of drug paraphernalia, making it legal to sell or possess these items. This change to Nevada statute is necessary to allow any type of syringe access program to take place.

The first part of the bill goes into some additional details regarding the structural component of the proposed syringe access programs. It requires the State Board of Health to develop regulations for these programs. In addition, each syringe access program must register with its local health authority, such as the Washoe County Health District. In addition, syringes and needles would be required to be accompanied by an educational insert on HIV and hepatitis transmission. There are some guidelines that must be followed on how syringes and needles may be accessed and by whom.

As stated in the preamble and as emphasized by Senator Parks, the purpose of the bill is to reduce the transmission of blood-borne diseases in Nevada, namely HIV and viral hepatitis, which are caused by needle sharing. Senator Parks stated some of the national data. I would like to emphasize some of our

state and local data, which support the need for this approach to prevent HIV and hepatitis. Currently, 10 percent of all of our HIV and AIDS cases are associated with the use of shared syringes by people who inject drugs. Since the beginning of the epidemic, 16 percent of all HIV and AIDS cases diagnosed in Nevada are associated with this risk factor. In Washoe County, these percentages are even higher. That is one of the reasons our board of health supports this legislation. In 2009, 17 percent of our new AIDS diagnoses were associated with the use of shared syringes. Of all HIV and AIDS cases diagnosed in Washoe County to date, 36 percent of those cases are associated with shared needles. Our local data on viral hepatitis is perhaps even more alarming. Fifteen percent of our hepatitis B cases, 40 percent of our acute hepatitis C cases, and 35 percent of our chronic hepatitis C cases are all associated with a history of injected drug use.

Providing sterile syringes and needles to individuals who inject drugs has been proven to reduce the transmission of HIV and hepatitis among injection drug users in over 200 national studies without corresponding increases in drug use, crime, or unsafe syringe disposal. In fact since the 1980s, syringe access programs have been shown to reduce HIV by up to 80 percent in this population when used in conjunction with other HIV prevention strategies. As the director of our HIV prevention program, when I see that 36 percent of the cases might have been prevented, a syringe access program seems like a best practice in HIV prevention strategy. This concludes my comments and I would be happy to answer any questions. We have two additional experts here today to present to the Committee on S.B. 335 (R1).

Chair Mastroluca:

I have a couple of questions. Why do you think people share needles? Is it simply the lack of access to hypodermic needles? Is it out of fear or poverty? Is just because they are being secretive?

Jennifer Stoll-Hadayia:

If I could, I would like to defer that question to my colleague who is working in the field with clients. Perhaps she can share some of her clients' answers to that question. I have heard that intravenous (IV) drug users want to use clean syringes, but do not feel they have that opportunity. However, I would prefer to defer to my colleague who has direct experience.

Chair Mastroluca:

Does anyone else have any questions?

Assemblywoman Pierce:

Could you repeat some of the statistics you mentioned? What did the 36 percent refer to?

Jennifer Stoll-Hadayia:

Of all the HIV and AIDS cases diagnosed in Washoe County since the beginning of the epidemic, 36 percent are associated with needle sharing. Since the early 1980s when we started testing and confirming cases, 36 percent of all those cases are associated with injection drug use.

Assemblywoman Pierce:

Did you say the statistic was 36 percent in Washoe County and 10 percent in Clark County?

Jennifer Stoll-Hadayia:

I stated that in Washoe County, since the beginning of the epidemic, 36 percent of all cases were associated with injection drug use. That figure is 16 percent statewide.

Assemblywoman Pierce:

That is high. Why do you suppose that is?

Jennifer Stoll-Hadayia:

We do not know why there is such a large difference between the state and county statistics. I wish I knew the answer to that question. I do not think there is anything uniquely different about our community, in terms of what injection drug users do in our county versus others. It may simply be a matter of demographics. If I knew the answer, it could be addressed. What we can address are implementing measures to ensure that those individuals who inject drugs do so in a manner that prevents the spread of HIV and hepatitis.

Assemblywoman Pierce:

What did the 80 percent refer to?

Jennifer Stoll-Hadayia:

It is an aggregate summary of studies on syringe access programs since the early 1980s that showed up to an 80 percent reduction in HIV transmission among the injection drug user population. Some studies showed a larger decrease and some showed a smaller decrease. Generally, there is approximately an 80 percent reduction in HIV transmission among those groups when syringe access programs are offered.

Chair Mastroluca:

Who would you like to speak next?

Jennifer Stoll-Hadayia:

I would like to turn the presentation over to Hilary McQuie from the Harm Reduction Coalition.

Hilary McQuie, Western Director, Harm Reduction Coalition:

The Harm Reduction Coalition (HRC) is an organization that works to promote practical, public health strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities. I have worked in the field of harm reduction for over 20 years, particularly in the area of syringe exchange. [Ms. McQuie continued to read from prepared testimony ([Exhibit D](#)).] Thank you for considering this measure. I will turn the presentation over to my colleague, Melanie Flores.

Melanie Flores, Member, Northern Nevada Outreach Team:

The Northern Nevada Outreach Team is a collaboration of volunteers from community agencies who go into the community to actively reduce the spread of HIV and sexually transmitted diseases through outreach, testing, advocacy, and education. [Ms. Flores continued to read from prepared testimony ([Exhibit E](#)).] Therefore, I believe syringe access will not only connect IV drug users with services, but could potentially save the lives of partners such as myself, people who work directly or indirectly with IV drug users, and even innocent bystanders who enjoy our local parks. Please support S.B. 335 (R1). This is a bill very close to my heart. Thank you for your time.

Chair Mastroluca:

Could you answer the question I asked previously regarding the reason IV drug users share needles? Do they believe there is lack of access? Is the issue poverty? Are they afraid to access needles legally?

Melanie Flores:

Based on firsthand experience, I have been told that clean syringes are not readily available. The drug users I have worked with in the field have even told me that they do not share needles when they are in California where needles are accessible. They cannot do that in Nevada.

Hilary McQuie:

The group that initiated the syringe exchange program in the San Francisco Bay Area based the program on a research study that interviewed drug users who had been diagnosed with HIV. They asked, "What could you have done

differently to avoid being infected." The universal answer was, "Having access to clean syringes." They felt that was the main barrier.

I would also add that the issue encompasses more than not sharing syringes with other people. It is just as important not to share any injection equipment, including cookers, cottons, and other paraphernalia. There is also a huge problem in Nevada and California with soft tissue infections. The use of black tar heroin is very bad for you. Unless a clean needle is used for every single injection, it is very difficult to avoid bacterial infections. It is about more than making sure not to share needles; it is also about not reusing them.

Chair Mastroluca:

Are there questions from the Committee?

Assemblyman Hambrick:

You mentioned several different endorsements on the philosophy of your program. One was from the National Black Police Association. Could you make a copy of that, or any other national law enforcement endorsement, available to the Committee? My background is in law enforcement. I would be very interested to see how the endorsement reads and the justification from their membership.

Hilary McQuie:

I would be very happy to provide that information to you and other members of the Committee. There are also a number of state law enforcement agencies and California agencies that have endorsed syringe exchange, including police departments in Los Angeles, Oakland, and San Francisco. We do have a number of statements from national and state organizations that we can make available for you.

Chair Mastroluca:

Can you tell me how many other states have similar laws?

Hilary McQuie:

A number of states do not have laws that make syringes illegal. Therefore, they do not need this type of enabling legislation.

Chair Mastroluca:

In how many states are syringes still illegal?

Hilary McQuie:

I think there are only three other states where it is arguably still in statute as illegal; two of them are Florida and Texas. Nevada is one of the only states that

has not passed legislation to allow for legal safe access of syringes for health purposes.

Chair Mastroluca:

The bill states that distribution is prohibited to children under 18 years of age. How would you ensure that is enforced?

Hilary McQuie:

Many of the regulations from this bill were borrowed and adapted from the state of New York's regulation on pharmacy sales. New York already had a law that enabled syringe exchange programs. The regulations regarding those under 18 years of age were related to over-the-counter pharmacy sales. There is no restriction on younger people having sterile injection equipment in most states in the country. That is for a very good reason. When you get younger people to observe safe injection practices, you can really prevent the chronic diseases caused by hepatitis C and HIV. There is no evidence to believe that syringe exchange programs help people initiate drug use. We have injection drug users under the age of 18 all over the country. We are recommending that the regulation to which you refer be stricken from this legislation.

Chair Mastroluca:

Have you spoken to the sponsor about that issue? Can you tell me about the safety inserts that would be provided? Did that language also come from the New York legislation?

Jennifer Stoll-Hadayia:

Yes, that language came from the New York model. It would also be comparable to several other states' legislation. In fact, the Washoe County Health District already distributes information with strategies for safe injection to those people who are injecting. On a practical level, this information is already being distributed. The exact wording did come from the model legislations—there were multiple.

Chair Mastroluca:

It also states in the bill that distribution would be limited to ten syringes at any one time. Does that mean ten per day, ten per month, or ten per prescription? How would it be limited?

Hilary McQuie:

That was another provision that was taken from the over-the-counter pharmacy sales regulations for the state of New York. It is reasonable to have a limit of ten syringes when people are buying at pharmacies, because pharmacies are open all the time. You can go in whenever you need. However, needle

exchange programs generally run periodically or episodically, once a week or so. The injection frequency for a heavy user can vary from two to ten syringes per day. The HRC also recommends removing the ten-needle limit for exchange programs, so that we can be sure that people have the number of syringes that they need. There is a correlation between HIV incidents and transmission and adequate syringe coverage—a clean syringe for every injection. The point is not to limit the number of syringes that are available, but to have as many as are needed so that people do not reuse or share them, and that they dispose of the syringes properly.

Assemblyman Hambrick:

Is any of this sales information tracked? Does the pharmacy report syringe sales? Are the needles tracked as part of a needle exchange program—not by who is receiving them—but by the amount and location of distribution? Is that information maintained? There is a legitimate need for that information. It could be useful for all sorts of reasons.

Jennifer Stoll-Hadayia:

I cannot tell you how pharmacies track their sales. I am sure we can find out some information about that. I can tell you how similar safe-practice supplies are tracked at the Washoe County Health District. We distribute condoms, lubricant, and other things that encourage safe behaviors. We track those by location, frequency, and number distributed. If syringes were to be included in that process, we would track them as well.

Assemblyman Livermore:

Would this bill prohibit the lawful use of syringes for diabetics or others who need them?

Jennifer Stoll-Hadayia:

As I understand the changes the bill would make, it would actually make it far easier for individuals to access syringes and needles for the purpose of diabetes-related medication. They would not necessarily have to have a prescription. They could purchase them over the counter.

Assemblyman Livermore:

I am a diabetic. I do not want to have to go to the pharmacy three times a week to obtain needles. I buy hypodermic needles for my insulin pen that are packaged by the hundreds. A ten-needle restriction would severely impact my access. Why penalize legitimate users to solve these other problems? I do not know how that would be settled. If you are going to restrict my legitimate, lawful use, I am not going to go there with you.

Jennifer Stoll-Hadayia:

We would agree and recommend that particular piece of the provision, which was extracted from a law in New York State, be removed.

Assemblyman Livermore:

I would not want to penalize the lawful use of syringes. I use approximately four per day.

Jennifer Stoll-Hadayia:

If we remove that restriction, I believe everyone would have more opportunity to obtain syringes. They could be obtained from community-based organizations that operate SEPs as well. I do agree that the over-the-counter sales portion of the provision would be potentially limiting with a ten-needle restriction. Without the limit, there would be more places you could get syringes; possibly for free. We do agree that a ten-per-encounter limit could create a barrier. [Ms. Stoll-Hadayia submitted a proposed amendment ([Exhibit F](#)) subsequent to the hearing to remove the ten-syringe limit and the prohibition on minors. Ms. Stoll-Hadayia also submitted a fact sheet from the Foundation for AIDS Research regarding public safety, law enforcement, and syringe exchange ([Exhibit G](#)) and the State of New York Department of Health Expanded Syringe Access Program flyer ([Exhibit H](#)).]

Chair Mastroluca:

Are there any other questions from the Committee? I do not see any.

Lawrence P. Matheis, Executive Director, Nevada State Medical Association:

We do support the bill. The public health and clinical treatment community has a growing body of data that would demonstrate the effectiveness of syringe access programs. I would be happy to answer any questions.

Chair Mastroluca:

Are there any questions? [There were none.]

Elisa P. Cafferata, President and CEO, Nevada Advocates for Planned Parenthood Affiliates:

I wanted to be sure to put on the record that we have provided testimony on several other bills relating to the rights of a minor to confidential access to health care. Under current Nevada law, there are two specific areas defined to protect the health of our young people. Minors have a legal right to confidentially access health care for abuse of controlled substances and sexually transmitted diseases. I do not know if there is a formal amendment to remove the prohibition on distributing syringes to those under 18, but it would seem removing that provision would make the bill more consistent with the legal

rights they currently have. It is an important point for those of us who want to make sure young people can be safe and receive health care.

Chair Mastroluca:

I would like to remind everyone that those who testify in support should be in support of the bill as it is written. If you have issues or concerns with the bill, please come up during the neutral portion of the testimony. It tends to muddy the record when you make suggestions for amendments in the support category. Is there anyone else who would like to testify in support of S.B. 335 (R1)? [There were none.] Is there anyone in opposition to the bill?

Michelle R. Jotz, Director of Governmental Affairs, Las Vegas Police Protective Association Metro, Inc.; and representing Southern Nevada Conference of Police and Sheriffs:

While I understand and appreciate the intent of Senator Park's bill, we believe that this bill is a tacit endorsement of illicit and illegal drug use because it makes syringes available to people who do not have a medical necessity for them. This legislation would increase the prevalence of syringes in the illicit drug using population. More syringes in the public would increase the likelihood that police officers will come into contact with those needles, which will increase the likelihood of needle sticks. This subjects police officers to the risk of becoming infected with hepatitis, HIV, and AIDS and will likely increase the number of workers' compensation cases related to those needle sticks. I have a letter forthcoming from the National Association of Police Organizations that is in opposition of this bill. [([Exhibit I](#)) submitted May 16, 2011.] In closing, we are opposed to S.B. 335 (R1).

Chair Mastroluca:

Do you have any data from other states that have passed these types of laws or have SEPs that show an increased risk for police officers?

Michelle Jotz:

I do not have that information with me, but I can get that for the Committee.

Chair Mastroluca:

Thank you. Are there any questions? I do not see any. Is there anyone else who would like to testify in opposition to S.B. 335 (R1)? [There were none.] Is there anyone who would like to testify neutral to S.B. 335 (R1)?

Tracey Green, M.D., State Health Officer, Health Division, Department of Health and Human Services:

I am here today to specifically address section 1 of S.B. 335 (R1). This bill currently requires the State Board of Health to establish regulations for a

program for the safe distribution and disposal of hypodermic devices. We anticipate a fiscal impact of approximately \$8,500 to develop these regulations and the tracking requirements for any syringe access program. From a public health perspective, the Health Division does support efforts to reduce infection due to the sharing of needles or other devices. We are neutral on being required to develop regulations for the program as outlined in section 1.

Chair Mastroluca:

Can you speak to section 1, subsection 5 regarding the language for the safety insert? Is that something that the State Board of Health would also have to develop? Do you currently have that in existence?

Tracey Green:

That would be something we would have to develop.

Chair Mastroluca:

Would that add to your fiscal note?

Tracey Green:

I anticipate the cost of that to be included in the assessment of the regulations.

Chair Mastroluca:

Are there any questions? I do not see any. Is there anyone else who would like to testify on S.B. 335 (R1)? Are there closing comments?

Senator David Parks:

I would like to cover a couple of last things. Thank you for giving us such an extensive time period to discuss the bill. First and foremost, the bill was amended in the Senate with the very able assistance of Senator Joe Hardy who put many hours of work into developing this bill. You will see his name added as a sponsor. Second, in response to Assemblyman Hambrick's question, there are a number of law enforcement individuals who have come out and supported needle exchange programs. They include the National Black Police Association, as previously mentioned; the sheriff of Broward County, Florida; the chief of police of Portland, Oregon; the chief of police of San Francisco, California; and the former U.S. Surgeon General, David Satcher; as well as the former chief of police of Seattle, Washington, who is now the director of the White House Office of National Drug Control Policy. I will conclude by saying that a study of Connecticut police officers found that needle-stick injuries were reduced by 66 percent after implementation of a syringe exchange program. I am sure there are a lot of other studies that confirm the fact these programs are successful.

Chair Mastroluca:

I believe Assemblywoman Benitez-Thompson has a question.

Assemblywoman Benitez-Thompson:

Senator Parks, I know we have been discussing needle exchange programs, but I do not see the language in the bill that would mandate an exchange. Section 1, subsection 4, paragraph (b) limits the number of needles to be dispensed to ten needles. Would the intent be to have these people turn in dirty needles in order to receive ten clean needles?

Senator Parks:

As the bill is currently written, it is my understanding that a person does not have to bring in ten dirty needles to get ten clean ones—they can simply get ten clean needles. As I indicated earlier, I am the Vice Chair of the AIDS Advisory Task Force, a board that reports to the State Board of Health. We believe that we have completed all the heavy lifting required by the State Board of Health to formulate regulations. We would be more than happy to perform that service as identified by the State Board of Health. We would also participate in community and law enforcement outreach.

Chair Mastroluca:

Thank you for bringing forth the bill. Are there any further questions? [There were none.] With that, I will close the hearing on Senate Bill 335 (R1). I will open the hearing on Senate Bill 419 (1st Reprint).

Senate Bill 419 (1st Reprint): Establishes provisions relating to safe injection practices. (BDR 40-518)

Senator Valerie Wiener, Clark County Senatorial District No. 3:

I requested this bill during the 75th Legislative Session (2009) when I was the Chair of the Senate Committee on Health and Education. There were a lot of concerns with the first draft of the bill. The bill you have before you addresses safe injection practices by requiring health care professionals who are being licensed or renewing their license to attest to the fact that they know how to use safe injection practices. You will see language throughout the bill that reads, "Must attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices." It addresses licensure and renewal of emergency medical technicians, physicians, osteopaths, physician assistants, perfusionists, professional or practical nurses, those who practice Oriental medicine, podiatrists, pharmacists or intern pharmacists, and medical laboratory directors and personnel. A question early on in the discussion of the bill was, "Will I have

to go through continuing medical education (CME)?" Originally, the bill required that they do this every year or every time they renew. The reprint requires only that they attest they know how to inject safely. If there are any medically related questions, I would defer them to Dr. Green.

Chair Mastroluca:

We will save some time and have Dr. Green come forward.

Tracey Green, M.D., State Health Officer, Health Division, Department of Health and Human Services

I do not have additional testimony. I would only state that the Health Division would have a role in homes for individual residential care. We would provide support for some personnel who are able to inject to enable them to attest that they have taken the training. In addition, there are medical laboratories that are under our authority. Otherwise, this would be an attestation that would be done at the time of licensure and renewal. I would add that the Board of Medical Examiners has recently offered the opportunity to receive two ethics credits using this training program. I have taken the training program myself. It is a very easy and comprehensive approach for learning about safe injection practices.

Chair Mastroluca:

To make sure that I understand, do you have to be licensed in some form to be able to give injections?

Tracey Green:

No, in fact, medical assistants at this time are giving injections. I think we will be dealing with the authority surrounding medical assistants. There are also other technicians who can give injections. The ultimate responsibility would fall to the supervising physician or the director of the facility for which the medical assistants are providing that service.

Chair Mastroluca:

There was a previous bill from Senator Leslie regarding the administration of medication in foster homes and other places. Would this bill be applicable to those situations?

Tracey Green:

As far as I know, injections are not being given in those facilities; it refers to the administration of medication in pill form.

Chair Mastroluca:

I will read the bill again, but I believe it did allow for injectables.

Tracey Green:

The situation where there is no supervising physician for an unlicensed person who gives injections in a medical home is not included in this bill; it would be separate.

Chair Mastroluca:

All right. Are there any questions?

Senator Wiener:

There is a proposed amendment. I would ask Robin Keith to come forward to address it. I have discussed it with Dr. Green and it appears to be a friendly amendment. It involves the rural counties. I am fine with it.

Robin Keith, Vice President, Government Relations, Nevada Rural Hospital Partners:

We proposed an amendment ([Exhibit J](#)) that accomplishes two things. As written, the bill would require all personnel in medical laboratories to go through this attestation process, even though most medical laboratories do not allow their employees to give any kind of injection. We have asked that language be inserted in the bill so that section 31 reads, "The Health Division shall not issue or renew a license to a medical laboratory which allows its licensed personnel to inject, unless the applicant for issuance or renewal of the license attests" At Senator Wiener's request, we have added the additional category of radiology technologists and nuclear medicine technologists because they inject contrast media during the imaging process. These professionals were not in the original bill. This is a friendly amendment and we support the bill.

Chair Mastroluca:

Are radiology technologists and nuclear medicine technologists licensed, and if so, through whom?

Tracey Green:

I am not sure radiology technicians are licensed. The director of the facility or the overseeing physician would be responsible for ensuring technicians have received the training from the Centers for Disease Control and Prevention (CDC) on safe injection practices. Some of the higher-level radiology technicians who are licensed would have to attest when they renew their licenses.

Assemblywoman Benitez-Thompson:

Can you define exactly what is involved in the attestation?

Tracey Green:

The health care professional will be attesting that they have taken the CDC's educational program that reviews safe injection practices, including the ethical component to hands-on methodology.

Assemblywoman Benitez-Thompson:

Does the health care professional receive a certificate of completion?

Tracey Green:

There is a certificate of completion ([Exhibit K](#)).

Chair Mastroluca:

Are there any other questions? I do not see any.

Senator Wiener:

I would appreciate your consideration and support.

Chair Mastroluca:

Is there anyone else who would like to testify on Senate Bill 419 (R1)?

Lawrence P. Matheis, Executive Director, Nevada State Medical Association:

We support the bill and the friendly amendment. When the endoscopy issue and subsequent hepatitis outbreak occurred in southern Nevada, the Nevada State Medical Association joined the CDC and the HONORReform Foundation, a national advocacy group for patients who acquired hepatitis from a health care setting. We helped to form the national Safe Injection Practices Coalition. We are on the steering committee of that coalition. Just a few months ago, Nevada, New York, and New Jersey completed a pilot project under that program where information was provided to physicians, nurses, patients, and the public by the CDC. There is a lot of information available for training purposes for all levels of health professionals. This will now become part of a national campaign to ensure that everyone is aware of safe injection practices and is using them. It is possibly a positive effect of what was a terrible situation in southern Nevada. There have been hundreds of outbreaks around the country and hundreds of cases of injection practices that led to blood-borne infections being passed on. This is a serious issue, and I believe we have taken it as such. This bill can move things further along to ensure not only that people are trained, but also that they are implementing on a daily basis what they have learned. I would be happy to answer questions.

Chair Mastroluca:

Are there any questions? I do not see any. Is there anyone else who would like to testify on S.B. 419 (R1) in support, opposition, or as neutral? With that, I will close the hearing on S.B. 419 (R1). Is there anyone here for public comment? [There was no one.] This meeting is adjourned [at 2:31 p.m.].

RESPECTFULLY SUBMITTED:

Mitzi Nelson
Committee Secretary

APPROVED BY:

Assemblywoman April Mastroluca, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: May 13, 2011

Time of Meeting: 1:34 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
S.B. 335 (R1)	C	Jennifer Stoll-Hadayia	PHASA Statement in Support
S.B. 335 (R1)	D	Hilary McQuie	"Overview of Evidence for Sterile Syringe Access"
S.B. 335 (R1)	E	Melanie Flores	Prepared Testimony
S.B. 335 (R1)	F	Jennifer Stoll-Hadayia	Proposed Amendment
S.B. 335 (R1)	G	Jennifer Stoll-Hadayia	"Public Safety, Law Enforcement, and Syringe Exchange"
S.B. 335 (R1)	H	Jennifer Stoll-Hadayia	State of New York Expanded Syringe Access Program Flyer
S.B. 335 (R1)	I	Michelle Jotz	Letter of opposition from William J. Johnson, Director, National Association of Police Organizations, Inc.
S.B. 419 (R1)	J	Robin Keith	Proposed Amendment
S.B. 419 (R1)	K	Tracey Green	Certificate of Completion