

**MINUTES OF THE MEETING  
OF THE  
ASSEMBLY COMMITTEE ON JUDICIARY**

**Seventy-Sixth Session  
February 25, 2011**

The Committee on Judiciary was called to order by Chairman William C. Horne at 8:12 a.m. on Friday, February 25, 2011, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 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/76th2011/committees/](http://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](mailto:publications@lcb.state.nv.us); telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT:**

Assemblyman William C. Horne, Chairman  
Assemblyman Steven Brooks  
Assemblyman Richard Carrillo  
Assemblyman Richard (Skip) Daly  
Assemblywoman Marilyn Dondero Loop  
Assemblyman Jason Frierson  
Assemblyman Scott Hammond  
Assemblyman Ira Hansen  
Assemblyman Kelly Kite  
Assemblyman Richard McArthur  
Assemblyman Tick Segerblom  
Assemblyman Mark Sherwood

**COMMITTEE MEMBERS ABSENT:**

Assemblyman James Ohrenschall, Vice Chair (excused)  
Assemblywoman Olivia Diaz (excused)

**GUEST LEGISLATORS PRESENT:**

Assemblyman Paul Aizley, Clark County Assembly District No. 41

**STAFF MEMBERS PRESENT:**

Dave Ziegler, Committee Policy Analyst  
Nick Anthony, Committee Counsel  
Lenore Carfora-Nye, Committee Secretary  
Michael Smith, Committee Assistant

**OTHERS PRESENT:**

Michael Hackett, Vice President, Alrus Consulting, representing  
Nevada State Medical Association  
Christopher Roller, representing Nevada Tobacco Prevention  
Coalition  
Rocky Finseth, representing American Lung Association  
Rhone D'Errico, R.N., Private Citizen, Las Vegas, Nevada  
James T. Richardson, J.D., Ph.D., representing Nevada Faculty  
Alliance  
James T. Overland, Sr., D.C., M.S., President, Nevada Chiropractic  
Association  
Maury Astley, representing Nevada Chiropractic Association  
Brian K. Russell, D.C., Private Citizen, Carson City, Nevada  
Denise Davis, Executive Director, Nevada Osteopathic Medical  
Association  
Robert Talley, D.D.S., Executive Director, Nevada Dental  
Association  
Matthew L. Sharp, representing Nevada Justice Association  
Graham Galloway, President, Nevada Justice Association

**Chairman Horne:**

[The roll was called.] There are two bills on the agenda. First, here are seven of eight Committee BDRs being submitted for potential bill drafts: (1) relating to gaming; (2) relating to prison staffing; (3) relating to the appointment of judges; (4) revising provisions governing acts of terrorism; (5) revising provisions relating to the death penalty; (6) revising provisions relating to grand juries; (7) relating to motor vehicle theft. The bill draft process will begin. We will now open the hearing on Assembly Bill 128. Assemblyman Aizley will be presenting.

**Assembly Bill 128: Prohibits smoking on the property of the Nevada System of Higher Education. (BDR 15-911)**

**Assemblyman Paul Aizley, Clark County Assembly District No. 41:**

I represent District 41, in Clark County, which includes the University of Nevada, Las Vegas (UNLV). I retired from UNLV in December of 2008, after

serving more than 40 years as a Professor of Mathematics. Under existing law, smoking is not permitted inside the buildings of the Nevada System of Higher Education. My goal for introducing A.B. 128 is to make it possible for students to walk on campus and not be exposed to secondhand smoke. This is not possible under the current regulations. [Continued reading from written testimony ([Exhibit C](#)).]

**Chairman Horne:**

Thank you for your presentation, Mr. Aizley. Are there any questions from the Committee? I see no questions for Mr. Aizley. Do you have anyone here who would like to testify?

**Assemblyman Aizley:**

Yes, we do have people here and in Las Vegas to testify.

**Michael Hackett, Vice President, Alrus Consulting, representing Nevada State Medical Association:**

We are in support of A.B. 128, and I believe Mr. Aizley will be offering an amendment to the bill. We are in support of the bill with the amendment. From the physician's perspective, tobacco usage in any form is risky and dangerous. Diseases that are the result of smoking and exposure to secondhand smoke are among the most preventable of diseases. The perspective of the Physician Committee for Responsible Medicine is that we are in support of anything that can be done to help ease the burden and the load on what is already an overloaded health care delivery system. So again, we are in support of the bill with the amendment that Mr. Aizley is proposing. I will be happy to answer any questions.

**Chairman Horne:**

Are there any questions for Mr. Hackett? There are no questions. Mr. Aizley, do you want to walk the Committee through your amendment, indicating what provisions of the current bill you are seeking to amend?

**Assemblyman Aizley:**

Okay, I will give an overview of what has been submitted to the Committee. [Assemblyman Aizley read from Conceptual Amendment A.B. 128, ([Exhibit D](#)).]

**Assemblyman Frierson:**

I have one question about the penalty. It designates the offense as a misdemeanor, but it refers to *Nevada Revised Statutes* (NRS) 202.2492, which addresses misdemeanor treatment but treats it specifically as a citation. Is the intention of the bill to treat this as a typical misdemeanor, meaning up to

six months in jail? Or is the intention for it to be treated more like a citation? Is there a way to clarify which way it will be carried out?

**Michael Hackett:**

I believe that is the intent. I may need to defer to the Legislative Counsel Bureau (LCB), but based on action taken by the Nevada State Supreme Court regarding the Nevada Clean Indoor Air Act, the Nevada Supreme Court ruled the Act was unenforceable by criminal standards. I believe the intention of Mr. Aizley's amendment is to bring the bill in line with the Supreme Court's decision even though the statute that currently exists has not been amended to reflect the Supreme Court's decision.

**Assemblyman Sherwood:**

Is there another way we can achieve this that would not get objections from others that will protest this bill? Can we just install a "No Smoking" sign? Have we tried other remedies before introducing this?

**Assemblyman Aizley:**

There is an existing rule now that does not allow for smoking within the buildings. It is not clear whether smoking is allowed within a certain perimeter of a doorway. I know it is not working under the current rule. There are entrances to buildings where the smokers cluster, because they are technically outside. Therefore, you would have to walk through smoke to get into the building. Other than banning smoking on the campus, or possibly designating smoking areas, I do not think there is another way to remedy the problem. I am willing to go with another amendment that would designate smoking areas, but I want to hear from the campuses before doing that.

**Assemblyman Sherwood:**

For the record, would you be open to a designated smoking area or other possible remedies, perhaps in tandem with this?

**Assemblyman Aizley:**

Yes. The designated areas could work, but I know that some of the students do not want them. I am sure you will hear from students that do want them.

**Assemblyman Sherwood:**

I believe you will probably receive more protest from the professors than the students.

**Assemblywoman Dondero Loop:**

Aren't there already designated smoking areas?

**Assemblyman Aizley:**  
Not that I know of.

**Assemblywoman Dondero Loop:**  
Okay, thank you. I thought that there were.

**Assemblyman Aizley:**  
It appears currently that the entire outdoors is a smoking area.

**Chairman Horne:**  
I see no other questions. Is there anyone else wishing to testify?

**Christopher Roller, representing Nevada Tobacco Prevention Coalition:**  
I am the Senior Director for the American Heart Association. I am here representing the Nevada Tobacco Prevention Coalition. The American Heart Association and the Nevada Tobacco Prevention Coalition are both in support of A.B. 128 with proposed amendments and without exemptions. My testimony may be a bit long because I will be submitting comments from people who were unable to attend the hearing due to the weather conditions. With your permission, I would like to read some comments from Jennifer Hadayia of the Washoe County Health District. She would like me to submit these comments on her behalf.

**Chairman Horne:**  
Before you do that, Mr. Roller, are these comments that she submitted to us via email?

**Christopher Roller:**  
She did submit her written testimony but these are comments in addition to her testimony.

**Chairman Horne:**  
Okay, please proceed.

**Christopher Roller:**  
Testimony from the Washoe County Health District ([Exhibit E](#)) was submitted electronically indicating their support of A.B. 128. This bill is supported because it will protect students, faculty, employees, and visitors of the Nevada System of Higher Education from the known dangers of cigarette smoke. The harmful effects of cigarette smoke were recently reaffirmed by the U.S. Surgeon General in its 30th tobacco-related report. The report shows that there is no safe level of exposure to cigarette smoke, even when outdoors. Exposure to secondhand smoke has immediate and long-term health

consequences. Other experts have concluded that the only effective way of preventing exposure to cigarette smoke is adopting a smoking ban, like the one proposed in A.B. 128.

Should A.B. 128 be passed, the Nevada System of Higher Education will join 466 other campuses and universities nationwide that have become 100 percent smoke free. The change is timely and a survey conducted by UNLV last fall showed that 84 percent of students stated that they have been exposed to cigarette smoke while on campuses. Six UNLV students and faculty have written letters expressing their support of a campus smoking ban and copies have been submitted to the Committee Manager ([Exhibit F](#)). In addition, a student and a faculty member from the University of Nevada, Reno (UNR) were prepared to provide verbal testimony today but cannot be present because of the weather. The student's name is Leslie Galli. Professor Dan Cook's written testimony was submitted to the Committee ([Exhibit G](#)). I am going to cover just a little bit of what Leslie Galli was to say in her testimony.

I am representing the Nevada Heart Association and the Nevada Tobacco Prevention Coalition, and, as stated, the U.S. Surgeon General concluded that there is no safe exposure to secondhand smoke, either indoors or outdoors. From the perspective of the American Heart Association, secondhand smoke is very harmful to heart health or vascular health. It is potentially deadly for those at risk for heart attack or other vascular conditions. One example is Leslie Galli's intended testimony. She was born with a heart condition, which was exacerbated by exposure to secondhand smoke from her mother who smoked in the car, when she was a child. She had to have a filter-like device inserted in her heart in order to filter out blood clots that could potentially kill her. Secondhand smoke can cause pulmonary embolisms. Leslie feels strongly that she should be able to attend classes without putting her life at risk. There are many other students with health conditions that can literally be at risk of death. They may be seriously increasing their illnesses by exposure to secondhand smoke. I would like to, once again, reiterate the support of the American Heart Association and the Nevada Tobacco Prevention Coalition for A.B. 128, with amendments and without exemptions.

**Chairman Horne:**

Thank you, Mr. Roller. The question that came to mind for me was regarding the Nevada Clean Indoor Air Act. We have data on the percentage of those who participated in the election indicating what they thought of the Nevada Clean Indoor Air Act. Do we have any data on this particular measure from the students, faculty, and staff indicating the percentages in favor of a complete ban?

**Christopher Roller:**

Yes, there have been surveys conducted at UNLV and other university campuses indicating a strong support for these measures. [Results of the survey are reflected in testimony from Southern Nevada Health District ([Exhibit H](#)).] I do not have the percentages with me now but the result of the survey is typically what you would see with the general population in support of smoking bans. If the results have not been provided in testimony, I can certainly get the numbers from the UNLV survey and submit them to the Committee.

**Chairman Horne:**

Okay, thank you. Are there any questions for Mr. Roller? There are no questions. Thank you, Mr. Roller.

**Rocky Finseth, representing American Lung Association:**

On behalf of the American Lung Association, we would like to thank Assemblyman Aizley for bringing this bill forward. You have the American Lung Association's testimony before you ([Exhibit I](#)). I will briefly mention three points. The first point is regarding the comprehensive tobacco control policies, like the one proposed by Mr. Aizley. These types of policies typically help to reduce tobacco use among this age group. Many colleges and universities nationwide have passed similar policies. The testimony references the State of Oregon passing a similar prohibition. Recently the American Lung Association completed a statewide survey of registered voters on their attitudes concerning secondhand smoke. A specific question was asked about a ban at colleges and universities. In response, 66 percent were in favor of a smoking prohibition, as was proposed by Mr. Aizley's bill. Thank you very much.

**Chairman Horne:**

Are there any questions for Mr. Finseth? There are no questions. Thank you.

**Rhone D'Errico, R.N., Private Citizen, Las Vegas, Nevada:**

I am a life-long Las Vegas resident. I am a UNLV graduate student in the Nurse Practitioner Program. I am also a Registered Nurse here in Las Vegas. I am offering my testimony in support of A.B. 128 as both a health care provider and a health science student. I know the particular risks and dangers of smoking and especially the risks and dangers of secondhand smoke to those exposed. It is a serious health hazard and there is no safe exposure level to secondhand smoke. I am a former smoker. Therefore, I can sympathize with the distress that such a proposal would cause to those who are smoking. My personal ability to cease smoking was supported by being in environments where smoking was either not allowed or socially not supported. Creating such an environment has been shown to help any smoker's cessation efforts. I have

also had an opportunity to speak to many fellow students at UNLV, as a graduate assistant on a tobacco free UNLV project. I have attended many events and have heard over and over again the students' support for smoke-free and tobacco free campuses. The reasons range from nuisance to odor, to very specific health concerns from those with respiratory or other health difficulties, especially when having to enter and exit buildings through clouds of smoke. It is a very large concern for UNLV students, faculty, and staff. In conclusion, I would like to say that as an individual, I personally have no desire to impose behavior change on anyone. I always want to support health and wellness, and I want to support healthy choices. Now, if a person chooses to smoke, I do not believe in forcing personal change for that person. However, I do believe that in public spaces, we set public rules on behavior that benefit the health and wellness of all. That is why I support A.B. 128.

**Chairman Horne:**

Thank you, Mr. D'Errico. You said you were a UNLV graduate and you have heard the question asked previously regarding the designated smoking areas. Is it your opinion that designated smoking areas would be an acceptable or workable compromise?

**Rhone D'Errico**

In my experience and research, it is shown that smoking areas, in general, do not work in the long run. There is spillover into the nonsmoking area, and there are additional issues regarding the enforcement of those specific areas. In supporting health and wellness, it is simpler to implement a smoking ban throughout the entire campus.

**Chairman Horne:**

I am a UNLV alumnus myself. If someone would like to smoke, would they have to walk across the street to a business establishment? Where in that area would the smokers on campus go to have a cigarette, if not on campus?

**Rhone D'Errico:**

They could utilize any outdoor area not on campus property, such as across the street. Basically, any outdoor area which is not on campus property would be acceptable.

**Chairman Horne:**

Thank you for your testimony.



**Assemblywoman Dondero Loop:**

As a follow-up to the Chairman's question, would the ban include the parking lots at UNLV? If I went to my car because I have a break before the next class and wanted to smoke, would that be allowed?

**Rhone D'Errico:**

In looking at other campuses that have successfully implemented this type of policy, it seems evenly divided that some campuses do allow smoking in the parking lot, specifically in a person's car. I have seen exceptions to that rule.

**Assemblywoman Dondero Loop:**

Are there other schools that you know of that have done this? Can a list of other schools be provided?

**Rhone D'Errico:**

We do have a list of other schools. I know that the American Lung Association has a very comprehensive list of completely tobacco free universities. I am also aware that <<http://www.no-smoke.org>> provides a list of both smoke-free and tobacco free campuses.

**Chairman Horne:**

There are no other questions for you Mr. D'Errico. Thank you. Is there anyone else to testify?

**James T. Richardson, J.D., Ph.D., representing Nevada Faculty Alliance:**

Nevada Faculty Alliance does not usually testify in front of this Committee, but we have memberships with many campuses in the system. I would like to state for the record that we do support the concept of this bill. We understand that there were some questions which have been addressed at this meeting. The idea of a smoke-free campus is an excellent idea for the health of all who work, attend school, and visit the facility. Currently, there are rules about no smoking within 25 feet of a doorway. That particular provision is sometimes breached. Quite often, when I enter a building, I have to walk through a cloud of smoke. I just wanted to register our general support of this bill.

**Chairman Horne:**

Thank you, Mr. Richardson. There are no further questions or testimony. You have heard some concerns, Mr. Aizley. You and I have had discussions previously on the subject. I have never been a smoker and cannot understand why our youth would still partake in the activity with all of the evidence we have on the harmful effects of smoking. It would be good to come to some compromise. There may be an enforcement problem resulting in keeping smokers an appropriate distance from the doorways. If such rules are in place,

it is up to the individual universities to enforce those rules. It is also good practice not to place ashtrays in close proximity to the entrances. However, smokers should have at least someplace that they can go that is convenient.

**Assemblyman Aizley:**

Thank you, Mr. Chairman. My intention is to have the ability to walk through the campus smoke-free. If we can accommodate those that want to smoke while keeping the pathways free of smoke, I would be happy to make the adjustments.

**Chairman Horne:**

We will now close the hearing on A.B. 128 and will open the hearing on Assembly Bill 119. Since I am the primary sponsor of A.B. 119, I will be making the presentation. Since Mr. Ohrenschall is not present, Mr. Frierson will chair the meeting.

[Assemblyman Frierson assumed the Chair.]

**Assembly Bill 119:** Revises provisions relating to certain liens. (BDR 9-305)

**Acting Chair Frierson:**

We will now open the hearing on A.B. 119. Please proceed, Mr. Horne.

**Assemblyman William Horne, Clark County Assembly District No. 34:**

I represent Assembly District No. 34 in Clark County. Before you today is A.B. 119. This bill allows for health providers to issue liens for the payment of health care that they provide in the personal injury arena. It was brought to my attention by Dr. Overland that there have been multiple occasions in which care was provided to a patient who was injured in an accident. At the conclusion of that care, there was a settlement, but the doctor was not compensated for the care the doctor provided. If there had been a lien in place, the doctor would have been able to close this "loophole," and, therefore, receive compensation for the care they provided. A majority of attorneys practicing in this area honor liens for their clients being treated, although they do not always have a sufficient amount of funds available from the settlement. There are occasions where such settlements do not happen. It was brought to my attention that there are a large number of health care providers who are not receiving compensation. I was asked if I would sponsor a bill to address this issue, which will allow the discussion as to whether or not individual providers should be permitted to place a lien on the care they provide. We will attempt to accomplish this with A.B. 119.

Section 1 of A.B. 119 defines "provider of health care" as it relates to *Nevada Revised Statutes* (NRS) sections regarding liens. For the purpose of such liens, health care services should include "physician, hospital, or other person who is licensed or otherwise authorized in this State to furnish any health care service."

Section 2 provides the extent of the lien. It provides that a lien is not valid in industrial insurance cases or for health care services rendered due to occupational disease.

Section 3 shows limitations on the extent of the lien. There will be no liens for services rendered after settlement. There will be no liens against attorneys' fees and costs.

Section 4 refers to a notice of lien that is required to be recorded, which will serve to perfect that lien.

Section 5 provides the form of the lien, pursuant to the statute.

Section 6 allows the liable party or defendant to make copies of the health care records of the injured person.

Section 7, subsection 1, provides that any person or insurer who has received a notice of lien and pays the injured person without paying the providers of health care is liable for the amount of the lien. The provider can bring a cause of action within 180 days of the date of payment to the injured party against the person or insurer making that payment. Subsection 2 requires payment by a separate check if the provider of health care is publicly owned or a nonprofit organization. If the check is made to a governmental entity for \$10,000 or more, it must be made by electronic transfer.

This concludes my summary of the bill. There are physicians here to testify, and I believe that Dr. Overland will outline the problems encountered. It is within the purview of this Committee to make a decision on public policy to correct a possible loophole that may have been created. I will be happy to answer any questions.

**Acting Chair Frierson:**

Are there any questions for Assemblyman Horne?

**Assemblyman Daly:**

I understand that hospitals must accept patients, but other health care providers have a choice whether or not to offer treatment. Is that true?

**Assemblyman Horne:**

To my knowledge, there are no statutes that say private health care providers must treat a patient.

**Assemblyman Daly:**

How does subrogation affect this situation?

**Assemblyman Horne:**

I will allow Dr. Overland to address that issue. I do not want to speak for Dr. Overland or others on what compromise would work best for them, but primarily this will have a larger effect when the patient is not represented by counsel.

**James T. Overland, Sr., D.C., M.S., President, Nevada Chiropractic Association:**

I have been a chiropractor for 31 years and I am President of the Nevada Chiropractic Association. The very core of this bill is to protect all health care providers who treat injured persons. This would include all persons with or without the representation of an attorney. [Continued reading from written testimony ([Exhibit J](#)).] I will be happy to answer any questions.

**Assemblyman Kite:**

Assume there are several insurance carriers that pay, other than my regular health insurance, and the check goes directly to me. If I receive services from you and elect not to pay you, although I was already paid by my insurance company, do you have no recourse?

**James T. Overland, Sr.:**

That is basically correct. The only possible recourse would be to file a lawsuit against you, depending on the level of service and amount of monies owed. We would probably have to hire an attorney and would have to chase after the money. A lot of doctors do not have the time to do that. Additionally, they do not want the expenditure involved in the process. Most health care providers will treat patients in an arena of trust. We know very often that trust does not come to fruition. We have no statutory recourse.

**Assemblyman Kite:**

In my particular case, my health insurance coverage comes with a co-pay. If I do not make my co-pay, you do not have recourse other than what you just indicated?

**James T. Overland, Sr.:**

That is correct.

**Assemblyman Kite:**

Is it more cost effective to file a lien on my property and wait for 30 years, until I decide to sell my house, before you get paid? Is that going to help you any?

**James T. Overland, Sr.:**

Actually, that will not help us at all. In fact, I have a "Bar Counsel Report" from the *Nevada Lawyer Magazine* regarding a similar situation that occurred in Reno this past summer. What generally happens, is the health care provider that has not been paid on the personal injury case simply refuses to treat the patient any further. The provider will say that once the patient is represented by counsel, the person may return to the office for further treatment. At that point, there is some likelihood of reimbursement if the patient has legal representation.

**Assemblyman Sherwood:**

I understand from your testimony that you would like this to cover both patients with and without representation. You also mentioned the case law. As our previous discussions surmised, *Achrem v. Expressway Plaza Ltd. Partnership*, 112 Nev. 737, 917 P.2d 447 (1996) case law provides that the health care provider receives payment only if there is no legal representation. Is that correct?

**James T. Overland, Sr.:**

That is correct.

**Assemblyman Sherwood:**

Case law for applying a lien, if there is legal representation, is exactly opposite of *Achrem* case law. Is that correct?

**James T. Overland, Sr.:**

It is not completely correct. The *Achrem* case suggests that under case law, if there is a lien in place, it is and should be enforceable. However, there is no statutory law that backs that up. This does represent the ability of an individual, who is represented by an attorney, and suggests that without representation, the lien that is in place should be handled appropriately.

**Assemblyman Sherwood:**

There are two categories of individuals we are talking about. There are the ones with representation and the ones without representation.

**James T. Overland, Sr.:**

That is correct.

**Assemblyman Carrillo:**

What is in place with regard to collections? You mentioned to my colleague that you would have to get a lawyer to retrieve the money. Would not you just send them to a collection agency? Would that have a similar result as placing a lien?

**James T. Overland, Sr.:**

Many doctors that have problems with accounts receivables use collection agencies. As you know, collection agencies generally charge a fee of 30 percent or higher. If the collection agency is successful in locating the individual and follows through with negotiations, we find that the actual recovery is very low. Generally speaking, when monies owed are under a certain amount, most doctors will write off that amount. There are many collection agencies that will not take certain accounts unless they meet certain criteria. In these economic times, collecting money is very difficult. Many people do not live in the area any longer. They may have lost their jobs or their homes. Recoverability of the money becomes very difficult.

**Assemblyman Carrillo:**

It is my understanding that collection companies work until the money is collected. For instance, the collection agency we use in homeowner association (HOA) issues, works until they receive the money and charge the individual for their fees.

**James T. Overland, Sr.:**

I understand that. However, why should health care providers worry about regaining service fees for health care they have already provided by using collection agencies? There should be a vehicle in place to protect the health care providers, which would negate that issue. You would then see more health care providers offering their services to treat individuals who have representation. If they do not have legal representation, there should be a vehicle mandating insurance companies to reimburse the health care provider for reasonable and necessary costs, rather than pay the patient and have the doctor try to collect those fees.

**Assemblyman Hansen:**

If I am reading this correctly, all we are doing with this bill is expanding existing law to include health care providers, such as yourself. What we are talking about already exists with certain health care providers, and we are simply opening this window for the chiropractic community and others like yourself. Is that correct?

**James T. Overland, Sr.:**

What we are trying to do is open this to "all health care providers." Right now, the only providers that have any type of mandate are the hospitals. Medical doctors, osteopaths, podiatrists, dentists, chiropractors, as well as service centers such as magnetic resonance imaging (MRI) centers and diagnostic centers will all be protected with this bill.

**Assemblyman Hammond:**

My question is right along the same line. There are other medical or legal service providers that utilize such a vehicle for collecting fees for services rendered. Is this correct?

**James T. Overland, Sr.:**

The only entity is the hospitals. The Supreme Court ruled that attorney liens take precedence over medical provider liens. Therefore, attorneys have the ability to obtain monies for their services. Hospitals have a vehicle to obtain payment for services. Health care providers do not.

**Acting Chair Frierson:**

There are no more questions. Thank you, Dr. Overland. Is there anyone else wishing to testify?

**Assemblyman Horne:**

There are a number of people signed in. On the Nevada Electronic Legislative Information System (NELIS), there have been documents submitted that should be made part of the record.

**Acting Chair Frierson:**

At this time, anyone who wishes to testify in support of the bill, please approach the microphone.

**Maury Astley, representing Nevada Chiropractic Association:**

You are in receipt of my brief written testimony ([Exhibit K](#)). I am in support of the bill and Dr. Overland's statement. I would like to reiterate a few points from my written testimony. If a person has a past history of nonpayment, the person is less likely to receive additional treatment. The person may wind up with chronic health problems, which in turn may affect their job. Also, I would like to point out that unless we can give doctors the same tool that hospitals and lawyers have, we will see fewer and fewer doctors willing to treat these types of patients.

**Acting Chair Frierson:**

Are there any questions for Mr. Astley? There appears to be none. Is there anyone else speaking in favor of A.B. 119?

**Brian K. Russell, D.C., Private Citizen, Carson City, Nevada:**

I am a chiropractic physician and I am here to represent myself and my business. I practice right here on Musser Street. My business is called Capitol Chiropractic. I am very interested in this bill and I am in full support. It is important to get paid for services rendered. Often times, we accept a person who is involved in an injury case, and we treat that patient. The patient receives the payment from the insurance company directly, and we never hear from the patient again. There are also issues regarding health care policies getting stricter.

I would like to give you a specific case example. A patient was injured and I treated her. She needed a referral, and I referred her to an orthopedic group. She was unable to schedule an appointment. The reason was because she had an outstanding balance from several years ago. She had attorney representation and yet she still could not get an appointment. The balance due was only about \$8. She had received surgery several years ago, which the insurance paid. Apparently, there was a part of the bill which was not reimbursed and it stayed on her record. Due to an \$8 balance, she could not get an appointment scheduled to see the orthopedic surgeon. I ran into her recently at a grocery store. She told me about her situation. She finally had to find another medical group who would treat her on a lien basis because she had a permanent mark on her record. It delayed her treatment. The longer a person goes without treatment, the more scar tissue develops and health issues become chronic. If we pass this bill, it would show patients that it is responsible behavior to pay for services rendered. It will help people in the future because they will not be denied treatment for overdue balances. I also would like to say that there are people that are not represented here such as the staff and employees of health care providers. These are people that are in charge of patients' files. When attorneys or insurance companies need copies of documents or bills, my staff makes the copies and mails them out. They also schedule appointments for other service providers, on behalf of patients, such as MRI and diagnostic testing. Therefore, when I do not collect my fees, as a business owner, patients are not just taking away from me, but they are also taking away from my employees. Not collecting fees translates into their health care benefits, raises, and holiday pay. It affects us all. I am sure it is the same for many private physicians in the State of Nevada.

I recently bought some equipment from a rheumatologist who closed her office because of the current business environment. She was not getting reimbursed,



and there may have been other issues. However, not getting reimbursed was a big part of the problem. There are many other physicians in Carson City who I know of that are being bought out. To be in private practice cannot be profitable if you treat patients and do not get reimbursed for services. I am in favor of A.B. 119. I believe it gives us another option to make a profit in this business environment. There are some patients that I will treat on a lien basis, and when they are done with treatment they write me a check. There are other patients that I never see again. That is a loss for my business. I will answer any questions you may have.

**Acting Chair Frierson:**

Thank you, Mr. Russell. I have a couple of questions based on your example, which I realize was one specific type. In that particular example, is it your experience that such a small balance is handled that way normally? It seems like it may be more efficient to let them just pay the balance when they arrive in your office for treatment.

**Brian K. Russell:**

The patient from the example wanted to pay the \$8 balance. The problem is with the policy that is set in place. It is not the physicians that decide. The policy states that if there is an outstanding balance, further treatment cannot be rendered. The patient never made it past the scheduler.

**Acting Chair Frierson:**

Is this the policy with that particular group? Or in your experience, is that policy across the board in the medical profession?

**Brian K. Russell:**

That is the policy with that particular group. If it is followed within this group, it will soon become the policy that many other businesses will follow.

**Acting Chair Frierson:**

Also you mentioned that because the patient had a mark on her record, it affected her ability to find a subsequent provider. If there was a lien in place, but there was still an outstanding balance, would that mark still show on her record?

**Brian K. Russell:**

I do not know.

**Assemblyman Sherwood:**

There is no question that there is a health care crisis and it is tougher now than ever to be a doctor or health care provider. I would like to address the

examples you provided. The first example referred to patients that are treated, and get paid by their insurance company, while you are never reimbursed. Is that the vast majority of the issue?

**Brian K. Russell:**

Answering for me and my office, I would say, yes.

**Assemblyman Sherwood:**

Would it be sufficient for you, if we passed legislation that addressed the patients that do not have representation, to allow the patients that have legal representation to work with you as they have in the past?

**Brian K. Russell:**

Speaking for me personally, I believe that would be sufficient. I have some good relationships with attorneys, and I work well with them. They do an excellent job, and we all get paid for our services.

**Acting Chair Frierson:**

Are there more questions for Mr. Russell?

**Brian K. Russell:**

I would like to make one more statement. I recently purchased this practice from another doctor who had been in practice for 50 years. He actually bought the practice from another doctor that had been in practice for 30 years. I have looked over his account receivables. The doctor had balances from personal injury patients dating back to 1998, totaling approximately \$55,000. That is not including amounts he had written off in his 30 years of practice. This amounts to quite a lot. He is now retired, and the uncollected fees hurt his retirement plans. He had to work until he was 75 years old.

**Acting Chair Frierson:**

Thank you, Mr. Russell. Is there anyone else to speak in favor of A.B. 119?

**Denise Davis, Executive Director, Nevada Osteopathic Medical Association:**

For various reasons, we are in favor of this bill. We believe it is another tool for physicians. The only thing we question is the language regarding who takes part in this. Section 1 says "any physician, hospital, or other person who is licensed or otherwise authorized in this State to furnish any health care service." We would like to see that tightened up a little or explained a little bit more.

**Acting Chair Frierson:**

Do you have any proposed language or ideas in mind to provide?

**Denise Davis:**

I would be happy to bring you something.

**Acting Chair Frierson:**

Thank you, Ms. Davis. There are no further questions.

**James T. Overland, Sr.:**

I would like to say in closing that A.B. 119 is in no way designed to tamper with, ruin, or destroy the relationship that health care providers currently have with attorneys in the personal injury arena. Many health care providers work very well with many attorneys. There comes a time during settlement, when not enough funds are available, and there are negotiations to come to an equitable agreement, so that the injured party also gets compensated for pain and suffering. We do not want to ruin the relationship between attorneys and health care providers. Most health care providers will not do anything to damage that relationship nor do they want to. We are not trying to negate what already exists. We are only trying to remedy the situations where we do not get reimbursed and we have no legal recourse to do so.

**Assemblyman Segerblom:**

In the case where your lien is \$10,000 and the settlement is \$5,000, do you work with the victim to be sure they get a percentage of the \$5,000?

**James T. Overland, Sr.:**

Yes, absolutely.

**Assemblyman Segerblom:**

Does this law require that?

**James T. Overland, Sr.:**

I do not think there is language in the bill that requires that to occur.

**Assemblyman Kite:**

I am a bit confused because the definition of "lien" is so broad. Are you talking about a lien against property? Or are you talking about a lien against the insurance company? What is the target of this lien?

**James T. Overland, Sr.:**

The lien is designed against the settlement property, which is a cash reimbursement or payment for services. It is not for real property. It is for monies that are paid to satisfy the personal injury claim.

**Assemblyman Kite:**

I read through this twice and did not see any reference to clarify that. Did I miss that somewhere in the bill?

**James T. Overland, Sr.:**

I believe it defines that. The first page of the bill states, "Under existing law, whenever a person receives hospitalization because of an injury, the hospital has a lien on the proceeds of a personal injury case awarded in a judgment to or obtained in a settlement . . . ." That is what is referenced in the bill.

**Acting Chair Frierson:**

Thank you. It appears there is nobody else in Carson City to testify. Is there anyone in Las Vegas to testify in support?

**Robert Talley, D.D.S., Executive Director, Nevada Dental Association:**

We support this bill. I have heard from several members who have encountered these problems in personal injury cases. We are here in support of the bill.

**Assemblyman Sherwood:**

I will ask you the same question that I have asked previously to the other branches of health care. Of the issues you have encountered, are the majority with people not represented by an attorney? Therefore, it is a third party relationship, and the health care provider is not reimbursing you directly?

**Robert Talley:**

I believe that is correct.

**Acting Chair Frierson:**

With nobody else in Las Vegas to testify in support, let us move back to Carson City. Is there anyone here opposed to A.B. 119?

**Matthew L. Sharp, representing Nevada Justice Association:**

What I would like to do is give an overview. Afterward, Mr. Galloway will provide more specific information based on my overview. Let me begin by discussing a few points as to why we oppose this bill. Primarily, I believe it to be unnecessary. I would like to point out that Chairman Horne said a vast majority of attorneys handle these liens appropriately. I would say it is more than a vast majority. The attorneys that do not handle these liens appropriately are subject to their own personal accountability both legally and by the State Bar of Nevada. Secondly, I think the bill will produce a great deal of unintended consequences which will worsen the situation.

This whole lien process begins, generally, with a car accident. The injured party may go to the hospital for emergency room treatment. It has been pointed out earlier that the hospitals do not have a choice whether they treat the patient or not. Afterward, there may be additional treatment required. The injured person may go see a lawyer. If there was sufficient insurance maintained by the person who caused the accident, everyone should get paid. Unfortunately, many drivers are carrying only the legally required minimum liability insurance, which is \$15,000 per individual and \$30,000 total for all claimants. That means there is \$15,000 total to pay for an injured party. It will basically cover the injured party's hospital bill. Many of the problems the chiropractors have been discussing have nothing to do with attorneys. The problem has to do with how much insurance is being carried. That is a separate issue that this Committee can address. This bill does not solve that problem.

When a person is injured in a car accident, there are two issues involved. There is liability and there are damages. You have to prove both. A person will have to prove that somebody made a mistake, caused an accident, and as a result the person was injured. In a perfect world, that becomes clear-cut. Somebody runs a stop sign, hits your car, and you break your leg. It is clear that you have been injured. However, we do not live in a perfect world. Sometimes there are two sides to an accident. Sometimes both parties are partially at fault. Sometimes there are instances where people have preexisting conditions. They receive treatments that are not related to the accident. All of these issues are relevant, which makes the lien process more complicated. This law says if a person receives treatment due to the accident, there are provisions currently that protect the hospital. If the person does not receive treatment due to the accident, there is no protection. For example, what happens is a person may have a situation where there is a clear-cut case. Somebody runs a stop sign, hits a person's car, and the person is injured. The party that caused the collision only carries \$15,000 in liability insurance coverage. The way this bill reads, the person will incur liens from the ambulance driver, the hospital, the radiologists, the orthopedic surgeon, et cetera. All of these health care providers will be fighting over \$15,000. The attorney's fee will also apply. All of these health care providers will have to fight it out in court. That will lead to more costs and problems. It does not lead to the solution the chiropractors are looking for, which is prompt payment.

These are all issues the Committee needs to consider when passing something this significant. The other thing that needs to be addressed is the distinction between the innocent person's insurance company and the insurance company representing the driver that caused the accident. Some of us have health insurance. All of us have automobile insurance. The automobile insurance company owes an obligation to its insured party. The insurance company of the

party who caused the accident only has an obligation to the party it is representing. The insurance company does not make payments without receiving what is known as a "release." This becomes even more convoluted. You will not receive payment under this bill until all of the requirements of the bill are met. A lot of the issues here will not be solved.

I will provide you with an example of how the current system works. A person who needs treatment will come into my office. This person had a car accident and may not have insurance. Some health care providers will agree to treat the patient on a "lien" basis. There is a contract signed between the health care provider, the client, and the attorney. The fact is that if attorneys do not fulfill the contracts, doctors will not work with them. I am not in a position to speak about how the unrepresented people are handling it. All of us, as businessmen, make bad decisions. This bill does not address that problem. This bill will create more issues. Another point that has been questioned is the effect on the person who has been injured. That is important because this person, who has been injured due to no fault of his own, has various damages including medical bills and loss of income. Under this bill, health care providers are the first to be paid. The person who has been injured as the result of the accident may have lost income. The lost income may range anywhere from \$5,000 to \$20,000. That money may never be recovered. There has been mention about the attorney fees being protected by the lien. That is correct. Yet, many times, we are negotiating these liens. For example, in a situation where someone is injured seriously and there is only \$15,000 of insurance, trying to negotiate this situation with the hospital may be virtually impossible. Even if the lawyers are willing to reduce their fees, so the client can incur some financial reimbursement, the money will first be provided to the hospital. These are issues we deal with every day, and this bill does not solve that problem. That is one of our biggest issues.

Before I turn it over to Mr. Galloway, another point to mention regards previous credit issues. When this lien is filed, it is recorded with the county recorder. It becomes public record. I believe in credit applications the records will show there is a lien on file. I am not a credit expert but I believe that it would affect a person's credit score. Unless you have any questions, I will turn it over to Mr. Galloway.

**Acting Chair Frierson:**

There are no questions.

**Graham Galloway, President, Nevada Justice Association:**

I have been practicing law for the past 28 years, and 90 percent of that has been in the personal injury arena. The person in the personal injury arena is

what this bill addresses. This has no application in any other situation. From what I can gather from previous testimony, this involves the rogue patient, client, or attorney that refuses to pay a health care provider. In many typical cases, it is the chiropractor that does not get paid. This bill does not change the playing field at all. All it does is complicate things. It does not make it any simpler. We do not want to oppose this bill, but it will only make a bigger mess in the personal injury arena. The only entities that have a statutory lien currently are the hospitals. Our dealings with hospitals have been very difficult. There are statutory liens and then there are contractual liens. A statutory lien is what is referenced in the bill before you. The hospital submits a lien to the county recorder, and the lien is recorded. That places a lien against your properties.

To answer an earlier question by Assemblyman Kite, typically a hospital will file and record their lien with the county recorder's office. It is then a lien against property of a person. I have been practicing for 28 years in this field, and have never come across a situation where a chiropractor has not offered, asked, requested, or demanded a contractual lien. A contractual lien is where a health care provider draws a contract between a patient, their attorney, and themselves. We all agree contractually to be bound by the terms of the lien, which is to pay the chiropractor. What I can gather from the testimony we have previously heard, in the "represented" situation, if an attorney or patient fails to honor the lien, the health care provider has the remedy of filing a lawsuit to enforce the lien. A statutory lien does not change anything. If a rogue attorney or patient does not want to pay the chiropractor, what is the remedy? A lawsuit is filed. It will complicate matters, because if you give everyone a statutory lien, there will be less flexibility at the end of the process when an individual settles his case. Many times, there is not enough money to pay everyone involved. At that point, you would enter into negotiations. In our experience, right now the hospitals do not negotiate with us. Even though there is legislation that requires the hospitals to provide us with 30 percent of the bill, hospitals refuse to negotiate. This is another issue which will hopefully be addressed during this legislative session. If you grant everyone a statutory lien, we will be in a position where no one will negotiate. If that occurs, the next step is filing an interpleader action and the settlement monies left, after payment to the hospital, will be deposited with the court. The court would then decide who is entitled to what portion of the settlement funds. That increases litigation.

This bill does not change the remedies available to the health care providers. What it will do is complicate the end process of resolving a personal injury case. It will increase the burden on our courts. As an example, if there is \$25,000 in medical expenses and \$15,000 insurance coverage, \$15,000 is given to the

court by filing an interpleader action, which is yet another lawsuit. Then, if there are ten providers waiting for reimbursement, the attorney must serve each one of them with legal documents, which will cost approximately \$50 to \$100 per provider in process serving fees. Next, each health care provider must hire an attorney to file an answer. The small amount of money left to be divided winds up shrinking due to legal expenses. That is what will happen here if statutory liens are provided for all of the health care providers. There will be less flexibility to negotiate and more interpleaders. In the end, the chiropractors or health care providers will not be paid. We are sympathetic to their plight and do believe they should be paid. We have no problem paying health care providers. In the 28 years that I have been practicing, I have always honored contractual and statutory liens. Doing this will have an unintended detrimental consequence, which is further litigation. I will be happy to address any questions from the Committee.

**Acting Chair Frierson:**

Regarding the interpleaders, can you address the circumstance in the distinction between the health care providers who are covered under a policy versus a person who is "out of contract?" How does that affect the balance of the settlement, access to payment, and the impact to the victim?

**Graham Galloway:**

If there is health insurance that covers portions of the bills, those providers will receive whatever they are entitled to under the terms of the health insurance policy. The balance would then be submitted to the court through the interpleader action, along with the balance for the health care providers not covered by health insurance. Typically, in my experience with interpleader actions, it is done on a prorated basis. For instance, if someone has \$10,000 in bills and another person has \$5,000 in bills, one will receive twice as much as the other. Usually it is handled that way.

**Acting Chair Frierson:**

In your experience with these types of settlements, are the "out-of-contract" clients involved in that? Is that a separate issue? It seems to me that the parties not involved in the settlement would not be in a position to negotiate a change like the "covered" providers, which may possibly lead to a greater balance in the end.

**Graham Galloway:**

There are several ways to handle the negotiation after the settlement is reached. Normally, I encourage my clients to negotiate with all of the providers. It should not matter whether there are liens or whether they have received medical insurance benefits or not. My practice is to negotiate with all involved



parties on the same level. Does it happen otherwise? Yes, there are other attorneys who only handle the individuals under contractual lien. By and large in the personal injury arena, the health care providers involved require all of my clients to sign liens. It is uncommon not to have a contractual lien as opposed to a statutory lien. A contractual lien is essentially a piece of paper that says everyone agrees that once the case settles, each party gets paid out of the settlement proceeds. It can be handled in different ways, but generally, the better practice is to negotiate with everyone involved. After we negotiate with the insurance company, 99 percent of my cases begin a second series of negotiations with the health care providers to be sure they get paid as much as possible. The ability to negotiate after a settlement is reached will not be improved by this bill.

**Assemblyman Hansen:**

In section 3, subsection 2 it says "no lien may apply or be allowed against any sum incurred by the injured party for necessary attorney fees . . ." Under this new law, would that give the chiropractors an opportunity to monopolize the money that attorneys currently now have a monopoly on?

**Matthew L. Sharp:**

I do not believe that it would.

**Assemblyman Hansen:**

If I am reading correctly, you cannot have a lien against attorneys' fees. Is that correct? Would this allow them to have access to your settlement monies?

**Graham Galloway:**

The way it is currently structured, the lien does not apply to attorneys' fees. Changing "shall" to "may" creates a little bit of ambiguity, but my interpretation is that it will still not apply to attorneys' fees. Changing "shall" to "may" might open the argument, but I still do not think it will apply. The attorneys' fees will be deducted, and then the balance of the proceeds will be subject to liens.

**Assemblyman Hansen:**

If I understand the argument, you have quite a few settlements where you only have \$15,000 insurance coverage. This will give the opportunity for the health care providers and the hospital to have reasonable access to the same pool of money that would currently be between attorneys and the hospitals. Is that accurate?

**Matthew L. Sharp:**

Essentially, the answer is yes. What this will do is increase the number of statutorily guaranteed stakeholders. From my personal perspective, I would like

to see legislation do away with hospital liens because they get used as a "sword and shield" against my clients and me. The statutorily guaranteed liens make my job very difficult. Increasing it will make it much more complex. The average run-of-the-mill case, such as a minor automobile accident, which is about 75 percent of my practice, is a miserable case to deal with.

**Assemblyman Carrillo:**

I address my question to Mr. Galloway. You mentioned that you were sympathetic to the plight of the chiropractors. We have parties here with issues that are "for" this bill and "against" this bill. Is there any common ground between the two?

**Graham Galloway:**

Not on this language. I think there is a lot of common ground between the two professions. We deal with chiropractors on a daily basis, and we maintain a good working relationship with most of them. It is the classic situation where a small percentage of rogue individuals foul it up for the rest. I understand the chiropractors' situation, but this is not the solution. I would be surprised if any of the chiropractors who come before you today do not require a lien when treating an unrepresented patient. It should be an automatic response to obtain a lien from the patient. If someone does not honor the lien, you file suit against them. In the case of the statutory lien, it will be the same resolution. By having this apparent protection, no real issues are getting solved. If someone is a rogue individual and does not want to honor a lien, the only remedy is a lawsuit. Under the language of this bill, there is no common ground. If the insurance companies are not honoring their liens, there may be some other way to resolve that problem. There is no common ground on the language and a lot of common ground on everything else.

**Assemblyman Segerblom:**

I know that many medical providers utilize two different rates. There is the rate that is advertised versus the rate the insurance company actually pays them. Would this lien apply to the rate they are receiving from insurance companies or does this apply to the higher rate?

**Matthew L. Sharp:**

That is one of the problems of this particular bill. One thing that I would like to point out is that this bill should have no application in the instance where someone has health insurance. Unfortunately, what we see in this business is hospitals that refuse to bill insurance companies or receive payments from the insurance companies because of the very point you have raised. The contracted rate which is defined by your insurance policy is not addressed by A.B. 119. This bill will only allow all providers to bill the "standard rate" which is then paid

by the unfortunate party that does not have health insurance. That is just another issue that is problematic with this bill. It does not define what is reasonable or specify the reasonable rate.

**Graham Galloway:**

If I may add an additional comment, we have found that certain hospitals have taken this lien statute and twisted it around, using it as a weapon. The hospitals say they have a statutory right to be paid because that is what the lien provides. In turn, they do not bill Medicaid, Medicare, or the health insurance because they know they can enforce the statute at the end of a personal injury settlement. In turn, they expect 100 percent of the bill as opposed to the contracted rate under the health insurance plan or the Medicare amounts which would have been paid. What has been happening is this lien statute has been used against my clients to make them pay more than they would have if there was no lien statute. That is why we are particularly sensitive about expanding this bill because it has been used as a weapon against our clients.

**Acting Chair Frierson:**

I see no further questions for Mr. Sharp or Mr. Galloway. Thank you. Is there anyone else here in Carson City or in Las Vegas wishing to testify against A.B. 119? There are none. Is there anyone to testify neutral here or in Las Vegas? There are none. We will close the hearing on A. B. 119. I will now hand the Chair back to Mr. Horne.

[Assemblyman Horne assumed the Chair.]

**Chairman Horne:**

Thank you, Mr. Frierson. Madam Secretary, please make the exhibits that are on NELIS for both A.B. 119 and A. B. 128 part of the record.

[Exhibits not mentioned previously include: Notice of Claim of Healthcare Provider Lien Frequently Asked Questions ([Exhibit L](#)); testimony by John C. Peick, J.D. ([Exhibit M](#)); testimony by Michael A. Baron, M.D. ([Exhibit N](#)); testimony from Greg D. Jensen, Esq. ([Exhibit O](#)); and testimony from multiple doctors ([Exhibit P](#)).]

Is there any other business to come before the Committee? I would like to give a reminder to the Committee members that on Monday we will start the hearing at 9 a.m., and the Floor Assembly today is at 11 a.m. We are adjourned. [The meeting adjourned at 9:53 a.m.]

RESPECTFULLY SUBMITTED:

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Lenore Carfora-Nye  
Committee Secretary

APPROVED BY:

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Assemblyman William C. Horne, Chairman

DATE: \_\_\_\_\_

## EXHIBITS

**Committee Name:** Committee on Judiciary

**Date:** February 25, 2011

**Time of Meeting:** 8:12 a.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 128	C	Assemblyman Paul Aizley	Written Testimony
A.B. 128	D	Assemblyman Paul Aizley	Conceptual Amendment
A.B. 128	E	Christopher Roller	Testimony from the Washoe County Health District
A.B. 128	F	Christopher Roller	Letters in Support from Six UNLV Students and Faculty
A.B. 128	G	Christopher Roller	Letter in Support from Professor Dan Cook
A.B. 128	H	Southern Nevada Health District	Testimony
A.B. 128	I	Rocky Finseth	Testimony from the American Lung Association
A.B. 119	J	James T. Overland, Nevada Chiropractic Association	Testimony
A.B. 119	K	Maury Astley CAE	Testimony
A.B. 119	L	Peick Law Group P.S.	Notice of Claim of Healthcare Provider Lien Frequently Asked Questions
A.B. 119	M	John C. Peick, J.D.	Testimony
A.B. 119	N	Michael A. Baron, M.D.	Testimony
A.B. 119	O	Greg D. Jensen, Esq.	Testimony
A.B. 119	P	Multiple Doctors	Testimony