

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON COMMERCE AND LABOR**

**Seventy-Eighth Session
February 11, 2015**

The Committee on Commerce and Labor was called to order by Chairman Randy Kirner at 1:31 p.m. on Wednesday, February 11, 2015, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/78th2015. In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblyman Randy Kirner, Chairman
Assemblywoman Victoria Seaman, Vice Chair
Assemblyman Paul Anderson
Assemblywoman Irene Bustamante Adams
Assemblywoman Maggie Carlton
Assemblywoman Olivia Diaz
Assemblyman John Ellison
Assemblywoman Michele Fiore
Assemblyman Ira Hansen
Assemblywoman Marilyn K. Kirkpatrick
Assemblywoman Dina Neal
Assemblyman Erven T. Nelson
Assemblyman James Ohrenschall
Assemblyman P.K. O'Neill
Assemblyman Stephen H. Silberkraus

COMMITTEE MEMBERS ABSENT:

None



GUEST LEGISLATORS PRESENT:

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27
Assemblyman Tyrone Thompson, Assembly District No. 17

STAFF MEMBERS PRESENT:

Kelly Richard, Committee Policy Analyst
Matt Mundy, Committee Counsel
Leslie Danihel, Committee Manager
Earlene Miller, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Carolyn E. Tanner, General Counsel, Public Utilities Commission of Nevada
Garrett Weir, Assistant General Counsel, Public Utilities Commission of Nevada
Daniel O. Jacobsen, Technical Staff Manager, Bureau of Consumer Protection, Office of the Attorney General
Misty Vaughan Allen, M.A., State Suicide Prevention Coordinator, Office of Suicide Prevention, Division of Public and Behavioral Health, Department of Health and Human Services
Denise Selleck, Executive Director, Nevada Osteopathic Medical Association
Dana Galvin, representing Nevada State Education Association
Wendy Blackburn, Private Citizen, Gardnerville, Nevada
Christopher Wahle, representing Disabled American Veterans, Carson City, Nevada
Caleb Harris, representing Disabled American Veterans, Carson City and Veterans of Foreign Wars, Department of Nevada
Charles Kennedy, Private Citizen, Silver Springs, Nevada
Jeanette Belz, representing Nevada Psychiatric Association
Nick Vassiliadis, representing R&R Partners Foundation
Kim Frakes, L.C.S.W., Executive Director, Board of Examiners for Social Workers

Chairman Kirner:

[The roll was called. A quorum was present.] I would like to start with the introduction of BDR 53-553.

BDR 53-553—Makes various changes to the Nevada Employment Security Council. (Later introduced as [Assembly Bill 154](#).)

The bill draft makes various changes to the Nevada Employment Security Council. Are there any questions? [There were none.]

ASSEMBLYMAN ELLISON MOVED FOR COMMITTEE
INTRODUCTION OF BDR 53-553.

ASSEMBLYWOMAN SEAMAN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN FIORE WAS ABSENT
FOR THE VOTE.)

I will open the hearing on [Assembly Bill 74](#).

[Assembly Bill 74](#): Revises provisions relating to the resale of certain utility services. (BDR 58-348)

Carolyn E. Tanner, General Counsel, Public Utilities Commission of Nevada:

I am here to present [Assembly Bill 74](#), which seeks to limit an unnecessary statutory burden on mobile home and manufactured home parks as those terms are defined in *Nevada Revised Statutes* (NRS) Chapters 118B and 461A. This bill also cleans up statutes that address the Public Utilities Commission of Nevada's (PUCN) jurisdiction to include both of those terms throughout those statutes. The important part of this bill is section 11.

The Commission has jurisdiction over mobile home parks in Nevada in two ways defined under those NRS chapters. First, for all parks, the Commission must ensure that safety examinations of utility facilities occur as set forth in NRS 704.920. Second, this bill seeks to address that the Commission monitor the parks that sell utility service, including gas, electric, and water, to their tenants or keep a tenant service account that might assist in maintaining facilities within the mobile home park boundaries. Existing law requires that all parks meeting the definition of a manufactured home park as set forth in NRS Chapter 118B, or mobile home park as set forth in NRS Chapter 461A, must file an annual report with the Commission to advise whether or not they are reselling utility service to their tenants.

The Commission believes that the more effective definition limits the reporting requirements only to those manufactured home parks and mobile home parks that resell utilities to their tenants. That definitional change is set forth in section 11. The Manufactured Home Communities of Nevada, who cannot be

here today, alerted me to the late-filed amendment that is before you ([Exhibit C](#)) which clarifies that the requirement for reporting applies to all utilities and not only gas and electric. One example of the impact that this bill would have is reflected in what happened this year. During the last docket, the Commission addressed orders to show cause issued against park owners who failed to report or inaccurately reported. Of the 376 parks under the jurisdiction of the Commission that met the reporting requirements, only 152 of those sub-metered utility services to their tenants. So, 224 of those small businesses would not have had any obligation to report to the Commission.

We believe the passage of this bill would ease the regulatory burden on the parks as well as increase the efficiency of the Commission. We have reached out to our stakeholders. As I mentioned, we have the support of the Manufactured Home Community Owners of Nevada, and the Manufactured Housing Division is here.

Chairman Kirner:

Are there any questions?

Assemblyman Nelson:

Are there parks that are not required to report?

Carolyn Tanner:

Every park that meets the definition of a manufactured home park, which is a residential park in comparison to a campground, has to file an annual report with the Commission to state if they sub-meter their utilities. We are trying to change that to having only parks that sub-meter report. The problem is that many of the small parks do not understand that if they are not sub-metering, they need to file an annual report. We want to access what is happening with those parks that do sub-meter. We are limiting the definition so those who do not sub-meter do not have to file a report.

Assemblyman Nelson:

What do they need to report?

Carolyn Tanner:

There are two ways a park owner can administer a bill. Either they get the bill for all of the individual meters on their property and distribute it, or they get one bill and prorate it for the owners. The Commission is taking the report in order to ensure there are no additional charges. There can be a tenant service charge, with Commission pre-approval, that the park owners may use to maintain utility lines and similar things in the park. They would have to report to the Commission what the charges are and how they are used. We are

looking at them like a small utility and making sure they are charging appropriate rates.

Assemblyman Ohrenschall:

Would this apply to a manufactured home community that is still on a master water meter and has not converted to individual meters? If we lift the requirement, is it possible that there may be parks in the state that bill for utilities, but are not charging appropriate fees, and they would not come to your attention?

Carolyn Tanner:

We are not excluding anyone who currently master-meters their utilities. We are limiting the reporting requirements and it would include water.

Assemblyman Ohrenschall:

Did you reach out to any of the tenant associations in the state?

Carolyn Tanner:

No, I did not.

Assemblyman Ellison:

If the trailer park owner is charged for a master meter, and they charge the tenants at the current rate, would they still have to report that back to the Commission? For example, the landlord reads the meter and then gives the bill to the tenant.

Carolyn Tanner:

If the landlord is delivering the bills based upon the individual meters, they would have to report because that is one of the two ways that you could resell utilities.

Assemblyman Ellison:

How big does a park need to be to come under this provision?

Carolyn Tanner:

Our requirements rely on the definition of a park in NRS 118B.017. It says it is an area of land where two or more manufactured homes or manufactured home lots are rented or held out for rent. The terms do not include an area or tract of land where more than half of the lots are rented overnight or for less than three months for recreational vehicles, or where manufactured homes are used occasionally for recreational purposes and not as permanent residences. The goal is to get to residential lots. It would include a relatively small park as long as they are residential units.

Assemblyman Ellison:

That is a pretty small number of units. I hope you reconsider that number.

Carolyn Tanner:

We will rely on the definitions already established for the Manufactured Housing Division. This bill does not seek to change NRS Chapter 118B.

Assemblywoman Carlton:

In changing any of these reporting requirements, would it limit the opportunity for a resident to file a complaint with the PUCN if they felt they were mistreated or overcharged? We put it in the law so they would have somewhere to go. If this does not change any of that, then it should not be a problem.

Carolyn Tanner:

All this does is limit the pool of reporting landlords to those who resell utilities to their tenants. In the remaining parks, the tenants have their own individual relationship with the utility. If they were overcharged, their course of action would be to call either the utility or the PUCN's complaint division. We have the same ability for tenants who are subject to resale. A docket could be opened so the Commission would assess whether the landlord was overcharging.

Chairman Kirner:

Are there any questions? [There were none.] Are there others in support of the bill? [There were none.] Is there opposition to the bill? [There was none.] Is there anyone to speak from a neutral position on the bill? [There was none.] I will close the hearing on A.B. 74 and open the hearing on Assembly Bill 75.

Assembly Bill 75: Revises provisions governing certain proposed changes in the schedule of rates or services of a public utility. (BDR 58-351)

Garrett Weir, Assistant General Counsel, Public Utilities Commission of Nevada: Assembly Bill 75 is intended to increase the efficiency and cost-effectiveness for both the Commission and its regulated utilities. It increases the maximum revenue change that can occur as the result of an application filed via an advice letter. An advice letter is a filing that can be made with the Commission in lieu of an application for a general rate case. It allows a utility to change its tariff which governs the terms and conditions of its service to its customers. This is for requests that do not have a significant rate impact.

In 1971 the threshold amount of \$2,500 was adopted by the Legislature, and we merely want to adjust for inflation. At that time, the amount was appropriate for drawing a line at the point at which there would be no

significant rate impact. Adjusting for inflation, we now believe \$15,000 is the appropriate amount. Filing through an advice letter provides an opportunity for parties to intervene in the request and allows the Commission to hold hearings if necessary. It also allows the Commission to dispense with the hearing if it is not necessary and not a contested matter. Most of the time, these are not contested matters. It increases efficiency and cost-effectiveness by reducing the filing requirements significantly for the utility. If we can eliminate those unnecessary proceedings, it results in cost savings to ratepayers because they bear the costs that the utility incurs.

Chairman Kirner:

Are there any questions?

Assemblywoman Bustamante Adams:

How did you determine the \$15,000?

Garrett Weir:

I believe it was by using the Consumer Price Index, the Bureau of Labor Statistics, or some other official federal number. I think the actual calculation resulted in approximately \$14,600. I can get back to you with the specific ratio.

Assemblywoman Bustamante Adams:

Is it still subject to due process?

Garrett Weir:

Yes, it would still be subject to due process. If the Commission felt a request would have a substantial impact on rates or the request was unreasonable, it would have the ability to set it for further proceedings if no interested parties contested it. If a party were to file a petition for intervention in the case, the Commission would set it for proceedings. If anyone objected to the request, it would go through the normal process.

Chairman Kirner:

Are there any other questions?

Assemblyman Paul Anderson:

In section 1, subsection 1, paragraph (f), "as certified by the public utility" is removed and language that talks about a letter of advice is added. Can you describe why we are changing that?

Garrett Weir:

That language is being added to remove the burden from the Commission to determine whether there will be a revenue change beyond the \$15,000. It puts the burden very clearly with the utilities to make the calculations prior to filing. The concern was that if the Commission accepted a request via an advice letter, there might be an implication that the Commission has done that calculation in advance. We want to put that burden clearly on the utility and not the agency.

Assemblywoman Fiore:

Did you consider a percent instead of a fixed rate?

Garrett Weir:

The problem with using a percentage is that for a large utility the percent would be a tiny fraction of a percent because of their large revenues. We think a dollar amount makes more sense.

Chairman Kirner:

Are there any witnesses in support of this bill?

**Daniel O. Jacobsen, Technical Staff Manager, Bureau of Consumer Protection,
Office of the Attorney General:**

We are in support of this bill. Every morning we go through a document published by the Commission which shows every filing that every utility has made. We look at the dollar impact. We agree that if a utility has made a very small advice letter filing and will not have a negative impact on ratepayers, it should be allowed to go through this process. We are comforted by the past discussion that if we were to see an advice letter even for less than \$15,000—for example, a small water department might propose a charge—and if we felt it was inappropriate and needed to be heard, we would raise that issue with the Public Utilities Commission of Nevada to have a hearing. With that understanding, we are in support of the bill and feel it will improve efficiency at the Commission.

Chairman Kirner:

Are there any questions? [There were none.] Are there any people in opposition to the bill? [There were none.] Is there anyone to speak in a neutral position? [There was none.] I will close the hearing on A.B. 75. I will open the hearing on Assembly Bill 93.

Assembly Bill 93: Revises provisions relating to the continuing education required to renew certain licenses. (BDR 54-27)

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27:

Assembly Bill 93 looks at behavioral health professionals and asks them to have two hours of continuing education units (CEU) or continuing medical education (CME) units towards their licensure. We have targeted behavioral health professionals because these are the people who do frontline and interpersonal work with a large number of different clients. Their clients may be more susceptible to and prone to needing intervention when it comes to suicide.

Assemblyman Thompson, my copresenter, will testify that Nevada has an issue with suicide. Nationally, the trend is disturbing, but it is more disturbing when looking at the statistics in regard to veterans in Nevada. We are at critical levels and something has to be done. This is a public policy statement that our suicide rate is so high that we have to ask professions to focus more on their skill set in this evidence-based suicide prevention and awareness training. Because I am a social worker and social workers are mentioned in the bill, I can personally attest that in my hospice job I have had to use my training in suicide prevention. I work with terminally ill patients and their families, and some people want to speed up the process. We do not want that to happen; we want nature to take its course. Although I work in hospice, my CEU requirement does not require me to have suicide education and prevention training. Diligent professionals get this training, but this will help ensure consistency.

Section 1 of the bill is specific to psychiatrists who are certified through the Board of Medical Examiners. We are asking them to have 2 hours of evidence-based suicide prevention and awareness CMEs every two years. The current requirement is 40 hours biennially of which 20 hours must be within their scope of practice and 2 hours in pain management or ethics.

Section 2 addresses psychiatrists under the licensure of the State Board of Osteopathic Medicine. We are asking for 2 hours of evidence-based suicide prevention and awareness CMEs biennially. Their requirement is 35 hours annually, 10 hours in live didactics, and 2 hours biennially in pain management or ethics.

Section 3 is specific to psychologists. It requires them to have 2 hours of evidence-based training, including suicide prevention and awareness CEUs biennially. Their current requirement is 30 hours of CEUs biennially with 6 in ethics and scientific knowledge.

Section 4 is specific to marriage and family therapists and clinical professional counselors. The bill is asking them to have 2 hours of evidence-based suicide prevention and awareness CEUs biennially. Their current requirements include 20 hours of CEUs annually with 3 hours in ethics and 1 hour in supervision if they work in a supervisory position.

Section 5 pertains to social workers. It requires 2 hours of evidence-based suicide prevention and awareness CEUs biennially. The current requirement for licensed associate social workers and licensed social workers is 30 hours of CEUs biennially, of which 10 are within the scope of practice and 3 are in ethics. For licensed clinical social workers and licensed independent social workers, the requirement would be 36 hours of CEUs biennially with 12 in the field of practice and 3 in ethics.

There is a possible change to section 6, which is the request that the date of implementation be July 1, 2016, not July 1, 2015. That will give all of the professions a year to implement it, inform their licensees of the requirement, and allow the licensees to seek training. [Assemblywoman Benitez-Thompson submitted proposed amendments naming Assemblyman Thompson a primary sponsor of the bill, listing others as additional cosponsors, and offering conceptual language ([Exhibit D](#)).]

I have had conversations with all of the respective boards. You will see that some of those associations have offered friendly amendments, which I support and which help make this a good working bill. The one board from which we do not have a definitive answer is the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors. Their board will discuss the bill when it meets on February 13, 2015. There is one conceptual amendment that we have discussed, but it will not be formalized until the board meeting. It proposes a change in the language because that is the one board that requires the CEUs annually. I will avoid adding more work for them. When I last checked with all of the boards, they said there was no fiscal impact.

Some of the licensing boards prefer their CEU requirements to be in the *Nevada Administrative Code* (NAC) versus the *Nevada Revised Statutes* (NRS). My preference is the NRS. The reason is consistency. We want all of the behavioral health professions to have two hours of evidence-based suicide prevention and awareness training. The most efficient method is to put it in the NRS. If we were to put it in the NAC, there is a process. I feel it would be more burdensome and onerous to ask the boards to develop regulations and do the three required agendaized workshops in compliance to open meeting laws. They may have to make revisions, have more workshops, and then present it to

the Legislative Commission. I thought this was the more expedient and less expensive process.

Assemblyman Tyrone Thompson, Assembly District No. 17:

I am pleased to be a cosponsor of this bill. I have over 25 years of experience working in the health and human services profession. In the last two and a half years I have been an appointee to the Veterans Suicide Prevention Council. Nevada has one of the highest rates of suicide across the board. This is not the first time we have had a bill in the Legislature to address suicide prevention. Assembly Bill No. 584 of the 67th Session in 1993 mandated suicide prevention education in Nevada's secondary schools, but we do not have a statewide comprehensive school-based suicide prevention educational approach. It is very limited.

Regarding the training, the Substance Abuse and Mental Health Services Administration (SAMHSA) has dictated that suicide prevention requires a comprehensive, sustained, and data driven strategy. I know many of my colleagues here are all about data. We have the data that shows the need for this bill. A comprehensive approach must contain an active, effective community component as well as an active, effective clinical systems approach. Part of that clinical system includes health care systems, schools, faith-based organizations, workplaces, and others.

Some alarming statistics indicate that 20 percent of deaths from suicide in the United States are of veterans. Twenty-two veterans die by suicide every day in the United States. Thirty-three percent of recent veteran suicides had a history of previous attempts. Historically, 24 percent of Nevada suicide deaths are veterans. Every 15 hours one Nevadan dies by suicide, and every 60 hours one Nevada veteran dies by suicide. We are seeing alarming rates in our younger veterans. We urge your support of this bill.

Chairman Kirner:

Are there any questions?

Assemblyman O'Neill:

Would you be willing to include drug and alcohol counselors in these requirements of suicide prevention training?

Assemblywoman Benitez-Thompson:

I think that is worth considering, and I will look into their licensure.

Assemblyman Ellison:

Can the training be done online, and who will supply the materials?

Assemblywoman Benitez-Thompson:

Evidenced-based suicide prevention and awareness training is readily available. The State Board of Osteopathic Medicine licensure office said today that the issue is so critical that over the summer they were offering suicide prevention training. The Office of Suicide Prevention in the Department of Health and Human Services has evidence-based training sessions available. Some of them are in two-hour increments, and others are in three-hour increments which can be adjusted to make them fit the two-hour requirement. In my conversations with each of the boards, the opportunity to engage in training does not seem to be an issue. Each board outlines how many of the CEUs can be taken in online courses, so it would be up to the individual licensee to make sure that they are not exceeding their online course hours toward their CEU or CMU requirements. There are many types of training but there is not a lack of evidence-based suicide training. There is not one particular training module that people can do, but there are many.

Assemblywoman Fiore:

Do you have any statistics about how many of our attempted suicides have counseled with psychiatrists or psychologists?

Assemblywoman Benitez-Thompson:

I believe Misty Vaughan Allen can speak about that.

Misty Vaughan Allen, M.A., State Suicide Prevention Coordinator, Office of Suicide Prevention, Division of Public and Behavioral Health, Department of Health and Human Services:

Are you asking how many of those with past attempts have sought out treatment?

Assemblywoman Fiore:

I am asking about treatment by psychiatrists and psychologists. My big concern is that a lot of the psychotropic medications prescribed by psychiatrists and psychologists increase the risk of suicide. What are the statistics of the suicide attempts who have sought counsel and what are we doing about the prescription drugs that increase the suicidal risk?

Misty Vaughan Allen:

I agree with Assemblywoman Benitez-Thompson that we would turn to the individual professions to answer. It is difficult because the majority of people with a mental health diagnosis do not get treatment. They lack access for multiple reasons, including availability of providers and the tremendous stigma. Many do not seek treatment. Those who seek treatment is around 20 percent.

Assemblywoman Fiore:

If our people who are attempting suicide are not seeking treatment, then we are putting the burden on professions that the suicidal people are not using. I understand this is a feel-good bill, but there need to be statistics that show we need it, and I am not seeing the need.

Assemblywoman Benitez-Thompson:

We will let the individual professions address your questions. Psychotropic medications are very specific to the professions, and we would not be the appropriate people to discuss the effects of medications or the studies on the effects of these psychotropic medications. I can testify to the need for this bill. So many of the professions we are looking at, such as marriage and family counselors and social workers, are people who within the course of their daily work as behavioral health professionals may come across someone who cannot enter or does not have access to traditional care. However, they might see signs and symptoms of suicidal behavior and, with crisis intervention training, be able to get the client past the deep, dark feelings where he wants to end his life.

As a social worker, I learned the hard way that I needed the training because I did not recognize certain signs and symptoms in a patient with whom I was working. I take suicide prevention awareness training because I found in my line of work that I need to be ready every day to recognize those signs and symptoms. Child welfare workers who are working with youth may be able to recognize signs and symptoms that a child is at danger of harming himself. If the worker does not have the training, she may not be able to recognize those signs. I work with senior citizens and it is the same. Marriage and family therapists who interact with seniors need this training. I think it is a skill set that behavioral health professionals have to have, so when we come across patients and clients who are showing signs and symptoms, we can recognize and respond to them.

Chairman Kirner:

I appreciate your testimony. Will those in support of the bill please testify.

Denise Selleck, Executive Director, Nevada Osteopathic Medical Association:

I have spoken to the bill sponsor and we applaud the effort to include education at this level. After hearing about this in the interim meetings, we decided to add it as part of our needs assessment to our annual convention last year, to a winter convention, and to a one-day conference. We have offered multiple educational events for osteopathic physicians, particularly in primary care and especially for those involved in using psychotropic drugs.

We have one correction in section 2. It calls for a psychiatrist certified by the American Board of Psychiatry and Neurology, Inc. Many osteopathic physicians are board-certified by another organization, so we have asked for and the sponsor is willing to make an inclusion. We discussed whether it should be limited to those who are board-certified or also include those who are eligible for board certification and those who have been practicing for a long time and are not board-certified.

We suggested a sunset on this particular education requirement. Often the educational requirement is very important at the time, but years later there may be something more important. The state of Florida requires eight prescribed hours for physicians. Many of those requirements were set in place over 15 years ago. They are still doing those same hours year after year in place of something that might be more timely and more applicable to their practice.

Dana Galvin, representing Nevada State Education Association:

We appreciate Assemblywoman Benitez-Thompson's authorship of this bill as a valiant effort to address an issue that too often leaves survivors without answers. We encourage the Committee to pass the bill and ask to be apprised of the progress of the bill.

Wendy Blackburn, Private Citizen, Gardnerville, Nevada:

I am a student in the School of Social Work at the University of Nevada, Reno. I am here to share with you the story about my dad and to ask for your support in passing A.B. 93.

My dad was a very genuine man. He could walk into a crowded room and entertain everyone. He was funny, witty, talented, and adventurous. He loved the outdoors, camping, surfing, and music. He was a legend amongst his friends and a devoted father and family member. In 2005 he started suffering from depression. He was brave enough to seek help from his primary care physician. The doctor knew my father well enough to understand how out of character this depression was for him and was concerned about its severity. He referred him to a professional for an evaluation. He met with the psychiatrist, who prescribed him antidepressants, and he was to follow up in a month. Two weeks later my dad was dead; he shot and killed himself while my 16-year-old sister was close by.

I believe that if that psychiatrist had suicide awareness training, she could have recognized the perilous state my father was in. Just a couple of basic risk assessment questions could have provided her with information that would have made it more likely for her to implement a safety plan, rather than send him home with a bottle of pills, of which he had only taken one, and my dad might

still be alive today. I ask you to pass the requirements for professionals to receive suicide prevention awareness training in order to renew licensure because it could save people like my dad. The World Health Organization says suicides are preventable. There are numerous measures that can be taken at macro, mezzo, and micro levels to prevent suicide and suicide attempts. Two of their points for prevention and control include (1) early identification, treatment, and care of people with mental and substance use disorders and acute emotional distress, and (2) training of health workers in the assessment and management of suicidal behavior. I know there are no guarantees, but I believe that maybe if the psychiatrist my father had seen prior to his suicide had had this training, he might still be here and a part of my family.

Misty Vaughan Allen:

I want to clarify my previous statement. Many of those people who have died by suicide or attempted suicide never received effective behavioral health services for many reasons. One reason is because we are not recognizing the risks and are missing opportunities to intervene. This educational requirement will improve that. As Assemblyman Thompson mentioned, comprehensive suicide prevention works at many layers across systems. The Office of Suicide Prevention is in support of this bill. It is one piece of the comprehensive layers of suicide prevention and is a critical piece because those professionals are on the front lines. The need is well established. Nevada was highest in the nation for suicide for decades. We are sixth as of 2012. We are moving in the right direction because we know that prevention works, but we have to expand our efforts across these systems in a consistent manner. This bill will help with consistency.

There are many clinical providers who are excellent, but when it comes to suicide care, we can never have enough education, training, and practice. One key point that we are learning with new research and therapies is that implementation of this requirement will provide assurances that Nevada's licensed behavioral health workforces are educated on suicide risk assessment, prevention, and referral. This bill will assist providers in addressing suicide risk directly and not as an underlying symptom of another disorder. We need to start treating the risk of suicide directly to make a huge difference for those at risk.

Christopher Wahle, representing Disabled American Veterans, Carson City, Nevada:

I am also representing myself today as a retired police officer and police chief. I think the first responders and public safety personnel such as firemen, police, and emergency medical services personnel need to be included in these

requirements. They are the ones who answer most of the calls whether they are successful or not. They are folks who deal with suicide attempts. Anytime you add mandated training, it costs money. I think we can get a grant through the Department of Veterans Affairs (VA) or the Department of Justice to ensure the classes are made available. It would be very beneficial. We would hate to lose any more veterans or other citizens in the state of Nevada.

Chairman Kirner:

This bill is addressing licensed professionals. While we have a great deal of respect for and honor our police and firemen, they are not licensed professionals and therefore, I do not believe they would be covered under this bill.

Assemblyman O'Neill:

In the Peace Officers' Standards and Training Commission (POST) basic training and annual renewals for certification as a police officer in Nevada, they are required to take suicide prevention and awareness classes as well as classes on how to deal with mentally disturbed individuals.

Caleb Harris, representing Disabled American Veterans, Carson City and Veterans of Foreign Wars, Department of Nevada:

I was here to reiterate that same aspect of POST training. There is some training through the VA that is POST-certified. After talking to the past Executive Director, Dick Clark, as well as the Chief of Police for the VA Hospital, Robert Smith, I believe there is a lack and a gap regarding the training for first responders. We fully support A.B. 93. We were hoping that a piece with the POST training and law enforcement could be included so there would be a mandate for that crisis intervention training. I have not heard of the training that Assemblyman O'Neill mentioned and I will do some more research on that. The POST training that the VA Hospital offers is already funded and available. They are working with POST, but a lot of the training they are seeing is after an event. They see a spike in attendance after an event or a mishandling of an event. We would like to see that preventatively done.

Chairman Kirner:

This bill is related to NRS Chapter 54 and its definition of licensed professionals. I suggest that you meet with our legal counsel to discuss where the police and firefighters might best fit and how their inclusion might best be accomplished.

Charles Kennedy, Private Citizen, Silver Springs, Nevada:

I personally know of six veterans in Nevada who committed suicide. Their psychiatrists and psychologists had the capability of learning the signs of suicidal behavior, but the veterans are all dead now. I am the seventh, the only

one of us who is alive. I almost took my own life on September 1, 1989, by trying to take out my hypothalamus with a .45 caliber hollow point. I was stopped by a television spokesperson. The fine people who were willing to give their lives and everything they had for their country, in combat and in peace, foreign and domestic, lost their lives because people who were trained to help them were not there. I do not know all the ins and outs of licensing, but I do know what it is like to live and die. All of my friends who were with me then are dead through either combat or suicide. Please help us.

Chairman Kirner:

Thank you for your testimony and your service to our country.

Jeanette Belz, representing Nevada Psychiatric Association:

We submitted a letter of support from Dr. Lesley R. Dickson, Executive Director and State Legislative Representative for the Nevada Psychiatric Association ([Exhibit E](#)). We would like to express our support for this bill. Suicide has become an issue of major importance in the fabric of our community. Assuring that clinicians routinely assess patients for suicidal thinking is critical to helping to reduce the incidence of suicide. I appreciated Misty Allen's comments about it being complicated, comprehensive layers.

We offered a couple of amendments ([Exhibit E](#)). We have spoken with the bill sponsor and are hoping that the bill will be amended to include all psychiatrists. Forty percent of psychiatrists in the state are currently not board-certified. We offered amendments for NRS Chapters 630 and 633.

Nick Vassiliadis, representing R&R Partners Foundation:

We are heavily involved in a program, Flip the Script, which is tied to suicide prevention. We are here to support this bill because we are in favor of anything that increases the education and awareness of any professional dealing with any person who could be experiencing those symptoms.

Assemblywoman Carlton:

I think it is important to understand the types of continuing education and how many mandates boards have. For the Nevada Osteopathic Medical Association, you talked about approximately 30 hours. How much of that is mandated and how flexible is the Association about deciding what continuing education it wants for its professionals in the future?

Denise Selleck:

We are an accredited sponsor of continuing medical education through the American Osteopathic Association. We have a lot of rules and regulations on

determining what and how training is provided. Our licensees are required in Nevada to have 35 hours annually, and of those hours, 10 must be live didactic, which means they must be able to speak to the presenter and ask questions. We find this is a helpful way of educating because it sparks other comments in the room and develops a discussion about the topic. We go through a robust needs assessment process in determining what the topics are. Those are based on things such as the Nevada health report and the statistics we see from the prisons, because that is a population where you can look at diseases and where they come from. We look at the Centers for Disease Control (CDC), the National Institute of Health, and several other organizations to determine what topics we will provide.

We also accept input from the people who attend our meetings. We offer two major conferences annually. One is 25 hours in Las Vegas, and the other is 30 hours at Lake Tahoe. We also offer one-day conferences of 10 hours each. Physicians sign up for those to meet their requirements. They may attend CME throughout the country at national meetings as well as other state organizations. The presenters have to provide a curriculum vitae (CV) and have attained a certain educational level and background in order to present. Their presentations are reviewed beforehand to see that there is no commercial bias. We are audited every three years to make sure we adhere to the rules. The topics that we add to these conferences often have to do with things that are happening in Nevada. We have a significant number of attendees who come from northern California, so we look at things that come out of Kaiser Permanente because they have a population that can provide us with topics that will help us improve the health of the people we serve. We have added pretest, posttest, and follow-up questions three months later to see if we have changed any behaviors. Hopefully, we will impact the way medicine is practiced.

One of the things we heard in the interim was the need for education on suicide prevention. We took that immediately to our program committee. We have a physician who works in hospice and is the son of a suicide victim. This is near and dear to his heart. He has presented very eloquently the statistics and the warning signs. We saw through national media and other studies that there is a significant amount of pharmaceutical involvement by some of the suicide victims. We have a board-certified psychiatrist who speaks on that issue.

Assemblywoman Carlton:

I wanted to make sure people understand that the associations partner with their licensees to provide education to their licensees, and these are hard hitting, good classes where people learn a lot.

Chairman Kirner:

Is there any opposition to the bill? [There was none.] Is there anyone to testify from a neutral position?

Kim Frakes, L.C.S.W., Executive Director, Board of Examiners for Social Workers:

I submitted a letter ([Exhibit F](#)) in support of any legislation that increases or enhances the competency of social work in our state. We have carve-outs in the NAC which pertain to specific levels or areas of practice. As indicated in my letter of February 10, 2015, although many of our social workers at various levels provide either direct client care or supervision of direct client care, there are many who do not provide direct client care and are in administrative functions. A recommendation would be for us to continue to address this in our NACs in the specific areas of the licensure carve-outs in continuing education and specify at least maybe two or four levels of licensure, such as the licensed clinical social workers (LCSW) and the clinical social work interns who do provide mental health practice possibly even more in that area.

Because all of our CEUs are already addressed in NAC 641B.187, it makes it clearer to our licensees to go there to see what they need to do. It can be a struggle sometimes to get people to know where to go to see where they can find their CEUs. If this bill is passed, we would still be required to specify suicide awareness and prevention for the different levels of licensure in the NAC. They would probably mean different things for our different levels of licensure. Our licensed associate social workers and our licensed social workers would not diagnose or treat. Their level of suicide awareness and prevention would be more in the area of doing an inventory such as the Beck Depression Inventory or some evidence check-offs of signs of suicide and the referral to the appropriate mental health practitioner, such as marriage and family therapists, LCSWs, psychiatrists, psychologists, and others. For the LCSWs who work in the area of mental health, their suicide awareness and prevention would already be in the area of diagnosing and treating depression and appropriate prevention, which could also include Legal 2000 holds in order for the client or patient to get appropriate treatment.

Chairman Kirner:

Are there any questions?

Assemblywoman Kirkpatrick:

I find it hard to believe that this training would not benefit anybody in their everyday life. We see kids today exhibiting risky behaviors. That is somebody's child. I have a hard time believing that people who work in this

profession would want to be exempt from a training that could help save somebody because it may not directly impact them. I struggle with this because your Board always wants to be exempt. This is something I would be interested in taking because of my family. I want to know why they want to be exempt and how this would truly be a detriment.

Kim Frakes:

If someone leaves administration and goes back to direct work, it will be part of their requirements under NAC 641B.187, and they would be required to be trained in areas within their direct practice. If they went back to mental health, it would include diagnosing and treating. If it is in child welfare, it would include areas such as foster care and depression of children in foster care. The administrators are still welcome to take the suicide awareness and prevention training. We would still use that as part of their CEUs if it meets the requirements. The bill dealt with professional licensure.

Chairman Kirner:

Are there any questions?

Assemblyman O'Neill:

Are you talking about an LCSW who gets promoted to administration? That person is still an LCSW, correct?

Kim Frakes:

Yes, but if a person is promoted and is not dealing with direct client care, the carve-out for an LCSW would be ten hours for areas related to their direct practice. They may address issues more pertinent to macro practice, such as administration, grant writing, and fiscal concerns.

Assemblyman O'Neill:

I hear your justification, but when I moved into administration as a police officer, I was still required to take use-of-force and firearms training every month and unfortunately I had to use it as a division chief. I am having trouble understanding why an administrator, who is still a social worker, and might be able to recognize some issues dealing with suicide, would want to opt out of the training.

Kim Frakes:

It appears in the NAC 641B.187 that it does have specific areas of practice. Assemblywoman Benitez-Thompson also agreed to roll back the date by one year, which would be helpful because our licensees renew biennially and it would be difficult for them to complete the requirements by July 1, 2015.

Chairman Kirner:

Are there comments from the bill sponsors?

Assemblywoman Benitez-Thompson:

I will look into Assemblyman O'Neill's suggestion to include alcohol and substance abuse treatment counselors in this training. As we know, Nevada cannot mandate the federal government or the Department of Veterans Affairs to do things, but within our licensing regulations we can ensure the professionals who are licensed in this state and work in the VA hospitals have this training. The VA employs social workers, psychiatrists, psychologists, and marriage and family therapists. I wanted to make sure that is emphasized. Thank you for your time and consideration of this bill.

Chairman Kirner:

I will close the hearing on A.B. 93. Is there any public comment? [There was none.] I want to emphasize that the Committee requires all exhibits or information to go on to the Nevada Electronic Legislative Information System be given to us by noon the day prior to the meeting. The meeting is adjourned [at 2:55 p.m.].

RESPECTFULLY SUBMITTED:

Earlene Miller
Committee Secretary

APPROVED BY:

Assemblyman Randy Kirner, Chairman

DATE: _____

EXHIBITS

Committee Name: Committee on Commerce and Labor

Date: February 11, 2015

Time of Meeting: 1:31 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 74	C	Carolyn E. Tanner/Public Utilities Commission of Nevada	Proposed Amendment
A.B. 93	D	Assemblywoman Teresa Benitez-Thompson	Proposed Amendment
A.B. 93	E	Jeanette Belz/Nevada Psychiatric Association	Letter of Support and Proposed Amendment
A.B. 93	F	Kim Frakes/Board of Examiners for Social Workers	Letter