MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-Eighth Session
March 30, 2015

The Senate Committee on Health and Human Services was called to order by Chair Joe P. Hardy at 3:33 p.m. on Monday, March 30, 2015, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4404B of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Joe P. Hardy, Chair
Senator Ben Kieckhefer, Vice Chair
Senator Mark Lipparelli
Senator Joyce Woodhouse

COMMITTEE MEMBERS ABSENT:

Senator Pat Spearman (Excused)

GUEST LEGISLATORS PRESENT:

Senator Tick Segerblom, Senatorial District No. 3
Assemblyman James Ohrenschall, Assembly District No. 12

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Eric Robbins, Counsel
Debra Burns, Committee Secretary

OTHERS PRESENT:

Michael Hillerby, Sanofi Pasteur Inc.
April Tatro-Medlin
Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services

Kristin Erickson, Chief Deputy District Attorney, District Attorney, Washoe County; Nevada District Attorneys' Association
Chuck Callaway, Las Vegas Metropolitan Police Department
Sandra Koch, M.D., Member, American College of Obstetrics and Gynecology
Elisa P. Cafferata, President and CEO, Nevada Advocates for Planned Parenthood Affiliates, Inc.
Joan Hall, Nevada Rural Hospital Partners Foundation
Grayson Wilt, Nevada State Medical Association
Janette Dean
Shari Peterson, Nevada Dental Hygienists Association
Neena Laxalt, Nevada Dental Hygienists Association

Chair Hardy:
We will begin the hearing on Senate Bill (S.B.) 117.

SENATE BILL 117: Revises provisions relating to immunizations. (BDR 34-691)

Senator Joe P. Hardy (Senatorial District No. 12):
Senate Bill 117 has been totally changed. I have submitted a proposed amendment to the Committee (Exhibit C).

Michael Hillerby (Sanofi Pasteur Inc.):
While speaking with Senator Hardy, immunization advocates and State health officers, we made the determination that the original bill's immunizations might best be handled by the State Board of Health. They are the entity that handles school-age children and adolescent immunizations.

We addressed flu outbreaks in residential and long-term care facilities. Senate Bill 117 provides that each such facility annually offer on-site vaccinations for influenza to its health care workers and other employees having direct contact with the residents at no cost to the employee. It does not mandate that an employee take the vaccination, only that the facility offer and provide it at least once a year during flu season. There is considerable research among health care facilities; residential facilities for groups tend to be the lowest in terms of having their health care workers vaccinated, and we know they serve one of the more vulnerable populations—senior citizens and other dependent patients housed in those facilities. The Centers for Disease Control and Prevention (CDC) recommends these health care workers be vaccinated as a first line of defense against influenza, followed by general hygiene issues like

coughing or sneezing into one's sleeve, wearing a face mask if symptomatic, washing hands and other general health precautions during influenza outbreaks.

We have spoken with Dr. Green, the Chief Medical Officer, about any fiscal impact for policing the issue. The Nevada Health Care Association, which represents the industry, deems one of its health care priorities is to increase the vaccination rate among residents and the employees in facilities.

Senator Kieckhefer:
How much would a program like this cost for a facility with 10, 50 or 100 beds?

Mr. Hillerby:
The Chief Medical Officer and the Nevada Health Care Association say those immunizations can be bought in bulk, with the typical cost of a vaccination being $8 to $10 each. It would cost $8 to $10 multiplied by the number of people who wish to take advantage of the free shot clinic offered on-site.

Senator Kieckhefer:
Will the facilities have their own staff administer the vaccine or contract with someone? Is there a cost involved?

Mr. Hillerby:
The Immunization Coalition does this regularly for health care facilities, particularly the residential group facilities, where it can be done at no cost. I do not know if that is an option at every facility. Each facility would be dependent upon the licensure of its own staff. A legally eligible person would be required to service that need, with the Immunization Coalition or other groups.

April Tatro-Medlin:
I oppose S.B. 117 and request you oppose it because vaccinated people shed the virus through their skin cells. According to the emerging risks of live virus and virus-vectored vaccines, the question arises whether people vaccinated by a live virus can transmit the virus to others.

Public health officials say that unvaccinated children pose a great danger to those around them, even to fully vaccinated children. Vaccines can fail to prevent infection in vaccinated persons. Today, unvaccinated people pose a serious health threat to those who fail to become vaccinated. In the instance of

live virus vaccines, the answer is yes; people vaccinated with a live virus can transmit the virus to unvaccinated people.

Senior citizens are one of our most vulnerable populations and may have impaired immune systems. It may be harmful for vaccinated people to expose themselves to senior citizens for up to 8 weeks after vaccination, depending upon the vaccination that person received.

Next, the amendment does not include which flu vaccine will be administered. There are many different flu vaccines and more being prepared for market. Will it be a live flu virus vaccine? Will it contain thimerosal? This proposed amendment is too vague.

The federal government has a plan to vaccinate all adults, create electronic medical records and share the data. Is this proposed amendment a part of their plan? I believe it is.

I have sent information to you at your email addresses. Some copyrighted information, which I have sought permission to share with you, is waiting for permission to submit to you from the National Vaccine Information Center.

I am happy to see that this bill no longer includes the human papillomavirus vaccine mandated for schoolchildren. I am opposed to it and I am opposed to this bill as it is amended.

Tracey D. Green, M.D. (Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services):
While we are neutral on S.B. 117, I would like to clarify a few points if the bill passes.

A staff member assent, waiver or an employer's offer of a vaccine can be included by the Bureau of Health Care Quality and Compliance as part of our inspection process.

There is no opportunity for the private sector to use the State's purchasing agreements. That option would not be available.

Senator Kieckhefer:
Are there options for a private facility to contract with someone to bring in a vaccine to vaccinate their staff?

Dr. Green:
Yes.

Senator Hardy:
I think Ms. Tatro-Medlin's points were well taken; the live virus may be a problem for some people. In the care home situation, the use of the non-live virus is recommended. Vaccines do not contain thimerosal anymore. This would be voluntary, not mandatory, but S.B. 117 would mandate that it be offered and provided, as Senator Lipparelli said, to anyone who wants it.

Senator Kieckhefer:
I will close the hearing on S.B. 117.

Chair Hardy:
We will open the hearing on S.B. 367.

SENATE BILL 367: Revises provisions governing controlled substances. (BDR 40-883)

Senator Tick Segerblom (Senatorial District No. 3):
Senate Bill 367 reflects the national trend to reduce the sentences given for nonviolent first- and second-incident drug offenses. This bill would give a judge the option to make the crime a gross misdemeanor instead of a felony for possessing a controlled substance without a physician or dentist's order. Nevada is one of the few states possessing the gross misdemeanor crime penalty, a charge between a misdemeanor and a felony. It is a significant penalty; but it is less than a 1-year incarceration. Without the felony on record, there would be the opportunity for offenders to be eligible for diversion programs or reduced sentences if they stay out of trouble for a year.

Senator Kieckhefer:
In *Nevada Revised Statute* (NRS) 193.140, are specific penalties outlined for gross misdemeanors?

Senator Segerblom:
Yes, it was 365 days in jail, but we reduced it to 364 days last session so it would not affect anyone's immigration status. There could also be a fine of up to $2,000.

Senator Kieckhefer:
Is that up to 364 days in jail?

Senator Segerblom:
That is correct. Normally, a person would be arrested and spend some time in the county jail. Then that person would get out, and at the hearing the judge would impose a suspended sentence. The difference with S.B. 367 is that the person would never go to prison and never have a felony conviction.

Senator Kieckhefer:
Is this only for first- or second-incident possession offenses?

Senator Segerblom:
Yes, this is not sales. It could be significant drugs, but the reality is these are nonviolent offenders we are trying to keep out of our prison system, keep it off their records and lower the costs. Yet, if they continue doing it, they will end up in prison.

Senator Kieckhefer:
What types of sentences are usually imposed for first and second offenses under this statute?

Senator Segerblom:
There would be felony convictions on their records, even though the usual sentence is probation. In our society, a felony conviction is tantamount to many difficulties; they cannot get student loans or some jobs, and it is a very dramatic thing for people.

Senator Kieckhefer:
They cannot legally have guns, correct?

Senator Segerblom:
Yes, they cannot have guns.

Senator Lipparelli:
Does this give the judge flexibility to impose a harsher penalty if justified?

Senator Segerblom:
Yes, obviously the district attorney can prosecute, and usually the judge will sentence as the district attorney recommends; but the flexibility is there. We realized we went too far in the harshness of the penalties in some incidences; this is an attempt to realign one.

Senator Lipparelli:
If a judge or district attorney felt the incident were a relatively insignificant one, would that person have this at his or her disposal?

Senator Segerblom:
Exactly. This gives them another option. Initially, the Las Vegas Metropolitan Police Department was concerned about the costs incurred for the additional jail time, but apparently, that is not an issue.

Ms. Tatro-Medlin:
I am in favor of S.B. 367 and reducing sentences. Many of these people are addicts. I think we need to reduce the $20,000 fine; that is more money than a lot of people make in 1 or 2 years.

Kristin Erickson (Chief Deputy District Attorney, District Attorney, Washoe County; Nevada District Attorneys' Association):
When we discovered this bill on today's agenda, we emailed Senator Kihuen our concerns and our opposition.

The Nevada District Attorneys' Association's concern is for procedure. Do the officers arrest someone for the felony or a gross misdemeanor? Is it they who have the choice? For which crime would the prosecuting attorneys charge? If a gross misdemeanor is charged, can a judge then convict the accused of a felony? The procedural questions are unanswered in this bill.

We feel there could be incidences where the gross misdemeanor could be counterproductive. Currently, prosecutors have the ability to charge misdemeanors, and we do so often when the amounts of drugs are small. We charge misdemeanors, time served, maybe pay a small fine and it is all over, with no or little impact on the jail or the prosecution. If it takes

three convictions to reach the felony level, we would be less likely to charge a misdemeanor. If we typically charge a felony, they would get diversion court and there are several diversion courts from which to choose. There are drug court, diversion court and NRS 458 diversion court. This is our primary focus for a first offense for possession of a controlled substance; get each person the help needed, the services or the counseling. Our drug courts are very successful in this State. If a person is convicted of a gross misdemeanor and given diversion, that person may be less likely to complete that drug court. The maximum sentence for a first-time offender is a year in jail. Some drug addicts would rather do the time, get out and get on with their lives. If they have a felony hanging over their heads, there is much more of an incentive to take a program seriously and to complete the program. If they complete the programs, the charges are dismissed.

In a gross misdemeanor program, a person would not have to disclose it on an employment application; one would not lose his or her constitutional rights and could still carry a gun. It is then less of a carrot with the felony being more of a carrot, more incentive to complete a diversion program.

For those reasons, we oppose S.B. 367.

Senator Kieckhefer:
If you have the discretion to prosecute under a felony or a gross misdemeanor, why would S.B. 367 convolute the issue?

Ms. Erickson
Three convictions are difficult things to do. We have to have a conviction for a gross misdemeanor, then in getting a second gross misdemeanor, we have to allege the first. Like the DUI law, we must have it accepted to get the paperwork to prove the first conviction, and with the third, we must be able to prove the first two convictions. The counselling drug court is not available for misdemeanors nor are diversion programs, only felonies; it would make it much more difficult for the person to get the help needed.

Senator Kieckhefer:
I read S.B. 367 to say that the person would be punished with a Category E felony as provided in NRS 193.130. If that were correct, why would you need to get three convictions to do what the statute says?

Ms. Erickson:
It needs a third conviction to get to a felony level.

Senator Kieckhefer:
Is it not left up to the judge or the prosecuting attorney whether it is a gross misdemeanor or a felony for a first offense?

Ms. Erickson:
Yes, it could be up to the judge.

Chair Hardy:
Does the judge have options?

Ms. Erickson:
Yes.

Chuck Callaway (Las Vegas Metropolitan Police Department):
We are neutral on the bill because we see the need to provide leniency and assistance to those who may be suffering from drug addiction who have had a first or second offense. We think there needs to be clarification on several items in S.B. 367.

We want to make sure it is clear that the officer in the field would charge for the felony. The courts through their processes would decide whether to reduce the charge to a gross misdemeanor. Although the Legislative Counsel's Digest clarifies this intent, the bill does not specify that. An officer in the field might misread that, thinking he or she could make that determination if it were not clear in the bill.

Senator Lipparelli:
Would you call that indefinite in the bill? As I read it, it states that person shall be punished with two options. We may need some word correcting done on this.

Mr. Callaway:
We agree. I am not aware of any other statute where, for the same level of offense, we can charge two different levels of offense for the same crime in this scenario, we could have several people in possession, charged differently under different officers. The possibility exists for miscommunication and confusion.

We are concerned that this could increase occupancy in our jail. The Clark County Detention Center is at maximum capacity. It costs approximately $140 a day to the taxpayers to house an inmate. Whenever we book someone into the detention center, an inmate has to be released to make room. A decision has to be reached about who can or should be released. If sentenced to serve the gross misdemeanor sentence, the 364-day service could impact our Clark County Detention Center, which would impact our jail capacity.

Those are the areas where we have concern. We think the intent of the bill is valid, so that is why I came before you today neutral with those concerns.

Senator Kieckhefer:
Is the sentence for a gross misdemeanor with the Department of Corrections or is it always exclusively with county detention facilities?

Mr. Callaway:
My understanding is that a gross misdemeanor would normally be served with the county; I do not believe they are sent to the Department of Corrections for a gross misdemeanor.

Senator Kieckhefer:
The statute indicates that it is always county jail.

Chair Hardy:
Did I understand that if one is charged with a felony, one is given probation? Exactly what does happen?

Mr. Callaway:
My understanding is that when one is charged with a Category E felony, that person is eligible for probation. Let the district attorney's office correct me if I misstate this. If it were a first offense, that person would be booked into the Clark County detention facility, and, since it is nonviolent in nature, one would be eligible for bail or be released on his or her own recognizance. The jail would go through the process with the court to determine if that is viable. A court date would be scheduled, and the judge would then have the option of rendering a provisional judgment specifying if the person completed drug treatment and stayed out of trouble for a determinate time, the court would dismiss the charges against him or her. In most cases, people agree to that; in

some cases, a person may take whatever sentence rather than go through drug treatment but this is rare.

The question is, will they complete the program? If they have a felony hanging over their heads, unless they complete drug treatment, even though under a gross misdemeanor, they still have the treatment, without the felony registration requirements or other impacts, they may not be impelled to complete it. We think that may come into play.

Chair Hardy:
Does a gross misdemeanor defendant have the opportunity to go to drug court?

Mr. Callaway:
That would be a question for the courts.

Chair Hardy:
Is that an offer to find out the answer for us?

Mr. Callaway:
Yes, sir, I will find out.

Chair Hardy:
There is no further testimony on S.B. 367, so I will close the hearing on it and open the hearing on S.B. 458.

SENATE BILL 458: Revises provisions governing notifications to patients regarding breast density. (BDR 40-979)

Senator Joe P. Hardy (Senatorial District No. 12):
The genesis of S.B. 458 began about 2 years ago. We found that when people were told they might have cancer, they think they have cancer. We had very anxious patients. I looked at the process outlined for the bill we passed last time for mammography as it related to breast density, A.B. No. 147 of the 77th Session. The State Board of Health lately adopted a regulation that has not been codified in the *Nevada Administrative Code* (NAC).

Please look at the document stating what the Board adopted per our instructions at the Legislature. I have highlighted the word "cancer" in yellow; the person reading it would see the word cancer seven times. This is worse than it was

before. A person reading this would see cancer seven times in his or her report. I turned that over to Dr. Koch to explain the wording and our options.

Sandra Koch, M.D. (Member, American College of Obstetrics and Gynecology):
Words matter a lot and although we want to be empowered in our health care, we do not want to be misdirected. The whole issue around breast density may be scarier than it needs to be.

Almost 50 percent of women have dense breasts. Breast density is not a number, like a blood count result. Breast density is a gestalt on the part of the radiologist. There are no specific markers to measure it and it fluctuates during the course of a woman's menstrual cycle, by a woman's age, by her weight and by use of any hormonal therapy.

We want women to know they are in this category, the 40 percent of heterogeneously dense breasts and the 10 percent of the densest breasts. We do not want to tell them what to do with this information but want to open conversation so all the different risk factors can be discussed.

The original bill and the new wording introduced are scary for patients. They do need the information that they have high breast density in comparison to the other 50 percent of the population and encourage them to discuss that with their physicians without fearmongering.

Senator Lipparelli:
Which wording are we recommending with this bill?

Dr. Koch:
The new bill terminology has been introduced. You should have a copy of that in front of you.

Senator Kieckhefer:
Who is required to word these notifications with mammography reports?

Dr. Koch:
Assembly Bill No. 147 of the 77th Legislative Session required a radiologist to notify the patient in the mammography report that the patient's breasts are dense. This notification is included in the wording which contains the word

cancer seven times, as highlighted on your paper. We feel this actually scares patients.

Senator Hardy:
Senate Bill 458 is the wording that we want.

Senator Lipparelli:
The wording we want is that the breast tissue is dense; hence, see a doctor, correct?

Dr. Koch:
Yes, and we want the patient to discuss this with the health care provider.

Senator Lipparelli:
Why not simply take no position with saying the breast examination is complete; go see a doctor? Would that not be the least scary of all?

Dr. Koch:
This is a reasonable compromise. It empowers patients with the knowledge they are in the fiftieth percentile higher category of dense breasts.

Senator Lipparelli:
My question is with any other test or X-ray, I do not receive a result but am referred to my physician for results; why is this different?

Dr. Koch:
Mammograms are a little different because a physician's order is not needed to obtain them.

Senator Kieckhefer:
In section 1, subsection 1, the recording of the breast density based on this imaging is going to about 50 percent of the people, only those whose breast density is in the high percentage.

Dr. Koch:
To clarify, I would like everyone to receive the wording describing breast density, but the bill was written to inform the top two categories, about 50 percent, of increased breast density.

Senator Kieckhefer:
Is this because there is increased incidence of cancer with increased breast density?

Dr. Koch:
There is a higher percentage of breast cancer in increased-density breasts. Relatively, there is a 1.2 percent-increased risk for them. Forty percent is not that different than the percentage of women who work nights or are left-handed, for instance. There are many risk factors to look at for increased breast cancer risk. The upper 10 percent factor is 2.1 percent increased risk for cancer. There is no data presently that states additional studies should be done with these findings.

Senator Lipparelli:
Is this language simply in addition to any results of the mammography itself?

Dr. Koch:
Yes.

Senator Kieckhefer:
Will only the patients whose breasts fall in these top two categories get a statement to see their doctor?

Dr. Koch:
If there is a concern, yes.

Elisa P. Cafferata (President and CEO, Nevada Advocates for Planned Parenthood Affiliates, Inc.)
We have three health centers in Nevada and provide health care to about 48,000 patients a year. Although we may refer women for mammograms or have a mammovan come to our health centers, we do not perform mammograms ourselves.

Planned Parenthood supports S.B. 458 and would like one clarification. Our notice for new language has been provided (Exhibit D). As Senator Kieckhefer stated, every patient who has a mammogram gets a follow-up letter. Typically, the letter states the mammogram was normal with the possible inclusion about the breast density. If a mammogram is not normal, that person gets a phone call and additional screening and diagnosis. We like this language as it educates and

empowers patients without frightening them to enable them to have the conversations needed with their physician.

We worked with Assemblyman Oscarson last Session to bring language so that when further professional organizations issue language regarding studies of what they recommend one do next, we can update the language. Assemblyman Ohrenschall worked to assure the language was developed by regulation. We like the current language and would like the State Board of Health to adopt updated legislation when it becomes available.

Joan Hall (Nevada Rural Hospital Partners Foundation):
The Nevada Rural Hospital Partners Foundation supports S.B. 458 on behalf of health care facilities and women. It makes it clearer, keeps it simple and takes out the concern. We feel it is better language.

Grayson Wilt (Nevada State Medical Association):
The Nevada State Medical Association represents physicians throughout the State, and we support S.B. 458.

Assemblyman James Ohrenschall (Assembly District No. 12)
I was the sponsor of A.B. No. 147 of the 77th Session. When I read about the breast density issue and talked about it with constituents, I found many women who received normal mammogram reports, then discovered growths and fibroids that were missed because they had dense breast tissue. Two years ago, we believed that 40 percent, now 40 percent to 50 percent, of women have dense breast tissue and the mammogram is ineffective. Those growths were not detected. That was the genesis of the bill. Close to 20 states have passed laws similar to this.

As Senators Kieckhefer and Woodhouse will recall from last Session, we deferred to what the Department of Health and Human Services promulgated as regulation. No one wanted hands to be tied by statute or to wait for the Legislature to convene; they wanted the legislation to be more nimble so the Health Department could act more quickly to make changes necessary. The bill was introduced early in the Session in February, passed unanimously in both Houses, and was signed into law by Governor Sandoval in June. Next, the Department of Health began the promulgation process with a hearing, workshop and input; I provided written input along with Ms. Cafferata and other

concerned parties, and in about 6 months, the Department of Health issued this regulation. It was not done lightly or without a lot of input.

I understand Dr. Hardy's intentions. Since January 1, 2014, I have not had a constituent call me speaking of terror or scared off by a mammogram report that identified dense breast tissue. I believe the Department of Health was judicious in the language it used in trying not to scare patients. Perhaps Dr. Hardy or Dr. Koch should go back to the Department of Health and Human Services and revisit those regulations. I have heard a lot of fearmongering and scaring of patients spoken about here, but for those who were here last Session and heard of patients being told their mammograms were clear and then having Stage IV breast cancer diagnoses will attest, my goal was for conversations between patients and their doctors to occur.

Janette Dean:
I was just notified this morning that this bill would be heard; many supporters of S.B. 458 cannot be here on such short notice.

The preference by many of the professionals I consulted was to stay with the status quo but they were willing to compromise. Many were happy with the notices that everything was normal. This is disingenuous. The intent of S.B. 458 is the patient's right to know the mammogram may be deficient through dense tissue. It lacks the capabilities. The intent was to give a woman her dense breast category and detail how dense tissue can affect the incidence of cancer. We need to use the word cancer because women read brochures about mammograms all the time. A mammogram is used to diagnose the potential for cancer. The notice's ramifications are necessary to inform women in brief. The notice being received now is vague and uninformative. There is no mention about breast implants and surgery affecting mammogram results. Prior surgery, breast implants and such have been removed opting for the general statement of difficulty evaluating the results. Instead of leaving women wondering what is going on, we give them more information so when they see their doctors, they are prepared to understand more specifically what the doctors may say.

Our bill includes the level of density for all mammograms, rather than just those in the top two categories, or 50 percent roughly. Younger women tend to have denser breasts; this is due to breast-feeding, as well as being younger. As women age, they have less dense breast tissue; they do have higher incidences

of cancer. Even in a 20 percent dense category, at 50 to 60 years old, a woman's likelihood of cancer is higher. Our notice is far more thorough in the details it gives. It tells that there are many other risk factors to consider besides density and those should be discussed with the doctor.

There are five or six reasons why our notice does meet the intent of the bill and S.B. 458 does not. A mammogram is about cancer. I do not think we can talk too much about the knowledge women should have.

Assemblyman Ohrenschall:
In S.B. 458, section 1, subsection 1, the words, "as necessary," are not as A.B. No. 147 of the 77th Legislative Session intended. Every patient should be made aware of it. We can quibble about the number of times the word cancer appears or whether wordsmithing will scare a patient or not. The words, as necessary, do concern me quite a bit. The goal of A.B. No. 147 of the 77th Legislative Session was to make every patient who has dense breast tissue aware, so the patients would consult with their doctors to determine whether ultrasounds and extra screenings would be appropriate or not. I find the vagueness of as necessary more of a concern than the incidence of the word cancer.

Ms. Dean:
I would like to add that our notice suggested what screenings should come next, as determined, "together with your Doctor," due to density or additional risk factors.

Senator Hardy:
The bill does not preclude the doctor from saying what was shown in the mammogram. The as necessary refers to the mammogram that shows the tissue is dense. If the tissue is not dense, that is not put in; there is no need to do so. This notice in no way precludes the actual report. Although, in my office, I do not track who is or is not a constituent when the patient tells me of concern about cancer creating high anxiety. When the word cancer is codified seven times, in the notification, the anxiety it creates will be imaginable.

I am amenable to working with the people to make it easier to adapt in the future.

Senator Kieckhefer:
This will close the hearing on S.B. 458, and we will open the hearing on S.B. 501.

SENATE BILL 501: Revises provisions relating to the State Dental Health Officer and the State Public Health Dental Hygienist. (BDR 40-1162)

Dr. Green:
Senate Bill 501 expands language to allow for the State Dental Health Officer and the State Public Health Dental Hygienist to serve in unclassified service positions or as contractors. You will see in section 1, subsection 1, the addition of service as a contractor for the dentist and later for the hygienist. It also expands the language and changes the activity from "to supervise" to "work collaboratively" together rather than "assist." This aligns with the Chief Medical Officer, as in the past we have had to hire contractors as opposed to unclassified State positions.

Shari Peterson (Nevada Dental Hygienists Association):
The Nevada Dental Hygienists Association is in favor of S.B. 501 and offers a friendly amendment (Exhibit E).

In section 1, subsection 2, paragraph (e), we ask you to remove "a dental school" and substitute it with "dental education programs." We feel that in the spirit of collaboration, the State Dental Health Officer has in the past and we hope will continue to have the whole dental team in considerations of any type of resources, education and ability requirements, and have the team work collaboratively in any public health endeavor.

Neena Laxalt (Nevada Dental Hygienists Association):
We spoke with everyone involved and found no problems or changes needed.

Senator Kieckhefer:
I will close the hearing on S.B. 501. With no other business before the Committee, I adjourn the meeting at 4:39 p.m.

RESPECTFULLY SUBMITTED:

Debra Burns,
Committee Secretary

APPROVED BY:

Senator Joe P. Hardy, Chair

DATE:

EXHIBIT SUMMARY				
Bill	**Exhibit**		**Witness or Agency**	**Description**
	A	1		Agenda
	B	5		Attendance Roster
S.B. 117	C	1	Senator Joe P. Hardy	Proposed Amendment
S.B. 458	D	1	Elisa Cafferata	Proposed Clarification
S.B. 501	E	1	Shari Peterson	Amendment