

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

**Seventy-Ninth Session  
May 5, 2017**

The Committee on Commerce and Labor was called to order by Chair Irene Bustamante Adams at 1:06 p.m. on Friday, May 5, 2017, in Room 4100 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/App/NELIS/REL/79th2017](http://www.leg.state.nv.us/App/NELIS/REL/79th2017).

**COMMITTEE MEMBERS PRESENT:**

Assemblywoman Irene Bustamante Adams, Chair  
Assemblywoman Maggie Carlton, Vice Chair  
Assemblyman Nelson Araujo  
Assemblyman Chris Brooks  
Assemblyman Skip Daly  
Assemblyman Ira Hansen  
Assemblywoman Sandra Jauregui  
Assemblyman Al Kramer  
Assemblyman Jim Marchant  
Assemblywoman Dina Neal  
Assemblyman James Ohrenschall  
Assemblywoman Jill Tolles

**COMMITTEE MEMBERS ABSENT:**

Assemblyman Paul Anderson (excused)  
Assemblyman Jason Frierson (excused)

**GUEST LEGISLATORS PRESENT:**

Senator James A. Settelmeyer, Senate District No. 17  
Senator Heidi S. Gansert, Senate District No. 15



**STAFF MEMBERS PRESENT:**

Kelly Richard, Committee Policy Analyst  
Wil Keane, Committee Counsel  
Earlene Miller, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Michael D. Hillerby, representing Bently Heritage Estate Distillery  
Carlo F. Luri, Director of Government Affairs, Bently Enterprises  
Alfredo Alonso, representing Southern Glazer Wine and Spirits  
Steve K. Walker, representing Douglas County  
Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada  
Mendy Elliott, representing Reno-Sparks Convention and Visitors Authority; and  
Nevada Osteopathic Medical Association  
Chase Whittemore, representing Frey Ranch Estate Distillery  
Michelle G. Paul, President, Board of Psychological Examiners  
Morgan Alldredge, Executive Director, Board of Psychological Examiners  
Sarah Collins, representing Nevada Psychological Association  
Michael Hackett, representing Nevada Primary Care Association  
K. Neena Laxalt, representing State Board of Physical Therapy Examiners  
Lisa O. Cooper, Executive Director, State Board of Physical Therapy Examiners  
Danny Thompson, representing Nevada Physical Therapy Association  
Jenelle Lauchman, Legislative Chair, Nevada Physical Therapy Association  
Liz MacMenamin, Vice President of Government Affairs, Retail Association  
of Nevada  
Adam D. Porath, Director at Large, Nevada Society of Health-System Pharmacists  
Jay Parmer, representing Sierra Pharmacy  
Catherine O'Mara, Executive Director, Nevada State Medical Association  
J. David Wuest, Deputy Secretary, State Board of Pharmacy  
Susan L. Fisher, representing State Board of Osteopathic Medicine

**Chair Bustamante Adams:**

[The roll was called.] I am going to move the work session on Senate Bill 185 (1st Reprint) to another day.

**Senate Bill 185 (1st Reprint): Prohibits form contracts for consumer goods or services from including provisions that interfere with a consumer's rights to provide certain information to others. (BDR 52-27)**

[Senate Bill 185 (1st Reprint) was not considered.]

**Senate Bill 256 (2nd Reprint): Revises provisions relating to the Board of Dental Examiners of Nevada. (BDR 54-549)**

**Kelly Richard, Committee Policy Analyst:**

Senate Bill 256 (2nd Reprint) was heard in Committee on April 26, 2017, and the sponsor was the Senate Committee on Commerce, Labor and Energy on behalf of the Sunset Subcommittee of the Legislative Commission. The bill makes changes to the operation of the Board of Dental Examiners ([Exhibit C](#)).

It requires the Board of Dental Examiners of Nevada to appoint a three-person panel to review investigations. It provides that the records or information obtained by a review panel are confidential. A hearing officer or panel to which the Board has delegated its authority to take disciplinary action must review and consider the findings and recommendations of the review panel before taking such action.

During the hearing, William Horne, the lobbyist for the Board of Dental Examiners of Nevada, raised an issue related to the quorum for the Board. He was concerned that the Board would not be able to have a quorum if they had too many members on the review panels. The Chair proposes to amend subsection 1 of section 1 of the bill to specify that the Board members on the review panel for investigations or informal hearings will include one dentist and one hygienist, in order to resolve a conflict related to the quorum for the Board to conduct a hearing.

**Chair Bustamante Adams:**

I will entertain a motion.

ASSEMBLYMAN OHRENSCHALL MOVED TO AMEND AND DO PASS  
SENATE BILL 256 (2ND REPRINT).

ASSEMBLYWOMAN JAUREGUI SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN PAUL ANDERSON,  
CARLTON, FRIERSON, KRAMER, AND MARCHANT WERE ABSENT  
FOR THE VOTE.)

I will take the floor statement.

**Senate Bill 412: Revises provisions related to lifeline service. (BDR 58-624)**

**Kelly Richard, Committee Policy Analyst:**

Senate Bill 412 is sponsored by Senator Kelvin Atkinson, Senate District No. 4, and was heard in Committee on April 26, 2017 ([Exhibit D](#)). It revises provisions related to the certification of eligibility of certain customers of telecommunication companies for discounted lifeline service rates. Specifically, the bill provides that the Public Utilities Commission of Nevada may

terminate the certification service of an independent administrator when the National Lifeline Eligibility Verifier established by the Federal Communications Commission is able to provide such certification or recertification service to telecommunication companies in Nevada. The measure further provides the National Lifeline Eligibility Verifier access to the database created and maintained by Nevada's Department of Health and Human Services for the exclusive purpose of determining or verifying the status of an eligible customer.

**Chair Bustamante Adams:**

Are there any questions from the Committee? Seeing none, I will entertain a motion.

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS  
SENATE BILL 412.

ASSEMBLYMAN BROOKS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN PAUL ANDERSON,  
CARLTON, FRIERSON, KRAMER, AND MARCHANT WERE ABSENT  
FOR THE VOTE.)

I will assign the floor statement to Assemblyman Araujo.

**Senate Bill 466 (1st Reprint): Makes various changes relating to the State Board of  
Oriental Medicine. (BDR 54-557)**

**Kelly Richard, Committee Policy Analyst:**

Senate Bill 466 (1st Reprint) makes various changes relating to the State Board of Oriental Medicine. It was heard in Committee on April 26, 2017 ([Exhibit E](#)). It was sponsored by the Sunset Subcommittee of the Legislative Commission. It exempts a person licensed as an allopathic or osteopathic physician from registration under the provisions governing the State Board of Oriental Medicine. The bill provides that Board members serve at the pleasure of the Governor and the Governor may remove a member with or without cause. The bill increases the membership of the Board from five to seven members. The Board must submit a biannual report to the Sunset Subcommittee of the Legislative Commission containing certain information relating to the proceedings and duties of the Board.

**Chair Bustamante Adams:**

Are there any questions from the Committee? Seeing none, I will entertain a motion.

ASSEMBLYWOMAN TOLLES MADE A MOTION TO DO PASS  
SENATE BILL 466 (1ST REPRINT).

ASSEMBLYMAN DALY SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN PAUL ANDERSON,  
CARLTON, FRIERSON, KRAMER, AND MARCHANT WERE ABSENT  
FOR THE VOTE.)

I will take the floor statement. I will open the hearing on Senate Bill 199 (1st Reprint).

**Senate Bill 199 (1st Reprint): Revises provisions relating to alcoholic beverages.  
(BDR 52-519)**

**Senator James A. Settelmeyer, Senate District No. 17:**

Senate Bill 199 (1st Reprint) is a victim of its own success. Last session we passed legislation dealing with distilleries, and it was very successful. One of the distillers wants to grow significantly. In that respect, we created a whole new category, which is the concept of estate distillery. What defines an estate distillery, other than their production totals being larger, is that 85 percent of their product would have to be grown in the state of Nevada. To reach those totals, the amount of acreage that individuals will have to own or lease will be great. That does great things for the state. You will hear about the investment that one of the individuals will talk about in the form of buying silos and rebuilding an old mill in Douglas County. That huge investment requires the opportunity to raise those numbers. We copied the other sections of the *Nevada Revised Statutes* (NRS) and raised the case totals with the requirement that 85 percent of the product used be locally grown. There is a friendly amendment that will be presented.

**Michael D. Hillerby, representing Bently Heritage Estate Distillery:**

We will have a presentation about the investment, and then we will go through the bill.

**Carlo F. Luri, Director of Government Affairs, Bently Enterprises:**

The history of Minden, Nevada, is inextricably linked to the story of the entrepreneurial Dangberg family. Like the past, the future of Minden is also closely linked to another entrepreneur's story, as well as to Senate Bill 199 (1st Reprint). In 1853, a young German immigrant named H.F. Dangberg [page 3, ([Exhibit F](#))] arrived in the Carson Valley. Like many others, he came looking for gold, but in 1856, he decided to stay in our green valley to farm and raise cattle. Dangberg left a rich legacy that eventually led to the founding of Minden. His family started many businesses to support ranching and farming in the valley. In 1906, he built the Minden flour mill. This iconic structure, which you see pictured in my presentation [page 4, ([Exhibit F](#))] stands in the heart of Minden. It has been abandoned for many years and will soon be the focal point of the Bently Heritage Estate Distillery. In 1908, the Dangberg family built a creamery in Minden and founded the Minden Butter Manufacturing Company [page 5, ([Exhibit F](#))]. Like the mill, this historic building will soon be reimagined as part of the Bently Heritage Estate Distillery. The Farmers Bank of Carson Valley also served the needs of the local ranching community and was the headquarters of the Dangberg Land and Livestock Company [page 6, ([Exhibit F](#))]. Today, this houses the modern offices of the Bently Company. This building was designed by noted local architect Frederic DeLongchamps.

Over 150 years after the Dangberg family sparked the economy in the Carson Valley, another Nevada businessman is poised to lead an economic resurgence into the next century. Christopher Bently [page 7, ([Exhibit F](#))], an entrepreneur with a passion for northern Nevada's agricultural and architectural history, envisioned a new use for these landmark buildings. Using cutting-edge green building practices, these historic places are being reimagined as a world-class estate distillery. The Bently Heritage Estate Distillery combines the rich legacy of farming in the Carson Valley with the beneficial reuse of Minden's historic buildings. Bently Heritage will create some of the world's finest spirits from local ingredients grown on its property in the Carson Valley. Its crown jewel will be a world-class single malt whiskey traditionally distilled in the historic flour mill that the Dangbergs built in downtown Minden.

The craft distilling law, Assembly Bill 153 of the 77th Session, opened the economic potential of creating value-added spirits in Nevada. More important, it allowed for the craft spirit producers to create tourism destinations. Craft producers can now open their doors to educate consumers about spirits production, offer tours, tastings, and on-premise sales in limited quantities. This legislation also included annual restrictions to 10,000 cases sold in state and 40,000 cases produced out of state. These restrictions severely limited the potential for Nevada's smaller producers to be an economic force in manufacturing and exports, and hindered the opportunity to bring much-needed tourism to Nevada.

The Bently Heritage Estate Distillery supports S.B. 199 (R1), which creates an estate distillery category that allows for the future growth of Nevada's craft spirits and tourism industry by increasing the potential sales of Nevada-made spirits beyond the current craft limits. This legislation works within the framework of Nevada's three-tiered distribution system and actually stands to benefit the distributors who would handle the bulk of the spirits sales in and out of state. Senate Bill 199 (1st Reprint) proposes the creation of a new category of spirits producer with higher sales, as well as higher manufacturing volumes for distillers who rely on Nevada-grown grains and specialty crops. As Bently Ranch has shown by successfully planting and harvesting four types of malting barley and various other grains such as rye, wheat, corn, triticale, oats, and spelt, diversification of our agricultural resources is not only possible but critical to the economic sustainability of Nevada's agriculture.

Chris Bently's commitment to the heritage project has already resulted in excess of \$100 million in local investment. From the equipment and materials sourced from local vendors to the many construction jobs created, the economic impact is already being felt in our community. When the Bently Heritage Estate Distillery opens in late 2017, our community will be poised to capitalize on a tourism market which is hungry for an authentic western experience. Bently Heritage will produce premium spirits that will drive visitors to Nevada and create added value from our agricultural resources, while bringing needed jobs to rural Nevada. I encourage the Committee to support S.B. 199 (R1) as it will have a positive impact on our economy and will benefit all of the stakeholders involved.

**Michael Hillerby:**

Section 1 of S.B. 199 (R1) is largely a repeat of the language you will see in section 5, which is for the existing craft distillery law in Nevada. It is largely repeated with some key exceptions. In subsection 2, paragraph (b), there is a reference to a higher cap, which is 75,000 cases of spirits that can be manufactured for transport and sale here in Nevada. Paragraph (c) is about exports, and that goes up to 400,000 cases. These are products that would be sold through wholesalers and distributors. Paragraphs (d) and (e) largely stay the same and deal with tastings and direct sales to consumers. There is a new limitation that is capped at 7,500 cases per year that can be sold directly to consumers, but only on the premises of the distillery. The remainder of the section is existing language that was brought over from the NRS on craft distilleries.

Section 2, subsection 5 is the language that creates a new definition of an estate distillery. The key piece is that 85 percent of the crops and grains used in the distillation process need to be grown on land owned or controlled by the owner of the distillery. That was a change from the original bill. We also included "owned or controlled." There is another successful craft distillery, The Frey Distillery, which will become an estate distillery. They have a combination of land that is owned directly and also leased from other family members on their historic farm and ranch.

That is the bulk of the bill, and those are the operative pieces. In section 8, subsection 4, you will see the same language from a new subsection 4, which is exactly like subsection 3 that requires a license for the estate distillery. In section 9, there is a provision for the fees for the estate distiller's license.

**Chair Bustamante Adams:**

Are there any questions from the Committee?

**Assemblywoman Tolles:**

In section 8, subsection 4, paragraph (b) it says, "May not engage in any other activity for which a license is required pursuant to this chapter . . . ." What other activities are you referring to?

**Michael Hillerby:**

That is a repeat of the existing language. For example, in section 8, subsection 2, an instructional wine-making facility and a craft distillery each have to hold a license. Under the three-tiered system, it is very specific that each section hold a license. There are very specific rules when wandering into other areas.

**Assemblyman Kramer:**

In section 2, subsection 3 it describes the definition of a "case of spirits" as twelve bottles of 750 milliliters each. Why not add "or the equivalent" so someone could use other sized bottles?

**Senator Settelmeyer:**

We borrowed the language from existing law. The concept of the case was to be able to get the number. That way, when they have the overall production, they have the ability to measure that.

**Assemblyman Daly:**

The 85 percent of the materials have to be grown on a facility owned by the operator, but not necessarily in Nevada. Is that correct?

**Senator Settelmeyer:**

The concept is that it has to be owned by that entity. In Douglas County's concept, there may be an ability to have a ranch on the state line, but they have to own all of the property.

**Assemblyman Daly:**

It does not say it has to be in Nevada. It does not say Nevada anywhere. It says, "On land owned by the owner" so he could make his product here, but there is no requirement the land be in Nevada.

**Senator Settelmeyer:**

I do not see that as an issue. If you wish to amend it, I would be fine with that.

**Assemblyman Daly:**

I want the record to be clear. If someone has land out of state but they are making it and selling it here, the limits are on what they distill here. It would be great if the products were from Nevada; I think that is your intent, but I do not know that we need to handcuff people if they are near the state line.

In section 1, subsection 2, paragraph (b), can a person own more than one estate distillery but be capped in the aggregate at 75,000 cases of spirits, or is each distillery able to produce 75,000 cases?

**Senator Settelmeyer:**

I believe there is an amendment to address that.

**Chair Bustamante Adams:**

I agree with Assemblyman Daly. The owner of the estate distillery does not have to have the land in the state of Nevada. I think that is your desire, but it is not in the legislation.

**Senator Settelmeyer:**

I would be willing to go whatever way the Committee wishes to go. Obviously, in Douglas County, we are on the state line, and the Bently Nevada family has 40,000 acres in Douglas County. However, they have other holdings in California.

**Chair Bustamante Adams:**

Are the Freys in a similar situation?



**Senator Settelmeyer:**

The Frey Ranch Estate Distillery is all within Churchill County. The Freys are unique. The verbiage is to ensure—because Mr. Frey has siblings from whom he rents land—that it did not affect him adversely. That is why it says "owned or directly managed by." He controls those lands, oversees their day-to-day activities, does the planting, irrigating, and everything except for paying the taxes. That is why we made sure the verbiage did not exclude Nevada's first estate distillery, which is the Frey's.

**Alfredo Alonso, representing Southern Glazer Wine and Spirits:**

The proposed amendment to S.B. 199 (R1) was due to a drafting error ([Exhibit G](#)). I do not know how you could have this size of distillery in multiple locations. That is why it should read in section 1, subsection 2, paragraph (b), "75,000 cases of spirits at the estate distillery." That clarifies that it is "distillery" not "distilleries." Regarding the issue of Nevada, it was always the intent that the product be Nevada-grown. That is why it is a Nevada estate distillery. That is very important to Colby Frey. It would be helpful to clarify that.

**Chair Bustamante Adams:**

Are there any to testify in support of S.B. 199 (R1)?

**Steve K. Walker, representing Douglas County:**

Douglas County is very supportive of the bill because of its linked benefits—the economic contribution of the building, the fact that it maintains the agricultural nature of the valley, and because it will bring tourism. It is a very good project for Douglas County, and we are very supportive.

**Wendy Stolyarov, Legislative Director, Libertarian Party of Nevada:**

The Libertarian Party of Nevada strongly supports this bill as a liberalization of controlled substances and economic freedom. We applaud Senator Settelmeyer for creating a new class of distillery. We believe it will result in economic growth for the state of Nevada and in good spirits in both senses of the term. We look forward to enjoying estate distillery beverages once such uniquely Nevada products become available.

**Mendy Elliott, representing Reno-Sparks Convention and Visitors Authority:**

We have held multiple focus groups as it relates to millennials and youth. As our tourism changes, what they want to see is craft beers and estate distilleries, and they want this to be more of a destination. This type of enhancement to our tool belt for tourism in northern Nevada is welcomed, and we look forward to a spirited discussion as we move forward.

**Chase Whittemore, representing Frey Ranch Estate Distillery:**

We will support the bill if it says Nevada.

**Chair Bustamante Adams:**

Is there any opposition? [There was none.] Is there anyone in neutral? [There was no one.] I will close the hearing on Senate Bill 199 (1st Reprint). I will open the hearing on Senate Bill 162 (1st Reprint).

**Senate Bill 162 (1st Reprint): Revises provisions relating to psychological assistants, psychological interns and psychological trainees. (BDR 54-614)**

**Senator Heidi S. Gansert, Senate District No. 15:**

Senate Bill 162 (1st Reprint) is an effort to try to help increase access to behavioral and mental health services using mid-level providers ([Exhibit H](#)) and ([Exhibit I](#)). Over the last year, I was studying what we could do in our community about opioid abuse and mental health. What I found was there are some clinics in the Reno-Sparks area that are able to use Ph.D. students to help with behavioral health needs. I also found that there was no way for them to be reimbursed by Medicaid. The reason that is important is if they were able to get some reimbursement, they could continue to expand those programs, get the services to the patients who need help, and also expand the pipeline of those types of providers.

This bill has three objectives: to increase access to behavioral and mental health services using mid-level providers, expand the pipeline of providers, and allow Medicaid reimbursement for the services. To do that, we need to create a registration through the Board of Psychological Examiners. There have been three levels of providers proposed—psychological assistants, psychological interns, and psychological trainees.

Psychological assistants are postdoctoral students who want to have supervised experience. This bill contemplates an annual registration for up to three years for them. Psychological interns would be students who are in Ph.D. programs at the University of Nevada, Reno (UNR) or the University of Nevada, Las Vegas (UNLV), or a program that is deemed equivalent by the Board. They would be registered biennially for up to two years unless approved by the Board. The psychological trainee would be a student who is studying in the program at UNR or UNLV, which are both accredited, or a program that is deemed equivalent by the Board. They would have a biennial registration for up to five years. All three of these types of mid-level providers would be supervised by a Ph.D. in psychology and would have to be in some sort of program unless they are postdoctoral. They would work with a licensed psychologist to provide the services.

Toward the end of the bill, it talks about allowing for reimbursement for services under Medicaid to the extent authorized by the federal government. This requires a change in our state plan for Medicaid. We have discussed that type of change to the plan with the Department of Health and Human Services.

I also have proposed amendment 4304 ([Exhibit J](#)). We need to adjust some of the time frames for the duration of the registrations and how many years a licensee could hold the registration. That was an amendment offered by the Board of Psychological Examiners. We have a tremendous shortage of providers in general, but having individuals get services at a mid-level provider level would be incredibly helpful, especially in clinics.

**Chair Bustamante Adams:**

Are there any questions from the Committee?

**Assemblywoman Carlton:**

How do you envision supervision, and will it be different supervision levels for the different levels that are proposed in the bill?

**Michelle G. Paul, President, Board of Psychological Examiners:**

I am the associate director of clinical training in the UNLV American Psychological Association (APA)-accredited psychology program. For the predoctoral trainees, supervision is regulated and defined by the APA's standards of accreditation, which programs they are obliged to follow if they want to maintain their accreditation or align themselves with accreditation. Those guidelines are very clear. At UNLV—and I can fairly represent that UNR does things the same way—our predoctoral practicum students have approximately one hour of clinical supervision for every four hours of direct care. It is a ratio of 25 percent. They also meet in a group supervision professional seminar housed by the University. My students meet weekly with me for one and a half hours. They also have a minimum of one hour of supervision per week for every four hours of direct service with their primary practicum supervisor.

**Assemblywoman Carlton:**

Is that supervision time of one hour to every four hours for the supervising doctor to go over with the students to make sure everything is being taken care of and to sign off on documents?

**Michelle Paul:**

They meet with them face to face individually, and the methods of supervision must include, for accredited programs, direct observation of their work as well as case review, reviewing their progress notes, and in our clinic, we have videotape review. There is a whole combination of methods of supervision that are included. At the internship level, that supervision is also regulated by the APA.

Interns have about five years of predoctoral training, and they become full-time interns. They work 40 hours per week. It would be equivalent to a medical residency. The only difference is that in psychology, it is predegree as opposed to medical residencies that are postdegree. The interns work full-time. It is the capstone clinical training experience that they receive before they are granted the Ph.D. Because they are more advanced, they do not

receive quite the same ratio, but they usually receive a minimum of two hours of supervision per week plus didactic training experiences. They have to have at least two supervisors. The same methods of supervision apply. They have to have direct observation—their supervisors have to be on site and are ethically and legally responsible for the cases they see.

Following the Ph.D. program, there is a year of postdoctoral training experience that is required for licensure in most states, including Nevada. Those people who are postdoctoral in Nevada register in Nevada as psychological assistants. They are typically full-time, and they are required to have at least one hour of weekly direct supervision and a minimum of four hours per month.

**Assemblywoman Carlton:**

Senator Gansert, in the discussions you have had with Medicaid as far as amending the state plan, what have they shared with you on what we are looking at in the future? This could have a fiscal impact on the Medicaid budget.

**Senator Gansert:**

They are in the process of working on this, and it takes quite a while to get the amendment, so I am not sure what the timeline will be. That mid-level provider care is relatively inexpensive. We have moved the date of registration back.

**Morgan Alldredge, Executive Director, Board of Psychological Examiners:**

Moving the dates back would also allow us the time to fill in some of the blanks in the *Nevada Administrative Code* (NAC) as well and to make sure that the supervision is clearly stated of what we are expecting.

**Assemblywoman Carlton:**

If you did not get the state plan amendment and these people are not able to bill Medicaid, could they bill through their supervisor?

**Senator Gansert:**

Medicaid would help make these programs more robust, but if Medicaid does not allow the reimbursement and we are not able to get that amendment or it takes longer, they can still provide services. It is just one method of providing reimbursement for the care.

**Assemblyman Daly:**

These do not appear to be new licenses. When I read section 9.5, subsection 7, where it talks about having already had an initial registration, you do not charge them. Do we already have these licenses for these positions and are we just defining them? If they are new positions and we are creating them, how can they already have an initial registration?

**Morgan Alldredge:**

They are registrations, not licenses, because they are not fully independent. Currently, under the NAC we have been registering the intern level and the psychological assistant level, but we reached out to Senator Gansert to include the trainee level. We are currently registering two of the three.

**Senator Gansert:**

It was included in NAC but not in statute.

**Assemblyman Araujo:**

In section 9.5 what is the reason for the fee amounts? Why is it an annual renewal instead of biennial?

**Morgan Alldredge:**

The fees are not to exceed the amounts in the bill. It is the amount we charge now, and it is to allow us the ability to maintain office staff and provide the supervision required from the Board. We charge a low nominal fee which does not cover as well as we are allowed in the NAC. It does not cover the cost of the office staff. It is annual because each level has a different amount of time for their program. A trainee and a psychological assistant will spend many years, but an intern generally spends only one year. It is easier for the office staff to check the status annually.

**Assemblyman Araujo:**

Why do some have to pay annually and others biennially?

**Senator Gansert:**

I think part of it was the duration that they would be in that position. If you are postdoctoral, you are only supposed to be in that position for one year. The interns and the trainees are biennial because they will be in those positions longer, but there are also caps on the duration they can hold those positions. Some of the people who run the Ph.D. programs do not want to have a very long time in that program. They want them to be able to get the education, training, and complete their Ph.D. The fees listed are not-to-exceed amounts. The Board contemplates keeping those fees lower, but they put the fees higher so they do not have to come back to the Legislature to make a fee change.

**Morgan Alldredge:**

The licenses are biennial because the applicant has provided all of their training proof and has completed all the requirements for licensure. This is registration, and it requires a lot more supervision by the Board.

**Chair Bustamante Adams:**

You mentioned that the purpose of the bill was to expand the pipeline. What does the current pipeline look like?

**Michelle Paul:**

Currently, Nevada has approximately 475 licensed psychologists. We are forty-seventh in the nation for psychologists per capita. We have two APA-accredited programs in the state, and we bring in about eight students per year. If everybody is tracking on time, we graduate 16 students combined from UNLV and UNR annually. Part of the problem for Nevada's psychologists is that, in order to graduate, they have to have an internship. Until recently, there was only one accredited internship in the state. We now have two, and there is also the Nevada state consortium internship which is about to have its accreditation site visit in the spring. We have approximately 16 internship slots as well. We are limited in the ability to fund postdoctoral fellowships. We get graduate assistanceships which are fantastic in helping to fund the students, but we would be able to take more students if we could have a viable mechanism to run our training clinics.

I run the practice at the UNLV Community Mental Health Training Clinic. We serve about 100 patients at any given time, but we can only bill on a cash-pay, sliding scale basis, so the vast majority of our clients or patients pay between \$5 and \$10 a session. These services are high-level, doctoral-level psychological services, but we cannot get those services reimbursed. If we could, we would be able to fund our students in the summer and through their training and increase our numbers.

**Chair Bustamante Adams:**

Is there anyone in support of S.B. 162 (R1)?

**Michelle Paul:**

I wear both hats as the associate training director at UNLV. I have had conversations this week with the people from UNR, who apologize for not being here. We have worked collaboratively, and I think S.B. 162 (R1) represents the collaborative work between the training community, the regulation community, and the practice community. You do not get to see that kind of collaboration often. In that spirit, I come to the table to let you know the Board and the training communities are very much in support of S.B. 162 (R1) ([Exhibit K](#)).

**Sarah Collins, representing Nevada Psychological Association:**

We are very much in support, and we have submitted a letter of support on the Nevada Electronic Legislative Information System (NELIS) ([Exhibit L](#)).

**Michael Hackett, representing Nevada Primary Care Association:**

We are the state association for community health centers, which provide primary behavioral and dental care to low-income and uninsured citizens of the state ([Exhibit M](#)). We are here in support of this bill. As part of our efforts within our community health centers, we have been trying to integrate primary care with behavioral health in order to better serve the needs of our patients. There is a persistent shortage of behavioral health care providers in the state, and we feel this bill will help remedy that situation. Senate Bill 162 (1st Reprint) would increase the supply of available behavioral health providers in our health centers and allow us

to reach out to more of our residents in need of services. In the case of the Community Health Alliance, one of our community health centers here in Reno, S.B. 162 (R1) would allow them to expand training opportunities for Ph.D. psychology students.

**Chair Bustamante Adams:**

Are there any in opposition? [There were none.] I will close the hearing on S.B. 162 (R1). I will open the hearing for Senate Bill 437 (1st Reprint).

**Senate Bill 437 (1st Reprint): Revises provisions relating to physical therapy. (BDR 54-483)**

**K. Neena Laxalt, representing State Board of Physical Therapy Examiners:**

Senate Bill 437 (1st Reprint) was originally brought forward by the Physical Therapy Association. There were some controversial parts to that. Senate Bill 142 was actually the State Board of Physical Therapy Examiner's bill, which did not make it through the deadline. That bill was wrapped into S.B. 437 (R1). The controversial parts that caused concern in the Senate were removed from the bill.

**Lisa O. Cooper, Executive Director, State Board of Physical Therapy Examiners:**

The Board of Physical Therapy Examiners has not opened their statute in many years, and we believe we have made a good start with the needed changes outlined in S.B. 437 (R1) (Exhibit N). We submitted an amendment to section 25, which is Nevada Revised Statutes 640.290 where we removed the word "direct" (Exhibit O).

With this bill, we hope to update our statute. We went through every single aspect of the statute, and we are asking for citation ability for minor infractions to streamline the process instead of going to a formal hearing for each licensee. We are updating the name of the board to Nevada Physical Therapy Board to reflect what we actually do. We are clarifying definitions. We are changing the structure of the board by removing a physical therapist and adding a physical therapist assistant. We are not changing the number of board members. The current statute includes where administrative fines are sent, and that is changing so we direct fees to the General Fund. We are extending provisions to the physical therapist assistant and creating regulations to outline what a physical therapist technician can do. We are repealing sections of the statute that are no longer useful to our agency.

**Chair Bustamante Adams:**

Are there any questions from the Committee?

**Assemblywoman Carlton:**

I want to understand the elimination of the testing.

**Lisa Cooper:**

The examination has not been given by the Board in over 30 years. It was replaced by a national test that is given by a national company. We do not provide examinations.

**Assemblywoman Carlton:**

Will you still do the blue book exam to make sure they understand the state laws?

**Lisa Cooper:**

Yes, we have a jurisprudence exam.

**Assemblywoman Carlton:**

How do you envision the citation provision since that will be a new provision for you? Will a number of those citations end up triggering an actual disciplinary hearing? Are those citations going to be reportable to other data banks? How will you process citations?

**Lisa Cooper:**

When our inspectors inspect, we find violations. We need to investigate these violations and bring them before the Board for a formal hearing. That is our only option. With these citations, we can issue a citation in the field. If the practitioner agrees with it, they can pay it, and if they do not, they can go through the formal hearing process.

**Assemblywoman Carlton:**

Is there a dollar amount involved with the fine? If the violation is corrected, is there no fine? Is there a second inspection or is it an automatic fine, like writing a ticket?

**Lisa Cooper:**

Currently, we do not have regulations on how we are going to process that. I envision we will be issuing a ticket, which they can pay or appeal to the Board for a lesser fine or fee.

**Assemblywoman Carlton:**

Would there be no option for them to correct whatever was found before they get the citation?

**Lisa Cooper:**

The three infractions we are going to be issuing citations for are display of license, failure to report a change of address within 30 days, and supervision ratios. The supervision ratio is a huge infraction. It is not something we should give them a chance to correct because they know how many people they need to supervise at one time. The display of license is clear that it is either up or it is not. The 30-day notice provides 30 days to change their address so they should be able to do it within that time frame.

**Assemblywoman Carlton:**

It is only for those three issues?

**Lisa Cooper:**

That is correct.

**Assemblyman Daly:**

Is there any limit to the number of advisory members on the Board?



**Lisa Cooper:**

There is no limit set. We are talking about subject matter experts in specific modalities. If we have a situation where we have a complaint and we do not have somebody on the Board who is a subject matter expert, we would utilize these advisory members.

**Assemblyman Daly:**

They have to be voted on by the majority of the Board, but when they are done with that question, do they come off?

**Lisa Cooper:**

We are rewriting our regulations as we speak, so we will address how we get them on and off the Board and what their duration of time is. Currently, we have the Advisory Continuing Education Committee, and they have a two-year term.

**Assemblyman Daly:**

Section 14, subsection 3 talks about a temporary exemption if a person has met certain criteria. There is no time limit on the exemption. How long do you anticipate those things to be?

**Lisa Cooper:**

In section 14, subsection 3, paragraph (c), it says if they take the examination and fail, they are no longer eligible to be working in this capacity. That is current law.

**Assemblyman Daly:**

How long would they be temporarily exempt, and what might hold that up?

**Lisa Cooper:**

In section 14, subsection 1, it says not to exceed six months, which is in existing law.

**Danny Thompson, representing Nevada Physical Therapy Association:**

This bill has been worked over thoroughly, changed, and almost beaten to death.

**Chair Bustamante Adams:**

Is there anyone in support of this bill?

**Jenelle Lauchman, Legislative Chair, Nevada Physical Therapy Association:**

I am here to support the bill from the Board.

**Chair Bustamante Adams:**

Is there other support for the bill? [There was none.] Is there any opposition? [There was none.] Is there anyone to speak from a neutral position? Seeing no one, I will close the hearing on S.B. 437 (R1). I will open the hearing on Senate Bill 260 (1st Reprint).

**Senate Bill 260 (1st Reprint): Establishes requirements for engaging in the collaborative practice of pharmacy. (BDR 54-973)**

**Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada:** Senate Bill 260 (1st Reprint) seeks to implement the collaborative practice agreements. These agreements are between providers and pharmacists in which a qualified pharmacist works within the confines of a defined protocol established by the providers, allowing a pharmacist to assume professional responsibility for performing patient assessments, counseling, referrals, ordering tests, administering drugs, and selecting, initiating, monitoring, continuing, and adjusting a drug regimen for a patient. The pharmacist will not be diagnosing the patient. That will have already been done or will be done after seeing the pharmacist within the agreement. In recent years, some states have modernized their laws to allow pharmacists to provide broader health care services under these collaborative practice agreements.

I submitted two examples of agreements from Virginia ([Exhibit P](#)) and Washington state ([Exhibit Q](#)). Every state approaches it its own way. In these states they have found that with a pharmacist working with a physician, they help manage conditions like asthma, chronic obstructive pulmonary disease, hypertension, hyperlipidemia, diabetes, congestive heart failure, and other health conditions. Nevada has reached out to the pharmacists, and they are now allowed to dispense naloxone to give people greater access to that needed drug during this epidemic we are seeing for prescription drug abuse. In other states, pharmacists provide flu and strep screening and treatment services. They provide other types of health care services according to the parameters outlined by the collaborating physician. I will reiterate that pharmacists do not diagnose.

In Nevada, we have seen how important the role of pharmacists has been. By the pharmacists immunizing now, Nevada has gone from the bottom of the list of states that obtain immunizations to the top of the list. There is a website called Nevada WebIZ where you can see what has been accomplished in Nevada because we have allowed the pharmacists to do the immunizations for our citizens.

Pharmacists serve as a first-line resource of health care because they provide access to trained professionals. They are often available 24 hours a day. They are there to help. Statistics have shown the number 2 person whom citizens trust is a pharmacist. The first is a nurse. Pharmacists are also our last, final line of defense. If a patient is seeing multiple doctors and the physicians are not aware of each other, the pharmacist may recognize drugs that interact. The pharmacist is the last line of defense for unintended outcomes because the physician may not be aware of exactly what the patient is taking, but the pharmacist is.

There is a handout ([Exhibit R](#)) from the National Center for Chronic Disease Prevention and Health Promotion showing our surrounding states have all worked at some type of collaborative practice agreement. It indicates Nevada sits in the middle with a very limited agreement only allowed within an institutional setting. That being said, institutional practice was something the Retail Association of Nevada, along with Assemblywoman Debbie Smith

and Assembly Bill 199 of the 76th Session, worked to see that we start this in Nevada within the institutional setting. There were some who had concerns about it at that time and some who had concerns about it being in a retail setting. The picture of a retail setting as a health care provider has changed within the pharmacy, and it continues to evolve. Walgreens in Nevada provides specialized medications, treatments, and outreach to patients, especially in southern Nevada where there is a great need because of the lack of access to care.

Senate Bill 260 (1st Reprint) has been a work in progress since the beginning. I worked with the Nevada State Medical Association to come to consensus language. Yesterday, we talked about how this bill has two components. We are going to talk about the collaborative practice agreement in section 2. We submitted an amendment yesterday ([Exhibit S](#)). Section 2 is about the agreement and how it works with collaborative drug therapy management, which is what Adam Porath does, the pharmacist who has been practicing this since 2011.

Under the collaborative practice of pharmacy ([Exhibit T](#)), other states and many of our members have found there is a need that is being filled for those who are underinsured or have lack of access to care where the pharmacist can fill a niche that needs to be filled. The pharmacist is well educated and able to fill that niche. They enter into very limited agreements with physicians. The physicians oversee and work closely with them. They are in constant contact, and it may be something as simple as diabetes monitoring. When a patient presents in a pharmacy, if there is an issue, the pharmacist will refer the person to a health care provider. It gives the patient the ability to start the process and possibly have better outcomes by getting to a health care provider sooner.

**Adam D. Porath, Director at Large, Nevada Society of Health-System Pharmacists:**

I am representing the Nevada Society of Health-System Pharmacists. I have been a practicing pharmacist in Nevada for 11 years. I had the opportunity to do collaborative practice protocols. This has been legal in Nevada on the inpatient side since I became a pharmacist. In 2011, I wanted to start an anticoagulation clinic, or blood thinner clinic, in Fernley, but we were not able to do that at our Renown site. The language change we had in 2011 was to expand collaborative practice of pharmacy from the institutional setting to "affiliated practice settings," which resulted in being able to do this work at any setting affiliated with the hospital. With this bill, we are looking at expanding that to any practice setting in which a pharmacist works. Currently, our pharmacists who work in federally qualified health centers cannot do collaborative practice of pharmacy. We have a big hole to fill with some of our medically underserved populations.

To give you an idea of what our practice looks like, I receive referrals every day for patients from a variety of physicians in the community to help with management of various disease states. My practice includes blood pressure management, cholesterol management, smoking cessation, and polypharmacy. Polypharmacy is a patient who is taking maybe

ten medications. When you get to that many medications, a lot of times we are treating a side effect of one medicine with another. These agreements allow me to modify the drug therapy of the patient, and get them tuned up and back to their physician. We do have a defined scope of practice, and we often see things that rise to the realm of not being in the scope of what the pharmacist can do, at which time they are referred to a higher level of care.

**Chair Bustamante Adams:**

Are there any questions from the Committee?

**Assemblyman Daly:**

What is the definition of a practitioner? I do not see the definition in the bill.

**Adam Porath:**

A practitioner under the pharmacy statutes defines anyone who can prescribe medications. That would include a physician or a midlevel provider like a nurse practitioner or physician assistant.

**Assemblywoman Carlton:**

Regarding collaborative drug therapy management, it includes initiating, monitoring, modifying, and discontinuing therapy by one or more pharmacists under supervision. Does supervision mean there will be discussion before it will be discontinued? The pharmacist will not be making the decision to discontinue it.

**Adam Porath:**

Within the protocol, it allows for discontinuation of certain medications. For example, if a patient comes in with a newly diagnosed blood clot and they were taking an aspirin regimen. Now, they are on an aspirin and a new blood thinner, which would be totally inappropriate. Within the protocol, it allows the pharmacist to tell the patient not to take aspirin anymore, because of the much more potent blood thinner.

**Assemblywoman Carlton:**

I want to be sure the pharmacist does not have any way to override what the doctor says. Years ago, we had issues with pharmacists refusing to fill prescriptions.

**Liz MacMenamin:**

That is also a concern of ours. One of the things we are seeing in other states is pharmacists are able to dispense birth control in the pharmacy through a collaborative practice agreement. Pharmacies have come a long way. If there is a pharmacist still refusing to fill a prescription and accommodations are not made, I would like to know about it as the association, because I would like to address it.

**Assemblywoman Carlton:**

I do not want to have another excuse encapsulated in this bill, and I want that to be on the record.

**Liz MacMenamin:**

That is not what is going to happen.

**Chair Bustamante Adams:**

Are there any other questions from the Committee? [There were none.] In the sample agreement you provided ([Exhibit Q](#)), it stated it is valid for a period not to exceed two years from the effective date. Is that standard?

**Liz MacMenamin:**

In this bill, we are making the agreements effective for one year. This gives the provider and the pharmacist the ability to determine if this is something that is working.

**Chair Bustamante Adams:**

Are there any to testify in support of S.B. 260 (R1)?

**Jay Parmer, representing Sierra Pharmacy:**

Sierra Pharmacy is a network of independent community pharmacies located in northern Nevada. We are in support of S.B. 260 (R1) for practical reasons. We believe this is a pathway to work collaboratively with physicians to monitor patients and have an early opportunity to initiate treatment changes that are beneficial to those patients. One-third of Nevadans live in areas that are underserved by medical providers, and we have seen the opportunity to have a dialogue with patients that will improve access to health care. Forty-eight states have collaborative practice pharmacy agreements in place. Nationally, we know there are successful examples of how this works, and we would like to see the opportunity to continue that discussion in Nevada.

**Michael Hackett, representing Nevada Primary Care Association:**

Nevada Primary Care Association submitted written testimony ([Exhibit U](#)). We feel this bill will improve access at our community health centers by reducing the number of patient encounters when only a minor adjustment in medication is required, thereby allowing our providers to spend more time with patients with more complex needs.

[[Exhibit V](#)] and [[Exhibit W](#)] were submitted but not presented.]

**Chair Bustamante Adams:**

Are there others in support? [There were none.] Is there any opposition? [There was none.] Are there any in a neutral position?

**Mendy Elliott, representing Nevada Osteopathic Medical Association:**

I advised Ms. MacMenamin that we are neutral. I received the proposed amendment, but the association has not had a chance to review it. We are working closely with the Nevada State Medical Association to ensure the language is correct. I agree with Ms. MacMenamin that we are close on the language.

**Chair Bustamante Adams:**

I would ask that you let me know by May 10, 2017.

**Catherine O'Mara, Executive Director, Nevada State Medical Association:**

We are here in neutral. We started this session totally opposed to this bill and appreciate the work that the proponents of the bill have done to address our concerns to make sure patients are protected as we look for ways to increase access to the health care system. This bill was amended in the Senate, and then there were some concerns that the pharmacies had so we wanted to amend it again.

I would like to talk about some of the provisions in the amendment ([Exhibit S](#)) and ask you to preserve them. The important thing to remember is there are collaborative practice agreements, and under that there are two different ways of utilizing those agreements. One of those is collaborative drug therapy management. The patient accesses that health care delivery system by first going to their physician. The physician diagnoses them with diabetes. They may have a number of different medications they are taking and then they go and work with someone like Dr. Porath—a pharmacist—to have their drug therapies managed. The pharmacists do what they do best: manage the drugs with constant communication with the collaborating physician.

The other type of practice agreement is the collaborative practice of pharmacy. That is a collaborative practice agreement between a pharmacist and a practitioner. The patient accesses that point of care by going directly to the pharmacists. In those circumstances, we believe there needs to be some quality controls in the practitioner oversight of the pharmacies and how they are going to operate under those kinds of agreements.

Section 4, subsection 2 states to enter into a collaborative practice agreement, a practitioner must be licensed in good standing and obtain written consent from patients who are referred to pharmacists, pursuant to the collaborative practice agreement for drug therapy management. That lets the patient know and understand what is going to take place. We support the requirement that there be written consent. The practitioner also has to maintain an ongoing relationship with the patient referred to the pharmacist, pursuant to the collaborative practice agreement for collaborative drug therapy management. That ongoing relationship is important when we are talking about drug therapy management because the patient entered the health care delivery system by first going to a physician or advanced practice registered nurse to receive the diagnosis. Then they regularly check in with the pharmacists. We want to make sure we are preserving that relationship between the practitioner and the patient.

Section 4, subsection 3, paragraph (e) is a situation where the individual goes straight to a pharmacist and they have not gone to a practitioner yet. We felt it was important that the pharmacist provide the patient with written notification of any tests the pharmacist administered, the results of the test, the name of any drug that was dispensed to the patient, and the contact information for the pharmacist. That way, the patient can follow up with their own primary care provider, and there is clarity about what occurred when they went to

the pharmacy. We had asked for a notification to the patient's physician from the pharmacy, and we agreed, working with Ms. MacMenamin, that it might be too cumbersome. There may be patients from out of state. We agreed that as long as the patient is on notice about what happened and they have a take-away from the pharmacist that they can provide to their physician, they will be able to do the appropriate follow-up with their primary care physician.

Section 4, subsection 4 is about the written consent. We would like the written consent to include a statement that says what the pharmacist can do: that they can initiate, modify, or discontinue medications pursuant to the agreement; that the pharmacist is not a medical doctor, doctor of osteopathy, advanced practice registered nurse, or physician assistant; and that the pharmacist may not diagnose. It is in statute that a pharmacist cannot prescribe, but we want to make sure the patient knows what the pharmacist can or cannot do and that they will have to follow up with their referring practitioner.

The one area where we were not able to reach agreement was for the retail-based collaborative practice agreements where it is not for drug therapy management. We want to know if we should have some reasonable limits on how many of these agreements a practitioner should be able to enter into. We have a time-distance limitation of 100 miles so we can make sure we are taking care of our rural areas. We do not disagree with that, but if you are in Las Vegas and there are 500 pharmacies, do we want one medical doctor overseeing those 500 pharmacies? It probably will not happen so we have agreed to monitor this and to work with the proponents in the interim. I know these are submitted to the State Board of Pharmacy so we would hope they would keep their eye on this as well. We do not expect it to explode because it has not in other states, but it is a policy consideration, so I want to put it on the record that there is quality control in these oversights so patients can access the health care system through these delivery methods. Pharmacists are highly trained individuals, but we are keeping an eye on making sure that we are expanding this in a very methodical, well-thought-out way that will protect patients.

**J. David Wuest, Deputy Secretary, State Board of Pharmacy:**

Whatever law you pass, we will enforce. When you look at our surrounding states, the legislation in front of you today is less broad than in California, Oregon, and Idaho. Those states actually have pharmacists prescribing, and nothing in this law would allow them to prescribe or diagnose. This collaboration is the model that is taught in medical and pharmacy schools. Everybody is used to working together on this.

**Susan L. Fisher, representing State Board of Osteopathic Medicine:**

Like the Nevada State Medical Association, at the beginning of this session we were opposed to this bill, but we appreciate the ability to air our concerns. We just saw the amendment, and I have sent it to our board. At this moment we are neutral on the bill, and I suspect we will remain neutral, but I will let you know by May 10, 2017.

**Chair Bustamante Adams:**

Are there others in neutral? Seeing none, we will wait to receive the feedback from the two groups. I will close the hearing for S.B. 260 (R1). Is there any public comment? [There was none.] The meeting is adjourned [at 2:48 p.m.].

RESPECTFULLY SUBMITTED:

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Earlene Miller  
Committee Secretary

APPROVED BY:

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Assemblywoman Irene Bustamante Adams, Chair

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



## EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is the Work Session Document for Senate Bill 256 (2nd Reprint), dated May 4, 2017, presented by Kelly Richard, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for Senate Bill 412 dated May 4, 2017, presented by Kelly Richard, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for Senate Bill 466 (1st Reprint), dated May 4, 2017, presented by Kelly Richard, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is a PowerPoint presentation titled "SB199, Licensing and Operation of Craft Distilleries," presented by Carlo F. Luri, Director of Government Affairs, Bently Enterprises.

[Exhibit G](#) is a proposed amendment to Senate Bill 199 (1st Reprint), presented by Alfredo Alonso, representing Southern Glazer Wine and Spirits.

[Exhibit H](#) is a copy of a PowerPoint presentation titled "Senate Bill 162," presented by Senator Heidi S. Gansert, Senate District No. 15.

[Exhibit I](#) is a chart of Nevada health professional shortage areas submitted by Senator Heidi S. Gansert, Senate District No. 15, regarding Senate Bill 162 (1st Reprint),

[Exhibit J](#) is proposed amendment 4303 to Senate Bill 162 (1st Reprint), presented by Senator Heidi S. Gansert, Senate District No. 15.

[Exhibit K](#) is a letter to Chair Bustamante Adams and members of the Assembly Committee on Commerce and Labor, written by Michelle G. Paul, President, Board of Psychological Examiners, in support for Senate Bill 162 (1st Reprint).

[Exhibit L](#) is a letter to Chair Bustamante Adams and members of the Assembly Committee on Commerce and Labor, dated May 2, 2017, written by Lisa M. Linning and Melanie Crawford, Legislative Co-Chairs, Nevada Psychological Association, in support of Senate Bill 162 (1st Reprint).

[Exhibit M](#) is a letter to Chair Bustamante Adams, dated May 5, 2017, written by Nancy E. Hook, Executive Director, Nevada Primary Care Association, in support of Senate Bill 162 (1st Reprint).

[Exhibit N](#) is written testimony dated May 3, 2017, submitted by Lisa O. Cooper, Executive Director, Board of Physical Therapy Examiners, regarding [Senate Bill 437 \(1st Reprint\)](#).

[Exhibit O](#) is a proposed amendment to [Senate Bill 437 \(1st Reprint\)](#), presented by Lisa O. Cooper, Executive Director, Board of Physical Therapy Examiners.

[Exhibit P](#) is a document titled "Collaborative Practice Agreement" submitted by Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada, regarding [Senate Bill 260 \(1st Reprint\)](#).

[Exhibit Q](#) is a document titled "Influenza A and B Testing—Washington," submitted by Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada, regarding [Senate Bill 260 \(1st Reprint\)](#).

[Exhibit R](#) is a booklet titled, "Collaborative Practice Agreement and Pharmacists' Patient Care Services, a Resource for Pharmacists," published by the National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, submitted by Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada.

[Exhibit S](#) is a proposed amendment to [Senate Bill 260 \(1st Reprint\)](#), presented by Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada.

[Exhibit T](#) is a booklet titled "Creating Community-Clinical Linkages Between Community Pharmacists and Physicians, A Pharmacy Guide," published by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, submitted by Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada.

[Exhibit U](#) is a letter dated May 5, 2017, in support of [Senate Bill 260 \(1st Reprint\)](#) to Chair Bustamante Adams, from Nancy E. Hook, Executive Director, Nevada Primary Care Association.

[Exhibit V](#) is written testimony in support of [Senate Bill 260 \(1st Reprint\)](#), submitted by Charles Duarte, Chief Executive Officer, Community Health Alliance, Reno, Nevada.

[Exhibit W](#) is a letter dated May 5, 2017, in support of [Senate Bill 260 \(1st Reprint\)](#) to Chair Bustamante Adams and members of the Assembly Committee on Commerce and Labor, submitted by Michael J. Bloch, Private Citizen, Reno, Nevada.