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

Seventy-Ninth Session
May 5, 2017

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 12:56 p.m. on Friday, May 5, 2017, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/79th2017.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chairman
Assemblywoman Amber Joiner, Vice Chair
Assemblyman Richard Carrillo
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblywoman Brittney Miller
Assemblyman James Oscarson
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

Assemblywoman Teresa Benitez-Thompson (excused)
Assemblyman William McCurdy II (excused)

GUEST LEGISLATORS PRESENT:

Senator Joseph (Joe) P. Hardy, Senate District No. 12
Senator Moises (Mo) Denis, Senate District No. 2

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Mike Morton, Committee Counsel
Terry Horgan, Committee Secretary
Trinity Thom, Committee Assistant

OTHERS PRESENT:

Robert List, representing Service Corporation International
Caressa Hughes, Managing-Director, Governmental Affairs, Service Corporation International
Stephen L. Schacht, Senior Governmental Affairs Advisor, Service Corporation International, representing Palm Mortuaries and Cemeteries
Tom McCoy, Nevada Government Relations Director, Cancer Action Network, American Cancer Society
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Joan Hall, President, Nevada Rural Hospital Partners
Christopher Hussar, Private Citizen, Reno, Nevada
Keith Lee, representing Board of Medical Examiners
Shelly J. Capurro, representing State Board of Nursing
Robert Talley, Executive Director, Nevada Dental Association
Patti A. Sanford, Private Citizen, Reno, Nevada
Lancette VanGuilder, Private Citizen, Reno, Nevada
Laurie A. Weirton, Private Citizen, Reno, Nevada
Lindsay Brock, Private Citizen, Zephyr Cove, Nevada
Alyson Lyden, Private Citizen, Las Vegas, Nevada
KayDee Faulstich, Private Citizen, Sparks, Nevada
J. David Wuest, Deputy Secretary, State Board of Pharmacy
Brett Kandt, Chief Deputy Attorney General, Legislative Affairs, Boards and Open Government Division, Office of the Attorney General
John Fudenberg, Coroner, Government Affairs, Office of the Coroner/Medical Examiner, Clark County
Chuck Callaway, Police Director, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department
David Cherry, Communications and Intergovernmental Relations Manager, Public Affairs, City of Henderson
Holly Welborn, representing American Civil Liberties Union of Nevada
Rick Kuhlmey, Private Citizen, Las Vegas, Nevada
Bill Powers Private Citizen, Henderson, Nevada
Bari Powers, Private Citizen, Henderson, Nevada
John Yacenda, Senatorial District No. 16; President, Nevada Silver Haired Legislative Forum
Lea Tauchen, Senior Director of Government Affairs, Grocery and General Merchandise, Retail Association of Nevada
Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada

Chairman Sprinkle:
[Roll was taken. Committee rules and protocol were mentioned.] Per a request, we will be hearing Senate Bill 295 first, so we will open up the hearing on S.B. 295.

Senate Bill 295: Revises provisions governing endowment care funds for cemeteries. (BDR 40-840)

Senator Joseph (Joe) P. Hardy, Senate District No. 12:
I am here with former Governor Robert List to introduce Senate Bill 295. It harkens me back to when I grew up in Reno and cut through the cemetery to where I lived. We have all seen cemeteries in different stages of repair, which leads to this bill. We have worked with regulatory authorities across the country to come up with the language in this bill, and I am pleased to introduce former Governor Robert List, who will be happy to explain further.

Robert List, representing Service Corporation International:
I am joined by Caressa Hughes from Houston, Texas, and Stephen Schacht, who is in charge of government affairs in the western states for Service Corporation International, appearing on behalf of Palm Mortuary and affiliates in Las Vegas.

This bill was sponsored by Senators Roberson, Atkinson, and Ford. It is a bipartisan bill. It sailed through the Senate Committee on Health and Human Services on a unanimous vote, and passed the Senate 21 to 0. Ms. Hughes will explain the bill.

Caressa Hughes, Managing-Director, Governmental Affairs, Service Corporation International:
[Caressa Hughes spoke from prepared text (Exhibit C), provided talking points (Exhibit D), and supplemental information (Exhibit E).] We own and operate about 2,000 locations nationwide. We have six cemeteries here, and I have been actively involved working with regulators on the issue of converting these trust funds to unitrusts. It would be really helpful for the cemeteries here to be able convert their trust funds to this unitrust and not just have to rely on interest income for the maintenance of the cemeteries.

Interest income is what a cemetery has to use to maintain the cemetery. It cannot be used for anything else but maintenance. What we are asking is to allow a cemetery to use this unitrust method that is already allowed in the law here in Nevada, and in other states where trusts can use a unitrust method. Universities and other endowments use this method. We have had unanimous support for this in other states among regulators and legislators. They see this as really helpful for the cemeteries in their states.

Stephen L. Schacht, Senior Governmental Affairs Advisor, Service Corporation International, representing Palm Mortuaries and Cemeteries:
I am speaking today on behalf of our Palm Mortuary and Cemeteries. I am testifying because I feel this legislation is very, very important to the cemetery industry, and the families we serve here in Nevada. Senate Bill 295 would modernize the laws that apply to endowment care funds that are maintained by cemeteries throughout the state of Nevada. Endowment care funds are critical to ensuring that sufficient funds are available for current upkeep of cemeteries while protecting the endowment care for the future. The unitrust distribution method proposed by S.B. 295 would facilitate additional growth in the principal endowment cares. This would provide a reliable but predictable distribution approach to

cover the maintenance and planning needs of cemeteries while also increasing the future value of endowment care funds. It is for these reasons that I would urge a vote of "aye" for this important measure.

Robert List:
That concludes our testimony. We would entertain any questions the Committee might have.

Chairman Sprinkle:
Committee, are there any questions? [There were none.] At this time, does anyone wish to come up in support of S.B. 295? [There was no one.] Is there anyone in opposition wishing to come forward? [There was no one.] Is anyone here neutral? [There was no one.] Thank you for the presentation on the bill; we appreciate it. We will close the hearing on S.B. 295, and open up the hearing on Senate Bill 91 (2nd Reprint).

Senate Bill 91 (2nd Reprint): Revises provisions relating to drug donation programs. (BDR 40-271)

Senator Joseph (Joe) P. Hardy, Senate District No. 12:
Senate Bill 91 (2nd Reprint) creates a prescription drug donation program by combining the already-in-place HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program. This new program authorizes a person or governmental entity to donate any prescription drug except marijuana and certain other drugs which a patient must register with the manufacturer. The bill also authorizes a pharmacy, medical facility, health clinic, or other provider of health care that participates in the program to impose a handling fee upon patients who receive donated prescription drugs, and they must comply with specific requirements regarding acceptance, distribution, and dispensing of these drugs.

As you are all aware, some drugs are very expensive. For instance, a physician in the Reno area whose father died was left with prescriptions worth $10,000 a month that his father had not used. What can be done with those drugs that cannot be used? Theoretically, they need to be disposed of if they do not meet the criteria of the $10,000-mark for a drug, so we amended the program to look at a value of $500. Then we realized, why $500? So this bill allows anyone to donate a drug that is in suitable condition to a person who needs the medication and needs to save money. There are criteria within the bill—who can handle it, how they do it, where it is dispensed, and participation in the program. That is the gist of the bill. Obviously, there are issues with donating controlled substances, and those could not be donated. Most of the bill makes conforming changes to the *Nevada Revised Statutes*.

Chairman Sprinkle:
Does the Committee have any questions?

Assemblyman Thompson:
When people want to discard medications, they can go to the police departments in their communities. Is there any way to vet that and determine which medications can be used and which need to be properly disposed of, or is that a part of this process?

Senator Hardy:
This is a totally voluntary program on the pharmacists' part. We are not forcing anyone to participate in the program. The pharmacies, which can receive the medicine, can participate, and they are in a position to determine which drugs qualify. The pharmacies are aware of how to get rid of medicines, so they could say a drug either qualified for the program or needed to be disposed of.

Assemblyman Thompson:
If someone from your household dies, I know you can take those medications to the police department. Is there a way to keep those from not automatically being discarded and have someone look at their value?

Senator Hardy:
That is one of the challenges. In order to not have to sponsor billboards and TV ad spots, there is a quarterly pharmacy bulletin sent out, and donation information is also on the web. We figured if we did a no-cost outreach, you could probably be able to do that. Fortunately, as a physician, your patients will tell you when they have a lot of medicine and they ask what to do with it. The physician, who gets notices from the pharmacies and from the State Board of Pharmacy, will be in a position to explain this program of drug donation and whether that patient's drug would qualify. They could tell the patient to check on the web, provide a phone number, or something like that. Almost everybody who is prescribing very expensive medicines gets that question: Why am I going to waste all this money when someone could be using it? It is interesting; someone who has lost somebody wants to help. They know the anguish and want to help, so it is a common question.

Chairman Sprinkle:
Are there any other questions? Is there anyone here in support of S.B. 91 (R2) who wishes to come forward?

Tom McCoy, Nevada Government Relations Director, Cancer Action Network, American Cancer Society:
I feel as though I am the godfather of Assembly Bill 213 of the 75th Session which started the Cancer Drug Donation Program. It was passed eight years ago. That bill originated with someone you recognized earlier in this session, Assemblyman Bernie Anderson. Assemblyman Anderson's wife had cancer, and they had drugs left over. We connected, and he told me he would like to get this bill passed, and that is the history of it.

The Cancer Drug Donation Program will be absorbed into the program in S.B. 91 (R2), and we think that is a very positive step, simply because the Cancer Drug Donation Program has never had the success that other states have seen with similar programs. That is primarily due to outreach. We did not want a fiscal note to stop the bill in 2009, so there was no facility to really move the issue to the public. Thanks to the State Board of Pharmacy, we were able to get on their website, and they agreed to handle the process and eliminate a fiscal note that had been placed on the bill.

I want to encourage anyone who wants to support the success of this new bill to consider encouraging patient groups to promote it. The cancer groups did as much as we could, but it was not enough. We need to get the message out to the patients through the physicians and other health care providers that this is available. Other states have seen millions of dollars-worth of drugs donated, which saved the patients from having to make those expenditures. This is a move forward for the Cancer Drug Donation Program, so I support S.B. 91 (R2).

Catherine M. O'Mara, Executive Director, Nevada State Medical Association:
The physician community is in support of S.B. 91 (R2). We think it is great progress to help our patients get access to expensive medications. We look forward to promoting this among our members and also among their patients to help grow the program.

We do have take-back programs in addition to being able to drop off drugs at police stations. These programs are held twice a year, and we just had one on April 29. There were 1,052.1 pounds of drugs received in Clark County on April 29, and that is not even the whole state—just within Clark County. Obviously, some of those drugs were controlled substances, but a great deal of them were not. With some education and collaboration, we have an opportunity to help Nevadans with this bill, and we look forward to working with people in the interim to do that.

Joan Hall, President, Nevada Rural Hospital Partners:
Many of our hospitals have distinct part long-term care facilities, and we see this as a great opportunity. Most of those patients are on Medicaid, so Medicaid has paid for these high-priced drugs. To be able to recirculate those drugs to people who need them versus destroying them, we think is very beneficial, so we urge your support.

Chairman Sprinkle:
Is there anyone in southern Nevada who wishes to come forward in support of S.B. 91 (R2)? [There was no one.] Is there anyone in opposition to S.B. 91 (R2)? [There was no one.] Is there anyone neutral in either the north or the south? [There was no one.] We will close the hearing on S.B. 91 (R2) and open up the hearing on Senate Bill 101 (2nd Reprint).

[(Exhibit F) in support of S.B. 91 (R2) was submitted but not discussed and is included as an exhibit for the meeting.]

Senate Bill 101 (2nd Reprint): Restricts the authority to administer neuromodulators derived from Clostridium botulinum and dermal and soft tissue fillers to certain medical professionals. (BDR 40-677)

Senator Joseph (Joe) P. Hardy, Senate District No. 12:
Senate Bill 101 (2nd Reprint) relates to neuromodulators. You may recall the colonoscopy scandal during which we read about ourselves in the newspapers more than we wanted to. We now have a potential problem and may be reading about ourselves again in connection with spas and neuromodulator parties. This bill is trying to make sure we protect our people in the state of Nevada.

When you are a physician, a podiatrist, or a nurse practitioner, you are able to buy dangerous drugs. One of the most dangerous drugs in nature is botulinum, or the toxin that comes from *Clostridium botulinum*. Only certain people can buy this dangerous drug. When they buy it, a vial is about $560. If you look at the law in Nevada, we have this quite stringent, safe way to practice. We believe there should be one patient, one vial, one time. Therefore, the minimum charge would be well over $560 in order to recoup the cost of the vial alone—let alone the cost of the syringe, the time, and everything that goes with it.

If you are going to a party to have a neuromodulator injection to get rid of your frown lines, you will get by with paying about $250. When you are paying $250 for a treatment, you know that vial is being used by someone else, and therefore, you have a problem assuring there is a safe injection practice. If you buy it legally through the manufacturer, you are going to have to pay $560, and you have to sign a safe-injection practice commitment.

During the interim, it was discovered that dental hygienists would like to do these kinds of injections—not just the neuromodulator but also the dermal fillers. There are all sorts of potential adverse consequences when one is doing that. Assemblyman Oscarson and I wrote a letter to the Legislative Commission saying that we were not in favor of extending this opportunity to dental hygienists. The feedback from the dental hygienists was that the medical assistants (MAs) do it; but I do not want them doing it, either. If an MA is doing this and, for instance, the supervising physician does not do it, then how is that physician going to be in a position to tell the MA how it should be done? There are obviously people who are not happy with the reality that a dangerous drug should be administered by someone who is licensed and working appropriately within his or her scope of practice. That is what S.B. 101 (R2) does—it limits the people who would be administering neuromodulators and dermal and soft tissue fillers.

I am a physician and surgeon by definition. Within my scope of practice, theoretically, I could do anything; but I know better, so I do not do everything. You obviously do not come to me for your brain surgery because I know better, and we have certain risks we are not willing to take upon ourselves. That is why I brought other folks with me to the table who have made a very friendly amendment (Exhibit G), so that it is very clear who should be doing this and how they should keep it within their scope of practice.

The reason for doing this is to protect the people of Nevada from one of the most dangerous drugs we have and also to protect them from bad diseases—not the least of which is hepatitis C—during the administration of those dangerous drugs.

Christopher Hussar, Private Citizen, Reno, Nevada:
I am a physician and a dentist. I am here opposing the bill, and I wanted to make some comments about Botox, how we use it, and what the potential uses and benefits of it are. I agree that we should protect the people of Nevada by all means and medical practices. What happened with hepatitis C in Las Vegas was uncalled for, and that is what the physician who runs the practice should have caught. That was not an MA's fault or that of a nurse. As a physician and a dentist, I have been very interested in chronic facial pain and craniofacial pain disorders, and I have done this for 39 years. I have found it very useful in the treatment of migraines and temporal mandibular joint problems. I have had a variant of trigeminal neuralgia myself for 30 years, and it keeps mine quiet. I have seen it help other patients; I use it on patients who have hyperhidrosis, which is excess sweating of the armpits, axillary region, or the feet. I have used it on patients with cervical dystonia, which is wry neck syndrome. Those are the indications that the Federal Drug Administration has allowed us to use it.

Let us not forget that, as dangerous as this drug is—a neuromodulator—there have been over 12 billion injections given over the last quarter-century. There have been a whole lot more side effects from people in medical offices giving immunizations and flu shots. Nowadays, you can go to your pharmacy and have a pharmacy tech give you a flu shot, which I think is just outrageous. What happens if you have a reaction in the pharmacy? Who is going to take care of that? So, with over 12 billion injections given with little if any side effects, I hardly think this is a dangerous drug, and the upside is tremendous.

Chairman Sprinkle:
Excuse me, I am a bit confused.

Senator Hardy:
I was under the impression we were having people who are in favor of the bill speak now.

Chairman Sprinkle:
I was the under the impression these people were here to help support and present your bill, so if you are not, I will ask you to leave the table, and you can come up when I ask for opposition.

Christopher Hussar:
I apologize.

Keith Lee, representing Board of Medical Examiners:
I am here in support of this bill. Due to my inability to type in the correct email address, I did not file our proposed amendment (Exhibit G) in a timely fashion, and I mistyped the bill information. It should be S.B. 101 (R2).

Let me quickly walk through the amendment and part of the bill that prohibits medical assistants from injecting Botox. That is in section 2, subsection 2, on page 9 of the bill where language currently in law allowing MAs, pursuant to regulations adopted by the

Board of Medical Examiners, to inject Botox is deleted. Now, under the proposed bill, only two licensees of the Board of Medical Examiners may inject Botox—physicians and physician assistants (PAs). Our amendment would amend section 1, subsection 1, paragraph (a), subparagraph (1), which currently reads that "A physician or physician assistant licensed pursuant to Chapter 630 of *Nevada Revised Statutes* (NRS) who has successfully completed the training prescribed by the Board of Medical Examiners pursuant to section 1.9 of this act" may administer Botox. In discussing the issue with Senator Hardy, we concluded that we already have protection in the law at NRS 630.306 to protect patients and require physicians and physician assistants to practice within the scope of their expertise. We already have physicians and physician assistants who inject Botox. Adopting regulations is a four- to six-month process, and perhaps longer. The way the bill was originally written, no physician or physician assistant would be able to inject Botox. They would not be in compliance with the law because we do not yet have regulations regarding training. Senator Hardy agreed with us on that. The nurses and osteopaths requested the same, and Senator Hardy agreed to that, so it is included in my amendment.

Chairman Sprinkle:
Are there any questions from the Committee?

Assemblyman Yeager:
With the amendment as presented, the MAs are still prevented from injecting the drug. There is no grandfathering. Can you confirm that for the record?

Keith Lee:
That is correct; the amendment does not affect section 2, which prohibits MAs from administering that drug.

Assemblyman Carrillo:
There are people who have been in business doing this for quite some time, so what incidents have taken place? At the beginning you mentioned the incident involving hepatitis C, but what has brought this forth? When something happens, we see bills like this come forward. Was there something recently that caused the need for this bill and not the one you mentioned that occurred quite a few years ago? If this is so important, why is this bill so late?

Senator Hardy:
There were people practicing without licenses. When we do injections—for any reason—the theory is that you have examined the person; you took a history; you made a diagnosis; and then you do a treatment. What has happened is that there has been an industry out there doing things that are the practice of medicine without a license. In the Senate, we had exhibits that may still be on the Nevada Electronic Legislative Information System (NELIS) showing pictures. I cannot say that Person X did something at a particular time.

I did talk with a plastic surgeon this week. He said there is not a week that goes by that he does not have a person come into his office who had been receiving this particular treatment

from someone. He stated that he knows it is not being done with the supervision that it needs. If anything, I would hope that this is preventive, as well as allowing people to go through whatever they need to do in order to put themselves aright with the law.

Assemblyman Carrillo:
Are some of the individuals who are doing this associated in any way with a physician? You have people who obviously specialize, but if you have a physician who is fully licensed and the MA is under that physician's direction, is that something that would be feasible?

Senator Hardy:
Realistically, if you are a physician delegating to somebody who does something that you are not capable of doing, you are in a position where you are not able to adequately watch them.

Assemblyman Carrillo:
A lot of times I go to the doctor, but I never see my doctor; I will see a PA all day long. Maybe this is comparing apples to oranges, but I have never seen my doctor. I know the doctor's name, but I have seen physician assistants all day long. They prescribe the medications; they give me injections, et cetera.

Senator Hardy:
I would hope that wherever you go the MA is not writing prescriptions and giving you treatments. That would be a bad thing, whereas the physician assistant is allowed to do all that, and even allowed to do these kinds of injections under their scope of practice. I would hope you do not have someone seeing you without a medical license, which MAs do not have.

Keith Lee:
Just to be clear, physicians and physician assistants are licensed under Chapter 630; medical assistants are not licensed.

Chairman Sprinkle:
Do the current training standards for medical assistants include training in injections, and specifically, injections of this drug?

Senator Hardy:
Medical assistants can go to a medical assistant school and be trained for vaccinations and those kinds of injections. They are not trained in Botox unless they are trained in a different way. To illustrate, sometimes people get in trouble even though they have been to a course that has taught them how to be a certified medical injector. Those can even be documented online. That person who has been trained by going to a course may not be doing everything that he or she should be doing. If a person is working under the mentorship, tutelage, or arrangement with a physician, the physician's liability is on everything that MA does. The physician can train the MA to do things, but if the physician is not capable of doing it him- or herself, that would be problematic.

Chairman Sprinkle:
Anyone in the medical community understands, and you have used the term a few times now, "scope of practice"—even if you were working under the auspices of somebody else's license. I often use myself as an example. As a paramedic, I am still working under a medical director's license, but regardless, I am still working under a set scope of practice. Even those who are trained in injectables, their scope of practice does not and may not include the injection of this drug.

Senator Hardy:
I would agree with that, and one of the things in the bill is that it should be done in a medical facility. What we see happening is they are doing injections outside of medical facilities where there are no bounds, and they are doing it for less than it costs to buy the vial of medicine. When some people do injections, they deliberately open the vial in front of the patient, use that vial, and then toss it so the patient is sure that vial was not used somewhere else and possibly contaminated.

Assemblyman Yeager:
How does Nevada compare with other states, and particularly with the sister states we share borders with, in terms of who can administer this type of treatment?

Senator Hardy:
Right now, we have the reputation that if you want this particular treatment, you can get it without going to see the doctor. That probably is the situation in other states as well. That is still not legal. Other states may have other people who are giving injections under the license of a physician. I do not know how we can "grandfather" someone in without touching the people who have had problems before, and who will have problems again.

Chairman Sprinkle:
Committee, are there any more questions? [There were none.] At this time, I will ask anyone else who is in support of S.B. 101 (R2) to please come forward.

Shelly J. Capurro, representing State Board of Nursing:
We support the amendment, and we want to thank Senator Hardy for working with us on it.

Catherine M. O'Mara, Executive Director, Nevada State Medical Association:
We are here in big support of S.B. 101 (R2). I would like to apologize to the Committee. I had two plastic surgery experts who were very helpful explaining some of the complications that can arise if injections are not done with proper oversight. They were unable to make this hearing due to their patient schedules today, but there is a letter submitted on NELIS from Dr. Edwards (Exhibit H) and a slide deck submitted by Dr. Anson (Exhibit I). Both practitioners are in Las Vegas, and both of them spend a great deal of time, particularly Dr. Anson, doing reconstructive work when an injection, particularly using dermal fillers and Botox, has gone awry. I encourage you to look at those, and I would be happy to meet with each of you and get you on a call with any of these practitioners so you can fully understand why this bill is important, and why we are bringing it forward.

The intent behind this bill is to make sure that licensed professionals who are appropriately trained and have the expertise to be able to utilize these modalities work within their scope of practice—physicians within their scope of practice, nurses within theirs, dentists within theirs, and podiatrists within theirs.

To answer Assemblyman Yeager's question in part, there is no other state that allows dental hygienists to inject Botox and dermal fillers that I am aware of, unless there has been a change since the Senate hearing on this bill. We would be happy to give you information about what other states do in terms of where they draw the line. We do feel that Nevada has been a little bit the wild, wild, West in terms of these kinds of procedures. It leads to the belief that these are not dangerous materials, and this is not a dangerous practice. It is one of those situations where, if everything goes okay, it is probably not that big a deal; but when it goes bad, it goes very, very bad. This really is a patient protection bill, and the physician community is here to say that you should pass this bill to protect patients. We may even have doctors who are mad at us for being here for that. However, we really think what is important is that bad actors are brought in the fold; shown the right way to proceed; and that we are ultimately protecting patients.

Assemblyman Carrillo's question about the difference between MAs and PAs may have been answered, so I do not want to belabor the point. I do want to say that it is really important for the care delivery system to be able to use MAs in their appropriate way. If we do not get a handle on this, and we do not start drawing some lines and making sure that MAs are actually being supervised and doing the things they are trained to do as an extension of the physician—they are not licensed on their own—then the physician community is going to lose out on the opportunity to use MAs, because eventually, patients are going to get hurt. Then I am going to have to go to my members and tell them that they have lost the opportunity to use MAs. We are here telling you to put some restrictions even on us. Put some restrictions on the way we utilize our MAs. There should not be, as an example, an obstetrician/gynecologist supervising an MA doing injections. That should not happen.

We think this bill should have been brought a decade ago. It is here now. It is very important for patient protection, and we really encourage you to support this and the spirit behind the bill.

Chairman Sprinkle:
Because you were addressing one of Assemblyman Carrillo's questions, he does have a follow-up question for you.

Assemblyman Carrillo:
Senate Bill 294 of the 76th Session section 1, subsection 20, reads, "A medical assistant in accordance with applicable regulations of the: (a) Board of Medical Examiners, at the direction of the prescribing physician, and under the supervision of a physician or physician assistant. (b) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant." If that bill basically gave the authority, why are we going back from 2011 when it was put in statute and

now, six years later, taking it out? That is why I asked Senator Hardy what incidents have occurred. I understand the hepatitis C issue; but if this is the case, it should have been addressed in the 2013 Session and not now in 2017.

Catherine O'Mara:
I could not agree with you more; it should have been addressed much earlier. I submit that bill should never have passed. I do not know where the medical association was on that bill or what the spirit of compromise was back in 2011 to get that bill through. I do not think it should discourage you from trying to do the right thing today.

I do not like to speak for the Board of Medical Examiners. They are here, and perhaps they can answer the question regarding the direction that was given to them. We have just been through a regulatory process with them on improving oversight for MAs and making sure the training is documented. I am not privy to individual complaints, but I do know they are out there. I know there have been a number of complaints, even within the last couple of years. As an association director, I am not at liberty to know or put those on the record for you, but I do think this bill is being brought because there are cases where the patients are getting harmed. If you look at the slide deck we provided to you from Dr. Anson, those are pictures from a textbook and not from individual Nevadans because it is very embarrassing to Nevadans when this goes wrong, and it is on their faces. I can understand why patients would not necessarily agree to allow their photos to be shown. I know I am not answering your question in full because I do not have the same historical knowledge that some others in the room have, but I do think now is the time to get it done. It probably was the time to get it done three sessions ago.

Chairman Sprinkle:
Thank you for your comments. Is there anyone else in the north in support of S.B. 101 (R2)? [There was no one.] We will go to southern Nevada.

Robert Talley, Executive Director, Nevada Dental Association:
The Nevada Dental Association supports S.B. 101 (R2) and would like to thank Senator Hardy for the opportunity to work with him on this bill.

Chairman Sprinkle:
Is there anyone else in support who wishes to come forward either in southern or in northern Nevada? [There was no one.] This is the point where those in opposition to S.B. 101 (R2) may come forward.

Christopher Hussar, Private Citizen, Reno, Nevada:
[Christopher Hussar provided background information and a proposed amendment to the bill (Exhibit J).] I am sorry for my faux pas. As I said before, I am a physician and a dentist. I want to talk about Botox. It has been used for a quarter of a century over 12 billion times, so the safety record is there. If someone quotes you problems in facial disfiguration, I think that is really not true. I am not sure what manual was used or where the pictures were derived from, but I have used Botox for several years for chronic facial pain, headaches,

trigeminal neuralgia, hyperhidrosis, and wry neck syndrome, as I mentioned earlier. I use it for medical reasons, particularly for headaches. It works effectively for headaches. So many people in our society have migraines—it is a catastrophe; it is pandemic. Oftentimes one cannot find the cause of them, so Botox is an issue where it can be used as a modality to help people who suffer on a daily basis from that.

I have seen it used, and I have used it myself, of course, for its treatment of rhytid—the medical term for wrinkles. I used to think it was just for women, but I have seen it change peoples' personalities and their lives. It changes the way they look and how they feel about themselves. You might call it an esthetic issue; but, in reality, it is a medical issue. If you feel well physically and appearance-wise, you are going to feel well inside. I see this benefit people in so many ways. I do not see any downside from it. I have never had a bad effect from it myself, and it has been used on me for facial pain problems. To limit its scope of practice by people who know what they are doing and have been using it for years is ridiculous.

The bill Assemblyman Carrillo talked about was passed years ago. I built a practice based on the fact that I have an MA who works for me. Before I set up this practice, I consulted with the medical board. I am an osteopath, so I consulted with the State Board of Osteopathic Medicine and with the State Board of Pharmacy. They told me that, as long as my MA was in my office and I was overseeing her and had seen the patient, I was perfectly legal. Why has that changed now? This is not hepatitis C; this is not dirty needles; this is not dirty syringes.

This is something very simple and safe. I do not do the injections because it is a waste of my time, but I could show you all how to do an injection using Botox. The patient will tell you where it is. You go into the muscle belly. It is right there; you cannot mess up, so how this can be such a dangerous drug is beyond me. There are so many people who benefit from this on a daily basis, and now we are finding out more things about Botox—blepharospasm, painful sexual intercourse, Parkinson's disease. No one has any idea what causes Parkinson's, but this may help people with tremors. The fact that they cannot be used in a medical office under supervision by someone who knows what they are doing is beyond me as a physician and dentist.

If this bill goes into effect, I get to change my practice all over again. I am going to lay off some people who rely on me to make a living for them.

Patti A. Sanford, Private Citizen, Reno, Nevada:
[Patti Sanford spoke from prepared text (Exhibit K).] I am a licensed registered dental hygienist in the state of Nevada. I have a Bachelor of Science degree in dental hygiene from the University of Southern California School of Dentistry. Probably more important to my comments today is that I am a full-time professor and clinical education coordinator for the dental hygiene program at Truckee Meadows Community College (TMCC).

I am going to address my comments today briefly to the education of the dental hygienist. Just as licensed nurses have the ability to administer botulinum toxin, a registered dental hygienist who has been sufficiently trained and who is under the supervision of a licensed dentist should also have this responsibility. A licensed dental hygienist is a highly trained professional. The dental hygiene program at Truckee Meadows Community College is a rigorous 109 units, which is very close to what it takes to get a bachelor's degree. Our students actually receive an associate of science degree in dental hygiene, but it takes them about four years to complete this program. During that time, the first two years of the program are spent in basic sciences, and the second two years are actually spent in sciences that are related to the head and neck area. They study courses such as head and neck anatomy, physiology, pathology, oral pathology, pharmacology, the control of medical emergencies, infection control, and anesthesiology to name a few.

Learning to give dental anesthesia injections is a very complex skill. In the second semester of the dental hygiene program, they have a very extensive course in this. During their third and fourth semesters, they actually have requirements and many opportunities to administer local anesthetic injections in the mouth in the clinic. At TMCC, we operate a dental hygiene clinic. Our students receive over 700 hours of patient contact during their clinical education. It is during this time that they get that experience. In this clinic they are supervised by dentists and dental hygienists. At the very end of their fourth semester, right before they are going to graduate, they are so adept at this skill that the faculty no longer has to stand over them and observe their technique. We can observe them from a distance.

Upon completion of the program, dental hygienists must pass an 8-hour written national examination, and then they must also pass a regional clinical examination to become licensed as dental hygienists. In light of the level of education required to become a licensed registered dental hygienist and the amount of time that they actually spend in clinical education with a focus on safety and infection control, I believe that a dental hygienist would be an excellent choice of health care provider to be given the ability to provide this service.

Today, if I have done nothing more than give you a little bit of insight into the education of a dental hygienist, then I have done my job. Thank you for listening to my comments, and I would like to invite you, if you are in the Reno area, to come up to the program at TMCC and tour our dental clinic up there. It is on the Dandini Campus.

Lancette VanGuilder, Private Citizen, Reno, Nevada:
[Lancette VanGuilder spoke from prepared text (Exhibit L), provided additional information (Exhibit M), and information about required dental hygiene courses at TMCC (Exhibit N).] I am a licensed dental hygienist. I currently manage a nonprofit, school-based oral health program in Lyon and Washoe Counties called Future Smiles of Northern Nevada and provide care to underserved populations. I am also an international professional continuing education speaker for dentists and dental hygienists. I serve in dental hygiene leadership at the local and national level, and I still practice clinical dental hygiene in a private practice.

I wholeheartedly agree that public safety should be at the forefront in any medical and dental procedure, and I have spent the last two decades advocating for public safety, access to care, and the dental hygiene profession. It is disappointing that in 2017 there still seems to be a lack of understanding about the education and role of the licensed dental hygienist. In my 22 years of practice, I have served on numerous boards, committees, and health care task forces, and I want to provide some background information that may be helpful on the discussion about what dental hygiene practice and education entails. The amount of education I have received in order to graduate from an accredited program, obtain state and regional licensure, and continue to practice on a daily basis has absolutely prepared me to be able to expand my knowledge and opportunities and qualify me to take the necessary courses to administer botulinum and other dermal fillers. Our education does not compare to that of a medical assistant.

The minimum college education required to even apply to a dental hygiene program is two to three years in the topics Ms. Sanford already alluded to. Dental hygiene education itself is another two to three years of courses in classes such as pharmacology, infection control and safety, medical emergencies, oral pathology, and clinical experience. More and more dental hygienists are pursuing masters and doctoral degrees, and this is one of the most rapidly growing professions in the United States.

Dental hygienists have extensive knowledge in head and neck anatomy and administration of local anesthesia and other chemotherapeutic agents. Most hygienists currently administer local anesthesia numerous times a day in private practice; and may even do all the anesthesia for the dentist they work alongside, which is what I did for 15 years. Dental hygienists are required to take courses on infection control, continuing education every licensure period, and are regulated by a dental board that consists of dental hygienists and dentists and is licensed under NRS Chapter 631.

The courses that have been made available to learn how to administer Botox and other dermal fillers are the same for dentists and dental hygienists, physician assistants, nurses, and other qualified health care professionals. Botulinum and dermal fillers have been researched and proven to assist with pain management, function, and esthetics. The Federal Trade Commission has issued numerous warnings to boards about restricting trade, specifically in regard to the dental hygiene profession. Numerous sources shed light on the fact that dental hygienists are a highly educated and underutilized workforce. The National Governors Association has even stated that dental hygienists should be encouraged to practice to the full extent of their education and training to meet the needs of the public. I have included in the testimony I submitted electronically yesterday supporting documents from the Federal Trade Commission, the American Dental Hygienists Association, the National Governors Association, a side-by-side comparison of nursing education versus dental hygiene education in the state of Nevada, a fact sheet of the dental hygiene profession, and a safety record for dental hygienists in Nevada.

Dental hygienists are college-educated, licensed health care professionals, and should have the opportunity to take the education needed to practice Botox and other fillers if other health care professionals such as nurses with similar accreditation and education standards are able to do so. Dental hygienists adhere to a professional code of ethics and have clinical practice standards. Dental hygienists practice evidence-based, patient-centered care, and are supportive of advanced continuing education and practice opportunities and treatment modalities.

I realize that it may be difficult to understand fully the scope of dental hygiene education and the profession in this brief testimony, but it is my hope that we can start to work towards a better understanding about the importance of college-educated, licensed, and regulated health care professionals and an interdisciplinary approach to health care.

Laurie A. Weirton, Private Citizen, Reno, Nevada:
I am a licensed cosmetologist in both Nevada and California. I specialize in special-occasion hair and makeup. One of the things I am hired most often to do is camouflage botched botulinum and dermal filler treatments. Nine out of ten times that I am presented with a client who wants to camouflage their issue, it has come from a plastic surgeon's office and not from an MA. I am a patient, and I have been seeing a licensed MA for over ten years now. I have never had any complications, nor have I ever experienced any complications with any of my clients who I refer to the MA. She has fixed a lot of issues that came from plastic surgeons' offices. What this bill comes down to is a proper course to administer it with continuing education classes and hours of training. As a cosmetologist, I spent 2,100 hours to be licensed to be able to touch your face and cut your hair. Does that mean I am capable of doing your pedicures? Yes. Am I specializing in it? No. Am I going to do that? No. I am going to trust my face—my billboard—to someone I feel is able to perform this procedure adequately.

Lindsay Brock, Private Citizen, Zephyr Cove, Nevada:
[Lindsay Brock spoke from prepared text (Exhibit O).] I am a registered dental hygienist. I graduated from the University of Pittsburgh and moved to Nevada because Nevada is on the cutting edge of our profession. Some examples are local anesthesia, which was allowed in 2001, laser certification for hygienists over 10 years ago, and allowing public health endorsement about 10 years ago as well.

I have been a licensed health care provider practicing in Nevada for the last eight years, and I am in full support of addressing the public safety concerns connected with administration of the botulinum toxin and other dermal fillers. I commend the Legislature for looking at ways to ensure public safety while not hindering fair trade practices across multiple disciplines. I am in opposition of removing dental hygienists from the health care providers listed in S.B. 101 (R2). I graduated from an accredited dental hygiene program and am able to provide preventative, educational, and therapeutic care to patients in a variety of settings. I have been blessed to work in a setting with talented dentists who utilize botulinum and

fillers for patients. I have been able to see the benefits of their use firsthand. Dental hygienists have many years of college education and a strong educational background in head and neck anatomy, medical emergencies, and infection control along with safe injection techniques.

The continuing education courses that are required to become competent in administration of the botulinum toxin and other dermal fillers are just as appropriate for dental hygienists as they are for nurses and other health care professionals who wish to perform these services. Dental hygienists and dentists work collaboratively to provide comprehensive care, just as physicians and nurses do. It is my hope that this Committee chooses to look at the educational background of the dental hygiene profession as well as the licensure and regulations required to practice dental hygiene and see that it is unfair to remove dental hygienists from the existing list of recognized providers who may administer the injectables and other fillers. Our education is equivalent to that of a nurse, not that of a medical assistant or a dental assistant.

Alyson Lyden, Private Citizen, Las Vegas, Nevada:
I am a mid-thirties sales professional from Las Vegas. I have received injections for several years from a medical assistant in a medical facility that is overseen by a doctor. I experienced some facial deformities as the result of a motor vehicle accident, which substantially lowered my self-esteem. I was informed that Botox and fillers could potentially help my appearance and improve it, so I began to research my options. I had initially gone to several plastic surgeons to inquire about their services and what they could provide for me. I was upsold on different surgeries they could provide to fix my deformities. It was also suggested that I see a medical assistant who was highly recommended and had years of experience performing these procedures. Based on my research into her skills, training, certifications, and how long she had been practicing, I decided to go that route.

I have developed a comfort level with my medical assistant and feel that the care I am receiving is the best that I can get. In turn, my appearance has changed to the level where it was prior to my accident.

KayDee Faulstich, Private Citizen, Sparks, Nevada:
I am coming to you as a patient. Although I have worked in the medical field for over 25 years, when I decided to get fillers, or injectables, I researched and came upon an MA who I have been going to now for 9 years. My experience in that office has been great. The doctor is there, so if I ever have a problem or a question, I know I can speak to the doctor. I just want to let you know, if this bill goes into effect, I will be searching again for another place to visit to find my injectables. I am really happy there, and I would really hate to see that happen.

Chairman Sprinkle:
Is there anyone else in opposition to S.B. 101 (R2) in either northern or southern Nevada? Not seeing anyone, is anyone neutral to this bill wishing to come forward?

J. David Wuest, Deputy Secretary, State Board of Pharmacy:
We are neutral on the bill; however, there were a couple of questions asking whether we still see MAs working with the drug outside doctors' offices or whether there was still a problem with counterfeit drugs. Absolutely, there still are. We tend to get the complaints. I cannot comment directly on adverse effects at a doctor's office with an MA, because those are handled by the Board of Medical Examiners, but since the last time you were in session, we have had numerous cases of people who were thought to be MAs, working with doctors' offices, at different sites such as a gymnasium or some other business. At one such site that comes to mind, the used syringes were thrown in the trashcan and not disposed of correctly. That complaint came within the last year, so there certainly is an issue with people who should not have these drugs as well as counterfeit drugs and drugs from other countries. We see many complaints about that.

Chairman Sprinkle:
Is there anyone else here in the neutral position? [There was no one.] Do you have any closing comments, Senator?

Senator Hardy:
I was interviewed by a lady from Washington, and I was talking about botulinum. She mentioned that she did it and that pretty much everyone in her field gets it, so I told her what we were proposing. She told me she had gone to her doctor where the MA started to do it, except the MA was injecting into her orbit—not into the muscle you want to inject into. The lady stopped that MA from injecting into the wrong place. From a medical standpoint, if someone says that has never happened and it is not true, I would be suspicious. That may not be an all-inclusive statement. Likewise, if someone says you cannot mess up, there are plenty of examples of people who have messed up.

Keith Lee:
Assemblyman Carrillo raised a question about the laws that were adopted in 2011. Actually, in 2013, another statute was adopted that empowered the Board of Medical Examiners to adopt regulations regarding supervision of medical assistants. We did that, and I refer you to *Nevada Administrative Code* (NAC) 630.800 through 630.830. An important part of that is NAC 630.810, paragraph (a), stating ". . . the medical assistant possesses the knowledge, skill and training to perform the task safely and properly." If it is an invasive procedure, it must be done where a delegating practitioner or the physician ". . . must be immediately available to exercise oversight . . ." of the person. I am concerned by some of the testimony I heard earlier, at least in that context, given that they were referred to an MA. MAs are not licensed in this state. They cannot have independent practice, and they must be overseen and supervised by a physician. If it is an invasive procedure, the physician must be immediately available to render assistance if necessary. I am pointing that out because I think it is necessary that the record is clear in that area.

Chairman Sprinkle:
Thank you for being here today. With that, we will close the hearing on S.B. 101 (R2). I am going to ask those presenting Senate Bill 59 (2nd Reprint) to please come forward. I have had a request to move this bill up. Thank you for your patience and willingness to be flexible, Mr. Kandt.

Senate Bill 59 (2nd Reprint): Revises provisions relating to the program to monitor prescriptions for certain controlled substances. (BDR 40-386)

Brett Kandt, Chief Deputy Attorney General, Legislative Affairs, Boards and Open Government Division, Office of the Attorney General:
[Brett Kandt spoke from prepared text (Exhibit P).] Nevada, like all states, has experienced a surge in prescription drug abuse, addiction, overdoses, and deaths. We have seen first-hand the devastating effects of prescription drug abuse on public health and safety and on our communities. According to the Centers for Disease Control and Prevention, drug overdoses now surpass automobile accidents as the leading cause of injury-related deaths for Americans between the ages of 25 and 64. More than 100 Americans die as a result of overdose in this country every day—more than half of them caused by opioids or other prescription drugs. In our state, physicians write 94 prescriptions for every 100 Nevada residents.

This epidemic requires a multi-faceted response that involves pharmacists and other health professionals, public health entities, and law enforcement working in collaboration to support the legitimate medical use of controlled substances while limiting abuse and diversion. Nevada's Prescription Monitoring Program (PMP) was instituted in 1997 to track the prescription and dispensation of controlled substances to prevent diversion, abuse, and overdoses; however, critical data is not currently entered into the PMP, including data on controlled substance violations, prescription drug-related overdoses or deaths, and reports of stolen prescription drugs.

Senate Bill 59 (2nd Reprint) implements certain recommendations of our Substance Abuse Working Group to fix this deficiency, capture this crucial information, and enable Nevada to more effectively combat prescription drug abuse. Specifically, sections 1.3 and 1.6 of the bill ensure that law enforcement agencies, coroners, and medical examiners can all effectively report controlled substance violations, prescription drug-related overdoses or deaths, and reports of stolen prescription drugs into the PMP. Similar reporting requirements have been enacted in other states.

Sections 2, 2.5, 3, 4, and 5.5 of the bill expand the existing provisions of *Nevada Revised Statutes* (NRS) 463.162 through 164, and NRS 639.23507 to include schedule V drugs since the abuse of schedule V drugs can lead to limited physical or psychological dependence. This also reflects the practice of the majority of states.

Finally, section 3 also clarifies that the PMP can release confidential PMP reports only to a patient or his or her attorney on the patient's behalf, unless the requestor has a court order. I want to note that, in conversations with the Las Vegas Metropolitan Police Department (Metro), there is some language in this second reprint of the bill that may need further revision to square the proposed requirements placed upon law enforcement to report into the PMP with the current language granting law enforcement access to the PMP. Specifically, on page 3 of the bill, lines 1 through 7 in section 1.3, there is a provision that talks about law enforcement reporting a deceased person who died as a result of using a prescribed controlled substance. That language should probably come out because, once again, the bill proposes to have the coroner or medical examiner provide that information into the PMP. Certainly, the cause of death is a determination that is made by the coroner or medical examiner.

Also, the reporting requirements we are proposing for law enforcement under section 1.3, probably need to be squared with the access provision which is currently in NRS 453.165, subsection 1, paragraph (a), on page 8 at lines 44 through 45 of the bill to ensure that the reporting mandate squares with the access provision.

Chairman Sprinkle:
Thank you for presenting this bill. Are there any questions from the Committee?

Assemblyman Yeager:
Obviously this is a huge concern, particularly in Clark County where I think the number one cause of accidental death is now prescription drug overdose. You mentioned bringing in schedule V controlled substances. What are the most common schedule V drugs we would see folks abusing?

J. David Wuest, Deputy Secretary, State Board of Pharmacy:
The big thing we are seeing right now is promethazine with codeine, which has a couple of different names such as Jolly Rancher, et cetera. We have seen a rise in robberies of pharmacies, and they are just taking the promethazine. Tylenol with codeine is also a schedule V drug. There has been an amendment to remove those as far as the practitioner having to review them, but promethazine with codeine is the major problem we are having.

Chairman Sprinkle:
Are there other questions from the Committee? [There were none.] Is there anyone here wishing to speak in support of S.B. 59 (R2)?

John Fudenberg, Coroner, Government Affairs, Office of the Coroner/Medical Examiner, Clark County:
I would like to thank Brett Kandt for including the coroner/medical examiners in this bill. As has been mentioned, we are facing a major opioid epidemic throughout the country, and it is coming out West faster than we would like to see. In addition to the opioids, there are other prescription medications, so anything we can do to participate in the process and try to get control of this epidemic we would like to help with. We support the bill. I would like to reiterate what Mr. Kandt said in reference to coroners and medical examiners being the ones

to report into the database. That is logical; it does not make much sense to have law enforcement report deaths into the database. We report a lot of our data to many different state and federal agencies, and this would just be an additional report we can generate and report without a problem.

Chairman Sprinkle:
Is there anyone else in support of S.B. 59 (R2)? [There was no one.] Is there anyone in opposition to SB. 59 (R2)?

Chuck Callaway, Police Director, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department:
Under the rules of committee, I am here in opposition to the current draft of the bill. I am a member of the Attorney General's Substance Abuse Working Group where this bill somewhat originated. I worked very closely with the Office of the Attorney General and with Mr. Kandt. I believed we had a bill that we supported, but this current draft raises some concerns.

One has already been addressed by Mr. Kandt: It is inappropriate for law enforcement to try to determine a cause of death of a decedent and say whether it was drug-related. I think that is more appropriately handled by the coroner's office, which has already been stated. If an officer were to make an assumption that it was a drug-related death based, say, on an empty pill bottle at the scene, and the death turned out to be medical or some other cause, then you would have conflicting reports in the system—one from the coroner and one from law enforcement.

There could be a logistical issue the way the bill currently reads. Metro handles about 3 million calls for service a year, and many of those calls involve people claiming their house has been broken into. Often they do not know what was stolen, and we typically give them an inventory to fill out as they discover what is missing, especially if they were gone for a while. As a result, we may not even know prescription medications were taken in that burglary until weeks later. Those reports do not go directly to our detective bureau, which handles prescription medication cases. During the last legislative session, there was a Senate bill we brought forward with Senator Hardy [Senate Bill 114 of the 78th Session]. The purpose of that bill was to give law enforcement access in the statute to the PMP. During that session, there were concerns raised about law enforcement access to the system. It involved the Health Insurance Portability and Accountability Act and potential "phishing," so the language currently in section 4 was the language that was agreed on at that time. Why is that important to this bill? Because we only have about six officers in our agency who can currently access that database, and those are detectives who do prescription medication investigations as part of their day-to-day duties.

If we say that all these reports we receive involving anything that potentially happens in the field—stolen prescription medications and other things required by this bill—have to go to those six detectives to enter into the PMP, those detectives would basically become clerical staff at that point, spending their days entering information into the PMP. If it is the desire to

capture this data, my recommendation is that our agency be given access as an agency for the purposes of entering this data. Then, we can assign that task to clerical or records personnel to enter that data rather than requiring those six detectives to do that. Those are my major concerns with the current draft of the bill. I know Mr. Kandt is willing to work with us to address it, so, hopefully, we can get back to a point of support again.

David Cherry, Communications and Intergovernmental Relations Manager, Public Affairs, City of Henderson:
I am here today representing the Henderson Police Department, and I want to thank the bill's sponsor. We had the opportunity to meet with him to discuss the bill after it was drafted and he was going to make some changes. I am here in the opposition position for the same reason as Officer Callaway—because we are seeking to have the bill changed. We have some of the same concerns he just outlined—primarily with the first requirement he discussed—that if the officers believed someone died as a result of a drug overdose. If that is removed, we would more than likely be back in a position to support the bill.

Chuck Callaway:
Last session when we worked on law enforcement access to the PMP, it was my understanding that there are only about 14 officers in the whole state who have access to the system. There are 80 law enforcement agencies in the state, so there are police departments that do not have an officer who can access the system. What will those agencies do under this current draft? To upload that information will they send their reports to an agency such as Metro, which can access the system? Again, there are some logistical concerns with the access.

Chairman Sprinkle:
Is there anyone else in opposition to S.B. 59 (R2) in either Carson City or in Las Vegas? It does not look like it. Is there anyone neutral to this bill?

Holly Welborn, representing American Civil Liberties Union of Nevada:
I am policy director for the American Civil Liberties Union of Nevada testifying in neutral today. We would like to thank Mr. Kandt and the Office of the Attorney General for amending the language to address the due process concerns that were present in the original draft of the bill. The original language would have only required that law enforcement have a reasonable suspicion that an individual is in violation of the law. This lower standard could have unnecessarily placed patients at risk of being unable to access needed medications. The change to a probable-cause standard and the requirement that the information be obtained not only while the officer is acting in his or her official capacity, but for investigatory purposes, provides us with the assurances that we need, so we want to thank the Attorney General's office again for working with us.

Chairman Sprinkle:
Is there anyone else neutral to this bill here or in southern Nevada? Not seeing anyone, do you have any closing comments?

Brett Kandt:
Thank you for your consideration of the bill, and I will work the law enforcement stakeholders to try to come up with some language that will address their concerns.

Chairman Sprinkle:
Thank you, I like to hear that. With that, we will close the hearing on S.B. 59 (R2) and open the hearing on Senate Bill 131 (1st Reprint).

Senate Bill 131 (1st Reprint): Requires certain pharmacies to, upon request, provide a prescription reader or advice on obtaining a prescription reader. (BDR 54-665)

Senator Moises (Mo) Denis, Senate District No. 2:
I am here to present Senate Bill 131 (1st Reprint) for your consideration. This bill will help increase access to critical information related to prescription drugs for Nevadans who are blind or visually impaired. Existing law requires certain information to be printed on prescription drug containers; however, these requirements are only effective if a person can read the printed text. For those who are blind or visually impaired, such labeling may be ineffective at best and life-threatening at worst; however, advances in technology have led to the development of a wide variety of devices that can audibly convey the information contained on a prescription drug label. These devices, known as accessible prescription drug labels or prescription readers, can help provide consistent, reliable, independent access to information on prescription drug containers for those who cannot otherwise access this information.

Senate Bill 131 (1st Reprint) aims to capitalize on these technologies to provide equal access to crucial prescription drug information for those who are blind or visually impaired. This bill simply requires a retail community pharmacy to notify each person to whom a drug is dispensed that a prescription reader is available. Then, upon request, a pharmacy must provide a prescription reader or device that can convey the information on the prescription drug label to the person receiving the drug for the duration of the prescription. In addition, upon request, the retail community pharmacy must also provide information on how the person can obtain a prescription reader that is appropriate for his or her visual impairment. These requirements only apply to licensed pharmacies that dispense drugs directly to the general public at retail prices.

Senate Bill 131 (1st Reprint) fills a crucial gap in services for Nevadans who are blind or visually impaired. It provides access to information that the rest of us take for granted on a daily basis and will improve access to information for tens of thousands of Nevadans. I urge your support and am happy to answer any questions. The estimates of the number of individuals in Nevada with visual loss or visual disability range from 87,000 to 108,000. An estimated 4,000 Nevadans who are visually impaired receive Medicaid, and approximately 1,700 receive Medicare.

Rick Kuhlmey, Private Citizen, Las Vegas, Nevada:
I have been legally blind since 1972 and am a volunteer advocate for the blind and visually impaired in Nevada. I appreciate this opportunity to be able to testify for S.B. 131 (R1) and ask you to please pass it. After listening to Senator Denis's testimony, it mirrored mine, so some of what I had to say would be redundant. I have confidence you will read it (Exhibit Q). I just want to thank Senator Denis for sponsoring this bill; it is greatly appreciated. We would also like to thank Liz MacMenamin for working with us to amend the bill to resolve her problems with the original language of the bill. We think we now have even better language than originally.

We would also like to thank the Senate for their unanimous vote to pass this bill on to you and ask you to pass this bill out of your Committee. I would like to ask that Bill Powers and Bari Powers be allowed to come to the table and provide a demonstration of how the medical device works—the prescription reader—and how it has become so important in their lives.

Senator Denis:
They have a demonstration of how the device works.

Chairman Sprinkle:
Go ahead.

Bill Powers, Private Citizen, Henderson, Nevada:
We are talking about support for S.B. 131 (R1). A couple of years ago, I was bed-bound with cervical spine stenosis. I could not take my medications; I could not see them because I am legally blind. I have 5 percent vision in my right eye and no vision in my left eye, so there is no way I can read these bottles. Because of that, it is important to have a little device such as this reader. I will set it up while my wife Bari testifies about how this affected both of us.

Bari Powers, Private Citizen, Henderson, Nevada:
I am totally blind. I cannot even see the sun. I knew nothing about my husband Bill's medications, so I had to take the prescription reader and have it read to me what each bottle of medication was and how to administer it. If it had not been for that reader, I do not know what I would have done. I really would appreciate your passing this bill because it will help more people than you know. It will help more people not accidentally die because they cannot read their prescriptions. Everyone has someone in their lives who needs this prescription reader, so thank you for your support.

Bill Powers:
I want to demonstrate for you one of the devices that is currently available through different pharmacies. This one is called the ScripTalk. It is available through En-Vision America. It reads little coded strips on the bottom of each prescription bottle. You place the bottle on the unit, turn the volume up, and it tells you what is on the label. [Bill Powers placed the bottle on the reader, but the Committee and audience could not hear any sound.] That gives you an idea of what can be read on the bottle. It is essentially what is on the printed label.

There are a multitude of different devices available. Some are small readers attached to each bottle. In my case, taking about ten medications, having ten readers would be stupid, so having a unit like this that can read anything I get from the pharmacy is much more ideal.

Someone asked in testimony a few weeks ago if there was an app on a phone that could do the same thing. No, there is not. Several apps on my phone can read flat printed material to me, but they are not going to be able to read a medication bottle because they are rounded and the camera cannot pick up the letters on the curve of the bottle. It also cannot read to you in voice. This is one side of the issue of prescription accessibility. There are people who are print-impaired who may need braille or large print. In any case, the pharmacist should be able to consult with each patient and find out what works best for that patient and provide it, so the end result is that a patient takes his or her medication at the right dose and at the right time and does not wind up having an accident and going to the emergency room or wind up killing themselves. I ask your support for S.B. 131 (R1).

Chairman Sprinkle:
We appreciate the effort and understand the gist of what this is.

Senator Denis:
When the bottle is placed on the reader, you push a button, and it will read the prescription for you.

Chairman Sprinkle:
Is there anything else?

John Yacenda, Senatorial District No. 16; President, Nevada Silver Haired Legislative Forum:
[John Yacenda spoke from prepared text (Exhibit R).] This item about prescription readers was something we endorsed as a body, and it was in our report to the Legislative Commission and to the Governor. We supported this initiative as one of our initiatives for legislative action during this session.

We were privileged to be part of the negotiations for the compromise language in the amendment to this bill in the Senate that led to passage of the bill. It was exciting to see how this affected people with vision and print impairment. It is exciting to see how this changes people's lives. It gives them hope and relieves the anxiety they feel when they cannot really see a prescription. It really makes a difference, and we are glad to be a part of it.

I want to make a personal comment to you, Chairman Sprinkle. I watched you during the ten months of the Legislative Commission hearings about guardianships and saw your concern for seniors when those issues came up. I want to thank you for that and encourage you to spread that genuine concern to this Committee as well. Thank you for your support.

Chairman Sprinkle:
I am pretty sure my entire Committee is very concerned about seniors. With that, I want to open up for questions.

Senator Denis:
I want to quickly clarify some of the language in the bill. In section 1, subsection 1, the word "shall" is used—". . . shall notify each person to whom a drug is dispensed that a prescription reader is available . . . The retail community pharmacy shall . . . (a) Provide a prescription reader . . . or (b) Provide directions . . . ." The original bill said that the pharmacy had to provide the actual device. The way it currently reads, they either provide the device or show the patient how one can be obtained. I just wanted to make sure that was clear.

Chairman Sprinkle:
Thank you, Senator, for pointing that out. I appreciate it.

Assemblywoman Miller:
When it comes to the device itself, you say the pharmacists will provide information about it; but whose responsibility is it to pay for it, and does the reader translate into other languages?

Senator Denis:
Several pharmacies already provide readers to individuals for free. Some of the smaller pharmacies may not be able to, so they would provide information on how the individual could get one.

John Yacenda:
We are prepared to provide information sheets for the pharmacies to give to their customers about where and how to get these devices.

Rick Kuhlmey:
I would like to point out that the devices can be obtained for free by calling Enhanced Vision Systems, and their phone number is readily available. Also, various health insurance companies are providing these free to their customers because it is keeping those customers out of hospitals and emergency rooms. The Veterans Administration also provides these devices for free, so the device itself will not cost the person who needs it anything.

Assemblywoman Titus:
Thank you, Senator, for bringing this bill forward. I know from professional experience that seeing and being able to understand what medicine a patient is taking is critically important. You mention that it is not to be used when ". . . the drug is dispensed through the mail." The majority of my patients in rural Nevada get their prescriptions through the mail. Why was that excluded?

Senator Denis:
Because they are out of state, it might be more difficult for us to be able to do that.

Rick Kuhlmey:
We did not want to get into interstate commerce by requiring online pharmacies to provide these. We are finding that the online pharmacies, once they learn these things are available, are providing them voluntarily. Over six online pharmacies now provide them. We think they will come along because of competition. The patients need these devices, and as more patients hear about readers and request them, the online pharmacies will come along and provide this service.

Assemblywoman Titus:
I have many patients who live in assisted-living and long-term care facilities. We still write prescriptions that are filled at our local town pharmacy, and an assistant will get that prescription. Sometimes those are prepackaged and not in bottles. Does this bill look at mandating that someone who picks up medication at a pharmacy and brings it back is also offered a reader? I assume the intent is for someone living privately. Could you clarify that?

John Yacenda:
Unless the prescription is packaged in a container, each container is coded with an electronic code that is placed on the reader, so the reader can read the code. It could not be done with a bubble pack and the same with mail order prescriptions. That issue has not been addressed yet to my knowledge and would have to be worked out.

Assemblywoman Titus:
So the intent of this law is for individuals living in their own homes who continue to receive prescriptions in individual bottles, correct?

Senator Denis:
Yes, I believe that is correct. Sometimes in long-term care facilities, there are people who help the patients, so that patient may not necessarily be the one who reads the directions on the bottle.

Chairman Sprinkle:
Are there other questions from the Committee? [There were none.] I will open up for support of S.B. 131 (R1).

Lea Tauchen, Senior Director of Government Affairs, Grocery and General Merchandise, Retail Association of Nevada:
We are speaking in support of S.B. 131 (R1). I want to thank the bill's sponsor for his availability and willingness to work with the Retail Association on language that will enable visually impaired individuals to obtain prescription information on electronic readers. This emerging technology will help increase compliance with their medications. Our members have been actively engaged on this issue and are working to ensure their customers have access to these products.

In researching electronic readers, we have found that several large retailers are already providing them for the convenience of their patients. Specifically, one of the largest chain

drug stores in the state has led the charge, and they have a reader that is compatible with all their prescriptions. This was a conscious business decision they made in response to the needs of their patients and to fulfill best practice recommendations of the United States Access Board. Again, we appreciate the work of the bill's sponsor, want to thank him and the proponents of this bill, and urge the Committee's passage.

Liz MacMenamin, Vice President of Government Affairs, Retail Association of Nevada:
I am here to answer questions if there are any.

Chairman Sprinkle:
Thank you. Is there anyone else in support in northern Nevada or in southern Nevada? [There was no one.] Is there anyone in opposition to S.B. 131 (R1)? [There was no one.] Is there anyone neutral to the bill? [There was no one.] Senator Denis, do you have any closing comments?

Senator Denis:
I think you got all the answers you needed, and I appreciate the opportunity to be here with you this afternoon.

Chairman Sprinkle:
Thank you, Senator, for being here. We appreciate your bringing this bill forward. With that, I will close the hearing on S.B. 131 (R1). We will open up for public comment. Is there anyone wishing to come forward under public comment? [There was no one.] We will close public comment.

Committee, thank you very much for your hard work today. I really appreciate it. This meeting is adjourned [at 2:57 p.m.].

RESPECTFULLY SUBMITTED:

_____
Terry Horgan
Committee Secretary

APPROVED BY:

_____
Assemblyman Michael C. Sprinkle, Chairman

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a copy of written testimony dated May 5, 2017, presented by Caressa Hughes, Managing-Director, Governmental Affairs, Service Corporation International, in support of Senate Bill 295.

Exhibit D is a copy of a document titled "Total Return Unitrust—Talking Points" from ClearPoint Federal Bank & Trust, submitted by Caressa Hughes, Managing-Director, Governmental Affairs, Service Corporation International, in support of Senate Bill 295.

Exhibit E is a copy of a brief biography of Beth Kmiec, ClearPoint Senior Trust Administrator, submitted by Caressa Hughes, Managing-Director, Governmental Affairs, Service Corporation International, in support of Senate Bill 295.

Exhibit F is a copy of a letter to the Assembly Committee on Health and Human Services, dated May 4, 2017, submitted by George Wang, Ph.D., Co-founder, SIRUM, in support of Senate Bill 91 (2nd Reprint).

Exhibit G is a copy of a proposed amendment to S.B. 101 (2nd Reprint) submitted by Keith Lee, representing Board of Medical Examiners.

Exhibit H is a copy of a letter to the Assembly Committee on Health and Human Services dated May 3, 2017, submitted by Michael C. Edwards, M.D., in support of Senate Bill 101 (2nd Reprint).

Exhibit I is a copy of a slide deck presentation titled "Complications of Botulinum Toxin and Dermal and Soft Tissue Filler Use," submitted by Goesel Anson, M.D., in support of Senate Bill 101 (2nd Reprint).

Exhibit J is a copy of a document titled "Conceptual Amendment to S.B. 101," submitted by Christopher Hussar, D.O., Private Citizen, Reno, Nevada, regarding Senate Bill 101 (2nd Reprint).

Exhibit K is a copy of an email to the Assembly Health and Human Services Committee, dated May 4, 2017, presented by Patti A. Sanford, Private Citizen, Reno, Nevada, in opposition to Senate Bill 101 (2nd Reprint).

Exhibit L is a copy of written testimony presented by Lancette VanGuilder, Private Citizen, Reno, Nevada, in opposition to Senate Bill 101 (2nd Reprint).

Exhibit M contains links to websites and a copy of a letter from the Federal Trade Commission, dated May 4, 2017, submitted by Lancette VanGuilder, Private Citizen, Reno, Nevada, in opposition to Senate Bill 101 (2nd Reprint).

Exhibit N is a document titled "TMCC Dental Hygiene Required Courses" submitted by Lancette VanGuilder, Private Citizen, Reno, Nevada, in opposition to Senate Bill 101 (2nd Reprint).

Exhibit O is a copy of written testimony presented by Lindsay Brock, Private Citizen, Zephyr Cove, Nevada, in opposition to Senate Bill 101 (2nd Reprint).

Exhibit P is a copy of a letter to Michael C. Sprinkle, Chair, and members of the Assembly Committee on Health and Human Services, dated May 2, 2017, presented by Brett Kandt, Chief Deputy Attorney General, Legislative Affairs, Boards and Open Government Division, Office of the Attorney General, in support of Senate Bill 59 (2nd Reprint).

Exhibit Q is a copy of written testimony presented by Rick Kuhlmey in support of Senate Bill 131 (1st Reprint).

Exhibit R is a copy of a letter to Chairman Michael C. Sprinkle and the Assembly Committee on Health and Human Services, dated May 5, 2017, presented by John Yacenda, Senatorial District No. 16; and President, Nevada Silver Haired Legislative Forum, in support of Senate Bill 131 (1st Reprint).