

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

**Seventy-Ninth Session
May 10, 2017**

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 1:49 p.m. on Wednesday, May 10, 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
Assemblywoman Teresa Benitez-Thompson
Assemblyman Richard Carrillo
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblyman William McCurdy II
Assemblywoman Brittney Miller
Assemblyman James Oscarson
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Patricia Farley, Senate District No. 8
Assemblyman Nelson Araujo, Assembly District No. 3
Senator Tick Segerblom, Senate District No. 3
Senator Pat Spearman, Senate District No. 1



STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Melanie Crawford, Legislative Committee Co-Chair, Federal Advocacy Coordinator,
Nevada Psychological Association
Michael J. Lewandowski, Psychologist, Reno, Nevada
Nick Vassiliadis, representing Cleveland Clinic Lou Ruvo Center for Brain Health
Helen Foley, representing Nevada Association of Marriage and Family Therapy
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Nick Vander Poel, representing Nevada Osteopathic Medical Association
Lennora Valles, representing *Cannabis Nurses Magazine*; and Nevada Cannabis
Nurses Association
P. J. Belanger, Private Citizen, Las Vegas, Nevada
Nathan R. Ring, representing United Food and Commercial Workers Western States
Council

Chairman Sprinkle:

[Roll was taken. Committee rules and protocol were reiterated.] We are going to go straight into our work session.

Marsheilah Lyons, Committee Policy Analyst:

Members of the Committee as well as the public have been provided with copies of the work session document. The first bill for consideration by the Committee is Senate Bill 91 (2nd Reprint).

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

Senate Bill 91 (2nd Reprint) creates the Prescription Drug Donation Program, combining the HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program. The new Prescription Drug Donation Program authorizes a person or governmental entity to donate any prescription drug, except marijuana and certain drugs for which a patient must register with the manufacturer, that is used to treat HIV/AIDS or cancer, or which has a wholesale acquisition cost of more than \$500 per month if used in accordance with the instructions of the manufacturer. There are no amendments in the work session document for this measure ([Exhibit C](#)).

Chairman Sprinkle:

Committee, do you have any questions or comments? [There were none.]

ASSEMBLYMAN CARRILLO MADE A MOTION TO DO PASS
SENATE BILL 91 (2ND REPRINT).

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYWOMAN BENITEZ-THOMPSON
WAS ABSENT FOR THE VOTE.)

Assemblyman Carrillo will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

The next measure before the Committee is Senate Bill 101 (2nd Reprint).

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)

Senate Bill 101 (2nd Reprint) prohibits any person other than a physician, physician assistant, dentist, registered nurse, advanced practice registered nurse, or podiatric physician who has received training prescribed by the appropriate licensing board from injecting a neuromodulator derived from Clostridium botulinum or a biosimilar or bioequivalent of such a neuromodulator. The same prohibitions apply to injecting dermal or soft tissue fillers. Qualified health care providers may inject such substances within their scope of practice and only in a medical facility or the office of an authorized medical professional. The bill provides penalties for violations and also authorizes applicable licensing boards to impose disciplinary action against licensees who violate these provisions. There is an amendment that was presented at the hearing by Senator Joe Hardy and Keith Lee on behalf of the Board of Medical Examiners, and it is included in the work session document for your consideration ([Exhibit D](#)).

Chairman Sprinkle:

Committee, are there any questions or discussion about this bill?

Assemblywoman Titus:

I think we are all looking at the same proposed amendment. Does it include that a medical assistant acting under the direction of a physician would be able to inject?

Chairman Sprinkle:

The amendment in the work session document is the only one under consideration today.

Assemblywoman Titus:

Unless a medical assistant would be allowed to inject after instruction by a physician, I will not be supporting the bill.

Chairman Sprinkle:

Are there any other comments or questions? [There were none.] Seeing none, I will take a motion for amend and do pass.

ASSEMBLYMAN HAMBRICK MADE A MOTION TO AMEND AND DO PASS SENATE BILL 101 (2ND REPRINT).

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYWOMAN TITUS VOTED NO.)

Assemblyman Hambrick will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

The third measure is 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)

This measure requires certain pharmacies to, upon request, provide a prescription reader or advice on obtaining a prescription reader. There are no amendments in the work session document for this measure ([Exhibit E](#)).

Chairman Sprinkle:

Is there any discussion or questions on this bill? [There were none.] Not seeing any, I will take a motion for do pass.

ASSEMBLYMAN THOMPSON MADE A MOTION TO DO PASS SENATE BILL 131 (1ST REPRINT).

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Thompson will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

Next is Senate Bill 237 (1st Reprint).

Senate Bill 237 (1st Reprint): Revises provisions relating to the protection of children. (BDR 38-469)

Senate Bill 237 (1st Reprint) requires a court to consider whether a child welfare agency has created an in-home safety plan for the protection of a child as part of its efforts to preserve and reunify a child with his or her family. There are no amendments in the work session document for this measure ([Exhibit F](#)).

Chairman Sprinkle:

Once again, are there any questions or discussion on this bill? [There were none.] Not seeing any, I will take a motion for do pass.

ASSEMBLYMAN EDWARDS MADE A MOTION TO DO PASS
SENATE BILL 237 (1ST REPRINT).

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Edwards will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:

We will move on to Senate Bill 295.

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

Senate Bill 295 makes various changes to cemetery endowment care funds. It provides that each cemetery required to establish and maintain an endowment care fund must also operate as an endowment care cemetery and adhere to requirements applicable to such a cemetery. The trustee of an endowment care fund must make monthly distributions from the fund if no other instruction is provided by the cemetery authority. In addition, the bill authorizes a cemetery authority to (1) operate an endowment care fund as a unitrust or to cease operating the fund as such; or (2) change the method, rate, or frequency of the distributions from the fund. There are no amendments in the work session document for this measure ([Exhibit G](#)).

Chairman Sprinkle:

Committee, are there any questions or discussions on this bill? [There were none.] Seeing none, I will take a motion for do pass.

ASSEMBLYMAN YEAGER MOVED TO DO PASS SENATE BILL 295.

ASSEMBLYMAN McCURDY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Yeager will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
Senate Bill 318 is next.

Senate Bill 318: Revises provisions relating to the payment of wages to certain employees. (BDR 53-1088)

Senate Bill 318 authorizes an employee of an agency that provides personal care services in the home who is required to be on duty for 24 hours or more to agree not to be paid for a sleeping period of up to 8 hours if adequate sleeping facilities are provided. If the sleeping period is interrupted to provide personal care services, the interruption must be counted as hours worked. If the sleeping period is less than five hours, the employee must be paid for the entire sleeping period. There are no amendments in the work session document for this measure ([Exhibit H](#)).

Chairman Sprinkle:

Thank you for that overview. As a comment on this bill, I had some questions and concerns during the hearing in regard to payment while individuals were asleep but still required to be there in case they were needed. While I still think that is a valid concern in any profession, I have had a chance to talk with the bill's sponsor and some others, and I absolutely understand the position they are in. I think it makes a lot of sense for what they are trying to do in this bill. It is going to potentially hold on to, or even attract, new employees in a profession providing a greatly needed service that is becoming very difficult to recruit for. Because of that, my concerns have been resolved, and I appreciate their reaching out to me.

Are there any other comments on this bill? [There were none.] Seeing none, I will take a motion for do pass.

ASSEMBLYMAN CARRILLO MOVED TO DO PASS SENATE BILL 318.

ASSEMBLYMAN EDWARDS SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will take the floor statement.

Marsheilah Lyons, Committee Policy Analyst:
The final measure before the Committee today is Senate Bill 483 (1st Reprint).

Senate Bill 483 (1st Reprint): Creates a procedure for the establishment of paternity in proceedings concerning a child in need of protection. (BDR 38-344)

Senate Bill 483 (1st Reprint) creates a procedure for establishing paternity in proceedings concerning a child in need of protection. Specifically, the bill provides that if a petition alleging a child is or may be in need of protection is filed with a court and the paternity of the child has not been legally established, a motion to establish paternity may be filed with the court. A court may enter a recommendation or order establishing the legal paternity of a child during such a proceeding in certain circumstances and must order tests for the typing of blood or taking of specimens for genetic identification of a child, the mother, and alleged father in certain circumstances. A court recommendation or order must provide for the issuance of a new birth certificate that includes the name of the natural father, if necessary. There are no amendments in the work session document for this measure ([Exhibit I](#)).

Chairman Sprinkle:

One last time, Committee, are there any comments or discussions on this bill? [There were none.] Seeing none, I will take a motion for do pass.

ASSEMBLYMAN YEAGER MADE A MOTION TO DO PASS
SENATE BILL 483 (1ST REPRINT).

ASSEMBLYMAN CARRILLO SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

Assemblyman Yeager will take the floor statement.

All right, that is it for today's work session. I really appreciate your being here and helping us get through the work session as quickly as we did.

We will now open up our first bill hearing for today, Senate Bill 163.

Senate Bill 163: Revises provisions relating to professional entities. (BDR 7-632)

Senator Patricia Farley, Senate District No. 8:

It is my pleasure to be here today. Senate Bill 163 is simple in terms of its content, but makes important changes that will benefit patients and practitioners in health care fields. As Committee members are likely aware, Nevada law typically provides that a group of professionals can be organized into an entity or practice only if the group provides one type of professional services such as in architecture or engineering, mental health, and medical professionals, et cetera. The change we are seeking to make in S.B. 163 would provide an exception to the rule so that mental health practitioners may join with medical professionals under the same roof—allowing them to provide comprehensive services to individuals in

their care. For this reason, section 1 of the bill deletes the current statutory language that separates medical and mental health providers for the purposes of creating professional entities, and instead provides new language allowing these professionals to practice within the same entity.

That covers the contents of the bill. I would like to turn it over to Assemblyman Araujo, who will show you what changes we can look forward to in the real world.

Assemblyman Nelson Araujo, Assembly District No. 3:

I am also here to discuss S.B. 163. As you know, mental health continues to be a pressing issue in Nevada. It is imperative for us to find opportunities to increase access for Nevada patients. It is also important for us to help our community providers meet the demand for service. Senate Bill 163 is simple, but its benefits will be exponential. Passage of this bill will have the following positive effects:

- It permits integrated, multidisciplinary health care services for patients including mental, behavioral, and health care coordination and collaboration.
- It reduces fragmented care, duplication of services or contradictory wellness guidance, and increases the quality of patient care.
- It adds convenience for patients by allowing them to see a primary care physician and a licensed psychologist all in the same visit and location.
- It allows ease of access to records and improves the likelihood of developing electronic health records.
- It allows professionals to work smarter with the resources they have such as pooled capital, support staff, and client bases to improve the quality and breadth of services offered in one location.
- Finally, it improves the ability to collect meaningful data on patient outcomes and adjust services accordingly.

My overview is based on the amendment that is being presented today ([Exhibit J](#)). The original bill we presented was more comprehensive in terms of who would be able to participate. The amendment limits it to one certain profession.

Chairman Sprinkle:

Committee, are there any questions on this bill?

Assemblywoman Titus:

Are we changing a long-standing practice and now looking at okaying and authorizing the corporate practice of medicine?

Assemblyman Araujo:

I would say that we are not. We are trying to ensure that folks are able to co-own and copractice in one facility so that it is easier and the process is less burdensome on the patients.

Assemblywoman Titus:

You mentioned an amendment. Is it what is in front of us today?

Assemblyman Araujo:

That is correct. There will be testimony later on that will speak to the need for the amendment. This amendment makes it more specific. There were concerns on the Senate side that it might be a little too broad in scope. This amendment limits it to a certain field.

Chairman Sprinkle:

Are there other questions? [There were none.] Maybe you can help me understand. From a licensing standpoint, the license to provide the services is still held by the individual. This would now be more of a business license—a business entity—that would fall under different jurisdiction and oversight, but the boards that license the individuals would still only have oversight of the individual. Is that correct?

Senator Farley:

Yes, none of this changes scope of practice. It is a business relationship and allows them to join together. They can share patient records, but it does not give one profession the right over another or interfere with their scope of practice.

Chairman Sprinkle:

That is what I thought. Seeing no further questions from the Committee, I will invite other people up to testify. I would remind you that this is now a second hearing, so please keep your comments brief and to the point and, please, do not be redundant. I used the word "ditto" in the Assembly Ways and Means Committee this morning. Those in support, please come forward.

Melanie Crawford, Legislative Committee Co-Chair, Federal Advocacy Coordinator, Nevada Psychological Association:

I am also a licensed psychologist in Reno, Nevada. I am testifying in support of S.B. 163 with the proposed amendment ([Exhibit J](#)). Allowing mental and physical health providers to create businesses together facilitates integrated care. We know this results in improved outcomes for patients, it is more convenient, and it is more efficient for providers. Ideally, this new law would increase the ability for us to serve our patients more effectively.

I have a business that does neuropsychological assessment for children and adolescents. I also have a psychologist who I copartner with in a business. We would love to integrate with a child psychiatrist. I would love to be able to provide that integrated care; unfortunately, I am not allowed to bring her on as a cobusiness owner because current law prohibits that. My only option is to have her as an independent contractor or as a colocator in my practice. Neither one is ideal for the psychiatrist. To allow her to be a business partner with me would make it much more likely for me to be able to provide integrated services for my patients and improve their outcomes.

Michael J. Lewandowski, Psychologist, Reno, Nevada:

I am a licensed psychologist and I have been an assistant clinical professor in the Department of Psychiatry at the University of Nevada, Reno, School of Medicine. More importantly, for the past 33 years I have been a practicing pain management psychologist helping people with persistent chronic pain. My interest in pain began many years ago when I was a linebacker on the University of Nevada football team. I learned quickly that when we won a game, I felt very differently the next day than if we had lost the game; so pain definitely has a biopsychosocial component.

The integration and cooperation of care for people with chronic pain is critical. I was blessed to be able to work with Dr. Richard Kroening who was the director of the University of California, Los Angeles, Pain Management Center. He brought a model to Nevada many years ago where we used psychologists, psychiatrists, physical medicine and rehabilitation doctors, physical therapists, and occupational therapists. We worked collectively as a group, and by doing that, the care we were able to provide to the patients was much better than having insulated, polytherapies that were not coordinated. The 5,000-plus people we saw were able to get their lives back and become productive members of society, and I attribute a lot of that to the ability of a team to work together.

I would like to be able to support this bill because we can work both as a team clinically, which we know we do very well, and to do that from a business standpoint would be additionally beneficial.

Nick Vassiliadis, representing Cleveland Clinic Lou Ruvo Center for Brain Health:

Ditto to essentially everything that has been said. Nevada is one of only a handful of states that does not have legislation to support this type of development and new models of treatment. At the Cleveland Clinic, we see benefits in the other states where we operate when organizations are allowed to come together in concert and give patients treatment they need.

Helen Foley, representing Nevada Association of Marriage and Family Therapy:

We were in the original bill, and were happy that we were. We understand some of the reasons why the other professions—those with masters-level degrees, whether marriage and family therapists, drug and alcohol abuse counselors, licensed professional counselors, and even clinical social workers—were included in the original legislation. This is a good start. We would like to see this proceed, and then take a careful look next session and maybe add some of these other professions.

We are the clinicians. Once it is determined by a psychologist or psychiatrist that a patient needs additional work and therapy, he or she is handed off to our professions. We would like to participate in this as well, but we will wait—quite possibly until next session.

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

We were opposed to the underlying bill, but we are in favor of it now with this amendment. I really want to thank everyone for working with us on the amendment to address our

concerns, and particularly Ms. Foley, who has agreed to see how this works. If it works okay and does not seem as though it is opening the door to corporate practice of medicine, we can have those conversations in the future.

The reality is, forming a professional association where you have nonmedical professionals is an exception to the corporate practice of medicine because there are decisions that are made at the corporate level, or even at the professional association level, that may have an impact on medical decisions. Those things have to do with medical records, how you bill, how you schedule the physician, and things like that. We do think that the integrated care model is worth exploring, and we do see a licensed psychologist as being different from what we typically think of as corporate, but we would like to preserve the idea that Nevada does believe in a ban against corporate practice of medicine, and that is essentially where business is interfering with medical services to a patient. There are many policy reasons to preserve that.

We really appreciate the opportunity to start this off in a slow, methodical way. There are essentially three provisions or concepts in the amendment. One limits this for the time being to psychologists and physicians. When this bill was first contemplated, we talked about doing psychology and psychiatry. If you do that, then the business purpose can be to provide mental health services. Now, we are talking about any kind of physician and a psychologist, so you have the opportunity to have any kind of physician who does not provide mental health services partnering with a psychologist. This is important, because a psychologist's license is limited to mental health services while a physician's license is plenary and allows for many things.

There are a lot of lawyers on this Committee. They understand that lawyers have ethical rules and cannot partner with non-lawyers because they do not want something in the business to interfere with their obligations to the client. Making that analogy, it is very similar for medicine, but we do acknowledge that there needs to be some exceptions made so that we can provide these integrative care services. What we have done is limit it to psychology. We have essentially tried to codify the concept that the nonmedical professional cannot interfere with the medical decisions of the physician, and we made that reciprocal so the physician cannot interfere with the mental health services of the psychologist.

The second concept concerns when business decisions are medical in nature. You have a duty to your patient for health care records, for example, which are protected under the Health Insurance Portability and Accountability Act of 1996. Those cannot be shared with the other members of the professional organization without the patient's consent.

There were a few protections we felt were important to put into the bill. I cannot stress how grateful we are to have worked with Senator Farley and the proponent psychologists on this bill. We hope you will agree with us that this is a necessary amendment at this time, and we will continue the conversation in the future.

Nick Vander Poel, representing Nevada Osteopathic Medical Association:
Ditto.

Chairman Sprinkle:

Very nice; thank you. Is there anyone else in support of Senate Bill 163? [There was no one.] Is there anyone in opposition to S.B. 163? [There was no one.] Is anyone neutral to S.B. 163? [There was no one.]

Would you like to make any closing statements?

Assemblyman Araujo:

Thank you for allowing us to present S.B. 163 and for entertaining the amendment. We stand ready to answer any questions you may have throughout this process.

Senator Farley:

Ditto.

Chairman Sprinkle:

I will go ahead and close the hearing on S.B. 163 and open up the hearing on Senate Bill 374 (2nd Reprint).

Senate Bill 374 (2nd Reprint): Revises provisions relating to the use of marijuana or industrial hemp. (BDR 40-185)

Senator Tick Segerblom, Senate District No. 3:

This is a really simple bill, despite the title. Remember, medical marijuana is already legal in the State, and, hopefully within a month or two, it will be purchasable without any kind of prescription. As part of what is in statute regarding providing a prescription for medical marijuana goes, it adds the words "opioid addiction" at section 1, subsection 4. This is a national trend we are seeing. We do not know if it works, but it is out there and being used.

The second part deals with what I call "marijuana massages." One of the problems we have involves professional licensees—nurses and people who work in the industry. Sometimes their professional boards have come after them saying that they cannot work in a marijuana dispensary or use marijuana lotion in a massage practice, or that an attorney cannot do certain things. This bill basically says, if you are a professional, you cannot be disciplined by your professional licensing board for doing anything that is legal under the marijuana laws.

Chairman Sprinkle:

Committee, do you have any questions about this bill?

Assemblywoman Miller:

In section 1 you added "opioid addiction." I know there are many factors that go into addiction, and, obviously, we are focused on trying to combat that. What led you to include the mention of opioid addiction in the bill?

Senator Segerblom:

This was actually the language in Senator Spearman's bill, and we combined the two bills. In the Senate, this bill may have been partisan because of that. The statement was made that, "We do not want to use one addictive substance to take care of another addictive substance," ignoring the fact that we use methadone and all kinds of things for opioid addiction. For me, it was kind of a red herring, but the reality is that we do not know that much about marijuana because we have not been able to research it. What we do know is it is less addictive, assuming it is addictive, and it is certainly less harmful than heroin or opioids.

If you look at the states that have legalized marijuana, opioid deaths have gone down. No one can say for sure why that is, but there appears to be a correlation. For people who still use opioids, they use less if they use marijuana.

Assemblyman Yeager:

I have a question about section 3.3 of the bill which deals with marijuana massages. I know that is *Nevada Revised Statutes* Chapter 629. Does that apply just with respect to medical marijuana or recreational marijuana? If you look at subsection 1, paragraph (a), it seems to indicate that the masseuse can apply a marijuana-based product ". . . if the patient or client provides the product to the . . . massage therapist" Paragraph (b) says the masseuse can "Maintain a supply of products containing industrial hemp" It does not indicate anything about the masseuse being able to have a stock of products containing marijuana. Is there a reason this is structured like that?

Senator Segerblom:

Hemp-based products would be fine. They are just cannabidiols, but as far as things with tetrahydrocannabinol, that is something the patient would have to purchase. We did not feel the massage therapists would be allowed to have that in their possession and have the clients buy it from them. That would be going around the dispensary system. If someone wants a massage, that person would go to a dispensary, buy the lotion, and bring it to the massage therapist who would apply it.

Chairman Sprinkle:

Are there other questions from the Committee? [There were none.] Not seeing any, is there anyone here in support of Senate Bill 374 (2nd Reprint)?

Lennora Valles, representing *Cannabis Nurses Magazine*; and Nevada Cannabis Nurses Association:

We are in support of S.B. 374 (R2). To answer some questions about how cannabis can treat opioid addiction, I would like to read a passage from our March/April 2017 *Cannabis Nurses Magazine* in an article entitled, "Using Medical Cannabis for Opioids Sparing and Opioids Tapering in Chronic Pain" by Dr. Gregory Smith:

Decreasing the dose of opioids, via opioid sparing, leads to fewer accidental overdoses, and less adverse effects A recently released analysis of the literature from the National Cannabis Industry Association (NCIA) discussed

some promising observational and population-based findings supporting the use of cannabis as an adjunct to opioids and for tapering off opioids.

The primary objective of adding cannabinoid medication to chronic opioid therapy is to reduce morbidity and mortality associated with opioids, and improve function. This should be done, while also preventing development of significant adverse effects such as euphoria, psychosis, or cannabis dependency. The initial goal of opioid sparing, is to use cannabinoids safely to decrease the frequency of use and dose of fast acting opioids for breakthrough pain. The next goal is to gradually and safely reduce the dose and frequency of both slow and fast acting opioids for the baseline pain.

The goal of the initial phase of opioid sparing is to have the opioid patient learn to appreciate the ability to obtain symptom relief without any opioid, using the adjuncts of cannabis and other non-opioid medications initially. The patient can then take part, or all, of the usual opioid dose if necessary. Over time, studies have shown, that a significant percentage of patients will spontaneously discontinue opioids altogether in lieu of cannabis and other non-opioid medications.

Cannabis can also be used to discontinue opioids for pain control. Cannabis also has innate analgesic and anxiolytic effects as well as beneficial effects on opioid craving, and on the severity of opioid withdrawal-related nausea and muscle aches.

A study of people using cannabis to taper off opioids showed that the common side-effects of chronic opioid use: constipation, depression, and nausea were significantly reduced with concomitant use of cannabis.

Again, we wholeheartedly support this bill as well as the protection of professionals who are going to be administering or using these cannabidiols products.

P. J. Belanger, Private Citizen, Las Vegas, Nevada:

I am a certified health and wellness educator here, and I have a co-op of patients who I educate on cannabis as medicine. I have been helping people get off opioids for many years by the use of cannabis. I myself am a patient. I am battling Graves' disease; this is the second autoimmune disease I have had to overcome. I am a grandmother in my 50s. I would like you to show me one other person in their 50s who has battled autoimmune diseases by going the medical route with big pharma who could stand before you healthy. Graves' disease or lupus would either have killed them or ravished their health completely.

I have done all my treatments naturally through essential oils, supplementation, nutraceuticals, and cannabis. I am living proof that it is far more effective, far more efficient, and far less toxic for me as a patient, and representing *Cannabis Nurses Magazine*, because I am part of their co-op for education as well.

I support this bill for the patients and for the massage therapists to be able to apply for licensing for cannabis as a topical, but also because we do not want to see a monopoly of the dispensaries being the only ones that can offer patients what they need through the different applications. We are supporting this bill and supporting massage therapists being able to use cannabis as a topical for patients.

Chairman Sprinkle:

Thank you. Is there anyone else in support of S.B. 374 (R2) who wishes to come forward? [There was no one.] Is there anyone in opposition to S.B. 374 (R2)? [There was no one.] Is there anyone neutral? [There was no one.] Senator, would you like to come back up?

Senator Segerblom:

One of the beauties of this system is that the lotion is purchased through the dispensaries so we get our huge tax that we will, hopefully, approve this year that will help to fund schools and make people happy.

Chairman Sprinkle:

Thank you very much. With that, we will close the hearing on S.B. 374 (R2).

[([Exhibit K](#)) and ([Exhibit L](#)) were submitted but not discussed and are included as exhibits for the meeting.]

We will now open up the hearing on Senate Bill 416 (1st Reprint).

Senate Bill 416 (1st Reprint): Authorizes the formation of apprenticeship programs for medical marijuana establishment agents. (BDR 40-1140)

Senator Pat Spearman, Senate District No. 1:

I am here to present Senate Bill 416 (1st Reprint), which will authorize the formation of apprenticeship programs for medical marijuana establishment agents. This is what it does: Apprenticeship programs provide on-the-job training and related classroom instruction under the supervision of a trained professional during which workers learn the practical and theoretical aspects of highly skilled occupations. Creating a medical marijuana establishment can be very complex. A person must understand what medical cannabis is and its uses. This includes understanding its impact on the human body and what cannabis can treat—pain, cancer, et cetera.

How to properly dispense cannabis includes understanding the responsibilities of dispensary technicians as well as developing policies and procedures for operations, inventory, and sales. Health and safety protocols include understanding security systems and operating procedures. It also includes learning about substance abuse and addiction.

Section 1 of this measure provides that a medical marijuana establishment, an association of such establishments, or a joint committee consisting of representatives of a labor organization and medical marijuana establishments may propose and enter into an agreement

to carry out a program of apprenticeship for medical marijuana establishments. Section 2 provides that the measure becomes effective on July 1, 2017.

Nathan R. Ring, representing United Food and Commercial Workers Western States Council:

We are here today in support of S.B. 416 (R1). This bill will allow either a medical marijuana establishment, a group of medical marijuana establishments, or a joint committee to form training programs. Pretty much every apprenticeship program in the state that has been approved is a joint committee of management and labor representatives, with equal representation on each side. The bill would allow one of those three combinations to go to the State Apprenticeship Council within the Department of Business and Industry and present a curriculum, including policies and procedures, just as any other program would present. The group would ask for approval from the State Apprenticeship Council. It would then be incumbent upon the Apprenticeship Council to approve or deny that application. If they do approve the application for a program, there is a requirement at *Nevada Administrative Code* 610.357 that every new apprenticeship program is on probation for two years. That allows time to evaluate whether the program is working, whether the curriculum is being followed, and whether the systems that are in place can be changed or improved.

In other states, there have been product and consumer safety recalls concerning medical marijuana—particularly as it concerns pesticides. A standardized training program—one in which you have an apprentice-to-journeyman training system—can assist in preventing those types of things. The program currently in place in California is the first of its kind. The United Food and Commercial Workers (UFCW) Western States Council sits as the labor representative on that committee. That program just graduated its first journeywoman about two weeks ago. She went from making about \$9 an hour as a bud tender in a dispensary to managing two dispensaries and has quadrupled her salary. This is a person whose highest level of education was twelfth grade, so it creates good jobs with high skills. It also provides a salary while these people are training. They will be provided with a salary, they will work on the job, and they will receive training in the classroom.

The growth in the industry is going to be large. We are focusing just on medical marijuana establishments and medical marijuana apprenticeships because those programs will require a higher level of skill. It is very different when someone walks into a medical marijuana establishment complaining of back or knee pain versus someone who may have stage 3 breast cancer or something similar. It is important to know what the person is looking for and what would be in that person's best interest. That is why we have stuck with the medical marijuana program and an apprenticeship in that because the standards will be much higher. We ask the Committee to support the program.

Chairman Sprinkle:

Committee, are there any questions?

Assemblywoman Titus:

You mentioned you needed to train people so that they could determine what type of marijuana someone would need based on why they were there. Are you saying these people will be trained providers and making diagnoses?

Nathan Ring:

We are not saying that they are making diagnoses. People will go to the medical marijuana establishment with the information from their doctors that tells them what their diagnosis is. In California, they offer a pharmacy type of cannabis. That is what it has been registered as. It is going to be up to our apprenticeship council how they term that. It will not be a diagnosis as much as it will be someone with information about a product explaining the product and its qualities to the person at the medical establishment with their already-approved doctor's approval.

Assemblywoman Titus:

You are saying that a person would come in with a recommendation from his or her provider with a diagnosis on that recommendation. Then your medical establishment person would be able to determine the best marijuana for that diagnosis?

Senator Spearman:

Here is a scenario: The doctor gives you a prescription. You take it to one of the pharmacies. The pharmacist always asks whether you have used that product before or if you have any questions. If you have questions, the pharmacist is already trained in whatever that medication is, whatever that prescription is, to answer those questions. It is not prescriptive from the standpoint that you are being told "this is what you need to take," as much as it is if you have this prescription and you have questions about it, the person who is dispensing needs to know what that product is.

Assemblywoman Titus:

Thank you for that clarification. There is a distinct difference. It would just be following along and giving guidance when the client asks the questions, and not directing them on their choices.

Senator Spearman:

Right. If you have ever been in one of the big box stores that does not specialize in a particular electronic and you are in there trying to get information, you see someone walking down an aisle, and you ask them to come tell you about a particular product. If that individual does not know the difference between one television and another, between one boom box and another, or between one computer or printer and another, they cannot really help you. But someone who has been trained on those items can help you and explain.

Assemblywoman Titus:

Thank you for that clarification. In section 1, subsection 8, it mentions who will be on the committee. It is a joint committee consisting of representatives from labor organizations. Are you looking at unionizing the workers at these marijuana establishments?

Nathan Ring:

The UFCW already represents approximately 10,000 cannabis workers across the country in eight states and in the District of Columbia. This does not allow for organization of workers or anything along those lines. Those are already provided for in other statutes and other laws—particularly federal laws. This allows the medical marijuana establishments that we have already partnered with to enter into an agreement with us to go to the State Apprenticeship Council to request the formation of our program.

Assemblyman Edwards:

You mentioned that there is an approval for the apprenticeship program. What are the qualifications for the people who would actually approve the apprenticeship program? Where do they come from?

Nathan Ring:

The people who would approve the program are the State Apprenticeship Council. In *Nevada Revised Statutes* Chapter 610 there is an appointment process. They are currently appointed by the Labor Commissioner. There are certain bills out there right now that might change that appointment process. If you are asking who would approve the curriculum that would be submitted, what we have done in California and what we would do here, is we would go to people in education. In particular in California, they went to the Los Angeles Unified School District and obtained curriculum from them to include in their apprenticeship program. Then, you take that to the state apprenticeship council who would determine whether to approve your program.

Assemblyman Edwards:

Is California the only state that has this kind of program with a curriculum?

Nathan Ring:

California is the only operating state apprenticeship council-approved program in the country.

Chairman Sprinkle:

Committee, are there any other questions? [There were none.] Does anyone want to come up in support of S.B. 416 (R1)?

Lennora Valles, representing *Cannabis Nurses Magazine*; and Nevada Cannabis Nurses Association:

I am a disabled veteran as well as being a medical marijuana activist. We are wholeheartedly in support of S.B. 416 (R1). We are an education-based magazine, so this is great education for those wanting to work in the cannabis industry. We are excited about this and want to thank Senator Segerblom for bringing this bill forward.

Chairman Sprinkle:

I do believe it is Senator Spearman who is bringing this bill forward. Is there anyone else?

P. J. Belanger, Private Citizen, Las Vegas, Nevada:

Education is key. The reason we are 80 years into this prohibition is due to lack of education, so we wholeheartedly support S.B. 416 (R1).

Chairman Sprinkle:

Thank you for your comments. Is there anyone else in support of S.B. 416 (R1)? [There was no one.] Is there anyone in opposition to S.B. 416 (R1)? [There was no one.] Is there anyone neutral wishing to come forward? [There was no one.] Would you like to make any closing comments?

Senator Spearman:

I hope we have given you enough information to know that this would be a positive step for Nevada, and not just in terms of training, but also in terms of providing an additional apprenticeship program and making sure that, in Nevada, the industry is professionalized—which is another thing this bill does. Thank you, and I encourage your support.

Nathan Ring:

Ditto.

Chairman Sprinkle:

Very good. We will go ahead and close the hearing on S.B. 416 (R1) and open it up for any public comment. Does anyone wish to come forward under public comment? [There was no one.] Not seeing anyone, we will close public comment. Committee, thank you for all of your work today. This meeting is adjourned [at 2:45 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 the Work Session Document for [Senate Bill 91 \(2nd Reprint\)](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Senate Bill 101 \(2nd Reprint\)](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for [Senate Bill 131 \(1st Reprint\)](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is the Work Session Document for [Senate Bill 237 \(1st Reprint\)](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit G](#) is the Work Session Document for [Senate Bill 295](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit H](#) is the Work Session Document for [Senate Bill 318](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit I](#) is the Work Session Document for [Senate Bill 483 \(1st Reprint\)](#) presented by Marsheilah Lyons, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit J](#) is a proposed amendment to [Senate Bill 163](#), dated May 10, 2017, prepared for Senator Patricia Farley, Senate District No. 8, and presented by Assemblyman Nelson Araujo, Assembly District No. 3.

[Exhibit K](#) is a letter dated May 8, 2017, in opposition to [Senate Bill 374 \(2nd Reprint\)](#) to members of the Assembly Committee on Health and Human Services, authored by Aviva Gordon, Legislative Committee Chairwoman, Henderson Chamber of Commerce and Amber Stidham, Director of Government Affairs, Henderson Chamber of Commerce.

[Exhibit L](#) is a letter dated May 9, 2017, in support of [Senate Bill 374 \(2nd Reprint\)](#) to Senator Segerblom and members of the Assembly Committee on Health and Human Services, authored by Nurse Juhlzie Monteiro, *Cannabis Nurses Magazine*.