

**MINUTES OF THE
SENATE COMMITTEE ON COMMERCE, LABOR AND ENERGY**

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

The Senate Committee on Commerce, Labor and Energy was called to order by Chair Kelvin Atkinson at 8:09 a.m. on Friday, May 5, 2017, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Kelvin Atkinson, Chair
Senator Pat Spearman, Vice Chair
Senator Nicole J. Cannizzaro
Senator Yvanna D. Cancela
Senator Joseph P. Hardy
Senator James A. Settelmeyer
Senator Heidi S. Gansert

GUEST LEGISLATORS PRESENT:

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27
Assemblyman Michael C. Sprinkle, Assembly District No. 30
Assemblyman Tyrone Thompson, Assembly District No. 17

STAFF MEMBERS PRESENT:

Marji Paslov Thomas, Policy Analyst
Bryan Fernley, Counsel
Daniel Putney, Committee Secretary

OTHERS PRESENT:

Misty Vaughan Allen, Suicide Prevention Coordinator, Office of Suicide Prevention, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services
Richard Carreon, President, Nevada Veteran's Association

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David Sousa, Veterans of Foreign Wars
Kevin Burns, Chairman, United Veterans Legislative Council
Justeen Beal, United Veterans Legislative Council
Barry Gold, AARP Nevada
Mike Dyer, Nevada Catholic Conference
Keith L. Lee, Board of Medical Examiners
Susan L. Fisher, State Board of Osteopathic Medicine
Tim Whitright, Deputy Administrator, Housing Division, Department of Business
and Industry
Matthew Tuma, Deputy Director, Office of Energy, Office of the Governor
Lea Cartwright, Associated General Contractors, Nevada Chapter
Margi Grein, Executive Director, State Contractors' Board
Sandra J. Anderson, Executive Director, Nevada State Board of Massage
Therapists
Colleen Platt, Counsel, Nevada State Board of Massage Therapists; Board of
Examiners for Alcohol, Drug and Gambling Counselors
Brian O'Callaghan, Las Vegas Metropolitan Police Department
Mike Cathcart, City of Henderson
Christine Issel, American Reflexology Certification Board
Robin Graber, International Association of Structural Integrators
Mavies Gascon, President, American Massage Therapy Association, Nevada
Chapter
Bianca Smith, Nevada School of Massage Therapy
Suzanne Warren, Business Licensing Compliance Manager, City of Las Vegas
Stephanie Tsanas, Northern Nevada Reflexology
Mendy Elliott, Chiropractic Physicians' Board of Nevada
Lisa Foster, American Family Insurance; Allstate Insurance
Noel Young, Allstate Insurance
Steve Burt, Vice President, Board of Examiners for Alcohol, Drug and Gambling
Counselors
Jennifer Fitzgerald, Amgen, Inc.
Brad Jordan, Director, Global Regulatory and R&D Policy, Amgen, Inc.
Susan Knowles, M.D., Rheumatology Association of Nevada
Kim Bennett
Ellie Bennett
Chelsea Capurro, Health Services Coalition
Todd Ingalsbee, Professional Fire Fighters of Nevada
Cari Herrington, Nevada Cancer Coalition
Tom McCoy, American Cancer Society Cancer Action Network
Ryan Beaman, Clark County Firefighters Local 1908

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

CHAIR ATKINSON:

I will open the hearing on Assembly Bill (A.B.) 105.

ASSEMBLY BILL 105 (1st Reprint): Revises continuing education requirements relating to suicide prevention and awareness for certain providers of health care. (BDR 54-32)

ASSEMBLYMAN TYRONE THOMPSON (Assembly District No. 17):

This bill's reprint reflects the consensus we have built with all of the stakeholders. The crux of this bill is to require medical professionals, as well as some social and behavioral health professionals, to take continuing education classes related to suicide prevention in an effort to close gaps and continue saving lives.

MISTY VAUGHAN ALLEN (Suicide Prevention Coordinator, Office of Suicide Prevention, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services):
I will read from my prepared presentation ([Exhibit C](#)).

Health care providers are our key gatekeepers when it comes to preventing suicide. Considering all age groups, about 50 percent of suicide victims visited their primary care physicians within a month of their deaths. We are missing the opportunity to recognize someone is seeking help and is having mental health concerns. Twenty percent of suicide victims visited their primary care physicians the day they committed suicide.

One of our big initiatives, which is reducing access to lethal means, has decreased our State's suicide rate. When I started this work, Nevada had one of the highest suicide rates in the Nation. For many years, our State had the highest rate. For the first time, Nevada has dropped out of the top ten. Being ranked No. 11 in the U.S. is nothing to celebrate, but our State is on the right path.

Since 1999, suicide rates have increased by 24 percent across the Nation. That is as long as we have had a national suicide prevention strategy. Nevada was once double the national average for suicides, but we are starting to meet in the middle. Assembly Bill 105 can keep the suicide prevention momentum going as we increase awareness and education around what to look for and how to help.

Our resources are limited, so the more eyes and ears there are across communities will help us get people the help they need.

In Nevada, one in three young people is depressed. We have an opportunity to recognize when our youth are struggling and to get them the help they need. People do not want to die by suicide. Any action, thought or talk about suicide is a call for help. We want to intervene early. The goal is to connect before the problem escalates to a crisis.

Nevada has one of the highest rates in the Nation for suicide among older adults. Many older adults, because of the stigma around mental health, addiction and suicide, typically do not seek out behavioral or mental health care. These individuals do what feels comfortable for them, which is visiting their primary care physicians. We want medical professionals to have the best tools and most up-to-date research and education possible to recognize when their patients need help and to connect their patients to resources in the community. The Office of Suicide Prevention has applied for a grant to improve such a pathway to care, starting with primary care and emergency departments and ending with community resources that support individuals with follow-up care. This pathway is proven to be effective in preventing suicide, is a national initiative and is ultimately a change in the system.

ASSEMBLYMAN THOMPSON:

There are different chapters in this bill for the different professions. Upon licensure, professionals will be required to complete at least two hours of suicide prevention training. Afterward, they will be required to complete training every four years. Initially, we had concerns from some of the different professions, but we have been able to come to an agreeable amount of time for suicide prevention training. The medical professions would like to use evidence-based practices, but the social and behavioral health professions are allowed to use promising practices. A promising practice is one that is not officially data driven or 100 percent proven but is on the horizon to become evidence-based. In the behavioral health field, things constantly change.

SENATOR HARDY:

Is there a provision for professionals who have already completed suicide prevention training, or do they have to go through this training again?

ASSEMBLYMAN THOMPSON:

The requirement is upon licensure renewal, and then the requirement becomes every four years.

SENATOR GANSERT:

Does this bill's requirements fall within the continuing education hours already required? Some of these continuing education hours are designated for certain topics.

MS. ALLEN:

That is correct. The suicide prevention training requirement is a part of the hours already recommended by each board. The training requirement would not add to the overall hours recommended.

SENATOR GANSERT:

This bill calls for four-year cycles, but the licenses fall on two-year cycles. It does not look like there are other types of requirements on four-year cycles versus two-year cycles. I was wondering how these cycles would be tracked.

ASSEMBLYMAN THOMPSON:

Representation from the Board of Medical Examiners can clarify the tracking aspect for you later in the hearing.

SENATOR SPEARMAN:

I noticed the statistics relating to older adults. There is a nexus between older adults and older adult veterans that are among the many lives we lose every day to suicide. Can you speak to that?

MS. ALLEN:

The two groups overlap strongly. Both of those groups experience a huge stigma when it comes to seeking out help for mental health issues. Assembly Bill 105 originated because veterans were seeking out help in the communities. We saw a great opportunity to recognize the help they needed.

SENATOR SPEARMAN:

Are there any plans to connect this legislation with our federal delegation to ensure this training can be incorporated into some of the VA hospitals and clinics? Some people only go to VA hospitals and clinics, not civilian facilities.

Two hours is a really good investment to save a life.

ASSEMBLYMAN THOMPSON:

We will definitely reach out to people from the VA.

This bill would be historic for Nevada. We would be the first state to require the medical profession to complete suicide prevention training. In most states, this type of training is suggested or encouraged, but it is not required. Based on the suicide statistics we have seen, we are doing the right thing here in Nevada.

SENATOR HARDY:

This bill is a great concept and is much needed, so the required training is appropriate. Doctors of medicine and nurse practitioners are required to complete suicide prevention training within two years of initial licensure. However, doctors of osteopathy are required to complete the training within one year of initial licensure. Is there a rationale for the one-year requirement for doctors of osteopathy?

ASSEMBLYMAN THOMPSON:

That is what the parties agreed to.

RICHARD CARREON (President, Nevada Veteran's Association):

We support A.B. 105. I received Applied Suicide Intervention Skills Training (ASIST), which is a more detailed version of safeTALK training. Statistically, those who have received ASIST or safeTALK training intervene within the first 72 hours of completing the training. When somebody is in the military, everybody in that person's ranks is trained in suicide prevention. That is why the military has been successful at catching problems and preventing suicide. This is also true for the rest of the Department of Defense (DOD); suicide prevention training is mandated across the DOD.

There was a civilian who reached out to me who was having some issues. She was a divorced Hispanic parent, and her life was bearing down on her pretty heavily. In general, talk of suicide prevention is taboo in the Hispanic community. Her friends had no idea how to deal with her depression. When this woman called me, she had broken the mirror in her bathroom and was in the process of harming herself. I drove myself to her house to get her help, and I called 911.

The reason why the military is successful at suicide prevention is because it taps into certain professions within the DOD to look at trends. While suicide prevention training is important for the medical field, what is more important for

the military and veteran communities is the ability to reach out to the medical professions and obtain important suicide-related information. We can be proactive in mobilizing the resources needed to combat these mental health issues.

The reason why suicide is more prevalent in the senior community is because the issues veterans ignored while in service are coming to the surface. These individuals are no longer of working age. Their families do not come to see them anymore. All of this combined with the medical issues they face is why suicide disproportionately affects the senior community.

Since last Session, I have buried 11 of my brothers and sisters. Since the last Assembly hearing on this bill, two more have taken their lives.

DAVID SOUSA (Veterans of Foreign Wars):

I worked closely with Assemblyman Thompson and Ms. Allen last Session on this issue. I got involved because I tried to commit suicide three or four times before a friend of mine committed suicide himself. When that happened, it opened my eyes. I was seeing medical professionals months before I tried to commit suicide, and I know my friend was in the same position. The only reason why I got assistance is because I met Ms. Allen, and she told me to see somebody about what I was experiencing. That is the only reason I am here today. The veteran groups I belong to and the people around me noticed I was experiencing some issues. I am glad Assemblyman Thompson brought this bill back this Session. We were one of four states last Session that recommended this type of training for health care providers. We were hoping to add law enforcement and firefighters, but it is all right to take one step at a time. I am excited we are making suicide prevention training a requirement. This is training everybody needs to have, not just medical professionals. We need to make sure medical professionals have all the tools they need to prevent people from committing suicide and to get these individuals the help they need. If we can save a life, we are doing a better thing for the community.

KEVIN BURNS (Chairman, United Veterans Legislative Council):

We are the organization elected from and representing the major veterans organizations within the State and nearly a quarter of a million veterans. In the off years of the Legislature, the veteran community gathers in Las Vegas and Reno so that we can get a sense of the priorities the veteran community wants us to push. The No. 1 priority coming out of both Las Vegas and Reno is veteran suicide issues. We have between 20 and 22 veterans across the

Country committing suicide every day. In Nevada, that equates to a veteran committing suicide every 2.75 days.

Many have looked at this bill when Assemblyman Thompson started it last Session as the veteran community blaming the medical community. Nothing could be further from the truth.

One of the things that makes the American fighting man and woman the greatest fighting force in the world is each individual's attitude—self-reliance and the willingness to tough it out. The problem with this attitude, however, is it hurts us when we return to civilian life. The hardest thing for a veteran to do is put his or her hand up and say, "I need help." The high rate of suicide among veterans, in many ways, is the veteran community's cry for help to the medical community.

The civilian community sees more veterans with these mental health issues than the VA does. Fourteen out of 20 veterans who commit suicide are not enrolled in the VA health care network. The fastest growing demographic is the older veteran community, specifically the Vietnam veteran community. When we talked to mental health professionals at the VA, the general consensus seemed to be that these veterans are of retirement age, they are sitting at home, they are not surrounded by their families, who have grown up and departed the area, and they are staring at their walls. Many of the issues these veterans pushed down after Vietnam to have careers and raise families are bubbling to the surface.

JUSTEEN BEAL (United Veterans Legislative Council):

I am with the United Veterans Legislative Council because my husband committed suicide. He was an active duty Marine for nine years. Three months before he committed suicide, he had attempted suicide by overdosing. Initially, I thought he was having a stroke because he had had a few heart attacks before, so I brought him to the VA hospital. As I rolled him into the hospital in a wheelchair, he turned to the side and threw up hundreds of pills he had gotten from the VA. We were in suicide watch in his hospital room for 72 hours. When the time came for my husband to be released, the emergency room doctor told me my husband did not try to commit suicide.

I cannot tell you what it is like to be a 26-year-old widow or to live with the guilt I live with every day, but I can tell you passing this bill would not only save veterans' lives but also help spouses and dependents.

BARRY GOLD (AARP Nevada):

We must do something about the rate of suicide for older adults in our State. There are some lists we do not want to be at the top of. Another complication that contributes to the suicide rate is the comorbidity of depression and dementia. For older adults, mental health issues have a tremendous stigma. Older adults with mental health issues tend not to seek out help or talk about it because of the stigma these individuals grew up with. The signs of mental health issues can be very subtle. The suicide prevention training this bill mandates is going to help people recognize these signs. On behalf of AARP's 300,000-plus members, I urge you to support A.B. 105.

MIKE DYER (Nevada Catholic Conference):
We strongly support this bill.

KEITH L. LEE (Board of Medical Examiners):
We are in full support of this bill.

In regard to Senator Gansert's question from earlier about tracking, our licensees self-certify upon license renewal. We would check to make sure our licensees have completed the mandatory two hours of suicide prevention training at relicensing cycles.

I cannot speak to the State Board of Osteopathic Medicine's intentions, but I believe the reason why there is a time difference between the Medical Board and the Osteopathic Board is because medical doctors are licensed every two years, but doctors of osteopathy are licensed every year.

SENATOR SPEARMAN:

Mr. Gold, did you say one of the comorbidity factors was dementia?

MR. GOLD:

There is a higher incidence of suicide among dementia patients. Dementia and depression can go hand in hand. Sometimes people say we do not need to look at the potential for suicide among dementia patients, but we should consider it.

SENATOR SPEARMAN:

If the Trump administration's American Health Care Act were to pass, dementia would not be covered.

SUSAN L. FISHER (State Board of Osteopathic Medicine):

We are neutral to A.B. 105. Typically, we do not prescribe to our licensees the types of continuing medical education they must obtain. We realize suicide prevention training is an important tool for doctors of osteopathy to have. As Mr. Lee stated earlier, we license every year.

ASSEMBLYMAN THOMPSON:

This bill will continue to change. There have been some compromises.

CHAIR ATKINSON:

I will close the hearing on A.B. 105 and entertain a motion on this bill.

SENATOR SPEARMAN MOVED TO DO PASS A.B. 105.

SENATOR CANCELA SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR ATKINSON:

I will open the hearing on A.B. 359.

ASSEMBLY BILL 359 (1st Reprint): Exempts certain entities that enter into contracts or agreements with the State of Nevada or a political corporation or subdivision of the State from certain provisions relating to contractors. (BDR 54-643)

ASSEMBLYMAN TYRONE THOMPSON (Assembly District No. 17):

Nonprofit agencies throughout our State do great work for our communities. The State may execute a funding agreement with a nonprofit agency to operate a single-family repair or weatherization program providing home repairs or energy efficiency improvements for needy families in our communities. Such a nonprofit agency would market the program, complete client eligibility intake, develop a scope of work and contract with licensed contractors in the State to carry out repairs. The crux of this bill is how the State Contractors' Board interprets *Nevada Revised Statutes* (NRS) 624. If a nonprofit agency is required to possess a Nevada contractor's license, even though the actual repair work is contracted with a licensed contractor, there may be unnecessary costs and administrative burdens. Our nonprofit agencies are already struggling with the

resources they have. Furthermore, because nonprofit agencies are already engaging in legally binding contracts with licensed contractors, there would be no added value to the administration or delivery of services. Families with the greatest needs and the least amounts of resources would ultimately feel the negative impacts.

The Contractors' Board submitted a proposed conceptual amendment ([Exhibit D](#)). I would like the Contractors' Board to explain its amendment later in the hearing. I am open to work with the Contractors' Board to develop consensus regarding the amendment.

TIM WHITRIGHT (Deputy Administrator, Housing Division, Department of Business and Industry):

We rely on nonprofit agencies to carry out our missions. These nonprofit agencies administer several programs, some of which involve home repair, weatherization and energy efficiency improvement activities. This bill clarifies that these nonprofit agencies are not required to be State-licensed contractors. Program administration, to be clear, includes determining client eligibility, performing program outreach, conducting initial property review, drafting lists of improvements and facilitating quotes for rehabilitation work to be completed by State-licensed contractors. All physical improvements completed by licensed contractors are subject to building permits and required inspections.

MATTHEW TUMA (Deputy Director, Office of Energy, Office of the Governor):

We support A.B. 359. The Office of Energy's Home Energy Retrofit Opportunities for Seniors (HEROS) program and Direct Energy Assistance Loan (DEAL) program would directly benefit from this clarifying legislation. Both of these programs are funded through NRS 701A.450. They are administered by the Housing Division through a network of nonprofit service provider agencies throughout the State.

The HEROS program assists with reducing energy costs for Nevada seniors by making energy efficiency improvements in their homes. The program is provided at no cost to income-qualified seniors who own their homes and is implemented along with weatherization programs. In total, the program has made improvements on 388 homes, positively impacting 549 seniors and creating annual savings of \$911 for each home.

The DEAL program was created to help State employees fund energy efficiency improvements for their homes. The program provides State employees with

interest-free loans for energy efficiency upgrades that are paid off via monthly payroll deductions. In total, the program has had 192 applicants, and we have completed 88 upgrades. The average investment is \$4,645 per home.

If this bill were to fail, the HEROS and DEAL programs could temporarily shut down while subgrantees pursue licenses or withdraw from the program. If subgrantees were required to have licenses, the fiscal impact to these subgrantees and programs could ultimately be as high as 20 percent more than what the impact currently is. Such an impact would reduce funds for direct services and result in fewer at-risk families served. The program budgets are approved based on the ability to keep overhead low. If the Office of Energy had to contract with a third-party administrator, the overhead costs would likely increase.

Additionally, hundreds of seniors would be put at risk for not receiving services requiring immediate health and safety energy efficiency improvements that can no longer be pursued.

SENATOR HARDY:

Where does the money come from?

MR. TUMA:

Are you referring to the HEROS and DEAL programs? If so, these programs are funded by the Office of Energy's biennial budget, which is approved by the Legislature. Each program's budget is set to be \$750,000 per fiscal year.

MR. WHITRIGHT:

We have a combination of funds that come from the U.S. Department of Housing and Urban Development and from the State. These funds are allocated to nonprofit agencies to carry out the programs in an efficient and effective manner throughout the State.

SENATOR HARDY:

Are local funds leveraged from the General Fund to bring federal money back? If we do not pursue this bill, what money would we be forgoing that we normally receive from the federal government?

MR. WHITRIGHT:

The funding sources are all grant dollars; there are no General Fund dollars that are put into these programs. The reason why we want to clarify language is

because of the costs to nonprofit agencies, the reduction in service and the reduction of the number of individuals we would be able to serve. It would be more difficult for nonprofit agencies to continue their programs. The duties nonprofit agencies carry out are not the same as the responsibilities of State-licensed contractors. That is why nonprofit agencies contract with State-licensed contractors to complete the actual improvements.

SENATOR HARDY:

I will try to get a more specific answer later.

SENATOR SPEARMAN:

Did you say the HEROS program mostly benefits or has a greater impact on seniors?

ASSEMBLYMAN THOMPSON:

The HEROS program is for income-qualified seniors. A nonprofit agency receives funding and then advertises the program. Eligibility for the program is based on an income threshold.

MR. TUMA:

The HEROS program is focused solely on income-qualified seniors. The DEAL program is focused on State employees. Multiple groups of people would be impacted.

SENATOR SETTELMAYER:

Are the programs somewhat like Habitat for Humanity, where other individuals do a job rather than licensed contractors? Is that what the programs in question are modeled after?

MR. WHITRIGHT:

The programs the Housing Division allocates funds to are not the same as Habitat for Humanity. A nonprofit agency puts out a bid for separate projects, which are bid upon by State-licensed contractors. The contractors are then responsible for any subcontractors and the actual work being completed. Habitat for Humanity oversees volunteers who work onsite; our programs do not involve volunteers.

LEA CARTWRIGHT (Associated General Contractors, Nevada Chapter):

We support this bill with the amendment.

MARGI GREIN (Executive Director, State Contractors' Board):

We submitted a proposed conceptual amendment, contained in [Exhibit D](#), to both the Committee and Assemblyman Thompson. The amendment provides additional protection for homeowners and guards against nonprofit agencies engaging with unlicensed contractors at any level in the process. This ensures there are not intermediate parties among the licensed contractor doing the work, the owner of the property, who must be under contract with the licensed contractor, and the nonprofit agency. We believe the amendment is friendly. If the amendment were to be considered, we would be neutral to [A.B. 359](#).

ASSEMBLYMAN THOMPSON:

I do not want to categorize the proposed conceptual amendment yet because I have only glanced at it. At a glance, the amendment appears to be too far-reaching, but I am willing to work with the Contractors' Board to make this bill right. I want to make sure services are offered to program participants. If work is not done correctly by State-licensed contractors, I want to make sure there is a way program participants can get the work done properly.

CHAIR ATKINSON:

The Committee will give you some time to vet the amendment.

I will close the hearing on [A.B. 359](#) and open the hearing on [A.B. 179](#).

[ASSEMBLY BILL 179 \(1st Reprint\)](#): Revises provisions governing massage therapy. (BDR 54-766)

SANDRA J. ANDERSON (Executive Director, Nevada State Board of Massage Therapists):

This bill adds two license types to the Nevada State Board of Massage Therapists. These two license types are reflexology and structural integration. The reflexology piece is due to multiple meetings with the Clark County Department of Business License and the Las Vegas Metropolitan Police Department. In having these meetings and discussing the illicit activities occurring in Las Vegas, it was felt the Massage Board would be better equipped to ensure public safety by licensing reflexologists and making sure that (1) they have the proper education and training so that pathogens are not spread from one client to the next, (2) proper conduct is occurring in treatment areas, and (3) establishments are clean and meet State hygiene standards.

The next piece to this bill gives us jurisdiction over establishments. We have been operating for ten years without such jurisdiction. At times, it is difficult to facilitate the process because our therapists work for an establishment, and that establishment is responsible for hygiene. Our therapists are trying to keep the establishments clean, but ultimately, the owner of each establishment needs to ensure hygiene is maintained.

The two-minute exemption in this bill was brought to us by the oxygen bars in the Las Vegas area. The oxygen bars like to demonstrate handheld units. These units are only demonstrated for two minutes, but there is not currently an exemption for them. We are asking that the oxygen bars be given a two-minute exemption so that they can continue to sell their products and be supported in doing so.

We added some educational standards to ensure public safety and that health standards are met. We are also changing the licensure requirement from one year to two years. There is no fiscal impact to the Massage Board with a two-year licensure period. The cost savings from this change would allow us the opportunity to take care of software improvements and other types of expenses that would increase from adding the two license types. Reflexologists themselves would absorb most of the costs of obtaining their licenses, just like massage therapists have been doing for the past ten years.

The last piece of this bill removes old information we only include on our licensure application because the law requires it. We do not need this information. With the background checks in place, we do not need five references. There are other things we do not need to obtain from potential licensees, such as financial documents.

I am working with Assemblywoman Irene Bustamante Adams to reach out to the reflexology practitioners in her District to ensure they fully know what we are doing and how we plan to implement the changes in this bill.

We are allowing three ways for reflexologists to obtain certification. One way is the International Therapy Examination Council exam, which is a certification exam offered in 42 different countries in various languages. There is even a test in Mandarin Chinese. With this exam, individuals who do not speak English well can still take a licensing exam allowing us to know that they know how to maintain proper hygiene within their treatment areas.

SENATOR HARDY:

I was intrigued by the reduction of duplication in licensure procedures. How does that work?

MS. ANDERSON:

The change you are mentioning was designed to allow us to not run duplicate background checks. Federal law precludes us from sharing such background checks. The Department of Public Safety asked us and the State Board of Cosmetology to remove specific sections in our statutes so that we do not violate federal law in the use of our background checks. We have not used those statutes up to this point.

SENATOR HARDY:

Are you dually licensing anybody?

MS. ANDERSON:

No.

COLLEEN PLATT (Counsel, Nevada State Board of Massage Therapists):
We submitted a proposed amendment to this bill ([Exhibit E](#)).

In the Assembly, we had some conversations in regard to allowing reflexologists some time to come into compliance with the licensing requirements.

CHAIR ATKINSON:

Does the sponsor of this bill, Assemblywoman Maggie Carlton, agree with the amendment?

MS. PLATT:

Yes.

BRIAN O'CALLAGHAN (Las Vegas Metropolitan Police Department):

Reflexology and human trafficking are often interconnected in southern Nevada. This year alone, we have had 25 reflexology investigations. When it comes to disciplining reflexologists, there is a discrepancy between Clark County and Las Vegas laws. It is important to bring reflexologists and massage therapists under the same umbrella. Currently, we have arrested two individuals for prostitution in the reflexology and massage therapy industry. There are also 19 noncompliant establishments.

MIKE CATHCART (City of Henderson):

We support A.B. 179. We look forward to partner with the Massage Board to enforce the new license categories.

CHRISTINE ISSEL (American Reflexology Certification Board):

We support A.B. 179 as amended. The American Reflexology Certification Board offers the only psychometrically valid national exam. We send proctors to states to examine reflexologists when warranted. We appreciate the opportunity to advance the field of reflexology through support of A.B. 179. This bill is a positive step in public safety and helps law enforcement deal with the problem of human trafficking. At the same time, this bill is a reasonable way to safeguard the right of legitimate professional reflexologists to practice.

ROBIN GRABER (International Association of Structural Integrators):

I submitted written testimony in support of this bill ([Exhibit F](#)).

MAVIES GASCON (President, American Massage Therapy Association, Nevada Chapter):

We support A.B. 179. We polled our members, and 77 percent approved of this bill. Twenty-two percent needed more information, and only 1 percent opposed this bill. Assembly Bill 179 would change the professions of massage therapy, reflexology and structural integration for the better with regulation of reflexologists. We hope this helps in monitoring establishments, especially because reflexology can be associated with human trafficking.

BIANCA SMITH (Nevada School of Massage Therapy):

We support this bill and agree with the proposed amendment Ms. Platt brought forth.

SUZANNE WARREN (Business Licensing Compliance Manager, City of Las Vegas):

We support this bill. The City of Las Vegas regulates massage establishments through privileged license background checks and compliance inspections by licensing officers. In our experience, we have worked cooperatively with the Massage Board and the Metropolitan Police Department when encountering compliance-related issues. We work to share information to ensure our local communities are protected. We have encountered instances in which unlicensed massage therapy was occurring in reflexology and cosmetology businesses, which are not as strictly regulated as massage therapy is. These businesses are operated as fronts for unlicensed activity.

We support this bill because it brings stronger regulation to an industry that has the potential for unlicensed activity. We look forward to continued cooperation with the Massage Board and the Metropolitan Police Department to regulate the massage therapy and reflexology industries and to avoid the threat of unauthorized activity.

STEPHANIE TSANAS (Northern Nevada Reflexology):

It is about time there is regulation of reflexology. A lot of unqualified people are practicing or saying they practice reflexology. I support this bill's efforts to prevent human trafficking from occurring. However, I am ultimately neutral to A.B. 179 because some massage therapists, pedicurists and athletic trainers say they practice reflexology, but they have not taken a certified exam proving they are reflexologists. I would like to see something that prohibits these individuals from saying they are reflexologists in advertising. They can practice reflexology, but they cannot say they are certified reflexologists. There is a big difference in the training and the exam to become a reflexologist versus simply learning what the reflex points are. One has to learn the connections between the points and the various body systems. I am neutral, but I understand the need for this bill.

MENDY ELLIOTT (Chiropractic Physicians' Board of Nevada):

We appreciate the sponsor's inclusion of amendment language stating that structural integration does not include the practice of a chiropractic adjustment under NRS 634.

CHAIR ATKINSON:

I will close the hearing on A.B. 179 and open the hearing on A.B. 244.

ASSEMBLY BILL 244 (1st Reprint): Revises provisions relating to certain insurance gratuities. (BDR 57-95)

LISA FOSTER (American Family Insurance; Allstate Insurance):

Mark Sektnan of the Property Casualty Insurers Association of America and Christian John Rataj of the National Association of Mutual Insurance Companies submitted written testimony in support of this bill ([Exhibit G](#) and [Exhibit H](#)).

NOEL YOUNG (Allstate Insurance):

This bill would allow insurers and agents to provide modest benefits to customers in the form of gifts, meals, donations, etc., of up to \$100 in aggregate per year per customer. This is currently not allowed under State law. Property and casualty insurers and agents can provide gifts of up to \$20, but

they must be branded. This bill would allow insurers and agents to personalize their advertising, marketing and promotion efforts. This personalization is found in most business practices.

Assembly Bill 244 provides a benefit to Nevada consumers. This bill would not increase the costs of insurance. Agents are typically independent contractors for insurers, so an agent's marketing and advertising efforts are not actuarially justified to go into insurance rates. Insurers already have marketing spin built into insurance rates. This bill simply provides another avenue to advertise, market or promote if an agent or insurer chooses to.

The \$100 limit came about because we want to match the Financial Industry Regulatory Authority, which oversees broker-dealers and financial specialists. For decades, these individuals have been allowed to provide gifts of up to \$100 in aggregate per year per customer. This bill would bring Nevada in line with surrounding states that have similar laws. Washington, Oklahoma and Utah allow \$100, Idaho allows \$200, Arizona allows \$25 and California allows its agents to rebate their entire commissions if they want to.

SENATOR SETTELMAYER:

In the past, have insurance agents been able to use their personal money for gifts, or was that considered a violation?

MR. YOUNG:

The way statute presently reads, it prohibits insurers and agents from providing anything of value as an inducement to insurance or once insurance is in effect. What you bring up is questionable, but most likely, nothing would have been done about it because it probably was not an inducement to insurance. In other states, agents like to have customer appreciation days. For example, an agent may send a customer movie tickets and a gift card for concessions. That would not be allowed under existing Nevada law.

SENATOR SETTELMAYER:

In other words, are you saying agents have not been allowed to use personal money? Is current State law basically a prohibition?

MR. YOUNG:

For the most part, that is how the Division of Insurance has looked at it.

For somebody to find out he or she is violating the law, it has to be self-reported. There is no transparency. This bill is going to help agents who actually abide by the law. Assembly Bill 244 is trying to bring Nevada law more in line with the surrounding states and allow agents and insurers to do something that is typically done in most business practices around the world.

CHAIR ATKINSON:

I will close the hearing on A.B. 244 and open the hearing on A.B. 425.

ASSEMBLY BILL 425 (1st Reprint): Revises provisions governing alcohol, drug and problem gambling counselors. (BDR 54-1031)

ASSEMBLYMAN MICHAEL C. SPRINKLE (Assembly District No. 30):

Assembly Bill 425 assists with workforce development and brings more people to our State who are trained as licensed counselors in drug and alcohol abuse. This bill eases some of the requirements for the completion of hours for the internship phase of a counselor's training. Also, this bill gives better oversight for counselors who choose to put their licenses on hold.

Section 2 allows the Board of Examiners for Alcohol, Drug and Gambling Counselors to place a counselor's license in inactive status, prescribes what a counselor with an inactive license can and cannot do and describes the terms and procedures for a counselor to reactivate his or her license.

Section 3 describes the penalties for violating the conditions of section 2.

Section 4 allows a licensed counselor with three years of experience to oversee interns who are in the process of obtaining bachelor's degrees in counseling.

STEVE BURT (Vice President, Board of Examiners for Alcohol, Drug and Gambling Counselors):

This bill came about because there is a large behavioral health care workforce shortage in our State. With this bill, we can manage the bottleneck that has occurred with the ability to supervise counseling interns.

Per existing law, to be a counselor, an individual needs a license as an alcohol and drug counselor, which is the master's level credential, and two years' worth of experience. Additionally, a counselor must undergo training from certified continuing education programs to become a licensed supervisor. This bill eases the requirement to be a counselor to the bachelor's level credential. We are

going to manage additional training and experience to create more supervision slots to get new counselors into the field.

COLLEEN PLATT (Counsel, Board of Examiners for Alcohol, Drug and Gambling Counselors):

We had some conversations with our licensees, and some of them expressed an interest in putting their licenses on inactive status. We have a regulation allowing counselors to put their licenses on inactive status for a year, but they wanted an inactive license itself. Through discussions with our licensees, we came up with the language in section 2.

In regard to section 3, many of the boards in Title 54 have the ability to discipline someone who is acting without a license. Unfortunately, the Counselors Board does not have this ability. The only option available to us is to obtain an injunction at district court, which is expensive and sometimes time-consuming. One board tried to do this, and it took that board eight years to obtain an injunction. We are asking for the ability to draft a complaint notice of hearing, give the counselor a hearing so that he or she can provide his or her side of the story and, if necessary, fine the counselor.

We have run into a situation where we are out of supervisors for our counseling interns. We are not able to provide education and training hours for our interns. We had many discussions to determine what a certified counselor would need to be able to supervise interns. We determined a counselor needs to have his or her license for three years. If we want to, the Counselors Board has the opportunity to adopt any additional requirements through the regulatory process. This language is contained in section 4.

With the revision to the types of education a counselor must receive, the education requirements of NRS 641C.420 have become superfluous. Interns have to take continuing education courses to meet the 30-hour requirement. Section 5 removes the 30-hour requirement, but interns are still required to complete 6 hours' worth of confidentiality and ethics training. We want to make sure they understand the confidential nature of their counseling and the ethical requirements of their jobs.

CHAIR ATKINSON:

I will close the hearing on A.B. 425 and open the hearing on A.B. 245.

ASSEMBLY BILL 245 (1st Reprint): Enacts provisions governing the dispensing of biological products and interchangeable biological products. (BDR 54-504)

ASSEMBLYWOMAN TERESA BENITEZ-THOMPSON (Assembly District No. 27): Assembly Bill 245 deals with biosimilar products. A biosimilar is a highly similar version of a biologic medicine, but unlike a generic drug, it is similar and not identical to the brand version. There is no such word as a biogeneric, which is why these new products are called biosimilars. Unlike pills taken orally, biologics, including biosimilars, are injected or infused. Our statutes currently do not contemplate biosimilars. The language we have in place regarding generic pills does not apply to biosimilars. Nevada law must be updated to address the advent of biosimilars and interchangeable biosimilars. Assembly Bill 245 updates State law so that Nevada pharmacists can automatically substitute lower cost interchangeable biosimilars for brand name biologics to give to patients. This bill also provides clarity to physicians, pharmacists and patients about which biosimilars can be automatically substituted by pharmacists for prescribed brand name biologics.

This bill is based on consensus language that was developed nationally in 2014. Brand name drug companies, generic drug companies and major retailers such as CVS and Walgreens have shaped the policy and approved the national consensus language.

Existing Nevada generic substitution law states that a pharmacist: (1) must select a noninnovator product, (2) should substitute a less expensive noninnovator product, (3) shall not make the substitution if the prescribing physician indicates a substitution is prohibited, (4) shall communicate the substitution to the patient and (5) shall maintain a record of the prescription for at least two years. This bill follows these provisions, but it also includes provisions that only a biosimilar deemed interchangeable by the Food and Drug Administration (FDA) may be automatically substituted. Additionally, the pharmacist shall communicate with the physician via electronic means within three business days after dispensing a biologic so that the patient record is updated.

Thirty-one states and Puerto Rico have passed biosimilar substitution legislation, and many other states are evaluating similar measures. Physician groups supporting A.B. 245 include the Arthritis Foundation, the Alliance of Specialty Medicine, the American Liver Foundation, the National Hispanic Medical

Association, the American Autoimmune Related Diseases Association, the National Organization for Rare Disorders and many others. I submitted to the Committee a packet of letters of support from the aforementioned groups and others ([Exhibit I](#)).

JENNIFER FITZGERALD (Amgen, Inc.):

I am here on behalf of a national coalition of biopharmaceutical companies and generic drug companies. We have been working in tandem with large retail pharmacies and the pharmacy benefit management industry to come up with the national consensus language contained in this bill. Assembly Bill 245 updates Nevada law to reflect a new class of medicine available called biosimilars and interchangeable biosimilars. Specifically, this bill allows a pharmacist to automatically substitute an interchangeable biosimilar for a brand name biologic as long as certain criteria are met. We are talking about putting in place a process similar to generic drug substitution but for brand name biologics and interchangeable biosimilars. Congress created the legal pathway for these products to be brought to the market, and the FDA governs the approval process. Individual states, however, govern their own pharmacy practice acts. That is why all 50 states need to update their laws. There are 31 states plus Puerto Rico that have already passed similar legislation. There are other states in a similar process as Nevada, and there are a few bills on Governors' desks.

There are significant scientific differences between chemical pills and biologics, so Congress created a separate pathway and regulatory process for the approval of this new class of drugs. Therefore, the substitution of these products is slightly different. Typically, a generic pill approved by the FDA is automatically deemed suitable for substitution at the pharmacy level. Biosimilars, however, are not suitable for automatic substitution until the FDA deems them interchangeable. There are two types of biosimilars: a standard biosimilar and an interchangeable biosimilar. Our national coalition language, as presented in A.B. 245, reflects the differences between biosimilars and interchangeable biosimilars. These differences have been defined by the medical and scientific communities. There are also five requirements to dispense these drugs, which Assemblywoman Benitez-Thompson mentioned earlier. Specifically, in regard to the requirement for pharmacists to communicate with physicians, this is because adverse events or lack of efficacy of biologics can happen months after patients inject them. An adverse event may not be due to the most recent biologic that was injected.

There is a sense of urgency with this bill. If A.B. 245 is not passed and signed into law this year, it will be illegal for pharmacists to automatically substitute interchangeable biosimilars. There will also be ambiguity in Nevada law regarding how a standard biosimilar should be handled at the pharmacy level.

BRAD JORDAN (Director, Global Regulatory and R&D Policy, Amgen, Inc.):
I am a scientist with Amgen, which is a U.S.-based biotechnology company. We have over 35 years of experience in developing and discovering innovative biologics, but we also make biosimilars.

The basis for the update in Nevada pharmacy laws is that biologics are distinctly different from generic drugs. Small-molecule drugs are made through chemical reactions, which are basically recipes that can be repeated exactly the same way. The molecules are identical to one another. Whenever there is a brand name small-molecule drug and a generic, they are bioequivalent, which means they are identical to one another and can be substituted at pharmacies. With biologics, they are produced in living cells. The cells themselves are highly sensitive to the manufacturing conditions. If the conditions change from one time to the next, the biologics can vary slightly. If there are multiple manufacturers of a biologic, each one may not be identical. That is why we have biosimilars; they are highly similar and do not have clinically meaningful differences, but they are still not structurally the same. Therefore, we have a new pathway, which was established in 2010, that allows the approval of biologics. Biosimilars are copies of biologics, but they are similar, not the same.

Biologics have been around for decades, but biosimilars are new. The important thing to remember is how biosimilars are recognized by the human body. A small-molecule drug is so small that it is typically not recognized by the body's immune system, but a biologic is huge. The body can recognize and react to biologics, causing adverse events. It is important to maintain consistency in manufacturing and to keep track of which biologics patients are taking.

When the biosimilar pathway was created, the FDA provided an additional standard for interchangeable biologics. An interchangeable biologic has to meet additional criteria establishing it will perform the same way in any given patient. Special clinical trials must be conducted to demonstrate an interchangeable biologic will perform the same way across patients. These trials have to involve switching between an innovator and its interchangeable product to ensure a patient does not experience an adverse event. If a molecule is declared

interchangeable by the FDA, there can be automatic substitution at the pharmacy without consent of the prescribing physician.

The review process for biologics is stringent and robust. Biologics must adhere to some of the most stringent standards in the world, so they are safe. However, we need methods in place to monitor which biologics patients receive in case there is an adverse event. With this bill, we would be able to track biologics to their manufacturers, and physicians would know exactly which biologics their patients have received. Because interchangeable biosimilars are going to be substituted by pharmacies, the use of pharmacovigilance to allow traceability to manufacturers is extremely important. Recent FDA guidance has set forth the standards for these approvals.

Interchangeable biosimilars are imminent in the U.S. market. There has been some press coverage as to companies pursuing interchangeability. If the pharmacy laws of Nevada are not updated, pharmacists will not be allowed to substitute these potentially lower cost biosimilars for brand name biologics. This bill provides additional access and benefits the patients of Nevada.

I urge the Committee to support A.B. 245.

SENATOR HARDY:

What Mr. Jordan said is true.

SUSAN KNOWLES, M.D. (Rheumatology Association of Nevada):

I am a practicing rheumatologist. Patients receiving biosimilars require personalized treatment for their unique and diverse autoimmune diseases. Rheumatologists are very excited for the availability of biosimilars in the care of patients as an additional tool to offer individualized treatment options. Biosimilars could potentially cost less with equal efficacy. However, as stated previously, biosimilars are not generic drugs. Biosimilars have subtle molecular differences from their counterparts and are intricate molecules sensitive to the manufacturing process. Because of these differences, patients may react differently, and there is the potential for medication reaction. As a result, there is a need to update State law to keep up with advancing medical technology, specifically in the scenario of interchangeable biologics. The potential impact on patient safety is the most important factor to consider in generating legislation to regulate biosimilar substitution. Assembly Bill 245 recognizes this potential impact. The proposed notification process would ensure all stakeholders are considered and prioritize patient safety and adequate medical documentation.

Additionally, physicians are able to maintain their right to dispense as written. I, along with the rest of the Rheumatology Association of Nevada, support A.B. 245 because it would help us have regulated access to lower cost biologics with the proper safety considerations and medical documentation in mind.

KIM BENNETT:

I support A.B. 245. My daughter, Ellie, was diagnosed with ankylosing spondylitis two years ago. I originally thought she had injured herself in a cheerleading accident, but after surgery, bloodwork and many tests, it was determined she had a form of arthritis. I was directed to take her to a pediatric rheumatologist right away. At the time, Nevada did not have a pediatric rheumatologist, so we went to Phoenix Children's Hospital. Ellie's pediatric rheumatologist started her on steroids and methotrexate to treat her ankylosing spondylitis. It was determined fairly quickly that a more aggressive form of treatment was needed. Her pediatric rheumatologist decided a biologic, along with nonsteroidal anti-inflammatory drugs for pain, would ultimately help her lead a normal life. Initially, Ellie experienced some side effects from the biologic, and it was tough. There was a lot of sickness, she was tired and it was difficult for her to lead a normal life. Within a month or so, the side effects subsided, and she started having positive results from the biologic.

While Ellie is no longer a cheerleader, she is an active member of her high school cross-country team. She has not let arthritis stop her from being a normal, active high school student. Her pediatric rheumatologist encouraged us to become involved with our local arthritis foundation. Our family is now very involved, and we want to be the voice of the 2,300 children in Nevada and the 300,000 children across the U.S. who have arthritis.

I want to stress the communication component of A.B. 245. We have put our full faith in Ellie's doctors. We always discuss her treatment plans at great length prior to making any decisions. We have seen firsthand the side effects biologics can have. It is of the utmost importance that if any substitutions are made at the pharmacy, we are made aware of such substitutions. Biologics have been a lifesaver to my daughter. I have seen her flourish in cross-country because of this treatment. I ask you to support A.B. 245 with the communication component included.

Ellie is to be the face of what A.B. 245 can do for Nevada's citizens. When making a decision about this bill, I would like you to think about the people who rely heavily on biologics. Biologics are lifesaving to the citizens of our State.

ELLIE BENNETT:

I love to run cross-country. I am only able to do this because of the biologic I am taking. I have great communication with my doctor, and I am part of the decisions made about my medications. I ask you to support A.B. 245.

MR. GOLD:

AARP Nevada is all about access to affordable, quality health care. Prescription drugs are a critical component of health care. This bill would help people get access to prescription drugs. On behalf of the thousands of AARP members across the State, I urge you to support A.B. 245.

CHELSEA CAPURRO (Health Services Coalition):

We support anything that can help our plans and members have lower cost drugs.

TODD INGALSBEE (Professional Fire Fighters of Nevada):

We support A.B. 245.

CARI HERRINGTON (Nevada Cancer Coalition):

I submitted written testimony in support of this bill ([Exhibit J](#)).

The Nevada Cancer Coalition is the State's nonprofit cancer collaborative of experts and organizations. We work together not only on cancer prevention and early detection but also on improving access to the most appropriate and effective treatments and care for those with cancer. We support A.B. 245 because it improves access to lower cost biologics not only for our cancer patients but also for so many others fighting diseases in Nevada.

TOM MCCOY (American Cancer Society Cancer Action Network):

I submitted written testimony in support of this bill ([Exhibit K](#)).

I am looking at this bill through the lens of the cancer patient. With the upcoming expiration of patents for key brand name biologics and our ongoing concerns with drug costs, competition in the biologic marketplace through the availability of biosimilars could well serve to reduce the costs of these types of drugs. Passage of A.B. 245 would provide the needed legal environment for

State pharmacies so that Nevada patients could benefit from increased access to lower cost drugs. These drugs are increasingly a part of treatments for cancer patients and those with autoimmune diseases. We support passage of A.B. 245.

RYAN BEAMAN (Clark County Firefighters Local 1908):

We run our own self-funded insurance trust. We see the costs of some of these diseases. We support anything that can help lower prescription drug costs.

CATHERINE M. O'MARA (Executive Director, Nevada State Medical Association):

We are neutral to A.B. 245. We support the spirit behind this bill, and we support efforts to make biologics available to patients to improve outcomes and lower the costs of treatments. A pediatric gastroenterologist submitted a letter in neutral to this bill on behalf of the Nevada State Medical Association, which was included with [Exhibit I](#). This particular physician frequently prescribes biologics for his patients with Crohn's disease and ulcerative colitis.

We are in favor of the patient protections in section 7, and we hope these are kept intact. Patient protections are important to consider when developing laws about biologics as they come to the market. Patients should be notified prior to substitutions, which is why section 7 is important. We love to see patients and their families take active roles in their own care. We hope the dispense as written provision is preserved. Pharmacists making notes in patients' records, which can be accessed by prescribing physicians, is also important.

We are neutral because although we have agreed with the proponents on three-day notification, we believe notification to the prescribing physician at the time of dispensing or even before dispensing is prudent. The prescribing physician is in the best place to know what an interchangeable biologic would do for his or her patient. Also, interchangeable biologics are not yet on the market, so we do not truly know what they are going to be or how they are going to affect patients. We acknowledge the federal definition of interchangeable, but because we have not seen these products on the market, we find ourselves in a neutral position. The sponsor has agreed to work with us in the Interim as biosimilars come to the market to see what problems may arise. We may be back in two years or four years asking for some tweaks to the legislation.

CHAIR ATKINSON:

I will close the hearing on A.B. 245.

Senate Committee on Commerce, Labor and Energy
May 5, 2017
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CHAIR ATKINSON:
I adjourn the meeting at 10:13 a.m.

RESPECTFULLY SUBMITTED:

Daniel Putney,
Committee Secretary

APPROVED BY:

Senator Kelvin Atkinson, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	2		Agenda
	B	6		Attendance Roster
A.B. 105	C	13	Misty Vaughan Allen / Office of Suicide Prevention, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, Department of Health and Human Services	Presentation
A.B. 359	D	1	Margi Grein / State Contractors' Board	Proposed Conceptual Amendment
A.B. 179	E	2	Colleen Platt / Nevada State Board of Massage Therapists	Proposed Amendment
A.B. 179	F	15	Robin Graber / International Association of Structural Integrators	Written Testimony
A.B. 244	G	1	Mark Sektnan / Property Casualty Insurers Association of America	Written Testimony
A.B. 244	H	2	Christian John Rataj / National Association of Mutual Insurance Companies	Written Testimony
A.B. 245	I	23	Assemblywoman Teresa Benitez-Thompson	Letters of Support
A.B. 245	J	1	Cari Herrington / Nevada Cancer Coalition	Written Testimony
A.B. 245	K	1	Tom McCoy / American Cancer Society	Written Testimony