

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

**Eightieth Session  
April 17, 2019**

The Committee on Commerce and Labor was called to order by Chair Ellen B. Spiegel at 1:39 p.m. on Wednesday, April 17, 2019, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [www.leg.state.nv.us/App/NELIS/REL/80th2019](http://www.leg.state.nv.us/App/NELIS/REL/80th2019).

**COMMITTEE MEMBERS PRESENT:**

Assemblywoman Ellen B. Spiegel, Chair  
Assemblyman Jason Frierson, Vice Chair  
Assemblywoman Maggie Carlton  
Assemblyman Skip Daly  
Assemblyman Chris Edwards  
Assemblywoman Melissa Hardy  
Assemblywoman Sandra Jauregui  
Assemblyman Al Kramer  
Assemblywoman Susie Martinez  
Assemblyman William McCurdy II  
Assemblywoman Dina Neal  
Assemblywoman Jill Tolles  
Assemblyman Steve Yeager

**COMMITTEE MEMBERS ABSENT:**

None

**GUEST LEGISLATORS PRESENT:**

Senator Ira Hansen, Senate District No. 14

**STAFF MEMBERS PRESENT:**

Patrick Ashton, Committee Policy Analyst  
Wil Keane, Committee Counsel  
Karen Easton, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Caleb S. Cage, Chief, Division of Emergency Management; and Homeland Security  
Advisor, Department of Public Safety  
Zachary Rhodes, Lightning Z Equine Dentistry, Reno, Nevada  
Mark Allen, Director, International Association of Equine Dentistry, Kingman,  
Arizona  
Jennee Rhodes, Private Citizen, Reno, Nevada  
William Process, Private Citizen, Reno, Nevada  
Olivia Process, Private Citizen, Reno, Nevada  
Matt Walker, representing Nevada Veterinary Medical Association  
Jennifer Pedigo, Executive Director, Nevada State Board of Veterinary Medical  
Examiners  
Joseph Coli, DVM, Past President, Nevada Veterinary Medical Association  
Dennis R. Wilson, DVM, Hospital Administrator, Animal Emergency and Specialty  
Center, Reno, Nevada; and Past President, Nevada Veterinary Medical  
Association  
Scott K. Greene, DVM, Equine Veterinary Care of Nevada, Reno, Nevada  
Michelle McHardy, Private Citizen, Reno, Nevada  
Leslie Schur, DVM, Desert Pines Equine Medical and Surgical Center, Las Vegas,  
Nevada  
Gerald K. Huff, DVM, Private Citizen, Las Vegas, Nevada  
Steve Damonte, DVM, President, Nevada State Board of Veterinary Medical  
Examiners  
Michael Hillerby, representing State Board of Pharmacy

**Chair Spiegel:**

[Roll was called. Committee rules were explained.] We will open the hearing on  
Senate Bill 68.

**Senate Bill 68: Provides for the expedited granting of certain provisional registrations  
to volunteer providers of health or veterinary services during an emergency  
declaration. (BDR 36-352)**

**Caleb S. Cage, Chief, Division of Emergency Management; and Homeland Security  
Advisor, Department of Public Safety:**

Senate Bill 68 is one of eight bills that were requested by the Division of Emergency  
Management, Department of Public Safety, through the executive bill draft request process

prior to this session. Taken together, they tell an important story about the last two years in the state of Nevada. The story begins in 2017 with an unprecedented year of emergencies and disasters. It continues in 2018 with extraordinary collaboration to develop strategies and policies to improve upon and make things better based on lessons learned; it continues currently with these bills.

The bills are intended to set the foundation for a significant transformation and improvement in the way we do emergency management and homeland security. Taken together, these eight bills fall into three categories: they make structural changes to emergency management; they make financial changes; and they change operations. Senate Bill 68 is one of the operational bills that we are pursuing in order to address the lessons learned from the last two years of emergencies in our state. In January and February 2017, we experienced back-to-back flooding events that resulted in presidential major disaster declarations; continued fears of flooding throughout April; and a near-record fire season for most of the spring and early fall. And, of course, there was the tragic mass shooting in Las Vegas that took the lives of 58 residents and visitors.

At the end of 2017, we had to ask ourselves whether this was the new normal or if we needed to change to ensure we were prepared to address the changes and lessons learned that we experienced. What needed to be changed? What could be improved? How could we grow and learn from the experiences we had in 2017 as public safety agencies?

In 2018, we received direction from the Nevada Commission on Homeland Security to streamline the public body structure, to streamline grant structures, and to maintain systems that are collaborative, transparent, and predictable going forward. What we developed is referred to as the Statewide Resilience Strategy. During the mass-casualty event experienced by the state, we learned that we needed to clarify roles and responsibilities for health professionals during emergencies and disasters, and be better prepared to do that. Senate Bill 68 allows us to do that by making a modest change to *Nevada Revised Statutes* (NRS) Chapter 415A.

*Nevada Revised Statutes* Chapter 415A is known as the Emergency Volunteer Health Practitioners (Uniform Act). As currently written, it allows authorized organizations to maintain a registry of health practitioners to be activated during an emergency, and only during an emergency—that period of declaration is important. This bill also addresses that period of declaration. The modest change that it recommends is it allows these existing registries to provide provisional registration for health care practitioners, again, only during an emergency or a disaster.

This bill also requires the Division of Emergency Management to develop regulations through the public rule-making process, and to administer and implement the provisions. This bill will also allow the Division of Emergency Management and statewide partners to be better prepared. It will make the existing NRS more useful during an emergency.

**Assemblywoman Carlton:**

You used the term "registries." Are you looking at all Title 54 boards and occupations?

**Caleb Cage:**

The current law provides a general definition of a volunteer health practitioner. *Nevada Revised Statutes* 415A.180 says, "A health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services. The term does not include a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity or affiliate."

**Assemblywoman Carlton:**

You also stated that someone would keep a list of the registries. Would the regulatory board be the one who kept the list?

**Caleb Cage:**

*Nevada Revised Statutes* Chapter 415A provides the process for how these registers are established. It allows the Division of Emergency Management to authorize an entity to become the holder of a registry for health care practitioners to be activated during an emergency or a disaster. The only one we are aware of is in the Division of Public and Behavioral Health, Department of Health and Human Services. Currently, there are only a few people on the registry, mainly doctors and nurses. We believe this is a reserve capacity that needs to be established in the event of a major incident so we can be better prepared as a state.

**Assemblywoman Carlton:**

How would people know to register? Are we registering people to come in and help who are already currently licensed in this state?

**Caleb Cage:**

The database that currently exists is of people volunteering to be deployed in an emergency; they have background checks done. This would allow us an opportunity to come back and make regulations to broaden the provisions, such as provisional registration, specifically during an emergency or disaster, and would allow us to reach more licensees within the state. There are other mechanisms that are being considered, and have been considered elsewhere, regarding out-of-state licensees—but that is not a part of this bill.

**Assemblywoman Carlton:**

Are these current licensees in the state?

**Caleb Cage:**

Yes.

**Assemblywoman Carlton:**

Is there an intent to bring in people from out of state?

**Caleb Cage:**

I do not believe this bill allows for that.

**Assemblywoman Carlton:**

Why are we provisionally licensing someone who already has a license to practice in this state?

**Caleb Cage:**

This is provisionally registering, not provisionally licensing, within the voluntary health care registry. They are the people who are vetted and able to be deployed during an emergency or disaster.

**Assemblywoman Carlton:**

They are already licensed and vetted, but you want to create a list of people to call in case you have an emergency. Is that correct?

**Caleb Cage:**

Currently in NRS Chapter 415A, we have the ability to do that. This would allow us to further register people during an emergency or disaster declaration in order to respond to a specific event, exclusively during the period of that emergency or disaster. It allows us to have a system for coordinating medical and health-related resources during an emergency or disaster.

**Chair Spiegel:**

I thought you said that the scope of this was within Nevada. In section 2, subsection 1, paragraph (d), subparagraph (3), sub-subparagraph (III), it says, "National or regional association of licensing boards or health practitioners." By referring to national, I think it does include national licensing boards. Can you please clarify that?

**Caleb Cage:**

That section is in the existing law. The example I would use for a national or regional association of licensing boards of health practitioners would be like the national registry for emergency medical technicians (EMTs). There are agencies in the state of Nevada that will hire EMTs off the national registry. This is saying that to qualify as a registration system, they would be a local unit consisting of or operated by a disaster relief organization.

**Chair Spiegel:**

Could a person who is an EMT sign up and register through this system?

**Caleb Cage:**

Yes. That would be outside of the scope of the purpose of this bill. If it was already established as a registry in the state of Nevada, then this would allow for those entities to provisionally register during an emergency or disaster as well.

**Assemblywoman Neal:**

Can you please explain section 3?

**Caleb Cage:**

Section 3 reads, "Notwithstanding any other provision of law, while an emergency declaration is in effect, a volunteer health practitioner who is registered or provisionally registered with a registration system that complies with NRS 415A.210 and who is licensed and in good standing in the state." That would require them to have a license, and the license needs to be in good standing in order for them to practice in the state.

**Assemblywoman Neal:**

Could they be a part of a compact that allows them to function here?

**Caleb Cage:**

I think section 2, subsection 1, paragraph (d), subparagraph (3), sub-subparagraph (III), would probably refer to a compact, national regional association licensing board, or health practitioners.

**Assemblywoman Neal:**

Under the provisional registration, the volunteers are now subject to everything that is under NRS Chapter 415A. Are they also covered under the Good Samaritan law?

**Caleb Cage:**

I would have to look through this for an indemnification. Immunity and liability would be under NRS 415A.270, and that is covered in this section as well.

**Assemblywoman Carlton:**

By putting yourself on this registry, providing services, and volunteering, you are then considered under the Good Samaritan clause, which means you will not be held liable for anything that might happen. Is that correct?

**Caleb Cage:**

Unless NRS 415A.220 is the Good Samaritan clause you are referring to, I am not really sure.

**Wil Keane, Committee Counsel:**

Under NRS 415A.270, which is existing language, "a volunteer health practitioner who provides health or veterinary services pursuant to this chapter is not liable for damages for an act or omission of the practitioner in providing those services." There is a limitation. The volunteer health practitioner would be liable for "Willful misconduct or wonton, grossly negligent, reckless, or criminal conduct; an intentional tort; breach of contract; a claim asserted by a host entity or by an entity located in this or another state which employs or uses the services of the practitioner; or an act or omission relating to the operation of a motor vehicle, vessel, aircraft, or other vehicle." Otherwise, this is a provision of immunity for someone who provides volunteer services.

**Chair Spiegel:**

Is there anyone to testify in support of Senate Bill 68? [There was no one.] Is there anyone to testify in opposition? [There was no one.] Is there anyone to testify in neutral? [There was no one.] I will now close the hearing on S.B. 68. We will open the hearing on Senate Bill 156.

**Senate Bill 156: Exempts certain persons who perform certain dental services on equines and livestock from provisions governing veterinary medicine. (BDR 54-36)**

**Senator Ira Hansen, Senate District No. 14:**

Senate Bill 156 deals with "teeth floating" by individuals who are not veterinary equine dentists. Horses have teeth that grow continuously throughout their lives. As their teeth grow, they can develop sharp points and irregularities that can irritate the animal's gums and affect their health. When you file them and clean them down, it is called teeth floating.

Senate Bill 156 proposes to exempt nonveterinary equine dentists—technicians who typically perform this service—from provisions governing veterinary medicine including dentistry, providing they meet the stringent certification standards of the International Association of Equine Dentistry. As you will hear, it is very strict—in fact, they get trained well beyond what the veterinarians themselves are trained. I have an amendment to the bill ([Exhibit C](#)) which was proposed by the State Board of Pharmacy. It is a friendly amendment; it does involve the use of some drugs. We did not cover it in the Senate because the amendment was proposed to us after the hearings were completed.

**Zachary Rhodes, Lightning Z Equine Dentistry, Reno, Nevada:**

I was born and raised in Reno, Nevada, and have been around horses all my life. I became interested in equine dentistry in 2011 when I read an article about a man in Texas who had a school called the Texas Institute of Equine Dentistry. I graduated from the program in 2012; it took approximately one and one-half years to complete. I had to work on a total of 100 horses, under the supervision of a certified equine dentist or veterinarian, in the process of getting my certification. I have logged over 350 hours of education, including continuing education, and do continuing education yearly through the International Association of Equine Dentistry (IAED). In school we studied extractions and gross head and neck anatomy. I work on approximately 500 horses a year throughout California and Oregon. I am on the board of directors of the IAED, as well as being the chairman of the government relations committee.

The IAED is one of the oldest and largest certifying organizations of nonveterinarian equine dentists and veterinarian dentists. The certification process for IAED is one of the most stringent. All IAED certification standards are based upon scientific research published in peer-reviewed journals worldwide. In order to take the IAED certification test, we have a set of strict standards. Nonveterinarian practitioners are required to have at least 240 hours of education prior to taking the test. In order to take the practical exam, you have to pass the

written exam with an 80 percent or better. The practical exam is a double-blind test—the horse gets examined by either a certified examiner who is a veterinarian dentist, or a certified equine dentist examiner. They do not know who works on the horse; that way there is no bias in the system.

Equine dentistry has been around for hundreds of years and our craft has been honed and advanced over the years by dentists before me. *National Geographic* published an article about archaeological findings of what could be the first form of equine dentistry practiced by the Mongolians over 3,000 years ago. Archeologists discovered horse skulls with evidence the teeth had been filed down by a stone, and incisors on several had been cut to alleviate various malocclusions within the horse's mouth, including the extraction of wolf teeth on war horses. The extraction of wolf teeth alleviated any interference with the bit.

Until the late 1990s, equine dentistry was mostly performed by nonveterinarian equine dentists, ranchers, and horse owners themselves. Veterinarians started to regulate the process when equine dentists started making advancements in instruments that made performing the task less strenuous, ultimately shutting down the trade entirely in states such as Nevada. Many of the instruments we use today have been invented and streamlined by professionals of the trade. These instruments have made it more user- and horse-friendly. Equine dentists simply want to address the malocclusions of the mouth, which helps horses digest their feed better, and it also helps with rider safety. Anything outside that falls within the veterinarian's scope of practice and should be referred accordingly. In school we learn how to identify various abnormalities within the mouth; we note anything on our charts and refer them to a veterinarian. I know where my scope of practice ends, and I know when it is no longer my responsibility and needs a veterinarian.

I would like to address a few things that will come up as arguments. Approximately three years ago, the association set out to bring a regulation change to Nevada's medical practice act. The meetings took approximately one and one-half years to complete before the Nevada State Board of Veterinary Medical Examiners came up with their approved changes, which is Regulation R110-16 of the Nevada State Board of Veterinary Medical Examiners [Legislative Counsel Bureau File No. R110-16]. Senate Bill 156 would simply allow horse owners the right to choose a specialized individual no different than they have the right to choose who shoes their horses. This bill goes a step further and requires accountability among equine dental professionals by requiring a valid IAED certification. Our members are held to a high standard code of conduct, know the limits to their scope of practice, and know when to involve a veterinarian. By requiring certification, it requires dentists who wish to work in this state to follow the IAED's code of conduct and policies to maintain a valid certification. Equine dentists serve a very important role in the horse health care community. With our vast knowledge, advanced equipment, and experience, we can provide horses and horse owners with what most veterinarians cannot. We have the solutions to many common issues that arise within the dentition of the horse, simply due to the specialized training and vast number of cases we see each year. If the health care trades such as equine dentistry continue to be overregulated, we will see a continued trend of a restriction of access to care for horse owners.



There are currently 9.2 million horses in the United States. According to The Animal Behavior Management Alliance, there are only 4,125 equine-specific large animal veterinarians practicing in the United States, and of those, only 17 are board-certified equine dental specialists. According to the American Association of Veterinary Medical Colleges, there are approximately 3,000 students who graduate from vet school annually. With a growing number of Americans becoming more involved in the horse industry and an already overloaded workforce in professional horse health care, certified equine dentists are even more valuable to the industry and a necessity to keeping up with the demand for high-quality, affordable dental care. Senate Bill 156 is simply asking to allow only certified individuals to be able to provide a valuable and much-needed service to the horse owners of Nevada. According to *Nevada Revised Statutes* (NRS) Chapter 638, the state allows any person possessing a veterinary license in this state to practice equine dentistry. That means Dr. Joe the cat vet of 30 years can decide to switch to equine dentistry because he watched some videos online and it interests him. How is that protecting the public? Without S.B. 156, Nevada horse owners and horses will continue to suffer from the monopoly that the State Board of Veterinary Medical Examiners has created.

If R110-16 is not replaced, it makes licensing for me impossible—it is a pat on the back and a slap to the face not only to certified equine dental professionals but also to the horse owners of Nevada. The Board of Veterinary Medical Examiners does not require licensed veterinarians to carry liability insurance. However, R110-16 requires me to carry liability insurance. It makes it even more unaffordable by requiring a vet to have direct supervision of the equine dental tech. How many horses will go without proper dental care because of this? How many vets have the actual time to devote entire days to just watching an equine dentist, especially in Nevada where most of the ranches are in rural areas?

Without passage of S.B. 156, horses will continue to go without proper dental care due to rising costs, lack of professionals qualified to do the job, and vets who simply refuse to perform the task because they are too busy with emergencies or other aspects of their business. I urge you and the other committee members to pass S.B. 156, put an end to the monopoly the State Board of Veterinary Medical Examiners has created, and the lack of accountability they have created within their own organization.

When I came back from school and started working in Nevada, I was unaware of the current laws. I received a certified letter from the State Board of Veterinary Medical Examiners, placing me under investigation by the Board for practicing veterinary medicine. I was devastated when I saw that I was in jeopardy of a category D felony, one year in jail, and a \$2,000 fine. That set the precedence for where we are today. I am coming to you for help.

[([Exhibit D](#)) was submitted but not discussed and will become part of the record.]

**Mark Allen, Director, International Association of Equine Dentistry, Kingman, Arizona:**

I have been a certified equine dentist for 15 years, certified with the IAED. I became interested in equine dentistry after having dental work done on my daughter's horse. I was impressed with the difference it made in the horse's behavior because the horse was no longer in pain from the dental. I started studying equine dentistry and attended the Texas Institute of Equine Dentistry.

I am lucky because I love my job—I love helping horses, which helps people. I was living the American dream in Logandale, Nevada, had bought my dream home, and everything was going great. When my oldest daughter was 16, we were on our way home from a high school rodeo and we were pulled over by the police. I was asked to step out of the truck and was told a warrant was out for my arrest—I had no idea what was going on. I found out later that I had eight felony counts in the state of Nevada. I was being prosecuted for doing what I loved—helping horses. Needless to say, that was a traumatic day for me and my family. Due to the repercussions of that prosecution, I lost my home, I had to get a different job, and I moved out of state. All due to the monopoly that was placed on my profession in this state.

The current law is a monopoly that protects the veterinarians. They use fear and misinformation to protect that monopoly and scare the public into believing that we are not professionals in what we do. When you are in the field of helping animals, it should be about the welfare of the animal, not about the pocketbook.

I work with many vets in other states, with board-certified equine surgeons, and with laymen specialists in the state of Arizona. I work on their personal horses as well as their clients' horses. Why would a board-certified vet have me work on his horses, his daughter's horses, his wife's horses, and all of his clients' horses if I am not competent and capable in what I do in my profession?

The IAED certification and our standards are the highest in the equine world as far as dentistry. We are taught to know the limits of the scope of our practice. Multiple times a week I see things that I know need to be radiographed and need consultation with a veterinarian. I have very good working relationships with those veterinarians—in Nevada, we cannot even do that.

I urge you to pass this bill to help us to be able to have the right to earn our living in our schooled field, and for the horse owners to have the right to be able to choose us to help their animals.

A veterinarian whom I work with quite a bit wanted to be here today, but she could not. She wrote a letter and I would like Zach to read her letter to you.

**Zach Rhodes:**

[Mr. Rhodes read a letter written by Pam Nichols, DVM, dated April 16, 2019 ([Exhibit E](#)).]

Dear Senator Hansen and the Assembly Committee on Commerce and Labor,

At this time, in the state of Nevada, it is completely legal for a veterinarian to sell controlled substances to non-veterinary clients for use at the client's discretion. In other words, if the veterinarian "feels comfortable" with the client, he or she can prescribe its use. Clients typically use controlled substances for horses who are difficult to shoe, for horses difficult to trailer and for horses who resist the use of electric clippers for a "horse show clip". It is also legal for a client to administer controlled substances to their own horse(s) for purposes of teeth floating. The idea that an equine professional such as an IAED certified practitioner of equine dentistry is not competent and should not be allowed to administer those drugs is ludicrous. I do believe that a veterinarian should prescribe the drug and the dose of any particular controlled substance. I also believe that because the law allows for a non-veterinary, non-equine professional client to administer said drug, the law should also allow for an equine professional such as an IAED Dentist to also administer that drug. Certainly, the equine professional is more capable and competent at delivering any medication than a client who already has the right. In addition, an equine professional is much more likely to recognize and react to an adverse drug event than a non-veterinary client might not understand. I feel that controlled substances are safer in the hands of an IAED Dentist than any client.

Please feel free to contact me with any questions or concerns.

**Assemblyman Edwards:**

The bill we are looking at is simply to let you work on the horses' teeth, nothing more. The use of sedatives is a common practice on any farm or ranch. Talking with ranchers and people who own horses, they say they use sedatives on their own horses themselves, and have done it that way for decades. Using sedatives is nothing uniquely dangerous in most any case—they did not get formal training to do it. The use of sedatives sounds really dangerous, because people think the horse will be in a stupor and fall over; I am learning they are more in a sleepy stage, and they are not really out—so they can control any kind of a fall. You only deal with the teeth, not sinuses, not tongues, not ears, not anything else. Though you may recognize there is a problem, you also recognize your swim lane and you do not venture out into what a veterinarian needs to do. You then contact a professional vet to take care of anything else. Any other discussion of sinus problems, back problems, hoof problems, is simply irrelevant to this bill. Is that correct?

**Zach Rhodes:**

Yes. We do learn about sinus infections; however, we do not treat sinus infections. Any abnormalities with the tongue, tissue, or nasal discharge, we learn how to palpate the face and feel for those things, and we will refer them accordingly. A farrier will do the same thing with lameness.

**Assemblywoman Jauregui:**

Can you walk us through the training that you get on how to administer controlled substances?

**Zach Rhodes:**

In school there is a class on chemical restraints in the equine; it is done by a Texas state-licensed vet. It goes over how the horse's body reacts to the sedative, the proper amounts to give, and the working time for the proper amounts. We also learn which sedatives not to give. There are two common drugs: detomidine and xylazine. Older horses do not generally get xylazine; if a horse has a heart issue, they would not get detomidine. We go through extensive head and neck anatomy class. The Academy of Equine Dentistry has a very extensive head and neck anatomy program. The jugular vein and carotid artery run side by side. In an intravenous (IV) injection, you would inject the jugular vein. We learn where they are in relation to each other.

**Senator Hansen:**

These sedatives are noncontrolled substances.

**Assemblywoman Jauregui:**

I am on the website for the International Association of Equine Dentistry, which is the trade organization where you go to get your certification. Does the IAED offer continuing education? Do they monitor and make sure everyone is complying? Is there a grievance policy? If there is a dispute and the horse owner wants to file a complaint, it is showing that first they have to do a grievance and then they have to send in a ton of information and they have to pay \$300 in order for that to happen. Is there anyone in the state who monitors and regulates you?

**Zach Rhodes:**

The continuing education requirements are 24 hours every other year. There is a convention which many of us attend every year. It is a three-day convention—8 hours each day. We have presentations done by board-certified vets and equine dentists. As far as monitoring, there is an executive secretary who keeps track of all the memberships, certifications, and continuing education hours. If I were to lapse on my continuing education while working in the state of Nevada, my certificate would then be revoked. If a complaint was brought against me in the state of Nevada, the people would contact the vet board and the vet board would then contact our association. The association would relay to them, He is not current on his continuing education and his certification has been revoked at the moment. The vet board could then come after me for practicing vet medicine.

As far as the grievance policy, I contacted the executive secretary to clarify the \$300 fee for a grievance policy. She said the reason they put that in was to try to curb a malicious act. She said anytime a grievance has been brought, they have always waived the \$300 fee—nobody has ever been charged the fee.

**Chair Spiegel:**

Senator Hansen, would you walk us through your amendment, please?

**Senator Hansen:**

The amendment ([Exhibit C](#)) starts in section 6, subsection 1, paragraph (w), "A person who, pursuant to NRS 638.015, is exempt from the provisions of chapter 638 of NRS for the purpose of performing teeth floating services on equine or livestock and who: (1) Obtains a prescription for the drug or medicine from a veterinarian; and (2) Possesses and administers the drug or medicine solely to perform teeth floating services." It still falls under the requirements to get it from a veterinarian. It is a sedative and people who have no licensing can get it. It is also used frequently by farriers. It is a common practice. We are including the amendment to put it under the veterinarian so people doing horse teeth cleaning still need to go to a vet to get the prescription filled.

**Zach Rhodes:**

The sedative that is commonly used is light sedation—I would compare it to Valium. I have attached in my exhibits a picture of a horse that was sedated ([Exhibit F](#)). As you can see, he is not sprawled out, he is not struggling to stand up. The sedative is just producing a state of tranquility to slow his movements down, so I can properly work on that horse and address the issues he has—not only safely for me, but for the person holding the horse. Sedatives can be administered in three separate ways: intramuscular, IV, and sublingual. If a person is uncomfortable with IV injection, you can give it in the muscle, but it takes longer to take effect. You can also put it under the tongue.

I was reading an article regarding clostridial myonecrosis. The article is very misleading. It shows a horse with lesions that have been opened on his neck. I think the article is trying to get you to believe that clostridial myonecrosis is caused by intramuscular injection of a sedative. According to AVS Equine Hospital, the drugs that are at highest risk for causing clostridial myonecrosis, which is gangrene, are most often seen in horses following an intramuscular injection with banamine, which is an anti-inflammatory. Other substances associated with clostridial myonecrosis following intramuscular injections are: ivermectin, antihistamines, dipyron, B vitamins, and phenylbutazone. Intravenous injections do not cause clostridial myonecrosis if they are done properly and the medication does not leak into surrounding tissue. There is no evidence in the scientific literature that wiping the injection site with alcohol before inserting the needle helps to prevent infection—although there is no reason not to wipe with alcohol. Clostridia spores are resistant to alcohol. There is no way to prevent accumulation of clostridia spores in healthy muscle, so there is always a risk that some spores can grow post-banamine injection—not xylazine or dramosedan.

**Senator Hansen:**

The opponents of the bill have clouded the issue by bringing up drugs that these gentlemen have never used. They are well trained in these issues, but the two drugs that they use are noncontrolled substances and are simply sedatives. I want to make sure the Committee understands, because of the documents [([Exhibit G](#)), ([Exhibit H](#)), ([Exhibit I](#)), and ([Exhibit J](#))] downloaded to you on the Nevada Electronic Legislative Information System by the opponents of the bill—they are clearly clouding the issue, because they do not even use these substances.

**Assemblywoman Neal:**

Since the regulation has been filed, how many people have actually applied to become certified or registered as equine dentists?

**Zach Rhodes:**

To my knowledge, no one has; I have not even tried. As far as I know, it has not been put into the NRS and still was not in effect. They require two affidavits signed by a large animal veterinarian stating that you are competent—I can tell you there is no large animal vet who will sign that for me. My personal large animal vet told me that if equine dentistry was legalized in the state of Nevada and I was practicing on her clients' animals, she would tell them either to find a new vet or to quit using me—because I would be stealing business from her.

**Assemblywoman Neal:**

I did pull up R110-16, it was on the agenda, but all I saw was the draft. Hopefully when the Nevada State Board of Veterinary Medical Examiners comes up in opposition, they can advise whether or not it is still in draft or if it has been enacted through the *Nevada Administrative Code* (NAC). We need clarity. Individuals said you are one of the good actors. What came up as a contention was the other people who are practicing equine dentistry, who are not as skilled as you are, who are making errors and causing damage to horses. How do we find the middle ground with those individuals and prevent them from practicing if they are not qualified?

**Mark Allen:**

In my introduction, I forgot to state that I am a member of the IAED board also. In my opinion, the overregulation has caused a black market. The people here think these equine dentists who do substandard work, because they do exist, are running through the state doing teeth and so-called dentistry, because they are cheap and the general public has no other alternative such as using someone like myself or Mr. Rhodes. They have the option to use us instead of the guy just passing through every year, and he is illegal. We help to police those kinds of people. The horse industry in itself is very self-regulating—word travels if you are good.

**Assemblywoman Carlton:**

I see that R110-16 went into effect in February 2018. On the website, equine dentistry is classified as a dental technician. We need to have a process where the licensed and/or

registered practitioners are regulated. The purpose of a board is to regulate, not to monopolize. Would it solve the problem to say, if you practice in collaboration with a veterinarian, then you are allowed to practice in the state? How do we do this to solve your issues but still make sure that the public is protected? We need specifics so we know what we need to fix.

**Zach Rhodes:**

As far as the registry oversight, R110-16 requiring things like liability insurance, two affidavits, direct supervision during the entire process—it is so restrictive that I am not going to get licensed in this state. You are still not solving the problem of dentists coming in under the radar, in the black market.

**Assemblywoman Carlton:**

So the proposal I made about a basic registration; you prove who you are, prove your certifications, and work in some collaborative fashion with the veterinarians because of the drugs used. I am sure there would be some vets who would work with you and maybe some not. How would you view a process like that?

**Zach Rhodes:**

I believe the way this bill is already set out, and with the amendment, in order to acquire prescriptions you have to have a valid vet.

**Assemblywoman Carlton:**

That is not the question. We are running out of time.

**Senator Hansen:**

We are with you on that. Here is the problem with the R110-16: they deliberately set it up in such a way that it would be cost prohibitive for any person who wants to have the services. You have to pay the person doing the teeth floating; you have to pay to have a vet standing there the entire time the process occurs; you are required to have two veterinarians sign off on it—all these things are cost prohibitive. Also the requirement to have liability insurance—they do not even require their own vets to have liability insurance. We are completely on board with having these horse dentistry people fall under the purview of this board, but the board then cannot turn around and design regulations that are so onerous as to eliminate the competition.

**Assemblywoman Carlton:**

The NAC does not trump the NRS, so whatever is put in the bill and designed, NAC would have to adapt to.

**Assemblywoman Tolles:**

I think we are all asking the same questions. What I think we are trying to do is allow trained professionals to be able to treat and administer a very limited type of sedative to perform the duties without a veterinarian mandated to be there. There needs to be a process in place for

accountability if something is not being done correctly. We just need to have that specifically clarified for everyone's comfort. I think that we are getting there with all the questions answered.

**Chair Spiegel:**

I just have one question for Mr. Rhodes. When we met this morning, you told me you were happy with the law that was passed in Utah, and I went online and downloaded the law that was passed—there were three provisions in that law that are not in this bill. Would you be happy if those provisions were also included in this bill?

**Zach Rhodes:**

I might defer that to Mr. Allen, as he is more familiar with that.

**Chair Spiegel:**

The Utah bill, which was Senate Bill 191 [Utah State Legislature 2019 General Session], had one provision that specifies it does not apply to dogs and cats; the next provision clearly says that administration of sedatives must be done under the direct supervision of a veterinarian; and the third goes through a whole section on unprofessional conduct and what is done in those instances. That is what was passed in Senate Bill 191 in Utah.

**Mark Allen:**

Those provisions were put there in a debate; we were running short of time. The Utah Division of Occupational and Professional Licensing (DOPL) is over the Veterinary Board in that state. The Director of DOPL agreed that telemedicine is being used in the human industry, and that took care of the standard. We were able to use FaceTime with our veterinarian in that state to do that. It is similar to what we are doing here; we are just saying we can do it where the client gets the sedation from the veterinarian.

**Senator Hansen:**

Sections 1 and 3 of the bill would be fine; section 2 in the Utah bill would be problematic.

**Chair Spiegel:**

Would it be problematic if it were clearly specified that it included telephonic supervision?

**Senator Hansen:**

I think it would be, because right now the sedative rules in Nevada are substantially different.

**Chair Spiegel:**

Is there any testimony in support of Senate Bill 156?

**Jennee Rhodes, Private Citizen, Reno, Nevada:**

I am a horse trainer, coach, and competitor. Today you are hearing arguments for and against horse owners' rights to use a dentist to work on their horse's teeth. This has nothing to do with protecting horse owners, and nothing to do with the dangers of sedation as the vet board and veterinarians want you to believe—this is about money. As a horse trainer, I ride



and care for many horses. I have seen firsthand some of the atrocities in horses' mouths caused by undereducated and underskilled veterinarians. The level of equine dentists is unmatched by veterinarians. In all the years prior to using a dentist, I never had one vet check the occlusion of my horses' teeth before or after performing work. How did they know if the teeth were even touching? I never had one vet do incisor work, and a vet has never performed a physical examination of my horse before administering sedation to either perform dentistry, remove growths, or repair lacerations. I am 52 years old and have owned horses since I was 4—I have lived in this state my entire life. If performing a physical exam prior to sedating a horse is so important, it would have happened at least once in my lifetime. I am the ex-wife of a farrier who was given bottles of xylazine or dramosadan whenever he needed it. I am the girlfriend of a professional trainer and stallion owner who is given xylazine or dramosadan every breeding season. I am a trainer, and in the horse show world it is given to us freely. The whole argument over sedation is frustrating. [The witness was asked to submit her written testimony for inclusion in the record ([Exhibit K](#)).]

**William Process, Private Citizen, Reno, Nevada:**

My family urges you to support S.B. 156 and give horse owners a voice and the right to choose the expert they wish. I do not bring my children to a family doctor for an eye exam or for dental checkups. As additional members of my family, our horses deserve a certified expert as well. I subscribe to the theory "my horse, my choice." We should have options, as many horse owners do nationwide, to choose to have their teeth floated by a specially trained and certified expert, instead of using a costly, unnecessary veterinarian who may not have the experience, education, or be one of the proposed IAED experts. Using an IAED expert would allow our family and many more like ours to properly maintain our horses at a reasonable cost with professional results. Many homes in Nevada have limited income and many horses go untreated due to the cost. Senate Bill 156 would allow more horses to be better taken care of, so they can have a better life.

**Olivia Process, Private Citizen, Reno, Nevada:**

I have three horses and am about to have a new foal. I participate in the junior high school rodeo. I believe my family should be able to choose the expert we want to work on our horses' teeth. I believe in "my horse, my choice" because that is what my horses deserve. Thank you for considering Senate Bill 156.

**Chair Spiegel:**

Is there anyone to testify in opposition?

**Matt Walker, representing Nevada Veterinary Medical Association:**

I had some comments prepared, but I believe that Assemblywomen Carlton and Neal captured my argument. There are many times that people need to come in and review regulations and regulatory frameworks, to have the Legislature weigh in on behalf of board actions to see if they have struck the right balance and if they have interpreted the legislative intent correctly. Unfortunately, this is not that bill. This bill simply says, We do not like the regulatory process and we want to be completely outside of any regulatory framework.

We want to regulate ourselves, we do not want an international organization to regulate and determine whether consumers are made whole if something goes wrong. I feel the point has been made.

**Assemblyman Kramer:**

Was it represented correctly that the Nevada State Board of Veterinary Medical Examiners proposed requiring these people to have liability insurance, yet veterinarians are not required to have liability insurance?

**Matt Walker:**

Members of the Board are here, as are veterinary professionals, and can answer that question. I think there is a strong public policy need for liability insurance when people are undertaking medical care, whether it be on humans or animals. I understand why the Board took that action, but I think the Board could answer that better.

**Jennifer Pedigo, Executive Director, Nevada State Board of Veterinary Medical Examiners:**

I would like to correct how that section of the regulations is being interpreted. The section specifies that they have to be under liability insurance in general. That would fall under the insurance that a veterinarian who was supervising would provide. They would not have to get separate insurance, they would just fall under the insurance of the supervisor.

**Assemblywoman Neal:**

There is trouble finding a vet to supervise; now you want that vet to act as an umbrella and cover the equine dentist under their liability insurance. There is something onerous to that. How many vets have said, I want to take on that liability to allow those individuals to become registered?

**Jennifer Pedigo:**

I do understand the concern. I was speaking with the association member. She is in connection with AVMA PLIT, which is one of the biggest insurance providers. So, yes I believe that is true. However, that exists for every other licensed professional. So veterinary technicians, veterinary technicians in training, veterinary assistants are all under the general liability. You cannot get insurance as an individual who is not a veterinarian.

**Assemblywoman Neal:**

Is the same level of denials or refusals happening with the vet technician versus an equine dentist? Would a vet be more likely to supervise a vet technician versus an equine dentist? Because if there is discrimination, there is a problem, and we need to figure out how to deal with it.

**Jennifer Pedigo:**

I do not have any information regarding discrimination. I know equine dentists who do understand this certification process, what floaters do, what the certified IAED practitioners do, and they respect that. We have veterinarians who have had to become technicians at this

point, and they do work with technicians who have had this training. There is a collaborative environment. We opened these regulations; prior to that it was illegal. We are discussing individuals using dangerous drugs; just because they are not controlled, does not mean they are not dangerous. The environment is out there to work with these individuals, but we also want to hold them accountable. The legislative committee had no questions about our regulations and did not believe them to be onerous.

**Assemblywoman Carlton:**

The statement was made that these regulations were approved by the Legislature. That may be true, they may have been approved en masse, but we do not deny regulations as long as they are deemed within the regulatory structure. We cannot just deny them because we do not like them; believe me there are some that I would love to do that with, but I am not allowed by law to do that. So to say they just went through gives the wrong impression. There was no legal framework for us to be able to deny it. I am sure you used NRS 638.008 as far as the practice of veterinary medicine to use that broad authority to draft these regulations. Unfortunately, with such broad authority we would not have had the opportunity to deny them.

**Assemblyman Daly:**

The regulations say the equine dentist has to hold a current certificate from a professional equine dentistry organization approved by the board. Is there any organization approved by the Board?

**Jennifer Pedigo:**

We did not want to limit it to one organization because that felt overly specific. We do not know in 40 years what organization would exist. The IAED was one of the first organizations that came to us, and they would be the one that we would review. They never came before the Board; we have no applicants. We have the information available on their website, but that is all. Theoretically, they could be approved by the Board if they participated in that process.

**Assemblyman Daly:**

That was not my question. Is there any equine dentistry organization approved by the Board?

**Jennifer Pedigo:**

Not currently.

**Assemblyman Daly:**

Are you trying to find anyone so you can certify or register them, or someone who could meet the regulations? Right now, until you have approved an organization, no one could—even if they applied—come to you because you have not approved an organization.

**Jennifer Pedigo:**

Yes, today there is currently no approved organization. However, that is because we have had no participation from anybody. I have asked and inquired, but no one has come forward.

**Assemblyman Edwards:**

You said something about the regulations that confused me. You said that within the regulations you still have to have a veterinarian there if the floater is going to inject any kind of a sedative. Is that correct?

**Jennifer Pedigo:**

Yes, and to supervise the medical procedure.

**Assemblyman Edwards:**

But they do not do medicine, they just do teeth floating.

**Jennifer Pedigo:**

There is disagreement on whether that is considered a medical procedure.

**Assemblyman Edwards:**

I go to a dentist when I need to have my teeth taken care of. I do not go to a doctor. The ultimate question comes down to this; you mentioned that these are all dangerous. I do not understand the danger if you give the same drugs to a rancher or livestock owner and they can do it themselves. Why is it dangerous in the hands of somebody who does it every day?

**Jennifer Pedigo:**

I will defer to the numerous veterinarians here. To address the regulatory perspective, the intent of that section, I can address the sedatives. If my cat is diabetic and I inject it with insulin, that is a submuscular injection. If somebody else did it and I paid them, that would be veterinary medicine because it is my cat. The ranchers are practicing differently; they are their animals—their property. Yes, if I am a rancher, I should be allowed to administer them to the animals I own.

**Assemblyman Edwards:**

If the rancher does it, you do not need supervision of a veterinarian, and if he does it for the floater, then there is no reason for the vet to be there either. Is that correct? If you are going to trust him one time, you should trust him both times. In this case, you actually have somebody who is trained in this field right there—as opposed to a rancher who has been doing it for 30 years. It does not make sense. You are saying the rancher can do it himself, but if he has somebody there who is going to float the teeth, he cannot do it—unless you have a regulation. I think that is one of the problems with the regulations.

**Jennifer Pedigo:**

When we are talking about people administering drugs to their own animals, they are taking the risk and liability and have no one else to blame but themselves if something goes wrong. When you make it a business, you trust them not to do a submuscular injection into their carotid artery.

**Assemblyman Edwards:**

So if the rancher does it for the floater, it is okay?

**Jennifer Pedigo:**

Technically, not even according to the State Board of Pharmacy. The proposed amendment was not actually from the State Board of Pharmacy. I am confused as to where that amendment came from. It was hypothetical language sent from an attorney at the Board of Pharmacy, not proposed as a regulation. I spoke with the executive director of State Board of Pharmacy; it was not a formal amendment.

**Chair Spiegel:**

I am going to cut this off. Later, I will ask Mr. Hillerby from the State Board of Pharmacy to clarify.

**Joseph Coli, DVM, Past President, Nevada Veterinary Medical Association:**

I have been practicing large animal veterinary medicine in the Reno area for over 37 years. Most of what I was going to talk about has already been addressed. As a veterinarian, we are always required to perform a physical examination to ascertain that the animal is healthy enough, not only for the sedative, but also for the procedure we are going to provide. We are required by the State Board of Veterinary Medical Examiners to do that. If it is not being done, I would hope that would be addressed.

**Dennis R. Wilson, DVM, Hospital Administrator, Animal Emergency and Specialty Center, Reno, Nevada; and Past President, Nevada Veterinary Medical Association:**

I would like to try to help you with your questions on sedative drugs. The sedative drugs we are going to discuss are powerful, potent, dangerous, prescription-only drugs that must be dispensed and administered under the direction of a veterinarian. That is the law and the rule about how people obtain these drugs. We are talking about a potent sedative for teeth floating that results in a thousand-pound horse standing and allowing a mouth speculum to be placed and a power float to be used on its teeth. There is nothing minor about this. This is major sedation to the point of allowing intrusion into the mouth of the horse. This is a bit of a concern.

One of our biggest concerns is laypersons administering sedative drugs and not being prepared to handle the consequences when an issue comes up that puts the horse at risk or the owner at risk. For example, you heard the quick anatomy lesson about the carotid artery in the neck. If xylazine, one of the very drugs we are speaking about, is injected into the carotid artery instead of the jugular vein, that is a freight train right to the brain. The horse will rear back, go into seizure activity, flail around, and when that thousand-pound animal is doing that, somebody is going to get hurt. There has to be a way to be very careful about that; and, should something adverse happen, be prepared to help the animal through it. I have been thrown for a loop, as I think many of us have, by this amendment. I have not had a chance to review the amendment regarding drugs and prescriptions. [A letter was also submitted ([Exhibit L](#)).]

**Assemblywoman Tolles:**

How many large animal vets are there in this state?

**Dennis Wilson:**

I wish I could answer that. I am sorry. They are outnumbered by small animal veterinarians, I can tell you that much.

**Assemblywoman Tolles:**

How many large animal veterinarians do we have in this state? How many horses are there in the state? How many hours of initial training specific to dentistry do large animal vets have to do? How many hours of continuing education every two years, specific to dentistry, do large animal veterinarians have to take? How many horses in recent history have been harmed by floating?

**Dennis Wilson:**

My colleague, Dr. Scott Greene, is an equine veterinarian and specializes in equine dentistry. I will defer to him to answer your questions.

**Scott K. Greene, DVM, Equine Veterinary Care of Nevada, Reno, Nevada:**

[Read from a letter ([Exhibit M](#)).]

I grew up in the Reno/Sparks area. My mother was a champion barrel racer and breeder of stakes-winning racing quarter horses. Most of my earliest memories include being on or falling off of horses. After graduating from the University of Nevada, Reno with an animal science degree, I earned my doctorate in veterinary medicine from The Ohio State University. I have been practicing veterinary medicine in Nevada for over 30 years and have accumulated over 15,000 equine dental charts, which is the medical record we prepare on a horse each time they are floated. As an educator, I have organized short courses that are race-approved continuing education programs. I have also coordinated programs at various veterinary schools. As an instrument designer, I have developed and/or adapted many instruments commonly used in equine dentistry today. They include the first complete line of motorized instrumentation that was available to the veterinary community.

Although I oppose S.B. 156, I am not anti-equine-dental provider. This is more than just a matter of semantics. *Merriam-Webster* defines dentist as: "one who is skilled in and licensed to practice the prevention, diagnosis, and treatment of diseases, injuries, and malformations of the teeth, jaws, and mouth." The repeated use by laymen calling themselves equine dentists is more than just a misnomer—it is misleading to the general public. When the public hears the term "dentist," they assume the person has eight years of college. The IAED does not use the term "equine dentist," they use the term "equine dental technician." A very common term being used is "equine dental provider." That is further divided into veterinary dental providers and lay dental providers. That is the term I will be predominantly using.

I am not against IAED people; I have twice provided testimony before the State Board of Veterinary Medical Examiners encouraging changes to the practice act that would enable those individuals to work under direct veterinary supervision. This was a time when equine

dentistry was blossoming and was an asset for anyone to utilize the skills and experience of some of these lay dental providers into their veterinary practice. I was delighted to see R110-16 enacted last February.

I have worked with many equine dental providers. We have worked in the field; I have utilized their skills and knowledge as assistant instructors in numerous short courses. We have taught hundreds of veterinary technicians and horsemen as to the proper use of this care. I know many lay dental providers who work exclusively with veterinarians. The concept that no veterinarians can work with these people is invalid. Many of these providers work exclusively under veterinary supervision, and they make a great living, many produce six figures. I sat on the first board of the IAED when that organization was formed by a merger of two other groups. I obtained certification from the IAED in both basic and advanced certifications. The program has changed since then, but I am well aware of the format of the program, and the certification is excellent. I have also lectured at their annual conference numerous times.

Complete, proper dental care is not a matter of just filing off a few sharp points. Expertise in anatomy, physiology, pharmacology, pathology, radiology, and other areas of veterinary medicine are critical to being able to deliver these services with great quality. The regulations that were enacted, R110-16, are very similar to regulations in California, Oregon, Colorado, and other surrounding states. The new law in Utah states that sedation can be administered by a lay dental provider under direct supervision. They modified that definition and called it face-to-face, or the ability to FaceTime with someone. In our state that is defined as indirect supervision. Direct supervision means the veterinarian has to be on the premises; if an incident occurs, then there is a fully trained professional to manage that case.

The lay dental providers who wish to gain greater autonomy can gain complete independence by going to veterinary school and becoming veterinarians. I appreciate that is not an option for all of them—veterinary school is expensive. An alternative would be that they become licensed veterinary technicians. In Nevada there are two certified veterinary technician programs: one at Truckee Meadows Community College in Reno and one at Pima Medical Institute in Las Vegas. It is critical that we establish a health care team. With the formation of the IAED, that was our primary function. We want to bring these people in with their expertise, to work with us in the field, to be able to provide the highest quality care possible. It has been extremely successful in the past. The idea that there are no vets to provide this is untrue. My practice is limited to equine dentistry, and there are similar practices in Elko and Las Vegas, and they travel a great deal.

In conclusion, passage of this bill greatly increases the chance of inappropriate treatment and injury to horses and decreases the protection to the horse owner. The regulations that were established enable individuals to go to work and practice their craft under veterinary supervision, and in a quality and safe working environment.

**Assemblywoman Tolles:**

There is no doubt that 15,000 dental charts is impressive. One of the things that makes this difficult is "under supervision." There is a lot of area to cover and to have the supervision of the vet actually there to provide this service is what makes this such a unique situation. I see the value of being able to do that without having the vet physically present. I am concerned that people are out there doing this in a black-market fashion. That is what I see this attempting to fix. I think it is trying to close out the black market. A layperson is defined as a person without professional or specialized knowledge in a particular subject. I think we are doing a disservice by calling them "layperson" when they have a certification, 280 hours of training, and continuing education.

**Scott Greene:**

That is not my definition. The term "equine dental providers" is divided into veterinary dental providers and lay dental providers, not my personal definition. To address your issue concerning what we call the "outlaw dentists," you are absolutely right to be concerned about that. I receive reports on a monthly basis of certified IAED members in Nevada doing dentistry and being compensated for it. They are giving IV injections, floating horses, and receiving checks for it. It has been going on for a number of years. There are individuals who knowingly and repeatedly commit felonies in the state, and have for a number of years, and we are now dealing with some of the repercussions of that.

**Assemblyman Edwards:**

It sounds as though there is a relatively easy resolution to a lot of this. If we make the definition of indirect supervision to be satisfied if we have telephonic communication, it seems as though that would solve a lot of the problems here. It seems the hang-up is having direct supervision, meaning in person, on the spot. If that is the case, it seems if we make the telephonic communication satisfy that, we solve a whole lot of problems very quickly.

**Scott Greene:**

The issue with indirect supervision is if a crisis occurs, as in the Connecticut case ([Exhibit G](#)) where an equine dental provider, who is still currently a member of the IAED, gave an injection and it appears she went through the jugular vein into the carotid artery. When the veterinarian was called, Ms. Lavigne packed up her bags and hit the road. This is a perfect example of the difference between direct and indirect. If the veterinarian is on the scene when that occurs, they have the ability to manage that. If we have horses that have allergic reactions, we have the drugs to reverse those. If they have an infection, we can prescribe antibiotics. That is not the case with the equine dental provider.

**Assemblyman Edwards:**

You are talking about drugs that are not being used here that would cause those reactions. It does not seem to be applicable in this case.



**Scott Greene:**

The drugs that were being used in that case are the drugs we are discussing today: xylazine and detomidine. Those are the most common drugs used by almost all veterinarians and equine dental providers to do this work.

**Matt Walker:**

I would like to add additional remarks for brevity's sake. None of this is contained in the bill; they simply do not want to be regulated. We can have these discussions, and I think there is a lot of merit to these comments. Unfortunately none of this is in the bill, and they are not proposing to be regulated under our framework under the Board.

**Michelle McHardy, Private Citizen, Reno, Nevada:**

I am a horse owner, riding instructor, and horse trainer in Reno, Nevada. I have five horses of my own, and I have cared for hundreds of horses for clients. My horses have had their teeth floated by an equine dentist every year for the past 15 years. I have been present for every single one of those. This is not minor sedation. The horses are heavily sedated, and it is important that they have that sedation for their safety, for the safety of the owners, and for the safety of the veterinarians. Personally, I will not, nor will I allow any of my clients, to obtain a prescription for sedation by a veterinarian and give it to their own horses. I would not give my own horse an intravenous injection. I have been prescribed sedation from my veterinarians for travel and other such things, but I have only and will only give those intramuscularly for the safety of my horse. I would not have a problem if my vet were to come to me and offer that the work be done by a dental technician they approved of, with my vet onsite. I have witnessed horses that have had allergic reactions to the sedation and needed to be treated immediately by a veterinarian.

**Leslie Schur, DVM, Desert Pines Equine Medical and Surgical Center, Las Vegas, Nevada:**

Most of the comments have been covered. Our primary concern as veterinarians is the same concerns of the two gentlemen who spoke earlier: the welfare of the animal. I take great offense to accusing veterinarians of being in it for the money. I have been practicing equine veterinary medicine for the past 25 years. I have dedicated a lifetime to my career. I believe these men are extremely talented and good at the job they do. I think we need to work together, rather than fight each other, to establish a protocol that has a good chain of command and has a great regulatory chain if something does go wrong. One of the things that has not been covered is the factor of insurance for the animals. Many of the horses that we work on are very valuable and do carry large medical, surgical, and mortality insurance. I took it upon myself to talk to a few of our underwriters on this situation. If an unlicensed individual administers an intravenous injection and the horse inadvertently has an adverse reaction, what happens to the claim on that animal? None of them paused before they answered that question—everyone told me it would not be covered. We need to work together to establish a protocol so that we can do the best for these horses, protect the individuals who are working on them, and make sure that our clients, and, of course, the welfare of the animals, are taken care of.

**Gerald K. Huff, DVM, Private Citizen, Las Vegas, Nevada:**

I have been an equine practitioner in Las Vegas for over 49 years. We should not trivialize the procedures that these gentlemen are providing. Although it sounds like floating is a minor procedure, there is great potential for damage to the horse. In an unexpected situation, a veterinarian needs to be available when these procedures are taking place. I had the unfortunate experience of treating a horse that had been injured by a so-called certified equine dentist—the horse did not eat for 19 days—it had a hole punctured in the back of its throat. The other factor is simply the utilization of these sedatives. They are very dangerous drugs. They are also abused drugs in the general population. They are dangerous to the individuals giving them, dangerous to the horse, and the so-called phone face-to-face manner of administration leaves the horse at great risk should an untoward reaction take place. Lastly, I applaud the members of this Committee for their attention to this matter. I think we share the concern. Veterinarians care about their patients. You ladies and gentlemen have, under your mandate, the privilege of deciding whether or not individuals are going to be allowed to work on these valuable and loved animals by individuals who may or may not be able to address their issues in a proper fashion, and in a fashion that is in the best interest of the animal.

**Assemblyman Kramer:**

There was a statement made that the regulations required these people to have liability insurance when it was not required of veterinarians. Are veterinarians required by statute, Board rules, or whatever to have liability insurance?

**Jennifer Pedigo:**

It is not in our regulations or statutes, largely because we have never needed to regulate that.

**Assemblyman Kramer:**

That was not the question.

**Jennifer Pedigo:**

No, is the very short answer.

**Chair Spiegel:**

Did you also wish to be here to testify in opposition?

**Jennifer Pedigo:**

We are in opposition to the bill as it is currently written. [Submitted materials ([Exhibit N](#)) and ([Exhibit O](#)).]

**Assemblywoman Carlton:**

You heard the proposal and the discussion points about some type of registration procedures. I am not sure if you can actually speak for the Board. Could you give us your thoughts on where I think you can see the Committee is looking and leaning? There is not much comfort on either end of the spectrum, so I am trying to figure out what something in the middle might look like.

**Jennifer Pedigo:**

I believe there is room to make changes as we have seen the issues addressed here. My main concern with the bill currently is that we are completely deregulating it. We do not know who is practicing, and they have no responsibility for their practice at this point. If an animal is hurt, there is nothing for a consumer to do. I know Mr. Rhodes spoke about what he thinks could happen if he was disciplined by this member board or the IAED, but that is not included in this language. If a complaint was referred, based on the current language, the Board would have no authority to discipline them. Currently they are not even required to submit a copy of their certification. The terms "dentist" and "specialist" are thrown around without language in this bill specifying what they are even called. We have consumers who do not even know about floating, so when they are approached by someone claiming to be a dentist or a specialist, and more trained than a veterinarian, and then that person works on their animals and something happens, they are confused. We have had complaints where someone said, I thought this person was a veterinarian; they had the drugs. There is a big black market for those drugs specifically. Yes, we would be open to amendments or changes.

**Assemblywoman Carlton:**

Was this level of testimony shared with the Senate? Did you testify in opposition there?

**Jennifer Pedigo:**

Yes, we did.

**Assemblywoman Carlton:**

We always want to make sure people get a fair shake on both sides. It is not fair to let it go through and then bushwhack it on the other side.

**Steve Damonte, DVM, President, Nevada State Board of Veterinary Medical Examiners:**

I have been a veterinarian in Reno for the last 26 years. I am also the President of the Nevada State Board of Veterinary Medical Examiners. I just want to state that we worked for two years crafting regulation R110-16. We took in public comment at multiple meetings both in the north and the south. We made many compromises in that regulation in order to accommodate these individuals. We recognize they have training that would allow them to practice on our horses, but we do believe they need regulation. Senate Bill 156 is bad for the horse and it will not give any recourse to the clients who own these horses. I urge you to vote no on S.B. 156.

[([Exhibit P](#)), ([Exhibit Q](#)), ([Exhibit R](#)), ([Exhibit S](#)), and ([Exhibit T](#)), which were letters in opposition to Senate Bill 156, were submitted but not discussed and are included as exhibits for this meeting.]

**Chair Spiegel:**

Is there anyone to testify in neutral to Senate Bill 156?

**Michael Hillerby, representing State Board of Pharmacy:**

The Nevada State Board of Pharmacy has not taken a position on this bill and has not offered an amendment. The Pharmacy Board would not offer an opinion on professions it does not regulate. That is a decision you get to make regarding who is qualified to do what as you evaluate their education and training. At the request of Senator Hansen, the Pharmacy Board did meet with the proponents of the bill. They were asked a question about what kind of language they would need if they were going to possess drugs, and there were some ideas shared with them. I will apologize on behalf of the State Board of Pharmacy for the misunderstanding that ensued, both to the Committee and to Senator Hansen.

**Senator Hansen:**

This is what we got. The State Board of Pharmacy proposes this amendment so that a person who qualifies to perform equine dentistry pursuant to S.B. 156 can lawfully possess and administer the medications necessary for these procedures. Without this proposed amendment, equine dentists will not be able to lawfully possess the medications needed to practice. That is from the State Board of Pharmacy—I am not sure where that came from.

The bottom line is, yes, we do need to work on some of the regulatory stuff. I think Assemblywoman Carlton hit it on the head—we will work on that. I probably should just withdraw the amendment because right now, the way it works, whether you are a farrier, a horse owner, or rancher, you simply get these sedatives by the quart. When these people go out right now to do this type of a practice, the horse owner him or herself administers the sedative. We have totally clouded this to make it into a huge, dangerous issue that frankly does not exist. We agree there needs to be a regulatory mechanism in place to make sure if there are in fact problems, people can have a regulatory agency to go back to. When it comes to horses, if you have the Kentucky Derby-type horse, you probably would get the most expensive vet on the planet because your horse is worth a million dollars. For the vast majority who are in my district, which is one-third of the entire state, I bet the average value of the horse is probably around \$1,000 to \$1,500. To spend \$400 to \$500-plus to have a veterinarian there and an equine dentist, technician, whatever you want to call it, does not make a lot of sense. There is absolutely an economic factor involved in this, and these individuals would provide a service that currently is too expensive for most people to participate in. I will work on the bill.

**Assemblywoman Carlton:**

Could you please email us a copy of what you were reading from your phone?

**Senator Hansen:**

We will get that to you as soon as possible.

**Chair Spiegel:**

This will close the hearing on S.B. 156. We are going to roll the hearing on Senate Bill 208 as we need to be on the floor.

**Senate Bill 208: Revises provisions governing cosmetology. (BDR 54-565)**

[Senate Bill 208 was agendized but not heard.]

**Chair Spiegel:**

Is there anyone here for public comment? [There was no reply.] Seeing none, the meeting is adjourned [at 3:56 p.m.].

RESPECTFULLY SUBMITTED:

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Karen Easton  
Committee Secretary

APPROVED BY:

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Assemblywoman Ellen B. Spiegel, Chair

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

## EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a proposed amendment to Senate Bill 156 submitted by Senator Ira Hansen, Senate District No. 14.

[Exhibit D](#) consists of documents and correspondence in support of Senate Bill 156, submitted by Zachary Rhodes, Lightning Z Equine Dentistry, Reno, Nevada.

[Exhibit E](#) is a letter dated April 16, 2019, to the Assembly Committee on Commerce and Labor, authored by Pam Nichols, DVM, Wood Cross, Utah; presented by Zachary Rhodes, Lightning Z Equine Dentistry, Reno, Nevada, in support of Senate Bill 156.

[Exhibit F](#) is photo materials for sedated horse and hypsodont vs. brachydont teeth, submitted by Zachary Rhodes, Lightning Z Equine Dentistry, Reno, Nevada, in support of Senate Bill 156.

[Exhibit G](#) is an article from *Horse Authority* dated December 4, 2013, titled "CT Equine Dentist Arraigned on Animal Cruelty, Related Charges," submitted by Kenzie L. Wagner, in opposition to Senate Bill 156.

[Exhibit H](#) is an article titled "Equine Oral Examination: A Step-By-Step Approach," submitted by Jennifer Pedigo, Executive Director, State Board of Veterinary Medical Examiners, in opposition to Senate Bill 156.

[Exhibit I](#) is a document dated March 31, 2019, titled "The abuse of veterinary sedative xylazine in humans," submitted by Kenzie L. Wagner, in opposition to Senate Bill 156.

[Exhibit J](#) is a copy of a PowerPoint presentation titled "Tooth Damage Due to Improper Equine Dental Care," submitted by Kenzie L. Wagner, in opposition to Senate Bill 156.

[Exhibit K](#) is written testimony of Jennee Rhodes, Private Citizen, Reno, Nevada, in support of Senate Bill 156.

[Exhibit L](#) is a letter authored by Dennis R. Wilson, DVM, Hospital Administrator, Animal Emergency and Specialty Center, Reno, Nevada; and Past President, Nevada Veterinary Medical Association; and Michelle R. Peacock, DVM, President-Elect, Nevada Veterinary Medical Association, in opposition to Senate Bill 156.

[Exhibit M](#) is a letter authored by Scott K. Greene, DVM, Equine Veterinary Care of Nevada, Reno, Nevada, in opposition to Senate Bill 156.

[Exhibit N](#) is a copy of a letter dated April 15, 2019, to Chair Ellen B. Spiegel, authored and presented by Jennifer Pedigo, Executive Director, State Board of Veterinary Medical Examiners, in opposition to [Senate Bill 156](#).

[Exhibit O](#) is a copy of a letter dated April 15, 2019, with attachments regarding teeth floating, to Chair Ellen B. Spiegel, authored by Jennifer Pedigo, Executive Director, State Board of Veterinary Medical Examiners, in opposition to [Senate Bill 156](#).

[Exhibit P](#) is a copy of a letter dated April 15, 2019, to Michelle Wagner, Executive Director, Nevada Veterinary Medical Association, written by Janet D. Donlin, Executive Vice President and Chief Executive Officer, AVMA, in opposition to [Senate Bill 156](#).

[Exhibit Q](#) is a copy of a letter dated April 15, 2019, to Michelle Wagner, Executive Director, Nevada Veterinary Medical Association, written by David L. Foley, Executive Director, American Association of Equine Practitioners, in opposition to [Senate Bill 156](#).

[Exhibit R](#) is a letter authored by Michelle R. Peacock, DVM, President-Elect, Nevada Veterinary Medical Association, in opposition to [Senate Bill 156](#).

[Exhibit S](#) is a copy of a letter authored by Tracie Sibson, Private Citizen.

[Exhibit T](#) is a copy of a letter, dated March 19, 2019, to the Nevada State Board of Veterinary Medical Examiners, submitted by Heather Hellickson, Private Citizen, in opposition to [Senate Bill 156](#).