

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

**Eightieth Session
May 28, 2019**

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 2:33 p.m. on Tuesday, May 28, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, 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.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Lesley E. Cohen, Chairwoman
Assemblyman Richard Carrillo, Vice Chairman
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Senator Dallas Harris, Senate District No. 11
Senator Joyce Woodhouse, Senate District No. 5

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Christian Thauer, Committee Manager
Terry Horgan, Committee Secretary
Alejandra Medina, Committee Assistant



OTHERS PRESENT:

Randy Soltero, representing United Food and Commercial Workers Union
Hawah Ahmad, representing Silver State Government Relations
Chad Hensley, representing Nevada Society of Radiologic Technologists
Jeanette K. Belz, representing American Society of Radiologic Technologists
Joan Hall, President, Nevada Rural Hospital Partners
Luis F. Valera, Vice President, Government Affairs and Compliance, University of Nevada, Las Vegas
Michael Hackett, Private Citizen, Reno, Nevada

Chairwoman Cohen:

[Roll was taken. Committee rules and protocol were explained.] We will be taking the bills out of order today, so I will open up the hearing on Senate Bill 346 (2nd Reprint).

Senate Bill 346 (2nd Reprint): Revises provisions related to marijuana. (BDR 40-1065)

Senator Dallas Harris, Senate District No. 11:

I am here to present Senate Bill 346 (2nd Reprint). The bill has been changed and now authorizes an independent contractor to enter into a contract to provide training services, which is what you will see in section 3 and section 7. Section 3 allows for that training with medical marijuana establishments, and section 7 gives the same authorization for training with a traditional marijuana establishment. The idea is that we want to create opportunities for employment growth in this burgeoning industry. I believe the apprenticeship program authorized by this legislation would lead to more diversity and strengthen the industry.

Chairwoman Cohen:

Are there any questions? [There was no reply.] When the Department of Taxation is reviewing the plan, what will the Department be looking for?

Randy Soltero, representing United Food and Commercial Workers Union:

Other states are doing these types of things because, as Senator Harris said, this is an industry that is developing and getting bigger and bigger all the time. The need for these training programs is quite necessary. We want to work with the Department to model this training program not just to be something where you go into a garage for two hours and learn a skill. The training is going to be full-blown: the chemistry of cultivation; the types of preparations; and all parts of the industry. We will even include outreach to minority groups to get them engaged in the apprenticeship program and outreach to women's organizations—similar to what apprenticeships in the construction trades do. As you may know, years ago I worked with the construction trades, so I am very familiar with apprenticeships.

We are looking forward to working with the Department to develop the training program. It is going to be intense and it is going to be something that will certify that the training took place. We do not want this to just be something easily obtained in order to get a job.

Assemblywoman Titus:

In section 7 you list the options: "An independent contractor, including, without limitation, an educational institution, nonprofit organization or labor organization." This is a fairly new program. There are several states with a history of legalizing marijuana, and I am wondering about a breakdown of those states. Are there educational institutions that already do this? Are there certain independent contractors or are they all unionized? I am just curious about the breakdown and who is actually teaching these programs.

Senator Harris:

Unfortunately, I do not have any of the statistics on which categories are providing trainings in which states, but I would be happy to do some research and get those numbers back to you.

Assemblywoman Titus:

This is a golden opportunity for us to actually do some research. There are people who say that marijuana cures everything versus those who say that it kills people, so I think there is a need to have this kind of program so we can actually get some solid data. To me, this is another opportunity for our state to get some data, so I would like to see who would be teaching these classes, what certification they have, and what kind of training they have. Do they all have bachelor's degrees in biology or botany? I am looking forward to seeing a little bit more research on this.

Senator Harris:

I do know that the College of Southern Nevada is now offering some courses related to working in the marijuana industry. The Senate is currently considering a resolution sent to us by this body which would offer an opportunity to study the connection between marijuana and intoxication [Assembly Concurrent Resolution 7]. Ideally, the participants in this program would participate in that process as well. For the Committee's information, this bill passed out of the Senate with no opposition.

Assemblyman Carrillo:

My question is along the same lines as my colleague's regarding the independent contractors. I am trying to understand the specific need. Did a certain incident take place that these organizations will need to be educated on the use of medical marijuana?

Senator Harris:

When it comes to medical marijuana, there are a lot of statutory restrictions as well as regulatory restrictions. This bill will allow for an independent contractor to obtain the required medical marijuana establishment agent registration card they would need in order to engage in this program and be able to procure and transport the products they would need for training. There are a couple of legal avenues we wanted to clear up to make sure these bodies are able to participate in this program, even though they may not be traditional medical marijuana establishments or marijuana establishments themselves and therefore would not be going through that type of licensure process. This is creating something a little bit separate.

Assemblyman Carrillo:

This is just a little cloudy. What would this independent contractor do? Would this person educate the union members to tell people what they need to do if they need a medical marijuana card? Do people just go see a certain Dr. Reefer, or whoever it might be, who offers these cards? As a union member, anytime I am dispatched to a job, one of the first things I have to do is get a drug test. Telling them that I do medical marijuana is not necessarily going to help me get past that test. Their answer is going to be that I cannot go on the job because I have X amount of nanograms in my system. I am trying to justify and understand where this would come into play for a union of which I am a part.

Senator Harris:

This bill does not deal with the use of marijuana by any union members. Any independent contractor will not be assisting people in procuring medical marijuana cards. This is so that they can train people to work in the industry. The independent contractor will need a medical marijuana registration agent card to be able to train people to work in the medical marijuana industry and in the just-marijuana establishments. We would be providing the training they need to get jobs in this industry. There would be no change of employment practices or restrictions on use and what particular jobs you can go on with a certain amount of intoxication or not.

Randy Soltero:

This is very similar to a traditional apprenticeship program like in the building trades in that we would be partnering with a marijuana establishment, and we had to do it this way because this is not an apprenticeship. Due to federal regulations on apprenticeships, we cannot do that because marijuana is illegal at the federal level. Within the state, however, we can provide a training program. With this scenario, if the United Food and Commercial Workers Union (UFCW) wants to put together a training program similar to an apprenticeship, they could buy a building, buy tables and chairs and monitors, et cetera, to teach folks how to do it. The only thing they would not be able to do is buy marijuana plants because they are not a marijuana establishment. They could not be one as a training program through a labor organization. This bill, if passed, will allow that relationship to be legal. It is not now. You cannot partner with a medical marijuana establishment now—no one can—in order to do this training and set up these training programs. This bill would make legal the relationship between an organization—a labor organization, a nonprofit, or an educational institution—and give it the ability to enter into these relationships and create these training programs.

Assemblyman Carrillo:

You mentioned the federal part of this. That is still going to be a concern, correct?

Randy Soltero:

It will not be a concern because these are not going to be formal apprenticeships that would be regulated by the federal Office of Apprenticeship within the Employment and Training Administration, U.S. Department of Labor. It will be solely for this industry.

Assemblyman Assefa:

Could you elaborate about what the term "marijuana establishment" means in this sense? Are we talking about cultivators, the labs, dispensaries, or all of them?

Senator Harris:

I believe it would be all of them. "Marijuana establishment" and "medical marijuana establishment" are well defined in the sections to which they are added.

Chairwoman Cohen:

Have you been in communication with some of the large cultivators and dispensaries? What have you heard from them about this program?

Randy Soltero:

Yes. Currently, the UFCW represents two dispensaries in Las Vegas and also a cultivation facility in North Las Vegas. One of the reasons for this bill was the need for this type of training for an industry that is going to be a big part of the state of Nevada's future. These three facilities will be partnering with UFCW in order to do this.

Chairwoman Cohen:

Are there any other questions? [There was no reply.] Seeing none, we will move to support. Anyone in support in Carson City, please go ahead.

Hawah Ahmad, representing Silver State Government Relations:

We are here today in support of this bill. We think this bill is really important to ensure that other people enter into our market and our industry as well as ensuring that the proper training occurs and that it extends the entirety of what our industry has the capacity to be able to do.

Chairwoman Cohen:

Is there anyone else in support? [There was no reply.] Seeing no one, is there anyone in opposition? [There was no reply.] Seeing no one, is there anyone neutral? Seeing no one, would the presenters like to make final comments?

Senator Harris:

I want to thank the Committee for their time, and, to Assemblywoman Titus, I will be following up with you and giving you any information I can get. If anyone else has any questions at any time, my office is always open.

Chairwoman Cohen:

With that, I will close the hearing on S.B. 346 (R2) and open the hearing on Senate Bill 130 (2nd Reprint).

Senate Bill 130 (2nd Reprint): Provides for the licensing and regulation of certain persons who administer radiation. (BDR 40-61)

Senator Joyce Woodhouse, Senate District No. 5:

I am here with two partners to present Senate Bill 130 (2nd Reprint) for your consideration. The overarching goal of this bill is to raise the standard of patient care and to ensure the safety of Nevadans by establishing a licensing program to make sure those who perform radiation therapy or radiologic imaging have received appropriate education and training.

In the Senate, we received extensive input from many professional organizations which I believe has resulted in a very strong piece of legislation. Two of those professional organizations have supplied information that is included in what has been posted on the Nevada Electronic Legislative Information System (NELIS) ([Exhibit C](#)).

Let me give you a little background. As we all know, radiation, although it can provide important medical imaging and therapy, is dangerous. What some may not realize is, although the vast majority of states require some kind of licensing of those who perform radiation therapy or radiologic imaging, Nevada does not [page 2, ([Exhibit C](#))]. Aside from those performing mammography, Nevada currently does not require any certification or specific education for persons who perform these important services to ensure they understand the potential hazards of radiation and how to minimize the exposure. To rectify this situation and bring Nevada in line with the majority of states, S.B. 130 (R2) requires certain individuals to obtain a license before performing radiation therapy or radiologic imaging and it also provides for the regulation of those licenses. This helps ensure that people providing radiologic imaging and performing radiation therapy are properly trained in order to protect themselves and the patients with whom they work. Also, the bill establishes the Radiation Therapy and Radiologic Imaging Advisory Committee to advise the State Board of Health, the Division of Public and Behavioral Health within the Department of Health and Human Services, and the Legislature concerning radiation therapy and radiologic imaging.

The bill is quite long, but I can provide the Committee with a brief overview of the most important sections [pages 4-7, ([Exhibit C](#))]. Section 21 of the bill provides a new chapter to the *Nevada Revised Statutes* (NRS) governing the licensing and regulation of persons engaged in radiation therapy and radiologic imaging, and the first sections provide several conforming changes. The most substantive provisions of the bill begin on page 27. Section 32 of the bill provides that physicians, physician assistants, dentists, dental hygienists, chiropractors, chiropractors' assistants, podiatrists, veterinarians, veterinary assistants, and those who engage in mammography are exempt from the licensing and regulation requirements of the bill.

Section 33 creates the Radiation Therapy and Radiologic Imaging Advisory Committee. Section 34 requires the State Board of Health to adopt regulations related to radiation therapy and radiologic imaging, including regulations that define the scope of practice for radiologist assistants and the holders of licenses and limited licenses. Section 35 of the bill requires a

person to obtain a license or a limited license from the Division prior to engaging in radiologic imaging or radiation therapy. Sections 36 and 37 prescribe the qualifications for obtaining a license or limited license, and section 41 authorizes the holder of certain licenses to practice as a radiologist assistant.

Section 42 authorizes an unlicensed person who does not receive compensation to engage in radiation therapy or radiologic imaging under the direct supervision of a physician, dentist, chiropractor, podiatrist, or certain other licensees. A licensee may also practice outside of the scope of his or her practice under direct supervision in order to qualify for certain certifications. In addition, the Division may issue a temporary student license authorizing an unlicensed person to engage in radiation therapy or radiologic imaging for compensation in order to qualify for certification that is a prerequisite for licensure.

Sections 44 and 45 prescribe the qualifications to perform computed tomography and fluoroscopy, and section 43 authorizes certain unlicensed individuals who register with the Division to take X-rays at certain federally qualified health centers or rural clinics. It also authorizes a person currently performing computed tomography or fluoroscopy to continue to do so without meeting the bill's licensing requirements as long as they register with the Division and meet certain other requirements. The bill provides that it is a misdemeanor to engage in radiation therapy, radiologic imaging, or other activity for which a credential is required without the proper credential.

Sections 47 through 51 authorize the Division to enforce the provisions of the bill and to inspect buildings, investigate complaints against licensees, impose disciplinary action, and seek an injunction to prevent violations when necessary.

Sections 62 and 63 authorize the podiatry hygienist to take and develop X-rays without obtaining a license under certain conditions, and section 72.3 exempts podiatry hygienists from the bill's licensing requirements if the State Board of Podiatry adopts its own regulations regarding radiologic imaging and radiation therapy.

Finally, section 75 requires the Division to issue a license or limited license to any person performing radiation therapy or radiologic imaging as part of their job on or before January 1, 2020, as long as the person registers with the Division and provides certain information.

Last session, we worked on this measure but were not able to come up with a bill that met the needs of everyone who was interested. The stakeholders did not stop there, however. They continued working during this entire interim and again through this legislative session on this measure. I cannot tell you how much I appreciate the work they did. They met with all the stakeholders and dealt with various issues in order to have S.B. 130 (R2) before you today.

This concludes my remarks; I urge your support of S.B. 130 (R2). Please help Nevada join the majority of states in protecting our citizens by ensuring only those who are educated, trained, and qualified can engage in radiation therapy and radiologic imaging. Jeanette Belz and Chad Hensley are with me today to testify. These two were incredible in working on this legislation.

Chad Hensley, representing Nevada Society of Radiologic Technologists:

I am proud to be part of a profession that numbers almost 3,000 radiologic technologists in Nevada and over 300,000 technologists in the country. Thank you for allowing us this opportunity to speak to you about raising the standard of patient care in Nevada. Our reason for requesting S.B. 130 (R2) is education prior to exposure. Currently, with the exception of mammography which has been licensed in Nevada since 1991, Nevada does not require those performing X-ray, fluoroscopy, computed tomography, nuclear medicine, or radiation therapy to have any education prior to exposing patients to ionizing radiation—which is a known carcinogen.

Only those who have been educated in the ALARA concept [a guiding principle of radiation safety]—which stands for "as low as reasonably achievable"—and proper patient positioning should be operating these devices. Senate Bill 130 (2nd Reprint) establishes a licensure program for Nevada that sets educational standards for those who are performing medical imaging examinations that use ionizing radiation. The bill provides for full certification as well as limited certification which allows for body-specific radiographic imaging. Students who are enrolled in any of Nevada's five imaging or therapy programs, or those seeking advancement into other modalities, may continue to do so under the proper supervision.

Those persons moving to Nevada who are already nationally certified may work without delay as their applications for Nevada licensure are being processed. Senate Bill 130 (2nd Reprint) includes a grandfather clause which allows those who are currently working in radiography to continue to do so with a requirement for continuing education to maintain their certification. Chiropractic assistants and dental hygienists will continue to be regulated through their licensing boards. The podiatry board will need to adopt regulations by January 1, 2020, so the podiatric hygienists will also be regulated by their professional board. We worked diligently with representatives of rural Nevada to ensure that requirements for small rural health clinics and federally qualified health centers are improved, yet reasonable. An advisory committee made up of imaging experts and communities of interest would be established to provide advice for regulation in this ever-changing field.

This bill would set standards similar to those in 46 other states that have either established, or are in the process of establishing, licensure programs. We do not want Nevada to be left behind as one of the few states that does not prioritize radiation safety. By accepting this bill, you will increase the standard of care and quality for our patients in all areas of Nevada. We want all Nevada patients to have the assurance that those who are performing their medical imaging examinations have had education prior to exposure.

Jeanette K. Belz, representing American Association of Radiologic Technologists:

I want to make very clear that this bill is not establishing a board the way we would normally think of a licensing board. This regulation is actually going to occur through the existing Radiation Control Program, which is the program that currently licenses the machines folks operate. Interestingly, when this concept was brought to us several years ago, I was stunned to learn that the machines were regulated but not the people using them—because both are very important.

We have a handout on NELIS for you ([Exhibit C](#)). Senator Woodhouse did a great job of explaining the bill, but we did include a section-by-section summary and also a topic summary [pages 3-7]. Hopefully, those will help you work your way through the bill. When we submitted the bill to the Legislative Counsel Bureau (LCB), it was small compared to what it turned out to be, because LCB put a lot of conforming, required sections in it. Those are noted in our section-by-section summary with "LCB" in parentheses. I also want to point out the map posted to NELIS as well [page 2].

Chairwoman Cohen:

Are there any questions?

Assemblywoman Titus:

Thank you for working with the rural areas. As you know, we have a shortage of health care professionals in our entire state, including X-ray technicians. I was approached by one of our X-ray technicians who has been in our hospital a long time. She told me she would be retiring if this bill passed. Because she will be grandfathered in, hopefully, we will keep her a little longer, but I have some concerns. The language in section 43 mentions persons being grandfathered in. Rural health centers are mentioned, as are health clinics or federally qualified health centers, and it reads that they have to register and that there is a cost. According to section 43, subsection 1, paragraph (b), they must submit "to the Division proof that he or she has completed training in radiation safety" How many hours would that be and how accessible are those courses? Do they have to leave town to do that? Will these courses be within the state or online? Further in section 43, subsection 1, paragraph (c), it reads, "Completes the continuing education prescribed by regulation of the Department." How many hours is that? Is it going to be annually?

You mentioned that someone coming from out of state could practice without initially getting that license. How much time will they have for this process? There is a shortage. We need technologists, and we have a hard time finding them, especially on-call folks for our little rural hospital. If they come in from out of state, how long will they be able to practice before they get their license, and how long do you think that process will take?

Chad Hensley:

I will try to handle the continuing education questions first. In regard to access, there is a wealth of opportunity for continuing education, especially online. They would not have to leave the state unless they wanted to, specifically in regard to radiation protection. In regard to the number, it would be the equivalent to whatever license they are going to be receiving.

For a full certification for me as a certified radiologic technologist, I have to have 24 hours every 2 years, which is roughly 12 hours a year; however, the limited licensing would be less. That has not yet been established, and the Division would determine that.

Assemblywoman Titus:

Another of my largest concerns is how long they could practice if they come from another state before getting their licenses. How long do you think the licensing process will take so we can get someone working?

Jeanette Belz:

The license by endorsement is in section 38 of the bill. If you look on page 33 in section 38, subsection 3, it reads, "Not later than 15 business days after receiving an application . . . the Division shall provide written notice to the applicant if any additional information is required" Then, if you look on line 40, it reads that the license by endorsement or limited license by endorsement would be issued by the Division no later than 45 days after receiving the application.

I would like to add to what Mr. Hensley said regarding the federally qualified health centers (FQHCs) and rural health centers. We had a good, long, afternoon conversation with folks representing both entities. Specific to your question regarding section 43, subsection 1, paragraph (b), "Submits to the Division proof that he or she has completed training in radiation safety and proper positioning . . . provided by the holder of a license," we talked about having someone who is licensed come to the facility and work with the folks at that facility. We really worked hard to make sure that it was not inconvenient for folks.

Assemblywoman Titus:

I have practiced medicine for a long time—I graduated from medical school in 1981—and somehow we survived all this time. So I am wondering, has there been a trigger? Has something happened? All the techs I have known have gone through an education process; our radiologists demand that. They do not want films that are not accurate, and they are very careful. In our little, rural X-ray department we have a contract with a company that reads our films. Everything is digitalized now; it is not the same as when we would radiate people with a film that had to be developed, et cetera. The whole industry has changed, but I am wondering if there were any incidents which mandated we rope this in. Can you give me a brief background about why you feel we need this? We have been self-regulated, but now, do we need the state to do it? With five programs in the state for certified techs, what has happened?

Chad Hensley:

There is plenty of anecdotal evidence in regard to some of the poor practices that are happening, especially from untrained workers who are operating X-ray machines. In the digital world, it appears that doses are starting to increase because it is a little bit easier to get the images than it used to be with film. Nationally, we are seeing a rise in computed tomography (CT). In computed tomography, there is the potential for a good amount of radiation. There is a national push to make sure those who are doing it have an education

prior to getting behind the machines. Specifically in Nevada, in my position working with Senator Woodhouse and Ms. Belz, there have been a lot of stories regarding some of the horrors going on out there, so we feel it is extremely important to set that standard for the public's safety to make sure technicians have that level of education. No one checks credentials when you buy scrubs, so patients make the assumption that the person handling them is educated to do so, but in certain areas, that is simply not the fact.

Jeanette Belz:

Assemblywoman Titus, you brought up an important point when you mentioned self-regulation. I think the other important reason to have this regulation in place is because it allows for complaints—somewhere for the public to go to make a complaint. It allows for a process of discipline, if needed. It establishes the requirement for continuing education. You mentioned that this is a fast-moving field, and continuing education requirements will help to anchor that within our state.

Chairwoman Cohen:

Because some of us on this dais are not medical professionals, what are the medical conditions and side effects that can occur if the technician is not properly trained?

Chad Hensley:

Radiation cannot be smelled, seen, or felt; but it does interact on a larger, cellular level, which can destroy DNA. There have been links in regard to doses of radiation leading to cataracts, which can lead to cancer, which can lead to some other detrimental effects. It is well known that radiation can cause problems in regard to the medical imaging aspect of it. The hope is that everything is as low as reasonably achievable, but there have also been cases of children getting radiation burns from CT. The potential is there, and that is why we want to make sure everybody has a clear understanding before they get behind the machine and actually start operating it.

Jeanette Belz:

We often think about the public, which is so important, but we should remember the operator. When I went with Mr. Hensley to the University of Nevada, Las Vegas, he showed me the [film badge] dosimeter, which is kept on the lapel of the operator's coat to measure radiation. That is sent out periodically to see whether the operator of the machine is getting too much radiation. So there are really two sides to this coin.

Chairwoman Cohen:

I am looking at section 38, subsection 2, paragraph (c). Up until that point, there is a list of information the Division is going to be requesting from the applicant. But in paragraph (c) is a catchall phrase, "Any other information required by the Division." That language is also in the next section of the bill. Is that standard catchall language? It seems as though the language is asking for a bit much. It is very broad.

Jeanette Belz:

That is a great question. There are representatives here from the Department of Health and Human Services because we have been working with them for the last 2½ years. I do not recall that we requested that language. As you know, we worked with the Legislative Counsel Bureau both last session as well as this session on drafting the bill; however, that was not something we specifically requested.

Karly O'Krent, Committee Counsel:

It is up to the Committee whether they want to leave that language in, but it was probably inserted in an effort to allow the Division to obtain any additional information as they saw fit and to provide them some flexibility.

Chairwoman Cohen:

Ms. O'Krent, is that language similar to that of other boards?

Karly O'Krent:

Yes, oftentimes we include that language to give them that flexibility.

Assemblywoman Duran:

Also on page 33 in section 38, subsection 2, paragraph (a), subparagraph (3), why is it important to know if the applicant is a citizen of the United States and has the right to work in the U.S.?

Jeanette Belz:

That was also LCB language.

Chairwoman Cohen:

Ms. O'Krent is indicating she needs some time to look that up. When I read that, I thought it was not just citizenship but ability—citizenship or the ability to work in the United States.

Assemblywoman Titus:

We many times bring in technologists, nurses, and other health care professionals from the Philippines and other countries. They have to have a special work visa to be here, but they obviously do not have to be citizens.

Chairwoman Cohen:

Ms. O'Krent is indicating that is also fairly standard language.

Assemblywoman Duran:

I was just wondering, because most places ask for a person's I-9 [employment eligibility verification] form and work cards anyway. In some of the other bills I have seen, we are trying to remove some of that language.

Chairwoman Cohen:

On page 29 in section 33, subsection 6, there is reference to the "committee" meeting, et cetera. Is this going to be staffed by the Division?

Jeanette Belz:

There will be minimal staff from the Division, so, yes, they will be providing support to that committee.

Chairwoman Cohen:

Are there any other questions? [There was no reply.] Seeing none, we will take testimony from those in support.

Joan Hall, President, Nevada Rural Hospital Partners:

Nevada Rural Hospital Partners are the 12 critical access hospitals and their 16 rural health clinics. I appreciate the proponents and Senator Woodhouse meeting with us all last session, all interim, and most of this session. A lot of that time was spent assuring that our unique rural needs were met. Our rural health clinics are very distant, and some of them and the FQHCs have X-ray machines. They need to have radiology techs providing that service. This group met with us, assured us that our needs were met and that access to care would continue, still recognizing the importance of quality staffing and education for those staff members. As you heard Assemblywoman Titus say, there are older techs in many of the rural areas who have been in those facilities for years and years. Without the grandfather clause, they would not have been able to continue. So, we are in full support, appreciate their efforts, and urge your support of this bill.

Chairwoman Cohen:

Thank you very much. Are there any questions? [There was no reply.] Seeing no one else in support, do we have anyone in opposition? [There was no response.] Seeing no one in opposition, is there anyone neutral? [There was no response.] Seeing no one neutral, Senator, would you like to make any closing remarks?

Senator Woodhouse:

I just want to extend my appreciation to the Committee for hearing this bill today and also to the stakeholders, and especially to Chad Hensley and Jeanette Belz. Without all their work over the past few years, we would not be where we are today with this piece of legislation, and I encourage your support of S.B. 130 (R2).

Chairwoman Cohen:

We will close the hearing on S.B. 130 (R2). I will now open the hearing on the last bill on our agenda today, Senate Bill 363 (2nd Reprint).

Senate Bill 363 (2nd Reprint): Requires the Legislative Committee on Health Care to study matters relating to stem cell centers during the 2019-2021 legislative interim. (BDR S-1017)

Senator Joyce Woodhouse, Senate District No. 5:

This bill originally proposed establishing the Nevada Stem Cell Center as an independent, nonprofit corporation to provide stem cell treatments, conduct stem cell research, and educate the public about these types of cells. The Center would have been closely associated with the University of Nevada, Las Vegas (UNLV). However, the second reprint of the bill revises the concept to require "the interim Legislative Committee on Health Care, during the 2019-2021 legislative interim to . . . study stem cell centers in different states and countries" to determine the best practices, the services provided by stem cell centers, the value such centers bring to a community, and the best placement and type of organization for a stem cell center in Nevada, including whether or not it should be established as part of a state agency, as a program within the Nevada System of Higher Education, or as a public or private nonprofit entity. In addition, the bill requires the Legislative Committee on Health Care to submit its findings and any recommendations for legislation to the Governor at the 81st Session of the Nevada Legislature.

For those unfamiliar with the science and research behind this type of cell, according to the National Institutes of Health ["Stem Cell Information, Basic Questions"]:

Stem cells are cells that have the potential to develop into some or many different cell types in the body Serving as a sort of repair system, they can theoretically divide without limit to replenish other cells for as long as the person or animal is still alive. When a stem cell divides, each "daughter" cell has the potential to either remain a stem cell or become another type of cell with a more specialized function, such as a muscle cell, a red blood cell, or a brain cell.

To date, scientists and health professionals have made impressive strides using stem cells to help treat complicated diseases such as leukemia, lymphoma, neuroblastoma, and multiple myeloma. Clinical trials involving stem cells are ongoing throughout the United States on numerous other conditions as researchers explore the possibilities of these cells. I believe it is time for Nevada to join that field, and Senate Bill 363 (2nd Reprint) allows the existing interim Legislative Committee on Health Care to explore how best to accomplish this goal. Thank you for considering this measure and I urge your support.

Chairwoman Cohen:

Are there any questions?

Assemblywoman Titus:

Thank you for bringing the bill forward, but even more important, thank you for the amendment that will allow a look at where this clinic would be best placed. Attaching it to a new program at UNLV may not necessarily be the best place—although maybe it will be. Throughout the state are other institutions and professionals who have skills, and we want to attract people from around the world to this resource. Do the research; do the studies. Can Nevada do this? Can we afford it here, and if so, where should it be placed? We need to be open-minded and think of all citizens, so it does not become a resource in only one part of the state, it does not become only one identity—it becomes what is best for all Nevadans. I really appreciate that, and I absolutely support the bill.

Chairwoman Cohen:

Are there any other questions? It looks like a good idea to me. We will now call up any support in Carson City. Please come forward.

Luis F. Valera, Vice President, Government Affairs and Compliance, University of Nevada, Las Vegas:

We want to thank Senator Woodhouse for bringing this bill forward. We certainly look forward to whatever guidance or direction the interim committee provides. Certainly, the University of Nevada, Las Vegas stands ready to support with faculty, research, and whatever other resources we can add to this.

Chairwoman Cohen:

Mr. Valera, I may be putting you on the spot, so it is all right if you do not know the answer to this, but are there any exciting things at UNLV relating to research around this field?

Luis Valera:

I know of at least one faculty member at the School of Medicine who specializes in this field—stem cell research. We would not restrict our contribution just to the UNLV School of Medicine. There are other disciplines and other sciences that can contribute to this study and to whatever research might be useful in determining if this is viable and reasonable.

Michael Hackett, Private Citizen, Reno, Nevada:

I am here on behalf of myself today. Several years ago, my wife underwent orthopedic stem cell treatment. I can speak firsthand to the difference it has made in her quality of life, especially considering the options that were presented to her at the time. I was able to observe the entire process except for when the stem cells were actually injected into the site where the problem was. I am wholly in support of anything that brings stem cell therapy and treatment into the mainstream.

Chairwoman Cohen:

Seeing no one else in support, do we have anyone in opposition? [There was no reply.] Seeing no one, is anyone neutral? [There was no reply.] Seeing no one, Senator, would you like to make any closing remarks? Senator Woodhouse has waived closing remarks, so we will close the hearing on S.B. 363 (R2) and open for public comment. Is there anyone who wishes to make public comment? [There was no reply.] Seeing none, we will be having a hearing on Thursday, but as you know, this week you need to stay flexible and available for hearings. We are adjourned [at 3:27 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Lesley E. Cohen, Chairwoman

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is written information in support of Senate Bill 130 (2nd Reprint), presented by Senator Joyce Woodhouse, Senate District No. 5; Jeanette K. Belz, representing American Society of Radiologic Technologists; and supplied by Chad Hensley, representing Nevada Society of Radiologic Technologists.