

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

**Eightieth Session  
March 8, 2019**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 2:29 p.m. on Friday, March 8, 2019, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Pat Spearman, Chair  
Senator Nicole J. Cannizzaro  
Senator James Ohrenschall  
Senator Chris Brooks  
Senator Joseph P. Hardy  
Senator James A. Settelmeyer  
Senator Heidi Seevers Gansert

**GUEST LEGISLATORS PRESENT:**

Senator Keith F. Pickard, Senatorial District No. 20

**STAFF MEMBERS PRESENT:**

Cesar Melgarejo, Policy Analyst  
Marjorie Paslov Thomas, Policy Analyst  
Bryan Fernley, Committee Counsel  
Jennifer Richardson, Committee Secretary

**OTHERS PRESENT:**

Garth Harris  
Daniel Lyons, O.D., Nevada Osteopathic Association  
Mark D. Funke, D.D.S., Nevada Dental Association  
Robert Talley, D.D.S., Executive Director, Nevada Dental Association  
Catherine O'Mara, Nevada State Medical Association

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Richard L. Martin  
Michael Hillerby, State Board of Pharmacy  
Terry Murphy  
Warren B. Hardy II, City of Mesquite  
Aaron Baker, City of Mesquite  
Joan Hall, Nevada Rural Hospital Partners  
Mary Walker, Carson Tahoe Regional Health  
Bill Welch, Nevada Hospital Association  
Keith Lee, Board of Medical Examiners  
Brett Salmon, President, Nevada Health Care Association  
Leon Ravin, M.D., Division of Public and Behavioral Health, Department of  
Health and Human Services  
Liam Kilroy, Las Vegas Convention and Visitors Authority

CHAIR SPEARMAN:

We will begin the hearing with Senate Bill (S.B.) 187.

**SENATE BILL 187**: Revises provisions governing prescriptions for controlled substances by a dentist, optometrist or physician for the treatment of pain. (BDR 54-39)

SENATOR KEITH F. PICKARD (Senatorial District No. 20):

I am here to present S.B. 187. I will read from a prepared statement ([Exhibit C](#)). I submitted a conceptual amendment ([Exhibit D](#)) for consideration.

SENATOR HARDY:

When Senator Pickard came to me to co-sponsor S.B. 187, I asked to add physicians to the bill. Physicians use the same process to prescribe opioids for acute pain. Senator Pickard included physicians with dentists and optometrists.

A bill passed last Session requiring physicians to get patients' full medical and prescription monitoring records before writing an opioid prescription. Obtaining these records in a short amount of time is difficult. People are in pain and doctors need to give them relief.

GARTH HARRIS:

I am in support of S.B. 187. As new regulations were implemented last year, we found it problematic to get the records in a timely manner. In the dental industry, we have between 48 to 72 hours to treat our patients in a timely

manner for acute pain. By the time we get those records and perform a medical exam, we have few options to treat the patient. It became problematic.

Because of the implementation of the law, I have written two prescriptions for narcotics. I turned away many patients who were allergic to ibuprofen or other medications. Those patients go without pain relief.

DANIEL LYONS, O.D., (Nevada Osteopathic Association):

I am in support of S.B. 187. I am an optometrist and a clinic director in Reno. I work with four ophthalmologists. We are familiar with the eye; however, we are not familiar with performing physicals. That is outside our scope of practice. The law has limited the number of pain medications we can prescribe within our practice. Lasik patients are affected the most.

SENATOR SEEVERS GANSERT:

Do you have any amendments? It sounds like Mr. Hillerby does. I have a question about section 2, subsection 4 which allows a dentist, optometrist or physician to renew a prescription. Can they write a prescription and keep renewing that prescription within the minimum amount of time? Is there a limitation on that?

SENATOR PICKARD:

The existing regulations and practice acts are more restrictive. Mr. Hillerby will discuss that in more detail. We can change the language and write an amendment in order to ensure the existing regulation and this bill do not conflict. I have not discussed the issue with the State Board of Pharmacy (SBOP).

The SBOP regulations on prescribing narcotics is limited to 72 hours. If the prescription is needed beyond 30 days, the prescriber would be subject to either existing law or amendments that Assemblyman Sprinkle is working on. There is a bill in the Assembly addressing this issue. There are several moving parts to this regulation. We expect to have them resolved by the time S.B. 187 is finalized.

SENATOR SEEVERS GANSERT:

You alluded to amendments, but I was not sure what direction they were going. The renewal process is the issue I have with the bill.

SENATOR PICKARD:

We anticipated that. As we work with the SBOP, we will make sure the different moving parts are aligned. If language is needed that is not covered in the practice acts or SBOP regulations, we will add amendments. We do not want to displace current regulations, so we do not want to include anything that is more restrictive. We want to let the SBOP control the nature of the regulations.

MARK D. FUNKE, D.D.S. (Nevada Dental Association):

I am in support of S.B. 187. I will read from a prepared statement ([Exhibit E](#)).

ROBERT TALLEY, D.D.S. (Executive Director, Nevada Dental Association):

We are in support of S.B. 187. We believe our dentists, who are performing all of the requirements of the original bill which include informed consent, risk assessment, screening in the Prescription Monitoring Program, thorough medical history and oral examination. We will be able to determine whether the patient is a candidate for an opioid prescription. This bill allows them to do this without a full physical examination and a review of complete medical records.

CATHERINE O'MARA (Nevada State Medical Association):

We are in support of S.B. 187. The implementation of A.B. No. 474 of the 79th Session has created a lot of work. We acted to educate physicians about what the bill does and does not do. With any large piece of legislation, there are unintended consequences.

Senate Bill 187 closely mirrors the intent behind the previous legislation which was to require a risk assessment and physical examination to be performed. These checks should be done with what is reasonable in the scope of practice for physicians, optometrists and dentists.

We are involved in similar legislation in the Assembly with Assemblyman Sprinkle. As for amendments on this bill or the Assembly's bill, we would like to be a part of those conversations. We do not want there to be more confusion at the end of this Session. With Senator Pickard and Assemblyman Sprinkle working together, those concerns will be resolved.

Regarding physicians renewing prescriptions, the current statute created by A.B. No. 474 of the 79th Session is for acute pain. Those prescriptions are limited to 14 days with 1 refill. That is the maximum time allowed on

prescriptions before additional requirements set in at the 30-day limit. The 14-day time window is to cover surgeons. We want to make sure they could appropriately prescribe medications for their patients and have time to follow up with them.

SENATOR SETTELMAYER:

Dentists develop long relationships with their patients. I do not get rid of doctors; they get rid of me because they retire or sell their practice to someone else. What is the average length of time most people maintain a relationship with their dentist?

DR. TALLEY:

Patients stay with their dentists for many years.

RICHARD L. MARTIN:

I am in support of S.B. 187. I am a disabled hospital pharmacist with 25 years of experience and 4 years of experience with cancer patients, managing pain, monitoring and adjusting medications, including opioids.

I am on monitored high dose opioid pain medications for my disability. Please consider passage of this bill.

While I support this bill, it does not consider needs for long-term pain patients. That issue needs more attention. Pain patients in Nevada are watching closely as the Legislature is working through these different bills. We want to make sure we protect the patients in pain.

In November 2018, the Human Rights Watch (HRW), released a document about the efforts to reduce opioid prescribing. They state that reducing opioid prescriptions have harmed patients across the Country. This is an understatement. This harm is caused by the Centers for Disease Control and Prevention (CDC) guidelines on prescribing opioids for chronic pain.

One thing that HRW learned was how little government knows about the adverse effects of cutting back opioid prescribing. They recommend the CDC guidelines be suspended and revised.

The January 2018 *British Medical Journal* published an article about 500,000 patients prescribed opioids. After 13 weeks, less than 1 percent of

those patients were taking an opioid pain reliever. After 30 months, 0.6 percent were diagnosed with an opioid use disorder. I cannot be sure the CDC statistics are accurate.

Last year in the *American Journal of Public Health*, four researchers at the CDC commented that illicit fentanyl and other synthetic black market opioids have been erroneously counted as prescription drug deaths.

The American Medical Association (AMA) passed a resolution in November 2018. It coincided with the legislation going on in Nevada. The Morphine Milligram Equivalent (MME) thresholds should be used as a guidance. A physician should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecutions, civil liabilities, practice limitations or other penalties for prescribing opioids at a quantitative level above the MME threshold found in the CDC guidelines.

The AMA has taken notice. There are 200,000 members in the AMA. They are watching what Nevada does with this legislation.

MICHAEL HILLERBY (State Board of Pharmacy):

We are in support of S.B. 187. Assembly Bill No. 474 of the 79th Session was a comprehensive piece of legislation. There have been challenges in implementing the bill. After working with State agencies, licensing boards and practitioner groups, the SBOP submitted regulations which the Legislative Commission approved in June 2018. They helped provide definitions to A.B. No. 474 of the 79th Session that were causing some confusion.

In an attempt to deal with the issue of physical examinations set out in that bill, the review of records and the physical examination can concentrate on the area of the body causing pain to the patient. This was an effort to deal with the optometrists and dentists, but it is not as clean as we would like to have in the statute.

We brought our concerns to Senator Pickard's attention regarding section 2, subsection 4. We wanted to provide a more expansive ability for optometrists to refill and prescribe opioids than what is allowed in *Nevada Revised Statute* (NRS) 636.2882. That statute provides a limited list of controlled substances that optometrists can prescribe for 72 hours with no refills allowed.

We did not bring an amendment. We will work with the Committee to determine if we want to change specific language in the bill or make a reference to the NRS. It is not our intent to change the scope of practice.

TERRY MURPHY:

I am neutral toward S.B. 187. My interest in this topic stems from my experience as a person who lives with a long-term painful condition, as a mother of someone with a long-term painful condition, as a person who is helping people find treatment for addiction and as a person who has seen firsthand how deadly the consequences of an overdose can be.

This bill, along with Assemblyman Sprinkle's bill, are meant to ease some of the administrative burdens of A.B. No. 474 of the 79th Session. Amendments are necessary. We have an opportunity to make some revisions that could reduce the harm occurring to chronic pain patients in the State, as well as improve our performance on addiction treatment.

People in Nevada with painful conditions like sickle cell anemia, fibromyalgia, endometriosis and cancer are running into roadblocks for treatment. In a letter from the Health Professionals for Patients in Pain, it was noted that patients are faced with payer imposed payment barriers, pharmacy demands for the medical chart or explicit taper plans as a precondition for filling prescriptions. I can attest to these things happening because they are happening to me and many other Nevadans.

Restricting pain prescriptions for the elderly, the seriously ill, and those who have long-term diseases gives us a false sense of having done something, but it created a new crisis without making a dent in the existing opioid crisis. These issues must be addressed.

Because of the small size of our State and because of innovative programs that provide a continuum of care and services for addiction, we have the ability to work on a positive solution. If we take the time this Session to understand pain care and addiction as separate issues, we can lead the Nation in solving both of these crises.

I am one of the people who has faced a roadblock between payer and pharmacy. I am not sure how I will manage that. I look forward to working with members of the Committee to address my concerns.

SENATOR PICKARD:

I agree with Ms. Murphy about the myriad of problems we face. The intent of the bill is to focus on the problems that dentists and optometrists had in prescribing these medications. They were sending patients to the emergency room or to a pain management specialist.

Emergency rooms are an inappropriate place for those patients; they should be treating emergencies. Pain management specialists solve chronic pain. They are not intended to be servicing patients with short-term acute pain.

As Mr. Hillerby mentioned, there are a few changes we need to make in conjunction with what Assemblyman Sprinkle is working on to pass this bill. Within the next week or two, we will have the final amendment language.

CHAIR SPEARMAN:

We will close the hearing in S.B. 187. We will open the hearing on S.B. 63.

**SENATE BILL 63**: Revises provisions that relate to certain health care professions and which govern new construction by or on behalf of health facilities. (BDR 54-474)

WARREN B. HARDY II (City of Mesquite):

I am presenting S.B. 63 for the City of Mesquite. This bill is designed to help Mesquite eliminate barriers in providing health care to the people of our city, and it will address barriers to health care for other communities.

AARON BAKER (City of Mesquite):

This bill addresses three healthcare barriers in Nevada that we see in Mesquite.

The first issue this bill addresses is with provisional licensing and the endorsement process for licensing of medical professionals. The process takes longer than medical professionals care to wait. We are proposing a provisional licensing that will allow the process to occur quickly. We had discussions with other groups. Mr. Hardy will address this with proposed amendments ([Exhibit F](#)).

The second issue this bill addresses is the sharing of information between the endorsement process, through the State, and the credential process, through the insurance companies. A medical professional will submit their information to

the State then take time and money to regather that same information to submit to the insurance companies. With the applicant's permission, this allows the information to be shared automatically.

The third issue this bill addresses is with the growing healthcare need in our community. The bill allows for greater healthcare opportunities. We have a second proposed amendment ([Exhibit G](#)) from Mary Walker. We support the proposed amendment changing the population threshold from 25,000 people to 20,000 while preserving the original language in the bill. This satisfies the needs of Ms. Walker and the needs of the City of Mesquite.

MR. HARDY:

When we spoke with doctors throughout the State regarding provisional licensing, we learned that the licensing process is taking longer than anticipated. This bill takes a traditional approach to addressing that.

When an application has been submitted to the Board of Medical Examiners (BME), they will issue a provisional license that is good up to a year and is renewable.

I spoke with Keith Lee who represents the BME. The delay that medical professionals cite is not with issuing the license. Issuing the license is not taking a long time, but what is taking a long time is the gathering of a complete application.

Applicants are required to provide information going as far back as medical school. Doctors are having a difficult time gathering this information. We conceptually discussed an amendment with the BME that says something to the extent of "if it is not a life safety issue and the public is not in harm's way, the BME can issue a provisional license." That would give the doctor time to get the information to complete the application.

The City of Mesquite was concerned about the status of their small hospital. The Certificate of Need is a barrier to getting practitioners and facilities that are needed in our community. We do not want to impact those communities who wish to keep their Certificate of Need requirements.

The current statute impacts Mesquite, Boulder City and Incline Village. The other two cities would like to continue to require the Certificate of Need;

Mesquite would like to have it removed. This is the justification for the 20,000 population cap reduction. The proposed amendment addressing this is acceptable.

JOAN HALL (Nevada Rural Hospital Partners):

We are in support of S.B. 63 with the proposed amendments. We were opposed to the bill over the Certificate of Need process. With Mr. Hardy's willingness to accept the two amendments, we can support the Certificate of Need portion of this bill.

The Certificate of Need process is protective in nature. It is an application process that is prescribed by the Department of Health and Human Services. The Department looks at the need for new growth in an area, and they look at the economic ability to support the need. That is protective to the rural communities.

The population cap was inserted in 2015 to put Mesquite, Boulder City and Incline Village into the statute. Boulder City and Incline Village hospitals want to remain under the current statute. The amendment offered by Mr. Hardy is accepted.

Ms. Walker's amendment retaining the original statutory language proposed to be deleted in the bill is important.

MARY WALKER (Carson Tahoe Regional Health):

We are in support of S.B. 63 with the proposed amendments.

BILL WELCH (Nevada Hospital Association):

We are in support of S.B. 63 with the proposed amendments. Many of our rural communities have a single hospital. The intent of the Certificate of Need process is to require a new provider/servicer to disclose how it will impact the existing hospital to ensure that it does not compromise the sustainability of the medical providers.

KEITH LEE (Board of Medical Examiners):

We are opposed to S.B. 63. I will read from a prepared statement ([Exhibit H](#)).

BRETT SALMON (President, Nevada Health Care Association):

We are in opposition of S.B. 63. I will read from a prepared statement ([Exhibit I](#)).

MR. HARDY:

I spoke with the BME. They are not the problem with the timeliness of licenses. It is the process of putting together a complete application that takes too long. The BME is willing to work with us, and we can find a solution.

Our inability to get providers is the problem. Urban areas have a hard time finding providers; it is more challenging for rural communities, especially when it takes so long.

I understand the need for a Certificate of Need for skilled nursing. I am thoroughly educated on the value of the Certificate of Need. Skilled nursing facilities are a perfect example. The challenge they have is with high end medical boutiques moving in and undercutting them.

The Certificate of Need should be selectively and strategically used to address those problems. They are not to be used globally; not every situation needs a one-size-fits-all solution. Mesquite has a different circumstance that does not call for a Certificate of Need. We tried working with Certificates of Need. We see it as a barrier to health care in our community.

The City of Mesquite does not have a labor and delivery center. We were told that we could bring in a birthing center but we could not have a surgical center. This is unacceptable because the birthing center would not service women with emergency Cesarean deliveries. We send women to St. George, Utah by ambulance to give birth.

We are not trying to hurt skilled nursing centers. If the stakeholders want to continue to have the Certificate of Need, we have exempted them from the bill. The City of Mesquite sees these issues as the cause of those barriers. That is the intent of our bill.

CHAIR SPEARMAN:

We will close the hearing on S.B. 63. We will open the hearing on S.B. 170.

**SENATE BILL 170**: Revises provisions relating to health care. (BDR 54-523)

SENATOR HARDY:

Last Session, it was decided that botulinum toxin (BTX) was a poison and should not be used outside a medical facility. There was a problem with BTX being used outside of a medical environment, at parties and spas.

Botulinum toxin produced by the clostridium botulinum bacterium is a poison. It is a powerful toxin and it has the ability to relax muscles. If muscles relax too much, they do not work. Because of the dangers involved with exposure to BTX, we do not put honey on a pacifier or let children younger than two years old consume honey.

It was discovered that Las Vegas is a medical convention destination for professionals who wish to learn how to use BTX and fillers in their practices. However, the bill passed last Session prevented people from coming to Nevada for that purpose.

This bill grants medical professionals the ability to train their peers how to administer BTX in a setting of continuing medical education approved by an accredited and credentialed institution such as the American Medical Association, The American Association of Family Practice and the American Osteopathic Association.

We have a proposed amendment ([Exhibit J](#)) from the Nevada State Medical Association (NSMA) that amends sections 1, 16 and 17 of the bill.

Sections 1 and 17 reiterates what I said about approving continuing education conventions.

Section 16 was requested by Leon Ravin to address chemically restraining patients with BTX. This allows psychiatric professionals to use acute chemical restraints that are compatible with current methods. Mr. Ravin will explain that process in his testimony.

MS. O'MARA:

We passed S.B. No. 101 of the 79th Session to protect patients. In section 1 of that bill, we restricted the administration of dermal fillers and BTX to a medical facility or office. Because Las Vegas is a destination for aesthetician conferences, the new statute created a problem. The American Society for

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Aesthetic Plastic Surgery, the Vegas Cosmetic Surgery and Aesthetic Dermatology and many other groups put on conferences in Nevada every year.

This bill fixes the statute and conveys the intention of the previous legislation. It allows the administration of these chemicals in an educational venue.

LEON RAVIN, M.D. (Division of Public and Behavioral Health, Department of Health and Human Services):

We are neutral toward S.B. 170. I will read a prepared statement ([Exhibit K](#)).

SENATOR OHRENSCHALL:

Will the changes in section 16 apply to adults and children in a mental health institution? Will these medications be used only when necessary?

DR. RAVIN:

Neither the current statute nor the proposed changes differentiate between adults and children.

The medications are defined as chemical restraints when they are used in a manner described by the standard of care guidelines for specific psychiatric disorders or by federal prescription guidelines. Frequency of administration does not determine if the medication is a chemical restraint.

LIAM KILROY (Las Vegas Convention and Visitors Authority):

We are in support of S.B. 170 especially in section 1. We worked with the NSMA on this bill during the Interim.

SENATOR HARDY:

Thank you for allowing me to correct my mistake with the previous legislation.

CHAIR SPEARMAN:

We will close the hearing on S.B. 170. We will begin the work session on S.B. 39.

**SENATE BILL 39**: Revises provisions governing appraisers and appraisal management companies. (BDR 54-224)

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CESAR MELGAREJO (Policy Analyst):

I have the work session document ([Exhibit L](#)) which explains S.B. 39 and the five proposed amendments.

SENATOR CANNIZZARO MOVED TO AMEND AND DO PASS  
S.B. 39 AS AMENDED.

SENATOR SEEVERS GANSERT SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

We will close the work session on S.B. 39. We will begin the work session on S.B. 119.

**SENATE BILL 119**: Requires certain health and safety training for workers and supervisors performing work at sites where exhibitions, conventions or trade shows occur. (BDR 53-570)

MR. MELGAREJO:

I have the work session document ([Exhibit M](#)) which explains S.B. 119 and the three proposed amendments.

SENATOR OHRENSCHALL MOVED TO AMEND AND DO PASS  
S.B. 119 AS AMENDED.

SENATOR BROOKS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

We will close the work session on S.B. 119. We will begin the work session on S.B. 130.

**SENATE BILL 130**: Provides for the licensing and regulation of certain persons who administer radiation. (BDR 40-61)

MR. MELGAREJO:

I have the work session document ([Exhibit N](#)) which explains S.B. 130 and the 18 proposed amendments. There is a need to add clarifying language to these proposed amendments.

BRYAN FERNLEY (Committee Counsel):

I would like to add clarity to proposed amendments 16, 17 and 18. Sections 62 and 63 of the introduced version of the bill would prohibit a podiatry hygienist from engaging in radiation therapy or radiologic imaging unless the podiatry hygienist obtained the licensing required by sections 22 through 51 of the bill, or the podiatry hygienist has successfully completed training prescribed by the State Board of Podiatry (BOP) and is acting within the practice of podiatry and under the supervision of a podiatric physician.

The section would require the BOP to adopt those regulations to prescribe the training that the podiatry hygienist had to receive in order to perform those functions.

The proposed amendments described would remove sections 62 and 63 of the bill, and instead, the proposed amendment would add to section 32 a provision exempting podiatry hygienists or persons in active training to become a podiatry hygienists from the requirements related to the license to engage in radiation therapy and radiologic imaging if the radiologic imaging was performed in the course and scope of employment and in compliance with the law and regulations governing the practice of podiatry.

However, under this proposed amendment, that exemption will be effective only when the regulations adopted by the BOP to govern the performance of radiologic imaging become effective. If those regulations do not become effective by January 1, 2020, the provisions of sections 62 and 63 will become effective and podiatry hygienists will have to get the license required by the bill or complete the training prescribed by the BOP. That would be in effect until the BOP adopts regulations that cause the exemptions to be effective.

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SENATOR HARDY:

If someone is in training now, are they not allowed to perform radiologic imaging until January 1, 2020?

MR. FERNLEY:

The bill becomes effective January 1, 2020. Whatever the people in training are authorized to perform now, they can continue to do until the bill becomes effective on January 1, 2020. If the regulations are adopted by the BOP before January 1, 2020, they would be governed by those regulations.

SENATOR HARDY MOVED TO AMEND AND DO PASS S.B. 130  
AS AMENDED.

SENATOR OHRENSCHALL SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR SPEARMAN:

We will close the work session on S.B. 130. The meeting is adjourned at 3:55 p.m.

RESPECTFULLY SUBMITTED:

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Jennifer Richardson,  
Committee Secretary

APPROVED BY:

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Senator Pat Spearman, Chair

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

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit / # of pages</b>		<b>Witness / Entity</b>	<b>Description</b>
	A	2		Agenda
	B	7		Attendance Roster
S.B. 187	C	6	Senator Keith F. Pickard	Introductory Remarks
S.B. 187	D	1	Senator Keith F. Pickard	Conceptual Amendment
S.B. 187	E	2	Mark D. Funke	Written Testimony
S.B. 63	F	1	Warren B. Hardy II / City of Mesquite	Proposed Amendment
S.B. 63	G	1	Mary Walker / Carson Tahoe Regional Health	Proposed Amendment
S.B. 63	H	3	Keith Lee / Board of Medical Examiners	Opposition Testimony
S.B. 63	I	1	Brett Salmon / Nevada Health Care Association	Written Testimony
S.B. 170	J	1	Catherine O'Mara / Nevada State Medical Association	Proposed Amendment
S.B. 170	K	1	Leon Ravin / Division of Public and Behavioral Health	Neutral Testimony
S.B. 39	L	20	Cesar Melgarejo	Work Session Documents
S.B. 119	M	2	Cesar Melgarejo	Work Session Documents
S.B. 130	N	15	Cesar Melgarejo	Work Session Documents