

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

**Eightieth Session
March 15, 2019**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 1:38 p.m. on Friday, March 15, 2019, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4404B 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 Moises Denis, Senatorial District No. 2

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Kevin Sigstad, Nevada Realtors
Tiffany Banks, Nevada Realtors
Sharath Chandra, Real Estate Division, Department of Business and Industry
John Packham, Office of Statewide Initiatives, University of Nevada, Reno
Michael Hackett, Nevada Primary Care Association
Paul Moradkhan, Las Vegas Metro Chamber of Commerce

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Colleen Platt, Northern Nevada HOPES
Heidi Parker, Executive Director, Immunize Nevada
Joan Hall, Nevada Rural Hospital Partners Foundation
Nicki Aaker, Director, Carson City Health and Human Services
Susan Fisher, State Board of Osteopathic Medicine
Keith Lee, Board of Medical Examiners
Joseph Heck, Nevada Osteopathic Medical Association

CHAIR SPEARMAN:

We will open the hearing with Senate Bill (S.B.) 230. Senator Ohrenschall will lead the Committee today.

SENATE BILL 230: Revises provisions relating to certain real estate professions.
(BDR 54-311)

SENATOR MOISES DENIS (Senatorial District No. 2):

I am here to present S.B. 230. I want to disclose that I have a real estate license.

I was approached by members of the real estate industry because they want a better interface when they serve consumers. Consumers are making the largest investment of their lifetimes. With this bill, we are raising the bar for those who want to become licensed, those who are licensed and those who supervise licensees.

In 2008, the Real Estate Division (Division) of the Department of Business and Industry established regulations prohibiting a licensee from advertising or otherwise conducting business under a name other than the name under which he or she is licensed. It is my understanding that the regulations were not enforced until a few years ago. It affected realtors when they renewed their licenses.

This becomes a problem when realtors are established in the community. It is confusing for their clients, and it is damaging toward realtors' efforts to promote their business. Senate Bill 230 seeks to resolve these problems.

My name is an example of this problem. My given name is Moises, but people know me as Mo. When I order business cards, I have Mo listed as my name because that is how people know me.

Section 1 of the bill requires a person licensed by the Division to include his or her license number on any advertisement and authorizes a licensee to advertise under a nickname which is set forth on his or her license.

Section 2 of the bill requires an applicant who intends to use his or her nickname to include the nickname on the application.

Section 3 of the bill requires the license issued to include the nickname provided in the application.

Section 4 of the bill removes the requirement for a real estate broker or developer to prominently display in his or her place of business, the licenses of all real estate people and real estate salespeople who are associated with the broker or employed by the owner-developer. This section of the bill requires licenses to be kept in a secure manner and be available on request to the public or to the Division during business hours.

Section 5 of the bill requires the Real Estate Commission to adopt regulations that set forth certain subject matter in continuing education which must be completed by a licensee before a license may be renewed or reinstated by the Division. Having that education helps the realtor to better represent the consumer.

Regarding the continuing education, there is a provision in the bill for individuals 70 years of age or older and who have been licensed for 30 years or longer to apply for an exemption from the required continuing education.

The Commission may also adopt regulations to require a person to complete the postlicensing curriculum before a licensee may list or write a contract for the sale of a parcel of real estate. Currently, when a person obtains his or her license, he or she is required to attend classes that train licensees on how to write a contract. The licensee has a year to complete those courses.

KEVIN SIGSTAD (Nevada Realtors):

We are in support of S.B. 230. We have a proposed amendment ([Exhibit C](#)) that was agreed on by the Division that makes the bill more workable for us.

TIFFANY BANKS (Nevada Realtors):

I will discuss the proposed amendment which is replacing parts of the original bill.

Section 1 requires licensees to include their license numbers issued by the Division on all forms of advertising. This section is removed under the proposed amendment. The Division is requiring licensees to add that to the application and the Division will work with the Commission on allowing them to advertise using their nicknames, as long as their license numbers are on the advertisement.

Section 3 requires a person to complete 90 hours of prelicensing education before taking the real estate exam and becoming licensed. Section 3 of the bill authorizes the Commission to establish by regulation, a prelicensing curriculum of no less than 120 hours, which must include no less than 15 hours of instruction on how to prepare a contract in a real estate transaction to the extent allowed in his or her capacity as a licensee and no less than 15 hours of instruction on agency.

Section 4 requires licenses to be kept in a secure manner.

Section 5 authorizes the Commission to establish a curriculum of continuing education of no less than 36 hours to be completed every 2 years.

SENATOR OHRENSCHALL:

Will the exemption for licensees who are over the age of 70 remain in the proposed amendment?

Ms. BANKS:

Yes, it will.

SHARATH CHANDRA (Real Estate Division, Department of Business and Industry):

The Division is neutral toward S.B. 230. There are positive changes in the bill. We have several outstanding issues we will work to address. We will have a proposed amendment in time for the work session for this bill.

SENATOR DENIS:

We will work out the remaining issues and quickly have them to the Committee.

SENATOR OHRENSCHALL:

We will close the hearing on S.B. 230. We will open the hearing on S.B. 171.

SENATE BILL 171: Provides for the collection of information from certain providers of health care. (BDR 54-73)

SENATOR JOSEPH P. HARDY (Senatorial District No. 12):

I am presenting S.B. 171. This bill works in conjunction with two other bills in the current Legislative Session. This bill addresses the collection of data from healthcare providers in order for State agencies to use that data to serve Nevadans.

Nevada has a shortage of healthcare providers. Two out of three Nevadans live in an area designated by the federal government as having a shortage of primary care providers. Three out of four Nevadans live in areas with dental health professional shortages. Nine out of ten Nevadans live in areas with mental health professional shortages. These statistics are worse in the rural regions of Nevada.

The provider shortage makes it difficult for people to access the care they need. With the numerous resources we have to address the healthcare shortages, we do not have sufficient data to efficiently and effectively address the ways to improve these statistics.

The Office of Statewide Initiatives (OSI) at the University of Nevada, Reno, School of Medicine, collects a limited data set on healthcare professionals submitted voluntarily by health professional licensing boards.

The bill aims to collect data and better inform policymakers in the State by expanding the amount and quality of data collected and by mandating certain healthcare professionals to complete a brief survey as part of licensure renewal.

This bill will ensure we have reliable, comprehensive data in Nevada's healthcare workforce to support data-driven policy development and informed decisions at the local and State level. It will help identify areas of need, assist development of specific educational programs and better address State needs.

The bill will provide information to better evaluate whether health insurance provider networks are adequate, whether the providers in the network have the

capacity to serve everyone covered by certain plans, and whether recruitment and retention incentives, such as loan repayment programs, may be most beneficial.

The information collected will promote data-driven policy in numerous agencies, including the Department of Health and Human Services, the Division of Insurance, the Nevada System of Higher Education Workforce Development, the Governor's Office of Economic Development, the Office of Workforce Innovation and local public health authorities.

We have a conceptual amendment ([Exhibit D](#)) that I will read to the Committee.

Section 18 of the bill is about markers for chronic diseases. We report incidents such as overdoses and communicable diseases. This section will add other markers so we can get an indication of what chronic diseases are affecting Nevadans.

JOHN PACKHAM (Office of Statewide Initiatives, University of Nevada, Reno):
I will provide a few general comments on the bill. By my count, 15 states collect healthcare workforce data through the licensure renewal process. It is a cost-effective way to capture data.

I am frequently asked questions regarding how many full-time primary care physicians we have in Clark County or Elko, or how the race and ethnic makeup of our workforce compares to the general population. I do not have answers to these questions. I have data about licensure counts and per capita counts, but not much else.

In addition to the 15 states that collect data via the licensure renewal process, the State Board of Nursing has a process for capturing workforce data in the licensure renewal process. There are approximately 20 questions on a survey, and it takes less than 10 minutes for the licensee to complete. The quality of data we have on the nursing workforce is far ahead of what we have on other professions. This bill would address that.

The work done by the Legislature and by other policymakers will enable us to make data-informed decisions as a result of the type of data that we will be collecting.

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SENATOR OHRENSCHALL:

Do you find the reporting of communicable diseases and drug overdoses to be thorough in the language outlined in section 21 of the *Nevada Revised Statutes* (NRS) 441A.920?

SENATOR HARDY:

We are in the process of finding out. The reporting is new as of last Session. The institutions are collecting the data now. It is the consensus in the medical community it is necessary to collect the data.

SENATOR SEEVERS GANSERT:

It makes sense to query this information when someone is getting a license renewed. License renewals can vary from annual to biannual, but it is a good time to collect data. There can be survey fatigue. The bill has a lengthy list of information. I do not know if the list is better placed in statute or if it would be better to develop it through analysis.

SENATOR HARDY:

I agree.

SENATOR OHRENSCHALL:

In section 16, subsection 2 in the conceptual amendment it states "since a database is not created," what does that mean? How is the database not created if you are collecting information?

MR. PACKHAM:

Licensees provide information to licensing boards that would be forwarded to the OSI. We would not perform the data collection, but we would manage the data. It is collected through licensure renewal. We aggregate the data and share it with agencies with which we already share data. We would warehouse and oversee the management of the data.

It is not my decision with whom to share data. A broader group of stakeholders would inform us as to the proper use of that data and who would benefit through that type of data sharing. This bill establishes a workgroup to advise the OSI on how to do that.

SENATOR OHRENSCHALL:

You mentioned other jurisdictions that test for markers of chronic disease. Have professionals in those jurisdictions been able to go to those geographic areas or demographic areas and try to help people?

SENATOR HARDY:

This is new for Nevada. We care about how long people are going to live and how to help them to live longer. If we can help them get a handle on markers of chronic disease, then we may be able to design programs, processes and media that will address those issues. It will help people to feel better, live longer and stay healthy.

SENATOR OHRENSCHALL:

During the Interim, we have had doctors come to us concerned about opioid legislation that we passed last Session. Is there anything in this bill that would concern a prescriber? Is this the type of data the bill would seek?

MR. PACKHAM:

This bill does not collect that type of data.

MICHAEL HACKETT (Nevada Primary Care Association):

We are in support of S.B. 171. The information collected is critical to attracting federal resources to our health centers. This data can be used to increase the accuracy of surveys that designate health professional shortage areas and medically underserved areas. These are required for health center expansion and for loan forgiveness programs.

PAUL MORADKHAN (Las Vegas Metro Chamber of Commerce):

We support S.B. 171.

COLLEEN PLATT (Northern Nevada HOPES):

We support S.B. 171.

HEIDI PARKER (Executive Director, Immunize Nevada):

We support S.B. 171. Having access to health coverage has a direct effect on access to vaccines. In Nevada, we see disparities and lower immunization rates of children who live below poverty, live in rural Nevada counties, are uninsured and/or receive Medicaid.

An estimated 50 to 60 percent of Nevada's children are eligible for the Vaccines for Children Program which provides no-cost vaccines. Many of the enrolled offices see substantially less due to a number of factors, including where they are located, what plans they can contract with, available providers in their practice and whether they are able to take new patients.

Having access to this data will help Nevada work toward adequacy of these networks and remove the barriers for families who need access to vaccines.

JOAN HALL (Nevada Rural Hospital Partners Foundation):
We support S.B. 171 with the exception to section 19.

The federal Health Professional Shortage Area scores mentioned earlier are very important to rural hospitals for recruitment purposes. Federal and State loan repayment programs rely on this score. These scores are autopopulated by the federal government using inaccurate numbers based on where the providers live and not where they work. This is an important detail for us.

I sit on the Governor's Office of Workforce Innovation Health Care and Medical Services Sector Council. For years, we dealt with the inaccurate data and struggled to get accurate data. This bill will have a positive impact on both these issues. If it impacts the adequacy of networks for insurances, that would be icing on the cake.

As a registered nurse, I have to complete the questionnaire during relicensing, and it is not burdensome.

The pause I have on section 19 is with the added reporting requirements. It is not difficult. Some hospitals have trouble figuring out how to report it because there are a lot of A1C and cholesterol tests.

NICKI AAKER (Director, Carson City Health and Human Services):
We support S.B. 171. Getting data is helpful to get a true picture of health professionals in certain areas. We regularly complete a community health needs assessment. Having accurate data is important for us to develop our community health improvement plan.

We use the information from the OSI for various reports and grants. The chronic disease marker data would assist us in serving our population.

SUSAN FISHER (State Board of Osteopathic Medicine):

We were opposed to S.B. 171 as it was originally introduced. There are issues with the bill that concern the State Board of Osteopathic Medicine because it would impose a penalty. If there are no penalties to the licensees, no withholding their license renewal and the data is de-identified, then we can move our stance to neutral toward the bill with the conceptual amendment.

SENATOR OHRENSCHALL:

Does the conceptual amendment satisfy your concerns?

Ms. FISHER:

As it has been presented here today, yes. As long as we can reissue licenses even if licensees have not completed the survey, we will move to support. We have small networks and anything preventing physicians in our State from leaving is our goal.

KEITH LEE (State Board of Medical Examiners):

We were opposed to S.B. 171 as it was originally introduced. The conceptual amendment is a long way from where we want to be. The bill originally required the licensing boards to collect the survey data. We pushed back on that because we do not want to be involved in what data the survey collects.

We do not want the survey questions to come from us. If a licensee is denied renewal for any reason not related to the survey, it would open us up to liability based on perceived discrimination of a protected status.

The boards can be a conduit by which the survey will be forwarded to the relicensure applicants, and then we receive the information from OSI. Then that piece of the relicensure application has been met.

JOSEPH HECK (Nevada Osteopathic Medical Association):

We are opposed to S.B. 171. We recognize the value of valid data when assessing the healthcare workforce needs. We have concerns with the data reporting requirements contained in section 14 because much of the information is collected at the time of the initial application for a professional license.

The conceptual amendment does little to alleviate our concerns as it expands the data reporting requirements. The data required in the application for an osteopathic physician license includes gender, specialty, practice location,

education, postgraduate training and chronology of employment activities with a breakdown of time spent in clinical and administrative duties. With the exception of practice locations, the remaining data points are unlikely to change, yet applicants would be required to re-enter them with every annual renewal.

Privacy considerations aside, this information can be shared with newly created healthcare workforce working groups by the licensing boards once legislative authority has provided an appropriate safeguard against the sharing of the personally identifiable information.

This does not alleviate our concerns over the collection of personal information not specifically required for licensing and the applicant may not wish to share. As Senator Hardy stated, the data would be collected on renewal of licensing because some of the information is considered too sensitive to collect on initial application. The information is no less sensitive regardless of when it is collected.

Even if unidentified for the purposes of the working group, the identity of the individual and his or her sensitive personal information would now be available without limitation to any State agency that requests it.

We understand that the purpose of the working group and the collected data is to help Nevada meet its healthcare workforce needs. Our State consistently ranks in the bottom 5 percent in the number of physicians per capita. It does not make sense to add additional recurring, duplicative reporting burdens on the professionals we are trying to recruit and retain.

For these reasons we cannot support the bill as it is drafted or with the conceptual amendment as offered.

SENATOR OHRENSCHALL:

I have a question about Mr. Lee's comment. Can you clarify the database and the concern about privacy in your closing statement?

SENATOR HARDY:

We do not anticipate the licensing boards getting personally identifiable information. The completed survey does not go to the licensing boards. The boards will see a confirmation that a survey was completed, but they will not see the contents of the survey.

The OSI stores the data and has the ability to maintain confidentiality. The OSI can identify and aggregate data. The purpose of the working group is to ensure that data on the survey is private while ensuring the survey is completed. The survey will have an opt-out option for applicants who do not wish to answer.

SENATOR OHRENSCHALL:

If the provider of health care declines to answer a question, will he or she be fined as outlined in section 21?

SENATOR HARDY:

The fine in section 21 refers to the reporting of chronic diseases. There is no fine for declining to answer the survey.

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SENATOR OHRENSCHALL:

We will close the hearing on S.B. 171. We are adjourned at 2:31 p.m.

RESPECTFULLY SUBMITTED:

Jennifer Richardson,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	5		Attendance Roster
S.B. 230	C	10	Kevin Sigstad / Nevada Realtors	Proposed Amendment
S.B. 171	D	4	Senator Joseph P. Hardy	Conceptual Amendment