

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

**Eightieth Session
March 25, 2019**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 1:34 p.m. on Monday, March 25, 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 Marilyn Dondero Loop, Vice Chair
Senator Nicole J. Cannizzaro
Senator Chris Brooks
Senator Joseph P. Hardy
Senator James A. Settelmeyer
Senator Heidi Seevers Gansert

GUEST LEGISLATORS PRESENT:

Senator Scott Hammond, Senatorial District No. 18

STAFF MEMBERS PRESENT:

Cesar Melgarejo, Committee Policy Analyst
Bryan Fernley, Committee Counsel
Kim Cadra-Nixon, Committee Secretary

OTHERS PRESENT:

Dave Marlon
Trey Delap, Group Six Partners
Sarah Adler, New Frontier Treatment Center; Vitality Unlimited Treatment Center
Joan Hall, Nevada Rural Hospital Partners
Joe Heck, Nevada Osteopathic Medical Association
Susan Fisher, State Board of Osteopathic Medicine

Senate Committee on Commerce and Labor
March 25, 2019
Page 2

Michael Hackett, Nevada Academy of Physician Assistants; Nevada Primary Care Association
Keith Lee, State Board of Medical Examiners
Catherine O'Mara, Executive Director, Nevada State Medical Association
Elisa Cafferata, Planned Parenthood Votes Nevada
Gerald Ackerman, Nevada State Office of Rural Health; University of Nevada, Reno School of Medicine

CHAIR SPEARMAN:

I open the hearing and request Committee introduction of the following bill draft requests (BDRs): BDR 22-1144, BDR 40-1145 and BDR 54-785.

BILL DRAFT REQUEST 22-1144: Revises provisions relating to impact fees. (Later introduced as [Senate Bill 471](#).)

SENATOR DONDERO LOOP MOVED TO INTRODUCE BDR 22-1144.

SENATOR BROOKS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

BILL DRAFT REQUEST 40-1145: Establishes a database of information concerning health insurance claims in this State. (Later introduced as [Senate Bill 472](#).)

SENATOR DONDERO LOOP MOVED TO INTRODUCE BDR 40-1145.

SENATOR BROOKS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

BILL DRAFT REQUEST 54-785: Revises provisions relating to certain professions. (Later introduced as [Senate Bill 470](#).)

SENATOR DONDERO LOOP MOVED TO INTRODUCE BDR 54-785.

Senate Committee on Commerce and Labor
March 25, 2019
Page 3

SENATOR BROOKS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR SPEARMAN:

We will now open the hearing on Senate Bill (S.B.) 288.

SENATE BILL 288: Prohibits certain false or misleading practices by or on behalf of treatment providers, facilities and alcohol and drug abuse programs. (BDR 52-575)

SENATOR SCOTT HAMMOND (Senatorial District No. 18):

I became involved with the issues named in S.B. 288 after attending conferences and meetings discussing the opioid crisis and other addictions.

People who are trying to profit from the addiction community present a major concern within the rehabilitation industry.

The Substance Abuse Prevention and Treatment Agency (SAPTA), under the Department of Health and Human Services, administers programs and activities that provide community-based prevention and treatment. The Substance Abuse Prevention and Treatment Agency manages the Substance Abuse Prevention and Treatment Block Grant (SAPT Block Grant). The SAPT Block Grant consists of federal funds provided to states for specific alcohol and drug abuse programs. The program receives community input and recommendations through the Substance Abuse Prevention and Treatment Advisory Board.

I will review the components of S.B. 288.

The purpose of this bill is to prevent bad actors from misleading those suffering from substance dependence. These bad actors often refer clients to programs not fully serving the client's needs to break addiction habits. These bad actors are receiving payment for people they enroll in substandard programs.

This concludes my remarks and I am open to any questions. I also have with me Dave Marlon, testifying from Las Vegas.

Senate Committee on Commerce and Labor
March 25, 2019
Page 4

SENATOR SEEVERS GANSERT:

False and misleading information is already illegal. Am I correct in assuming the focus of this bill is to address kickbacks, commissions and disclosures?

SENATOR HAMMOND:

Yes, this bill makes violations of the provisions a misdemeanor.

SENATOR DONDERO LOOP:

How does this bill stop businesses from making false claims?

SENATOR HAMMOND:

Disclosure is addressed in section 1, subsection 1, paragraphs (a) and (b). Facilities must disclose their services and the services of other facilities. The bill is about transparency. I will have Dave Marlon address your question.

SENATOR DONDERO LOOP;

How will this bill actually ensure facilities provide proper care to those in need of rehabilitation?

SENATOR HAMMOND:

This bill provides for penalties and a pathway to prosecution.

CHAIR SPEARMAN:

How does this bill address patient suicides and patient deaths at rehabilitation facilities?

SENATOR HAMMOND:

For the first time, penalties are addressed in this bill. We are also open to expanding the provisions of the bill.

SENATOR SEEVERS GANSERT:

I think this bill has merit. What is the process for filing a complaint involving violations?

SENATOR HAMMOND:

At this time, I am not sure how a complaint would be filed. I will follow-up with you on this issue.

Senate Committee on Commerce and Labor
March 25, 2019
Page 5

CHAIR SPEARMAN:

We have a fiduciary responsibility for the safety of clients in rehabilitation facilities.

SENATOR HAMMOND:

Our first objective was to uncover the process for enrollment in rehabilitation facilities. What happens in the facility is the second part; it has not been contemplated in this bill.

CHAIR SPEARMAN:

I am also concerned about the abuse of clients in facilities. We need to have statutes in place to protect clients from abuse. I believe there is more we can do in this bill.

SENATOR HAMMOND:

As a legislative body yes, there is more we can do.

SENATOR BROOKS:

Direct sales seem to be allowed in this bill according to section 1, subsection 1, paragraph (d). Is this correct?

SENATOR HAMMOND:

A rehabilitation facility may market services as stated in section 1, subsection 1, paragraph (d). Disclosures required in marketing are discussed in section 1, subsection 1, paragraph (d), subparagraphs (1) and (2).

SENATOR BROOKS:

Is the purpose of the bill to prohibit representatives from soliciting for several providers?

SENATOR HAMMOND:

The solicitor must disclose the company they represent.

DAVE MARLON:

I founded and worked in a treatment center for 13 years. It became the largest treatment center in the State. I now serve as a recovery advocate and the President of the State of Nevada Association for Addiction Professionals.

Senate Committee on Commerce and Labor
March 25, 2019
Page 6

In Tennessee a law similar to S.B. 288 was passed. It brought about transparency in the industry and stopped financial incentives in the marketing of treatment centers.

Marketers often contract with *treatment centers* who will pay them to bring in clients. While this type of marketing is illegal for a hospital, it is legal for a rehabilitation center.

I contacted Senator Hammond and showed him the positive results of the bill in Tennessee. I believe our treatment centers can be the answer to the opioid epidemic. Additional legislation to increase transparency and reduce financial incentives will reduce unethical behavior in the rehabilitation field.

I hope you will pass S.B. 288.

SENATOR DONDERO LOOP:

What organization are you affiliated with at this time?

MR. MARLON:

At this time I am unemployed and running for the Las Vegas City Council.

CHAIR SPEARMAN:

I am not sure that running for office should have been mentioned in this setting. We are required to give equal time to all candidates.

Please repeat what association you are affiliated with.

MR. MARLON:

I am affiliated with the State of Nevada Association for Addiction Professionals, which is an affiliate of the National Association of Alcohol and Drug Abuse Counselors. I am serving as the President of this Association.

CHAIR SPEARMAN:

Is this Association linked with any other State agencies?

MR. MARLON:

It is a national Association and is not linked with a State agency.

Senate Committee on Commerce and Labor
March 25, 2019
Page 7

CHAIR SPEARMAN:

Will those in support of S.B. 288 please come forward?

TREY DELAP (Group Six Partners)

Group Six Partners is a consultancy providing policy analysis. A policy issue for our group is observing barriers to addiction recovery.

We have discussed the enforceability of this bill with Senator Hammond. It does amend NRS 597 as it is a deceptive trade practices law. This bill is modeled after laws passed in Arizona, New York, California and Florida. It is also modeled after the federal law that was signed in October 2018.

When federal law overlaps state law, the state is in a position to wait for the federal government to enforce the law. Once the federal government enforces the law, it can come to the state level and be able to be enforced.

For the record, relapse or reoccurrence of use is a common part of recovery and it should not be considered a failure of treatment. It should be considered an indication the treatment plan needs modification.

People in recovery often have a reoccurrence. Reoccurrence does tend to increase the likelihood patients are targeted and brought back into treatment in the deceptive trade practice of patient brokering. This is a very important issue as we examine this deceptive trade practice.

A very important issue with the patient brokering deceptive trade practice is that it does tend to increase the likelihood that people in recovery would be targeted as reoccurrence of use and be brought back into treatment.

SARAH ADLER (New Frontier Treatment Center; Vitality Unlimited Treatment Center):

My clients are in support of S.B. 288.

CHAIR SPEARMAN:

Recent tragic events at treatment centers cause concern for patient safety. I want to ensure perpetrators are held accountable and patients are not taken advantage of. Can you speak to this?

MS. ADLER:

I will say that patient safety is of great importance to my clients and oversight is welcome.

MR. DELAP:

Adding enforceability to the bill will begin to build a network of law to ensure providers take responsibility for patients.

SENATOR HAMMOND:

In answer to Senator SeEVERS Gansert's question regarding enforceability; NRS 597 is under the jurisdiction of the Office of the Attorney General in conjunction with the district attorney's office. The federal bill does not address online solicitation. This bill will enable us to curtail deceptive practices.

CHAIR SPEARMAN:

Announcing candidacy for public office is prohibited in a Committee meeting. I do not want to be the one who has to say we must give equal time to other candidates. Senator Hammond, I was not aware your witness was going to announce his candidacy and I wish to put that on the record.

We will now close the hearing on S.B. 288 and open the hearing on S.B. 271.

SENATE BILL 271: Revises provisions relating to physician assistants.
(BDR 54-522)

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

Our physician growth has not grown commensurate with population growth. According to 2018 statistics, Nevada needs 2,561 additional physicians to meet the U.S. average of physicians per population. Physician assistants can help the State reach the U.S. average of physicians per population.

A Postgraduate Medical Training Chart ([Exhibit C](#)) shows Nevada is one of only four states requiring three years of postgraduate medical training.

We retain approximately 70 percent of our medical residents to stay and practice in Nevada. Medication-assisted treatment for opioid addiction would be expanded if Nevada adopted an unrestricted medical license for residents.

Senate Committee on Commerce and Labor
March 25, 2019
Page 9

The bill addresses a two license system. The physician assistants (PAs) may be licensed by both the Nevada State Board of Medical Examiners (NSBME) and the Nevada State Board of Osteopathic Medicine (NSBOM). The fees will be reduced if licensed by both boards.

Susan Fisher has submitted a friendly amendment ([Exhibit D](#)) on behalf of the NSBOM. I support this amendment addressing the two license system.

We have modeled much of S.B. 271 and the conceptual amendment with a similar bill from the state of Missouri. This bill addresses required postgraduate medical training, licensing, and PAs.

A scope of practice is established for PAs and I would like to ensure they have the opportunity to practice specialties in his or her background.

The physician has the right to decline a supervising role of PAs.

The proposed amendment ([Exhibit E](#)) establishes a physician to provide in-person supervision of PAs at all times during the first 30 days of supervision for PAs who have not practiced as a PA before such supervision.

In Nevada, we strive to have only the very best quality of care. This objective can also lead to a lack of quality because we have no care for our citizens due to a lack of physicians.

SENATOR DONDERO LOOP:

Is there a scope of required training and limit on absences from required training included in this bill?

SENATOR HARDY:

Yes, the proposed amendments, [Exhibit D](#) and [Exhibit E](#), define specific requirements. The proposed amendment, [Exhibit E](#), is modeled after a portion of legislation from Missouri. The Missouri bill is excellent and I recommend adopting this policy.

SENATOR SEEVERS GANSERT:

I did not realize our State has different requirements for practicing medicine than many other states.

Senate Committee on Commerce and Labor
March 25, 2019
Page 10

SENATOR HARDY:

If we change the requirement to one year postgraduate medical training, we can increase recruitment of medical professionals.

SENATOR SEEVERS GANSERT:

Do practicing assistant physicians qualify as a Federally Qualified Health Center for Medicare reimbursements?

SENATOR HARDY:

Yes, I believe they do qualify.

SENATOR SEEVERS GANSERT:

This also presents an opportunity to bring in more reimbursements from patients covered under Medicaid. This will allow us to see more patients and that is the goal of your bill.

SENATOR HARDY:

It is important the medical licenses are unrestricted. We cannot have any unrestricted resident licenses in Nevada.

CHAIR SPEARMAN:

Will the provisions of this bill apply to our compact laws?

SENATOR HARDY:

Currently, the proposed program does not apply to the compact.

CHAIR SPEARMAN:

I ask this because we have spouses of military personnel with medical backgrounds.

SENATOR HARDY:

We will have to cover the compact agreements in my next bill.

CHAIR SPEARMAN:

Can one bill refer to the other bill?

SENATOR HARDY:

I have not covered the compact with the Legislative Counsel Bureau, only the germaneness of this bill to the Missouri bill.

Senate Committee on Commerce and Labor
March 25, 2019
Page 11

SENATOR DONDERO LOOP:

Is there a limit to the number of PAs a physician can supervise? Please refer to the language in the proposed amendment, [Exhibit E](#).

SENATOR HARDY:

The medical boards will designate the exact number of PAs to be supervised by a physician. The conceptual amendment currently states ten or less.

CHAIR SPEARMAN:

I now open the floor to those in support of S.B. 271.

JOAN HALL (Nevada Rural Hospital Partners):

In rural Nevada, we have 12 critical access hospitals and they are affiliated clinics located in rural areas designated as a shortage area. We provide care to 10 percent of Nevadans, but cover 90 percent of the land mass in our State.

We are interested in this bill because it will increase access to care. Physician assistants play a very important role in Rural Health Clinics (RHCs). Missouri also recognizes the role of PAs in rural communities. The RHCs were enacted in 1977 by Medicare as a way to address Nevada's inadequate supply of physicians in rural communities. An RHC must be staffed with a PA or nurse practitioner 50 percent of the time the clinic is open.

We are in support of this bill, as well as the conceptual amendment by the NSBOM.

JOE HECK (Nevada Osteopathic Medical Association):

I am testifying in support of S.B. 271 as the bill was originally drafted. We are not in support of section 4, subsection 1 and section 27, subsection 1 dealing with the PA ratios to supervising physicians.

In 2018, according to the American Medical Association, 39 states have PA to physician ratios within their statutes. Physician to PA ratios in those states range from 1:1 to 1:6.

In summary, the Nevada Osteopathic Medical Association supports the bill as originally drafted with the exception of the physician to PA ratios. We are in support of the amendment brought forward by Susan Fisher on behalf of the NSBOM, [Exhibit D](#).

Senate Committee on Commerce and Labor
March 25, 2019
Page 12

CHAIR SPEARMAN:

Have you discussed your concerns with Senator Hardy?

MR. HECK:

I want to ensure the panel understands the educational background of the PA. The PA has just graduated from four years of medical school. These students have not completed one year of postgraduate internship for licensure.

CHAIR SPEARMAN:

I now open the floor to those in opposition of S.B. 271.

SUSAN FISHER (State Board of Osteopathic Medicine):

We have prepared a conceptual amendment, [Exhibit D](#), to address our primary concern of a 10:1 ratio of PAs to physicians. The NSBOM recommended ratio of PAs to physicians is 3:1.

We would like to discuss the proposed establishment of a new license for assistant physicians with NSBOM, [Exhibit E](#).

MICHAEL HACKETT (Nevada Academy of Physician Assistants):

While we do have areas of support in this bill, we also have areas of opposition.

We would like the ratios of PAs to supervising physicians to be placed at the regulatory level and not put in statute.

We request the provisions, related to the first 30 days of in-person supervision of PAs by physicians, apply only to those PAs who have not previously practiced as a PA. This provision is listed in the proposed amendment, [Exhibit E](#).

We would like to discuss the proposed establishment of a new license for assistant physicians with the Board of Directors, Nevada Academy of Physician Assistants, [Exhibit E](#).

KEITH LEE (Board of Medical Examiners):

We stand in opposition to S.B. 271.

An additional member to the NSBME is added in section 9, subsection 1 and specifically a licensed physician assistant is added as a board member in section 10, subsection 2.

Senate Committee on Commerce and Labor
March 25, 2019
Page 13

The NSBME licenses four different categories of medical providers. We feel the addition of a physician assistant to the Board in section 10, subsection 2 will open the door to other disciplines being included on the Board.

We are neutral on the other provisions of the bill.

We do have licensure for a resident completing two years of his or her postgraduate work.

CATHERINE O'MARA (Executive Director, Nevada State Medical Association)
We are opposed to S.B. 271 and need to review the amendments presented today.

The amendment by Susan Fisher on behalf of the NSBOM, [Exhibit D](#), will satisfy some of our concerns.

I would like to put two concerns on the record. We believe PAs should practice within the scope of medicine they are supervised in. Section 13, subsection 1, paragraph (b) provides the PA may practice within the scope of their training.

We believe the NSBME and NSBOM should be responsible for setting a safe ratio of PAs to physicians.

Patients deserve to know there is a physician supervising the PA.

CHAIR SPEARMAN:

We will now close the hearing on S.B. 271 and open the hearing on S.B. 289.

SENATE BILL 289: Revises provisions relating to the licensing of physicians.
(BDR 54-610)

SENATOR HARDY:

The objective of this bill is to increase the number of physicians in Nevada.

We have an opportunity to participate in a federal grant program to recruit physicians to need areas within our State. The terms of this opportunity are listed in my conceptual amendment ([Exhibit F](#)). Also listed in this amendment are provisions to apply language equally to the osteopathic and allopathic statutes, NRS 633 and NRS 630.

We have specifically included veterans and spouses of veterans in section 1, subsection 1, paragraph (c) as residents as defined in NRS 417.005.

Licensing of physicians who do not regularly see patients is addressed in section 1, subsection 6.

The bill includes provisions for expedited provisional licensure.

The bill allows copies of medical certificates and licenses to be used for licensing by the NSBME and NSBOM. Please refer to S.B. 289, section 2, subsection 3.

CHAIR SPEARMAN:

Other than the federal grant; what is the difference between S.B. 289 and S.B. 259, as both bills deal with provisional licensing by endorsement for physicians?

SENATE BILL 259: Revises provisions relating to physicians. (BDR 54-628)

SENATOR HARDY:

Differences in S.B. 289 and S.B. 259 include expediting medical licenses with a copy of a medical certificate, allowing licensure to physicians who do not see patients on a regular basis and reporting of veterans' participation in the program. Adding these provisions to NRS 630 and NRS 633 is a point of difference in the two bills.

CHAIR SPEARMAN:

Are you envisioning some type of partnership with the military branches? Would the State lose the federal grant money if the State does not match the funds?

SENATOR HARDY:

I would very much like to work with the military.

Yes, unless we match the funds, the State will lose the federal grant money available to us.

CHAIR SPEARMAN:

I now open the floor to those in support of S.B. 289.

Senate Committee on Commerce and Labor
March 25, 2019
Page 15

MR. HECK:

On behalf of the Nevada Osteopathic Medical Association we are in support of S.B. 289 and appreciate the addition of provisions to NRS 633.

ELISA CAFFERATA (Planned Parenthood Votes Nevada):

On behalf of Planned Parenthood Votes Nevada, we are in support of S.B. 289. We are also in support of the loan forgiveness program.

MICHAEL HACKETT (Nevada Primary Care Association):

On behalf of the Nevada Primary Care Association, we are in support of S.B. 289. Our support of the bill is specific to section 6, both in how it was introduced originally and to the conceptual amendment, [Exhibit F](#).

The loan forgiveness programs are very important to our members in federally qualified health centers. Our health centers must be located in designated medical shortage areas and they rely heavily on these programs to attract providers. The providers might not choose to practice in these critical areas if we do not have these programs.

GERALD ACKERMAN (Nevada State Office of Rural Health; University of Nevada, Reno School of Medicine):

I have supplied an overview of Nevada Health Service Corps (NHSC), ([Exhibit G](#)).

The NHSC was founded in 1991, provided in statute and has a federal partnership. We participated in two projects with the National Governors Association and the National Conference of State Legislatures. In these projects we were encouraged to increase our federal grant applications and were awarded a \$500,000 federal grant.

We currently have a \$500,000 award for 2018-2022, requiring matching funds. Loan repayment assistance for medical practitioners is available for rural and urban underserved areas of our State in the amount of \$1,000,000.

Our request for matching funds is covered in the conceptual amendment to S.B. 289, [Exhibit F](#).

MS. HALL:

I represent Nevada Rural Hospital Partners and we are in support of S.B. 289.

Senate Committee on Commerce and Labor
March 25, 2019
Page 16

While the process to acquire a medical license in Nevada seems very straightforward, we continue to hear of delays. Endorsement and provisional licensing is not proceeding as we had hoped.

Seven of our rural hospitals are tax supported through NRS 450. In six rural communities the only providers of health care are those employed by hospitals.

The loan repayment program is an important tool in attracting medical physicians to rural Nevada.

We look forward to working with the medical boards to expedite this process and hope S.B. 289 presents a solution.

CHAIR SPEARMAN:

The licensure problems in the Mesquite area are addressed in 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)

Is there any nexus in what you are trying to do with S.B. 289 and S.B. 63?

Ms. HALL:

Yes, S.B. 63 would address some of the problems we are addressing in S.B. 289.

CHAIR SPEARMAN:

Will you discuss this with Senator Hardy?

Ms. HALL:

Yes, I am working with Senator Hardy on this issue.

CHAIR SPEARMAN:

Those in opposition of S.B. 289, please come forward.

MR.LEE:

On behalf of NSBME, we are in opposition to S.B. 289, with the exception of section 6.

We are in opposition to this bill due to gaps in original source verification and prohibitions which prevent necessary verifications to enforce NRS 630.

The Legislature set licensing standards in statute for the medical boards to follow. If the Legislature changes that policy, NSBME will comply. Until the policy is changed, NSBME will enforce to the best of our ability the requirements imposed on us.

In closing, I suggest we put together a group of interested parties to discuss licensing standards and revisions necessary to ensure we deliver safe health care to our residents.

CHAIR SPEARMAN:

Those in a neutral position of S.B. 289, please come forward.

Ms. O'MARA:

We echo Mr. Lee's comments and are open to working with interested parties to streamline our process and ensure the process is not a barrier to bringing physicians to our State.

We are in support of section 6 of S.B. 289, as well as section 2, subsection 3.

Ms. FISHER:

The Nevada State Board of Osteopathic Medicine was just amended into this bill and we stand neutral at this time.

CHAIR SPEARMAN:

Senator Hardy, may I suggest working with Congresswoman Titus to assist us in streamlining the process to recruit military and veteran medical personnel?

We close the hearing on S.B. 289. I request Committee introduction of the following bill draft requests (BDRs): BDR 55-148 and BDR 43-530.

BILL DRAFT REQUEST 55-148: Repeals provisions relating to certain mortgage loan originators. (Later introduced as [Senate Bill 479](#).)

SENATOR CANNIZZARO MOVED TO INTRODUCE BDR 55-148.

SENATOR DONDERO LOOP SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR SEEVERS GANSERT WAS
ABSENT FOR THE VOTE.)

* * * * *

BILL DRAFT REQUEST 43-530: Enacts provisions relating to peer-to-peer car
sharing programs. (Later introduced as [Senate Bill 478](#).)

SENATOR HARDY MOVED TO INTRODUCE BDR 43-530.

SENATOR DONDERO LOOP SECONDED THE MOTION.

THE MOTION CARRIED (SENATOR SEEVERS GANSERT WAS
ABSENT FOR THE VOTE.)

* * * * *

Remainder of page intentionally left blank; signature page to follow.

Senate Committee on Commerce and Labor
March 25, 2019
Page 19

CHAIR SPEARMAN:

There is no public comment at this time. The meeting is adjourned at 3:23 p.m.

RESPECTFULLY SUBMITTED:

Kim Cadra-Nixon,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

| EXHIBIT SUMMARY | | | | |
|------------------------|---------------------------------|----|---|---------------------------------------|
| Bill | Exhibit / # of pages | | Witness / Entity | Description |
| | A | 1 | | Agenda |
| | B | 7 | | Attendance Roster |
| S.B. 271 | C | 1 | Senator Joseph P. Hardy | Post Graduate Medical Training Chart |
| S.B. 271 | D | 2 | Susan Fisher / Nevada State Board of Osteopathic Medicine | Conceptual Amendment |
| S.B. 271 | E | 10 | Senator Joseph P. Hardy | Proposed Amendment |
| S.B. 289 | F | 1 | Senator Joseph P. Hardy | Conceptual Amendment |
| S.B. 289 | G | 2 | Gerald Ackerman / Nevada State Office of Rural Health | Nevada Health Services Corps Overview |