

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

**Eightieth Session
May 3, 2019**

The Senate Committee on Commerce and Labor was called to order by Vice Chair Marilyn Dondero Loop at 1:38 p.m. on Friday, May 3, 2019, in Room 2135 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 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 Chris Brooks
Senator Joseph P. Hardy
Senator James A. Settlemeyer
Senator Heidi Seevers Gansert

COMMITTEE MEMBERS ABSENT:

Senator Nicole J. Cannizzaro (Excused)

GUEST LEGISLATORS PRESENT:

Assemblywoman Michelle Gorelow, Assembly District No. 35
Assemblywoman Sarah Peters, Assembly District No. 24

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Keith Lee, Nevada State Board of Medical Examiners

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Jasmine Mehta, Deputy Executive Director, Nevada State Board of Medical Examiners
Loretta Ponton, Executive Director, Nevada State Board of Registered Environmental Health Specialists
Jody Domineck, Service Employees International Union Local 1107
Christy Tolotti, National Nurses Organizing Committee; National Nurses United
Jane Thomason, Industrial Hygienist, Health and Safety Division, National Nurses United; National Nurses Organizing Committee
Marlene Lockard, Service Employees International Union Local 1107
Priscilla Maloney, American Federation of State, County and Municipal Employees Local 4041 Retiree Chapter
Maureen Allred, Executive Board Member, Service Employees International Union Local 1107
Christy Crown, National Nurses Organizing Committee; National Nurses United
Chris Gibson, National Nurses Organizing Committee; National Nurses United
Ashley Williams
Jesse Wadhams, Nevada Hospital Association; Las Vegas Metro Chamber of Commerce
Danny Thompson, Sunrise Hospital
Bill Welch, Nevada Hospital Association
Elisa Cafferata, Planned Parenthood Votes Nevada
Katie Ryan, Dignity Health - St. Rose Dominican
Dan Musgrove, Valley Health System
Joan Hall, President, Nevada Rural Hospital Partners
Chris Bosse, Renown Health
Misty Grimmer, North Vista Hospital
Ray Fierro, Administrator, Division of Industrial Relations, Department of Business and Industry
Lisa Sherych, Interim Administrator, Division of Public and Behavioral Health, Department of Health and Human Services

VICE CHAIR DONDERO LOOP:

We open the hearing with Assembly Bill (A.B.) 334. Chair Spearman is presenting a bill and will join us later in the hearing.

ASSEMBLY BILL 334: Makes various changes relating to the Board of Medical Examiners. (BDR 54-943)

KEITH LEE (Nevada State Board of Medical Examiners):

I am presenting this bill on behalf of Assemblywoman Sandra Jauregui. I will be presenting with Deputy Executive Director Jasmine Mehta of the Nevada State Board of Medical Examiners (BME).

JASMINE MEHTA (Deputy Executive Director, Nevada State Board of Medical Examiners)

I am presenting A.B. 334, a general housekeeping bill that addresses issues recently encountered by the BME.

The genesis of the change in section 1 concerns recent challenges in obtaining reimbursement for hearing officer costs. The fees for hearing officers were not specifically enumerated in *Nevada Revised Statutes* (NRS) 622.400; therefore, the costs are not recoverable.

The change in section 2, subsection 2 allows a little bit of breathing room in the event of technological difficulties. Currently, we hold all Board meetings between Las Vegas and Reno by videoconference.

Currently, we must continue the meeting when technology fails. This is at a considerable expense to the BME, applicants and licensees who have traveled to attend the Board meeting.

We are not aware of any other NRS, Title 54 occupational licensing boards required to have a venue in both Las Vegas and Reno. We are seeking the flexibility to have a single venue in the event of technical difficulties. In this case, we would provide a call-in number for public use. This would enable participation in the BME meeting.

Section 3 expands the grounds for initiating disciplinary action to include not only the Nevada State Board of Pharmacy regulations but also its statutes. Jurisdiction over licensee conduct was added in 1987. In the last Legislative Session, several statutes regarding the prescription of controlled substances were added to NRS 639. As currently written, the BME cannot institute disciplinary proceedings against a licensee for violations of those statutes.

Section 3, subsection 1, paragraph (k) of the bill would remove the recording requirement of a disciplinary action when that action is originated by the BME. It is a reporting requirement that is not necessary. Since the BME has instituted the

action, the BME is already aware of the disciplinary action. It is also a burden on the licensees of the BME.

Section 4 is a clean-up item taking into account the practicality of the hearing process. The BME is rarely able to adjudicate a matter within 30 days of the conclusion of the hearing because they meet quarterly. This measure would call for a final order to be issued within 30 days after the adjudication rather than after the administrative hearing.

VICE CHAIR DONDERO LOOP:
Would you clarify the concern with technology?

MS. MEHTA:
We are concerned about technology failing in particular locations. Technology has failed between Reno and Las Vegas.

VICE CHAIR DONDERO LOOP:
What do you do when technology fails?

MS. MEHTA:
We would like the flexibility to avoid rescheduling when technology fails. We would like to continue the meeting by phone when technology fails.

SENATOR HARDY:
Is there a measure that is not as lengthy as a full investigation when a complaint is not substantiated?

MS. MEHTA:
I think you are referring to A.B. No. 474 of the 79th Session. This bill allowed the Executive Director to do a preliminary investigation to determine if a case should go to a full investigation. The bill did not expand the scope of the preliminary investigation. I believe the statute in A.B. No. 474 of the 79th Session states if there is sufficient cause then an investigation is opened.

SENATOR HARDY:
Is there a statute which changes the preliminary inquiry to an investigation in the cases not covered under A.B. No. 474 of the 79th Session?

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MS. MEHTA:

Are you questioning if this preliminary inquiry process applies to nonprescribing cases?

SENATOR HARDY:

Yes, that is correct.

MS. MEHTA:

It does not apply to nonprescribing cases. The scope of a preliminary inquiry was not expanded by A.B. No. 474 of the 79th Session. The statute only applied to fraudulent, illegal and inappropriately prescribing cases.

SENATOR HARDY:

How will we determine if an investigation required a payment?

MS. MEHTA:

The expense of a hearing officer or any investigative costs would not inure to the licensee unless there was a final order, an adjudication or a settlement of a finding in violation of our statutory mandate.

SENATOR HARDY:

The bill would take effect if there was an adjudication and the physician did something wrong. In this case, the licensee would pay the cost of the hearing officer in addition to any fine or other fee.

MS. MEHTA:

Yes, that is correct.

CHAIR SPEARMAN:

We will now close the hearing on A.B. 334 and open the hearing on A.B. 175.

ASSEMBLY BILL 175 (1st Reprint): Revises provisions governing environmental health specialists. (BDR 54-669)

ASSEMBLYWOMAN SARAH PETERS (Assembly District No. 24):

I am here today to present A.B. 175. I will begin with a brief overview and have submitted written testimony (Exhibit C). I now wish to introduce Loretta Ponton to walk you through the bill.

LORETTA PONTON (Executive Director, Nevada State Board of Registered Environmental Health Specialists):

As Assemblywoman Peters stated, we completed a review of our laws and regulations and have met with all stakeholders. Based on the findings in that review, we drafted the revisions for your consideration.

The amended provisions are in compliance with legislative actions taken since 2007, but not previously incorporated into law. I will begin with the highlights of the new bill and have submitted written testimony ([Exhibit D](#)).

CHAIR SPEARMAN:

When was the last time the regulations were updated?

Ms. PONTON:

The law was updated in 2007. At that time, registration for environmental health specialists became mandatory. The Board regulations were updated right after that and have not been updated since that time.

CHAIR SPEARMAN:

We will now close the hearing on A.B. 175 and open the hearing on A.B. 348.

ASSEMBLY BILL 348 (1st Reprint): Makes various changes to prevent and track workplace violence at certain medical facilities. (BDR 53-843)

ASSEMBLYWOMAN MICHELLE GORELOW (Assembly District No. 35):

Violence directed at workers in healthcare facilities, such as hospitals, nursing homes and rural clinics, is addressed in A.B. 348. Workplace violence is a serious issue in our society.

Healthcare workers have a significantly higher risk of experiencing workplace violence. According to the Emergency Nurses Association, 67 percent of all nonfatal workplace violence injuries occur in healthcare facilities, yet healthcare workers represent only 11.5 percent of the U.S. workforce.

Research has also shown that healthcare workers have a 20 percent higher chance of being the victim of workplace violence. Emergency department and psychiatric nurses are at the highest risk for violence by patients. The most common type of violence in this profession is by a patient or visitor toward a healthcare worker.

In this context, workplace violence is defined as any act of violence or threat of violence that causes a person to fear for his or her safety. Workplace violence includes physical force against a worker and any incident involving a firearm or dangerous weapon.

I would like to share recent examples of workplace violence. In February 2018, a patient tried to strangle a nurse with her stethoscope. She lost consciousness while security guards tackled the patient.

In June 2017, a nurse was repeatedly stabbed while assessing a patient. A nurse was threatened to be killed by the father of the child she was caring for.

Violence against healthcare workers is also underreported. Workplace violence data are not collected in a consistent manner. Underreporting contributes to difficulties in developing better strategies for the prevention of workplace violence. We need enhanced studies of this problem.

The National Institute for Occupational Safety and Health (NIOSH) studied workplace violence in 114 healthcare facilities from 2012 to 2014. The workplace violence injury incidence rate increased 65 percent for healthcare personnel during this time frame. Nurses who experienced workplace violence injuries increased by 55 percent in the years studied. In fact, NIOSH found injuries in the healthcare industry account for almost as many serious violent injuries as all other industries combined. Many more assaults and threats go unreported.

A 2018 survey conducted by the American College of Emergency Physicians indicated almost half of the physicians surveyed had been assaulted and more than 70 percent had witnessed an assault in their workplace. Nearly half of the emergency physicians also reported they were hit, slapped, bitten, kicked, punched, scratched or spit on.

Workplace violence comes at a high cost for all stakeholders. It is at an especially high cost for those working most closely with patients; our nurses, nursing assistants, personal care assistants and physicians.

Victims of workplace violence in the healthcare industry require time to recover from injuries and lose time at work. They may also experience mental trauma and often have fear, anxiety and loss of concentration.

The question is, what can we do in the first place to prevent workplace violence? How can we improve protections for workers in healthcare facilities? One solution is having a plan in place for prevention and mitigation of risk factors. This is why I present A.B. 348 to you today.

Assembly Bill 348 aims to better protect workers in healthcare facilities. The bill requires certain hospitals and medical facilities to create a workplace violence prevention plan that assesses workplace hazards and potential risk factors.

Following the assessment, a facility must create a plan to correct those hazards. Corrections can be made through system changes, physical environmental changes or work practice controls. The workplace violence prevention plan shall be assessed on an ongoing basis. The prevention plan would include input from employees.

Sections 2 through 13 lay out definitions. I would like to note that these definitions were amended in consultation with stakeholders. Discussions with stakeholders are continuing.

Section 14 requires medical facilities to develop and implement a plan for preventing and mitigating workplace violence. This plan requires workplace violence training for employees and an annual assessment.

In response to stakeholder concerns, these requirements are mandated on an as applicable basis. The stakeholders were concerned the new mandates would require substantial remodeling or other costly implementation procedures.

Section 15 requires the plan be made in consultation with employees and other providers of care.

Section 16 requires a response and investigation of incidents of workplace violence.

Sections 17 through 19 are still under discussion with stakeholders.

JODY DOMINECK (Service Employees International Union Local 1107):
I am a pediatric nurse in Las Vegas. I am here today to talk to you about my experiences with workplace violence.

I was eight months pregnant when I was providing care to a male patient. He weighed over 200 pounds. The patient was in restraints because he had been violent. One security officer was providing protection for a large area of the hospital. I was expected to go into that patient's room alone. My health and the health of my unborn child were at risk. The fact that my unborn child was at risk made me take action. If I was not pregnant, I would not have taken action. I had been conditioned to provide care at my own risk. We do this every day.

I would also like you to be aware of the violence experienced by a paramedic working in an emergency room. She has been assaulted on many occasions. This is a common occurrence.

The paramedic asked her supervisors for a few things to keep her safe. She asked for the chairs in the waiting room to be secured to the ground because the chairs had been used as a weapon. She also asked for a panic button. While there is a security officer in the large waiting area, he also has to check-in visitors. It is such a busy place that the security officer was not always aware the paramedic was being assaulted. Her requests for safe measures have not been granted.

This bill will ensure we are doing everything we can to keep employees and healthcare providers safe.

CHRISTY TOLOTTI (National Nurses Organizing Committee; National Nurses United): I am a registered nurse and work in an emergency department here in Reno, Nevada. I have been a nurse for 20 years and am a proud member of the National Nurses Organizing Committee and National Nurses United.

If you will look behind me and also at the screen you will see nurses and staff members in Las Vegas and here in Carson City. They are here because they have experienced workplace violence and are in support of A.B. 348.

I am their voice today, so please hear me. I have submitted written testimony ([Exhibit E](#)).

CHAIR SPEARMAN:

Assemblywoman Gorelow, I have one question. It is a question I have asked everyone who has come to speak with me about this issue.

In 2013, we instituted staffing committees for healthcare facilities. Can the staffing committees make recommendations for the provisions requested in this bill? One of the changes in the bill is noted "as applicable."

ASSEMBLYWOMAN GORELOW:

This bill is not meant to be legislation regarding staffing levels. However, it is something that healthcare facilities can review for staffing of additional security guards or nurses.

CHAIR SPEARMAN:

I am not referring to staffing levels; I am referring to the staffing committees that were instituted in 2013. The question was not to examine staffing ratios.

The staffing committees were formed to identify areas of improvement for patient care as well as safety. Based on their statutory charge, is there anything in this bill that would allow the staffing committees to address or correct an issue?

The term "as applicable" is in the bill. Who decides what is applicable?

ASSEMBLYWOMAN GORELOW:

May I ask Jane Thomason to address your question?

JANE THOMASON (Industrial Hygienist, Health and Safety Division, National Nurses United; National Nurses Organizing Committee):

Chair Spearman, in answer to your question, this bill would require employers to assess all risks for workplace violence related to the physical environment, the patient population, staffing levels and all elements covered by this bill.

This bill is specifically about workplace violence and is separate from staffing.

CHAIR SPEARMAN:

The statute was codified in NRS 449.242. It requires hospitals, in counties whose population is 100,000 or more, to establish a staffing committee.

I would like to understand who determines the actions required in this bill. How can the staffing committees be involved in the "as applicable" part of the bill?

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ASSEMBLYWOMAN GORELOW:

The employer selects the members of the staffing committees at hospitals. This bill would specifically put certain people on the staffing committees.

CHAIR SPEARMAN:

To confirm, this bill would change the way staffing committee members are selected.

ASSEMBLYWOMAN GORELOW:

Yes, that is correct.

SENATOR SETTELMAYER:

I am concerned about the cost of this measure for rural clinics. Some of the provisions in the bill are very expensive, such as electronic access on the doors, weapons detectors and closed circuit monitors.

Is there an opportunity to negotiate some of these matters for rural clinics? I understand we need to make healthcare facilities safer for employees, but is there a balance we can come to in relation to costs?

Additionally, some of the language in the bill would require rural clinics to increase staffing levels. At this point, we are unable to find enough staff for current staffing levels.

ASSEMBLYWOMAN GORELOW:

Senator Settelmeyer, thank you for bringing that to our attention. This is one of the issues we are still discussing with stakeholders. We understand the rural hospitals have special needs and one of those needs concerns staffing. We have added the language "as applicable" to the bill to cover some of these issues.

We will continue discussions with stakeholders.

SENATOR SETTELMAYER:

What aspects of this bill that change a criminal action by an individual are different than an Occupational Safety and Health Administration (OSHA) violation? Why should all businesses not be on equal footing no matter what job it is? Why should all infractions in all businesses not be both an OSHA violation and a criminal action?

Ms. THOMASON:

Currently, OSHA requires employers provide a safe and healthful workplace for their employees. This requires identification and mitigation of hazards. Workplace violence is defined as a hazard in many industries.

Currently, OSHA can do inspections and can cite employers on issues related to workplace violence. However, their ability to do so is somewhat limited because there is not a specific standard.

The OSHA administrator testified during the Assembly hearing and also made these points.

I would say this is an occupational health and safety issue for many workers. However, it is particularly acute in the healthcare setting. The statistics presented by Assemblywoman Gorelow underlined this issue. Healthcare workers face significantly higher rates of workplace violence; four times a higher rate of injuries related to workplace violence than the average for all workers.

The burden is particularly large and acute in healthcare settings.

SENATOR SETTELMAYER:

I appreciate your comments. More people die in agriculture incidents than in police and firefighter incidents. The deaths are not necessarily caused by violence, but by safety issues.

I am concerned that we will not have enough people from OSHA to oversee this. I will have to speak with them to see if they will need more staff.

SENATOR HARDY:

Have studies concerning workplace violence been done with hospitals serving a large number of patients on Medicaid? Have other states examined workplace violence in healthcare facilities? If so, what measures have they taken?

Are there any studies we can examine to prevent assaults in healthcare facilities?

Ms. THOMASON:

Yes, there is a large body of research that indicates workplace violence prevention measures are effective at reducing rates of workplace violence incidents and

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injuries related to workplace violence. The measures included in this bill are based on this research.

I am happy to provide or present this research to the Committee. The provisions in A.B. 348 are based on decades of research.

SENATOR HARDY:

I look forward to receiving this information.

SENATOR BROOKS:

Are there any other states that have similar guidelines concerning workplace violence specifically for your industry? Are you familiar with any other plans like this for other industries?

Ms. THOMASON:

Yes, there are a number of other states that have passed some kind of statute on workplace violence. The most similar legislation is from California. A couple of years ago they finalized legislation similar to A.B. 348.

In terms of your second question, federal OSHA, under the U.S. Department of Labor oversees Nevada's OSHA plan. Federal OSHA has guidelines to reduce workplace violence for industries that include late-night retail, taxis and other service settings.

Federal OSHA also has guidelines for reducing workplace violence in healthcare settings.

SENATOR BROOKS:

Are the federal OSHA guidelines for other industries as prescriptive as the provisions in this bill?

Ms. THOMASON:

Yes, it is typical across federal OSHA's resources to include procedures, policies, prevention measures and response procedures to mitigate workplace violence in industries.

SENATOR SETTELMAYER:

There have been changes in federal laws to reduce workplace violence. Can you provide the statistics from California since adopting legislation in workplace

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violence prevention? How does this compare with the statistics since changing federal laws?

Ms. THOMASON:

It will help me provide a comparison if you can tell me which federal laws you are referring to.

As far as the California standard and its impact, we have seen a significant improvement in many facilities in terms of the safety measures they have put in place. We have only had about one and a half years to look at the data. We have not had long enough to give a percent reduction.

SENATOR SETTELMAYER:

To summarize, we have not seen a reduction as of yet, but possibly will in the future.

MARLENE LOCKARD (Service Employees International Union Local 1107):

We feel this is an important bill for many reasons. I would like to address some of the questions asked by the Committee.

Similar to this bill, OSHA has standards and requirements in the Nevada industries of mining, gaming and construction. In these industries, specific safety information is required. It is important to note these are often male-dominated industries. We do not have the same standards in the hospital setting.

The nurses who testified gave accurate descriptions of incidents they face every day. We think this industry should be held to no less of a standard than other industries in providing for the safety of our Nevada healthcare workers.

CHAIR SPEARMAN:

Based on the requirements for this bill, is there anything that could be accomplished by strengthening the staffing committees which were established in 2013?

Assemblywoman Gorelow received information that staffing committees are basically selected by management.

MS. LOCKARD:

In 2013 and then again in 2017, we thought the staffing committees were dramatically strengthened; however, they have turned out not to work as designed.

The staffing committees have reverted to complaint sessions where nothing gets resolved. Staffing committees do have employees involved with management. While this sounds ideal in addressing a number of issues, no changes are made and the committee is not effective.

Since the staffing committees are not effective in their current state, we would be nervous about the effectiveness of the committees to plan and implement a workplace violence program.

CHAIR SPEARMAN:

I am not suggesting the staffing committees be in charge of implementing a program. I am trying to get at a process that would allow something already in place to be strengthened. Should this bill pass, we need to know who to charge with which responsibilities.

MS. LOCKARD:

We have had ongoing meetings with the stakeholders concerning the definitions in this bill. This bill does an important new thing; it requires reporting to OSHA. This is not currently in statute.

Reporting to Nevada OSHA is different than reporting to the Nevada Department of Health and Human Services. OSHA regulates safety standards in this State. Accurate reporting is key to understanding the needs in reducing workplace violence.

Senator Spearman, I do understand your concern and have heard your suggestions.

PRISCILLA MALONEY (American Federation of State, County and Municipal Employees Local 4041 Retiree Chapter)

In addition to representing the American Federation of State, County and Municipal Employees (AFSCME) Local 4041 and Retiree Chapter, I am representing AFSCME International.

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I will present statements from Patricia Wright and Matia Guest, two psychiatric nurses who work at the Rawson-Neal Psychiatric Hospital in Las Vegas. I have submitted written testimony ([Exhibit F](#)).

CHAIR SPEARMAN:
Will those in support of A.B. 348, please stand?

MAUREEN ALLRED (Executive Board Member, Service Employees International Union Local 1107):
On behalf of our 8,000 healthcare workers of Nevada, Service Employees International Union Local 1107, we fully support A.B. 348.

No one, especially caregivers, should have to worry about violence or injury in the workplace.

CHRISTY CROWN (National Nurses Organizing Committee; National Nurses United):
We respectfully and kindly ask you to support this bill to improve our safety and make it a law that our safety is protected throughout the State. I have submitted written testimony ([Exhibit G](#)).

CHRIS GIBSON (National Nurses Organizing Committee; National Nurses United):
I am a registered nurse in Las Vegas. I want to echo my colleagues' comments in support of A.B. 348. I have submitted written testimony ([Exhibit H](#)).

ASHLEY WILLIAMS:
I am a neonatal nurse working in a neonatal intensive care unit (NICU). While NICU is not a place you would think caregivers are in danger, we are threatened on a regular basis by our patients' families.

Parents of our patients are in a very stressful part of their lives. They take out their aggression on the nursing staff, who only have the best intentions for their little child.

Several of my co-workers have been threatened and they have called security because management is not taking the threats seriously.

I respectfully urge you to pass this bill. This legislation will allow those who take care of the tiniest but mightiest to be safe.

JESSE WADHAMS (Nevada Hospital Association; Las Vegas Metro Chamber of Commerce):

Any workplace violence in any business should not be tolerated. Retaliation against a worker, especially in a healthcare setting, should also not be tolerated. In fact, we created an entire body of law to protect whistleblowers as stated in NRS 449.205.

Unfortunately, we are opposed to A.B. 348 as written. We can be supportive of some of the goals in this bill, and in many instances, are actually already performing some of the standards. The creation of a workplace violence plan, ongoing assessments of those plans, mitigating those risks and involving our employees in those plans are all items we agree on.

Ultimately, the issue with this bill is how the goals are implemented. This bill uses different definitions in the OSHA chapter than are used in the hospital chapter. The bill mandates potentially costly physical plant remodels and staffing components at a time when the cost of health care is, in many cases, already unaffordable.

Additionally, the bill requires duplicative reporting that we are doing with the Joint Commission on Accreditation of Healthcare Organizations and the Bureau of Healthcare Quality and Compliance. We did submit an amendment ([Exhibit I](#)), and I understand it to be unfriendly.

This amendment is our attempt to accomplish some of the goals of this bill. We also had a long conversation with Assemblywoman Gorelow and Ms. Lockard about the bill. It was a very productive meeting. We look forward to continuing the conversation, but at this time we are opposed to the bill as written.

DANNY THOMPSON (Sunrise Hospital):

Unfortunately, Sunrise Hospital will have to oppose this bill as it is currently written.

Sunrise Hospital is the largest provider of Medicaid services in the State and is in a unique position. Because it is a Medicaid provider, there are numerous problems with this bill that would not affect other hospitals. Specifically, this bill would become the OSHA standard for workplace violence for hospitals. OSHA inspectors would inspect and cite to the standards outlined in the bill.

The provisions in section 5 would require Sunrise Hospital to affix all the furniture to the floor and change 700 doors at the cost of \$2,500 per door. These are just some examples of the costs we would incur due to the provisions in this bill.

Appropriate staffing guidelines to prevent workplace violence are not clearly outlined. These guidelines would become the OSHA standard.

I served on the Department of Business and Industry, Division of Industrial Relations (DIR) Board for 14 years and chaired that Board for 7 years. The DIR oversees OSHA, The State of Nevada Mine Safety and Health Administration, Workers' Compensation and The State of Nevada Safety Consultation and Training Section. Based on my experience with the DIR, I would expect the State would need to bring on more inspectors to enforce this bill.

OSHA performs programmed and unprogrammed inspections. A programmed event would include an annual inspection based on a list of requirements. An unprogrammed event would be based on a call, a complaint or an incident. An incident in this respect would be an occurrence of workplace violence. The OSHA inspector would come to the healthcare facility and determine if the standard in place caused the violence.

If OSHA determined the standard in place caused the violence, the facility could be fined. Willful events include a large fine and six months in jail. Willful events are defined as willful violation of the OSHA standard.

We know that Sunrise Hospital provides services that no other hospital in the State provides. Our NICU is a Level IV facility. Our nurses and doctors are unbelievable and we do not want them to endure workplace violence.

However, I do not believe this bill accomplishes a safe workplace. This bill will certainly increase the cost to the hospital beyond our problem of Medicaid.

For the reasons I have stated, we are opposed to this bill.

CHAIR SPEARMAN:

I will ask you the same question I have asked the sponsors of this bill. Although this bill is not specifically about staffing, can staffing committees help with the provisions in this issue?

Mr. WADHAMS:

Certainly that has been contemplated in our proposed amendment. We can address the inclusion of staffing committees with the sponsors.

The issue with this particular bill is the level of granularity. The bill not only mandates a plan, the bill tells you how to practice the plan. The bill is overly broad in its application.

CHAIR SPEARMAN:

You may have heard the testimony regarding the weaknesses of the staffing committees. The members of the staffing committees are appointed by management.

How do we ensure the staffing committees are strengthened and can accomplish what they were designed to do in 2013? If this bill passes, we must ensure the people appointed have the knowledge and experience to be able to assist with the provisions of this bill.

BILL WELCH (Nevada Hospital Association):

Chair Spearman, we agree the staffing committees can be part of the processes required by this bill.

We work very closely with the staffing committees. The staffing committees are required by law to include 50 percent bedside nurses and 1 member from the California Nurses Association. I am only aware of a few hospitals that have struggled to get bedside nurses to participate in the committees. The staffing committees in most of our hospitals have 50 percent or more nonmanagement members.

The staffing committee receives reports and those reports must be compiled and submitted to the State on an annual basis. The reports must also summarize the discussions at the staffing committee meetings. The State is responsible for reviewing this information and ensuring the staffing committee has worked in a manner that maintains the efficacy of the process.

While the staffing committees are not perfect, I think they have evolved. I would be happy to work with Ms. Lockard to ensure the staffing committees in all of our hospitals are effective.

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For the record, the staffing committees are accountable on an annual basis to the State of Nevada Bureau of Health Care Quality and Compliance.

I do believe the staffing committees can be part of the process in implementing the provisions of this bill.

CHAIR SPEARMAN:

The sticking point here is whether or not the staffing committees are working. If they are working, how well are they working? If they are not working, what needs to be fixed?

I understand from Assemblywoman Gorelow the stakeholders are still in negotiations. I strongly encourage you to look at the staffing committees as a centerpiece of the discussions to perfect this bill.

SENATOR HARDY:

Have the proponents had an opportunity to review the amendment and make comments?

Mr. WADHAMS:

Yes, the proponents have reviewed the amendment. It was the basis of our discussion in the meeting last night with Ms. Lockard and Assemblywoman Gorelow.

ELISA CAFFERATA (Planned Parenthood Votes Nevada):

We have been working with the proponents of this bill but still have concerns. We put a high priority on ensuring the safety of our patients and our workers. We also recognize the importance of the intent of the bill. We believe it would be productive to have a broader and longer stakeholder conversation concerning ways to arrive at the goals of this bill.

Planned Parenthood has a highly regarded national security program that assists all of our affiliates in shaping our safety and security programs. Unfortunately, at this point, we do think this bill would help contribute to the safety and security of our health centers.

Our concerns are slightly different than other health centers. We believe the bill makes safety and security an issue for collective decision making. This is actually

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not a good fit for the technical nature of security planning as we experience it in our health centers.

One of the specific concerns we have is the disclosure of records of our security practices. If security practices became public, we believe it would present a significant risk to us, our health centers and our patients.

Finally, we think the detailed standards in the bill would effectively apply to all healthcare providers. In the case of litigation, we also believe this would be harmful to our organization.

We do support the goals of the bill and look forward to working on ways to address all of our concerns.

KATIE RYAN (Dignity Health - St. Rose Dominican):
We are in opposition to A.B. 348 as it is written.

Due to previous legislation in California, we have actually already complied with a majority of items in this bill. We have a great relationship with our union. Dignity Health - St. Rose Dominican achieves the union's gold standard in regards to workplace safety.

The main intent of this bill is to work together to create the safest space for our patients and staff. Although we are committed to ensuring the safety of our staff, we testify in opposition to this bill.

We hope to continue the conversation with stakeholders.

SENATOR HARDY:

Ms. Ryan, you made the statement that you are in compliance with the provisions of the bill from California. Do you see provisions in A.B. 348 that are not included in the California bill?

Ms. RYAN:

Yes, there are some additional aspects to A.B. 348 that are not included in the California bill. I am not an OSHA expert, but I can get those specific provisions to you.

DAN MUSGROVE (Valley Health System):

We feel it is our duty as employers to ensure our workers are safe. In fact, last year we spent over \$2 million in workplace safety training for our 9,000 employees. This training focused on de-escalation techniques and workplace violence reaction techniques, as well as active shooter classes.

We do support the intent of the bill, but we agree with Mr. Wadhams, Mr. Welch, Mr. Thompson and others that the mandated changes would negatively affect our hospitals.

We estimate the changes would require shutting down 20 percent of our hospital beds at any given time. We have 19,000 hospital beds in southern Nevada. If we close 20 percent of the hospital beds, 375 beds would be offline. That is almost one entire hospital being offline at any given time.

We hope to continue to work with the sponsor to reach a resolution. We are in opposition to this bill as written.

CHAIR SPEARMAN:

All those in opposition to A.B. 348, please stand.

JOAN HALL (President, Nevada Rural Hospital Partners):

We are presenting in opposition to A.B. 348 for the same reasons you have heard today. Our workers are our most valuable resource and their safety is important to us.

Our opposition concerns the definitions and language in the bill. We appreciate the work of Assemblywoman Gorelow and also appreciate the intent of the bill.

Senator Settlemeyer stated we have 16 rural clinics and 8 of them are in remote areas. For these clinics, we have concerns about the cost of physical barriers.

Half of our members have long-term care units and they are also included in the provisions of this bill. Current standards for long-term care facilities require the facility to be more "home-like," quiet and calm. Some of the requirements for environmental controls would be in conflict with standards required for long-term care facilities.

The workplace violence we see in rural Nevada occurs in long-term care facilities. It is the patients who are violent toward staff. In this case, environmental controls do not help prevent workplace violence.

We want to continue to work with the sponsor on this bill.

CHRIS BOSSE (Renown Health):

I testify today in opposition to this bill. We are hopeful the amendments discussed in this hearing will bring resolution between the stakeholders.

The current version of this bill is certainly more invasive than the industry believes is necessary to ensure a consistent approach to workplace safety in Nevada.

Hospitals support policies to address workplace safety. We agree with physical environment assessments, regular staff training, incident response practices, incident reporting and process evaluation. We also support process improvement and record maintenance related to workplace environment.

When all of these aspects are considered, we are in alignment on many of the issues supporting workplace safety. I believe there are only small pieces preventing us from agreement on the primary goals we all have in preventing workplace violence.

MISTY GRIMMER (North Vista Hospital):

We are in agreement with previous comments in opposition to this bill.

RAY FIERRO (Administrator, Division of Industrial Relations, Department of Business and Industry):

I am here today to testify neutral to this bill. I also have with me today Jess Lankford, Chief Administrative Officer for Nevada OSHA.

I wish to make this Committee aware we are putting together a fiscal note for A.B. 348 as amended.

The general duty clause of The United States Department of Labor, Occupational Safety and Health Act of 1970, requires employers to provide employees a workplace free of recognized hazards that are causing or likely causing death or serious harm. This provision covers all employees.

Jess Lankford is able to answer specific questions you may have.

CHAIR SPEARMAN:

To reconfirm, there will be a fiscal note based on the reprinted bill.

MR. FIERRO:

Yes, when the bill was first drafted we put out a fiscal note stating there was no fiscal impact. As amended, there will be a fiscal impact.

LISA SHERYCH (Interim Administrator, Division of Public and Behavioral Health,
Department of Health and Human Services):

I am here to testify as neutral. The conceptual amendment as written will allow us to remove our fiscal note.

CHAIR SPEARMAN:

The fiscal note submitted by the Division of Public and Behavioral Health was \$998,000. Am I understanding correctly that the fiscal note is now removed?

MS. SHERYCH:

Yes, that is correct.

MS. LOCKARD:

One testifier stated the items listed in section 5 are mandated. A careful reading of section 5 will indicate the items listed are in the definitions and are not mandated.

With respect to the testimony from Planned Parenthood, I would like to indicate to the Committee that Planned Parenthood, as defined, is not included in this bill.

ASSEMBLYWOMAN GORELOW:

We have reviewed the amendment and will continue to work with the stakeholders. We feel we can reach an agreement.

CHAIR SPEARMAN:

I will offer advice to all the stakeholders. There are several aspects of this bill that appear to be related to the work and responsibilities of the staffing committees. I encourage all of you to work together to identify those responsibilities.

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I also encourage you to identify ways in which the staffing committees can be strengthened. Strengthening the staffing committees will preserve the integrity of the reports and the recommendations embedded in whatever changes are made in the bill.

As there is no further business, the meeting is adjourned at 3:23 pm.

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	8		Attendance Roster
A.B. 175	C	2	Assemblywoman Sarah Peters	Written Testimony
A.B. 175	D	3	Loretta Ponton / Nevada State Board of Registered Environmental Health Specialists	Written Testimony
A.B. 348	E	4	Christy Tolotti / National Nurses Organizing Committee; National Nurses United	Written Testimony
A.B. 348	F	1	Priscilla Maloney / AFSCME	Written Testimony of Patricia Wright and Matia Guest
A.B. 348	G	1	Christy Crown / National Nurses Organizing Committee; National Nurses United	Written Testimony
A.B. 348	H	1	Chris Gibson / National Nurses Organizing Committee; National Nurses United	Written Testimony
A.B. 348	I	7	Jesse Wadhams / Nevada Hospital Association	Proposed Amendment