MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON COMMERCE AND LABOR

Eighty-First Session
April 23, 2021

The Committee on Commerce and Labor was called to order by Chair Sandra Jauregui at 11:20 a.m. on Friday, April 23, 2021, Online and in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sandra Jauregui, Chair
Assemblywoman Maggie Carlton, Vice Chair
Assemblywoman Venicia Considine
Assemblywoman Jill Dickman
Assemblywoman Bea Duran
Assemblyman Edgar Flores
Assemblyman Jason Frierson
Assemblywoman Melissa Hardy
Assemblywoman Heidi Kasama
Assemblywoman Susie Martinez
Assemblywoman Elaine Marzola
Assemblyman P.K. O'Neill
Assemblywoman Jill Tolles

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Marilyn Dondero Loop, Senate District No. 8
Senator Pat Spearman, Senate District No. 1

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Terri McBride, Committee Secretary

Paris Smallwood, Committee Secretary
Cheryl Williams, Committee Assistant

OTHERS PRESENT:

Sophia A. Romero, Attorney, Legal Aid Center of Southern Nevada
Bailey Bortolin, Policy Director, Nevada Coalition of Legal Service Providers
Tess Opferman, representing Nevada Women's Lobby
Michael Kind, Private Citizen, Las Vegas, Nevada
Maria-Teresa Liebermann-Parraga, Deputy Director, Battle Born Progress
Peter Guzman, President, Latin Chamber of Commerce
Roberta Ohlinger-Johnson, Legislative Chair, Creditor's Rights Attorney Association of Nevada
Scott Purcell, President, Association of Credit and Collection Professionals International
Tim Myers, President, Nevada Collectors Association
Christian Lehr, Board Member, Association of Credit and Collection Professionals International
Ann Silver, CEO, Reno + Sparks Chamber of Commerce
James Wadhams, representing Nevada Hospital Association
Tiffany Tyler-Garner, Private Citizen, Las Vegas, Nevada
Gillian Block, representing Nevada Coalition of Legal Service Providers
Sandy O'Laughlin, Commissioner, Division of Financial Institutions, Department of Business and Industry

Chair Jauregui:
[Roll was called. Committee protocols were explained.] Thank you everyone, and let us begin with our agenda. We have a short agenda today: two items that we will be taking out of order. I see our first presenter is already here. Welcome, Senator. I will now open the hearing on Senate Bill 248, and we have Senator Dondero Loop here to present. When you are ready, the floor is yours.

Senate Bill 248: Revises provisions relating to the collection of medical debt. (BDR 54-576)

Senator Marilyn Dondero Loop, Senate District No. 8:
Thank you so much, Madam Chair. It is always a pleasure to come back and visit the Assembly. I see some really wonderful familiar faces that I have not seen in the building yet. I am pleased to present Senate Bill 248, which seeks to assist consumers during the collection of medical debt. I am pleased to be joined on Zoom by Sophia Romero, a consumer protection attorney at the Legal Aid Center of Southern Nevada, and Bailey Bortolin, statewide advocacy outreach and policy director of the Nevada Coalition of Legal Service Providers, who will provide additional context and details for this bill.

During the unprecedented COVID-19 pandemic, most states issued lockdown orders that closed many workplaces. The ensuing job losses have left millions of workers without employer-sponsored health coverage. Studies estimate that as many as 7.7 million workers lost their jobs with employer-sponsored insurance because of the pandemic-induced recession. The employer-sponsored insurance of these workers covered 6.9 million dependents for a total of 14.6 million affected individuals. However, even pre-pandemic, almost 42 percent of Nevada households were not covered by an employer-sponsored insurance plan.

According to the Urban Institute, 21 percent of Nevada's population have some form of medical debt in collections. For communities of color, it is 26 percent. For these reasons and others, it is necessary that we implement protections for consumers with medical debt in Nevada. Soon, time will tell how many job losses are ultimately permanent, resulting in loss of employer-sponsored insurance for workers and their dependents. Before we discuss the provisions of the bill, I would like to turn the presentation over to Ms. Romero. I believe Ms. Bortolin is in the audience with us, but Ms. Romero is going to do this part. I would like her to discuss with you the need for Senate Bill 248.

Sophia A. Romero, Attorney, Legal Aid Center of Southern Nevada:
Good morning, Chair, Vice Chair, and members of the Committee. I am a staff attorney for the Consumer Rights Project at Legal Aid Center of Southern Nevada. Thank you for the opportunity to help present here today. Before I walk through the bill, I would like to thank Senator Dondero Loop for bringing this very important piece of legislation. This bill will be a much-needed addition to Nevada law. Not only will it help people who are currently facing medical debt collection, but it will help countless others going forward as we see the results of the pandemic unfold. In my role helping the low-income population of Clark County, debt collection is an everyday occurrence. There are times when the client has insurance but is still being sued by a debt collector on the debt owed due to billing errors for which the client is not responsible. Other times the client is being sued by a debt collector well past the statute of limitations for services that occurred years ago. Finally, and perhaps most egregiously, is when the client has Medicaid and is still being sued in a practice known as "balance billing" which is strictly prohibited. But these clients are the lucky ones. These are the clients that I get to help because the debt collector is clearly doing something wrong that is prohibited by statute. These are the people that I get to tell, Do not worry, I can help you. But there are so many others—so many who do not know that legal aid exists—who maybe do not have a defense, but nonetheless just cannot afford to pay. This is where S.B. 248 comes in. It helps regulate the behavior of and limits the fees charged by debt collectors, so that people with no other defense can at least have a chance to pay back their debt without being forced into bankruptcy.

One practice that S.B. 248 seeks to eliminate is debt collectors taking what is known as a "confession of judgment" against someone with an outstanding medical debt. Oftentimes, consumers will go to the debt collection office to set up a payment plan. The collection agency will say that they have to sign a document which contains the payment schedule. People sign this thinking they are entering into a payment arrangement and having no idea

what they actually just signed, then if they are even one day late—and in some instances when they have never been late but a clerical error has occurred—the confession of judgment is filed with the court. This confession of judgment has the same effect as if a court had found in favor of the debt collector and means that the debt collector can now begin garnishing wages and taking other collection actions against that debtor with a judge having never even seen the case. Additionally, people who have minor, small-dollar-amount debt end up owing thousands due to collection fees in these matters. Default judgments are entered in matters where no defense is raised and no litigation is required. Despite the fact that no litigation is required, we have seen default judgments on an underlying debt of $6,000 turn into nearly $13,000 in debt, a $688 debt became a $2,600 debt, and a $431 debt became a $1,400 debt, all based on collection fees and costs. Even when the consumer enters into a confession of judgment, once that judgment is entered, fees are charged, turning, for example, a $2,800 debt into a $7,000 debt. Now, these are cases where not even a complaint was drafted; literally just the piece of paper that they signed in the debt collector's office was filed with the court, and that debt turned from $2,800 into $7,000.

We want people to pay back their medical debt, but we want to give them a fighting chance to do so. When the amount of debt is inflated due to collection and attorney's fees, we take away people's ability to work towards paying their debt and are instead pushing them towards bankruptcy where, oftentimes, there is no chance of the debt ever getting paid. These abusive debt collection practices are the practices that S.B. 248 intends to regulate. This bill only applies to debt collectors and does not change the practices or rights of hospitals and other medical providers. It does not conflict or change anything in NRS Chapter 449, 449A, or 629, as those statues only apply to providers and not debt collectors. Furthermore, the protections that S.B. 248 would put in place are in addition to the federal Fair Debt Collection Practices Act, which focuses on behavior and transparency. It does not regulate the amount of the debt that debt collectors can charge.

With that, I will walk through the bill. Senate Bill 248 is a fairly simple and straightforward bill. Sections 1 through 6 contain the definitions. Section 7 talks about notice. This section requires a collection agency to give notice to the debtor at least 60 days before taking any action to collect the medical debt. This 60-day period allows time for the patients to go back to the provider or insurance to investigate and determine if they actually owe this amount of money. The written notice provided by a debt collector to a person who owes a medical debt must include the name of the health care provider, medical facility, or provider of emergency services that provided the goods or services for which the medical debt is owed, and the date when the goods or services were provided. Again, this is all information so that the debtors can go back and make sure that this debt is actually valid and that they actually do owe it.

The proposed amendment [Exhibit C], which I believe has been uploaded to the Nevada Electronic Legislative Information System (NELIS), has removed paragraphs (c) and (d) of section 7, and subsection 2 of section 7. Section 7, subsection 2 was just a definition for a term that was used in section 7, paragraph (c). We removed those paragraphs as it might cause confusion to some consumers.

Section 8 prohibits the collection agency or its manager agents or employees from engaging in certain practices relating to the collection of medical debt. This includes taking any confession of judgment or any power of attorney running to the collection agency or to a third party to confess judgment or to appear for the debtor in a judicial proceeding. It also prohibits the collection agency from commencing a civil action to collect the medical debt if the amount of the medical debt—excluding attorney's fees, collection cost, interest rate, and any other fees—is less than $10,000, which is the maximum jurisdictional amount for the justice of the peace for small claims court. We did actually introduce another sentence into the amendment just to clarify that nothing in this bill prevents a debt collector that is suing for less than $10,000 from filing a small claims action. We are not taking away any right to file in small claims here; we are just making sure that if the matter qualifies for small claims court, it is filed in small claims court. It also prevents the debt collector from charging or collecting a fee of more than 5 percent of the amount of the medical debt, excluding attorney's fees, collection costs, interest, late fees, and any other fees or costs as a collection fee or as an attorney fee for the collection of the medical debt. With that, thank you for your time, and I am available for any questions that the Committee might have.

Chair Jauregui:
Ms. Bortolin, you are here for questions only, correct?

Bailey Bortolin, Policy Director, Nevada Coalition of Legal Service Providers:
Correct. Chair, if I could, very quickly, I do want to start by emphasizing that the amendment that you have on NELIS regarding section 8—Ms. Romero did cover this—but there was just some confusion. The intent of that section, and the way it is drafted, legally and technically does require that an amount of debt less than $10,000 go to the appropriate jurisdiction, which is small claims court. The "people's court" is set up so that excessive fines, fees, attorneys' costs and those things do not get added to cases.

The confusion that some of the stakeholders had, which is very valid if you do not live and breathe in this world, is that a civil action is separate and distinct from a small claims action. There were people who read that to mean that we were saying you could not collect any debt less than $10,000, but that was just a small legal technicality. A civil action and a small claims action are two different types of actions. That access to a small claims action was never restricted.

Chair Jauregui:
Thank you, Ms. Bortolin. I believe we do have a question from Assemblywoman Tolles.

Assemblywoman Tolles:
I have a couple of clarifying questions. I am trying to wrap my head around the amendment. Essentially what is left is we have a 60-day notice, and then in section 8 we have that the collection agencies shall not take in a confession of judgment or commence a civil action. However, they can still take an action for less than $10,000 to the small claims court. So, really what we have left is a 60-day notification and that they shall not charge or collect a fee of more than 5 percent. That is really the meat that is left, as I read it. Do we know if

we had any kind of cap on the amount that they could collect before that? Is this a brand-new cap by putting in that 5 percent? Do we know what they typically collect in fees? Is this addressed; do they collect 20 percent now and we are limiting it to 5 percent? Is it all over the place or is it pretty close to standard?

Bailey Bortolin:
I will ask Sophia Romero to speak to that. We believe that these are best practices, and we are seeing these put in place in other legislatures as well, particularly because of the COVID-19 pandemic. But we also have a very long list of egregious cases that we see, where this would be a drastic change from some of the more predatory practices that we do see. I will have Ms. Romero speak to that.

Sophia Romero:
There is no current cap in place on the amounts of collection fees or attorney's fees that can be charged in these types of cases. Again, with some of the examples, we have seen a $200 debt turn into a $1,400 debt. I have not done the math, specifically, but that is well over a few hundred percent of the amount of the debt. Debt collectors can typically charge anywhere from 50 percent to 100 percent of the amount of the debt, and what we are really trying to do is bring that down so that people actually have a chance to be able to pay these dollar amounts back. If your debt is $200 and now all of a sudden you owe $1,400, it is much more likely that you would be able to pay the $200 and actually get out of that debt than you would when it is $1,400 and now you are burdened by those extra fees. And that is all they are; they are fees. They are not actual principal.

Assemblywoman Tolles:
Thank you. And thank you, Ms. Bortolin, for mentioning other states. If you do have any data on that, it would be very helpful to see where we stand versus other states in regard to a cap, no cap, and what the amount is, if that is possible. My second question, we have taken the references to the third party out from section 7, but we still kept in section 8, subsection 1, where a collection agency shall not take any confession of judgment or any power of attorney running to the collection agency or to any third party. Will "to confess judgment," also be taken out or is that still left in without "third party" being defined?

Bailey Bortolin:
That is a good catch and that is why we have drafting look at my version of the amendment. We will leave in a definition of "third party."

Sophia Romero:
If I may, this actually is not a third party, this is a third person. They are saying that, as the debt collection agency, they cannot have the debtor sign a power of attorney that would give power of attorney to the debt collector or a third person; for example, their attorney. That is the difference there.

Assemblywoman Tolles:
Could you put that in layman's terms? Who does this impact? I think that might help for understanding.

Sophia Romero:
This essentially bars a debt collection agency from requiring a person to sign a power of attorney and giving the debt collection agency or their attorney, or a third person, the right to power of attorney over the debtor, if that is more helpful.

Assemblywoman Carlton:
In looking at this, I wish I would have had that 60 days a number of years ago. My daughter was ill, and we had to take care of a lot of her medical bills and ran up against a number of barriers. They ended up going to collection because the deductible had not been paid in the sequential order that it needed to be paid in. It was a bureaucratic mess that took us a while to straighten out, but because we were straightening it out, she ended up in the collection position. One of the things I found out is that the provider's hospital or ambulance company, whoever it is, will actually sell that debt to someone else for possibly pennies on the dollar. Then that group wants to collect the full amount and they are still allowed to add on the cost of doing business with interest, late fees, collection costs, attorneys' fees, and any other fee they can think of to put on there. Ms. Romero, I am just wondering, was that a one-off or is that the typical way they do business?

I have also been told that some hospitals will actually have their own collection companies so they can turn the debt over to the collection company, take the write-off, but still get the dollars from the patient on the other side. I have not actually seen an instance of that, but I have been told that that does exist in some places. I am not sure if it exists in Nevada, so have you seen any cases along that line? And do you have any information on how much this debt actually gets sold for in the long run?

Sophia Romero:
You are absolutely correct. This debt is sold for pennies on the dollar and each time it is sold, there is a phenomenon called "zombie debt." The original provider of services will sell it to Debt Collector A, who will sell it to Debt Collector B, who will sell it to Debt Collector C, and so on and so forth. Each time that it is sold, the purchase price is lower and lower.

I do not have hard data for you on this; it is probably a pretty well-guarded secret. Maybe some of the other attorneys at the National Consumer Law Center might have more information. I could possibly try to research it for you and find that out. This was a concern brought up on the Senate side as well. Senator Neal also brought up the fact that these debts are sold for pennies on the dollar but the debtor is still on the hook for the entire amount of the debt. Again, as they are sold continuously, the amounts that they are purchased for goes down and down, but the amounts of the debt gets higher, because you have the principal balance—you have to pay that in full—and now there are multiple debt collection fees, late fees, any type of interest fees, any of those types of things. The debt keeps going up when

the amount that the debt buyers or debt collectors are purchasing it for is actually going down. If they are actually able to collect in the end, the margin of profit is much greater than it would have been.

As far as your second example with the in-house collection, yes, once these go to debt collectors and debt buyers, they are written off the books and they do get a tax credit for that. I have heard of certain providers or hospitals essentially having their own "captive" debt collector. I believe that those two examples that you gave were spot-on and that does occur.

Assemblywoman Carlton:
What is the statute of limitations on medical debt? How long do you have to survive this harassment before it goes away?

Sophia Romero:
The statute of limitations on medical debt in Nevada is four years. However, you have to know that. In my testimony, one of the examples of when I can help a person is when they are being sued outside the statute of limitations. The problem is if you do not know that the medical debt statute of limitations is four years. In Nevada, we think of all contracts as being a six-year statute of limitations. This is our big statute of limitations time frame; everybody knows contracts are six years. If you do not know that medical debt is a four-year statute of limitations and you get a debt collection letter, if you go ahead and make a payment on that, you have just restarted your statute of limitation.

So let us say you moved and did not get the initial letter and finally, four-and-a-half years later, they find you and you call them up and say, I did not know I owe this debt, can I make a payment? Because they will harass you and say, Pay me $100. You say, I cannot afford that. Then they say, Pay me $50. You say, I cannot afford that. Their goal is to try and get you to pay anything. Because once you pay anything, that statute of limitations starts again, and you are looking at an additional four years.

Assemblywoman Dickman:
Is it possible that there is a conflict here with the 60 days? *Nevada Revised Statutes* 449.757 says hospitals can begin collecting in 30 days.

Sophia Romero:
That statute no longer exists and has not existed for some time. I noticed myself that it was included in the letter from the Nevada Collectors Association [Exhibit D], but it is not included in the current NRS that I could find. A couple of attorneys from our office were looking for that—it does not exist. I believe there was some renumbering done with the statutes going all the way back to 2007 and, I think, again in 2011. But I think what that is getting to is hospitals are not allowed to charge interest on a debt until 30 days after they have billed the insurance. The point of the statute was to give the insurance 30 days to pay, and if somebody is waiting for their insurance to make a payment, they should not be charged interest. This bill has absolutely zero effect on that.

Once the debt has left the hospital—the hospital can start collecting interest after 30 days—and now has been sold to a debt collector or a debt buyer, when that debt buyer reaches out to that debtor, they now have to give them 60 days' notice before they take any type of collection action. That is saying, Hey, we own your debt now. You have 60 days from the date of this letter to figure out what is going on here, so that you can take the appropriate steps to either make a payment, figure out a payment plan, or to dispute this debt and say that it is not valid—that you do not actually owe it. That is a completely separate set of statutes. This has no bearing on NRS Chapter 449 at all. This only applies to debt collectors, and this only applies after the hospital has either written off the debt or sold the debt—well actually, that is the same thing—but after the hospital has already gotten rid of the debt and it is now in the hands of a debt collector that this would apply. It has nothing to do with a 30-day waiting period for hospitals to begin charging interest on a bill.

Chair Jauregui:
Ms. Romero, when you say "debt collectors," you specifically mean collection agencies, correct?

Sophia Romero:
Yes, Madam Chair.

Assemblywoman Dickman:
If small claims court is limited to $10,000, and if you owed more than that, where would you have to go?

Sophia Romero:
If you owe more than $10,000, then the case can be filed in justice court of the appropriate jurisdiction. For instance, North Las Vegas Justice Court, Las Vegas Justice Court, Reno Justice Court. Any type of justice court would have jurisdiction.

Assemblywoman Marzola:
Thank you for the bill; I think it is a great bill. I do have a quick question on section 7. I see that subsection 1, paragraph (c) was deleted—"whether a third party has been billed for those goods or services and the current status of the bill." I am wondering what the thought process was there, why we did not keep that in, because I think it is really important.

Sophia Romero:
The reason that was taken out was it was a concern raised by the stakeholders that the consumers might be confused because by the time a bill has gotten to a debt collector, usually the time frame for billing insurance or for resubmitting a claim may have closed. I tried to get clarification on this from the stakeholder but I did not get an exact answer. I believe the same would be true with section 7, subsection 1, paragraph (d) where if, for instance, nonprofit hospitals that have financial assistance programs, once it has been turned over to a debt collector, that window for any assistance or any additional insurance billing might have been closed. Again, I did not get a specific answer on that, but these changes were made in direct response to concerns raised by stakeholders.

Bailey Bortolin:
If I could add to that, we worked with the hospitals on that piece. There are multiple hospital associations, but Mr. Wadhams worked with us on this. I think some of the concern was that this does not change when the hospital is giving you that information on the front end; that is still very important in that initial collection process. In NRS Chapter 649, once it has been bought and sold, and what the debt collector has to provide currently, there is not a whole lot of information. We have debt collectors who will not be upfront about where they got this debt, what this debt is, or where it came from. Providing people with more notice, that this is from this hospital when this happened, they will at least know why you are coming after them and it will bring some of that clarity.

But the hospitals were concerned—and I believe Mr. Wadhams will be speaking to that—that there may be some billing confusions if it seemed like it was still open at that point after they had negotiated it away.

Assemblywoman Marzola:
You have an instance where insurance was billed, you have a copay left to pay, even if it is a few hundred dollars that you are not aware of, and it gets sent to collections. They are trying to collect six months or a year later, and the patient no longer has that insurance or does not have that information. Would it not be better to have that information provided by the collection agency to that consumer patient?

Bailey Bortolin:
I do believe that will all happen when the hospital is negotiating with the patient, because the hospital will make efforts to collect and will try to set up payment plans. There is still that transparency in the process happening there. It is only at a later date, when they are selling it to the debt collector, that the hospital is removed from the situation and is no longer a party to the debt, essentially.

Assemblywoman Hardy:
Thank you for bringing this bill forward and having this discussion. I want to make sure I get some clarification, especially with the amendment on section 8. I think there was a lot of discussion about the $10,000 amount, so if a collection agency would not be able to collect on something under $10,000—that would mean that a provider, facility, ambulance service, what have you, has something under $10,000, let us say it is even under $1,000—they would have the option, either themselves or by hiring an attorney, to go to small claims court to collect for that. Do I understand that correctly?

Bailey Bortolin:
Small claims court is a bit more informal, but the jurisdictional amount currently for anyone to be able to access small claims court is $10,000. It could be $5, it could be $9,000—anything under $10,000, people can go to small claims court. One of the protections that is built into that is that attorneys' fees cannot be tacked onto it. While anyone could use it,

there are some consumer protections around it so that if you are collecting a $100 dispute, it does not turn into something much less affordable based on the fact that you went to this court proceeding.

Assemblywoman Hardy:
Going to my thought process, since you cannot add attorneys' fees, a lot of times attorneys do not want to do small claims. At that point the provider, whoever it is, would have to pursue this themselves, then, for anything under $10,000. Correct?

Bailey Bortolin:
It does not necessarily have to be you who goes to small claims court. We often see property managers appearing on behalf of landlords in small claims court, right? You can appear on behalf of someone else, you can have someone in-house in your company or agency, or you could hire someone to go. But attorneys' fees could not be charged for that person's services inside of the debt claim. They could not be ordered by the court is a better way to say it.

Assemblyman O'Neill:
Ms. Bortolin, I appreciate some of the explanations. Sometimes I understand, then somebody else asks a question, so I just need some clarification. In section 7, why the 60 days still? I know when I owe money to somebody. So, you are going to send me a letter—which the second part of the question is, just one letter? Where is the verification that I received the letter? Could that be an argument proposed by the debtor to protect themselves by arguing I never got it, I never saw it, or I moved, that type of thing? It is a two-part question. Why 60 days, and should the letter maybe be more of a certified letter with some proof of service?

Bailey Bortolin:
I do believe that the collectors keep thorough records of all of the communications that they are having with people. They would have proof of that letter as part of the business practice. I think Assemblywoman Carlton gave a good example as to why 60 days. If you are getting notice of this and you do not know where it is coming from, perhaps you have moved and someone was trying to collect at a previous address, or your phone number has changed and now you are being contacted; it allows you the breathing space to figure out what happened and to try to go back and make a plan and connect the dots. Because this has been sold to a new agency, that agency does not answer your questions about what happened, what went wrong here, was my insurance billed right? So, it is giving you the space to be able to have a path forward. I think Ms. Romero could speak to some examples of where we would see that be helpful as well.

Sophia Romero:
I really like the idea of having debt collectors send the notice via certified mail. We did not consider the option because we did not want to have them incur any additional costs because of the mailing of the bill. Actually, that is a very good point; it probably should be certified,

because then they have proof that the debtor received it. On the flip side of that, they can always say they sent it and print off a piece of paper, keep that in the file, and never actually put it in the mail. Some type of proof would be nice.

This has even happened to me personally. With my first child, I went to the hospital and had the baby. I had paid my copays and everything up front because they know how much your 20 percent is. I paid all my hospital bills up front. Then two years later—I think my son was two or three years old—I got a collection call saying that I owe the hospital money and I did not understand why. Apparently, they had been trying to bill me under the incorrect last name. They had my maiden name and not my married name, and we had moved a couple of times. All of a sudden, I was in collections. Because I am extremely OCD [Obsessive-Compulsive Disorder] about my credit report, I immediately called them and paid it. But I had to call and check with the hospital and see what happened. I had paid up front; why did this all go through? So it happens to people and it can happen to any of us.

That is just one example of why that 60-day window is really nice because then you can have time to contact your insurance and ask, Did I really owe this money? Or contact the hospital and say, Hey, what happened, I paid you up front. Why did I end up getting charged? Why did it end up going to collections? Those types of things.

Assemblyman O'Neill:
I like the response; you helped me out. So the discussion I would have during that 60 days is back with my insurance or the hospital itself. And if I clarified it—as you said, they had billed you incorrectly under your maiden name—are the fees by the debt collector then forgiven and it is, as we used to say, "all good?" What is the process once you have identified that it is not your fault? That is what I am curious about.

Sophia Romero:
I have to give a lawyer answer here: it depends. It depends on the collection agency, it depends on their internal practices, it depends on who you get on the phone and if they want to work with you or they do not want to work with you. Doing what I do for a living, as a consumer rights attorney, I did not have to pay any fees. I cannot say that that is true for everyone. I wish that were true for everyone, but we would not have to bring legislation like this and be here today if it were true for everyone. So in my personal example, no, I did not have to do pay any fees. Do other people have to pay fees? It is extremely likely.

Chair Jauregui:
At this time, I am going to move into the testimony portion of the hearing. I do not see anyone in Carson City wishing to testify in support. Do we have anyone on Zoom to testify in support? [There was no one.] Could we go to the telephone line for those wishing to testify in support?

Tess Opferman, representing Nevada Women's Lobby:
Good afternoon, Chair and members of the Committee. We want to thank the Senator and Legal Aid Center of Southern Nevada for bringing forward such an important bill. Medical

expenses are incredibly high in the United States, even with insurance coverage. Roughly 20 percent of Nevadans have some form of medical debt. That is one in five people. Low-income individuals may struggle to pay their medical expenses, so they do not pay them and then these bills become increasingly more expensive, creating a dangerous downward cycle. Though medical debt needs to be paid, there also needs to be some protections to ensure we are not costing low-income families extraordinarily high amounts on top of their original medical expenses. This is a critical consumer protection bill. We urge your support and thank you for your time here today.

Michael Kind, Private Citizen, Las Vegas, Nevada:
I am a consumer attorney in Las Vegas, and I echo everything that Ms. Romero said as things that we see routinely in our firm every day, particularly when it comes to the abuses in connection with small dollar-amount loans of medical debt where we see the collection fees, 50 to 100 percent or more added on. The only thing I would add on top of that is the countless times I hear from potential clients where they reach out, and the first notice that they received to inform them that they had these medical bills that were unpaid would be the summons and complaint. At that point, they have a very short deadline to appear in court. This is a big problem, and I really support this. Thank you very much.

Maria-Teresa Liebermann-Parraga, Deputy Director, Battle Born Progress:
Good afternoon, Chair and members of the Committee. We are in full support of S.B. 248. I am here, not only in the capacity of deputy director, but as someone that before having great insurance, I was one of these Nevadans that we are trying to help with this bill. I personally had to crawl my way out of medical debt because of an emergency. At the time I had no idea how to navigate the problem and neither did my mother. It is the case with many Nevadans with no ability or knowledge to navigate a very difficult process. Even if you have knowledge or ability, it is still difficult to go through. I am sure COVID-19 and its economic consequences have most likely made this worse, so this bill is coming at the perfect time. We highly encourage you to support it.

Chair Jauregui:
Next caller, please? [There was no one.] We will now move into testimony in opposition. Seeing no one here in Carson City, can we check Zoom? [There was no one.] Can we go to the telephone line for those wishing to testify in opposition?

Peter Guzman, President, Latin Chamber of Commerce:
Good afternoon, Chair and members of the Committee. As you know, the Latin Chamber of Commerce is focused on jobs and economic development. This bill just recently came to our attention, and we took a look at it because we have many business members in this chamber who are medical providers. Unfortunately, it appears this bill still needs some work. This bill would hurt those members who fall into the definition of medical facility and providers of emergency medical services.

Again, we are very involved in this, including recently doing a job fair, hoping to create more emergency medical technician trainings and things like that. These medical businesses rely on collecting their accounts receivable. It is how they pay their employees, it is how they pay their rent, and it is how they make a living and support our community. These medical providers take care of us when we need them, and if they cannot collect on their valid debts, guess what happens? They lay off employees and eventually go out of business. We need more medical providers in our community, not less.

This bill as written is a slap in the face to these legitimate medical businesses, and it is just bad policy. They should not be punished for trying to charge and collect for their medical services. My fear is that this bill, and bills like this, will cause significant harm in many ways. It will drive up the cost of medical care, it will place a financial burden on medical providers and, eventually, it will drive medical professionals out of our community. Sometimes well-intended bills just do not work; this appears to be one of them. Thank you, Chair and Committee members, for allowing me the time to speak.

Chair Jauregui:
Mr. Guzman, we do have questions for you.

Assemblywoman Carlton:
Thank you, Mr. Guzman, for being here. I am a little bit confused, because the providers will still be able to sell their debts to the collection agencies. I am not sure if there is a misunderstanding as to what the definition of medical provider is. If you could clarify again what your concern is on this, because when I read the bill, it does not prohibit them from selling their debt to one of these companies. This just sets out a framework for collections. If you could elaborate a little bit on the providers' issues.

Peter Guzman:
From what I have heard from the providers, this bill would just make it more difficult for them to rely on the collecting of their accounts receivable. I think there is some confusion and maybe that needs to be cleared up. But I can tell you this, out of all the members in all the years that this chamber has existed, we do not get complaints from people saying that they are getting mistreated by debt collectors on things that they legitimately feel that they owe, including charges for medical services.

Assemblywoman Carlton:
Mr. Guzman, were you able to air your concerns on the Senate side, or did this come to you after the Senate work had been done?

Peter Guzman:
This bill just recently came to our attention.

Assemblywoman Carlton:
Thank you, and we always want to take everyone's viewpoints into consideration. I would hope that you would reach out to the sponsor and those working on the bill to make sure that

you have a thorough understanding of the bill, because we want to make sure that all concerns get addressed.

Peter Guzman:
I do appreciate that very much because a lot of times, good intentions have bad consequences.

Roberta Ohlinger-Johnson, Legislative Chair, Creditor's Rights Attorney Association of Nevada:
Hello, Madam Chair and members of the Committee [Ms. Ohlinger-Johnson read from written testimony, Exhibit E]. Our members represent creditors before all courts in the state of Nevada, from Main Street to Wall Street, small claims court to the Nevada Supreme Court and the Ninth Circuit Court, and even beyond. We would like to thank the sponsor for the amendment; we do think it addresses some issues that we had concerns with, but we do not think that it goes far enough.

First of all, I would like to be very clear that in the regular course of our business, we do represent both original creditors as well as assignees. That includes both original medical providers, hospitals, doctors, physicians, and ambulance care as well as medical debt that has been sold. As written and as amended, this bill would impact both directly. We disagree highly—and I am available for questions—that saying that this allows hospitals to sell the debt addresses the central issue, which is that this covers all medical debt including those that we are attempting to collect that is still owned by the original creditor, in other words, the provider.

I would also like to address that we do not understand the reach or scope of this amendment. There is a lot of discussion of attorneys' fees here, and we are quite confused. Many attorneys accept a confession of judgment and dismiss the case unless there is a default. We do not find that to be a bad thing; we find that to be actually quite helpful for a person who owes a debt to be able to enter into the agreement and then to be able to have that case dismissed unless there is a default. I am an attorney and not a collection agency, and I am not licensed as a collection agency; I am licensed as a law firm. And most of my members are, although not all. Some are actually licensed as collection agencies—it depends on the individual agency and the way they are set up. This reaches me by attempting to legislate collections, and that is quite confusing to me. For example, under section 8, subsection 3, only an attorney can have an award of attorneys' fees and only judges can award attorneys' fees. Collection agencies do not file suit, and I am not a collection agency. It is illegal, under the rules of practice, to split fees with a non-attorney such as a collection agency.

Scott Purcell, President, Association of Credit and Collection Professionals International:
Association of Credit and Collection Professionals (ACA) International is the trade association of debt collectors [Mr. Purcell read from written testimony, Exhibit F]. I would like to say there is a bit of "baby with the bathwater" going on here. I heard some of the

examples in earlier testimony of agencies violating the law, including suing on out-of-statute debt. I can tell you, ACA members subscribe to a code of ethics that prevents them from suing on out-of-statute debt, and we represent over 2,000 collection agencies nationwide.

I would also like to bring the Committee's attention to a joint article between Healthcare Financial Managers Association and ACA: "The Healthcare Financial Management Association Releases Best Practices for the Fair Resolution of Patients' Medical Bills." It was from September 2020; I can provide a copy if needed. That prevents extraordinary collection practices—under a particular law I will address in a minute—as well as credit reporting, legal activity, and sales to buyers. So, there is a ton of work that has gone on to help treat consumers professionally.

As a society, with the Affordable Care Act and through Treasury Regulation Section 501(r)(6)—that is the providers' societal contract to provide free or reduced care to the materially poor—typically, in that charity care, under 200 percent it is free, a 200 to 400 percent discount; and typically over 400 percent, someone making $105,000 a year for a family of four needs to pay their full share of the $6,500. We have really good frameworks in play. I feel like this is really well-intended but is going to hurt providers which will reduce access and increase costs for the materially poor and the middle class, which is not what everybody is trying to accomplish. Are there any questions I can answer?

Chair Jauregui:
Seeing no questions, we appreciate your testimony, Mr. Purcell. Next caller?

Tim Myers, President, Nevada Collectors Association:
Nevada Collectors Association is composed of roughly 30 licensed collection agencies located within the state of Nevada. I have submitted testimony online in opposition. I will not read through it all, but what I would like to do is ask a couple of questions or give a little bit of input here. Not all collection agencies are debt buyers. We are contingency-based companies, which means we work on a contingency basis and we only get paid if we collect. I hear a lot of testimony about "debt buyers, debt buyers, debt buyers." What the one-size-fits-all approach here on this bill is that you are not thinking of the optometrist or the dentist or the chiropractor; the small practices who cannot just go out and afford to hire a lawyer or whatnot, so they hire us. They count on us and we only get paid if we collect their debt. Sometimes we do have to sue.

Not all debt is incurred by indigent and poor people, and by not allowing the smaller practices and smaller physicians to proceed the debt or hire us to do the debt when they do not have time to do it is just a disservice. It is taking it away in this bill. This one-size-fits-all is not a good draft of a bill. We are all about helping our consumers, our neighbors—we just need a little more help on this. With the new amendment, a little more time would be appreciated too, to see what we can do with that as well. With that, I am done. I appreciate the opportunity. Thank you very much.

Christian Lehr, Board Member, Association of Credit and Collection Professionals International:
I am the president of Healthcare Collections, and I am calling in opposition to this bill primarily because of the small- to medium-sized providers that I service. Approximately 25 percent of my clients are—as referenced by the previous commenter—chiropractors, dentists, and smaller health clinics. Their feeling is that this is asking them to bear the burden of people who do not want to pay their medical bills but are able to pay their medical bills. This will encourage them to not pay their medical bills. In our experience, when bills such as this and other bills throughout the country have gone through, it has caused a decrease in medical providers who are willing to provide any services on credit. That means if you want to go see your eye doctor, they are going to demand payment up front because they are aware that that person may not, and in some cases, absolutely will not pay the balance once the services have been rendered.

It also concerns us because it seems to conflict quite a bit with the upcoming rules scheduled to go into effect at the end of November from the Consumer Financial Protection Bureau in terms of requirements for notices 60 days before taking any action. That conflicts directly with the requirements that collection agencies have to provide certain notices and certain information upon the initial communication. That is a concern, and I would like to see that reworked. It is also a concern that you are going to have medical providers not being able to contract with us.

All of our work is on a contingency fee; we are not a debt buyer either. It may cause collection agencies to not service those providers, again, causing those providers to reduce access to medical services to those that can afford to pay up front. They are unwilling to take the risk of extending credit to them when they believe that that credit will not be repaid. Thank you for your time.

Ann Silver, CEO, Reno + Sparks Chamber of Commerce:
Good afternoon, Madam Chair and Committee members. We just became aware of this bill this morning and want to make sure that the bill does not harm our members who are medical providers, particularly smaller medical providers that have been mentioned in previous comments. We understand there is a proposed amendment which addresses some of the issues raised, and so we are happy to work with the sponsor and proponents to make sure both consumers and medical providers are protected. But, as currently written, the Reno + Sparks Chamber of Record is opposed to Senate Bill 248. We appreciate your time and thank you.

Chair Jauregui:
Thank you. Next caller, please? [There was no one.] We will now move into testimony in the neutral position. Seeing no one here in Carson City, can we please check Zoom? [There was no one.] Can we please check the telephone lines?

James Wadhams, representing Nevada Hospital Association:
I want to thank Senator Dondero Loop for connecting us with Bailey Bortolin and Sophia Romero. We were able to resolve some concerns we had in the drafting in the duplication of provisions that already apply to hospitals under NRS Chapter 449A. We appreciate their cooperation and are neutral on this bill. Thank you, Madam Chair.

Chair Jauregui:
Next caller? [There was no one.] At this time, I would like to bring the bill sponsor forward for any closing remarks.

Senator Dondero Loop:
Thank you very much, Madam Chair, and I would thank all of you for listening to the bill today. I would also like to say that I have not heard from any of the opposition testifiers to this date except on the phone line today. We have worked with medical providers, and they are fine with this. We have had conversations with all of them, and they are not impacted. I thank you very much for your time, and Ms. Romero has a couple of closing remarks as well.

Sophia Romero:
In closing, I just want to clarify a couple of points that it seems there has been some confusion on. This does not prevent a provider from collecting on a medical debt that is owed to them. This does not even prevent a provider from hiring an attorney to collect on a medical debt that was owed to them. They are the first party; they are not a third-party collector. The medical debt is owed to them. Nothing in this bill applies to them; they are not even governed by this chapter. So this bill does not apply to medical providers. This bill comes into play when a debt collector has taken over the collection of this debt. This bill does not reduce the amount of the principal of the debt. This bill only limits the amount of collection fees that the collection agency can charge and the amount of attorneys' fees by the collection agency's attorney. This has nothing to do with a provider in any form. As you heard, the Nevada Hospital Association is a neutral to this. This does not affect the provider's bottom line. Again, it only applies once a debt collector is involved. With that, I will close unless anybody has any questions for me.

Chair Jauregui:
With that, we will close the hearing on Senate Bill 248. Thank you, Senator, Ms. Bortolin, and Ms. Romero. Members, our last bill on the agenda is Senate Bill 145. We have Senator Spearman on Zoom with her copresenter, Dr. Tiffany Tyler-Garner. Thank you for joining us. At this time, I will open the hearing on S.B. 145 which revises provisions relating to financial institutions. Welcome to the Committee, Senator, and when you are ready, you can begin.

Senate Bill 145 (1st Reprint): Revises provisions relating to financial institutions. (BDR 55-481)

Senator Pat Spearman, Senate District No. 1:
Thank you, Chair Jauregui and members of the Committee. I am pleased today to introduce to you Senate Bill 145, and I hope that it will receive positive consideration. Here is a little bit of background information. When the CRA or Community Reinvestment Act was enacted in 1977, it was intended to address certain discriminatory practices such as redlining. Since the 1930s, there has been overwhelming evidence that banking institutions refuse to lend to some members of their communities, mostly people of color in urban areas who are seeking home or business loans. This has a direct impact on them personally and financially because if someone who is non-BIPOC [Black, Indigenous, people of color] gets a loan for 3 percent, but someone in the BIPOC community gets that same type of loan for 4 percent, you can imagine the thousands of dollars, and in some cases, depending on what they are getting a loan for, hundreds of thousands of dollars extra that they would be spending.

The CRA extends and clarifies a long-standing expectation that banks should and will serve in the convenience and needs of their local communities and not discriminate in their lending practices. However, our neighborhoods continue to be highly segregated based on race and income. Residential segregation has substantial negative effects, especially for disadvantaged families who are disproportionately subject to disadvantaged neighborhood environments in segregated metropolitan areas.

Some of you may remember that last summer in August, we as a legislature signed on to a resolution that said racism is a public health crisis. Part of that whole portfolio to make sure that we are dismantling it is Senate Bill 145. The CRA requires federal regulators to rate banks' performance and engagement in qualifying activities such as business, consumer, and mortgage lending, and low-cost services that would benefit low- and moderate-income areas.

There are four federal bank supervisory agencies: the Office of the Comptroller of the Currency, the Board of Governors of the Federal Reserve System, the Office of Thrift Supervision, and the Federal Deposit Insurance Corporation. They periodically evaluate a financial institution's records and identify whether the institution is meeting the credit needs of its entire community. I will note that not every financial institution is evaluated by all four of these federal agencies. Banks have a primary federal supervisor based on their charging authority.

Ultimately the CRA is an important tool to hold banks publicly accountable and expand financial opportunities and equity to Black, Indigenous, and people of color communities. Therefore S.B. 145 will be a vehicle to educate Nevadans of the activities and investments of their local banks. I believe that making the bank's CRA rating publicly available will provide social pressure that they must avoid discrimination in their lending programs and take steps to reduce historic patterns of discrimination in the past.

What I am really hoping to get out of this bill is to pull, not just individual consumers, but community organizations and banks—to pull them together, so that we know what resources we have as a community, and the bank can identify ways in which they can help our communities come back from COVID-19. There are some who estimate that we will not fully recover financially until the next decade. It is my hope that making this information public will allow those community organizations to understand what the Community Reinvestment Act is, what it can do, and make sure that we are doing everything we can in our community to leverage this resource. That is the end of my testimony. What I would like to do now is turn it over to Dr. Tiffany Tyler-Garner. She can speak to how this will help community organizations in our neighborhood.

Tiffany Tyler-Garner, Private Citizen, Las Vegas, Nevada:
Good afternoon, esteemed Chair and Committee members. Thank you for the opportunity to present and support this important legislation. I would like to talk to you about its benefits from four vantage points:

1. Ability to dramatically increase capacity building within the community.
2. Ability to support asset mixing efforts.
3. Its potential to help us contextualize the investments happening in our state.
4. Its ability to possibly foster practice among financial institutions.

As someone who has lived and worked in the community, and particularly in nonprofit administration for a number of years now, I can tell you that we have a number of great financial institutions as partners who routinely engage in investments and support. That support includes things such as free financial literacy training where they will actually dedicate members of their institutions to go out and freely share that within the community.

As I read this legislation and where it calls specifically for training nonprofits and other stakeholder groups on CRA, how it has worked, its intent, and the role that financial institutions play, I was ecstatic—particularly, as I consider the efforts that go into raising resources as a nonprofit and having an awareness and understanding around how this policy would work. Routine reporting, particularly on the investments they are making as a part of a larger ecosystem around addressing social issues, could be exponentially impactful from that standpoint. Beyond that, if we hope to increase investments, including federal investments, or braid resources across systems or entities, the ability to leverage what we will know through this reporting for a match or to bring in additional resources could be incredibly impactful as a part of the need to address what are long-standing, pervasive, historical issues in our community.

Beyond that, having an understanding of the ways in which they are investing, the where—even if it is just by ZIP Code or issue area—will help us to refine how we work across systems in coordination to mitigate these issues. Hopefully, this will mitigate some duplication that might be happening or optimize how we double-down in particular areas because we know more about how folks are investing, where they are investing, and why as a part of the process. Beyond that, the notation around there being an actual ranking or status

or stature given to any particular entity can be helpful, particularly in raising the bar on practice. The ability to be known as someone who routinely invests at a certain level is almost like setting the bar for your peers in some respects.

From my perspective, I strongly encourage you to consider some of the benefits that may come out of it, whether it is helping us to better understand as community members how to see that CRA is an investment in our communities, how to partner with financial institutions, or helping us to understand where it is happening in our state. As we seek to draw down more resources or bring more partners to the table around some critical social issues, I would say, particularly for children and families, I am hopeful about the impacts of this particular legislation. I will pause there and see if there are any questions for me.

Chair Jauregui:
Thank you, Dr. Tyler-Garner and Senator Spearman. At this time, I will go to questions from the Committee.

Assemblywoman Hardy:
Thank you, Senator, for this bill and being here today. I had a couple of questions about the training sessions that you referenced. It says a couple of times "the number of training sessions required." Is there a set amount that the financial institutions would have to do each year? I was trying to read through and see if you have a set amount in the bill.

Senator Spearman:
No, there is not a set amount. This is what I have asked of some of the community members in anticipation that this legislation will pass, to work with banks in their area who are subject to the CRA and to set up the training sessions for them. And let me be clear about that. The training sessions are not something that will take a day or two. What we are talking about is training sessions, so the people understand:

1. What the Community Reinvestment Act is really all about.
2. The areas that the bank is interested in or could become interested in.
3. Identify the issues within the communities, especially those that have been hardest hit in BIPOC communities.

I mentioned earlier about lending rates. That is an opportunity for banks to understand and to help the community understand what the FICO scores mean with relationship to credit—if you are going to purchase a house or a car or whatever. It is also an opportunity for banks to understand that we have got several organizations now who are addressing the homeless issue—that is, the homeless issue not just in the south but also in the north. It is an opportunity for people to come together and learn about what CRA is, not just from the bank's perspective, but also within the community. I did not identify a set number, because I really want them to work together.

Assemblywoman Hardy:
Thank you, Senator. I do not know what this means. What is BIPOC?

Senator Spearman:
Black, Indigenous and people of color. That takes in people who are, what some would call "emerging majorities." I would call it communities within our community that are usually marginalized and many times overlooked.

Chair Jauregui:
Thank you, and seeing no further questions at this time, I am going to move us into testimony in support. Seeing no one here in Carson City, can we please check Zoom? [There was no one.] Can we please check the telephone line?

Gillian Block, representing Nevada Coalition of Legal Service Providers:
Thank you, Chair and members of the Committee. I am speaking in support of Senate Bill 145 today. This bill promotes accountability by ensuring that the Division of Financial Institutions within the Department of Business and Industry, the Legislature, and the public are aware of the progress that each financial institution, subject to the reporting requirement, has made in expanding access to low-income Nevadans. Historic inequities have limited these Nevadans' access to lending and banking services. Legal service providers see the consequences of these inequities as their clients fall victim to predatory lenders who have filled the gaps left by the absence of mainstream financial institutions.

Many institutions have made progress expanding access to less represented groups, and this bill will help give them the credit that they deserve. Other institutions will get some much-needed encouragement to think more inclusively and increase their efforts to reach out to historically excluded Nevadans. On behalf of our clients, who deserve to have access to mainstream financial services, we support S.B. 145. Thank you.

Chair Jauregui:
Thank you for your testimony, Ms. Block. Next caller? [There was no one.] Seeing no one here in Carson City to testify in opposition, can we please check Zoom? [There was no one.] Can we please check the telephone line for those wishing to testify in opposition? [There was no one.] We will now move to neutral testimony. Seeing no one in Carson City, can we please check Zoom to see if there is anyone wishing to testify in the neutral position on Senate Bill 145? [There was no one.] Can we please check the telephone line for those wishing to testify in the neutral position?

Sandy O'Laughlin, Commissioner, Division of Financial Institutions, Department of Business and Industry:
Good afternoon, Chair and Committee members. I am here today to provide neutral testimony for S.B. 145. This bill requires financial institutions subject to CRA to provide training to communities to assist Nevadans in understanding CRA requirements and the CRA ratings for those institutions easily accessible on the Division's website for Nevadans. The Division looks forward to working with the Senator if any additional amendments should be necessary. Thank you for your time, and I am open to answer any questions the Committee members may have.

Chair Jauregui:
Committee members, do we have any questions for Ms. O'Laughlin? [There were none.] Thank you for your testimony. Next caller? [There was no one.] Senator Spearman, would you like to give any closing remarks?

Senator Spearman:
Yes, Madam. The bill is really straightforward. It is an opportunity, as I said before, to bring the banks that are subject to the Community Reinvestment Act as well as community organizations and nonprofit organizations together so that each can understand this is a resource and this is what we are trying to do.

Just a real quick testimony about how this can work. While I was stationed in Texas, we partnered with one of the banks there. There was an area of the city that was really blighted; there were homes that were abandoned; there were weedy lots, et cetera. You also had a number of people who were really wanting to become homeowners, and so what the bank did was the bank sponsored weekend classes for six weeks that people could sign up for and we held classes at my church. Usually there were about 25 or 30 people that could sign up for the classes each week. Out of that partnership, we were able to get 20 more people in as homeowners because they understood what the credit qualifications were, they understood going through the whole process of home buying, they understood this is what it means to take care of the property, these are the things you have to do for maintenance, et cetera. Everybody that went through that program, the bank offered them a half a point discount on their loan if they used them.

This is something that can work, and it is something that I hope we will be able to institute, because we are going to need a lot of help coming out of the COVID-19 environment. With that, thank you, Madam Chair and Committee members, for listening, and thank you, Dr. Tiffany Tyler-Gardner for coming, and I want to thank the Division of Financial Institutions for showing up. I worked diligently with them to try to help us get through this bill and several others. That is all I have.

Chair Jauregui:
Thank you, Senator. We appreciate your being here, and we appreciate your copresenters. At this time, I will close the hearing on Senate Bill 145. Members, we have one other item on our agenda left. [Public comment protocols were explained. There was no one for public comment.] Thank you, Committee members, for Friday's version of Commerce and Labor. I appreciate all the questions that you all had; I was able to get all of my questions answered through you. With that, our next meeting will be on Monday at 1:30 p.m. and we are adjourned [at 12:49 p.m.].

RESPECTFULLY SUBMITTED:

Paris Smallwood
Committee Secretary

APPROVED BY:

Assemblywoman Sandra Jauregui, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is a proposed amendment to Senate Bill 248, presented by Sophia A. Romero, Attorney, Legal Aid Center of Southern Nevada.

Exhibit D is a letter dated April 23, 2021, submitted by Tim Myers, President, Nevada Collectors Association, in opposition to Senate Bill 248.

Exhibit E is written testimony dated April 23, 2021, submitted and presented by Roberta Ohlinger-Johnson, Legislative Chair, Creditor's Rights Attorney Association of Nevada, in opposition to Senate Bill 248.

Exhibit F is written testimony dated April 23, 2021, submitted and presented by Scott Purcell, President, Association of Credit and Collection Professionals International, in opposition to Senate Bill 248.