

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

**Eighty-First Session
February 22, 2021**

The Committee on Commerce and Labor was called to order by Chair Sandra Jauregui at 1:32 p.m. on Monday, February 22, 2021, Online. 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:

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27
Assemblyman Steve Yeager, Assembly District No. 9
Assemblyman Gregory T. Hafen II, Assembly District No. 36



STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Terri McBride, Committee Manager
Louis Magriel, Committee Secretary
Cheryl Williams, Committee Assistant

OTHERS PRESENT:

Cathy Dinauer, Executive Director, State Board of Nursing
Michael Hillerby, representing State Board of Nursing
Paige Barnes, representing Nevada Nurses Association
Cameron Duncan, Vice President, Nevada Advanced Practice Nurses Association
Jennifer Pedigo, Executive Director, Nevada State Board of Veterinary
Medical Examiners
Caroline DeBerry, Chief External Affairs Officer, Remote Area Medical
Dylan Keith, Policy Analyst, Vegas Chamber
Ryan Muccio, Co-Chair, Pahrump Remote Area Medical Host Group; and Secretary
of the Board, NyE Communities Coalition
Katie Roe Ryan, System Director, Nevada Government Relations, Dignity Health-St.
Rose Dominican
Mark Fiorentino, representing Nye County
Malinda Southard, Health Program Manager, Division of Public and Behavioral
Health, Department of Health and Human Services
Stacy Smith, Chief Executive Officer, NyE Communities Coalition

Chair Sandra Jauregui:

[Roll was called. Committee protocol and virtual rules were discussed.] We have three bill hearings on our agenda for today. I will be taking the items out of order, starting with Assembly Bill 91. I will now open the hearing on Assembly Bill 91.

**Assembly Bill 91: Revises provisions relating to the State Board of Nursing.
(BDR 54-60)**

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27:

[Assemblywoman Benitez-Thompson read from written testimony submitted to the Committee, Exhibit C.] I have the pleasure of sponsoring Assembly Bill 91, which seeks to add an advanced practice registered nurse (APRN) to the State Board of Nursing. I would like to provide a quick history of how we got to today's bill request.

The APRN licensing designation was authorized in 1987 and allowed an APRN to provide some diagnostic and treatment work with patients while under the supervision of a physician. By 1991, there were 91 licensed and active APRNs in Nevada. Conversation and interest

about increased responsibility for the profession began to grow. Many of these attempts have been successful, but it has taken some time. In 1991, there was a failed attempt to allow APRNs to prescribe controlled substances. It would be a decade before the measure was eventually advanced by the Legislature in 2001 [[Senate Bill 52 of the 71st Session](#)].

In 2011, [Senate Bill 205 of the 76th Session](#) required APRNs to obtain certification from a nationally recognized board, bringing Nevada into compliance with the National Council of State Boards of Nursing. In 2013, the Legislature allowed APRNs to practice independently, free from the requirement to work with a collaborating physician [[Assembly Bill 170 of the 77th Session](#)]. This was a significant policy shift allowing the profession to flourish, going from 760 licensees to 3,300 licensees. In 2015, [Assembly Bill 292 of the 78th Session](#) allowed APRNs to offer certain services via telehealth. In the last two legislative sessions, their scope of work increased as well. They can now sign death certificates [[Senate Bill 227 of the 79th Session](#)], write a Provider Order for Life-Sustaining Treatment form (POLST form) [[Assembly Bill 199 of the 79th Session](#)], and also write orders for home health care [[Assembly Bill 147 of the 80th Session](#)].

The next evolution is for them to have a seat at their profession's governing board. The State Board of Nursing consists of seven members. [Assembly Bill 91](#) seeks to make one of those members an APRN. I will now defer to Cathy Dinauer, the Executive Director of the State Board of Nursing, for comments.

Cathy Dinauer, Executive Director, State Board of Nursing:

[Ms. Dinauer read from written testimony submitted to the Committee, [Exhibit D](#).] As Assemblywoman Benitez-Thompson said, we have over 3,200 nurse practitioners in our state and yet, we do not have a mandate to have an APRN on our Board. We have been fortunate that over the last ten years, by the luck of the draw, we have had an APRN who is on the Board, but it is not something that has been mandated. Currently, two of our registered nurse (RN) members are APRNs.

Advanced practice registered nurses represent a very significant population of nursing in our state. Having representation on the Board would really complement its current makeup. [Assembly Bill 91](#) would not increase the number of Board members but would require that one of the RN members be an APRN. I have provided the Committee with a map of the states that require an APRN to be on their board [[Exhibit D](#)]. As you can see on that map, most states do require one or more APRNs to be on their boards. There are only a few states, Nevada being one of them, that do not have that requirement. That is what we are seeking with [A.B. 91](#). I will answer any questions.

Assemblywoman Benitez-Thompson:

We also have Michael Hillerby available to help answer questions. Mr. Hillerby, do you have any prepared comments?

Michael Hillerby, representing State Board of Nursing:

No, I do not. I am here to answer questions.

Chair Jauregui:

Committee members, do you have any questions?

Assemblywoman Kasama:

I am certainly in favor of this; it sounds like a good idea to put this into statute. I had a question on section 1, subsection 6. Where we had before, "No member of the Board may serve more than two consecutive terms. For the purposes of this subsection, service of 2 or more years in filling an unexpired term constitutes a term," I notice that is being removed without anything replacing it. Is the intention that there would be no term limits now for any person appointed, that they could serve for as long as they wanted? What would be the reasoning for that?

Michael Hillerby:

In 2017, the Legislature added a general provision to *Nevada Revised Statutes* (NRS) 622.207 that made all members of Title 54 boards and commissions subject to three terms, unless specifically identified otherwise. While drafting, our legal counsel recommended that we remove section 1, subsection 6 of the bill so that we were consistent with the Legislature's most recent intent in 2017. I will tell you that the current language in the bill dates back to at least 1947, so it predates even me. I have been around here for a while. We do not really have the history on why that particular limit was originally put in.

Assemblywoman Kasama:

So, now it is three terms?

Michael Hillerby:

Yes, ma'am.

Assemblywoman Benitez-Thompson:

We did have a conversation with the Board around that point during the drafting process. As Mr. Hillerby stated, we could find no specific reason why we would not want this provision of this chapter to be in conformance with NRS 622.207 and the effort to ensure that all boards have similar language in them. I am glad you asked that so we could get a chance to put our thinking on the record.

Chair Jauregui:

Committee members, any other questions for our presenters? [There were none.] I am going to move on to testimony in support of Assembly Bill 91. Do we have anyone on the telephone line signed up to testify in support?

Paige Barnes, representing Nevada Nurses Association:

I am here on behalf of the Nevada Nurses Association in support of A.B. 91. We believe this bill will provide needed representation on the State Board of Nursing.

Cameron Duncan, Vice President, Nevada Advanced Practice Nurses Association:

I am providing this statement in support of A.B. 91 on behalf of the Nevada Advanced Practice Nurses Association (NAPNA). Dr. Cindy Pitlock, our president, has also submitted a written statement into the record [[Exhibit E](#)].

The number of APRNs in the state has increased exponentially since full practice authority was provided in 2013 [Assembly Bill 170 of the 77th Session]. This has provided Nevadans with increased access to quality health care across the state. Because of this increase of APRNs, it is ever so important for them to have a permanent place on the State Board of Nursing. Advanced practice registered nurses practice in many different specialties, including mental health, women's health, primary care, and others. Having an APRN on the Board will provide for a clearer understanding of the scope of practice of nurse practitioners and other APRNs across the specialties. They will advise the Board on prescribing standards and are also able to provide expert in-case review and decision making on disciplinary cases, which is important to protect all Nevadans across the state.

It is also important to note that the State Board of Nursing is a member of the National Council of State Boards of Nursing. This council is responsible for implementing policies and vetting licensing standards for nurses. Therefore, it is essential for Nevada APRNs to have a voice at the national level to advocate for APRNs in our state so we can continue to provide high-quality, excellent care to our patients and to showcase the ways that APRNs contribute every day to the health and well-being of all Nevadans. Once again, on behalf of NAPNA, we are in strong support of Assembly Bill 91.

Chair Jauregui:

I will now hear testimony in opposition to Assembly Bill 91. Is there anyone on the telephone line in opposition? [There was no one.] Is there anyone on the telephone line in neutral? [There was no one.]

Assemblywoman Benitez-Thompson, would you like to give any closing remarks?

Assemblywoman Benitez-Thompson:

I just want to thank the Committee for their time and to make sure you know that I am available to have any additional conversations if you have a thought in the next couple of days or if there is anything you want to talk about. Feel free to reach out; I look forward to hearing from you.

Chair Jauregui:

I will now close the hearing on Assembly Bill 91. The next item on our agenda is the hearing on Assembly Bill 101.

Assembly Bill 101: Revises provisions governing the administration of certain substances to animals by licensed veterinarians. (BDR 54-113)

Assemblyman Steve Yeager, Assembly District No. 9:

It is my pleasure this afternoon to present Assembly Bill 101. I would like to make some brief introductory remarks and then hand it over to the experts who can talk about the bill and how it might work in the real world. Those include Jennifer Pedigo, Executive Director of the Nevada State Board of Veterinary Medical Examiners, and we might also have Dr. Stacy Hosking, a veterinarian who is also on the Board. After that, we would be happy to answer any questions you may have.

Assembly Bill 101 seeks to ensure that we are able to utilize all available options to care for our pets. Cannabidiol (CBD) for pets is not necessarily a new idea, but I believe it is one whose time has come for the state of Nevada. Thankfully, the bill is not very long, and it is not incredibly difficult. With that, I would like to hand it over to Ms. Pedigo to go over the bill and help answer any questions.

Jennifer Pedigo, Executive Director, Nevada State Board of Veterinary Medical Examiners:

[Ms. Pedigo read from written testimony submitted to the Committee, [Exhibit F](#).] Over the years, the office of the Nevada State Board of Veterinary Medical Examiners has received quite a number of inquiries from the public and professionals who are confused about their ability to have conversations about the use of CBD. There is not a lot of clarification from the state and especially not from the federal government; however, there is an increasing use and prevalence of CBD products that are available to pet owners. One of the fundamental reasons for this bill is to allow practitioners who are informed about the risks and benefits of CBD to have discussions about product safety and applicability for their animals, make recommendations about treatment, and have that relationship with the pet owners about this product. As Assemblyman Yeager stated, we should have Dr. Stacy Hosking, a veterinary internal medicine specialist, available to answer any questions about the science related to treatments with CBD, as it is her specialty. I would be happy to answer any questions.

Chair Jauregui:

Members of the Committee, are there any questions for our presenters?

Assemblywoman Carlton:

So, they would not actually be prescribing CBD products. This would be considered a therapy. Where do we think the veterinarians are going to be getting the CBD, hemp, or whatever they will be using? How are we going to know if it has been tested? There are a lot of criteria around this product that we have in this state. I am curious how that will integrate in a veterinary setting.

Jennifer Pedigo:

I think that Dr. Hosking can speak specifically to types of products, but typically in the sale of this there is no prescription, you are correct. It is a recommendation. It is defined in this

bill by a threshold of THC less than 0.3 percent; that is the threshold set by the federal Farm Bill, the Agriculture Improvement Act of 2018, which stipulates what is considered a hemp product.

In regard to the testing of these products, there is an issue with the federal testing. Obviously, the Food and Drug Administration does not test these like they do other supplemental products, but we do have testing capabilities here in Nevada. A lot of these independent companies test independently. From what I understand in discussions with the State Board of Pharmacy, the stipulation for practitioners has to be that they have at least investigated the efficacy or the testing parameters of these CBD products so that we do not get a snake oil issue here. However, in terms of a regulatory framework, that only exists to the extent of the current regulatory framework.

Chair Jauregui:

Dr. Hosking, are you on the line to provide additional comments?

Assemblyman Yeager:

I do not see that she is on Zoom with us, although I suspect that she is on the telephone line or else had technical difficulties. If for some reason she is not able to join us today, I am taking notes of all these questions and I will certainly circle back and get those answered for members of the Committee.

Assemblywoman Dickman:

I want to thank Assemblyman Yeager for bringing this bill forward. About three and a half years ago, I had a Yorkshire terrier who was actually treated by Dr. Hosking. She had several tests done and nothing was conclusive, but it was a respiratory illness. I asked about CBD treatments, and of course they could not guide me because it was illegal. I did it on my own and I do not think it would have saved the dog, but I think her last days would have been far more comfortable if they had been able to guide me. This is much needed.

Assemblywoman Considine:

You have mentioned veterinarians who are informed or who have investigated CBD and how to work with it. Is there any training or education that veterinarians who are not familiar with this can get, or some way for them to find more education or information about it?

Jennifer Pedigo:

Yes. There are continuing education courses that are available from a treatment-oriented, scientific perspective on how to use CBD as a therapy, as well as courses from a product safety and efficacy standpoint. The Board does not have specific requirements mandating those courses, but the information is available to practitioners.

Chair Jauregui:

Committee members, are there any other questions for our presenters?

Assemblyman O'Neill:

I need an explanation on section 1, subsection 2, where it reads "The Board shall not take any disciplinary action against a licensed veterinarian or the facility in which the licensed veterinarian engages in the practice of veterinary medicine solely for administering or recommending the use of products pursuant to subsection 1." So, the only thing the veterinarian is working on is CBD? Can you explain what that would mean in practice?

Jennifer Pedigo:

I do not know if I understand your question. The specific nature of that subsection concerns the "solely" part of the statement. It is an additional protection for practitioners so that they understand that the Board is not interested in disciplining them just for administering CBD. Any other clinical decision making, requirements for testing, use of products, or communications with the owner regarding informed consent about risks and dosages all pertain to actions that are overseen by the Board. It is just the sole act of administering CBD which would not be considered a basis for disciplinary action.

Assemblyman O'Neill:

I appreciate that, because I had read it differently as though the entire practice was CBD-focused. How prevalent is the usage of CBD treatment within veterinary medicine right now? Do you think it may expand?

Jennifer Pedigo:

I can get about halfway to that question. We do not have information right now about how it is being used in veterinary practices, because as far as we know it is not being discussed or used due to the lack of protection for those discussions. In the pet owner avenue, I imagine that it is a very big industry just on the basis of the prevalence and saturation of these products which are available online or in the general marketplace. I do foresee it being a decent market.

It does have limits when used appropriately. In regard to advertising on the scope of CBD treatment, it is not going to cure cancer, at least as far as we know based on medical evidence from veterinary studies that have been done. However, it does have great potential for use in pain management and there are studies being done for epilepsy. Given the current market for pets in general, there is a large basis for which this could be used. There is a lot of interest out there.

Chair Jauregui:

Committee members, are there any other questions? [There were none.] We are going to move on to testimony in support. Can we check the telephone line to see if there is anyone signed up in support? [There was no one.] Can we check the telephone line to see if there is anyone in opposition? [There was no one.] Can we check the telephone line for anyone in neutral? [There was no one.] Assemblyman Yeager, would you like to give any closing remarks?

Assemblyman Yeager:

I apologize that we did not have Dr. Hosking with us today. I suspect there were some technical issues, but I am going to circle back with her to answer Assemblywoman Carlton's and Assemblyman O'Neill's questions. I will ask her to put something in writing that can give a little more detail on the appropriateness of CBD and I will make sure it is given to the Committee for distribution.

What we are trying to do is make sure that veterinarians are not punished for either administering or recommending this kind of treatment, because in some cases it will be appropriate. Right now, it is really a grey area because it is not enumerated in the statutes. I would like to hand it over to Ms. Pedigo to provide any concluding remarks for the bill.

Jennifer Pedigo:

I did confirm with Dr. Hosking that she could not get through on Zoom. I will make sure that we follow up with her.

[[Exhibit G](#), a letter to the Committee signed by Dr. Stacy L. Hosking in support of Assembly Bill 101, was submitted but not discussed and is included as an exhibit of the hearing.]

Chair Jauregui:

I will now close the hearing on Assembly Bill 101. Our last bill for the afternoon is Assembly Bill 81. I will open the hearing on Assembly Bill 81.

Assembly Bill 81: Revises certain provisions governing voluntary health care service. (BDR 54-145)

Assemblyman Gregory T. Hafen II, Assembly District No. 36:

[Assemblyman Hafen read from written testimony submitted to the Committee, [Exhibit H](#).] It is my honor to be presenting Assembly Bill 81 today for your consideration. Existing law, which is codified in *Nevada Revised Statutes* (NRS) 629.450, currently prohibits a health care provider who has not actively practiced his or her profession continuously for the immediately preceding three years from providing voluntary health care services in association with a sponsoring organization such as the Remote Area Medical (RAM) program. This statute prohibits volunteers, specifically recent graduates of health care, from providing essential medical, dental, vision, and other services to rural parts of Nevada.

I would like to provide a quick example of how this prohibition has negatively impacted health care services in rural Nevada. Recently, a University of Nevada, Las Vegas (UNLV) dental provider who had previously volunteered for the RAM program as a dental student came back after graduating to volunteer again with the program. However, he did not meet the requirements under the existing law and the Department of Health and Human Services had to decline his services.

As I noted, residents throughout Nevada, especially in rural areas, benefit from these free pop-up medical clinics. In Pahrump, a citizen came to a free pop-up clinic sponsored by RAM to receive dental work. She had kidney failure and needed several dental extractions prior to obtaining transplant approval for the kidney transplant. The dental provider with the RAM program was able to address her dental needs, and she has now been placed on a transplant list. Without this voluntary health care work, she may not have been able to have this opportunity.

Further, I have met with Deborah Hassett and Beth Handler, the Deputy Directors of the Department of Health and Human Services. They have no issues or concerns and remain neutral on Assembly Bill 81. Several health care-related agencies and organizations support Assembly Bill 81, including but not limited to American Medical Response and MedicWest Ambulance [[Exhibit I](#)], Culinary Health Fund, Desert View Hospital, Dignity Health-St. Rose Dominican [[Exhibit J](#)], Healthy Communities Coalition [[Exhibit K](#)], Nevada State Society of Anesthesiologists [[Exhibit L](#)], Nevada Orthopaedic Society [[Exhibit M](#)], Nye Communities Coalitions [[Exhibit N](#), [Exhibit O](#)], Nye County Manager Tim Sutton [[Exhibit P](#), [Exhibit Q](#)], and the State Board of Osteopathic Medicine.

Assembly Bill 81 removes section 1, subsection 2, paragraph (c), which is the restriction that prevents a provider of health care who has not actively practiced their profession continuously for the immediately preceding three years from providing voluntary health care services. By removing this restriction, it ultimately allows qualified health care providers to volunteer their services in association with a sponsoring organization. With the help of these volunteers, rural Nevada residents have an opportunity to receive the care that they desperately need in order to live a healthier life.

I wanted to touch on NRS 629.430 as a few questions have come up relating to medical professionals who are retired and have not practiced within the most recent three preceding years, and the possibility of their practicing in a hospital setting and possibly doing surgical procedures. This statute defines "sponsoring organization" as an organization that:

1. Organizes or arranges for the provision of voluntary health care service in association with one or more providers of health care; and
2. Is registered with the Division pursuant to NRS 629.460.

I have Caroline DeBerry here, Chief External Officer for RAM, to touch a little bit further on that and provide some additional information to the Committee. Before I turn it over to her, I am proposing a minor amendment that I am very happy to do. As this was a pre-filed bill, I have a number of Senators and Assembly members who have asked to cosponsor this bill with me. Senators Hardy and Ohrenschall and Assembly members Hansen, Hardy, Leavitt, Matthews, Nyugen, O'Neill, Orentlicher, Titus, Torres, and Tolles would all like to be added as cosponsors to this bill. At the end of Ms. DeBerry's testimony, we will both be available to answer the questions of the Committee.

Caroline DeBerry, Chief External Affairs Officer, Remote Area Medical:

[Ms. DeBerry read from written testimony submitted to the Committee, [Exhibit R](#).] I am honored to be here today to support Assembly Bill 81. The health care crisis facing our world today requires an "all hands on deck" approach to our problems. Assembly Bill 81 allows for just that.

Assembly Bill 81 would increase access to free health care by empowering even more providers to offer these crucial services. The law currently allows providers with out-of-state licenses to provide voluntary, free, quality health care with a sponsoring organization such as RAM. Assembly Bill 81 would broaden this important law by removing its current restriction which requires any such volunteers to have been actively practicing for at least three years before providing these health care services. Remote Area Medical wholeheartedly supports this legislation because it would increase the number of volunteers who can provide desperately needed, free health care services throughout Nevada.

Remote Area Medical is an international nonprofit which has been providing free dental, vision, and medical pop-up clinics for over 35 years. Remote Area Medical relies on thousands of volunteers with unencumbered licenses from all over the nation to provide these free services. In the last several years, RAM has held 14 weekend clinics in Nevada, such as in Pahrump. For our clinics in Pahrump, RAM has worked with its partner, the NyE Communities Coalition, to ensure a list of volunteer providers is submitted to the Department of Health and Human Services. The Department then completes a thorough vetting of the volunteers.

Even before the pandemic, RAM witnessed firsthand the crisis that our nation was already facing. We saw the growing underserved population and the growing shortage of health care workers. Now, during and after the pandemic, the needs are and will be greater than ever. The three-year requirement currently in statute reduces the amount of free health care that Nevadans can access. Assembly Bill 81 removes that unnecessary requirement and ensures that every qualified health care provider available from anywhere in the United States can come and volunteer to help Nevadans. The National Council of State Boards of Nursing and the Federation of State Medical Boards have helped write and endorse federal legislation that would incentivize similar volunteer laws without including a three-year requirement. Supporting Assembly Bill 81 gives the hope of release and help to those most in need. Remote Area Medical thanks you for your support of this critical legislation.

Assemblyman Hafen:

One of the other things that this bill does is bring us further into compliance with a recent bill that was passed in the U.S. Congress, H.R. 2216. The HEALTHIER Act of 2019 provides an appropriation of \$56 million to help assist programs and volunteers throughout the nation. There are federal dollars that are available to assist. In addition to that, the Federation of State Medical Boards fully supported H.R. 2216 as written, with no restrictions placed on the length of time that the medical provider had to have been practicing. Ms. DeBerry and I would be more than happy to answer any questions you may have.

Chair Jauregui:

Committee members, are there any questions?

Assemblywoman Carlton:

One of the things that I would like to clarify is that you read off a list of folks who are in support, but I only have letters from some of them. If they are listed on another document as in support, I would like to get a copy of that. I see that you have provided letters from other supporters, but there are some you named that were not provided. If they are available somewhere and I have missed them, I would like to be sure I have a copy.

This is basically changing Assembly Bill 228 of the 77th Session that I worked on with former Assemblyman Tom Grady. He did a very good job of addressing an issue that had come up. This was really more focused on volunteers coming from outside of the state rather than from inside the state. There was never talk of recent graduates; we were looking at experienced medical providers being able to come in and volunteer in the state to give these services.

In going back and rereading it to make sure that I remembered it correctly, we specifically put that three-year requirement in because we wanted to make sure that folks had some experience and knew what they were doing. We also wanted to be able to take a look at their record in case there had been a problem in another state. We did not want someone who was having issues coming to Nevada.

This is all about public safety, of course. You want to give people health care, but you want to make sure that you have an appropriate person giving the health care, especially since Nevada has it structured so that you are protected by the Good Samaritan Law if it is volunteer health care and the patient has no recourse if any harm is done. That was one of the issues that he and I had spoken about and talked to the sponsors of the bill about back in 2013, and they were very comfortable with having that three-year requirement. So, I have concerns about eliminating the three years. I think it is very important to make sure that the practitioners who come into this state or who have graduated from a practice have a basis of experience to be able to provide these services.

Assemblyman Hafen:

I would be more than glad to address that and provide you with the copies of the letters in support. It was brought to my attention that some of the letters in support were unable to be uploaded to the Nevada Electronic Legislative Information System (NELIS).

In regard to the previous legislative intent not focusing on recent graduates, I greatly appreciate your bringing that up. We have run into this issue for the last two years with the RAM program. We have talked to the Department of Health and Human Services and legal counsel for the Legislative Counsel Bureau (LCB) extensively because I, too, did not believe that prohibiting recent graduates from providing voluntary services was the intent of the law. However, the LCB was unable to find that legislative intent, and therefore recommended that I carry this bill draft to correct that issue.

Assemblywoman Carlton:

I want to make sure something is perfectly clear; I was not saying that I agreed with Assemblyman Hafen. I was stating that the three-year requirement was put there for protection purposes. Because of the three-year requirement, we never discussed the other side. I am not saying that I agree with and/or support this particular provision. I have serious concerns about allowing someone who has not been in practice on their own to be able to volunteer their services.

The original bill was aimed at folks coming in from outside of the state. I believe that allowing recent graduates to volunteer is a totally different conversation. My biggest concern is that when you eliminate this from the bill, we will not be able to look at those people coming in from outside the state. They could have a current malpractice suit or be under some type of discipline from another board in another state, and there will be nothing we will be able to do about it because we will have eliminated that three-year requirement.

Assemblyman Frierson:

Correct me if I am wrong, but when looking at the three-year provision differently, my reading is that by removing it there is actually no time requirement or limitation, so it could also go the other way. Was it contemplated that someone could not practice for 20 years and be able to provide these services? This is on the opposite end of the spectrum from a new practitioner. Will you address that? I think it would be important to have on the record whether that was taken into consideration.

Assemblyman Hafen:

That brings it back to Assemblywoman Carlton's question as well. The Department of Health and Human Services has an extensive vetting program to ensure that every professional who comes into this state and who will be providing services is fully vetted. In addition to that, in a hospital setting, which this bill does not really affect, they would have to go through the privilege program, which is a six- to eight-month process of vetting the individuals. I do have Ms. DeBerry here; hopefully, she can further expand on how the vetting process goes. We do ensure that everyone who comes here to practice does not have those outstanding malpractice concerns and is fully qualified to do so.

Caroline DeBerry:

Again, I will use the Pahrump clinics as an example, as those are our most recent Nevada clinics. We work with our partner to submit a list of volunteer providers to the Department of Health and Human Services. As Assemblyman Hafen was saying, the Department does a complete, thorough vetting of the volunteer providers and then gets back with everybody to make sure that these are providers they trust to handle this properly. The other key piece of it is that RAM also does a check to make sure there are no encumbered licenses.

Regarding the earlier concern, if someone is a recent graduate—they are a fully licensed provider that can go to any doctor's office or dentist's office and practice freely without any challenges or restrictions—that same provider can then, if this requirement is removed,

provide the same quality, free services at our clinics, as opposed to only in a paid environment. That is really the only difference here. We are trying to remove that three-year requirement that is not imposed on them if they are being paid. It removes it so that they can still do the same quality work, just in a free environment and provided on a volunteer basis at these clinics.

Going off of what Assemblyman Hafen said, I also want to reiterate that there is federal legislation that has been introduced in the last couple of congresses and which has gained interest, even from Senator Schumer's office and others. This legislation would incentivize states to pass laws similar to Nevada's. It is called the HEALTHIER Act of 2019, and in the 116th U.S. Congress it was H.R. 2216. It has been very bipartisan, even in prior congresses. The National Council of State Boards of Nursing and the Federation of State Medical Boards worked to help write that legislation, which does not include a three-year requirement. They had no concerns there as to whether someone had been practicing for a year, two years, or had just graduated as a fully licensed provider only a month or two before.

Assemblyman Frierson:

I think it would be helpful for this Committee to get some supporting information from the Department of Health and Human Services about that vetting which takes place. For my colleague's satisfaction—it having been a bill that she worked on some years ago—I want to make sure that folks are qualified, that their backgrounds are being looked into, and that they are not stale. I want to see that they have not been out of practice for 20 years and then are coming in to provide some type of service, when perhaps technology or advances since their last practice have left them behind. I want to know what that vetting process is. I think it would be helpful for the Committee to get some information from the Department about that process in order to give folks comfort that we are not putting patients in more harm's way than not. Obviously, that is not the intent.

Chair Jauregui:

Committee members, are there any other questions for our bill presenters?

Assemblywoman Hardy:

You have mostly talked about the RAM organization. Would their services be primarily limited to rural areas, or could they be throughout the state? As well, could you talk about the specifics of what these volunteer providers do? You mentioned dental, some vision; is it just routine physicals? I am assuming that they are not going to be doing anything extensive.

Assemblyman Hafen:

Currently, this program has actually been used throughout the state. This legislation change would affect the entire state. I will let Ms. DeBerry elaborate on how that works.

Caroline DeBerry:

Yes, that is correct. This would apply throughout the state and is not exclusive to rural areas.

For a little background information, Remote Area Medical was founded to really address rural regions, but a lot of times we have requests that come from metro areas as well. Really, it is wherever there is a need due to a health care shortage.

As well, yes, we do primary care-type services. We will certainly not be trying to do some complex surgery like brain surgery or anything like that. We usually set up in a location such as a fairground, a gymnasium, and so on, and we bring in the necessary equipment and make sure everything is sterilized. The format for these is often basic dental procedures; we actually have more requests for dental extractions than almost any other dental procedures, but there are also requests for cleanings and so on. We also do typical checkups such as helping our patients recognize that they have diabetes or different things like that, and then we try to connect them with the nearest local resources that might be available.

Assemblywoman Hardy:

I appreciate that clarity. I, too, want to make sure that the people who are volunteering are properly vetted so that we have security and safety as these folks are providing services.

Chair Jauregui:

Is there a list of services that can be provided and a list of services that cannot be provided at these fairs?

Caroline DeBerry:

Yes, we can certainly submit a list of the services that we do provide. That is not something that I have submitted for the record, but I am more than happy to share that later on. Of course, we also work with the state to make sure we are aware of what services are able to be provided.

Chair Jauregui:

Yes, if you could provide that list so that it can be distributed to the Committee, I would like to see what services are approved. I would assume that services not listed on there cannot be performed at the fairs.

Assemblywoman Dickman:

I want to say that with the critical medical shortages that we have in our state, especially in the rural areas, it seems to me that we badly need this as long as the providers are vetted and qualified. I was hoping to sign onto the bill, Assemblyman Hafen, if that is possible at this point.

Assemblyman Hafen:

I would be more than glad to add additional cosponsors. It is an honor to have as much support as I do. I also want to touch on that statement, Assemblywoman Dickman. I do agree with the Declaration of Emergency Directive 011, the Governor's executive directive from April 1, 2020, which is actually doing exactly what you just said. It is allowing medical

professionals that are licensed in any state to actually come into Nevada and work, whereas my bill is just opening up the voluntary portion of it. I think many of us know that the Governor and I do not always agree on things, but this is one thing that I do agree with him on and think he has done an excellent job on.

Chair Jauregui:

Committee members, any other questions for our presenters? [There were none.] I am going to move on to testimony in support of A.B. 81. Can we check the telephone line for people who are signed up to testify in support?

Dylan Keith, Policy Analyst, Vegas Chamber:

We are in support of A.B. 81 as it has long been a priority of both the Vegas Chamber and the Southern Nevada Forum to fix the doctor shortage that we have in this state. We believe that this is a step in the right direction, especially for our medically underserved communities. We urge your vote on this.

Ryan Muccio, Co-Chair, Pahrump Remote Area Medical Host Group; and Secretary of the Board, NyE Communities Coalition:

The NyE Communities Coalition has been the sponsoring organization for the RAM clinic for the past six years. I am calling today to voice my support for A.B. 81 as I have personally witnessed how counterproductive the portion of the law in question has been to our ability to serve individuals who would otherwise be unable to access quality health care. As Assemblyman Hafen mentioned, during a 2020 RAM event we met a lady who was unable to receive a kidney transplant until she cleared up infections in her month. Fortunately, because of our partnership with the UNLV dental students and other dental providers, last year we did have enough dental providers and we were able to provide care for her. She was able to make it onto the transplant list. Without an event like this, there is no telling what the outcome would have been. On behalf of our entire RAM committee and the citizens who have received care from our clinics, I would greatly appreciate your support of A.B. 81.

Katie Roe Ryan, System Director, Nevada Government Relations, Dignity Health-St. Rose Dominican:

We want to lend our support and acknowledge that we have provided a letter of support to the Committee on behalf of St. Rose Dominican [[Exhibit J](#)]. I also want to put on the record that Dignity Health-St. Rose Dominican is in support of Assembly Bill 91.

Mark Fiorentino, representing Nye County:

I am calling to express our support of this bill. Obviously, as you heard, there are a number of people in Nye County, especially in Pahrump but I suspect in many other areas of the state as well, who depend on these volunteer services to obtain medical care. In fact, many of them would probably have no access to health care without the volunteers. So, we are supportive of the bill.

I am offering my services to Assemblyman Hafen and the Committee members; it seems like concerns have been raised about making sure that the professionals are vetted, qualified, and up to date on their knowledge. This is something we can work through and I am happy to work with the sponsor of the bill and the Committee to help get us there, as well as answer any questions you have. You should have as part of the record a letter from Tim Sutton, who is the Nye County Manager [[Exhibit P](#), [Exhibit Q](#)].

Chair Jauregui:

Do we have anyone else on the telephone line in support? [There was no one.] I am going to move on to testimony in opposition now. Can we check the telephone line for anyone who has signed up in opposition? [There was no one.] I am going to move on to testimony in neutral.

Malinda Southard, Health Program Manager, Division of Public and Behavioral Health, Department of Health and Human Services:

I wanted to mention that we do have processes to vet all of the volunteers that we receive information for. We fully ensure that they have a current license, no outstanding malpractice cases or motions against their license of any sort, and that they would be otherwise well qualified to practice in the state. I would be happy to send documentation that provides support of our processes to the Committee for your review.

Chair Jauregui:

Do we have anyone on the telephone line who would like to testify in neutral?

Stacy Smith, Chief Executive Officer, NyE Communities Coalition:

NyE Communities Coalition serves the counties of Nye, Esmeralda, and Lincoln. We have hosted RAM for the last six years and have collaborated on a variety of other volunteer medical events in our rural frontier communities for many years. A key issue in our area and across our state is our access to medical, dental, and vision care. Much of the state is identified by the Health Resources and Services Administration and the United States Department of Agriculture as medically underserved areas. These volunteer-based events are so important to our community members and gives them an opportunity to get access to the medical, dental, and vision care that many of them would not have otherwise. The process of establishing registration for the sponsored, free health care events that Ms. Southard was just speaking for allows the state of Nevada and the host states to screen those health care providers to ensure that the medical professionals are going to provide quality, safe care to our communities.

I participate in this process and engage with the Division of Public and Behavioral Health every year to ensure that the professional volunteers are qualified and able to safely serve our community members. The patients are going to be referred back to the staff at NyE Communities Coalition for follow-up; they are going to be contacting us, so I am going to want to make sure that these people are receiving the best possible care. They are my neighbors, my friends, my clients, and I am going to be interacting with them for years to come.

Removing the restrictions on the prior years of practice will allow us to increase the number of community members served while continuing to deliver those quality services. During the 2019 RAM event in Pahrump, one community member told me that it was the first dentist she had seen in more than 15 years. We run into those kinds of scenarios every year, and every year we are unable to meet the full needs of our community. We would really appreciate your efforts to help us increase the number of people we can serve.

Chair Jauregui:

Assemblyman Hafen, would you like to give any closing remarks?

Assemblyman Hafen:

As promised, I will provide you with a couple of the letters of support which did not make it up on NELIS. We will work on getting you some additional information on the vetting process as well as the list of services that are approved. I look forward to answering any further questions you may have.

[Additional letters of support for Assembly Bill 81 were submitted but not discussed and are included as exhibits of the hearing. Exhibit S is a letter from John Myers, President of the Board, Remote Area Medical; Exhibit T is a letter from Bill M. Welch, President and Chief Executive Officer, Nevada Hospital Association; and Exhibit U is a letter from Sheryl Cipollini, Private Citizen, Pahrump, Nevada.]

Chair Jauregui:

Thank you. I am hoping to get the list of services provided at the fairs, what type of vetting is done, and also documentation on how you address the point that Assemblyman Frierson made concerning a practitioner who is licensed but out of their practice for 20 years and making sure that they are not stale. I will now close the hearing on Assembly Bill 81.

This brings us to our last item on the agenda, public comment. [Protocol concerning public comment was discussed.] Can we check to see if there are members of the public on the telephone line to give public comment? [There was no one.]

Members of the Committee, that concludes all of our agenda items for the day. Our next meeting will be on Wednesday, February 24 at 1:30 p.m. We are adjourned [at 2:49 p.m.].

RESPECTFULLY SUBMITTED:

Louis Magriel
Committee Secretary

APPROVED BY:

Assemblywoman Sandra Jauregui, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is written testimony presented and submitted by Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27, regarding Assembly Bill 91.

[Exhibit D](#) is written testimony presented and submitted by Cathy Dinauer, Executive Director, State Board of Nursing, in support of Assembly Bill 91.

[Exhibit E](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 18, 2021, signed by Dr. Cindy Pitlock, President, Nevada Advanced Practice Nurses Association, submitted by Cameron Duncan, Vice President, Nevada Advanced Practice Nurses Association, in support of Assembly Bill 91.

[Exhibit F](#) is written testimony presented and submitted by Jennifer Pedigo, Executive Director, Nevada State Board of Veterinary Medical Examiners, regarding an overview of Assembly Bill 101.

[Exhibit G](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 18, 2021, signed and submitted by Dr. Stacy L. Hosking, Owner, Nevada Veterinary Cardiology, LLC, Reno, Nevada, in support of Assembly Bill 101.

[Exhibit H](#) is written testimony dated February 22, 2021, presented and submitted by Assemblyman Gregory T. Hafen II, Assembly District No. 36, regarding Assembly Bill 81.

[Exhibit I](#) is a letter dated February 19, 2021, signed and submitted by Donna G. Miller, Nevada Regional Director, American Medical Response & MedicWest Ambulance, in support of Assembly Bill 81.

[Exhibit J](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 22, 2021, signed by Lawrence Barnard, Nevada Market President, Dignity Health-St. Rose Dominican, presented by Katie Roe Ryan, System Director, Nevada Government Relations, Dignity Health-St. Rose Dominican, in support of Assembly Bill 81.

[Exhibit K](#) is a letter dated February 18, 2021, signed and submitted by Sarah Adler, President of the Board, Healthy Communities Coalition of Lyon and Storey Counties, in support of Assembly Bill 81.

[Exhibit L](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 19, 2021, signed and submitted by Susan L. Fisher, representing Nevada State Society of Anesthesiologists, in support of Assembly Bill 81.

[Exhibit M](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 19, 2021, signed and submitted by Lindsay Knox, representing Nevada Orthopaedic Society, in support of [Assembly Bill 81](#).

[Exhibit N](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 19, 2021, signed and submitted by Ryan Muccio, Co-Chair, Pahrump Remote Area Medical Host Group; and Secretary of the Board, NyE Communities Coalition, in support of [Assembly Bill 81](#).

[Exhibit O](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 19, 2021, signed and submitted by Stacy Smith, Chief Executive Officer, NyE Communities Coalition, in support of [Assembly Bill 81](#).

[Exhibit P](#) is a letter to Assemblyman Gregory T. Hafen II, dated February 17, 2021, signed by Tim Sutton, County Manager, Office of the County Manager, Nye County, submitted by Jaynee Reeves, Administrative Secretary, Nye County Administration, in support of [Assembly Bill 81](#).

[Exhibit Q](#) is a letter to Assemblyman Gregory T. Hafen II, dated February 17, 2021, signed by Tim Sutton, Town Manager, Town of Pahrump, submitted by Jaynee Reeves, Administrative Secretary, Nye County Administration, in support of [Assembly Bill 81](#).

[Exhibit R](#) is written testimony dated February 22, 2021, presented and submitted by Caroline DeBerry, Chief External Affairs Officer, Remote Area Medical, in support of [Assembly Bill 81](#).

[Exhibit S](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 19, 2021, signed by John Myers, President of the Board, Remote Area Medical, submitted by Caroline DeBerry, Chief External Affairs Officer, Remote Area Medical, in support of [Assembly Bill 81](#).

[Exhibit T](#) is a letter to the Assembly Committee on Commerce and Labor, dated February 19, 2021, signed by Bill M. Welch, President and Chief Executive Officer, Nevada Hospital Association, submitted by Amy E. Shogren, Director, Communications and Administration, Nevada Hospital Association, in support of [Assembly Bill 81](#).

[Exhibit U](#) is a letter dated February 16, 2021, signed and submitted by Sheryl Cipollini, Private Citizen, Pahrump, Nevada, in support of [Assembly Bill 81](#).