

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

**Eighty-first Session
May 5, 2021**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 8:03 a.m. on Wednesday, May 5, 2021, Online and in Room 2134 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Pat Spearman, Chair
Senator Dina Neal, Vice Chair
Senator Melanie Scheible
Senator Roberta Lange
Senator Joseph P. Hardy
Senator James A. Settelmeyer
Senator Keith F. Pickard

GUEST LEGISLATORS PRESENT:

Assemblywoman Shannon Bilbray-Axelrod, Assembly District No. 34
Assemblyman John Ellison, Assembly District No. 33

STAFF MEMBERS PRESENT:

Cesar Melgarejo, Policy Analyst
Wil Keane, Counsel
Lynn Hendricks, Committee Secretary

OTHERS PRESENT:

Alisa Nave-Worth, Nevada Veterinary Medical Association
Susan Costa, DVM
Jon Pennell, DVM
Boyd Spratling, DVM
Neena Laxalt, Nevada State Board of Veterinary Medical Examiners
Danny Thompson, Tropicana Animal Hospital
Lisa Levine

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Stacy Hosking, DVM
Davon Carolina, DVM
David Goldwater
Travis McDermott, DVM
Rosemary Stolzer, DVM
Jennifer Vittori, DVM
Dennis Silknitter
Dora Martinez, Nevada Disability Peer Action Committee
John Ocegüera, Dutch Pet
Virginia Mimmack, Dutch Pet
Jennifer Pedigo, Executive Director, Nevada State Board of Veterinary Medical
Examiners
Mark Krueger, Chief Deputy Attorney General, Office of the Attorney General
Marie Martin, Senior Deputy Attorney General, Office of the Attorney General
Jesse Wadhams, Nevada Hospital Association
Jaron Hildebrand, Executive Director, Nevada State Medical Association
Elliot Malin, President, EM Inc.
Dylan Keith, Vegas Chamber

CHAIR SPEARMAN:
Assembly Bill (A.B.) 391 will be rescheduled for next week.

ASSEMBLY BILL 391 (1st Reprint): Revises provisions relating to dispensing
opticians. (BDR 54-659)

CHAIR SPEARMAN:
I will open the hearing on A.B. 200.

ASSEMBLY BILL 200 (1st Reprint): Revises provisions governing veterinary
medicine. (BDR 54-168)

ASSEMBLYWOMAN SHANNON BILBRAY-AXELROD (Assembly District No. 34):
In the digital age, telemedicine has emerged as one of the greatest opportunities
and challenges facing medicine, both human and veterinarian. Telemedicine,
when properly implemented and regulated, facilitates consultation, patient
monitoring and the delivery of consumer information, and it also provides
patient care in underserved and remote areas. At this critical time, when
Nevadans are more reliant on technology than ever, Nevada has an opportunity

to shape the direction of telemedicine for optimal animal health and welfare benefits.

To date, Nevada law and regulations are silent in regard to telemedicine. To ensure Nevada consumers can access the resources and benefits of telemedicine without sacrificing quality of care, A.B. 200 authorizes the use of telemedicine in Nevada for continued care of an animal that has previously been seen by a licensed Nevada veterinarian. This bill formally establishes and allows for telemedicine as part of NRS 638 in Nevada. The intent of A.B. 200 is to provide clarity for both consumers and veterinarians as to the appropriate use of telemedicine to treat animals.

In brief, A.B. 200 affirmatively allows for licensed Nevada veterinarians to practice veterinary telemedicine for animals they have previously examined. This legislation affirms that the Nevada State Board of Veterinary Medical Examiners have clear authority to oversee and govern the acts of veterinary telemedicine. This is of critical importance because not all telemedicine is good. By giving the Board clear authority over telemedicine practices, this legislation ensures the highest level of consumer protection in this modern age.

This bill will expand access to veterinary care. It enables both clinical and educational assistance to underserved and remote populations. In addition, it will ensure Nevada animals receive veterinary medical care of the highest level while following best practices and social distancing.

This legislation codifies existing regulations that require a physical examination of an animal to establish what is known as the veterinary-client-patient relationship (VCPR), which is a legal term of art. Telemedicine alone cannot fulfill a veterinarian's professional obligation for a thorough in-person examination which employs all of the veterinarian's senses and expertise and elicits responses from the animal. All of these are imperative because veterinary patients cannot verbally convey history or symptoms. Pets and livestock cannot speak for themselves, and most pet owners are not professionally trained to assess the status of their pets' health and communicate that to a veterinarian. Accordingly, Nevada must adopt a responsible telemedicine policy in the State that takes into account the importance of physical exams necessary to appropriately take care of Nevada animals.

In requiring a physical exam and a combination of the tools available through telemedicine, A.B. 200 aligns Nevada law with federal law. Under federal law, an in-person physical exam of an animal and a timely visit to the premises is required to establish the VCPR. Because it is a federal law, it applies to all states. The federal requirement of the VCPR applies to any extra-label drug use and the writing of veterinary feed directives.

Finally, A.B. 200 will expand access to care for Nevada pet owners who have previously had their animals seen by a licensed veterinarian. This will make it easy to access ongoing care. Absent the passage of this bill, veterinary medicine will continue to be unregulated in Nevada. This will not only expose Nevada consumers to potentially predatory behavior by out-of-state interests looking to profit off them, but it will also leave Nevada veterinarians without guidelines about what is and what is not appropriate telemedicine.

This bill was born out of ongoing conversations in the 2019-2020 Interim among veterinarians and pet owners about the need for responsible veterinary telemedicine in Nevada. With the passage of A.B. 200, Nevada will be a nationwide leader, establishing telemedicine as a tool for veterinarian professionals while allowing for the highest level of consumer protections.

On a personal note, I am a pet owner and have been my whole life; I love animals. My dog Mia gets her Apoquel medication through the Chewy company because it is cheaper, but she sees a vet in person every six months so the vet can check her blood to make sure her kidneys look good. It is important that pets have that interaction with an actual veterinarian in person because, as I said before, they cannot speak for themselves. I might think my dog has a symptom, but I am not a veterinarian and cannot judge.

ALISA NAVE-WORTH (Nevada Veterinary Medical Association):
I will walk you through the bill.

Section 2 of A.B. 200 defines veterinary telemedicine. This definition was drafted to be consistent with federal law and to ensure clarity for consumers and veterinarians alike. I would like to note that section 2 applies to both an individual animal and a group of animals. This is meant to accommodate situations where veterinarians examine large herds, particularly in rural Nevada.

Section 3 of the bill states that veterinary telemedicine is an appropriate tool to be used to treat Nevada animals for ongoing treatment, once a timely VCPR has been established through the physical examination of an animal. It has been Nevada law for over 20 years that a timely, physical examination is required to establish a VCPR.

Section 3 brings that requirement, currently codified under *Nevada Administrative Code* (NAC) 638.0197, into statute. This bill makes Nevada law consistent with a majority of the states and ensures that telemedicine, when used as an appropriate tool, is consistent with federal law governing telemedicine and pharmaceutical prescription.

Section 4 of the bill allows for telemedicine by a veterinary technician who is supervised by a licensed veterinarian.

Section 6 revises the definition of the "practice of veterinary medicine" to include telemedicine and makes certain of those activities exempted from that definition.

The Nevada Board of Veterinary Medical Examiners has submitted a proposed friendly amendment ([Exhibit B](#)). This amendment makes the following changes:

- It removes a notice requirement requiring publication in various news outlets if personal service cannot be made. It is my understanding that this requirement is burdensome and is no longer needed.
- It would allow the Board to accept licensure applications online by removing the requirement for applications to be notarized.
- It would allow the Board to hold renewals on a biannual basis and move the renewal expiration to June 30, which would be a less hectic time for licensees to renew licenses. It would also make more efficient use of Board staff time and expenditures.
- It would allow licensed veterinary technicians to administer zoonotic vaccinations such as rabies in addition to veterinarians.
- It would allow the Board to review consumer complaints and make recommendations as the full Board or as a committee.

- It would allow an inspection or committee to issue a letter of correction that would be limited to certain areas of practice. The intent is to fill a gap between disciplinary and non-disciplinary actions. The Board often finds that an individual's misconduct does not rise to the level of requiring a permanent disciplinary action, but further harm could be prevented by the person taking a course in record-keeping or communicating with clients. These letters of correction, akin to a moving violation ticket, would allow the individuals to obtain education and prevent further liabilities.

SUSAN COSTA, DVM:

Our goal with A.B. 200 is to establish clear guidelines in Nevada for the use of telemedicine in the field of veterinary medicine. I was the owner of Spencer Springs Animal Hospital for the last six years and am currently its medical director. I have built my practice on basic core values with the clients: trust, reliability, communication, a nice working relationship with clients and trying to provide the absolute best in patient care.

So much has changed for veterinarians over the past year. In our efforts to decrease the negative effects of the Covid-19 pandemic by practicing social distancing and decreasing person-to-person contact, the veterinary profession has increasingly begun to offer curbside service, virtual visits and telemedicine, thereby limiting in-person client visits to ensure a safe environment. Telemedicine has become a common phenomenon in human medicine, and it is a way to make health care more available and convenient. There have been countless advertisements for new telemedicine software and programs for veterinary practices. When these tools are unregulated, however, they have the potential to harm both consumers and pets.

In my opinion, nothing can replace a thorough physical exam of veterinary patients; they are the foundation of veterinary medicine. Without them, we can accomplish nothing. We need to listen to our clients telling us how the patient has been doing, but we also need to auscultate our patients, listen to their hearts and lungs for indications. We need to look at them and use our hands to evaluate skin, body, joints and feet. We need to watch them breathe, look at the color of their mucous membranes and make sure the insides of their ears are the right color. This is the basis of the VCPR: establishing contact with those patients and their parents through a thorough physical exam so we can make the best diagnosis and provide the best care. Communication is key throughout the process.

The initial exam establishes the VCPR. Only after that VCPR exists should it be possible for telemedicine to be initiated. Questions about bloodwork, medications and progress or declines in health can now be answered safely and effectively via videoconference or phone.

Do not misunderstand; there are great things about telemedicine. It allows us to help those who do not have access to transportation or who have limited funding, and it eliminates exposure for those with weakened immune systems. But it is a tool that we should incorporate into our practice only for follow-up visits after an initial in-person visit has been done by the veterinarian with the patient and the client.

In my opinion as a veterinarian, it is unethical to diagnose or treat via telemedicine a patient you have never touched or seen in person, owned by a client you have never met in person. It is absolutely critical that we introduce guidelines for veterinary telemedicine into the Nevada veterinary practice act and give authority to the Board to oversee veterinary telemedicine in Nevada. The implementation of these guidelines will help ensure the highest level of protection for patients, clients and veterinarians.

JON PENNELL, DVM:

I am a second generation veterinarian and practice in Las Vegas. I am also certified as an advanced emergency medical technician. I am the past president of the Board, and I am the current chair of the State Board of Health. I am the Nevada Veterinary Medical Association's (NVMA) delegate to the national organization, the American Veterinary Medical Association (AVMA), which has over 97,000 members. I will be speaking about their thoughts on the establishment of a VCPR.

The NVMA, the AVMA and I embrace telemedicine. When used properly, it is a valuable tool that is used extensively by veterinarians on a daily basis. We also embrace the idea that telemedicine needs to be regulated, and this bill will allow the Board to do just that. The AVMA has a policy on establishing a VCPR in its Model Veterinary Practice Act. The Model Veterinary Practice Act is used as a set of guiding principles for governing bodies and preparing or revising a state practice act. Both the policy and the Model Veterinary Practice Act require that a VCPR be first established by an in-person physical examination that may not be established by telephonic or other electronic means. Once established, it may be maintained electronically under certain circumstances.

The passage of this bill will also follow federal law on the established minimum VCPR, as Ms. Nave-Worth said.

We believe wholeheartedly in telemedicine; however, an important component of telemedicine is the initial hands-on examination. It is the cornerstone of veterinary medicine.

For thousands of years, animals have instinctively hidden illness and pain as a means of survival. There are just too many things that can be missed by not actually examining and touching the patient first to establish a VCPR. I have seen many examples of animals hiding illness, but one that comes to mind was a cocker spaniel dropped off at my hospital for boarding while the family went to Disneyland. The dog seemed happy and healthy, but a physical exam on the dog revealed pale mucous membranes. I palpated the abdomen and found a mass that was bleeding, so I called the owners to tell them their dog needed emergency surgery. At first, they did not quite believe me because they dropped off a happy, tail-wagging dog, as much as a cocker spaniel can wag its tail. They okayed the surgery, and I removed a softball-sized tumor and the spleen. The bleeding was stopped, and the patient did well. There was no way I could have diagnosed that by telemedicine.

In addition to my verbal testimony, I have submitted a letter ([Exhibit C](#)) expressing my support for A.B. 200.

BOYD SPRATLING, DVM:

I am a rural large animal veterinarian serving animal agriculture in Nevada since 1975. Telemedicine is and has for a long time been an essential part of large animal practice. The nature and remote location of Nevada's farms and ranches require assistance given traditionally over the phone, and more and more of these contacts happen in a digital format. Almost every day, I receive photos of affected animals or situations from ranchers to my iPad. Using these, I can determine if I can give advice via telemedicine or if an in-person ranch call is required. Most importantly, this tool can be used effectively because a personal relationship between the owner and the veterinarian has been previously established by a personal visit to the ranch. Seeing and touching the herd, understanding the management practices and viewing the range and infrastructure of the operation are essential to building management and health plans for the individual enterprise. Trust with the owner is solidified.

Concerns over antibiotic resistance have been front and center in recent years. Cooperation among ranchers, veterinarians, government agencies and the human health community have mandated that prescribing and overseeing antibiotic use be done by practicing veterinarians working closely with individual farms and ranches. Proper use of drugs for the benefit of the animal, while precluding inappropriate or overuse of antibiotics, is therefore assured. Key to the success of planning is disease prevention, thus reducing treatment needs.

These are impossible goals if there is no in-person interaction. The on-farm VCPR is used to write a needed prescription. Jumping to the prescription without the aforementioned steps would be akin to malpractice. Distance veterinarians who have never set foot on the property and who are allowed to prescribe drugs supported only by a digital VCPR will eviscerate the current health programs that are so essential.

The potential for mischief is also acute. The illegal resale of prescription drugs by an operator who has been overprescribed would remove all veterinarian oversight and control. The distant veterinarian would have no idea how many animals are actually on the property, and inflating that number would be very simple.

This telemedicine discussion raises questions as to the availability of veterinary service to Nevada agriculture. In today's livestock industry, in order to conduct a business or sell animals across state lines, a certificate of veterinary inspection is required. In issuing that document, the veterinarian has to have visited the operation and seen the herd within a specified period of time regardless of the remote location. Nevada veterinarians are filling that need and have been for a long time. The result is an opportunity for an in-person VCPR. Not every animal needs to be seen.

The federal definition of VCPR allows the veterinarian to have been on the premises in a prior appropriate period of time. In addition, an in-person VCPR is required to approve a veterinary feed directive. This provision allows a feed mill to add therapeutics to animal feed mixtures.

The bottom line is that VCPRs need to be established in person, not in a digital medium. If digital VCPRs are allowed for companion animals, that practice will assuredly jump to include animal prescriptions, thus endangering animal health and human health as well.

SENATOR PICKARD:

I too have had animals most of my life, from horses down to gerbils. I appreciate the idea of both telehealth and a physical exam to begin with. We would regularly call the vet when the horse had a problem because it was hard to get the horse in a trailer and down to the vet, and the vet did not always have the ability to come to us. In those instances, however, the vet had seen the animal beforehand.

My questions have to do with the amendment in [Exhibit B](#). On page 1, the amendment deletes service by publication from *Nevada Revised Statutes* (NRS) 638.017, but we are not inserting service by alternative means. I do not know if this is going to change the *Nevada Rules of Civil Procedure*. If a lawsuit were to be filed, this would seem to remove the ability to adequately serve. I am concerned that we are removing any alternate means of service. Can you explain how this would work?

NEENA LAXALT (Nevada State Board of Veterinary Medical Examiners):

I am not sure how to answer that question and will defer it to Jennifer Pedigo, Executive Director of the Board. I believe she is online. If not, I will get answers for you before the end of the hearing.

SENATOR PICKARD:

I have another question for Ms. Pedigo. On page 3 of [Exhibit B](#), there is a change to NRS 638.100 that deletes a provision about reciprocity. The explanation below the deleted section refers to giving licensed veterinary technicians the ability to administer zoonotic vaccinations, which has nothing to do with the deleted section. Am I reading this right?

ASSEMBLYWOMAN BILBRAY-AXELROD:

I would like to note that A.B. 200 is my bill, and I have been working on it for quite a while. The Board had a bill, Senate Bill (S.B.) 336, to make the changes in the amendment in [Exhibit B](#), along with other changes, and unfortunately it did not survive the April 9 deadline. The items in the amendment in [Exhibit B](#) are the things the Board felt were really needed. While I would love to help the Board, and that is my intent, my priority today is A.B. 200.

SENATE BILL 336: Revises provisions governing veterinary medicine. (BDR 54-534)

SENATOR PICKARD:

I am assuming you are saying that if the amendment is problematic, you are willing to jettison it to save your bill. Is that right?

ASSEMBLYWOMAN BILBRAY-AXELROD:

I was trying to be nice, but yes.

CHAIR SPEARMAN:

When did the Board bring you the amendment?

Ms. NAVE-WORTH:

The amendment in [Exhibit B](#) was part of S.B. 336, which was heard in the Senate Committee on Natural Resources on March 25 and was sponsored by Senator Ben Kieckhefer. That was a broad bill that included a number of controversial issues and some procedural matters the Board felt it needed to do its job. That bill did not survive through the Committee passage deadline and died. The Board members then approached the NVMA and said that they believed there were certain aspects of the bill the Board needed to do its jobs well and efficiently. Since A.B. 200 was the only vehicle available, we agreed to include the portions of S.B. 336 that we felt were innocuous. That is the genesis of the amendment.

SENATOR SETTELMAYER:

You indicated that this bill codifies a section from the NAC. What was that section again?

Ms. NAVE-WORTH:

The VCPR requirement is in NAC 638.0197 and has been since 2001.

SENATOR SETTELMAYER:

I would like to make sure that the current practice regarding herds is not changing. Sometimes people have this crazy problem where they take animal medications, even vitamins. Because of that, all of a sudden, animal vitamins need a veterinarian's prescription.

Some people are worried that A.B. 200 would create a situation where the vet would have to physically see and touch every single animal in a herd. In my business, that would be problematic. I do not see and touch every single one of

my animals until branding time usually, and I do not want to have to pay my vet to be at the branding the entire time.

I would also like to find out what happens if I have a relationship with one veterinarian in a group practice. If I call in a prescription and my vet happens to be out of town, would another vet who is part of that clinic have the ability to fill my prescription? Would that be covered by section 3, subsection 4, paragraph (b) of the bill? Also, where in the bill does it specifically state that management of a herd is still allowed under the current practice?

Ms. NAVE-WORTH:

Management of a herd is addressed in section 2, which is the definition of veterinary telemedicine. It refers to "the health status of an animal or a group of animals" That was added in the Assembly to ensure that this bill would apply to herd medicine as well as individual and small animal medicine. In the example you gave, you have a veterinarian you consult with in your business; that veterinarian understands and has examined your premises, so they can provide you with proper protocol regarding feed and maintenance of the herd. They do not need to examine every individual animal in the herd now, nor will they under A.B. 200.

You also asked about a group practice situation—if one vet in the practice has established a VCPR, can another vet in the practice continue ongoing care via telemedicine? The answer is absolutely yes. That is specifically included in the bill, though I do not recall the exact section; I will find it and get back to you. This bill is meant to expand access, not limit it. If there are multiple members of a practice and they have access to the medical record and can confer, they can also do this.

Another thing A.B. 200 does is it allows for a veterinarian who has established a VCPR in a physical and timely manner to have their technician do what is allowed under NRS 638 and the chapter governing veterinary technicians as well. There are a lot of different ways in which both herds and individual animals can be seen vis-à-vis A.B. 200.

ASSEMBLYWOMAN BILBRAY-AXELROD:

That section you wanted was section 3, subsection 3, paragraph (d), subparagraph (2).

SENATOR SETTELMAYER:

Thank you. My concern is I want to make sure veterinarians will be allowed to remotely prescribe supplements for animal feed without the vet having to come to the ranch and touch every animal. I live in an area where the range is deficient in the elements selenium and copper. Herd animals can die if they do not get them; at the same time, if a person was to give them too much, they could die from that as well. The supplements need to be prescribed by a veterinarian who knows how much to give.

SENATOR SCHEIBLE:

Regarding the timeliness of the visit with a veterinarian, I may be reading this backward. This provision seems to imply that in an emergency situation, the physical examination could happen a day or two after the telemedicine appointment had occurred and drugs or some other treatment had been prescribed. This is in section 3, subsection 3, paragraph (b), subparagraph (2).

MS. NAVE-WORTH:

In the scenario where an animal is in an emergency situation and the owner calls a veterinarian to consult—the veterinarian is not prohibited, under A.B. 200, from providing initial medical advice, so long as a timely physical examination can be made within a reasonable time period. For example, a dog is convulsing. The owner can call a vet, and the vet can give general advice as to the immediate care of the dog. But in that scenario, it would also be only appropriate to say, "And you need to see a veterinarian very quickly."

SENATOR SCHEIBLE:

I am imagining a situation in which my veterinarian is not an emergency vet, and I do not have a VCPR with an emergency vet. But if I needed an emergency prescription for my dog, would I be able to get that prescription and then later take her to my regular vet to ensure it was the right course of action?

MS. NAVE-WORTH:

In that scenario, I believe the answer is yes. One of the things A.B. 200 does is it gives the Board the ability to regulate what is timely and what is appropriate with regard to veterinary telemedicine. There are always going to be scenarios in which an animal is in distress and a veterinarian provides basic or initial guidance, and potentially a pharmaceutical provision, in advance of seeing the animal. In your scenario, that vet has examined your animal multiple times and understands, for example, how much it weighs, so how much of a specific

medication would be appropriate. They might understand that your animal is diabetic, which means certain extra-label drug use cannot be used. But they have a history with that animal, so that would be an appropriate use of telemedicine.

Again, this bill allows the Board to define what is timely and what is appropriate. We felt that was necessary because there are lots of different times where veterinarians have to use their judgment to decide on the best care for the animal. I believe in the scenario you laid out, the actions you describe would be appropriate and could certainly be done under the guidance of the Board.

SENATOR NEAL:

Section 3, subsection 4 of the bill talks about how a VCPR is established and maintained. The AVMA website includes best practices regarding telemedicine. They stated that in an emergency situation, a vet without an established VCPR may be able to triage but must stay clear of diagnosing. The bill mentions triage but does not spell out what it means.

MS. NAVE-WORTH:

This goes to the scenario Senator Scheible described. An animal is in distress, and the owner calls the vet to triage the animal—that is, decide if the situation warrants emergency care. The AVMA's guidance is that the veterinarian can triage the animal, but then needs to immediately follow up with an in-person diagnostic exam. In Senator Scheible's scenario, the vet has known the animal for a long time. If the animal exhibits symptoms it never has before, the vet can provide initial diagnostic care to ensure the animal is taken care of until it can be examined. That is the triage situation.

DR. PENNELL:

The AVMA's Model Veterinary Practice Act covers a lot of different scenarios. The NVMA went through our bill with a fine-toothed comb. I do not have the bill in front of me and do not remember if we used the word triage, but we do have a component in there for emergency situations.

SENATOR NEAL:

Section 3, subsection 1 of the bill says a person may not practice veterinary medicine in the State except within the context of the VCPR. That seems to tie

the VCPR to physical presence in the State. How would triage work if that provision eliminates their presence here?

MS. NAVE-WORTH:

Section 3, subsection 1 creates an exception to subsection 2, which says that a licensed veterinarian may in good faith and without the establishment of a VCPR provide emergency or urgent care to an animal. This is the scenario we were talking about earlier regarding Senator Scheible's animal. It could also apply to an animal that is hit by a car and brought to an animal hospital by a Good Samaritan. This provision allows veterinarians to use their discretion to triage an animal consistent with the AVMA Model Veterinary Practice Act.

SENATOR NEAL:

I did see the exception; it just seemed that presence was the trigger on the VCPR. The way I read it, it did not seem like the VCPR could be established online.

I also have questions about the amendment in [Exhibit B](#). The paragraph on page 3 says that if a licensee does not practice for more than 12 consecutive months, the Board may require them to take the exam to determine competency. But it appears that in the original language, this only happened if they did not renew the license and practiced in another state or territory. This seems like a significant shift. I need to understand the thought process behind that one-year window. People typically will not lose skills and knowledge in one year.

MS. LAXALT:

I will get the answers to your questions and report back.

SENATOR NEAL:

Is that current law, that if you do not practice for a year you have to retake the exam?

MS. LAXALT:

Yes, that is current language in NRS 638.127, section 6.

With regard to Senator Pickard's question about the change in service, I am informed by the Board that notice via the newspaper is seldom if ever used anymore because of the advances in technology. With emails and other ways of

finding people, personal service is used more often than not. The newspaper publishing section was removed because it was outdated. However, with that said, it would not be a heartbreaker to leave that provision as is. It is just something that is never used, so they thought they would clean that up.

SENATOR PICKARD:

Under the *Nevada Rules of Civil Procedure*, we have recently adopted or have proposed the adoption of alternate means of service. We are able to use email, even Facebook and other social media, under certain circumstances, but we have not yet added those options in. If you delete this section, the only service of process available under NRS 638.0197 would be personal service, which is impractical in some cases. Without adding language to allow for other electronic alternate means with the required criteria, this deletion would be significantly problematic if we are trying to litigate an important issue.

MS. LAXALT:

I see your point. There would be no problem with removing this requested change.

Regarding the deletion of the reciprocity section, that was removed because it is covered in NRS 622.

SENATOR NEAL:

My next question is on page 4 of [Exhibit B](#) and has to do with consumer complaints. I was looking at the statutory provision in NRS 638.1429, and it looks like investigations of licensees are different from consumer complaints. Is this referring to consumer complaints that are not investigations of licensees?

MS. LAXALT:

Consumer complaints are generally complaints about specific veterinarians and can be anything from "They charged too much" to "They weren't nice to me." If that complaint is determined to be under the jurisdiction of the license of the veterinarian, it will go into an investigation. The Board then assigns the case to an investigator who brings the findings to the full Board, and the Board reviews the information in a full Board meeting.

The amendment here would do what other boards do and send such complaints to an investigation committee within the Board first. That committee can then

review the information first and then bring the findings back to the full Board for a decision. It just streamlines the process.

SENATOR NEAL:

The change on page 2 of [Exhibit B](#) takes the requirement that applicants for renewal of a license must pay a renewal fee and any fines they owe and adds the words "and money," so it now refers to "all fines and money which the applicant owes to the Board." What do you mean by "money" that is more than fines and fees?

Ms. LAXALT:

I see your point. I believe money refers to fees, but we will define our terms.

SENATOR PICKARD:

I do not want to beat a dead horse, but I want to make sure my point about the service provision was clear. I want to make sure the record is clear that NRS 622A does not define the process of service. This amendment would take that out. I think we should probably revisit this. I can work with you to come up with language that would better suit the requirements of NRS 622A and procedural due process generally.

Ms. LAXALT:

That is fine. We are also willing to leave the original language in so it stays status quo. The part of NRS 622A I was talking about had to do with reciprocity, where it is conflicting with NRS 622; one section says you can do it, and the other says you cannot. That was the reason for the strikeout on the reciprocity section.

SENATOR PICKARD:

I missed that. Thank you for the clarification.

CHAIR SPEARMAN:

I have the same concern Senator Pickard had regarding service. How many veterinarians do we have in Nevada?

Ms. NAVE-WORTH:

I do not have an exact number, but there are more than 1,000 licensed veterinarians in Nevada.

CHAIR SPEARMAN:

What is their average time in practice?

MS. NAVE-WORTH:

I would guess the average at more than 15 years in practice. Some have been practicing for 40 years or 50 years, and some are just starting.

DANNY THOMPSON (Tropicana Animal Hospital):

We are in full support of A.B. 200.

I cannot add a lot to what has already been said, but I would like to talk about the importance of establishing a relationship with the animal. Animals cannot talk, so veterinarians have special skills to diagnose animals. I have a wire-haired German pointer who is my bird dog, and he will do anything to hunt birds. I took him to Arizona earlier this year, and we were down there for about four hours. He had a great time and seemed very happy, but when we got back to the truck, I realized that he had cactus spines in all four paws. He did not act as if anything was wrong because he knew that if something was wrong, we were going to go home. He continued to hunt birds until we got back to the truck, and then he started to limp. I had him treated and bought him a set of boots to wear.

My point is that animals hide their injuries. In my dog's case, it was not just because he is bred to hunt birds and that is all he wants to do. In the wild, a sick animal is preyed upon. Predators watch for weakness, so animals are good at hiding what is wrong with them. I do not think we can overstate the importance of having a relationship with the animal and the owner. This bill goes a long way to ensure that our animals are properly cared for. It also goes a long way to protect Nevada veterinarians.

LISA LEVINE:

I am in support of A.B. 200. My partner and I have two beloved pets, Lacy and Samara, both adopted from local Las Vegas shelters. Lacy has had health issues since we got her about ten years ago, ranging from skin allergies to arthritis to benign tumors. All of these require in-person veterinary care. We know firsthand the importance of veterinary care for the health and safety of our pets. I am excited about telemedicine and will definitely use it, but I also know that identifying and resolving the health issues our pets have experienced required a vet examining them in person to find the cause of their discomfort. Thank you

for making sure telemedicine is an option for pet owners like us, while also ensuring it is well regulated so we know it is safe for our pets.

STACY HOSKING, DVM:

I am a board-certified veterinary cardiologist in Reno. I am here to testify in support of A.B. 200. Telemedicine is an important issue, specifically in veterinary cardiology, because of the ongoing use of wearable devices that we can place on patients or send to patients to have them wear at home, generally to monitor the electrical activity of the heart. These have proved to be incredibly useful in remote patient monitoring. Telemedicine would allow me to better connect with my patients and clients, and it would also improve my ability to manage some of these chronic cases that may live far away.

This bill would allow me to give advice specific to a patient I have established a VCPR with, and it would also protect the public by allowing Board oversight.

DAVON CAROLINA, DVM:

I am a veterinarian who has had the privilege of practicing medicine in the North Las Vegas and southwest Las Vegas areas. I am in support of A.B. 200.

I believe telemedicine is a great tool for consultations and progress reports, but it should not be used to initiate a VCPR. This relationship can only be established when all three components are present and participate. As a veterinarian, I am an advocate for my patients because they cannot use words to communicate with me or their owners. I depend on information gained from conversations with clients and physical examinations of patients. Both are needed to initiate a general or preliminary diagnosis of the animal's medical condition. Owners at times are incoherent due to either emotion or lack of information, and the patient's symptoms may at times be ambiguous, making it difficult to accurately determine the next best steps.

The need for periodic in-person examinations to manage the VCPR is not put in place to be an inconvenience, but to ensure that we are providing the best care possible for the patients we swore to care for and protect. Without proper regulations, we leave the care of our patients to persons who have little consideration for all the things we swore to protect in our veterinary oath: animal health and welfare, prevention and relief of animal suffering, conservation of animal resources, promotion of public health, and practicing with dignity while keeping with the principles of veterinary medical ethics.

DAVID GOLDWATER:

I am dogfather to Blue and Huckleberry. I appreciate and support A.B. 200. When our pets are sick, we are at our worst, and when we are at our worst, our judgment is poor. We are vulnerable to people who can prey on us. I appreciate the fact that when my pets are sick, I have someone to talk to who knows me and my pets to support us. This bill goes a long way to protect consumers because what happens on the internet can be challenging to negotiate.

Thank you for this bill. I urge your support. We must have the highest level of consumer protection with appropriate guidelines from the Board.

TRAVIS MCDERMOTT, DVM:

I am a veterinarian who has been practicing in Las Vegas for about 15 years, primarily cats and dogs but occasionally exotics as well. I offer my support for A.B. 200 and reiterate the importance of the in-person physical exam performed prior to the use of telemedicine, which can be a great resource.

In vet school, they tell you that once you become a veterinarian, you will get lots of phone calls and texts from former friends and family members asking about their pets, and you do, all the time. I do, which I do not mind, but I am always cautious about what I say. At least once a day, a client will come in and tell me what is going on with their pet, and it is not what is actually going on with their pet. Perception of pain or perception of symptoms are often not linked to what is really going on. For example, something that appears to be belly pain can actually be back pain. Giving that physical exam and knowing that pet is very important. We want to provide these services for owners who need telemedicine, but do it in a safe manner. This bill addresses that. I encourage your support.

ROSEMARY STOLZER, DVM:

I have been a veterinarian in northwest Las Vegas for about 10 years now. Every day I see clients who think their pet has anxiety, but in fact, it is pain. I have seen a four-year-old dog come in with seemingly mild diarrhea that turns out to be an aggressive form of lymphoma and had to be started on chemotherapy immediately. I had a nine-year-old cat whose only presenting complaint was pooping outside of the litterbox twice and then returning to normal. That cat had leukemia and also went to see the oncologist. These are cases that stand out to me because if they had been seen via telemedicine, they

would have gotten the care their owners wanted rather than the care they needed.

I support veterinary telemedicine and A.B. 200 because it will aid me in helping these animals. But again, they cannot speak for themselves. A number of times, I have seen suspected kennel cough turn out to be congestive heart failure, which is a medical emergency. A telemedicine doctor cannot fix that without touching, seeing and hearing the animal in person.

JENNIFER VITTORI, DVM:

I enthusiastically support A.B. 200. I have a letter of support ([Exhibit D](#)) regarding the importance of this measure.

DENNIS SILKNITTER:

I am calling in support of A.B. 200.

I am a Las Vegas citizen and a big dog lover. My Pekingese means everything to me, and I want her to be safe and happy. With telemedicine for pets, I worry about the safety of a diagnosis and prescription online. If I did not know the doctor and he did not know my pet, I would feel very unsafe. How do I know if the doctor is really a doctor? How do I know what state they are in? How do I know if the medicine they are prescribing is safe and appropriate?

With A.B. 200, my veterinarian is required to have a relationship with my dog in order to use telemedicine. The State of Nevada requires that relationship. Keep telemedicine safe. Do not allow veterinary telemedicine unless you have these safeguards. Please pass A.B. 200.

DORA MARTINEZ (Nevada Disability Peer Action Committee):

We support A.B. 200. As the blind owner of a service dog, I am grateful to the sponsor of this bill. I have not been able to go to my veterinarian, so we have been visiting via teleconferencing, and it is really nice. He already knows my dog, who is pretty pampered for a service dog. I echo the sentiments of prior callers.

JOHN OCEGUERA (Dutch Pet):

We stand in opposition to the bill as written, though we agree with the majority of what the bill does. We have met with the sponsor and proponents of the bill,

but we have not been able to have a meeting of the minds. We have submitted a proposed amendment ([Exhibit E](#)).

VIRGINIA MIMMACK (Dutch Pet):
I am legal counsel for Dutch Pet.

Our concern with the current version of A.B. 200 is that it does not allow a VCPR to be created remotely. This prohibition is not in line with other states such as New Jersey, Virginia, Idaho and Michigan, all of which allow a VCPR to be created remotely under certain circumstances. Each of these states was able to put in place sufficient guardrails to ensure VCPRs created remotely continued to meet the same standard of care. We believe Nevada can do the same.

As currently written, the only veterinarians in Nevada who can take advantage of the many benefits of telemedicine are those who already have a brick-and-mortar practice in Nevada. This bill will not allow greater access to veterinary care as it will only apply to pet parents that already have a relationship with a brick-and-mortar vet. Therefore, it will not increase access to care to those that need it most, such as people who do not currently have a vet, people living in rural areas, pets in shelters, pet parents who do not have easy access to a brick-and-mortar practice because of transportation or mobility issues and pet parents who desire to seek the opinion of a vet specialist who lives outside of their area.

Further, this bill will not allow new entrants into the veterinary market who may have the effect of lowering the cost of veterinary care to residents of Nevada. Instead, as currently written, it will simply allow the pet parents who already have access to care to obtain their services in a different way.

Let me provide a couple of examples of when being able to create a VCPR remotely could be very helpful. Every day, shelters receive new dogs that need to be vaccinated for rabies and other diseases but have to wait for a vet to be on premises before they can perform the vaccinations under indirect supervision. This can sometimes take days to weeks. However, if a VCPR could be established remotely, then the dogs could be examined using appropriate technology. The vet could review the dog's available data and medical record, and if deemed appropriate by the vet, the vet could give permission to vaccinate remotely. To be clear, after the virtual exam, the vet could also state the dog

needs to be seen in person before vaccination. It would be up to the vet's discretion.

Another group that would benefit from being able to form a VCPR remotely would be a pet parent who lives in a rural area who wants to see an animal behavioral specialist or dermatology specialist, but who cannot travel 75 miles to see the vet in person. If a VCPR could be created remotely, a behavioral specialist could view videos of the pet in various scenarios and have ongoing communications with the pet parent about the pet's behavior and the status of treatment, all without the pet parent having to travel hundreds of miles. In this particular situation, one could argue that the vet will actually have access to a more comprehensive picture of an animal's true behavioral issues than what can be described to the vet by the owner during a single in-person exam. This is because the pet parent would be able to share data with the vet that would not typically be shared during a regular vet visit and could continue to share data after the visit to track the progress of the pet. Thus, allowing for a remotely created VCPR would allow pet parents to access vet specialists who they would otherwise not be able to see.

To be clear, we are not suggesting that creating a VCPR remotely is appropriate in most circumstances. But we believe the existing evidence and data confirms there are some circumstances where a VCPR can be formed electronically. We urge you to allow veterinarians to use their discretion to determine when this could be done.

Insistence on an in-person examination in every case is not supported by the evidence regarding telemedicine treatment outcomes. We have listed some relevant studies in the materials provided to the Committee, but we wanted to highlight one study published in October 2020 in the article, "Veterinary Telemedicine: A Literature Review," by Lori Teller and Heather Moberly. This article stated, in the context of behavioral health services that were provided entirely remotely to a pet population:

The studies revealed significant improvement in the treatment of both owner-directed aggression and separation anxiety and further showed there was no significant difference in the results whether the consult was handled remotely or in-person.

We urge the Committee to reconsider allowing VCPRs to be created remotely in limited circumstances as many other states have successfully done.

Along these lines, the amendment in [Exhibit E](#) allows Nevada-licensed veterinarians to establish a VCPR electronically, but only when the animal's condition is one that would allow the vet to provide the same level of care as would be provided in person.

The proposed amendment also does not allow a vet to omit an examination of the animal. An examination is required, and the vet must assess the pet's medical history, obtain updated medical information from the pet owner and evaluate the pet's condition, either through a live video visit or through videos, photos, recent lab test results, and other medical data that the pet owner must provide to the vet.

The Veterinary Board will still retain disciplinary authority over vets just the same as if the services were performed entirely in person, and the same standard of care would apply. These parameters mean that there will only be a narrow set of conditions that a vet could treat when establishing a VCPR electronically.

SENATOR NEAL:

How long has Dutch Pet been in business? I was reading some articles online about activity in Florida, and it looks like you were incorporated in April.

MS. MIMMACK:

Dutch Pet is not currently active in Nevada. Our testimony today is not about Dutch Pet. Our testimony today is about prohibiting a VCPR to be established remotely. This bill does not allow any new entrants into the market, and several other states have found ways to do this. We just wanted to make that information available to the Committee.

SENATOR LANGE:

That is confusing. The amendment says you are representing Dutch Pet.

MS. MIMMACK:

Dutch Pet is a business that seeks to be able to provide veterinary telemedicine for pets with anxiety. We do not want to make this about Dutch Pet or any

one particular business. We just want to make it about what is best for all Nevada pets.

SENATOR LANGE:

That is what confuses me. We are talking about Nevada veterinarians only. Why would you testify in the Nevada Legislature about Nevada veterinarians when you do not have any veterinarians in Nevada?

Ms. MIMMACK:

That is a great question. It is because Dutch Pet wants to be a new entrant into the Nevada market and believes the way it would be providing care would enable it to establish a VCPR remotely. We wanted to make it clear that there are appropriate ways to do that and to let you know how other states have addressed this issue.

SENATOR LANGE:

You mentioned five states that allow veterinary telemedicine in the way you suggest. Are there only five states? Are those five states that Dutch Pet is in?

Ms. MIMMACK:

The states I mentioned were New Jersey, Virginia, Idaho and Michigan. All of those states have specifically mentioned or made recent changes to allow VCPRs to be created remotely. I cannot say that they are the only states that allow it; they are just the ones I am the most familiar with. As you know, because of the pandemic and the use of telemedicine in an unprecedented way, many states are revisiting this issue in 2021. Those four states are the ones that have made changes.

SENATOR LANGE:

What other states are rethinking this issue?

Ms. MIMMACK:

Florida decided to revisit its telemedicine law in light of the pandemic. In Texas, several bills have been proposed involving veterinary telemedicine. It is a topic that is having its moment because of the pandemic.

SENATOR SCHEIBLE:

I am also confused about Dutch Pet and its role in this conversation. I met with your lobbyist earlier this week and was led to believe that the nature of the

amendment was to allow for emergency care. Let us be clear on the record. Your amendment allows Dutch Pet to come into Nevada. If the amendment in [Exhibit E](#) is not adopted, Dutch Pet's business model would not be allowed in Nevada. That is the real reason you are here, right?

Ms. MIMMACK:

I think there is more to our amendment than just Dutch Pet. Our amendment would allow a VCPR to be created remotely in several circumstances. I do not think this is just about Dutch Pet.

On the other hand, yes, we are testifying because we would like Nevada-licensed vets to be able to provide care to Nevada patients without having to do a physical exam first, but only in specific circumstances. We wanted to ensure that flexibility in this bill. It is currently written so that the only veterinarians who can benefit from veterinary telemedicine in Nevada are brick-and-mortar veterinarians who are already practicing in Nevada.

We heard testimony today that vets do not have to physically examine every member of a herd, and it is okay to consult a vet other than the one who performed the physical exam if they are in the same practice. We were just pointing out that there are times when it is appropriate for a Nevada veterinarian with a Nevada license to see Nevada pets with a VCPR established remotely. We wanted to make sure you got all the information before making a final decision.

SENATOR PICKARD:

I have a question about the substance of the amendment in [Exhibit E](#). As I am looking at section 3, subsection 1, and subsection 4, the language becomes permissive rather than mandatory. Would this invite expansion of boundaries? In other words, how is this enforced?

Ms. MIMMACK:

The idea was that there are certain times when use of other data and diagnostic materials that are appropriate for that condition could be used to establish a VCPR. That is the key here. The Board would retain disciplinary authority over any veterinarian. If a vet was trying to treat a condition that would not be appropriate via veterinary telemedicine alone, that vet could be sanctioned. We are not trying to suggest that a different standard of care applies or that there are certain conditions that should be treated without a physical exam. There are

some conditions that need a lab test and others that need you to feel the abdomen. But there are some conditions where that is not always the case, and there are studies to back that up. We did not want Nevada to be so limited in its ability to provide care to pets.

The question here is whether you trust the vets in your community to use their discretion to provide the appropriate standard of care. If you do, this allows them to use other diagnostic images, videos, pictures and other methods to make a diagnosis besides just a physical exam. Our goal in making sure this is heard is that this will hopefully open up more access to people who have a hard time getting to a brick-and-mortar vet. It may be that, just as when a person goes to urgent care for a human complaint, what they say to you is, "You need to go see a doctor in person." But I would rather someone talk to a vet and find out an in-person exam is needed than not seek medical care at all because they do not have a pre-established relationship with a brick-and-mortar vet.

SENATOR PICKARD:

I tend to favor expanding competition, opportunities and access to care, but we are talking about two different things. My concern is for the situations other veterinarians have mentioned in which they discovered serious problems only because they did an in-person physical exam. Unless you have Dr. Dolittle on staff, you are not going to be able to talk to the patient over the phone and find out where it hurts. We are talking about missing an opportunity to find the proper diagnosis because there is no physical exam.

Could you address the strikeout section in section 4? It is important to see that we are striking out what I think is important language.

MS. MIMMACK:

The strikeout in section 4 was because we felt the issue was already addressed above, where it says a VCPR may be maintained by veterinary telemedicine after it has been established by other means. We struck that out because we are saying there should be certain limited circumstances under which you could form the VCPR remotely. We are saying that a necessary evaluation can be done if these conditions are met: a medical history of the patient, additional information from the owner, and the assurance that the vet is going to be able to perform the examination with the same standard of care as an in-person exam.

None of these details about the physical exam would be needed if the VCPR could be formed remotely and the veterinarian believed that the standard of care being provided would be the same as in person. For example, imagine a rancher calling a vet and saying, "This is what is going on with my animal. Here is a picture of it. This is how I have always treated this particular type of wound. This is what I know about this animal." Even without a physical exam, the veterinarian could say, "Based on the data you have given me, you can treat the wound that way."

The last thing I will say is that we do not want veterinary telemedicine to take the place of brick-and-mortar vets and physical exams in most situations. We all agree that the most important thing is the standard of care for our animals. I have pets I love, and I want what is best for pets. We are trying to make sure there is flexibility for those people who may not be able to access a brick-and-mortar vet or who want to see a specialist who is not close enough for them to get there for a physical exam, but there may be a way for them to get that higher level of care. That is our purpose in bringing this to your attention.

SENATOR NEAL:

Does Dutch Pet currently have patients in Nevada being treated through telemedicine?

Ms. MIMMACK:

No.

SENATOR NEAL:

It would be different if you had gotten into the market because of the pandemic and we were now about to change the rules, but that is not the case. Why does Dutch Pet care about this bill if it has no clients in Nevada? The bill does not prevent someone from becoming actually present in the State. If you are going to establish a client relationship, that would be the first step for you to be able to participate in the Nevada market. Is that not something you feel is appropriate?

The NVMA sets out how to do veterinary telemedicine, and it gives options for what to do if you are physically present and if you are not. What are the challenges you face that you cannot follow the national guidelines that have been set out on how to do this? That is not clear to me.

Ms. MIMMACK:

Let me answer that question by first telling you what I think Dutch Pet would like to do, but then also explain that while we do not currently have patients in Nevada, we were looking to come into Nevada. Nevada law is currently silent on veterinary telemedicine. Because of the pandemic, and because people began to realize that telemedicine can be a wonderful resource, it is now being addressed. When the law was silent, our business could have come into Nevada. When restrictions are added that make the market available only to brick-and-mortar vets, that prevents our future interests in Nevada. It is understandable that we would be concerned about such a law even if we are not yet in the State.

As far as what Dutch Pet would like to do, on a general level, it would like to treat anxiety in pets. It would like to do that by connecting pet parents with behavioral specialists who specialize in anxiety. The company does not want to provide primary care or vaccinations or anything like that. It just wants to address a specific issue and connect pet patients with specialist vets through a series of videos, Zoom visits and other tools that we and our veterinarian behavioral specialists believe would provide a sufficient standard of care.

That is why we are here today: because we think this bill, as it is currently written, would prevent our entrance into the market. It would also have unintended consequences in the way it would affect shelters and anyone trying to see a specialist. For example, if a pet parent were in the vet's office and the vet wanted to connect them with a specialist, it would be difficult if there were no exceptions for when a VCPR can be established remotely.

SENATOR LANGE:

I notice that Florida has rejected this language, and so has Arizona. North Carolina is in the process of discussing it, and it is not looking like it has a favorable outcome.

CHAIR SPEARMAN:

I have a couple questions, and these are the same questions I asked when I met with your colleagues last week. There does not appear to be anything in A.B. 200 that prohibits veterinary telemedicine. The only requirement is to establish a VCPR first. Did I miss something?

Ms. MIMMACK:

The way the bill is written, it would require an in-person exam first before you could provide care via telemedicine. There would never be an opportunity for a vet who had not done an in-person exam to provide care to a pet via telemedicine. The way we read the bill, the only people who would benefit from A.B. 200 are brick-and-mortar veterinarians and pet parents who already have a relationship. A pet parent who does not have a relationship with a vet would not have access to telemedicine, nor would shelters that get a new pet.

CHAIR SPEARMAN:

Are you saying that is wrong?

Ms. MIMMACK:

We would argue that there are circumstances—for example, in a shelter—when it would be appropriate to allow a virtual exam. We are not suggesting that exams not be done; it would just be a virtual exam. It would allow the vet to ask questions and see the animal. As someone mentioned earlier, there are wearable testing devices and other ways to transmit data. In certain circumstances, we would suggest that a VCPR being created remotely is sufficient and is the same standard of care as if you were providing care in person. That is why we are pushing to leave it up to the veterinarian's discretion.

At the end of the day, veterinarians are responsible for the care being provided. If they provide inadequate care remotely, they do not get a pass; they are still subject to discipline by the Board.

CHAIR SPEARMAN:

The way I read the bill, you can do everything you are asking to do in Nevada. You just have to have an in-person visit first. Yes or no?

Ms. MIMMACK:

Yes.

CHAIR SPEARMAN:

So you are asking to eliminate the provision requiring an in-person visit to establish a VCPR. Okay.

Shelters right now are not deficient when they need veterinarian advice or emergency service. If they have veterinarians who are here in Nevada, I do not see how that would be an argument for remote veterinarians. Dr. Pennell, can you or someone from the Board answer that question? What kind of relationships do shelters have?

We have also heard a lot about the rural counties. I would think a significant question to ask in this hearing would be what is happening right now in the rural counties?

DR. PENNELL:

Regarding shelters, I cannot speak for all the shelters, but I know some of the bigger shelters have at least one veterinarian on staff who would be readily available for emergencies and disease control. Different shelters vaccinate animals as they are adopted out. Even the smaller rescue groups have a veterinarian they go to regularly.

Once we have seen a patient, we could use telemedicine, yes. We feel it is very important to have that first in-person exam. A veterinarian can offer advice to someone without diagnosing, and we can do that now.

I find it interesting that Dutch Pet wants to treat behavior and dermatology. Dermatology is one of the worst examples for telemedicine because often dogs with allergies have secondary infections, and you have to see the animal. You also have to do skin scrapes and fungal cultures and that type of thing in many cases. If you do not, you can misdiagnose it. Regarding anxiety, it would be very helpful to see a video of an animal at home, but what if that anxiety is partially caused by pain from a physical condition?

Yes, we can treat animals by telemedicine; we do not doubt that at all. But we need an in-person exam. You are exactly correct in your interpretation—this bill allows everything Dutch Pet wants to do, once an in-person examination has been done.

CHAIR SPEARMAN:

Ms. Mimmack, you say Dutch Pet wants to treat anxiety and some other things. Does that mean you have people who are specifically qualified in animal psychiatry? I am not being facetious; I want information because I do not know.

Ms. MIMMACK:

We would be working with veterinarians who have specialized training in behavioral health and the mental health of animals. Studies have shown that more than 70 percent of dogs can have anxiety. It is something that often goes untreated, so we were trying to make it easier for people to get in touch with a specialist in this area, someone who might be able to say, "This is something we can help you with." Sometimes a telemedicine visit would end up with the comment, "This might be something more, and you should go see a veterinarian in person." A lot of telemedicine visits end up with that response.

CHAIR SPEARMAN:

I have more questions, but I will ask them offline.

The Articles Of Incorporation for Dutch Pet are dated February 16, 2021. Is that right?

Ms. MIMMACK:

Yes.

CHAIR SPEARMAN:

I have no problem with it being a publically traded company, but I have not been able to find anything that gives me a sense of security about the company. I have not found anything that suggests there is some type of a record of longevity, or that this company has been operating someplace else.

The other thing I would say is I think someone brought up that you do not want to talk about Dutch Pet. But we are talking about Dutch Pet because you are the avatar. If the bill passes with [Exhibit E](#), the avatar would become the norm. And I will be honest with you, that is the part I have a problem with.

I am not trying to be flippant; I just need a lot more information than I have. It appears that the only thing the opposition has to say is that their amendment will allow them to do something the bill does not prevent them from doing.

JENNIFER PEDIGO (Executive Director, Nevada State Board of Veterinary Medical Examiners):

I have responded in writing ([Exhibit F](#)) to the questions asked by Senators Neal and Pickard earlier.

ASSEMBLYWOMAN BILBRAY-AXELROD:

Dutch Pet's business model is simple, as far as I can deduce. We have all seen commercials that tell you to call and talk to a doctor if you want to get Latisse for your eyelashes, for example, or that "little blue pill." When you call, you talk to a doctor, the doctor asks you a few questions and the company sends you the prescription. That is problematic in the veterinary world, as Dr. Pernell said. I once had a dog named PJ who had severe anxiety, and after working with our veterinarian, we realized her anxiety was actually an underlying medical condition that needed serious medication. It was not something that an antianxiety medication would have helped. I get my current dog's medications through the online pet supply company Chewy, which is cheaper than getting it from my vet. The prescription itself I get from my vet.

That is what we are missing, and I hope that clarifies the issues here.

MS. NAVE-WORTH:

I have been asked to clear up a few points. If you review the amendment in [Exhibit E](#), you will see that it is a major change to the bill. It would allow for the amelioration of the physical exam in all circumstances of veterinary medicine.

A number of the veterinarians addressed anxiety. We believe treating anxiety is the worst use of veterinary telemedicine because it is often a manifestation of physical pain that the animal cannot articulate. As Senator Lange pointed out, people often speak about the innovation that the pandemic made necessary. In fact, every state that has considered whether veterinary telemedicine could be done purely telephonically and not physically has rejected that idea. That includes Florida, Arizona, Alaska and North Carolina.

We often talk about the rural counties and the idea that there is a veterinarian drought in rural Nevada. That is not true. Dr. J.J. Goicoechea, who was going to speak on the bill, is not here today because he is out serving his clients. He drives all across rural Nevada. Dr. Spratling does the same. They believe that telemedicine in the rural context, particularly for herds, is an extreme danger for the food chain supply here in Nevada in the agricultural business.

It was stated several times that Nevada law was silent about the establishment of the VCPR. For 20 years, Nevada has said that you must physically and timely examine an animal to establish a valid VCPR.

I am grateful for the Committee's attention and deep analysis of this important issue. As you have seen today, it is an issue that is incredibly important to Nevada veterinarians, pet owners, consumers and pets.

SENATOR SCHEIBLE:

Assemblywoman Bilbray-Axelrod, you just gave an excellent example of how you get meds for your dog through Chewy. What I understand this bill to do is this. While you are here in Carson City and cannot see your vet in Las Vegas, this bill would allow you to call your vet and say, "Normally I see you every six months, but I'm tied up right now; can you just renew my prescription and I'll see you when I get back?" Is that right?

ASSEMBLYWOMAN BILBRAY-AXELROD:
Exactly.

CHAIR SPEARMAN:

I am going to assign those in opposition some homework. I need to get the following information from you:

- The incorporation of Dutch Pet was three months ago. I would like to know what track record that company has, if any. If this is a name change, I want to know their old name.
- I would like to know more about the folks who are incorporating to see what their background is in the practice of veterinary medicine.

Do not hear that as overreaching. I just need information about the company's qualifications in any instance, let alone telemedicine. If you can put together something like that, Mr. Ocegüera, we would be appreciative.

I will close the hearing on A.B. 200 and open the bill on A.B. 47.

ASSEMBLY BILL 47 (1st Reprint): Revises provisions relating to unfair trade practices. (BDR 52-425)

MARK KRUEGER (Chief Deputy Attorney General, Office of the Attorney General):
This bill makes amendments to Nevada's Unfair Trade Practices Act, NRS 598A, otherwise known as Nevada's antitrust laws. Our office has worked

hard with more than 30 stakeholders to get this bill to where it is. We believe A.B. 47 meets our needs without creating an undue burden on the stakeholders.

Assembly Bill 47 has three distinct focuses. First, it allows our office to take a peek at consolidation transactions in the healthcare market in Nevada. Second, it provides clarification and cleanup language to remedies and investigatory authority of the Office of the Attorney General (OAG). Third, it limits the applicability of noncompetitive covenants, or noncompete agreements, by prohibiting them from being applied to employees paid on an hourly basis. That means those employees are not limited in their ability to get new jobs when they stop working for a particular employer.

I will go through the bill briefly.

The first focus is in sections 2 through 10 of the bill. Healthcare costs are a concern to every Nevadan, and consolidation of the healthcare industry can increase healthcare costs to Nevadans and Nevada families. Our first focus allows the antitrust team at the OAG an opportunity to take a peek at the transactions that may affect the cost of healthcare in Nevada, and it also ensures competition in the healthcare market to help keep costs low. This would include transactions that are not reportable under the federal Hart-Scott-Rodino (HSR) Antitrust Improvements Act of 1976, as well as requiring those HSR filings to be sent to the OAG.

This bill requires the industry to provide a confidential report, which is often only one page, to allow us to see if a particular transaction in healthcare is something we should be taking a closer look at to ensure that healthcare markets remain robust in Nevada. This request requires minimal effort from the industry and potentially has great rewards for Nevada. It is important to note that A.B. 47 mandates all information reported to the AG remains confidential. If there is a material change to the transaction during the 30-day transaction period, it would trigger the filing of a new report, which would also be confidential.

The second focus is in sections 16 through 21.5. This part of the bill provides the OAG with clarification as to the remedies we have in investigations and actions under the Unfair Trade Practices Act, as well as clarifying confidentiality provisions of the investigations. It is important to note here that there has been no opposition to this section of the bill at any time.

The third focus is in section 22.5. The language in this section is an example of the OAG and the stakeholders working together. The language in subsection 3 prohibiting noncompete agreements from applying to employees who earn an hourly wage actually came from the stakeholders. It is simple in application and easy to understand, and it protects employees in need of protection.

SENATOR PICKARD:

Regarding the first portion of the bill, my concern is clamping down on this may act as a disincentive to the large providers, such as Health Plan of Nevada. Would this not disincentivize large providers from coming to Nevada, since they would have to get approval first?

MR. KRUEGER:

Respectfully, no. It should not disincentivize any company from coming to Nevada. It is important to note that the OAG already has the authority to look at any transaction. Often we do not get notice of the transaction, sometimes up until the cusp of when it is actually going to be consummated. This would allow us to take a peek, with authority we already have, before the transaction is consummated, which would be in the better interest not only of Nevadans but also of the companies that are seeking to consolidate.

SENATOR PICKARD:

Let us assume that someone wanted to purchase 30 practices across the State. Right now, the OAG would come in and say, "Hey, wait a minute, we've got a concern about this. We want you to explain how you're going to operate, prove that this isn't anticompetitive in some way." With this bill, instead of us being reactive as law enforcement, the buyer will have to get permission to do this, or at least let you look through the books and scrutinize the deal. How would that not be a disincentive? This would be like me wanting to open a law practice. I am fully able to do it, but now I have to ask the bar for permission to start work, even though I have a law degree. How does this not disincentivize organizations from coming in and offering services?

MR. KRUEGER:

We believe this would be a minor transaction. It would mean they would need to give us a report to say, "Here's what we plan on doing." It does not take the level of scrutiny we are talking about, unless the report creates a concern. With that information, we believe we can actually look to make sure there is competition in the healthcare market. The example you give is a good one, since

in all likelihood we already know about a transaction of that size. We would certainly hear about it a lot easier than the smaller transactions that sometimes can impede competition in the marketplace, especially in geographic areas with a limited number of practitioners.

SENATOR PICKARD:

I am not sure I follow your logic, but I will let that go.

In looking at section 10 and the \$1,000 a day violation, it is a civil penalty for a willful violation, so that would have to be proven. I cannot think of a civil penalty outside of the Nevada Public Utilities Commission environment that is more than a few hundred dollars. A fine of \$1,000 a day, particularly if this were to delay a transaction, could quickly add up to a substantial bill to an industry that is already struggling. How is that not excessive?

MR. KRUEGER:

We worked quite a bit with the stakeholders on this particular language. One of the things we did was to add the word "willfully" because we wanted to ensure it was not excessive, and that the full fine will only be imposed in cases where people are deliberately and intentionally not trying to comply. Where there is an error or something else, we are willing to help abrogate the full impact of the fine or even omit a fine in those cases.

I will note that the language is specific that the fine is up to \$1,000 a day, which gives some flexibility and allows the fine to be decided on a case-by-case basis if the facts warrant it.

SENATOR PICKARD:

I presume that would be up to the judicial officer to determine what was appropriate. Is this in a district court, a justice court or an administrative law setting?

MR. KRUEGER:

This particular enforcement provision would be more in keeping with a district court setting.

SENATOR PICKARD:

In section 22.5, we are preventing access to the courts for employers unless they meet a certain prerequisite requirement. I am not sure how an employer

would bring an action to restrict a former employee from adhering to a noncompetition agreement. I guess they would have to petition the district court for permission to file the action.

You said this section only applies to hourly wages, which would be under the subsection 3 insertion, but I do not see any language that restricts this to hourly wage employees. Is it not true that this would prevent employers from bringing an action to enforce a noncompetition covenant in nearly every case, unless they got permission from the district court to proceed?

MR. KRUEGER:

I am confused by the question. The prohibition is drafted in such a way as to prohibit noncompete agreements to be used with hourly wage employees. That is in section 22.5, subsection 3. Everything else remains the same as far as noncompete agreements.

SENATOR PICKARD:

I am looking at NRS 613.195, and it is for employment generally, not just hourly wage employees. My concern is that the language in section 22.5, subsection 2 applies to all litigation subject to NRS 613.195.

One of the things we have been trying to do since I have been in the Legislature is attract innovative businesses to Nevada. When we talk about technology businesses, we are talking about businesses that rely on their key employees to bring technical knowledge to bear so they can create and build on new technology and new ideas. They rely on noncompetition agreements so they can control their intellectual property rights. Stating generally that employers may not bring an action is going to act as a disincentive to the kind of development we have been trying to do over the last six or eight years.

The bill goes on to further disincentivize innovators by awarding reasonable attorney's fees only to employees, not to the employer, in subsection 7. We do not provide a commensurate win for the employer who succeeds in the litigation. Subsection 6 also includes an undefined "undue hardship" provision. My concern is we are going to be severely disincentivizing these innovative businesses from coming to Nevada by making it impossible for them to protect their intellectual property. Maybe you can address that more generally.

MR. KRUEGER:

It is important to remember that the focus of this prohibition is for hourly wage employees only. We are talking about employees like nannies and wait staff. These are the type of employees who receive an hourly wage. This bill certainly does not apply at all to those individuals who are on a salary. The bright-line rule, which was negotiated with the stakeholders, was for the provision to apply only to hourly wage employees rather than tying it to income levels. It makes sense, and it is reasonable.

I will ask Marie Martin to supplement my answer because she has a lot of expertise in this area.

MARIE MARTIN (Senior Deputy Attorney General, Office of the Attorney General): Section 22.5 of A.B. 47 institutes some changes to NRS 613.195. That statute allows for noncompete agreements that are reasonable in terms of time and geographic scope.

The first change Senator Pickard addressed is section 22.5, subsection 2 of the bill. That provision applies to employers who are trying to institute proceedings against former employees who go on to provide services to their former customers or clients. This addresses a situation, for example, where a doctor leaves a practice, and the doctor's former patients want to follow. The doctor otherwise follows the requirements of subsection 2 and does not solicit patients; the patients just say, "I want my doctor." As the statute is written currently, although a noncompete agreement is not allowed to prohibit that conduct, that does not mean the employer cannot use an otherwise reasonable noncompete agreement to stop that doctor from providing services to former customers. That is what we are trying to capture when we say, "An employer may not bring an action to restrict."

The provision in subsection 3 is intended to cover situations in which an employer uses a noncompete agreement signed, for example, by a nanny to stop her from working as a nanny for other people. It is intended to encompass the Jimmy John's situation, in which people with no access to trade secrets, valuable information or proprietary information were prohibited from moving on in their employment by noncompete agreements. That is the hourly wage portion of the bill, and that is why it was limited to hourly wage employees. It does not apply to salaried employees.

I worked in tech for a long time before coming to the OAG. When we put together a noncompete agreement for tech employees, we want to cover the people who are going to have access to trade secrets. You generally do not have tech employees who have access to trade secrets on an hourly wage. Those people are generally well-paid salaried employees. If you have a tech company, the people who would be covered by the change to NRS 613.195 would be people like janitors and receptionists. It would not cover the high-level employees, the ones we would require to sign noncompete agreements.

Your last concern was about awarding employers' attorneys' fees to employees versus awarding employees' attorneys' fees to employers. In terms of enforcing NRS 613.195, the situation where that would arise for employees is when they are subject to unreasonable noncompete agreements and they want to get out from under them. In general, most employees are not going to seek to have their noncompete agreements overturned. I used to be an intellectual property attorney before I joined the antitrust division, and with the fees we charge, even wealthy employees have an extremely difficult time challenging unenforceable or unreasonable noncompete agreements. The very existence of the noncompete agreement disincentivizes employees from challenging them.

Those are the three points you covered. If you have any further questions, I am happy to respond.

SENATOR PICKARD:

I do not have any objection to the hourly wage provision. If we are talking about receptionists or waiters, there is no need to restrict their activities. However, subsection 2 does not limit the prohibition on employers bringing an action to hourly wage employees. This would mean that employers cannot bring an action to enforce a noncompete agreement with a salaried employee either. That arguably would then require them to seek a prepetition request to the district court to determine that they met the restrictions or be subject to a motion for summary judgment because there is an argument that they did not. That adds a layer of obstacle to employers trying to protect their intellectual property or trade secrets.

Maybe I am misreading this. Can you point me to language that restricts this restriction to just hourly wage employees? I can see no connection between subsections 2 and 3.

MS. MARTIN:

You are correct that subsection 2 is not limited to hourly wage employees. Currently, an employer cannot require an employee to sign a noncompete agreement that is not reasonable. That is the current language of NRS 613.195, subsection 5. It makes sense, and it is consistent with existing Nevada case law.

However, the current language of NRS 613.195 does not prevent an employer from bringing a lawsuit against any employee on the basis of an unreasonable noncompete agreement. Subsection 2 does just that: it disallows employer lawsuits based on unreasonable limitations on time, geographic scope and subject matter. Is it limited to hourly wage employees? No, it is not. Will it limit employers' abilities to bring lawsuits? Yes.

SENATOR PICKARD:

The term "unreasonable" is not a legal term. We do not have knowable definitions or boundaries for it. That is a finding of fact that has to be made. There is no language that suggests how an employer could bring an action under any circumstance. This essentially throws up a bar to enforcing restrictions, and I object to that. That is taking Nevada in the wrong direction when we are trying to bring innovators to the State.

MS. MARTIN:

Would this bill act as a bar to employers to bringing an action for declaratory relief? Perhaps, but I do not believe so. Regarding a legal definition of reasonable, what is reasonable in terms of time, geographic scope and subject matter is up to the discretion of the courts, and it always has been.

In terms of protecting intellectual property, there is nothing in the statute that would be able to, for example, override federal patent law, federal copyright law, State trade secret protection or the Lanham Act of 1940. There is nothing here that would affect intellectual property rights. There is nothing in here that would prevent declaratory relief.

SENATOR PICKARD:

When it comes to the Lanham Act, you are right, we can protect trade secrets, but that is usually in terms of damages after the genie is out of the bottle. Noncompete agreements are put in place to prevent the genie from getting out in the first place.

SENATOR HARDY:

With sections 2 through 10 of A.B. 47 in mind, I am considering a small practice, two or more physicians, who are going to have to hire a lawyer so they do not have to pay a \$1,000 a day penalty when they hire a new physician. I am also concerned about the Black, Indigenous and People of Color (BIPOC) communities in my district. If one physician hires another physician, there are now two physicians in a community of need. But the trend now is for doctors to come out of medical school residencies and go into big practices. This bill will discourage even more the entrepreneurs we need in areas that are not getting enough care. I am concerned about this and the situation of two or more physicians trying to open up a shop in a place where we have a dearth of medical practitioners.

I do not think this is a good idea. I cannot say it any more bluntly than that.

MR. KRUEGER:

I think it is important to note that A.B. 47 just requires a simple notification. It does not necessarily prohibit anyone from consolidating. It just requires those two practitioners to complete a simple one-page form to say, "Here's what we intend to do. If you guys have any problems with it, let us know." If we do have a problem with it, we already have the authority under the law to take action to prohibit it. That is not changing. All this adds is a simple notification before it happens to allow us to take a look at whether it is a good idea for that geographic market and those particular specialty groups.

SENATOR HARDY:

If the group practice puts an x-ray machine in, it is another form. If they put a mammogram machine in, it is another form. If they do a colonoscopy, it is another form. I have been in this situation, and I can tell you there are a lot of forms. You may not realize that if you have an entrepreneurial practice in an area of need, there will be multiple times when they contact you and then wait for approval, disapproval or "Why do you want to do that?" It is another layer of bureaucracy that is going to inhibit and discourage people from going into a BIPOC community.

MR. KRUEGER:

I hear your point. There is a specific exclusion in section 5.6 that if an existing partnership or organization wants to put in certain assets, it is permitted to do so. That is not a reportable transaction. We want to know when two practices

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are combined; but once they are combined, only material changes then apply. It is all defined in the bill.

SENATOR LANGE:

I am presenting a bill in the Assembly today, S.B. 329, that deals with some of these issues as well.

SENATE BILL 329 (1st Reprint): Revises provisions relating to competition in health care markets. (BDR 40-998)

I would like to concentrate on section 5.6 of A.B. 47 regarding mergers and consolidation. Transparency is important, and I do not see hospitals in here. In Las Vegas, hospitals are buying up other hospitals, and then they buy doctors' practices because they need those people to support their hospitals. It is causing issues of tiering and steering for groups working to get insurance. Could you address that?

MR. KRUEGER:

The bill is intended to capture all health care industries, including hospitals.

SENATOR LANGE:

I understand the bill's definition of a group, but I think a hospital is different. Would you be willing to insert "hospitals" in the bill?

MR. KRUEGER:

In section 4.2 of the bill, "group practice" is defined as two or more practitioners, which would include hospitals. We are certainly open to explicitly adding in hospitals.

SENATOR LANGE:

Thank you. That would be helpful.

SENATOR NEAL:

I would like to know who is grandfathered in. Section 5.6, subsection 2, paragraph (b) says it applies to those that "have a contracting relationship that was established before October 1, 2021." Who is out of this bill?

MR. KRUEGER:

It would not apply to anyone who has already combined or consolidated, naturally. That paragraph was added to make sure that was clear.

CHAIR SPEARMAN:

If you were going to explain this bill to a class of kindergartners, can you please tell us what the bill does, why it is important, and what issue it seeks to solve?

MR. KRUEGER:

The bill breaks into three sections. The first section requires certain healthcare transactions to make a one-page report to the OAG for us to review the transaction. If we feel we need more information, we have the authority to ask for it. Under existing law, we could just issue a subpoena, which is far more onerous, on these two entities trying to combine. It is much easier for them to simply let us know what they intend to do. We think this is very positive for everyone involved, especially consumers, if it helps create a robust market in health care.

The second part of the bill is cleanup and clarifying language to the remedies and investigatory authority of the OAG.

The third part of the bill creates a prohibition against requiring hourly wage employees to sign a noncompete agreement.

That is the simplest language I can come up with to describe the bill.

JESSE WADHAMS (Nevada Hospital Association):

We oppose A.B. 47 because we believe the policy itself comes from a faulty premise. Both Washington State and Connecticut, which have similar reporting concepts, have far more active physicians than the national average. Nevada, however, falls far below that average. We believe Nevada policies should promote more physicians, more access to care and more investment in the healthcare community. We remain concerned about the chilling effect on recruitment, investment, and retention of providers.

JARON HILDEBRAND (Executive Director, Nevada State Medical Association):

We are opposed to A.B. 47. I appreciate the work the OAG has done on this bill, and it is a much better bill than we started with. However, I must echo Mr. Wadhams' concerns.

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CHAIR SPEARMAN:

Mr. Krueger, please meet with those in opposition and see if there is any way to work through it. If so, please let me know.

I will close the hearing on A.B. 47 and open the hearing on A.B. 330.

ASSEMBLY BILL 330 (1st Reprint): Establishes provisions governing occupational training and licensing. (BDR 54-759)

ASSEMBLYMAN JOHN ELLISON (Assembly District No. 33):

This bill provides that a person who receives technical training in high school or a postsecondary institution is able to receive equivalent credit toward an occupational license related to that training.

Occupational licenses require a worker to hold a credential to practice or perform certain operations to receive an occupational license. Applicants must meet certain criteria in the form of education or training. The boards and commissions that issue these licenses are also responsible for protecting the health and safety of the consumer and ensuring high levels of service. However, licensing regulations can create unique barriers and challenges for those seeking to enter the labor market. The required tests, courses and fees may stop youth from entering those occupations.

To overcome these challenges, Nevada has helped students prepare for career opportunities through Career and Technical Education (CTE) programs offered by high schools and post-secondary education institutions. Some boards already recognize training provided in high school.

The Department of Education (DOE) reported that during the 2019-2020 school year, 69,213 students, roughly 14 percent, were entered in the CTE program. Students can obtain a college- and career-ready high school diploma and a career-ready endorsement that demonstrates proficiency in the career. For instance, the practical nursing program provides students with the knowledge and skills required to enter the field, and they are eligible for the State Board of Nursing certificate exam as practical nurses. In the 2019-2020 academic year, the Nevada System of Higher Education (NSHE) two-year institutions issued roughly 3,800 skill certificates of achievement. Those institutions are the College of Southern Nevada, Great Basin College, Truckee Meadows Community College and Western Nevada College.

Assembly Bill 330 would have a positive effect in rural areas of the State. The National Center for Education Statistics reported in 2013 that students from rural counties with CTE credits had earnings equivalent to their counterparts from cities and suburbs. As the population ages, the number of skilled jobs that are unfilled increases in rural areas of the State. When high school students graduate from schools in rural counties and leave home to go to a post-secondary institution to fill education requirements to obtain a license, they may not return to the area they grew up in. This has a devastating impact on the local economy. This would change if those students could apply their CTE credits toward those same licenses.

I would like to note that in 2019, Tennessee passed a similar bill with no objections.

We have submitted Proposed Amendment 3319 ([Exhibit G](#)). After talking to the stakeholders, we decided to remove the language regarding coordination with the DOE and NSHE to allow the respective regulatory governing bodies to adopt regulations through the normal process.

I think this is a great deal and a great amendment. My grandson in Idaho has not even graduated from high school yet, and he has a full emergency medical technician (EMT) certification right now as a flight EMT medic. He is going to finish high school, but he has been offered a full scholarship to be a doctor.

ELLIOT MALIN (President, EM Inc.):

I have a written presentation ([Exhibit H](#)) that explains the purpose and working of A.B. 330.

CHAIR SPEARMAN:

Senate Bill 110 creates a task force collaborating to look at emerging technologies and innovations. Have you all looked at that legislation? Is there anything you might be able to glean from it that would help in terms of preparing the curriculum for those who are in high school?

SENATE BILL 110 (1st Reprint): Revises provisions relating to businesses engaged in the development of emerging technologies. (BDR 18-447)

MR. MALIN:

I have not yet looked at S.B. 110, but I am happy to do so. It sounds like something I would be passionate about.

It should be noted that A.B. 330 does not necessarily require the implementation of a specific curriculum. If these standards are uniform with the regulatory agency, the agency recognizes those standards as being applicable to the licensure. They count toward time served, as it were, for education requirements.

DYLAN KEITH (Vegas Chamber):

We are in support of A.B. 330. As we all know, the Nevada economy increasingly requires workers who are highly skilled in multiple facets of their occupations, especially as we work to diversify our industries and economy. We believe this legislation works to ensure workers are recognized for their efforts to increase their skills, and we agree with the purpose of this bill to ensure any credits toward another related certification are also given. We appreciate the ability for workers to appeal for equivalent credits, ensuring those who have already completed courses receive all credits due, and for all boards and commissions to work in coordination with the DOE to ensure consistency with these certificates.

ASSEMBLYMAN ELLISON:

This is a good bill. It is for students. We need the workforce development out there, and these kids are smart and moving forward with their careers.

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CHAIR SPEARMAN:

I will close the hearing on A.B. 330. Is there any public comment? Hearing none, we are adjourned at 11:34 a.m.

RESPECTFULLY SUBMITTED:

Lynn Hendricks,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Begins on Page	Witness / Entity	Description
	A	1		Agenda
A.B. 200	B	1	Alisa Nave-Worth / Nevada State Board of Veterinary Medical Examiners	Conceptual Amendment
A.B. 200	C	1	Jon Pennell	Support Letter
A.B. 200	D	1	Jennifer Vittori	Support Letter
A.B. 200	E	1	John Ocegueda / Dutch Pet	Proposed Amendment
A.B. 200	F	1	Jennifer Pedigo / Board of Veterinary Medical Examiners	Letter
A.B. 330	G	1	Assemblyman John Ellison	Proposed Amendment No. 3319
A.B. 330	H	1	Elliot Malin	Support Testimony