

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

**Eighty-first Session  
March 8, 2021**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 8:00 a.m. on Monday, March 8, 2021, Online. [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

**STAFF MEMBERS PRESENT:**

Cesar Melgarejo, Policy Analyst  
Lynn Hendricks, Committee Secretary

**OTHERS PRESENT:**

Valerie Cauhape Haskin, Behavioral Health Coordinator, Rural Regional  
Behavioral Health Policy Board  
Vikki Erickson, President, Board of Examiners for Social Workers  
Sarah Adler, Vitality Unlimited; New Frontier Treatment Center  
Steven Cohen  
Ryan Briggs  
Dallin Hilton  
Weldon Havins, M.D.  
Susan Fisher, State Board of Osteopathic Medicine

CHAIR SPEARMAN:

I will open the work session on Senate Bill (S.B.) 103.

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**SENATE BILL 103**: Prohibits property insurers from discriminating based on the breed of dog at a property. (BDR 57-826)

CESAR MELGAREJO (Policy Analyst):

I have a work session document ([Exhibit B](#)) summarizing the bill. No amendments were submitted.

SENATOR PICKARD:

I spoke to the presenters of the bill at the hearing on February 24, and they sent me the study upon which they relied, suggesting that there is no connection between dog breed and attacks that resulted in fatalities. It turns out the study was actually whether you could predict a dog bite based on the breed. All dogs bite. The question is what kind of damage each breed inflicts when they attack. The support for the bill was not on point.

This is something that should be controlled by the marketplace. With rare exceptions, there appear to be plenty of options for people to choose between insurance companies. In fact, most of the major insurance companies do not even look at the dog breed when they write policies. They wait until the dog has actually attacked someone before they take action.

I will be voting no on this bill.

SENATOR HARDY:

Looking through the medical literature, I find that some dog breeds are associated with more fatalities than others. It is not so much which dogs bite and which do not as which dog bites result in fatalities, and the fatalities are more predominant in some breeds than in others.

I appreciate the bill's sponsor and others reaching out to me, but I will be voting no.

SENATOR SCHEIBLE:

In my opinion, the literature is on point for the question this bill asks, which is whether you can predict the likelihood of any particular animal causing any particular kind of harm, and whether there is a way to measure that risk against the associated costs. The answer is no. Between the chances of any particular dog engaging in violent behavior and causing any kind of damage and the type

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of damage that may or may not be caused, the link just cannot be made between any particular breed and any particular insurance claim.

I am confident in the science behind the bill, but I understand that some of my colleagues have concerns that can or cannot be assuaged. I would be happy to meet with them and provide more information.

SENATOR NEAL:

I will vote yes on this bill, but I reserve my right to change my vote on the Senate Floor.

SENATOR SCHEIBLE MOVED TO DO PASS S.B. 103.

SENATOR NEAL SECONDED THE MOTION.

THE MOTION PASSED. (SENATORS HARDY, PICKARD AND SETTELMAYER VOTED NO.)

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CHAIR SPEARMAN:

I will open the hearing on S.B. 44.

**SENATE BILL 44**: Revises provisions governing behavioral health professionals.  
(BDR 54-428)

VALERIE CAUHAPE HASKIN (Behavioral Health Coordinator, Rural Regional Behavioral Health Policy Board):

I have a presentation ([Exhibit C](#)) giving background and explaining the need for S.B. 44.

As we introduce this bill to you today, we would like to provide some background information about the need for behavioral health providers Statewide, as well as the process that was undertaken to develop S.B. 44. We will discuss the current concepts included in the language, but we will also walk through proposed amendments we are working on with Legislative Counsel Bureau (LCB) staff to ensure the bill achieves its intended goals.

Since the focus of S.B. 44 is on behavioral health, we should clarify that for the purpose of S.B. 44, we are using the term "behavioral health" to include mental illness and substance misuse both separately and concurrently.

As you have likely heard in previous hearings, Nevada faces a chronic shortage of nearly all types of healthcare providers. Unfortunately, this is also true for behavioral health providers, and the current volume of providers available is not enough to meet the needs of Nevada residents. The Rural Regional Behavioral Health Policy Board has found that when experienced behavioral health providers move to Nevada, the process of achieving licensure in Nevada, which is called licensure by endorsement and is based on their previous education and experience, can take months and, in some cases, years. This concern has also been voiced by local stakeholders,

Throughout 2020, the Board maintained contact with local stakeholders, who have indicated that the need for behavioral health providers has escalated during the Covid-19 pandemic. While telehealth and other means of connecting consumers to providers has improved access to existing providers, there are still simply not enough providers in Nevada to meet the current need. Also, as some community members may be experiencing behavioral health challenges for the first time, rather than falling out of stabilization from existing illness, it is likely that the need for an increase of providers may last well after the pandemic is, so to speak, over.

The map on page 4 of [Exhibit C](#) shows areas within the State that have been designated by the U.S. Health Resources and Services Administration as shortage areas for mental health providers specifically. There are several factors that determine the score categorized by the colors on the map. These factors include the number of provider facilities, volume of persons needing care and other factors that affect access to timely and appropriate mental health care. The higher the score, the greater the shortage problem. As you can see, nearly all of the State has been categorized as the deepest need, regardless of whether the area is urban or rural.

As we move on, I will explore what this looks like for four categories of behavioral health providers, each of which are overseen by licensing boards affected by S.B. 44.

The data in the graph on page 5 of [Exhibit C](#) represents four different types of providers together as a whole: alcohol and drug counselors, licensed clinical alcohol and drug counselors, certified problem gambling counselors and licensed alcohol and drug counselors. The data is presented as the number of providers per 100,000 persons in the population, since that is the easiest way to compare the adequacy of the pool of providers across counties of different sizes. As you can see, while most of our rural and frontier counties have low numbers of providers, so does Clark County.

It should be noted that the counties with the smallest populations have the greatest variety of providers when using the number per 100,000 population. For example, this results in Esmeralda County being listed as having 100 providers per 100,000 population, though in fact that pool of providers is literally one person. If that person decided to move or retire, that number would be zero. This also applies to the graphs on pages 6, 7 and 8.

The graph on page 6 of [Exhibit C](#) shows the number of marriage and family therapists (MFT) in blue and clinical professional counselors (CPC) in orange. Again, we see many counties without adequate coverage and some with no providers at all.

These deficits are further exacerbated when we look at the graph on page 7 of [Exhibit C](#), which shows the number of psychologists available. Please note that the scale on the y-axis is much different than the two previous graphs. While Carson City and Washoe County appear to have comparatively good access to psychologists, those higher numbers are the same as the lower numbers in previous graphs. We just have a much greater deficit of psychologists available in this State.

The number of licensed clinical social workers (LCSW) are shown on page 8 of [Exhibit C](#). Though this number is somewhat better than other types of providers in Nevada, the disparities continue.

As a means to fill gaps in all forms of health care during the pandemic, Governor's Directive 011 allows licensed medical and behavioral health providers from out of state to skip the majority of licensing processes in order to begin serving Nevadans. With this directive, the processes undertaken by the behavioral health licensing boards to get these professionals Nevada licensure

by endorsement has gone from sometimes months to a matter of a few days, proving that it can be done.

I reached out to the four behavioral health licensing boards in January and asked them how many consumer complaints they had received against providers licensed under them since April 1, 2020, and of those, how many providers were practicing here under the Governor's Directive 011. While only three of the four boards responded, it was clear that while the licensing boards had received consumer complaints, possibly more than usual, none of them were regarding providers practicing under the emergency directive. In other words, many of the quality controls for licensure by endorsement which had been put in place by the licensing boards had been removed, but the fears of poor quality of care appear not to have materialized.

As 2020 marched on and the time arose for the Board to consider a possible bill draft request (BDR) for this Legislative Session, it was decided to address the behavioral health licensing boards by streamlining processes for licensure by endorsement. In other words, what could we do to keep the improved effects of Directive 011 in place long term?

Just as we have defined what we mean by "behavioral health" in this presentation, we also needed to define what licensing boards would be affected by the bill. The licensing boards affected by S.B. 44 are: the Board of Psychological Examiners; the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors; the Board of Examiners for Social Workers (BESW); and the Board of Examiners for Alcohol, Drug and Gambling Counselors.

Over the course of the past two years, I have met continuously with local, regional and state-level stakeholders to identify their challenges regarding behavioral health. Provider shortages kept coming up as one of the main challenges in building out more robust behavioral health programming. As 2020 began, I had more targeted conversations with stakeholders regarding what the Board could focus on this Legislative Session to improve the behavioral health system. Requests to address the behavioral health licensing boards, particularly regarding licensure by endorsement, floated to the top as primary concerns that could be affected by the *Nevada Revised Statutes* (NRS).

From there, I worked with the Board to communicate the issues stakeholders were experiencing and the policy changes they were asking for. As you are aware, the regional policy boards are also composed of a broad spectrum of providers and other stakeholders, and the members of our Board had also experienced challenges in getting experienced behavioral health providers from out of state licensed in Nevada. Thus, on July 21, 2020, the Board voted to focus its bill this Session on issues regarding behavioral health provider licensure.

I then launched a Statewide workgroup that included a broad variety of stakeholders to develop the concepts for the BDR. From there, my Board Chair and I developed and submitted these concepts and held further meetings with key stakeholders after the initial BDR language was released to gain further feedback, of which we received quite a bit.

At the last meeting of the Board on February 24, the current amendment concepts were approved. These were submitted to LCB staff last week, and we continue to work with them to ensure we are moving forward with the amendments.

When all was said and done, we had a list of nearly 45 stakeholders who were invited to these workgroup meetings, approximately 25 of 35 of whom participated. This list can be seen on page 14 of [Exhibit C](#). Stakeholders invited included the executive directors of each of the licensing boards that would be affected, as well as other members of their boards as requested. Others included representatives from peer advocacy organizations such as the National Alliance on Mental Illness (NAMI) Nevada, NAMI Western Nevada and the Foundation For Recovery; Nevada Medicaid; behavioral health provider organizations and some providers themselves; rural hospitals and healthcare organizations; the Office of Statewide Initiatives; chairs from the other regional policy boards; and many others. Each meeting was recorded and posted to YouTube so anyone who was not able to participate in the meeting would have the opportunity to review its contents.

I will now give you an overview of S.B. 44. As the bill stands without any amendments, it has three main concepts.

The first concept is the addition of the Licensed Master Social Worker (LMSW) licensure type to those offered by the BESW. Nevada is one of five states that

do not currently offer this type of licensure, which makes it difficult for the BESW to enter into interstate compacts for licensure reciprocity. Interstate compacts are a good way to streamline the licensing process. This bill does not directly affect reciprocity, and the BESW already has in statute that it can proceed with these compacts. This provision will pave the way for such compacts in the future.

Without an LMSW license, there is no differentiation between social workers who hold a bachelor's degree and those who hold a master's degree. The addition of the LMSW license provides an opportunity for social workers who have completed an approved advanced degree in social work to have a professional distinction. This also serves as an intermediate step between the bachelor's level certification, licensed social worker (LSW), and the more advanced designations required to work with behavioral health clients, such as the LCSW. This language was developed by the BESW and allows LSWs who hold a master's degree or higher to be smoothly transitioned over to the LMSW licensure type without any action on their part. They will be grandfathered in.

Second, the current language allows for a provisional license to be granted to new licensees and those seeking licensure by endorsement upon submission of their unofficial transcripts while the licensing boards wait for official transcripts from their institutions of higher education. Initial conversations lead us to believe that this was one of the holdups in the licensure process. However, we are requesting an amendment to this section to have greater impact.

Lastly, because specific mechanisms that were causing delays in the licensure by endorsement process could not be pinpointed in the larger workgroup meetings, the bill requests an interim study by the Legislative Committee on Health Care to evaluate the processes of the licensing boards and identify unnecessary barriers to licensure. The licensing boards would then be charged with removing those barriers or proving that they were necessary to protect provider quality. This concept also included the submission of the licensing boards' annual reports that are made to the Legislature to each of the regional behavioral health policy boards so all of us would be kept up to date in regard to what the current status of licensure is in our respective regions.

However, after the language of the bill was published and we had the opportunity to have further discussions with stakeholders, several issues with the current language were brought to our attention. The results of this interim



study would not have any affect on licensure processes until the next Legislative Session in 2023. Many voiced concerns that this would be too little too late, and more immediate change was needed.

Also, it came to light that lags in the submission of official transcripts to the licensing boards were only a major issue during the pandemic. A greater problem is the delay in getting results for fingerprints submitted for background checks.

Additionally, the opportunity for new graduates who want to complete their practice hours for licensure is affected across all rural and frontier counties by the number of supervisors who are available to take them on. I have tried to help connect some interns with supervisors, but this is a recurring issue that has been experienced by Board members, other partner organizations and many local residents. While this does not necessarily affect licensure by endorsement, it does affect the number of providers available to practice in rural communities, as interns often have to either move to more urban parts of the State or out of the State entirely to complete their work and become fully licensed. It was requested that we look into what we could do within this bill to address this problem.

Pages 18 through 23 of [Exhibit C](#) detail the amendments the Board is requesting to this bill.

The Board would like to remove the interim study on the efficiency of the licensing boards' processes because they will not make any immediate changes. Instead, the Board wishes to revise the language in NRS for all four of the licensing boards regarding licensure by endorsement, using the language from the State Board of Pharmacy as a template. This language was chosen because it is simple, it already exists within the NRS, and it regulates health professionals who have a great deal of responsibility to protect the health and welfare of consumers. Affecting licensure by endorsement with this bill also achieves the goal of creating immediate change, rather than waiting until next Session to affect licensure processes.

Next, the Board is proposing that the language regarding unofficial transcript submission be removed and replaced with language that provides for provisional licensure of providers pending the results of their fingerprinting background checks. This will expedite the licensing process. Furthermore, the proposed

language for licensure by endorsement already requires applicants to submit a signed affidavit stating they have not been convicted of malpractice and are not currently under investigation. In addition, at least one of the licensing boards affected does not currently have fingerprinting as a requirement, and this would codify fingerprint submission for all four boards.

At the beginning of each section of NRS regarding licensure for endorsement for each board, the language states that the licensing board "may" grant licensure by endorsement to applicants who qualify. The Board would like to strengthen that language by changing "may" to "shall." This makes licensure the default choice for qualified applicants.

Currently, at least three of the four licensing boards have explored remote supervision possibilities for interns. It is our understanding that the BESW has implemented this strategy on a part-time basis, the MFT/CPC Board has been implementing remote supervision full time since Covid-19 restrictions were put in place and the Board of Examiners for Alcohol, Drug and Gambling Counselors has also explored this option. However, at best, the provision of remote supervision options is only included in the *Nevada Administrative Code*, not the NRS. The Board would like to amend the bill to ensure that the licensing boards must provide remote supervision options for interns.

Finally, the Board would like to amend S.B. 44 to provide a lower application fee for members of the armed forces, veterans, their spouses and surviving spouses, as a way to honor those who have served our Country. We believe it is unlikely that the licensing boards will be severely affected by the volume of applications submitted by qualified persons under this provision.

With the proposed amendments, S.B. 44 will go from having three main components—the interim study, provisional licensure pending official transcripts and the addition of the LMSW licensure type—to four components—the revised licensure by endorsement processes, provisional licensure pending fingerprinting results, remote supervision options and the addition of the LMSW licensure type.

SENATOR NEAL:

Section 17 of the existing bill does not seem to be a change to the language. In the last Session we passed a bill, A.B. No. 319 of the 80th Session, that stated if a board is going to disqualify people for committing a crime, the board needs

to list the crimes that will disqualify them, and it must also have some way for people to petition if they are denied licenses. I do not see a provision in here that speaks to that.

MS. HASKIN:

I will talk to the Board's chair, Ferguson Laughridge, to make sure we tighten that up.

SENATOR PICKARD:

I love this bill. I like the idea of expanding our access to behavioral health, particularly during this pandemic. Even before the pandemic, we needed more providers.

I am concerned that we might be attacking the wrong side of the problem when it comes to official transcripts. During meetings of the Sunset Subcommittee of the Legislative Commission, we saw that sometimes schools go out of business. When a school closes, we lose the ability to get official transcripts. If we are going to require official transcripts only, we have just made it difficult for those whose institutions no longer exist. If they cannot produce an official transcript, we will be excluding them. If I understood your amendment correctly, it eliminates the ability to provide unofficial transcripts, but it keeps the requirement for official transcripts, which may not be available now. How do we resolve that?

MS. HASKIN:

That is an excellent question. We will talk to the Legal Division of the LCB and see how we can work on that language.

SENATOR PICKARD:

That is fine. I just want to avoid a problem. As we discussed with the medical board last Session, there may be an opportunity through the compact or some other mechanism to verify that applicants' transcripts were official at some point in their licensure. We do not want to stop them from coming to Nevada simply because their institution is no longer able to provide official transcripts.

Section 22 of the bill talks about the definition of unlawful practice of social work, and we have added some exceptions. My concern is that this appears to give a pass to people who are licensed in other states. If someone has a license in another state, that person can just come practice here. The expectation is

that those who do this will proceed to acquire a Nevada license. But under section 22, subsection 1, paragraph (b), subparagraph (2), I do not see anything that requires them to obtain a license in Nevada. We might want to make sure we give them a time frame or an exception for emergencies, something like that.

As we increase our use of telehealth, we could conceivably allow competent counselors from anywhere in the world to participate in an emergency. For the most part, though, I would imagine we could probably require them to obtain a license in Nevada. Is there any thought of that in the amendment, or am I missing something?

Ms. HASKIN:

No, we missed that. Thank you for bringing it up. That is definitely something we can work on with the BESW.

SENATOR HARDY:

We are waiting to see the written amendment. [Exhibit C](#) was impressive, and I appreciate the intent of the bill.

Have you looked at ways to get recently retired providers to return to the profession during this pandemic? With telehealth, it might be easier than it used to be. Have you considered ways to bring people back into behavioral health and take advantage of their expertise?

Ms. HASKIN:

That would be a great option to explore as an amendment. The Board is always open to looking at ways to increase the number of providers in Nevada. This would be a great time to find people living in the community who are able to provide these services but are not at the moment. We will look into that.

CHAIR SPEARMAN:

The Covid-19 pandemic taught us a different way to live, but we should also acknowledge that it taught us a different way to die, and family members who were left behind had to learn a different way to grieve. For adults, that change has been difficult; for children, it might be insurmountable.

I have heard people pushing to open the schools again, but we certainly cannot send students back to school with the same lame excuse, "We don't have the

money to provide social workers." You want to get them back in school? Then we need to get money for the social workers.

With S.B. 44, are you looking to recruit providers who might specialize in helping children? In some families, there have been multiple deaths. Children may have lost a grandparent, an uncle, a parent, a close friend. Have we looked at some way to make sure we are recruiting people with specialties to help our students when they get back to school?

Ms. HASKIN:

The way the amendments are currently proposed, the remote supervision piece would allow providers to have access to supervisors with specific types of experience, such as those who specialize in working with children. In that way, it does affect the providers who will be available. You make an excellent point about recruitment, and that is something we could look at as well.

CHAIR SPEARMAN:

That is a theme of mine as we get closer to the schools reopening. I am against it if we are not going to fund social workers or fund some type of program to help students deal with death and grieving.

You mentioned that only three of the four boards responded to the survey. Which board did not respond? Why did it not respond?

Ms. HASKIN:

I believe the Board of Examiners for Alcohol, Drug and Gambling Counselors did not respond. I do not know the reason.

CHAIR SPEARMAN:

This is something that irritates me. We have had the same situation where we have asked for information and not heard back. Please ask the Board of Examiners for Alcohol, Drug and Gambling Counselors to reconsider its decision not to respond, and let the Board know that there may be ramifications for not following instructions. Absent a note from God, I am not sure there is any reason why it would be unable to respond. When did your request go out?

Ms. HASKIN:

It was on January 25, a couple of days before the board meeting at which I presented the information.

CHAIR SPEARMAN:

That is more than enough time for a response.

One of the things that happens with reciprocity and compacts is they improve the ability for military spouses to make a seamless transition both into and out of Nevada. Have you looked at any particular ways to reach out to some of the military bases in Nevada? Spouses of active duty military, as well as the Nevada National Guard and reservists, might help augment services in those areas where we have deficiencies.

In addition, some seminaries train pastors in personal and family counseling. This training does not equate to an MFT, though it is offered as an endorsement in some seminaries. Have you looked at filling some of the vacancies with pastors who have been certified in personal and family counseling? When I was a pastor, there were certain things I could talk to people about, and when I reached a certain level, I would say, "Hey, this is beyond my scope, and here are some names you could follow up with."

I would also like to know what we are doing to make sure that outreach to Black, Indigenous and People of Color (BIPOC) communities is culturally effective. Many times, members of BIPOC communities will not engage with providers unless they feel those providers have an understanding of their lived experience. If they do not, it does not matter if you put ten counselors there, they are not going. At one time, we put out five or six counselors and waited for people in need to call them. That is not going to work in a Black or Brown community. I am not calling someone when I cannot see the person's face and know whether the person can understand me or is just laughing at me.

We are making this transition, and I want to make sure we are being sensitive to the fact that we have failed miserably when it comes to cultural competency in several areas of the healthcare industry. So what are we doing in this area?

MS. HASKIN:

With regard to reaching out to the seminaries, a lot of things are happening at the local level, where more focus is being put on how to connect with religious communities and their leaders. This is something that has worked out well in several communities, both during the pandemic and in behavioral health in general. We are talking about 12-step programs and beyond. The Governor's Challenge to Prevent Veteran Suicide has also considered how we can work

with church groups to better connect with service members, veterans and family members across the State. I have not heard of any changes to statute that are needed, but if there are some, we would be happy to explore that. It is a matter of trying to get buy-in from those religious leaders within our region. I am a regional coordinator for the rural region, so I cannot speak to the efforts that are going on Statewide or in other communities.

With regard to BIPOC communities, there are definitely opportunities for improvement.

CHAIR SPEARMAN:

We talked about telehealth as a part of this. I would encourage you to ask members of the boards to look for people who have the cultural competency to be effective in BIPOC communities.

Another concern is the prevalence of suicide among students. We know what is happening in the urban communities. Do we have a sense of the pervasiveness of suicide among those 18 years old and under in the rural communities?

Ms. HASKIN:

I have heard a lot of concern about this in the communities I serve. Unfortunately, during this pandemic, a lot of the healthcare organizations that collect that sort of data have shifted their data collection and reporting to Covid-19. This means the only information we have is anecdotal evidence rather than data.

With that in mind, many of the communities I serve are seeing apparent increases in the number of youths coming into hospitals with suicide attempts, suicidal ideation or other forms of crisis. The one community that has not seen this is Pershing County. They credit the school district's robust prevention programs, which have changed school culture to provide opportunities for people to learn how to talk about mental illness, depression, anxiety and grief. Students can not only reach out for help, they can also reach out to their friends and help them. When we are talking about youth, Pershing County is a success story.

For the other counties in my region, it has been more difficult. A lot of this has to do with misunderstanding of the causes of youth suicide and substance use.

It is difficult for a lot of adults to imagine experiencing these things. It is always easier to think these things are happening to someone else's kids.

I have been working with the Department of Education and other stakeholders to see how we can help our school districts make robust changes to their programming. Unfortunately, everyone is so busy dealing with Covid-19 that they do not have the staffing or other resources available for behavioral health, particularly where there are not enough providers or enough staff in general. That is not necessarily an excuse, but that is what is going on.

CHAIR SPEARMAN:

That answers my question, and it also affirms what I thought was happening. We need to remind those in rural and frontier communities that ignoring a problem does not make it go away. You may remember S.B. No. 204 of the 80th Session that required educators and others to receive training to recognize depression and suicidal ideation and to make sure students could get information on this topic without their friends knowing they were getting it. It was in 2015, I believe, that we passed a bill requiring people being trained in counseling and social work to get this type of training. Statistics showed that people who had completed suicide had seen a medical professional within the last 30 days.

This is one of those times when we have to be able to walk, chew bubble gum and clap our hands at the same time. We have to get better at caring for people at both ends of the life spectrum, both the young and the seasoned. Miss me on the excuse, "I don't have time." Miss me on the excuse, "We don't have enough people." This is something we have to do, so we had better figure this out.

I am not fussing at you, Ms. Haskin. This is something that irritates me, especially during this pandemic, because we are continuing the same lame excuses we were using before the pandemic started. Yes, it is a medical condition, but the people who are experiencing it are experiencing it from a medical, psychological, behavioral and spiritual aspect. Unless we do this comprehensively, we are going to continue to lose students, especially if everybody is yelling, "Get them back in school! Get them back in school!" Right, but first make sure we have some type of counseling apparatus in place so those who are going back to school can handle what they have been dealing



with. Just because they are sitting at a desk does not mean the feelings go away. So all that other stuff, miss me on that, okay?

I am sorry. I am not sorry for saying what I am saying, but I do not want you to think it is against you.

VIKKI ERICKSON (President, Board of Examiners for Social Workers):

We are in support of S.B. 44. I have a letter ([Exhibit D](#)) explaining our support for the bill and outlining what it will do for the social work community.

The intended goal of the section about social workers is to meet the dire need for social workers in Nevada while maintaining the integrity of the practice. We believe S.B. 44 will give LSWs access to the Nevada market with the opportunity to have their licenses recognized in other states at the appropriate licensure level. This is also done with no cost to the social worker, which makes it very attractive.

We urge your support for S.B. 44. It is a win-win for social workers.

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

Both Vitality Unlimited and the New Frontier Treatment Center are residential substance abuse treatment centers and certified community behavioral health clinics. Both are in support of S.B. 44.

Vitality Unlimited and New Frontier are backbone providers of these services to rural Nevada. They face extreme challenges in accessing interns and licensed providers in mental health and addiction treatment. The changes to statute proposed in the amendment to S.B. 44 will be of great assistance, both the requirement that the boards allow for remote supervision of interns and the allowance for provisional licenses while final background checks are processed.

My clients also support the new social work licensure.

We have been working with the Board of Examiners for Alcohol, Drug and Gambling Counselors on remote supervision, which we appreciate.

To speak to the issues raised by Chair Spearman, I am hopeful that allowing remote supervision will enable White interns in rural areas to get guidance from

urban counselors who are members of the BIPOC community, thus increasing the cultural competence of the interns in delivering services.

STEVEN COHEN:

For all the reasons outlined by previous speakers, I am in support of this bill.

CHAIR SPEARMAN:

Ms. Haskin, please take our comments and questions back to the Board. We want to make sure members hear what we are saying, not just with our words but with our hearts. The children are crying out, and we have to get it together and figure out how we are going to help them. Going back to school without the proper behavioral, mental and psychological help will not cure the problem.

MS. HASKIN:

I will be sure to communicate everything that happened today to the Board.

CHAIR SPEARMAN:

I will close the hearing on S.B. 44 and open the hearing on S.B. 90.

**SENATE BILL 90**: Revises provisions relating to the regulation of providers of health care. (BDR 54-188)

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

Complaints about doctors can be very serious, but sometimes they are not. Some complaints are shown to not be worthy of taking any adverse action against the physician. It is not unusual for professional boards to dismiss complaints because they are found to be without merit.

When a physician is investigated because of a complaint, even if the complaint is eventually shown to be without merit, the physician will have to admit to having been investigated. This goes on the National Practitioner Data Bank as a negative admission even if the complaint was dismissed by the medical board. Every time that physician fills out a license application or credentialing form for an insurance network, the result of that investigation must be justified and verified. That slows down the process of allowing them to treat patients. We need more good physicians providing quality care for Nevada citizens.

In A.B. No. 474 of the 79th Session, we established a different way to approach complaints about the use of controlled substances when we used the

words "review and evaluate" to describe those situations. Senate Bill 90 looks to use that same process for all other complaints. If the review and evaluation shows a problem does exist, the case officially goes on to an investigation. This bill would not do away with the process to determine if there has been wrongdoing or malpractice.

In A.B. No. 434 of the 80th Session, we also put into statute that a traffic violation is not considered a misdemeanor for purposes of reporting for educational applications. A student may be able to apply for progressive educational positions without being marred by an inconsequential traffic violation defined as a misdemeanor. This is the same principle.

Changing to the "review and evaluation" model would hopefully shorten the time it takes to resolve complaints by concentrating on those complaints that are serious. Justice delayed is justice denied for those who are eventually cleared of wrongdoing.

Two medical students I have worked with at Touro University Nevada worked on a study that would help the safety climate for medical practice while assuring the quality of care. This study, titled "The 'Strawman' in the Process of Review and Evaluation of Controlled Substance Complaints," is submitted for your review ([Exhibit E](#)). The last sentence of their conclusion states, "All references to an 'investigation' should be removed from the governing statutes and replaced with 'review and evaluation' until a formal complaint is filed by the Board."

RYAN BRIGGS:

I am a second-year medical student at Touro University Nevada. I conducted research related to this topic last summer, and you can see the results in [Exhibit E](#). I am a Nevadan, and I hope to match into a Nevada residency and eventually practice in southern Nevada. I have two daughters who will be entering the Clark County education system. The oldest has expressed a desire to be a doctor as well.

As a future practicing physician in Nevada, I am in support of S.B. 90. I am concerned that if anyone files a complaint against me with the State Board of Osteopathic Medicine, I will be stigmatized with an investigation even if the Board closes the complaint with no action. We found that the majority of complaints are closed without action. This means physicians must answer in the

affirmative when potential employers or hospitals ask if they have been investigated, even though no wrongdoing was discovered. This could affect physician retention in an area where there is already a physician shortage.

There is precedent for S.B. 90. In 2017, A.B. No. 474 of the 79th Session created a review and evaluation of complaints relating to prescription of controlled substances. Under that law, a physician does not have to claim an investigation was opened if the executive director of the healthcare governing board determines a licensee has not issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance. Senate Bill 90 will standardize this practice so all complaints are treated equally under the law.

In our research, we also found that most Nevada boards treat controlled substance prescription complaints the same as all other complaints. Some boards do not make a distinction between the two types of complaints.

DALLIN HILTON:

I am a Nevadan and a second-year medical student at Touro University Nevada. I intend to do my residency here in Nevada after medical school, and I also intend to practice here.

My concern is that if anyone contacts the board with a complaint, we have the stigma of being investigated from then on for the entirety of our careers regardless of whether the complaint was meritorious. The "review and evaluation" process already exists in the law for controlled substance complaints. Those are not considered investigations, so if the complaint is without merit, it is not carried forever by the physician. The physician does not carry the associated stigma of having been investigated for the rest of his or her career.

The boards will still look into complaints as they do now. This is just a change in the wording to benefit physicians and prevent unintentional or unmerited stigma.

Thank you for allowing me to advocate for S.B. 90, which I believe will benefit physicians and future physicians throughout Nevada.

WELDON HAVINS, M.D.:

I am a Nevada physician and a Nevada attorney. I have been licensed to practice medicine in Nevada since 1974 and passed the bar in 1998. I am a professor emeritus of medical jurisprudence at Touro University Nevada, past president of the Nevada State Medical Association, former executive director of the State Board of Osteopathic Medicine, a current member of the Board of Medical Examiners and I am on the Governor's Board of Economic Development. I am speaking as a private citizen today.

I have little to add to what the students said. We have had "review and evaluation" in the law since 2017. This bill would just generalize using this term instead of "investigation" until a complaint moves forward as a formal complaint.

I am in favor of S.B. 90. We should support our students. They are the future. These are the folks who will be taking care of us.

SUSAN FISHER (State Board of Osteopathic Medicine):

The Board supports S.B. 90. Our current practice is that if we receive a complaint, we investigate it. If there is no finding of wrongdoing, all records relative to that investigation are deemed confidential and are not released unless there is a court order requiring release of the records. It would be prudent for other boards to have similar practices. This bill will create that protection for potential licensees.

MR. COHEN:

For the reasons outlined by previous speakers, I am in support of this bill. As we navigate these unusual times, we need to make it as easy as possible for healthcare providers to serve Nevada, not more difficult.

SENATOR HARDY:

I appreciate the intention we all have to give Nevadans more providers, more quality care and more access to care. This bill is just one small way to ensure that the providers who are coming to Nevada or who are already here will have some comfort level in coming here, staying here and caring for our children, our veterans, our parents and ourselves. I am thrilled that we have the opportunity to be inclusive and welcoming.

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CHAIR SPEARMAN:

I will close the hearing on S.B. 90. Is there any public comment? Hearing none, we are adjourned at 9:26 a.m.

RESPECTFULLY SUBMITTED:

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Lynn Hendricks,  
Committee Secretary

APPROVED BY:

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Senator Pat Spearman, Chair

DATE: \_\_\_\_\_

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Begins on Page</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
S.B. 103	B	1	Cesar Melgarejo	Work Session Document
S.B. 44	C	4	Valerie Cauhape Haskin / Rural Regional Behavioral Health Policy Board	Presentation
S.B. 44	D	1	Vikki Erickson / Board of Examiners for Social Workers	Support Letter and Information
S.B. 90	E	1	Senator Joseph P. Hardy / Touro University Nevada	"The 'Strawman' in the Process of Review and Evaluation of Controlled Substance Complaints" Exhibit by Ryan Briggs and Dallin Hilton