

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-first Session
April 6, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:34 p.m. on Tuesday, April 6, 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 Julia Ratti, Chair
Senator Pat Spearman, Vice Chair
Senator Dallas Harris
Senator Joseph P. Hardy
Senator Ben Kieckhefer

GUEST LEGISLATORS PRESENT:

Senator Fabian Donate, Senatorial District No. 10
Senator Melanie Scheible, Senatorial District No. 9

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Eric Robbins, Counsel
Diane Rea, Committee Secretary

OTHERS PRESENT:

Tom Clark, Nevada Association of Health Plans
Erik Jimenez, Senior Deputy Treasurer, Office of the State Treasurer
Trevor Douglass, DC, MPH, Director, Policy and Programs/Oregon Prescription Drug Program, Oregon Health Authority
Beth Slamowitz, Pharm.D., Senior Policy Advisor on Pharmacy, Department of Health and Human Services
Bonnie MacQuarrie
Maya Holmes, Culinary Health Fund
Stacie Sasso, Executive Director, Health Services Coalition
Nancy Clarke

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Maxmillian Lowe
Amy Koo, One APIA Nevada
Rabbi Benjamin Zober
Barry Gold, AARP Nevada
Amber Falgout, Manager, Northern Nevada Battle Born Progress
Stephanie Woodard, Psy.D., Medical Epidemiologist, Senior Advisor on
Behavioral Health, Division of Public and Behavioral Health, Department of
Health and Human Services
Randi Lampert
Jane Horvath, Horvath Health Policy
Asher Lise, Pharmaceutical Research and Manufacturers of America
Talia Pellegrino, Access to Healthcare Network
Katie Robbins, Planned Parenthood Votes Nevada
Marlene Lockard, Nevada Women's Lobby
Caroline Mello Roberson, NARAL Pro-Choice America
Serena Evans, Nevada Coalition to End Domestic and Sexual Violence
Yitzel Herrera
Philip Malinas
Bill Head, Pharmaceutical Care Management Association
Leah Lindahl, Healthcare Distribution Alliance

CHAIR RATTI:
We will start the meeting with Senate Bill (S.B.) 5.

SENATE BILL 5: Makes changes relating to telehealth. (BDR 40-416)

MEGAN COMLOSSY (Policy Analyst):
I will read from the work session document ([Exhibit B](#)) on S.B. 5. Included is a Department of Health and Human Services (DHHS) proposed amendment and a conceptual amendment from Senator Ratti.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 5.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 5 and open the work session on S.B. 40.

SENATE BILL 40: Provides for the collection of certain data relating to health care. (BDR 40-415)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit C](#)) on S.B. 40. Senator Ratti submitted a conceptual amendment.

SENATOR KIECKHEFER:

Amendments were submitted from Pharmaceutical Research and Manufacturers of America (PhRMA), Carfax, Nevada Association of Health Plans, Nevada Hospital Association, Nevada State Medical Association and Pharmaceutical Care Management Association. Did you consolidate those?

CHAIR RATTI:

Yes. It makes it more understandable to the members and the public if amendments are consolidated into one amendment.

TOM CLARK (Nevada Association of Health Plans):

The system in place under this amendment will do what the Patient Protection Commission (PPC) intended.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 40.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

Section 11, subsection 1 adds confidentiality protections to the reports asked for by the PPC. Legislative Counsel Bureau interprets confidential by law to include all things legally binding such as regulations and contracts, not just things expressly stated in Nevada law. Is that correct?

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ERIC ROBBINS (Counsel):

Yes, it would be any legal instrument whether statute, contract or common law. Any legally binding instrument or requirement would apply.

CHAIR RATTI:

I will close the work session on S.B. 40 and open the work session on S.B. 61.

SENATE BILL 61: Revises provisions governing the program for the operation of vending facilities by licensees who are blind. (BDR 38-320)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit D](#)) on S.B. 61. The Department of Employment, Training and Rehabilitation submitted an amendment.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 61.

SENATOR HARRIS SECONDED THE MOTION.

SENATOR KIECKHEFER:

The ability to cancel existing contracts between a State agency and a private vendor until after June 30 is not good, so I voted no.

THE MOTION CARRIED. (SENATOR KIECKHEFER VOTED NO.)

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CHAIR RATTI:

I will close the work session on S.B. 61 and open the work session on S.B. 96.

SENATE BILL 96: Makes various changes relating to services provided to persons with autism spectrum disorders. (BDR S-89)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit E](#)) on S.B. 96. Senator James Ohrenschall and Assemblywoman Teresa Benitez-Thompson proposed a conceptual amendment.

CHAIR RATTI:

I would note there was an audit done on the autism program, and Assemblywoman Benitez-Thompson presented on the audit. This is the policy committee, so we will take a vote on whether this would be good policy. The intent is to get this to the Senate Finance Committee for a more in-depth conversation between the sponsors and the Division of Health Care Financing and Policy about the financial calculations, as addressed in the January audit.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 96.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 96 and open the work session on S.B. 158.

SENATE BILL 158: Revises requirements to receive assistance from the Kinship Guardianship Assistance Program. (BDR 38-504)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit F](#)) on S.B. 158. Senator Ohrenschall proposed an amendment.

SENATOR HARRIS MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 158.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 158 and open the work session on S.B. 175.

SENATE BILL 175: Enacts provisions relating to lupus. (BDR 40-8)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit G](#)) on S.B. 175.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 175.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 175 and open the work session on S.B. 188.

SENATE BILL 188: Establishes programs for certain persons of low-income and persons in foster care. (BDR 38-711)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit H](#)) on S.B. 188. Senator Spearman and the State Treasurer's Office proposed an amendment.

SENATOR KIECKHEFER:

Are the operations of the Statewide Council on Financial Independence something the Treasurer's Office can absorb, or are they funded out of a different source?

ERIK JIMENEZ (Senior Deputy Treasurer, Office of the State Treasurer):

The intent is to absorb the duties of the Council on Financial Independence. This bill requires us to fundraise for these types of programs. It authorizes the funds for the deputy, but we will not need to come to the Legislature to get funds for these programs until the position is filled. Those programs and positions are

administered and funded out of program fees and assets. Without this we would use existing resources.

SENATOR SPEARMAN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 188.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 188 and open the work session on S.B. 205.

SENATE BILL 205: Provides regulatory exemptions for certain types of residential and commercial boilers. (BDR 40-839)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit I](#)) on S.B. 205. Warren Hardy representing Rinnai America Corporation submitted a proposed amendment.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 205.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 205 and open the work session on S.B. 211.

SENATE BILL 211: Establishes requirements relating to testing for sexually transmitted diseases. (BDR 40-563)

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Ms. COMLOSSY:

I will read from the work session document ([Exhibit J](#)) on S.B. 211. Senator Dallas Harris submitted a proposed amendment.

SENATOR KIECKHEFER:

I want to verify the amendment clarifies this is a conversation between the patient and doctor.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 211.

SENATOR HARDY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 211 and open the work session on S.B. 251.

SENATE BILL 251: Revises provisions relating to genetic counseling and testing.
(BDR 40-478)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit K](#)) on S.B. 251. Senator Heidi Seevers Gansert submitted a proposed amendment.

SENATOR SPEARMAN MOVED TO AMEND AND DO PASS AS AMENDED S.B. 251.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 251 and open the work session on S.B. 305.

SENATE BILL 305: Makes various changes relating to access to organ transplants for persons with disabilities. (BDR 40-40)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit L](#)) on S.B. 305, including an amendment from DHHS.

SENATOR HARDY MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 305.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 305 and open the work session on S.B. 379.

SENATE BILL 379: Provides for the collection of certain data concerning providers of health care. (BDR 40-457)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit M](#)) on S.B. 379, including an amendment from Nevada Board of Medical Examiners.

SENATOR KIECKHEFER:

There was an amendment from the State Board of Osteopathic Medicine (SBOM). Has that been incorporated?

SENATOR HARDY:

The State Board of Osteopathic Medicine has an amendment different from what is in our packet.

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CHAIR RATTI:

Senate Bill 379 has multiple amendments proposed from different parties and Senator Hardy received an agreement from all of them to go with one of the amendments.

SENATOR KIECKHEFER:

Were the amendments from the Chiropractic Physicians' Board of Nevada submitted by Dan Musgrove and SBOM submitted by Susan Fisher coordinated into one?

SENATOR HARDY:

Yes, everybody who had any input agreed.

Ms. COMLOSSY:

The amendment in the packet from the Board of Medical Examiners was agreed to by the various boards.

SENATOR KIECKHEFER MOVED TO AMEND AND DO PASS AS AMENDED S.B. 379.

SENATOR SPEARMAN SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on S.B. 379. We are going to hear S.B. 391 on Thursday.

SENATE BILL 391: Revises provisions relating to dentistry. (BDR 40-455)

CHAIR RATTI:

We will open the work session on Assembly Bill (A.B.) 62.

ASSEMBLY BILL 62: Revises provisions relating to the Nevada ABLE Savings Program. (BDR 38-397)

Ms. COMLOSSY:

I will read from the work session document ([Exhibit N](#)) on A.B. 62.

SENATOR HARDY MOVED TO DO PASS A.B. 62.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR RATTI:

I will close the work session on A.B. 62. We will open the hearing on S.B. 396.

SENATE BILL 396: Revises provisions relating to the purchasing of prescription drugs. (BDR 38-443)

SENATOR FABIAN DONATE (Senatorial District No. 10):

I will read my presentation for S.B. 396 ([Exhibit O](#)).

TREVOR DOUGLASS, D.C., M.P.H. (Director, Policy and Programs/Oregon Prescription Drug Program, Oregon Health Authority):

I will provide background on the Northwest Prescription Drug Consortium ([Exhibit P](#)), where the consortium came from and what our experience has been in Oregon and Washington. The most important thing is the annual market check on the rates, fees and guarantees. We are transparent. It is our goal to get the lowest-cost prescriptions for our program and participants.

Spread elimination is a critical element in cost management. Spread occurs when pharmacy benefit management can hold a contract with a pharmacy by establishing a rate of payment for drugs and holds a second contract with insurers for a rate paid for those medications.

The consortium is designed to meet the needs of the public sector. We serve some private entities but have multiple programs which can offer solutions to anyone.

BETH SLAMOWITZ, Pharm.D. (Senior Policy Advisor on Pharmacy, Nevada Department of Health and Human Services):

I will read from my written remarks ([Exhibit Q](#)). This bill authorizes nonprofits and for-profit private entities to join interstate and intrastate purchasing coalitions.

SENATOR DONATE:

There is a conceptual amendment ([Exhibit R](#)) to the bill.

Our Public Employees' Benefits Program can enter into an agreement if it chooses. This bill goes beyond Medicaid, Public Employees' or current State or local government entities.

CHAIR RATTI:

This bill came from the Committee to Conduct an Interim Study Concerning the Costs of Prescription Drugs. The amendment essentially says please disregard the bill. Our intent is to add the groups referenced in the amendment.

SENATOR KIECKHEFER:

Is there a point at which the number of lives makes the program feasible? What is the point for tipping the economies of scale?

DR. DOUGLASS:

We started small and grew to afford and avail ourselves of discounts. We have built considerations into contracting for economies of scale. As we grow, administrative fees will be reduced. At certain group sizes, there will be more aggressive pricing and our position will improve.

SENATOR KIECKHEFER:

To summarize, as you grow, are you finding the value and savings, forcing all rebates to come to the consumer? Rebates are not being captured by the middleman and not benefiting the user of those medications. Is that a big area where you are finding savings?

DR. DOUGLASS:

It is a considerable one. Are you suggesting the rebates go back to consumers?

SENATOR KIECKHEFER:

No, not directly to the consumer, but its value goes into administering the plan.

DR. DOUGLASS:

That is correct. The rebate revenue will be passed through to the insurer.

SENATOR KIECKHEFER:

Is the product data management (PDM) a fixed administrative rate?

DR. DOUGLASS:

That is correct.

SENATOR KIECKHEFER:

What other categories are you able to find savings for the \$169 million you identified? Is it efficient purchasing power?

DR. DOUGLASS:

Other areas of capturing savings are on the administrative fee side. As we grow, we are able to reduce those per claim on a per-member per-month basis, depending on what the plan chooses. We consistently require our PDM to negotiate market rates. Our discounts are competitive in the marketplace.

Our group price online (GPO) savings allow state entities that purchase and take possession of medications to benefit from the GPO relationship and lower costs. The individual prescription discount card benefit can save on prescriptions.

SENATOR HARDY:

Is the amendment to delete the existing provision of S.B. 396 and authorize nonprofit and for-profit private entities to join interstate and intrastate coalitions for prescription drugs?

CHAIR RATTI:

We can do that for governmental agencies but not agencies listed in the amendment.

SENATOR KIECKHEFER:

Under the proposed amendment, would the nonprofits and for-profits have to be in partnership with a Nevada State agency to join an out-of-state coalition, or could they do that independently?

DR. SLAMOWITZ:

They could join independently. The intent is to allow groups to cross state lines and coordinate.

SENATOR HARDY:

What is to prevent a private entity from crossing state lines?

MR. ROBBINS:

A private entity can enter into an agreement with another private entity across state lines. This bill would allow those agreements across state lines to include governmental and private entities inside and outside Nevada.

Medicare and Medicaid can enter into agreements with other governmental and private entities, but other private entities inside Nevada could not enter into those agreements. This bill would allow a Nevada private entity to join those agreements with public and private entities in other states and public entities in Nevada.

BONNIE MACQUARRIE:

When I became sick, my doctor told me about a program that a manufacturer had to help patients. The difference in cost saved my savings. People who need expensive medications before being eligible for Medicare need these plans.

MAYA HOLMES (Culinary Health Fund):

We support S.B. 396. It is needed to leverage the State's purchasing power by including public and private entities to secure prescription drugs at reasonable costs. A purchasing coalition is more essential as the result of COVID-19's financial impact on the State's economy and budget.

STACIE SASSO (Executive Director, Health Services Coalition):

Creating a purchasing coalition is another step forward in achieving affordable healthcare access. The State needs to make changes to positively impact the economy and budget.

NANCY CLARKE:

I worked in the insurance industry for more than 20 years and watched as the care costs became a crisis when driven by the cost of prescription drugs. We hit the Medicare donut hole when we pay almost the full cost of prescription drugs

for several months. Too many people are choosing to be sick because the cost of medication is too high.

MAXMILLIAN LOWE:

This would help Nevadan's lower the cost of health care in order to help themselves.

AMY KOO (One APIA Nevada):

By lowering drug costs, we encourage Asian Americans to seek medical care and affordable health insurance.

RABBI BENJAMIN ZOBER:

I support S.B. 396. Increasing access to health care is vital and a community obligation. Sickness is not a divine punishment. As a community, we can provide access to health care.

BARRY GOLD (AARP Nevada):

Prescription drugs are one of the main drivers of the increase in healthcare costs. Lifesaving drugs do not work if you cannot afford to purchase them. America should not be paying the highest drug costs in the world. This will lower the cost of prescription drugs to the consumers.

AMBER FALGOUT (Manager, Northern Nevada Battle Born Progress):

I have submitted my statement ([Exhibit S](#)) in writing.

CHAIR RATTI:

We will close the hearing on S.B. 396 and open the hearing on S.B. 201.

SENATE BILL 201: Requires licensing of pharmaceutical sales representatives.
(BDR 54-444)

SENATOR FABIAN DONATE (Senatorial District No. 10):

I will read from my presentation ([Exhibit T](#)) of S.B. 201.

DR. SLAMOWITZ:

I have written remarks ([Exhibit U](#)) to present.

SENATOR DONATE:

The conceptual amendment ([Exhibit V](#)) provides the fee for licensure and how these fees will be used.

STEPHANIE WOODARD, PSY.D. (Medical Epidemiologist Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services):

Over the past six years, I have had the opportunity to work with communities and families impacted by the opioid crisis. It has been established that the opioid crisis in Nevada was driven by overprescribing the opioid medication.

I have been asked to provide additional context to the scope of overprescribing in Nevada and the resulting fatalities. In 2011, the national average for states for prescribing opioids was 68 prescriptions for every 100 people. In Nevada, the Centers for Disease Control and Prevention estimated there were 100 prescriptions for 100 people. In 2016, 4 of Nevada's counties had prescribing rates greater than 125 prescriptions per 100 people. As Senator Donate mentioned, the opioid crisis has resulted in high rates for emergency room and inpatient care. Opioid overdoses have resulted in over 4,500 overdose deaths in Nevada since 2010.

To address the mounting overdoses and high rates of prescribing, the Nevada Legislature passed A.B. No. 474 of the 79th Session which put forth prescribing guidelines for controlled substances including opioids. During our work to develop that bill, we spoke with prescribers across the State and discussed the drivers for the high rates of prescribing. We heard from prescribers who felt pressured to prescribe by assessing and treating pain as the fifth vital sign. Aggressive marketing strategies promoted opioid prescribing as not only safe but necessary in managing a patient's pain.

We have made progress in addressing overprescribing since implementing A.B. No. 474 of the 79th Session and have seen rates of prescribing decrease by 40 percent. Additional measures to reduce Nevada's risk of being impacted by similar marketing strategies in the future are needed to protect our citizens.

SENATOR HARDY:

If we want to get rid of the opioid crisis, we need to act on what we have done in Nevada with A.B. No. 474 of the 79th Session, by registering those who are pushing the opioids, not every pharmaceutical technician or representative. We

are going up in fentanyl and heroin deaths. We are not doing the right thing by registering every pharmaceutical representative.

CHAIR RATTI:

Was the opioid crisis the most-documented and best-studied example of the impact of marketing on behavior?

SENATOR DONATE:

Based on the information shared on the opioid crisis, we know the consequences that could arise in the pharmaceutical industry with marketing and its association with prescribing medications. The opioid epidemic was a clear example highlighted in the past few years.

Another study conducted by *JAMA Internal Medicine* mentioned physicians who receive email promote the drug interests at higher rates of prescribing certain drugs. Requiring the licensure of pharmaceutical representatives in Nevada will allow physicians the necessary tool to double-check and report any potential abuse or wrongdoing they observe and to ensure the representatives are being held to the highest standard.

SENATOR HARDY:

One of the reasons we have pharmaceutical representations is to use appropriate medicines correctly. It is not unusual for a new drug to outperform an old drug. Physicians are amendable to the educational experience they get with drug representatives.

CHAIR RATTI:

The pharmaceutical representatives have become a part of the care team, but that part is blind to the public and the State. With every healthcare profession we have a majority who work within the ethics, but some do not. The data from a transparency standpoint shows members of the team need to be known and trained to be included in the patient mix.

Ms. LOWE:

I support the bill because licensing pharmaceutical representatives will help with transparency between doctors, prescribers and patients. We should regulate marketing because a pill does not always make an issue better.

RANDI LAMPERT:

I am a pediatrician in Las Vegas. I support this package of bills. I have seen the harm prescribing drugs has caused entire families. This bill creates accountability. My patients and their families deserve to know sales representatives are held accountable.

JANE HORVATH (Horvath Health Policy):

Licensed professionals met standards for knowledge, training and business behavior. Drug marketing can have significant effect on our health, safety and spending. This bill sets some basic standards for sales representatives' behaviors and delegate's development of regulations to the Department of Health and Human Services which can have additional standards for knowledge and ethics.

Ms. FALGOUT:

Drug companies must be held to a higher level of accountability. This will require the registration of all drug representatives and set a higher bar for ethical behavior. We need transparency in Nevada.

Ms. SASSO:

Pharmaceutical representatives are one of the main sources of drug marketing to physician groups. They have a goal of increasing utilization of their brand-named drugs, increasing sales for the drug company and potentially steering patients to higher out-of-pocket copayments because of use of a name-brand drug in place of a generic product. Requiring licensure of pharmaceutical representatives in the State will protect patients and physicians.

Ms. HOLMES:

Pharmaceutical representatives play a significant role for drug company marketing of brand-named drugs. They provide information to physicians on drugs, but a key piece of their position is increasing drug company sales which can result in steering patients to drugs with higher prices. Physicians are often not aware of healthcare costs. The pharmaceutical industry spends billions on direct marketing to physicians. To protect patients and physicians, it makes sense to require licensure, set practice standards and prohibit pharmaceutical representatives from engaging in misleading marketing.

ASHER LISEC (Pharmaceutical Research and Manufacturers of America):

I have submitted a written statement ([Exhibit W](#)) in opposition to this bill.

CHAIR RATTI:

Transparency says accountability. Right now, the representatives register. But if a complaint occurs, is there any process to deal with that complaint? What power does DHHS have if there is a complaint?

DR. SLAMOWITZ:

The Department is simply a depository of information. This includes who the representatives visit and if gifts are greater than \$10, what they are and what category they fall into. There is nothing in terms of regulatory authority, disciplinary action and accountability in terms of requirements for education or ethics standards.

CHAIR RATTI:

We will close the hearing on S.B. 201 and open the hearing on S.B. 364.

SENATE BILL 364: Revises provisions relating to emergency medical care for a victim of sexual assault or attempted sexual assault. (BDR 40-1004)

SENATOR MELANIE SCHEIBLE (Senatorial District No. 9):

I am joined by Talia Pellegrino who will go over the details of the bill and explain its value. This bill requires that emergency rooms provide emergency contraceptives to victims of sexual assault.

This is not in response to anybody who has failed to treat a victim of sexual assault with dignity or respect. This is to ensure Nevadans receive the highest quality of health care in Nevada hospitals.

TALIA PELLEGRINO (Access to Healthcare Network):

I will read the written presentation ([Exhibit X](#)) for S.B. 364.

KATIE ROBBINS (Planned Parenthood Votes Nevada):

Victims of sexual assault should have access to safe and time-sensitive emergency contraceptives at emergency rooms. Rather than having to seek emergency contraceptives from a separate provider at a later time, S.B. 364 would allow victims to get the care they need quickly and safely. Emergency contraceptives are safe and used to prevent pregnancy, not end one.

MARLENE LOCKARD (Nevada Women's Lobby):

This important bill makes it easier and more accessible for victims of sexual assault to access emergency contraception, which is not an abortion. It prevents a pregnancy from taking place and is most effective when taken within 24 hours of the implant from the sexual encounter. Victims have faced an intense trauma, and they must do a number of things after the encounter to prevent pregnancy. We support any measures taken to make this process easier. This bill will allow a victim of a sexual assault to get necessary medicine without having to go to a second location.

Ms. LOWE:

I support S.B. 364, but I would like to know if there is anything in the bill for people with disabilities to explain to them what has happened and what they need to do to report the action.

Ms. FALGOUT:

I am submitting my written support on behalf of Battle Born Progress ([Exhibit Y](#)).

CAROLINE MELLO ROBerson (NARAL Pro-Choice America):

My written testimony in support ([Exhibit Z](#)) has been submitted.

SERENA EVANS (Nevada Coalition to End Domestic and Sexual Violence):

I want to echo what Ms. Roberson said. The Coalition was involved with A.B. No. 124 of the 80th Session, which established that the Division of Public and Behavioral Health create a pamphlet that all victims and survivors of sexual assault receive. The piece of emergency contraception was originally in this bill but was amended out.

This bill is important because the first point of contact for victims of sexual assault is usually an emergency room to seek medical care. They are then directed to an exam facility or told to report to law enforcement to get the emergency contraception. It is important that victim survivors are treated with compassion and given access to emergency contraception whether or not they choose to submit themselves to an exam. Victims from rural communities have to travel to a nonvictim facility when all they want is emergency contraception. All hospitals should have the emergency contraception on hand and should dispense the medication when requested.

SENATOR HARDY:

What is contraception? Does another definition clarify the use of an IUD?

SENATOR SCHEIBLE:

This bill addresses emergency contraceptives which includes hormonal contraceptives taken within 24 to 72 hours of unprotected sexual contact to prevent pregnancy. Other types exist that are not addressed by this bill, and I am not sure they would be utilized in an emergency situation.

SENATOR HARDY:

I think emergency contraception is an oral contraceptive such as Plan B. If it is other than that, I would like know.

CHAIR RATTI:

Is there a definition for emergency contraception?

SENATOR SCHEIBLE:

The bill does not define an emergency contraceptive.

SENATOR HARDY:

Does it include anything other than the birth control pill?

SENATOR SCHEIBLE:

The bill, as drafted, is any emergency contraceptive. In most cases that would mean the morning-after pill. If a woman who presents at the emergency room has experienced an assault, is seen by a qualified professional and wants to get an IUD that day instead of taking an oral contraceptive, that would also meet the requirements of the bill. The doctor could insert an IUD in lieu of offering her the emergency contraceptive. That would not allow someone who is not qualified and authorized to insert an IUD.

MR. ROBBINS:

In section 2, subsection 5, paragraph (a), "emergency contraception is defined to mean methods of birth control which, when administered within a specified period after intercourse, may prevent pregnancy from occurring." If an IUD fits within that definition, it would be included in the definition.

CHAIR RATTI:

With no amendment to the bill, I will entertain a motion on the bill?

SENATOR KIECKHEFER MOVED TO DO PASS S.B. 364.

SENATOR HARRIS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR RATTI:

We will close the hearing on S.B. 364.

VICE CHAIR SPEARMAN:

We will open the hearing on S.B. 380.

SENATE BILL 380: Revises provisions governing the reporting of data concerning the prices of prescription drugs. (BDR 40-445)

SENATOR JULIA RATTI (Senatorial District No. 13):

One of the conversations of the Committee to conduct an Interim Study Concerning the Costs of Prescription Drugs was about how we take the next step on transparency. We were hearing from constituents about problems with costs. We know how pharmaceutical representatives interact with providers and how pricing is set.

Two things were recommended from the Interim study. First is to expand the universe of drugs we are looking at and then to narrow down to drugs that cost a certain amount of money and those that are growing in price.

In the conceptual amendment of the bill ([Exhibit AA](#)), the Department of Health and Human Services compiles an annual list of prescription drugs costing more than \$40 for a course of treatment, whether for a month or a single shot, wherein the wholesale acquisition cost of those drugs increases by 10 percent or more.

The second thing the bill does is include registration and transparency measures of the supply chain. The bill asks for reporting from some of the chains on the top 25 drugs within their universe.

There are many people involved in getting the drug from the manufacturer to the patient.

DR. SLAMOWITZ:

I have written remarks ([Exhibit AB](#)) that I will cover.

SENATOR HARDY:

A month's worth of medicine costing less than \$40 would be unusual. Is everything over \$40 going to be studied or just the top 25?

SENATOR RATTI:

There are two parts to the bill. The first is applying transparency laws that already exist for asthma and diabetes to another class of drugs which costs over \$40 for a month of therapy and has 10 percent or more annual price growth. We are talking about the wholesale acquisition price. For those drugs we would apply the transparency statutes we have for asthma and diabetes, requiring pharmaceutical companies to report the same things we currently require for asthma and diabetes.

The second thing is from third parties, like an insurance company. They spend money on the 25 top drugs so we can better see the supply chain. We are not talking about information we are asking for from the pharmaceutical companies but from the third parties.

SENATOR HARDY:

How will the \$30,000 administrative penalty, usually used for the General Fund, be used? What is the fiscal note on this?

SENATOR RATTI:

We did not put anything into statute for what the money could be used for, so it just went into an account and has been sitting there. We have about \$1 million in accumulated fines but have not had a use for the money stipulated by law. The amendment allows existing money to be used for furthering the transparency efforts as well as any new fines collected. Staff needs to collect the information, and we need the resources to keep the program going.

I do not believe the fiscal note has been published on this bill yet.

VICE CHAIR SPEARMAN:

We heard S.B. 396 earlier. How does this mesh with that?

SENATOR RATTI:

The goal of the Interim Committee was to find how to cap pharmaceutical costs. Senate Bill 396 addresses the ability for state governments with Medicaid, nonprofits and private entities to remove the barriers so they can join a coalition to increase their purchasing power.

Senate Bill 380 builds the transparency of pharmaceutical companies so the reports provide the input to show how they get to the pricing. We only know about asthma and diabetes drugs. If we expand this, we will know about another group of drugs based on their expense and price going up 10 percent or more a year, and we will know more about all of the suppliers, pharmacy benefits managers, insurance companies and wholesalers. Each has a role to play in adding to the price and can provide the additional information we want to learn about. We might see how the coalitions are interacting with all of the supply chains in a more transparent way.

VICE CHAIR SPEARMAN:

I keep hearing the prescription is for 30 days. Some places offer a 90-day supply. Would 30 days be an absolute number, or is there flexibility for how often a person gets his or her prescription filled?

SENATOR RATTI:

This bill is talking about how to define another class of drugs. We are really concerned with drugs going up in price. The course of therapy being 30 days would cost at least \$40 at the wholesale price. For drugs that are \$40 wholesale and have gone up 10 percent or more in the last year, manufacturers will be subject to the law and have to start reporting on those drugs.

This is not about how much supply a patient gets; it is a way to define another group of drugs, if it costs enough to make a difference and is going up in price.

MR. GOLD:

Americans should not pay the highest drug costs in the Nation. What is behind the cost for certain drugs or the increase in price by a certain amount? Typically, research and development are not the most expensive cost of a drug.

MS. HOLMES:

The Culinary Health Fund provides health benefits to members of the Culinary Workers Union and their dependents. A critical priority for us is providing quality and affordable health care, including prescription drugs. By requiring transparency reporting from critical market participants in the drug supply chain, policy makers will be able to see these participants, roll in drug prices and identify the cost drivers. This reporting will ensure policy makers in the State make data-driven decisions and end finger-pointing of who is to blame for the increases in drug prices.

YITZEL HERRERA:

I am here in support of this bill. When I lost my job, the pharmacist told me I should get a prescription savings club card. I heard about the cost of drugs going up, and I would not be able to afford them anymore.

MS. LOCKARD:

I am representing the Retired Public Employees of Nevada. We support this bill. Our seniors are hurting, and any help we can get with the pharmacy and drug costs will help.

PHILIP MALINAS:

I am a Reno psychiatrist. I see my patients struggle to pay for the medications I prescribe for them. My patients see mysterious changes in price which always happen with no warning or advance notice to my patients.

MS. FALGOUT:

I have submitted testimony ([Exhibit AC](#)) on behalf of Battle Born Progress in support of S.B. 380.

BILL HEAD (Pharmaceutical Care Management Association):

We oppose this bill. We are mostly concerned with the terms of what is being required to report. Having the information posted publically can be hindering. States have done an excellent job managing the proprietary information for drugs and want to continue that as this expands the reporting requirements. There is a need for public consumption. The Federal Trade Commission has warned that giving out information that allows entities within the supply chain to see what others are charging, either directly or through reverse engineering data, can actually result in higher drug costs.

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Ms. LISEC:

I have submitted PhRMA opposition ([Exhibit AD](#)) to S.B. 380.

LEAH LINDAHL (Healthcare Distribution Alliance):

I have submitted my opposition ([Exhibit AE](#)) to S.B. 380.

Ms. SASSO:

The Health Services Coalition is neutral on S.B. 380. This will provide policy makers with the information needed to make better decisions to support patients in the community who struggle with the affordability of their medications.

VICE CHAIR SPEARMAN:

We will close the hearing on S.B. 380.

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CHAIR RATTI:

Hearing nothing further, I will adjourn the meeting at 7:34 p.m.

RESPECTFULLY SUBMITTED:

Diane Rea,
Committee Secretary

APPROVED BY:

Senator Julia Ratti, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Begins on Page	Witness / Entity	Description
	A	1		Agenda
S.B. 5	B	1	Megan Comlossy	Work Session Document
S.B. 40	C	1	Megan Comlossy	Work Session Document
S.B. 61	D	1	Megan Comlossy	Work Session Document
S.B. 96	E	1	Megan Comlossy	Work Session Document
S.B. 158	F	1	Megan Comlossy	Work Session Document
S.B. 175	G	1	Megan Comlossy	Work Session Document
S.B. 188	H	1	Megan Comlossy	Work Session Document
S.B. 205	I	1	Megan Comlossy	Work Session Document
S.B. 211	J	1	Megan Comlossy	Work Session Document
S.B. 251	K	1	Megan Comlossy	Work Session Document
S.B. 305	L	1	Megan Comlossy	Work Session Document
S.B. 379	M	1	Megan Comlossy	Work Session Document
A.B. 62	N	1	Megan Comlossy	Work Session Document
S.B. 396	O	1	Senator Fabian Donate	Testimony
S.B. 396	P	1	Trevor Douglass / Prescription Drug Consortium	Presentation
S.B. 396	Q	1	Beth Slamowitz / Department of Health and Human Services	Written Remarks
S.B. 396	R	1	Senator Fabian Donate	Conceptual Amendment
S.B. 396	S	1	Amber Falgout / Battle Born Progress	Testimony
S.B. 201	T	1	Senator Fabian Donate	Testimony
S.B. 201	U	1	Beth Slamowitz / Nevada Department of Health and Human	Written Remarks

			Services	
S.B. 201	V	1	Senator Fabian Donate	Conceptual Amendment
S.B. 201	W	1	Asher Lisec / Pharmaceutical Research and Manufacturers of America	Statement in Opposition
S.B. 364	X	1	Talia Pellegrino / Access to Healthcare Network	Testimony for Senator Melanie Scheible
S.B. 364	Y	1	Amber Falgout / Battle Born Progress	Statement of Support
S.B. 364	Z	1	Caroline Mello Roberson / NARAL Pro-Choice Nevada	Statement of Support
S.B. 380	AA	1	Senator Julia Ratti	Conceptual Amendment
S.B. 380	AB	1	Beth Slamowitz / Department of Health and Human Services	Written Remarks
S.B. 380	AC	1	Amber Falgout / Battle Born Progress	Statement of Support
S.B. 380	AD	1	Asher Lisec / Pharmaceutical Research and Manufacturers of America	Statement in Opposition
S.B. 380	AE	1	Leah Lindahl / Healthcare Distribution Alliance	Testimony