

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

**Eighty-Second Session
May 15, 2023**

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 1:55 p.m. on Monday, May 15, 2023, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [[Exhibit A](#)], the Attendance Roster [[Exhibit B](#)], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Elaine Marzola, Chair
Assemblywoman Sandra Jauregui, Vice Chair
Assemblyman Max Carter
Assemblywoman Bea Duran
Assemblywoman Melissa Hardy
Assemblywoman Heidi Kasama
Assemblywoman Daniele Monroe-Moreno
Assemblyman P.K. O'Neill
Assemblywoman Selena Torres
Assemblyman Steve Yeager
Assemblyman Toby Yurek

COMMITTEE MEMBERS ABSENT:

Assemblywoman Shea Backus (excused)

GUEST LEGISLATORS PRESENT:

Senator Melanie Scheible, Senate District No. 9
Senator Pete Goicoechea, Senate District No. 19
Senator Jeff Stone, Senate District No. 20

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Joe Steigmeyer, Committee Counsel

Minutes ID: 1140



Cyndi Latour, Committee Manager
Elizabeth Lepe, Committee Secretary
Garrett Kingen, Committee Assistant

OTHERS PRESENT:

Nick Vander Poel, representing Board of Massage Therapy
Kelli May Douglas, Pacific Southwest Regional Liaison, Military Community and Family Policy, U.S. Department of Defense
Sandra Anderson, Executive Director, Board of Massage Therapy
Jessica Thomas, Policy Analyst, Council of State Governments
Lance Hostetter, Director of Government Relations, Associated Bodywork and Massage Professionals
Liz Barnard, Chairperson, Board of Massage Therapy
Ashley Hernandez, Government Relations Specialist, Federation of State Massage Therapy Boards
David White, Member, Nevada Dental Association
Julie Muhle, Dental Assisting Academic Program Director, Truckee Meadows Community College
Caryn Solie, RDH, Legislative Committee, Nevada Dental Hygienists' Association
Amy Hale, President-Elect, Nevada Pharmacy Alliance
Serena Evans, Policy Director, Nevada Coalition to END Domestic and Sexual Violence
Brooke Brumfield, representing Nevada Association of Health Plans

Chair Marzola:

[Roll was taken and Committee rules and protocol were explained.] Today, we will hear three bills: Senate Bill 270 (1st Reprint), Senate Bill 310 (1st Reprint), and Senate Bill 352 (2nd Reprint). We will move to our first agenda item. I will now open the hearing on Senate Bill 270 (1st Reprint).

Senate Bill 270 (1st Reprint): Revises provisions governing massage therapists. (BDR 54-814)

Senator Melanie Scheible, Senate District No. 9:

I am here to present Senate Bill 270 (1st Reprint) to you this afternoon, which can be referred to in shorthand as the massage therapy compact. I have brought two people with me who are much better versed in this issue to present the bill to you, but we will all be here to answer questions. If it is okay with you, Chair Marzola, I will turn it over to Nick Vander Poel from Flynn Giudici Government Affairs to walk you through the bill.

Nick Vander Poel, representing Board of Massage Therapy:

To my right is Sandra Anderson, executive director for the Board of Massage Therapy, and joining us virtually is Kelli May Douglas with the Department of Defense (DOD), and Jessica Thomas, who is the policy analyst with the Council of State Governments (CSG).

I would like to start with how we got here. I think this is imperative for the Committee to understand. In 2020, the Department of Defense entered into a cooperative agreement with the Council of State Governments to fund the creation of new interstate compacts for occupational license. In collaboration with the DOD, the CSG administered a competitive application process from eligible applicants including professional associations or federations of state licensing boards, a coalition of state licensing boards, or national credentialing bodies. In March 2021, through an application from the Federation of State Massage Therapy Boards (FSMTB), massage therapy was selected to receive technical assistance from CSG in the development of a new interstate compact to facilitate licensure mobility. Through appropriations from the U.S. Senate Armed Services Committee, the DOD has funded CSG's work in developing these compacts. The Interstate Massage Therapy Compact, also known as IMPact, was finalized by CSG and the drafting committee in November 2022. The Nevada State Board of Massage Therapy voted to approve entering into the IMPact on December 17, 2022. There is a list of individuals who have submitted letters of support, but I am going to turn it over to Kelli May Douglas if she is on the call.

Kelli May Douglas, Pacific Southwest Regional Liaison, Military Community and Family Policy, U.S. Department of Defense:

On behalf of the United States Department of Defense and military families, I am here to speak in strong support of the policy addressed in S.B. 270 (R1), which would enact the IMPact in Nevada. State policies enacting interstate licensure compacts such as the IMPact relieve one of the many stressors of frequent military moves by enabling military spouses to transfer their license more quickly across state lines and obtain employment as soon as they relocate to a new state. These policies facilitate greater career sustainability for military spouses, improving their families' financial security and overall resilience. Finally, interstate compacts benefit not only military spouses but also apply to all eligible professionals to include active-duty service members, reserve members of the military guard, veterans, and civilians. By enacting the IMPact, Nevada would have the opportunity to increase its workforce available to serve the local community while supporting military families. In closing, the U.S. Department of Defense is very appreciative of Nevada's ongoing support of military families. I encourage you to vote aye on this measure.

Nick Vander Poel:

Chair Marzola, if you will indulge me, I would like to turn it over to Sandra Anderson, Executive Director for the Nevada State Board of Massage Therapy.

Sandra Anderson, Executive Director, Board of Massage Therapy:

I also serve as the Vice President of the Federation of State Massage Therapy Boards, and we applied for one of those grants from DOD. We were awarded the grant and CSG worked with us to put together this compact that is before you today. It incorporates a lot of time and effort spent by constituents and stakeholders in the industry. We had representatives from leading spas from around the country. I was on the tag as well. We had state representatives, massage therapists—we had a massage therapist who works on Olympians. We tried to diversify the tag group so we could address the diversity in the industry and come up with a compact that would allow for portability for military spouses, but also for licensees in

general. To address the shortfall we have in Nevada right now, all of our spas are hiring and they do not have enough staff, so we are looking for that. We have a lot of folks who are starting to focus on medical massage and doing more lymphatic drainage for cancer patients and that kind of thing. We need to be able to bring more folks into the state to do that.

The Board has worked for the past seven years to clean up and fix all of their statutes and regulations and to bring us current and make us really cutting edge in our industry. In my opinion, this is the next step and something I had hoped for for years. I was an educator for 18 years at Truckee Meadows Community College teaching massage therapy students. If we could get them through school, licensed, and able to practice in multiple states, I think that would be a real win for the licensees and the public. If anybody has any questions, I am happy to answer them.

Chair Marzola:

Will you be going through the bill, Senator?

Nick Vander Poel:

Jessica Thomas from Council of State Governments, joining us virtually, is going to walk through the compact for the Committee.

Jessica Thomas, Policy Analyst, Council of State Governments:

My testimony is meant to provide background educational information on this compact. First, as mentioned before, the compact was created through a cooperative agreement between DOD and CSG. For the past 18 months, CSG has been developing the compact language with stakeholders within the massage therapy profession, from FSMTB, national professional associations, state regulatory boards, and the education community. The Council of State Governments has been working on compacts for several professions in partnership with DOD. Many of these have been finalized recently, including the teacher compact, social work compact, dentists and dental hygienists compact, and the cosmetology compact. Like those, the Interstate Massage Therapy Compact (IMpact) is an occupational licensing interstate compact. These are legally binding agreements among states. The compact seeks to provide licensees with opportunities for multistate practice, support relocating military spouses, and foster workforce development by reducing burdens that come with maintaining multiple licenses. The compact would enable massage therapists to obtain a multistate license that is issued by their home state to practice in other states that joined the compact, rather than getting an individual license in every state they want to practice in. Like the compact for a driver's license, each compact member state will agree to mutually recognize the practitioner licenses issued from all of the other member states.

There are requirements for the massage therapist to be eligible. They must hold an active unencumbered license in their home state to be able to apply for a multistate license. They must also pass a background check, meet other eligibility requirements related to education and exams, and meet the requirements concerning their previous criminal history. The

Interstate Massage Therapy Compact benefits military families, as mentioned. If a military family gets assigned to a new duty station in a compact member state, the service member or their spouse can continue to work with their current multistate license.

From a regulatory perspective, the compact preserves the authority of each compact member state to protect public health and safety through the existing state regulatory structure. So, a licensee who is practicing under a multistate license must abide by the laws, the regulations, and the rules that govern the practice of massage therapy in the state where they are practicing. The Board of Massage Therapy has jurisdiction over anyone practicing in Nevada, including those who are practicing there under a multistate license. Like other occupational licensing compacts, the IMpact will be governed by a commission made up of the member states. That delegate will be a representative from the Board of Massage Therapy.

The compact will come into effect once it is enacted by seven states. The compact is brand new, so right now there are no states to have enacted it. However, there are several states with legislation that has been introduced. If enacted, Nevada would have a seat at the table when the compact commission has its first meeting to establish the compact rules and bylaws. We do not anticipate substantial additional costs for states participating in the compact. There might be costs for additional software required to connect to the compact's interstate licensure data system, as well as any costs that would be associated with the attendance of your state's chosen commissioner to the annual compact commission meeting once the compact is enacted in seven states and it becomes active.

Overall, the IMpact will increase license portability for massage and bodywork professionals in Nevada, support military families, and improve access for services to Nevada residents, while maintaining the current system of state licensure. Additionally, by ensuring the sharing of investigative and disciplined information through that data system among participating states, the IMpact would allow member state regulatory entities to better protect the public through that shared information.

Nick Vander Poel:

We are happy to answer any questions from the Committee.

Chair Marzola:

Members, are there any questions?

Assemblywoman Jauregui:

I think there are some benefits to being some of the first few states to join a compact. I was hoping you could walk the Committee through—walk all of us through what the benefits are, how the first states to enter the compact—how they are used to actually formulate the policies that all of the other states would enact.

Sandra Anderson:

In the beginning phases, all of the rules that govern the compact will be formulated by the first seven or so states. That means if we ended up with ten—because I do not think we are going to hit seven this year—but if we ended up with ten, say next year, those ten states would all have representatives at the table when we formulate those rules and we would have more influence that way in what those rules are. We would have better control and a bit more input. As far as what those rules include, within the compact there are multiple areas where things are not defined. They are left a bit ambiguous—costs, things that have to be determined over time as it is built—and those items would be up to the commission or council to come up with things like the pricing and additional educational requirements that might be formulated. That is one reason why I want to be on that first group, because the way the language is written right now allows for anyone with 500 hours who takes continuing education to pull that in and have that make up the whole number of hours that are being required. We want to keep that solidly in place so there is no question about that. There are contracts that have to be created, potentially a position hired as the executive director, and some of those other types of business things for the compact.

Assemblywoman Torres:

I have seen a number of different compact bills on this Committee and some of my other committees this session, so I am wondering who sets the standards for the licensing requirements. In some of the compacts I have looked at, it still allows for the state to set the standards for what the licensing looks like. For this specific compact, does the membership then determine what those are? I found some documents online that kind of give more information. It seems to me like the licensing standards are already within this, or are those different than what we currently have?

Sandra Anderson:

Right now, our education is 550 hours. Other than that, pretty much everything in the compact lines up with Nevada, but we have less education than the compact requires. That is why they are allowing for continuing education to be added to someone's initial education in order for them to qualify. Each state retains their requirements, so the licensee is responsible for meeting the additional requirements by taking continuing education to get to our higher limit that is required for a compact licensure.

Assemblywoman Torres:

How is that going to impact the current schools that exist that are providing students with this education and training? Would those students then finish the program and be able to be licensed in Nevada? Would they need additional training in order to do that? Are those schools going to have to rise to that standard, too, and make those adjustments?

Sandra Anderson:

The schools would not have to rise to anything. They could leave their requirements exactly as they are. The student would have to take some additional hours to qualify for compact licensure, and that would only apply to European, FuZuBa, and AMO. The rest of the programs in the state all have sufficient hours to qualify for the compact.

Assemblywoman Hardy:

As my colleague mentioned, we have heard a lot of great compact bills this session. On page 5 of the bill under definitions, section 1, Article 2, paragraph U, it says a "National Licensing Examination," and you mentioned that—is that something that currently exists, or will the compact develop that? Could you talk about that?

Sandra Anderson:

The exam by the FSMTB is a national exam that is currently used by most jurisdictions, though not all. New York and Hawaii have their own test, and California does not have an exam right now. The exam that is used by Nevada is used by most of the other jurisdictions as well. It is called the MBLEEx [Massage Bodywork Licensing Examination], and it is put on by the FSMTB.

Chair Marzola:

Committee members, are there any additional questions? [There were none.] Do we have a shortage of massage therapists here in the state of Nevada?

Sandra Anderson:

Yes.

Chair Marzola:

Do you have any statistics on that, as far as what the shortage is? How many positions are open? Anything like that?

Sandra Anderson:

I do not have any statistics. I get calls all the time from the larger spas—they are the most short-staffed—and then from the chiropractic offices, some of the physical therapy offices, and other places that use massage therapists more as a medical provider versus a more relaxation environment like the spas have. They are always looking. The schools themselves are trying to meet the demand, but they do not have enough students either. That is part of why we are hoping we can bring folks in from other states. The other piece is that we do have some spas here, where Las Vegas can be kind of cyclical. They have sister facilities in other states, and if they could move their employees around, that would help them too. Canyon Ranch is the largest spa in the country. It is on the Las Vegas Strip, and it has locations in Massachusetts, Arizona, Texas, and they just opened one in California as well. If they could move therapists around, depending on peak times and seasons, then that would help facilitate our having the therapists we need when we have more peak volumes of tourism in Las Vegas.

Chair Marzola:

Are there any additional questions? [There were none.] We will move to testimony in support. Is there anyone wishing to testify in support of Senate Bill 270 (1st Reprint)?

Lance Hostetter, Director of Government Relations, Associated Bodywork and Massage Professionals:

We are an association of 80,000 members nationwide, including about 1,200 in Nevada. For the sake of not being repetitive, I will just say that we are highly supportive of the massage compact. We believe it is a vastly superior alternative to onerous licensure by endorsement processes that currently exist in most states. We believe this will reduce the financial burden on massage therapists and will potentially impact Nevada's bottom line. In short, we believe this is a solid policy to ensure that massage therapists and the massage therapy field have mobility and have the support they need to continue to be successful in their lives across state lines. I appreciate your support today.

Liz Barnard, Chairperson, Board of Massage Therapy:

I am the chair of the Board of Massage Therapy. I am also a licensee; my license number is 4810. In addition, I am also a consumer of massage. I strongly support this bill. I think it is easy to see the benefits that some of the larger spas that the resorts in Clark and Washoe Counties might benefit from, as Ms. Anderson outlined, and being able to move some therapists around. I think some of the smaller communities could also benefit from this, as they may not have the population base to support having a full-time massage therapist there, but may be able to draw people in from outside communities. It may also encourage some people with an entrepreneurial spirit to help share the benefits of massage to people in these underserved communities—all of that while still assuring protection of the public with appropriate oversight, as has been outlined previously. For those reasons, I hope you are strongly in support.

Ashley Hernandez, Government Relations Specialist, Federation of State Massage Therapy Boards:

I am in support of S.B. 270 (R1), the Interstate Massage Compact.

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] [All items submitted but not discussed will become part of the record: [Exhibit C](#), [Exhibit D](#), [Exhibit E](#), [Exhibit F](#), [Exhibit G](#), and [Exhibit H](#).] We will move to testimony in opposition. Is there anyone wishing to testify in opposition to S.B. 270 (R1)? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in the neutral position? [There was no one.] Senator, would you like to give any closing remarks? [There were no closing remarks.] I will now close the hearing on S.B. 270 (R1). I will open the hearing on Senate Bill 310 (1st Reprint).

[Senate Bill 310 \(1st Reprint\)](#): Establishes provisions relating to dentistry. (BDR 54-601)

Senator Pete Goicoechea, Senate District No. 19:

Today, I am bringing you Senate Bill 310 (1st Reprint), and I really appreciate the opportunity to do so. First and foremost, I am going to explain to you, as I started out, I had to beg for votes on the Senate floor to get this bill out. I promised we would get it amended and fixed on this side, and I believe we are there. You can look at the packet I have on this

particular bill [[Exhibit I](#)]. We have amended it and worked on it. As I said, the amendments that came to the floor on the Senate side I could not even support myself. We finally got the bill out, but it is a two-thirds bill, so it was difficult. I had to beg for votes, but I believe we have gotten it right. There was some language in the original amendment that just scared people to death. With me, I have Julie Muhle and Dr. David White, and they are the experts. I learned one thing: you do not bring a dental bill when all you know is floating horse's teeth. I am very limited, and I am going to rely on them to walk through the bill. Clearly, this is about dental assistance and if we can expand their availability and duty. We can, I believe, make dental care more affordable, and at least in some of these rural areas, one dentist can probably see a couple more patients, and that means a whole lot in my world and in everyone's world. Truly, it is to get the service out to the people. With that, I am going to turn it over to the experts.

David White, Member, Nevada Dental Association:

I am a general dentist in both Elko and Reno. I am going to keep my remarks brief as well because we will be hearing from Caryn Solie, representing the dental hygienists, and also Julie Muhle, with the dental assistants. We have had a wonderful time collaborating, and we are confident that the most recent amendment is up that we have worked through with the Legislative Counsel Bureau (LCB). We are very happy with the outcome, and all of the stakeholders worked really well through that. It is a great thing when we can confidently stand behind something that will not only help the workforce—we know within dentistry, keeping dental assistants employed for a great deal of time and keeping them in the profession, and Julie will talk a bit more about that—it is really something that has been a challenge over a number of years. This is going to affect your constituents and your voters long term, and we can go into that a bit more. But ultimately, for me, also practicing in the rural areas, this is going to be an incredible advantage to access care. I travel 500 miles a week to provide dental services in the rural area. I know that getting the opportunity to not only lead another segment of my workforce, but to teach them skills and enable them to be somewhat providers themselves is not only going to help their self-confidence, but also help those in need as well. Without further ado, I will go ahead and turn it over to Ms. Julie Muhle.

Julie Muhle, Dental Assisting Academic Program Director, Truckee Meadows Community College:

I have been in dentistry for 48 years. I started in high school. I feel like I have a pretty unique perspective on this, having been in education for the last 25 years as well. Despite the fact there are currently no barriers to employment as a dental assistant in Nevada, there is a serious work shortage. To put it in perspective, in October 2022 a joint study of the American Dental Association, American Dental Assistant Association, and American Dental Hygienist Association completed a survey of over 8,000 dental professionals. In the survey, one in three dentists noted they could not fill their schedule because they did not have enough workforce. They also noted it was challenging to fill a schedule—they have tons of patients, but not enough help—because the workforce is not as skilled as they would like them to be. The current skill set for dental assistants compared to most states—in Nevada, it is very robust. Wages have also increased, and yet the shortage persists.

Senate Bill 310 (1st Reprint) is a proposal to expand the tasks allowable for dental assistants in Nevada by creating a new career pathway, the expanded functions dental assistant, or EFDA. Dental hygienists can also earn an endorsement in expanded functions that allows them to perform the same tasks as an EFDA. The goal is to attract and retain dental assistants by creating a career path and increase access to care by enabling educated and competent dental assistants to perform the functions described in S.B. 310 (R1) with an emphasis on patient safety. The expanded functions dental assistant designation is not mandatory; it is voluntary and creates no barrier to employment as a dental assistant in Nevada. Senate Bill 310 (1st Reprint) creates a career path for dental assistants and also addresses the above-mentioned access to care issue.

On a personal note, last year when I was visiting students in the clinical sites, my students and I were hearing that recently hired assistants did not consider assisting a career because they did not have to go to school. They were not getting the training they thought they needed. That kind of spurred this, in addition to seeing a trend in a shortage of dental assistants over the last several years. Generational studies pointed to a variety of reasons people choose a career: the importance of work-life balance, growth potential, feeling that what one does is important and makes a difference, and wanting to help people. In the study I mentioned earlier, the two biggest reasons people were leaving dental assisting were because they felt it was a challenging culture to work in, with the training and leaving and having no growth potential. Creating a career path will help with recruiting new trainees because there is a place to grow and retain longtime dental assistants who can use their skills to earn the EFDA credential.

Registration and licensure provide a validation that dental assisting at this level is truly a career. Access to care will increase not only because there is a stability in the dental office staffing, but as a result of the allowable tasks for both dental assistants and dental hygienists. Right now, because of the cycle of hiring someone and training them—maybe they do not stay—we are paying premium wages for those folks. But because of the loss of production, dentists cannot always pay a competitive wage. That, again, creates this vicious cycle. Senate Bill 310 (1st Reprint) is very important in creating this potential for growth for dental assistants: to recruit them and to retain them. Within the bill, there are several pathways to qualify for this, and one is even for on-the-job trained assistants who have worked a specific amount of time. We are trying to make it as broad as possible and applicable to a large number of folks, in the hopes that we can help with this work force shortage.

Caryn Solie, RDH, Legislative Committee, Nevada Dental Hygienists' Association:

I have been licensed as a dental hygienist in the state of Nevada since 1972. I have seen a great many changes in dentistry over those years. Senate Bill 310 (1st Reprint), as Dr. White alluded to, is a collaborative effort between the Nevada Dental Hygienists' Association and the Nevada Dental Association. I will briefly talk about a couple of pieces in the bill that apply to dental hygienists. One part of the bill will allow dental hygienists to also complete this additional education that will give them a restorative endorsement, and that would allow them to do the same duties defined for the expanded function dental assistant, as well as their dental hygiene scope of practice. This bill also establishes some

language that will permit the public health endorsed dental hygienists to supervise dental assistants and the expanded function dental assistants in performing the following duties that will be allowed in the public health programs that are endorsed and supported by the Board of Dental Examiners of Nevada. That would allow them to place dental sealants, apply fluoride applications, conduct oral health education, and take dental radiographs. This helps the public health endorsed programs. There are about a dozen or more—maybe 15 now—within the state where dental hygienists are performing services in schools and in senior retirement homes and to homebound patients. Having an extra set of hands available to help with these expanded functions will add to the amount of care that can be provided.

There is another portion of the bill that establishes a limited prescriptive authority for dental hygienists. This was where—as the Senator alluded to, the language in the first write-up of the bill talked about dangerous drugs, and that was language the State Board of Pharmacy felt needed to be in there because of the word "prescriptive," so we are limiting it to the prescriptive authority for dental hygienists. They may only prescribe the following items for the prevention of oral disease: fluoride, topical antimicrobial rinses, medicament trays or mouth guards, and topical or systemic prescriptions for preventive dental care. The Dental Board will adapt regulations that will determine the education and the continuing education requirements for the limited prescriptive authority.

Part of the bill you may be seeing—we discovered earlier today that the final mock-up that all the entities had agreed upon and taken to LCB might not be what you have posted. We are hoping it does [\[Exhibit I\]](#). There are five significant changes, and we have highlighted them. I will take a moment or two and go over them. In section 8, subsection 11, we will be striking the language that says "or dental hygienist with a special endorsement to practice restorative dental hygiene" This is allowing dental assistants to utilize ultrasonic scalers only to remove cement from permanent dental—things like orthodontic bands and dental crowns. Dental hygienists are already authorized and educated to use the ultrasonic, so we do need to strike that language. Further, in section 9 is where it alludes to what I already spoke with you about in the limited prescriptive authority. We are striking all of section 9.5 because the Board of Dental Examiners is in the process of crafting that language for the dental therapists and dental hygienists already.

Then, we will go to section 15, subsection 2, paragraph (b). Again, that coincides with section 9.5, which was struck. Section 41, subsection 7 is added. This subsection again specifies the prescriptive authority to the dental hygienists. This clarifies that they can only do those four items that I previously mentioned. Section 46, subsection 5 specifies once more only those four prescriptive authority limitations to the dental hygienists. Thank you for your consideration.

David White:

We are excited to come together as a group and work as a strong collaborative: dental assistants, dentists, and also dental hygienists, to work towards something that we are very confident will move ourselves forward. In terms of the two-thirds vote, this has been

something where it requires the state Board to take care of that. It will go to the state Board to require some licensing fees for that, so the most important thing is there should not be any sort of anticipated fees from the General Fund.

Now, let us talk about most of your districts and how it is going to affect them, because we have talked a lot about the rural areas, and I think that is pretty explanatory. I can guarantee you there are many dental assistants and dental hygienists that are in all of your districts, and this can be an incredible opportunity for many of these folks to go ahead and have something as they enter into their career that they can look forward to and have more longevity within the dental family or dental home. We know this has been around in many states very successfully, and the most important thing: very safe, for many years. This is not us reinventing the wheel; this has been around for a long time in many states. And we know that it is something—because we have really suffered with this workforce shortage within our own office. It has not been a busyness issue because of patients; it has been a busyness issue because of staff. This is one way to attack that moving forward.

Chair Marzola:

Senator Goicoechea, does that conclude your presentation?

Senator Goicoechea:

Yes, I believe we will stand for questions.

Chair Marzola:

Committee members, are there any questions? [There were none.] How many other states have passed legislation such as this?

Julie Muhle:

At least 38 other states have some version of expanded functions. Nationally, expanded functions is not apples to apples. In some expanded functions, the only thing you can do is take an impression, and other expanded functions are exactly as we have outlined.

Assemblyman Yurek:

Thank you, Senator, for the bill. And ladies, thank you for taking the time to come into my office and meet me in advance and explain a lot of this. My question pertains to the prescription authority for these individuals. Can you help me understand—because my guess is they are not operating as independent practitioners—they are still working with dentists. What problem are we trying to solve by giving them prescriptive authority? And how is this solving it?

Caryn Solie:

To your question about where this would fit—oftentimes, the hygienists are working on days when the dentist does not work because we are allowed to see patients under authorized supervision. Let us say that patient is a young kid just getting out of their orthodontics, and we are seeing a lot of potential decay areas where they have not kept a good home care habit. We can prescribe a fluoride application and fluoride home use for them instead of making

mom and dad have to bring them back for the doctor to do it. There are oftentimes situations where you may want to recommend a product to a patient who needs maybe a bit of additional antimicrobial rinse for the prevention or healing of a periodontal situation, and you would be able to do that. It is mostly the preventive and very early therapeutic types of things. Even now, when my patients need something, I have to print the prescription, find the dentist—he has gloves on with blood on them and he is busy. I have to wait, and my patient has to wait, while he finishes so he can sign a prescription, or he might not be there to sign it. This is to hopefully be efficient and able to still get the care to the patients and have it be safe.

Chair Marzola:

I have one last question. In section 4, subsection 1, it states, "Any person is eligible to apply for a license to practice expanded function dental assistance in this State who: (1) Is a citizen of the United States or lawfully entitled to remain and work in the United States." Would that cover DACA [Deferred Action for Childhood Arrivals] recipients?

Julie Muhle:

Our assumption is that it would, as long as that is the current legal language that was actually put in by the Legislative Counsel Bureau. I actually thought of the DACA students originally because we have several of them in my program. I cannot say for certain, but as long as that is allowable as it is currently, I would assume so.

Chair Marzola:

Thank you for that answer, and I am going to have our Legal Division look into that and provide a response not only for you, but for all Committee members as well.

Senator Pete Goicoechea:

As Legal put it in there—but it does make sense to me. The language almost seems like, you are a citizen or lawfully entitled to be here and work.

Chair Marzola:

Committee members, are there any additional questions? [There were none.] We will move to testimony in support of S.B. 310 (R1). Is there anyone wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 310 (R1). Is there anyone wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in the neutral position? [There was no one.] Senator, would you like to give any closing remarks? [There were no closing remarks.] I will close the hearing on Senate Bill 310 (1st Reprint). I will now open the hearing on Senate Bill 352 (2nd Reprint).

**Senate Bill 352 (2nd Reprint): Revises provisions relating to prescription drugs.
(BDR 57-134)**

Senator Jeff Stone, Senate District No. 20:

It is an honor to cosponsor this legislation with Senator Scheible, who is downstairs heading the Judiciary Committee right now. The purpose of this legislation is to provide greater access, more convenience, fewer trips to the pharmacy, and potentially lower costs for Nevada patients seeking a prescription for oral contraceptives, including emergency oral contraceptives. Pharmacists are commonly referred to as one of the most overly trained and underutilized health care professionals. Let me be clear that this bill does not expand the scope of pharmacy practice by pharmacists, but rather expands the opportunities for patients to access such services that pharmacists are appropriately trained for. Because most pharmacies are open seven days a week, and many 24 hours a day, this makes it convenient for patients to see a pharmacist and get either a new prescription for a refill for their oral contraceptives, or emergency contraception if their method of contraception fails—as an example, a condom failure. This is especially helpful in our state that is virtually open 24 hours a day as a worldwide 24-hour tourist destination. Lastly, this conveniently requires the insurance to provide up to a 12-month supply of oral contraceptives, so patients do not have to worry about taking their last pill and panicking. I will now review the bill if I may.

There is an amendment [[Exhibit J](#)] which I will go over after I do the presentation of the bill. Section 1 refers to pharmacy benefit managers, or PBMs, that manage prescription benefits for an insurer who is required to comply with the same provisions of the Nevada insurance code as are applicable to the insurer. Section 2 requires the insurer to demonstrate the capacity to adequately deliver such family planning services provided by pharmacists to cover persons and notify covered persons of a network of pharmacists or pharmacies who are available to provide such services.

Section 3 and sections 6 through 13 prohibit an insurer from requiring a prior authorization before receiving an oral contraceptive drug, eliminating any delays and corporate red tape to receiving such prescriptions. Sections 6 through 13 require insurers to cover certain contraceptive services when provided by a pharmacist to the same extent as if the services were provided by another provider of health care—as an example, registered nurse practitioners; physician assistants; and physicians—and reimburse the pharmacist for providing such services at the rate that is not less than the rate provided to a physician, advanced practice nurse, or physician assistant.

In section 14, the contract with the Department of Health and Human Services and the PBM or health maintenance organizations, or HMOs, to comply with certain provisions of the law pertaining to the provision of prescription drugs under the state plan for Medicaid and Children's Health Insurance program. Section 14.2 authorizes a person or an entity to dispense controlled substances and dangerous drugs to purchase or otherwise acquire controlled or dangerous drugs compounded or repackaged from an outsourcing facility. This section brings the dispensing of such drugs into compliance with the federal standards of what is called a 503B pharmacy. A 503A pharmacy is a compounding pharmacy that can

make prescriptions on the order of a physician; they must be patient specific. A 503B pharmacy can mass-produce drugs that are not patient-specific and can be distributed as such.

Section 15 requires a pharmacist to dispense up to a three-month supply pursuant to a valid prescription for the same, and charge either one copay for the three months, or a copay based on the number of months dispensed. If the prescription is well-tolerated, the patient can refill the prescription for up to nine months pursuant to a valid prescription order, or an amount equal to the number of months remaining in the planned year, and shall not charge a copay if charged for one prescription order, or a copay for each prescription that is dispensed per month. For a refill of an ongoing oral contraceptive, the pharmacist shall dispense up to a 12-month refill or the number of months left on the planned year, and charge either one copay for the 12-month supply or a copay for each month dispensed.

If I may now quickly go over the amendment [[Exhibit J](#)]. This is brought forward by the Nevada Association of Health Care Plans. It is a friendly amendment. I think it makes the clarity of the bill better. In section 2, subsection 1, paragraph (a) it says, "Must demonstrate the capacity to adequately deliver family planning services provided by pharmacists or pharmacies to covered persons in accordance with the regulations adopted pursuant to subsection 2." The word "pharmacies" has been added. Section 2, subsection 1, paragraph (b) says, "Shall make available for access to each covered person in this State a notice that meets the requirements prescribed by the regulations adopted pursuant to subsection 2 of each pharmacist or pharmacy that has entered into a provider network contract with the carrier to provide family planning services to covered persons who participate in the relevant network plan." The word "provide" has been stricken and the words "pharmacist or" has been added.

Section 2, subsection 2 says, "The Commissioner shall adopt regulations to carry out the provisions of this section and any other sections the Commissioner deems necessary, including, without limitation, regulations prescribing requirements for" Section 6, subsection 2 states, "An insurer shall provide coverage for any contracted services eligible for reimbursement" That is the extent of the amendments. I would like to introduce my colleague. It is an honor to present this with you, Senator Scheible.

Senator Melanie Scheible, Senate District No. 9:

I really do not have much to add. Senator Stone is an expert here, and I think he laid out the provisions of the bill very clearly. Just in case you did not know, I want to provide a bit of historical context. It has been the policy of our body for a long time now that we want people to be able to access 12 months of their prescription, or of their hormonal contraceptives, at a time. We have been working diligently to get that done, but I hope none of you had this experience.

My constituents contacted me in the interim saying they were still having trouble getting a full 12-month prescription when they went to their pharmacy. I have worked with a couple of stakeholders, including pharmacists, patients, and Senator Stone, to try to figure out where

the gap was. We identified a couple of them with the insurance companies and the PBMs. The purpose of this bill is to continue to fight for that policy that we have established before—that we want people to be able to get 12 months of their hormonal contraceptives at a time. Hopefully, this will close some additional gaps and ensure that everybody who goes to the pharmacy looking for that 12-month prescription is able to get one.

Senator Stone:

We are happy to take any questions you might have.

Chair Marzola:

Committee members, are there any questions? [There were none.] We will move to testimony in support. Is there anyone wishing to testify in support of S.B. 352 (R2)?

Amy Hale, President-Elect, Nevada Pharmacy Alliance:

I am a pharmacist speaking on behalf of the Nevada Pharmacy Alliance to express our strong support for the amendments to S.B. 352 (R2), which would allow pharmacists the ability to prescribe hormonal contraceptives to patients and receive reimbursement for this service. This important legislation increases access to contraception for women across the state, leading to better health outcomes for patients. As health care providers, pharmacists are well-positioned to provide contraceptive care, particularly for women who face challenges accessing care due to geography, transportation, and other barriers. Pharmacists are trained to identify potential drug interactions, counsel patients on proper medication use, and monitor for possible adverse effects. Allowing pharmacists to prescribe hormonal contraceptives will increase access to contraception, particularly for women in underserved areas and those without a primary care provider.

In my own personal experience as a patient living in Las Vegas today, I have called seven providers looking for an OB-GYN appointment for a new patient, and the soonest I can be seen is in two months. Our current law allows pharmacists who are working inside of a licensed pharmacy to dispense hormonal contraceptives without a prescription, and the proposed amendment would create a reimbursement service for pharmacists to bill for these clinical services, like other health care providers, encouraging pharmacies to provide this service to patients. In conclusion, we strongly support the legislation allowing pharmacists to prescribe hormonal contraceptives to patients. We urge the Committee to support this important legislation.

Serena Evans, Policy Director, Nevada Coalition to END Domestic and Sexual Violence:

I want to thank Senators Stone and Scheible for working on this and bringing this bill forward in order to ensure the language from last session is working as intended. We know that having easy access to birth control is important for everyone, especially for victim-survivors of domestic and sexual violence who are oftentimes under constant supervision by their perpetrator. Having easy access to birth control is not always feasible or safe, so we support this legislation and urge your support as well.

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] [All items submitted but not discussed will become part of the record: [Exhibit K](#), [Exhibit L](#), and [Exhibit M](#)]. We will move to testimony in opposition to S.B. 352 (R2). Is there anyone wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral?

Brooke Brumfield, representing Nevada Association of Health Plans:

We really appreciate this important legislation that has been brought forward by Senator Stone, and we appreciate the opportunity to testify in neutral on S.B. 352 (R2). Nevada Association of Health Plans is a statewide trade association representing ten member companies who provide commercial health insurance and government programs to Nevadans. Our mission is to ensure the growth and development of a high quality and affordable health care delivery system throughout the state. We truly appreciate the time Senator Stone and Senator Scheible took to meet with us these past few weeks, and value their collaboration on the amendment.

Chair Marzola:

Is there anyone else wishing to testify in neutral? [There was no one.] Senator Stone, would you like to give any final remarks?

Senator Stone:

Thank you again, Madam Chair and Committee members, for hearing S.B. 352 (R2). This bill will make access to oral contraceptive drugs more expansive and much easier to get 24/7. It eliminates delays imposed by insurers by prohibiting any prior authorization requirements and will allow up to a 12-month supply of oral contraceptives to be ordered and dispensed. This bill will also make it convenient 24/7 for patients needing emergency contraception when other forms of contraception fail. Thank you again for your consideration.

Chair Marzola:

I will close the hearing on Senate Bill 352 (2nd Reprint). I will now open up for public comment. [There was no public comment.] This will conclude our meeting for today. Our next meeting will be Wednesday, May 17. This meeting is adjourned [at 3 p.m.].

RESPECTFULLY SUBMITTED:

Elizabeth Lepe
Committee Secretary

APPROVED BY:

Assemblywoman Elaine Marzola, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a letter dated March 27, 2023, submitted by Deirdre Strunk, Vice President, Canyon Ranch, in support of Senate Bill 270 (1st Reprint).

[Exhibit D](#) is a letter dated March 31, 2023, submitted by Jennifer Lynn, Director of Spa and Wellness, Fontainebleau Las Vegas, in support of Senate Bill 270 (1st Reprint).

[Exhibit E](#) is a letter dated April 1, 2023, submitted by Michael Garvey, President, Las Vegas Spa Association, in support of Senate Bill 270 (1st Reprint).

[Exhibit F](#) is a letter dated March 31, 2023, submitted by Debra Persinger, Executive Director, Federation of State Massage Therapy Boards, in support of Senate Bill 270 (1st Reprint).

[Exhibit G](#) is a letter dated May 2, 2023, submitted by Kelli May Douglas, State Policy Liaison, U.S. Department of Defense, in support of Senate Bill 270 (1st Reprint).

[Exhibit H](#) is a letter and survey results dated May 14, 2023, submitted by Elizabeth Benion, Chapter President, American Massage Therapy Association, Nevada Chapter, in support of Senate Bill 270 (1st Reprint).

[Exhibit I](#) is a mock-up of proposed amendment 3629 to Senate Bill 310 (1st Reprint), presented by Senator Pete Goicoechea, Senate District No. 19.

[Exhibit J](#) is a proposed amendment to Senate Bill 352 (2nd Reprint), presented by Senator Jeff Stone, Senate District No. 20.

[Exhibit K](#) is written testimony dated May 15, 2023, submitted by Annette Magnus, Executive Director, Battle Born Progress, in support of Senate Bill 352 (2nd Reprint).

[Exhibit L](#) is written testimony dated May 15, 2023, submitted by Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice America, in support of Senate Bill 352 (2nd Reprint).

[Exhibit M](#) is a letter dated May 5, 2023, submitted by Kaylynn Bowman, PharmD, President, Nevada Pharmacy Alliance, in support of Senate Bill 352 (2nd Reprint).