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

Eighty-Second Session
March 17, 2023

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 1:33 p.m. on Friday, March 17, 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
Assemblywoman Shea Backus
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:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Cyndi Latour, Committee Manager
Spencer Wines, Committee Secretary
Garret Kingen, Committee Assistant

OTHERS PRESENT:

Jared Oscarson, representing Emergency Medical Services Compact
Ray Mollers, Executive Director, Interstate Commission for Emergency Medical Services Compact
Tom Clark, representing MedX Air One; and Board of Medical Examiners
Matt Brown, Director of Rural EMS, REMSA Health Care Flight
Kelli May Douglas, Pacific Southwest Regional Liaison, Office of the Assistant Secretary of Defense, U.S. Department of Defense
Eddie Ableser, representing Nevada Dental Association
Aimee N. Abittan, DMD, Private Citizen, Reno, Nevada
Mark D. Funke, Private Citizen, Carson City, Nevada
Richard J. Dragon, DMD, Chair, Counsel on Government Affairs, Nevada Dental Association
Caryn Solie, Member, Legislative Committee, Nevada Dental Hygienists' Association
Lydia Ruiz, Private Citizen, Las Vegas, Nevada
Katania Taylor, Executive Director, Health Freedom Nevada
Alida Benson, Executive Director, Nevada Republican Party
Daphne Lee, Private Citizen, Las Vegas, Nevada
Wiz Rouzard, Private Citizen, Las Vegas, Nevada
Leslie Quinn, Private Citizen, Las Vegas, Nevada
Sarah Gelowicz, Private Citizen, Reno, Nevada
Lorena Cardenas, Private Citizen, Las Vegas, Nevada

Chair Marzola:
[Roll was called, and protocol was reviewed.] We are going to take our bills out of order today, and we will start with Assembly Bill 158. This measure revises provisions relating to emergency medical services, and it is being presented by Assemblyman O'Neill.

Assembly Bill 158: Revises provisions relating to emergency medical services. (BDR 40-511)

Assemblyman P.K. O'Neill, Assembly District No. 40:
I am glad to see everybody in such good cheer. Must have been a very happy St. Patrick's Day lunch. I have to tell you the view is different on this side. I am here today to present to you Assembly Bill 158. This bill deals with Nevada joining the Emergency Medical Services (EMS) Compact, which grants multistate privileges to practice for emergency medical services personnel.

[Read from Exhibit C.] Currently, there are 22 states, including Idaho and Utah, which are part of the EMS Compact with over 200,000 Compact providers in their database. Additionally, there are 7 states that have their membership pending currently. The Compact facilitates the movement of licensed EMS personnel across state boundaries in the performance of their official duties by providing EMS professionals the privilege to practice in other Compact states. The Compact increases access to patient care, protects the public,

reduces administrative burdens, and enhances emergency medical services systems in the United States. The EMS Compact also standardized state licensure requirements, mandates a Federal Bureau of Investigation fingerprint background check for EMS personnel, establishes a national database for EMS personnel, and creates a new mechanism for states to collaborate on investigation and discipline across state borders. Emergency medical technicians (EMT) and medics are used in numerous ways to expand our medical services throughout Nevada, which we are so desperately in need of.

I have with me today Jared Oscarson, and Ray Mollers who flew in from North Carolina on a red-eye and is taking a red-eye back to North Carolina, so please be kind on the questioning. They are here to provide more background information, go through the legislation, and to show you the importance of this pending bill in front of you today.

Jared Oscarson, representing Emergency Medical Services Compact:
Thank you, Madam Chair and Committee members, for hearing this important piece of legislation. This is an important tool to add to the toolbox for our state regulators around EMS. It is an important tool because we have seen the shortages, we know the shortages. We have several border states to talk about. In Idaho and Utah we have border towns and frontier communities that attract EMS providers, and we also serve those states with some of our borders' agencies. Allowing for those providers to work back and forth across the state lines is going to be extremely important as we go forward.

I have worked across the state everywhere from Las Vegas, Tonopah, Winnemucca, and Reno. As an EMS provider in every one of those communities, the hardest part of recruiting in the frontier community is how long it takes to get licensure to the state or the city or the regulatory body, and it is by no fault of theirs. This gives them another tool in the toolbox to expedite that process and put providers on the street, running ambulance calls and taking care of patients in those rural communities. This legislation is not designed to undermine or to change the ability or the regulatory purview of the state. It is to enhance their visibility of providers coming from other states to be able to be part of a national database and then to open up opportunities to recruit people to Nevada to work and to be a part of the critical infrastructure of EMS in Nevada. Thank you again, and I will turn it over to Mr. Mollers to go through the bill.

Ray Mollers, Executive Director, Interstate Commission for Emergency Medical Services Compact:
[Read from Exhibit D.] I am currently the executive director for the Interstate Commission for the EMS Compact, and I have been in that position about 18 months. I am retired from the Department of Homeland Security where I managed EMS there—the providers that are law enforcement first but provide EMS care such as Border Patrol, Immigrations and customs, Secret Service, Coast Guard, et cetera. I am also a retired provider, and I was a special forces medic for 22 years in the Army. I am here today to explain and answer any questions in support of this bill for the state.

It really is the state's decision whether they want this or not. It is not something I want to sell to any state if it is not right for that state. The model legislation, which is almost word for word in the bill, came about from the Department of Homeland Security. When I was there, I was the contracting officer representative that brought the group of subject matter experts and all the voices together to write the model language. That model language sets the requirements that essentially brings all states into agreement. There is a baseline of acceptable requirements for EMS providers across state lines. It has nothing to do with emergency medical agencies, employers, the transport services, or the platform, whether it be a helicopter or ground ambulance. This is strictly personnel licensure portability. It is connecting you to a current network of 22 other states. If you read the bill, there is a reference to EMAC [Emergency Management Assistance Compact] where the Governor declares an emergency and many requirements and restrictions are lifted. This would be prior to that situation, whether it be a shortage situation or whether it be day to day. This compact is for those providers living on the border and potentially working in more than one state. You are in an area that could cover three states where a provider would have to maintain three licenses. If all three of those states were in the Compact, they would only have to maintain one—think of it like a driver's license which is issued by one state and accepted by the other states that enter into that compact. Essentially, it is a contract agreeing to the terms that you can share that resource. It is connecting you to that network.

In the bill, it states out the requirements for the state. Earlier today, we were walking through the requirements, and everything has been met. There is very little that the state would have to do. It could be implemented rather rapidly. Madam Chair and Committee members, would you like me to walk through the bill, or would you rather present questions that you may have?

Chair Marzola:
Please start by walking us through the bill first.

Ray Mollers:
Page 4, line 23 of the bill starts with the purpose, which is to provide qualified EMS providers the opportunity to cross state lines. Page 5, line 12 defines the terms used, which are very similar to a contract. Page 7, line 1 talks about the requirements for the state: the state would have to utilize the National Registry of Emergency Medical Technicians for certification for initial licensure which the state already does; put a mechanism in place for receiving and investigating complaints—which is already in place by the regulatory authority in the state and is enhanced by the coordinated database and the tools provided by the Compact; and notify the interstate commission of any adverse action which is also done through the coordinated database. It also mentions a criminal background check which the state already requires for licensure.

Page 7, line 33 states, "Member states shall recognize the privilege to practice of an individual licensed in another member state . . . ." This is done through the coordinated database and available on a website. The logic in that database is looking for a valid EMS

license at the levels outlined in the Compact, which would be EMT through paramedic. They have to be over the age of 18, their license cannot be restricted in any way, and they have to work under the supervision of a medical director. The bill lists some exceptions.

Page 8, line 21 goes through the conditions; they are broad and not very definitive. They were looking to make it as useful a tool as it could possibly be. There are five conditions with the fifth one being in line with the rules of the Compact Commission. The other four are just scenarios in which some may be happening on a day-to-day basis. Border providers may be crossing into another state and that may be facilitated through agreements that have been made over the years, but this would give legal authority for this to occur.

Page 8 line 40 mentions the EMAC Compact. This legislation gives authority up to that point. Page 9, line 6 is where it supports our veterans, and it talks about facilitating faster licensure for our veterans that are transitioning. Page 9, line 25 talks about the sharing of information and protection of the public. It is done through the coordinated database. Something the current members of the Compact have realized over the last five years in which the Compact has been active is that sharing authority to identify providers that may be running from something adverse from one state and trying to provide care in another. The coordinated database has assisted in identifying those personnel that privilege can be removed by the remote state. When it is removed from one state, it is removed from all states. It is up to the licensing authority—the home state that issued that license a person is using to practice in multistates—to share that person's information with the remote state and take action on that licensure. They are the authority over that license.

Page 11, line 1 talks about a commission. There are 22 states, with each state having a commissioner. It has generally been the regulatory state director—their title varies from state to state—and has been appointed by the state. The Commission meets at least two to three times a year, once in person. What they are doing is setting the rules that further define how this functions and managing the relationships between the states in this contract to share resources.

Page 16, line 13 refers to the coordinated database. The State of Nevada has a vendor for their license management system that has been the easiest and least costly to the state for connecting to the coordinated database. What it is doing is connecting the licensure data to the shared database that all states can utilize to look up a provider should they have the need. The rulemaking authority in the next part, page 17, line 1, is the responsibility of the Commission. That would be management of the website, management of the coordinated database, all of those rules, and the sharing of information.

Page 19, line 12 is about oversight dispute. It pertains to how to manage disputes and at what authority does it get remedied. For an example, if a state is not compliant with the law, how do you manage that? It lines out if you were to have to remove their authority or remove them from the Compact. With implementation, it talks about the tenth state. Five years ago when the tenth state signed the legislation, it became a compact and the state has the ability to withdraw from the Compact.

Jared Oscarson:
There is a lot of information here and it is straightforward, and it follows the model for bids that has been used in other states. One of the things that I really want to highlight is the national database. Right now, for licensing we do not know—when someone is coming from another state—what their history was there, what their discipline record was there, what their errors or omissions were there. This would give us a chance to have a full line of sight on who is coming in to provide care for patients in Nevada. That is important, especially as we are seeing high turnover with paramedics and EMTs right now. When they are coming from other states, we currently do not have that visibility.

I hate the phrase "running from something," but could that be the case? We do not want to not have a line of sight on that. The other thing I want to make sure of is it is extremely clear if I am a paramedic in Utah, it does not give me the freedom to freelance in Nevada. I still have to be a part of an agency working under a medical director in a licensed vehicle. It is going to be clear that this is not "Jared can get a paramedic license in another state and come and practice." I am not going to put lights in my car and have a bag and run around running calls. I have to be part of an agency; I have to be part of a system. Again, not to undermine any of the current public safety infrastructure, but this is to bolster their visibility, their tools, and to be able to bring in licensed, qualified personnel to provide care in Nevada.

The exciting part of this is we are ready for this in Nevada. We have been trying to figure out how to license and how to attract people to the state. We are a growing state. Obviously, having enough paramedics and EMTs to respond and take calls is an important part of the infrastructure of a community. We saw during COVID-19 where there were certain EMS agencies that were almost out of service because of the COVID-19 quarantine. Whole shifts were put out of service, including fire departments. This would have given us the opportunity to bring in other teams and cover that under those emergency situations prior to any of the emergency declarations from the Office of the Governor. This is a tool that can give agencies, whether it be a public or private agency, the tools they need to work with their regulatory body to bring people in and get things done early and make sure we have the right resources for Nevada.

Assemblyman O'Neill:
With that, Chair, we are ready for questioning from the Committee.

Assemblywoman Jauregui:
Thank you, Madam Chair, and thank you Assemblyman, for bringing this bill. I am usually a big fan of compacts because they allow for areas in which we are short on labor to be able to reach out and bring people in. After our Interim Commerce and Labor Committee, I was carrying a bill for service members for their portability. I let my bill go because earlier this year, the President signed House Resolution 7939 that did just that. It allowed every active service member and their spouse to move their licenses freely across state lines as their orders get changed. I think the only exception to that bill was law, I think every other license was covered under that.

I do have a question regarding the last section on how states could withdraw. I just want to make sure I am reading this correctly. If a member state chooses to withdraw from the Compact, all they have to do is repeal the Compact that they put in statute. Then within six months of the repeal they would be withdrawn from the Compact. Correct? It can be done in as little as six months?

Ray Mollers:
Yes, ma'am. We have had one state that joined earlier that has withdrawn.

Assemblywoman Jauregui:
That was my next question. How many states have withdrawn? Is it only one?

Ray Mollers:
Just one. It was in the northeast, and they had no surrounding states in the compact. It was early on, and the compact had not proven itself to be useful. We had not been through COVID-19 then. The conditions might be different today; if they had a neighboring state, they would most likely rejoin. Did that answer your question?

Assemblywoman Jauregui:
It did. Thank you.

Assemblyman Yeager:
Thank you for traveling all the way here and back in the same day; that is quite a commitment. I just had one question. Of the states that are in the Compact now, has there been any litigation involved in any of the applications of the statutes? My understanding is these have to be adopted in basically the same form state by state. Have there been any issues that have arisen in other states that have adopted a compact?

Ray Mollers:
There has not been any litigation. We recently sought a legal opinion to better define some of the terms. That has been the only discussion and because you are dealing with 22 states, you could have 22 variations of interpretation. Better defining what has occurred over the last decade has been the only issue.

Assemblywoman Monroe-Moreno:
You spoke about the background investigations that have to happen. What are those background investigations that currently happen for EMS? Can an EMS from another state lateral in to departments here in the state of Nevada like they can for patrol officers and corrections?

Jared Oscarson:
The Nevada Department of Health and Human Services and the state of Nevada require a fingerprint background check on all paramedics and EMTs that provide licensed care on an ambulance. They would have the licensing endorsement. What that does not do is check their history on their license for their background in providing care; that gives their criminal

history. It does not give them a background into their paramedic career or their licensure. That is done prior to their getting on an ambulance right now. That is where we talked about this part of the Compact. We already meet that requirement. One of the requirements they have to fulfill as part of the Compact is having a thorough background investigation for criminal history.

Assemblywoman Monroe-Moreno:
Is there anything in current law or just standard operating procedures that prevents an EMS company here in the state of Nevada from doing a more thorough background check, such as talking with the company that a person was working for or had worked for, to see what the record was with that company?

Jared Oscarson:
Not that I am aware of.

Ray Mollers:
Is your question, can an employer or an EMS agency require above the minimum requirement of an FBI fingerprint background check? Yes, an employer can. Requirements for employment are not covered in this legislation. It would only bring that privilege so it would bring the person to the employer. The employer could have additional requirements of them to put them to work.

Assemblywoman Monroe-Moreno:
My last question, on page 9, line 27 says that the home state has the exclusive power to impose adverse actions against an individual. What happens if the individual has an adverse situation in the remote state? Can they report that to the home state? How would any of the other remote states find out about that adverse action?

Ray Mollers:
The coordinated database is the mechanism by which it is shared, and it is expected the remote state would have a responsibility to report it to the home state. The action that they can take immediately is to remove the multistate privilege to practice, and it would be up to the home state to take action on that license.

Assemblyman O'Neill:
To answer your first question, currently Nevada has reciprocity on physicians and medical doctors licensing. I know from being a member on a local hospital board, we accept that, as they are a licensed physician, they have taken the national testing, which are the standards that we require. The hospital will also delve a little further before we grant them authority or permission to work within the hospital settings.

As to your second question, that same part on page 9, if you go to line 38 it reads, "An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and the remote state's EMS authority." It does limit them. One of the nice things about this, as

Mr. Oscarson has said, is they are not allowed to run from one state to another. We have had incidents in the past where a thorough background was not done. Knowing that they have a criminal background, or may have some litigation on their practices or their license does not surface. It will be entered into this national database for us to give us the protection.

Assemblywoman Monroe-Moreno:
My concern or my question was, if something happened in the remote state they were working, to make sure that that information was put into the database. I understand about their having an adverse action and being disciplined in their home state. My question was if someone were here working in Nevada and they came from Arizona or California, how would that be taken care of?

Ray Mollers:
That has occurred, but fortunately not very often. Recently a Colorado provider was providing care in Texas. Texas identified an adverse action, took action, and shared information. This legislation brings to the table the ability to share information, and not only did Texas remove that privilege to practice in the state of Texas, but by sharing it, there would no longer be multistate privilege to practice. By sharing the information with the state of Colorado, Colorado took action on that license so that provider either gets remedial training, or whatever the stipulation is on what they did or, removal from their licensure. That has taken place on a few occasions.

Chair Marzola:
I have a quick question before we move on. If someone is removed from the Compact due to disciplinary reasons, are they ever able to come back to the Compact or once they are taken out, it is forever?

Ray Mollers:
It is based off of current licensure. As an example, a state may restrict a provider to their own state. They initiate a removal of the privilege to practice—say it is one year of supervision or something like that—and they do not want to expose the other states to that. They can remove that. Some actions on licensure are time limited. That is entered in a coordinated database, and it automatically comes back as long as that license remains valid. There are mechanisms to bring it back, but it is really based off of the licensure of the home state.

Assemblywoman Torres:
I have two quick questions. My first question is whether or not the licensees would have to apply to be part of that? I know for some of our compacts that is true. It seems this would be a specific type of license. My other question is what surrounding states are part of the Compact?

Ray Moller:
It is different from some other health care licensure compacts where they issue a compact license like nursing does. This is more of a multistate privilege that is granted through

a valid license in a compact state. It is like your driver's license issued by the state of Nevada is accepted in the other states. That is facilitated through a compact. To answer your second question, Idaho and Utah. There is current legislation in three other states.

Assemblywoman Torres:
Are the requirements of this comparable to the current requirements that we have within the state of Nevada for EMT licensing?

Jared Oscarson:
The state of Nevada and the Southern Nevada Health District both have met the requirements of the Compact. We are already doing most of these things outside of the coordinated database; it would simplify our reciprocity in the state. We are currently doing the background checks, the national registry, and all those kind of things that are required. Those are all part of the state already.

Assemblywoman Backus:
My question falls under the Compact, page 15, line 10. It pertains to the qualified immunity defense and indemnification. I know member state is clearly defined, but this qualified immunity provides that it extends to the members, officers, executive director, employees, and representatives of the Commission being immune from suit arising from a variety of circumstances. I was curious how broad that is intended to be? At the beginning, it clearly states that this is not to be construed as a waiver of sovereign immunity, but in Nevada, we do have a limited waiver of our sovereign immunity from suit when a suit is brought against our state. I was a little confused by that, and I was curious how broad that would extend?

Ray Mollers:
The Commission is actually dealing with that now; it is a question they are asking their legal advisers. They are trying to determine whether they need a directors and officers insurance policy. I believe the discussion going on now is, the majority of the commissioners are state government officials. Therefore, it would be very similar to their role in a commissioner position as their state regulatory role. I am not sure I am answering the question.

Assemblywoman Backus:
I would be happy to clarify. I guess what I am getting at is, there could be unforeseen circumstances where maybe a licensee who is in the state of Nevada is involved in a situation. They could be working for one of our government ambulance providers in that situation. I was trying to seek whether or not this qualified immunity was intended to extend to the actual licensee and potentially the member state. That is kind of a weird circumstance that I thought this may be trying to extend to just because members did not include that member state and there were a lot of people being included in that.

Ray Mollers:
Thank you for the clarification. I am not an attorney. Therefore, I believe the intent of the legislative language is to cover the commissioners in their actions over creating rules and the management of the Compact and the Commission activities. It does not, in my opinion, extend to those afforded the multistate privilege. Did that answer your question, ma'am?

Assemblywoman Backus:
I am taking it the answer was no when mixed into the situation that I provided. I am happy with that. It was interesting because our Majority Leader indicated what the federal law was with respect to veterans. I know getting licensure in one state may be a lot easier than another state. I did not know with EMS, it is an area that I am just not familiar with, but as an attorney, I am very familiar with certain states. I know which states are easier states to get a bar license. I was curious, have you been seeing anyone that is utilizing a certain state to get easier licensure and then get into the Compact to be able to work in another state? I was just curious about that.

Ray Mollers:
Thank you for your question, and it is a concern of all the states. We have not seen that. This will be my opinion—the providers are maintaining their license where they live. The ones utilizing the privilege more across multiple states would be in a flight paramedic situation where they could work for a provider agency that provides care in many states. They are an authorized EMS authority in many states. You have heard of traveling nurses; they may be like a traveling paramedic-type situation where they are providing care in multiple states and this would allow them to just maintain one license. One part that I will point out, because this does not do anything for EMS agencies and employers, employers could have—or the state could have—a requirement if they are providing care in our state for more than 90 days. I am just using an example where you would need to get a state license from Nevada.

Jared Oscarson:
This requires the National Registry of Emergency Medical Technicians standardized test that each provider has to take. When we talk about an easier pathway, sometimes the easier pathway is the time of licensure and that would be the only easy way to get around that. The test is the same across all of the Compact states. The test is similar to the nursing standardized test and medical boards. It is the equivalent of that for paramedics and EMTs. So that is still the required standard that everyone has to have to come into the Compact as a state for initial licensure.

Assemblywoman Hardy:
Thank you for being here and presenting this bill. My question is about the database and you may have covered this, but just to clarify, who actually is putting the information into the database in each state?

Ray Mollers:
The National Registry of EMTs is the provider. They purchased the nurses' database and reformatted it to be EMT-centric. The state's license management system feeds into it on a 24-hour basis. Anything that changes today, tomorrow will be reflective of it. It is just reflecting what the states are submitting to the coordinated database. The data is all owned by the state. It is in their license management. They are just sharing certain elements of it that facilitate the privilege to practice.

Assemblywoman Jauregui:
I wanted to make sure I understood the answer to my colleague's question. I admire her legal mind, and I just needed to have it a little more simplified for me. If a technician was liable for something, the immunity clause protects the Compact. That technician and the company that he works for can still be found liable.

Ray Mollers:
Yes, this affords no protection for the EMS agencies or the provider.

Assemblywoman Jauregui:
My last question, if a member state makes changes to the Compact, how does that impact Nevada if Nevada were to join the Compact?

Ray Mollers:
That would be a question in the rules that the Commission utilizes. They would determine if a state was not compliant. Legislation changes. This is like a contract. If they change their legislation too greatly, for example, if they put in an additional requirement that is different from the other states, that would disqualify them. I am going to simplify it. They would be disqualified and there would be a process where they would either have to correct that or they would be removed from the Compact.

Chair Marzola:
Do we have we any additional questions? I do not see any. We will open up testimony in support. Is there anyone here in Carson City who would like to testify in support of Assembly Bill 158?

Tom Clark, representing MedX AirOne; and Board of Medical Examiners:
I wanted to get on the record that MedX AirOne very much supports the Compact. It will help in the recruitment and retention of paramedics, especially in rural Nevada where they operate. I will put on my other hat; I also represent the Board of Medical Examiners. Their legislative subcommittee did vote in support of this Compact. They have had the physicians compact [Interstate Medical License Compact] since 2015. While it is a little bit different, it is pretty much the same in that it opens up the doors for us to bring doctors in from other states. We have a problem across the board in the health care industry as far as providers are concerned. Anything we can do to open that up is great.

Matt Brown, Director of Rural EMS, REMSA Health Care Flight:
I am here today to ask you all to support A.B. 158. Emergency Medical Service staffing has been in crisis for a number of years now. Even before COVID-19, many EMS agencies had been very challenged with putting ambulances and keeping adequate staff personnel on the streets. During COVID-19 and even after, shortages have only become worse and most agencies within Nevada and beyond are in a perpetual state of critical staffing shortages. Assembly Bill 158 would give EMS providers a tool in which they can quickly and efficiently add EMS staff to their rosters in times of need without having to wait for several weeks or more to get providers licensed through the state EMS system, which is perpetually backlogged at this point.

Assembly Bill 158 gives the EMS agency the means to help keep entities, paramedics, and ambulances available to provide emergency medical services to the public. Emergency Medical Services has proven itself time and time again to be an essential public service, especially in the last few years. We need your help and support to give us the ability to continue to provide essential services, and we cannot do that without EMS personnel. Assembly Bill 158 gives us another tool to help maintain adequate staffing levels so we can meet our obligations to the public who rely on us.

Kelli May Douglas, Pacific Southwest Regional Liaison, Office of the Assistant Secretary of Defense, U.S. Department of Defense:
[Read from Exhibit E.] Good afternoon, Chair Marzola, Vice Chair Jauregui, and members of the Committee. On behalf of the United States Department of Defense and the military families, I am writing to express strong support for the policy addressed in Assembly Bill 158. State policies that enact interstate licensure compacts such as the EMS Compact relieve one of the many stressors of frequent military moves by enabling military spouses to transfer their licenses 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 family's financial security and overall resilience.

I do want to make a couple of comments about the federal law. I heard there was mention about the new federal law that was signed by the President in January within the Veterans Auto and Education Improvement Act of 2022. There are two provisions of that law. The first one does provide for that streamlined endorsement, but there is a second provision that does give precedent to any occupations that do have an enacted compact in that state. If a service member's spouse came into Nevada with a license from a state that is a member of the EMS Compact currently and Nevada was part of that the EMS Compact, that would take precedence over Nevada's requirement to acknowledge or immediately issue a license. I wanted to clarify that.

Additionally, interstate compacts benefit not only active-duty military members and their spouses. Unlike the federal law that was just signed, they also apply to all eligible professionals to include members of the Reserve, Guard, veterans, and civilians. By enacting the EMS Compact policy, Nevada would have the opportunity to increase the health care workforce available to serve the local community while also supporting military families.

Chair Marzola:
We will move on to opposition. Is there anyone here in Carson City wishing to testify in opposition to Assembly Bill 158? [There was no one.] We will move to neutral testimony. [There was none.] Assemblyman O'Neill, did you want to give some final remarks?

Assemblyman O'Neill:
Never give an Irishman a chance to say a little more. Chair and Committee members, I just want to thank you for this time, and I want to stress to you that this bill is necessary for the state. We have a shortage. I should just say Ditto, we have a shortage. You name the medical service provider; we have a shortage in it. It covers the licensing; it covers protection; we are ensured that we have proper people working here that we are able to recruit and bring into this state. I ask for your consideration and passage of this bill.

[Exhibit F and Exhibit G were submitted but not discussed and will become part of the record.]

Chair Marzola:
Thank you again for your presentation and bringing this bill forward. With that, I will close the hearing on Assembly Bill 158.

I will now call a recess. [The Committee recessed at 2:27 p.m. and reconvened at 2:32 p.m. Assemblywoman Jauregui assumed the Chair.]

Vice Chair Jauregui:
We will now open the hearing on Assembly Bill 147.

Assembly Bill 147: Revises provisions relating to dentistry. (BDR 54-74)

Assemblywoman Elaine Marzola, Assembly District No. 21:
Thank you, Vice Chair and members of the Committee. Today, I am here to present Assembly Bill 147 which concerns dentistry. Joining me today is Eddie Ableser from TriStrategies, and Dr. Aimee Abittan, who will provide some specific information on the bill and answer any questions the Committee may have. During the interim, I had the honor of serving on the Joint Interim Standing Committee on Commerce and Labor. We heard presentations on Nevada's health care workforce and how we can make health care more accessible for all our residents. In particular, we learned about expanding and modernizing oral health, doctors of dentistry, and some of the ancillary services that can assist our communities with access to care and quality of care and the convenience of accessing a trained and qualified dental professional in Nevada. Vice Chair, with your permission, I am going to turn the presentation over to Mr. Ableser to give you specific details of the bill and how it will benefit all Nevadans.

Eddie Ableser, representing Nevada Dental Association:
I do want to sincerely thank Assemblywoman Marzola for working together from the interim committee on nuancing this language—which you will see today is continually being

nuanced—to really get to the heart and the value of what this bill brings to all Nevadans throughout the state. The purpose of this Committee is addressing the concerns of workforce shortages and access to care. We believe from a teledentistry, vaccination, immunization, expansion of provider definition and dental home, which I will address in just a second, this gets to the heart of all those concerns.

Nevada ranks forty-eighth in the nation for overall health care, according to the Commonwealth Fund from the Centers for Disease Control and Prevention (CDC) [page 2, Exhibit H]. There are other rankings that we mentioned during the interim for your guidance. We believe as one health care provider in the field we are able to help address some of these poor rankings within the state to move the needle and provide more access and more treatment for individuals throughout the state.

Doctors of dentistry, as we refer to our industry, are trained, qualified, and focused on helping Nevadans live healthier through interprofessional collaboration and integration of health care [page 3]. We see the work they do from an oral health perspective, in conjunction with our dental hygienists and dental therapists, as being important to the overall health of all individuals throughout the state, both young and old.

We developed A.B. 147 as a modernization dentistry bill to address ancillary oral health care services in a way that we believe are innovative, progressive, and can increase the access and convenience of care to all Nevadans [page 4]. We kept in mind many of our rural frontier communities and underrepresented communities in our urban areas of the state. To be more specific and walk you through Assembly Bill 147, the modernization of dentistry part one deals with the provider of health care. This is found in section 1 of the bill [page 7]. Section 1 of the bill simply adds dental hygienists and dental therapists to *Nevada Revised Statutes* 629.031. We believe this is an important provision in opening up access inclusion of providers of health care to dental hygienists and dental therapists, which they are. It will assist with our overall public health goals throughout the state for individuals' oral health.

Part two, which is a little bit more robust, is teledentistry. This was part of Senate Bill 391 of the 81st Session, and we had a lot of conversations throughout the interim and the previous session. We see in sections 2 through 14, sections 20 through 25, and sections 33 through 39 the specifics about teledentistry [page 9]. It applies the "distant site," "originating site," and "telehealth" definitions ascribed in NRS Chapter 629. Teledentistry is used to diagnose, treat, educate, manage, and consult with patients within appropriate conditions that teledentistry can actually function. I have dentists here from the Dental Association who can address that a little bit later. That dentist must be licensed in the state of Nevada and must establish a bona fide relationship with a client prior to establishing a teledentistry relationship. We believe this is extremely important for ongoing care and ensuring that the individual is treated in an appropriate way by having that in-person oral screening before ongoing teledentistry. We do have an amendment [Exhibit I] that I will address later that will change that a little bit in areas of emergent need and public health programs.

This portion of the bill also addresses verification of patient contact information for provider as well as informed consent, both written and verbal, and emergency procedures [page 10, Exhibit H]. I do want to inform the Committee that we have been talking with Katania Taylor from Health Freedom Nevada on language to perhaps include written consent for minors in this teledentistry section. There are elements in this bill for the Health Insurance Portability and Accountability Act [HIPAA] and recording requirements. We talk a little bit in the bill on the importance of referral care that is geographically accessible, which is important for our rural and frontier communities to access providers of oral health care and the ability for those providers to do ongoing care for emergencies as well.

There are regulations that need to be created for prescriptions, maintenance of records, and coordination of care with other providers. We do have an amendment that I will mention later about the education courses and continuing education course requirements for teledentistry [Exhibit I].

There are procedures for safely securing electronic storage of records [page 11]. Those sections also include licensure requirements such as educational courses and two hours of continuing education that the Board [Board of Dental Examiners of Nevada] will prescribe. There is a friendly amendment that addresses this as well [Exhibit I]. We talk about medical facilities noting patients for the various providers through teledentistry should they choose that while they are at their facility. We have a portion on Department of Health and Human Services oversight over teledentistry, and there is a section about professional limited liability insurance requirements in the bill.

We are working with PrimeCare Benefits Group consulting. They brought up some nuanced language that might benefit that specific portion in section 8 that can help it a little bit better. We do not have that language today, but hopefully in the near future. I have Dr. Aimee Abittan to talk a little bit more about the value and the purpose of teledentistry for the state of Nevada.

Aimee N. Abittan, DMD, Private Citizen, Reno, Nevada:
I am a practicing general dentist in Reno, Nevada. I am also a member of the Nevada Army National Guard. I am a captain, and I serve as a dentist there. Teledentistry is a wonderful tool for us to be able to use. It helps us assess patients' emergent situations, and whether further care is needed. As a class our jobs really help us get immediate attention to patients. One of the things we noticed during the pandemic was our profession was able to help keep a lot of people who would otherwise have been in the ER out of there if they had a dental emergency. If they have pain, swelling, or something that is keeping them out of their job for a day, we are able to keep them from needing to access elevated care. Teledentistry will allow us to do that further. If we are able to see a patient on a remote basis, we can keep them from needing to access elevated care and needing to use resources that could otherwise be directed in favor of care other patients need more.

We have a lot of things we can look for and assess in teledentistry situations. If we have video available, we are able to look for broken teeth, look for swelling, look for signs and symptoms, and have patients indicate to us where things are hurting them. There are a lot of things we can garner from a visual exam that allow us to render care, render an opinion, render whether they need emergent care, or whether they can seek care in a little bit more delayed fashion. This has the potential to allow us to expand access to care not only in the rural areas but in a lot of the underserved urban areas as well. It can take a while to get in and get established with the general dentist—this allows us to help people bridge that gap. We still have a bona fide relationship with our patients prior to doing teledentistry, but it can help us see them more immediately.

Eddie Ableser:
I am going to move to the third portion of our bill. I want to be clear; this portion is in the bill and it is associated because it comes after teledentistry but has nothing really to do with teledentistry. It is the immunization and vaccination privileges in terms of scope and function of our oral medicine providers. We believe this section is important. We see, based on, again, the CDCs Commonwealth Fund, that Nevada is forty-fourth worst in the nation for vaccination administration for every 100,000 residents [page 13, Exhibit H]. We need more access for our citizens, for our individuals, that can bring health care providers and give them the ability to seek immunization and vaccination if needed.

To walk through this section, nothing in this section mandates vaccination or immunizations in any way. This simply gives more access to our community through a highly trained, qualified health care provider to provide vaccination or immunization to a client or consumer if they need it. Sections 15 through 19 of the bill and sections 24 through 25 of the bill address immunization and vaccination [page 14]. The bill specifies that there will be a special license from the Board to administer immunizations. We do have a friendly amendment that will clarify this a little bit more but that special license from the Board will be governed and dictated appropriately through regulations from the Board for a special procedure. We have doctors of oral medicine that do laser procedures, and requires a special license as well. This is similar to that function. There will be approved courses from the Board for the training; there will be a separate special license. The bill actually talks about a special separate license for immunization for influenza only. The amendment that you will see before you will strike that out [Exhibit I]. We believe just one special license for the ability to do vaccination and immunization is sufficient.

There is language in the bill that allows dental hygienists or dental therapists with the special endorsement who act underneath the guidance of a doctor of dentistry to also help and assist in vaccination immunization [page 15]. This language also includes:

- Immunization must have a standing order from a doctor of dentistry, physician, physician assistant (PA), or advanced practice registered nurse (APRN).
- Procedures on how to dispose of the contaminated equipment.
- Plans for emergencies.
- Reporting to the state Board of Health on any severe reactions.

- Follow all CDC best practices.
- Provide client with vaccine information statement.
- The bill has written informed consent. Every doctor of dentistry, dental hygienist, and dental therapist must go through training on written informed consent. The bill has mandatory gained written informed consent, especially for minors.
- There is a review of medical history.
- Create a detailed record of the immunization and HIPAA requirements as well.
- Regulations for continuing education courses on immunization special endorsement.
- Outlining unprofessional conduct in the administration of immunization.

I would like to ask Dr. Mark Funke to address some of the needs and why it is important to add this provision for doctors of dentistry in the state of Nevada.

Mark D. Funke, Private Citizen, Carson City, Nevada:
As doctors of oral medicine, we are responsible for the general well-being of our patients which involves such things as medical assessments, including any or all systemic diseases or conditions that the patient has. This includes accumulating all medications a patient is receiving, medications we may potentially use, how they interact, what the physiological effects are, and how to handle the situation. It is important to understand this bill in no way attempts to increase our scope of practice as health care providers because it is already within our scope of practice. It is also important to understand that nowhere in this portion of the bill does it dictate that anybody is required to receive a vaccine. This is simply opening up more avenues with the lack of health care access that we have. It still allows that person the right to choose if they want to receive a vaccine or not. It also adds another point of care, which will increase the public's access to lifesaving care in a safe, effective, and convenient manner.

Eddie Ableser:
That is the last part of the immunization vaccination portion. Our final portion of the bill is our dental home portion of the bill. Dental office is basically what we mean when we say "dental home." The American Dental Association refers to a dental home, or in the medical language, a primary care physician. You all have a dental home; it is your primary dental office.

In sections 26 and 29 of the bill, it stipulates that in certain situations that do exist in this state, if a school actually requires dental examinations, screenings, or assessments, they may be done through teledentistry. The goal here is because there is a lack of providers and lack of care in some communities where they cannot access those provisions, these could be done through these programs. We have heard conversations around the Head Start program that might have requirements in order to check and make sure that there are not any dental or oral lesions in the mouth. These are all parts of the bill that require that review.

Only if this is the case, then we refer to the concept of a dental home or ongoing care or a virtual dental home, if there is not one closely available. That is what the provisions of this section do. They establish a dental home—is basically continuously delivered care, in

a comprehensive, coordinated, family-centered manner, from a licensed dentist in the state of Nevada—for that client. A virtual dental home is a team of professionals who are connected virtually because there is not one closely located in some of our rural regions. That is it for the notion of dental home.

I do want to call up Dr. Dragon for a second, if you do not mind. Dr. Dragon has done work in the connection and coordination of care around dental home, and he is going to make a couple of comments on the significance of dental home and why that ongoing coordination of care is important for our citizens.

Richard J. Dragon, DMD, Chair, Counsel on Government Affairs, Nevada Dental Association:

[Read from Exhibit J.] I wish to state that I am in support of A.B. 147 and wish to address section 10, subsection 1 which states, "Except as otherwise provided in this subsection, a licensee must establish a bona fide relationship, as defined by regulation of the Board, with a patient before providing services to the patient through teledentistry." This is for emergent care and public health programs only. Specifically, emergent care is defined as treatment of pain, infection, or any intraoral or perioral conditions which presents immediate demise to the patient's well-being and cannot be postponed. Public health program is defined as any service, public health district, school district, or Board of Dental Examiners approved programs.

This section of A.B. 147 addresses access to care issues, which has generated questions from various individuals. There is a realization within the profession that a significant percentage of our population have varying degrees of dental coverage that they may not be aware of. Many of these individuals are perplexed on how their coverage can be utilized while also bearing concerns that their form of coverage may not be accepted in any given dental office. If a patient was allowed to call any dentist that was qualified as a teledentist to have some sort of offsite initial screening, that specific dentist could assess obvious needs, and after a health history is reviewed, prescribe antibiotics and, if needed, further suggest over-the-counter analgesics and how they should be used.

In addition, the dentist could advise the patient on what they need to do and where they need to go next. In reality, there can only be two choices: referral to an emergency medical facility which would be required for cases of extreme infections and/or injuries. The second choice would be referral to an actual dental office or dental home.

Questions have been asked concerning the establishment of a dental coordinator to help these patients with obstacles they may face when trying to find a dental office/home. The American Dental Association provides information that defines what a Community Dental Health Coordinator is and the services they provide. Community Dental Health Coordinators would come from the private sector, proving to be a win-win-win situation or outcome. By that, I mean:

1. Access to care has been addressed.
2. New patients are brought into a dental office or dental home.
3. Reduction in dental emergent patients seeking treatment and medical emergency centers.

I want to thank you, Madam Vice Chair and Committee members.

Eddie Ableser:
Members of the Committee, we believe that these four provisions within the bill can change some of the struggles that we are having in our urban and our rural communities by providing more access and convenience of care and opening more pathways and doors for individuals to access some of the needed care. That is the extent of my prepared presentation. Madam Vice Chair, I do have remarks on a proposed friendly amendment if you would like me to present that first, prior to questions.

Vice Chair Jauregui:
Yes, if we could start with the amendment.

Eddie Ableser:
Many of you have received a proposed friendly amendment [Exhibit I]. I do want to thank members of the insurance community, our friends at the Nevada Dental Hygienists' Association, members of Immunize Nevada, and other stakeholders that have come to me and talked to me about ways that we can make this bill better. In the possible friendly amendment that I would like you to consider, there are seven specific changes that we have identified right now that we think would make the bill significantly better.

The first change is to add a new section in the bill. This was worked on with our insurers. The language would state that nothing precludes an organization for dental care or an administrator of a health dental plan that includes dental coverage from negotiating reimbursement rates for teledentistry with providers in their plan. We think this is commonsense language that ensures that providers and their insurers can work together on those rates. Nothing in this bill is intended to state that they should be on parity with an office visit. We understand that many insurers have to negotiate those rates in other states as well.

Number two is deleting section 7, subsection 4, paragraph (b). We believe that section is a little confusing and does not really address some of the intent on teledentistry. We think by removing that and the notion of a professional judgment of the licensee on oral examination, we want things to be more specific and prescribed. The Board obviously has the ability to set that into regulation.

The third amended portion is in section 9, line 21. There is the word "teacher." Teacher exists in the "collaborate in real time through teledentistry with a person who is not licensed pursuant to this Chapter." Everyone else, every other function, in that section is a professional in the health care field. We felt that "teacher" probably did not belong there. We are removing the word teacher in the amendment.

The fourth portion of this amendment is in section 10, subsection 1. This is where it talks about establishing a bona fide relationship with a client prior to delivering teledentistry. Section 10, subsection 1 continues and says the licensee may establish such a relationship through teledentistry. We would like to add language that adds a comma after that and states for emergent care and public health programs only. We believe that an in-office, in-person visit is very important. An oral examination in person is very important. In certain situations, without having that established relationship, there are situations that cannot happen and that is an emergent care or some of our public health programs where there is not a provider available for some of these clients' needs. The language would be specifically, "emergent care is defined as treatment of pain, infection or any intraoral or perioral condition which presents immediate demise to the patient's well-being and cannot be postponed. Public Health Programs is defined as any program which is administered by the Department of Health and Human Services; or public health district, or school district, or Board of Dental Examiners of Nevada approved programs." We believe that those two caveats are appropriate exceptions to the establishment of a new patient through teledentistry.

The fifth portion in this friendly amendment is the deletion of section 16 completely. We believe again that in the immunization vaccination section of this bill and that special endorsement, that section 15 is sufficient that we do not need to have a secondary special endorsement just for influenza. We believe that one special endorsement is sufficient.

Our sixth portion of the amendment removes "or 16" from sections 17, 18, and 19, which references the section that was just previously deleted.

Finally, the last part of our friendly amendment is in section 21 of the bill. Section 21, subsection 2, specifically lines 23 and 24, deal with the ongoing continuing education for teledentistry. Nothing in this was ever intended to force a dentist to have to go through training for teledentistry. If they do not want to do teledentistry, it is a choice; it is an option. We were not able to get this initially in the language. To the language "In addition to satisfying the requirements of subsection 1," the new language would state if "an applicant for a license to practice dental therapy or dentistry, or any of its special branches," and we would add "who wishes to practice teledentistry, must submit to the Board proof that the applicant has completed the provisions of the continuing education."

These are our friendly amendments that we would love for you to consider. We are supportive of these, and we thank our stakeholders in the community for working together to help refine this language to make it more appropriate. That is the extent of the presentation on amendments, Madam Vice Chair.

Assemblyman Yeager:
I really appreciate the way you presented this bill. I thought it was a good mix of professionals coming in in the middle. Well done on the presentation. The question I had about the substance of the bill relates to the amendment and specifically the second recommendation in the amendment of the deletion of section 7, subsection 4, paragraph (b). If you go to page 6, that is where that language is found. At the top it talks about things that a licensee shall not do. If we are talking about teledentistry and subsection (a) is "Provide treatment for any condition based solely on the results of an online questionnaire," that seems very reasonable to me. Then if we skip (b) for a second, and go to paragraph (c), you can "Engage in activity outside his or her scope of practice," that makes sense.

I guess the question I have is it seems paragraph (b) makes a lot of sense to me to include in the bill because it says essentially you cannot provide services "if, in the professional judgment of the licensee or according to the relevant standard of care, the services should be provided in person." I saw that as a consumer protection piece. I did hear you explain why, but I am not sure that it made sense. If you could just talk a little bit about the thought process behind eliminating that provision. Is that going to be provided somewhere else in terms of consumer protection?

Eddie Ableser:
When we read "A licensee shall not: Provide services through teledentistry, including, without limitation, conducting an oral examination, in the professional judgment of the licensee or according to the relevant standard of care, the services should be provided in person." The concern around that is, one, it seems like a double negative, right? There is confusing language, and I had multiple stakeholders reach out and ask me, What does it mean? If we break down the notion of that, it basically stipulates that you cannot do an oral examination through teledentistry, but you can if it is in your professional judgment or relevant standard of care.

When I went back to the Nevada Dental Association and the Nevada Dental Hygienists' Association, what is relevant standard of care? It is very ambiguous. There is not a set definition of that. Then the conversation is, Well, if we keep this in here, we have to define relevant standard of care. The logic on that was go backwards in the bill to section 5, when it talks about what teledentistry is intended to be used for: diagnosis, treatment, education, care management, and self-management of the consultation with the client at these sites. Then we gave guidance to the Board to create regulation on what those would look like. We felt that was sufficient in helping guide the function of a dentist through teledentistry. It was just a little confusing. Believe me, we went back and forth on this, but there was the confusion around what is professional judgment in front of the Board. If someone did something they could say that in their professional judgment, their oral examination met certain standards. What are those standards? It was just a little ambiguous, Assemblyman Yeager.

Assemblyman Carter:
You probably did address this, but I just wanted to put it clearly. This is not in any way, shape, or form empowering dentists or dental hygienists in the state of Nevada to practice

outside of this jurisdiction through telehealth. If that is true, is there any other way other than just taking the patient's word for it to prevent them from crossing state lines or jurisdiction for care?

Eddie Ableser:
It is my understanding that during the pandemic and during many executive orders given by both then-President Trump and Governor Sisolak, there were opportunities for professionals to work in cross-state methods. Currently, we do not have the ability for professionals through telehealth or teledentistry to meet care. I believe those executive orders have now been rescinded and you have to be licensed in the state you will practice in. There are conversations in the future about compacts; you all hear about compacts. One of the Assemblymen in this chamber is sponsoring a bill about compacts on the ability for people to practice in both states. That has not happened yet, and that cannot happen yet. In this bill, you have to be a licensed dentist in this state to be able to provide that care.

Let me also be clear: the person could be out of state but licensed in Nevada to provide that care through teledentistry. They have to have their dental home, they have to practice in Nevada. They could have been on a conference and someone needed a dentist and they talked to them.

Richard Dragon:
There is a requirement here to take a health history. Health histories include addresses. I am not licensed to do this unless I have gone through the proper qualifications. I am a licensed dentist in Nevada. That health history they signed with their names, their birthdates, and their addresses is considered a legal document based on everything I have ever known in my entire life.

Assemblywoman Torres:
Thank you for bringing this legislation and for the presentation. In section 9, on page 6, and looking at the teledentistry and telehealth standards in here, I would like a quick confirmation that these are similar to and comparable to the other telehealth laws that we already have in the *Nevada Revised Statutes*.

Eddie Ableser:
Yes, this bill was drafted two years ago in consultation with Dr. Antonina Capurro. She used a lot of the current language from telehealth and telemedicine to help guide us in our teledentistry. Obviously, not everything is the same. Some things were admitted and by our amendments, some things have to be changed, but it was very similar to telehealth.

Assemblywoman Torres:
The next question is on section 21, page 13 of the bill. I see the language that we are adding regarding the licensures. Does this include renewals for the course, specifically the course in teledentistry? I am wondering if dentists practicing already would have to take this course?

Aimee Abittan:
Currently as it stands, for other adjunctive services that we are able to offer, for example, laser certification, that is a certification that we gain. We provide proof to our Board and then we are able to continually provide that care. If the Board has updated information they want us to learn, they will advise us. It is an ongoing thing. It can be decided whether this continuing education needs to be redone on a rolling basis with our renewals for our licenses. As precedent, things like laser certification do not need to be renewed. It is something that we simply are able to continue doing.

Assemblywoman Torres:
I think my question is a little bit more targeted towards if you are a practicing dentist like yourselves, right now, would you have to take this course on the telehealth? I do not know; it might be in here, but I did not catch it.

Aimee Abittan:
Yes. It is in here.

Eddie Ableser:
In section 21, subsection 2, paragraph (a) and (b), the new language has an "or," and so in the continuing education portion, you must take two hours prior to renewal of your license. If you want to practice teledentistry or for new students, they could do it through the course.

Assemblywoman Torres:
I appreciate that I was reading it wrong, so I appreciate the clarification. My last question is on section 26, subsection 1, and the language in here regarding school dentistry. It does say "A public school that requires a child to receive a dental examination." As an educator myself, I am not familiar with any schools that require that. We might want to change that language "that make available" because there are many schools that make those examinations available. I think that might address some of the general public's concerns as well.

Eddie Ableser:
I think there is a good conversation that we are having with stakeholders around sections 26, 27, and 29 of this bill. These three sections were designed in a way to recognize that some areas, like childcare facilities—we know that the Boys and Girls Club, for example, has great programs they give to their youth and that there is an amazing delivery of services—we want to make sure though, if there is an examination or screening in any way, that child is not left out and there is no coordination or wraparound services that happens in medical or behavioral health fields. In the oral health field, we want to make sure that child, in this situation, has that home or that dental office for ongoing care. We will reach out to Health Freedom Nevada who has some concerns about these specifics, and I think there will be some good agreeable language in this area as well.

Assemblyman O'Neill:
I have got to say I like the bill. As I said earlier, we need to expand our services, particularly to rural Nevada. I have a couple of questions, but I want to make sure I understand. The

immunization, the whole thing, is purely voluntary in the dental part, correct? I really appreciate your working with Chair Marzola on some of the amendments to the bill. If I understand correctly and to follow up to Assemblywoman Torres' question, educational programs such as Head Start have federal requirements that before a child can enter in or utilize Head Start programs, they have to have a dental exam. Is that correct, or am I close to being correct?

Eddie Ableser:
That is my understanding. Some of those federal programs have requirements that are early intervention services. There are some requirements that ensure we do a screening or evaluation of a child's mouth to make sure they are healthy or their needs can be addressed.

Assemblyman O'Neill:
Naturally before any treatment, immunizations, or vaccinations are administered to a juvenile, there is written requirements for their parent or legal guardian, correct?

Eddie Ableser:
In section 18 of this bill, it stipulates that any child who does receive an immunization or vaccination from an oral medicine provider must have a written informed consent.

Assemblyman O'Neill:
In section 30 regarding the hospitalization requirements to perform certain acts, could you explain that to me a little more in English instead of legalese, please.

Eddie Ableser:
In section 30 of the bill, we believed in that wraparound portion of care when we evaluated it. One of the things we have seen in some of our hospital facilities, or medical facilities is that oftentimes a client or patient has needs and does not know how to get those oral health needs addressed. All we are asking is to coordinate with those medical care facilities to ensure they provide a way for that person to get perhaps teledentistry while they are at the site, if there is not an oral health professional there. It is coordinating with that facility to ensure that opportunity exists.

Assemblyman O'Neill:
Is that going to require a hospital emergency department to have an on-call dentist 24/7?

Eddie Ableser:
I think that is a great point. I think it does the opposite, right? You do not have to have that emergency professional always there. You have the access through teledentistry in case there is that need and a professional via teledentistry can diagnose and check and make sure that something that is jeopardizing that patient gets checked out right away.

Assemblyman O'Neill:
It does not have to be at two o'clock in the morning. That is what I am saying about on call 24/7, even via teledentistry. I am trying to look at the hospital's requirements.

Eddie Ableser:
One of the values of our telehealth programs and now, hopefully, our teledentistry program is that they are accessible 24/7, that someone somewhere is accessible 24/7. As we all know, emergencies happen regardless of the time of day. We want to make sure that our providers have that access to the consumers who need it.

Assemblyman Yurek:
I want to thank you for coming and talking to me and trying to explain this. For summary, I sit on some committees that have some controversial topics and I think this is the one that has flooded my inbox the most. You have done a great job of explaining, and I appreciate your indulgence of my questions. Even today your presentation, as Assemblyman Yeager indicated, was very helpful. I think the question that we addressed in my office and I just want to clarify my understanding of it, is it would make sense, right? I mean, of course, teledentistry, people; how do you fill a cavity over Zoom, right? That does not make sense. The requirement typically is that there would have to be a face-to-face meeting before a dentist's relationship with their patient could continue to monitor and assess the situation with maybe an updated prescription, something like that. What we are allowing in this situation is to increase access in rural areas and some areas where there are limitations on availability of providers, even in urban areas that might be underserved, so that in emergency situations, this could occur without having that relationship already established and that would make sense. Is it an emergency? If yes, go to the emergency room if you need to.

Then there is this other section that allows it for public health programs. It sounds like at that point, to address the specific question we had in my office—and I apologize, not everybody else is privy to the background on that—that is why we would make the referral to a dental home so that the patient relationship could be established for necessary follow-up care. Can you just confirm that is the appropriate understanding.

Eddie Ableser:
That is a hundred percent accurate. Thank you for so eloquently articulating that for the Committee members.

Vice Chair Jauregui:
Assemblymen Yurek asked my question, but I do want to make a statement. I just want to say thank you. I know this is not the first time we have seen the bill, and I had concerns about some of the immunization components of it during our last legislative session. I was able to go home during the interim and reach out to my dentist and have a conversation with him and other dentists as well that made me understand the issue and I am happy to see it here before us again because I think this will benefit our communities.

With that, I am going to start with testimony in support. I am going to start here in Carson City and then we will go to Las Vegas and the phone line. Is there anyone in Carson City wishing to testify in support?

Caryn Solie, Member, Legislative Committee, Nevada Dental Hygienists' Association:
[Read from Exhibit K.] I want to thank you for bringing this and sponsoring this bill. The Nevada Dental Hygienists' Association has collaborated with the Nevada Dental Association on each of these identified areas of concern. We each brought forward mechanisms and ideas to advance oral health care for Nevadans. We had mutual agreement on multiple issues and on some, we respectfully disagreed with one another. Today, I would like to briefly address the items in A.B. 147 which were contained verbatim in Senate Bill 391 of the 81st Session which was vetoed by the Governor. It was passed bipartisan though.

Recognizing that dental therapists and dental hygienists are primary care providers in Nevada is necessary. This is necessary to recognize that hygienists are classified in the same category as dentists by the U.S. Government and the Department of Labor. We are diagnosing and treating practitioners. This allows dental hygienists to be included in federal and state student loan repayment programs, which is helpful since the average dental hygiene student takes courses for four to five years. This could reduce the financial burden of secondary education and increase the number of dental hygienists. We are in a workforce shortage as has already been discussed. Additionally, student loan repayment options could help encourage practitioners to work in our rural and underserved areas as well.

Teledentistry language is needed to ensure that we protect the public, modernize dental care systems, and increase access to care. The Nevada Dental Hygienists' Association has been advocating for this for six years as it is a primary way to increase access to dental care in a wide variety of settings. We have learned through the pandemic that innovation is needed to increase utilization of our workforces and to expand the number of valuable contact points with licensed dental practitioners for the state of Nevada. For your information, on the Nevada Electronic Legislative Information System is a ten-minute video we provided [Exhibit L]. It was created by one of our dental hygienists who actually has a mobile dental hygiene practice, and she utilizes teledentistry. If you are interested in it and you have ten minutes to watch, it is worth it.

Vice Chair Jauregui:
We are going to ask that you wrap up your testimony. I see that you have it in writing. If you would like to give it to our committee secretary, he can distribute it to the Committee members.

Caryn Solie:
It has been submitted already. I do have two quick points though. On the amendments that were brought or suggested, we received those just this morning from the Nevada Dental Association. We are not in support of the recommended amendment that would make it for influenza only. However, the way it was presented to us, we misread it, and I do thank the presenters ahead of us in clarifying that. As for the other ones, we are in agreement with them. I would also ask that in the proposed possible amendments presented by Mr. Ableser, number seven, final one, that we add the dental hygienists so that it would read, if an applicant for a license to practice dental hygiene, dental therapy, or dentistry, et cetera, that that would just be a typographical inclusion.

Vice Chair Jauregui:
Was there anyone else in Carson City wishing to testify in support? Seeing no one, I am going to go down to Las Vegas. Is there anyone in Las Vegas in support? [There was no one.] There was no one on the phone line wishing to testify in support. We are now going to open testimony in opposition.

Lydia Ruiz, Private Citizen, Las Vegas, Nevada:
I am calling in opposition to this bill. I was a military member and during my service I had three or four years of extensive dentistry care and, not to get too much in the weeds, I did utilize emergency services at one point. Listening to all these medical experts who were brought in here, the telemedicine seems like it might be an avenue more to get insurance. They get paid for those by the insurance more than the emergency services. If you are in emergency care, which I utilized every time I had something that I was unaware of or in pain, I would call the dentist office and they would tell me, yeah, you need to go to the emergency room. That should not be qualified as telemedicine or an appointment. That is just the doctor saying, yes, I saw you and what you are having and experiencing is not normal, so go to the emergency room.

Another part of this bill that I completely oppose is the vaccines being put into dentistry. There are already vaccines available at grocery stores, pharmacies, retail stores, Walmart, Target, and Albertsons. Every single place in the corner of everywhere we can find avenues to get vaccines, even on school sites. In the beginning of the year the schools have vaccine sites every time during the beginning. I am just wondering why we are so focused on pushing and pushing vaccines. My kids' dentist is Centennial Children's Dentistry. Kids go into the rooms by themselves without their parents. They are encouraging parents to let their kids go by themselves to get their exam and for teeth cleaning appointments—all these things by themselves. That to me is frightening to think about. A child might be persuaded by getting a token or getting some kind of reward like a sticker or toy. If you get a vaccine, you get another token. That is concerning for me as a parent for dentist offices to encourage parents to wait in the lobby and have children go in by themselves. I completely oppose this bill. I think, as somebody who had to utilize emergency dentistry, there is a lot of work that can be done.

Katania Taylor, Executive Director, Health Freedom Nevada:
I am reading this testimony on behalf of my codirector, Kat Sienkiewicz [Exhibit M]:

> We are a nonpartisan, grassroots, all-volunteer organization representing approximately 5,000 Nevada families and we serve as the Nevada affiliate for both Children's Health Defense and Stand for Health Freedom, national organizations whose missions align with ours. Our founding principles include the rights of every citizen and every parent or guardian, in the case of a minor child, to true and fully informed consent to any and all medical pharmaceutical interventions, religious freedom and parental rights in all personal health care decisions. We strongly oppose A.B. 147. Please consider making amendments to this bill that will specifically protect minor

> children in Nevada. Written parental consent for all dental, medical, and pharmaceutical treatment is absolutely necessary as it protects all parties legally, including the provider. Section 10 subsection 2 paragraph (d) needs to be updated to reflect this. Please also remove sections 26 through 29 entirely. The introduction of the concept of "required dental examinations" for school or daycare admittance is unacceptable. Though we recognize that the verbiage in this bill does not mandate these screenings, it certainly sets up the framework for a future mandate. It is simply bad public policy to deny an education to a child because of their medical status.

We do, however, welcome discussions to considerably reword this section of the bill. Thank you very much.

Alida Benson, Executive Director, Nevada Republican Party:
I am testifying in opposition to A.B. 147 on behalf of the Nevada Republican Party. Assembly Bill 147 seems like a bill in search of a problem. First, it seeks to promote teledentistry, whereas most dental issues do require a hands-on examination. While education on dental best practices can certainly be conducted remotely, a teeth cleaning or root canal cannot. Rather than promoting teledentistry, why not give an incentive to Nevadans who take proactive care of their teeth: perhaps a fee reduction or refund on taxes extracted from them by the government; a permanent sales tax holiday on toothpaste and floss. As for sections 26 through 29, this bill again seeks to expand the role of the nanny state by imposing a dental exam requirement as a condition of admission into school. Again, rather than the government seeking to undermine the role of parents, why not reduce our burdensome taxes on families that choose to prioritize their children's mental health. The government has no place in your doctor's office.

Finally, our third point of opposition to this bill is the allowance of a dentist, dental hygienist, or dental therapist to administer vaccines. It states in section 18 that you would need to obtain the informed consent of the patient and review their medical history, except that dentists do not usually have access to the full medical history of the patient other than what is self-disclosed. Vaccines have trade-offs, especially for those with preexisting conditions. Judging by the copious amounts of billboards in our most populous county promoting vaccines, it does not appear that there is any shortage of locations to get them, as a previous caller noted. Let specialized doctors like dentists focus on what they do best and keep vaccines out of the dentist chair. On behalf of Republicans in the great state of Nevada, we oppose Assembly Bill 147.

Daphne Lee, Private Citizen, Las Vegas, Nevada:
I also oppose this bill as it is currently written without the amendments. Echoing the sentiments of the callers before me, I definitely do not think that we should have required dental examinations. I have concerns about dentists doing vaccinations, and as long as it is amended to ensure that minors are protected, I would like to note kind of a neutral add-on that I am sure a lot of dentists, if this were to pass, would be promoting the HPV vaccination. I just want to let people know that vaccination is currently in litigation for death, harm, and

fraud. I personally know somebody whose daughter got an autoimmune disorder from the vaccination which ended her collegiate athletic career. I think people need to learn more, especially our professionals, about the adverse events that are often not mentioned. I would just encourage people to learn about these lawsuits. You can go on aboutlawsuits.com and read the complaints; they are very educational.

I would like to thank everyone who said they were willing to work with the language and to amend it so our concerns are addressed. I really appreciate that very much and I appreciate the presenter and the bill sponsor for their openness in the discussions. I think that is really important and I appreciate it.

Wiz Rouzard, Private Citizen, Las Vegas, Nevada:
I am calling as a private citizen and as a father [unintelligible] the bill sponsor for bringing this bill forward. I think dentists play a pivotal role in our community and it is great to hear conversations in regard to how we can maximize that. As a parent, I do have some concerns, and I will direct the bill sponsor and the presenter to page 6, section 9. I think those definitely should be reassessed. We definitely do not want to include teachers, who do not have the qualifications to start meddling into the medical affairs of students.

Section 10, I understand. Actually, I applaud you. You are the first to include unemancipated minors in your language. Thank you for respecting that. I would encourage you to take a step further where it states that parents can be or need to be present. Please [unintelligible] and provide consent. Currently written, yes, the parent can be present, but I want to receive the service. That consensus will only require that child to provide a verbal or written consent as the patient. I want to make sure we are protecting the vulnerable groups among these children who are not mentally capable of making an informed decision regarding medical treatment. Other than that, I think the bill is going in the right direction and I appreciate the conversation and the insight and a lot of the opposition's perspective in helping strengthen this bill. Thank you very much and for the record, I do oppose the bill until those changes are implemented and I can move forward to support.

Leslie Quinn, Private Citizen, Las Vegas, Nevada:
I oppose A.B. 147. It is shocking that a dentistry topic of this importance would be in the Commerce and Labor Committee. I think most people would consider this a Committee on Health and Human Services topic. However, this is more evidence that Nevadans' health is not the true concern of A.B. 147 but rather a financial business plan and agenda offering drive-through teledentistry and less in-person patient contact—"have it your way" dentistry care. Assembly Bill 147 would allow dentists to provide patient care and, in some cases, diagnose via a patient's telephone image.

Wait, there is more. Let us enhance your dental business and get the dentists, dental hygienists, and dental therapists trained to give immunization shots. This provides another sales vein for pharmaceutical companies to offer the latest hotshot immunizations to the numerous dentists throughout Nevada. Whatever happened to the Physician Payments Sunshine Act? Trusted dentists and staff can now further perpetuate immunization. We have

seen many suddenly be affected by those hotshots. To any and all dentists or the representatives I leave you with these questions. Do any of the current immunizations you give your patients meet the following two criteria and preclinical animal trials: one, do they show a protective benefit; two, do they show no evidence of harm? If an immunization is not fully approved by the Food and Drug Administration (FDA) and or has not met these two criteria, will it be put under an Emergency Use Authorization? If yes, where is the emergency now? Will dentists require new proposed injections to give informed consent? If yes, how will you do that without FDA approval and the clinical trial criteria? Will this not remove protection given by the 2005 Public Readiness and Emergency Preparedness Act and make you liable for injection damage? I strongly urge all legislators to vote no on A.B. 147.

Sarah Gelowicz, Private Citizen, Reno, Nevada:
Good afternoon, Madam Vice Chair and members of the Committee. As a parent and as a concerned citizen, I strongly oppose A.B. 147 for multiple reasons. Most importantly, a dentist's office is not at all the proper setting for giving vaccines. There is no shortage of access to vaccines in the community. This is not only dangerous, but completely unnecessary as well. Please remove all references to vaccine administration entirely. That would be sections 15 through 19.

Also making sure that minor children are protected from unauthorized medical procedures is extremely important. Written parental consent for any treatment involving children is absolutely essential. Section 10, subsection 2, paragraph (d) needs to be updated to reflect that. Please also remove sections 26 through 29. Government-mandated medical procedures are never a good idea. Having required dental examinations for school or daycare admittance is unacceptable. In summary, dentists should never be giving vaccines, proper informed consent should always be done in writing, and the last thing parents need right now is one more bureaucratic hurdle when they are trying to register their children for school. Please vote no on A.B. 147.

[Exhibit N was submitted but not discussed and will become part of the record.]

Vice Chair Jauregui:
We are now going to go to neutral testimony.

Lorena Cardenas, Private Citizen, Las Vegas, Nevada:
Hello, I am a mother of four and I am deeply troubled by the implications of this bill. Next week, my eight- and six-year-old have dentist appointments where they usually get very nervous as most kids and adults do. You mean to tell me, Assemblywoman [the Vice Chair stopped the testimony].

Vice Chair Jauregui:
I am so sorry, but we are currently in testimony in neutral. If your testimony is in opposition, we have closed that. Would you mind please sending in your remarks in writing and we can include those in the record? Is there anyone else wishing to testify in neutral? [There was no one.] Chair Marzola, would you like to give any closing remarks?

Assemblywoman Marzola:
Assembly Bill 147 truly is a bill about giving greater access to care. There is nothing in the bill that makes it mandatory whether for the patient or the dentist. I appreciate everyone coming forward in support, neutral, and opposition. My door is always open, we can keep the conversation going. I appreciate everybody in the Committee taking time today to listen and everyone that has met with me as well.

Eddie Ableser:
I just want to thank the Committee for entertaining our presentation in a conversation around this expansion of care for Nevada. I want to ensure the Committee, Madam Vice Chair, that we are working with all stakeholders—members of Health Freedom Nevada, members of the insurance industry, ancillary health care professionals—to continually refine this piece of legislation. I do want to let you all know that there were three points of concern from Health Freedom Nevada. We know that one of those points was addressed in the friendly amendment. The two other points we believe can be easily addressed through follow-up amendments. Hopefully those individuals that called in opposition can change to support the legislation once the amendment moves forward.

Vice Chair Jauregui:
Thank you. Members, I will now close the hearing on Assembly Bill 147. We are going into a one-minute recess. [The Committee recessed at 3:42 p.m. and reconvened at 3:43 p.m.] [Assemblywoman Marzola reassumed the Chair.]

Chair Marzola:
I will now open public comment. [Public comment was heard.] Committee members, are there any questions or comments before we adjourn? I do not see any. This concludes our meeting for today, and we are adjourned [at 3:44 p.m.].

RESPECTFULLY SUBMITTED:

_____
Spencer Wines
Committee Secretary

APPROVED BY:

_____
Assemblywoman Elaine Marzola, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is written testimony presented by Assemblyman P.K. O'Neill, Assembly District No. 40, regarding Assembly Bill 158.

Exhibit D is written testimony dated March 14, 2023, signed by Ray Mollers, Executive Director, Interstate Commission for Emergency Medical Services Compact, regarding Assembly Bill 158.

Exhibit E is a letter dated March 16, 2023, submitted by Kelli May Douglas, Pacific Southwest Regional Liaison, Office of the Assistant Secretary of Defense, U.S. Department of Defense, in support of Assembly Bill 158.

Exhibit F is a letter dated March 17, 2023, submitted by Marcos Lopez, Outreach and Coalitions Director, Nevada Policy Research Institute, in support of Assembly Bill 158.

Exhibit G is a letter dated March 17, 2023, submitted by Marnee Benson, Director of Government Affairs, Burning Man Project, in support of Assembly Bill 158.

Exhibit H is a copy of a PowerPoint presentation titled "Modernization of Dentistry: AB 147," presented by Eddie Ableser, representing Nevada Dental Association.

Exhibit I is a proposed amendment to Assembly Bill 147, dated February 2, 2023, presented by Eddie Ableser, representing Nevada Dental Association.

Exhibit J is written testimony presented by Richard J. Dragon, DMD, Chair, Counsel on Government Affairs, Nevada Dental Association, in support of Assembly Bill 147.

Exhibit K is written testimony dated February 23, 2023, presented by Caryn Solie, Member, Legislative Committee, Nevada Dental Hygienists' Association in support of Assembly Bill 147.

Exhibit L is a video titled "Teledentistry: cost-effective, high quality, care coordination," submitted by Caryn Solie, Member, Legislative Committee, Nevada Dental Hygienists' Association, in support of Assembly Bill 147.

Exhibit M is written testimony submitted by Kat Sienkiewicz, Board Member, Health Freedom Nevada, and presented by Katania Taylor, Executive Director, Health Freedom Nevada, in opposition to Assembly Bill 147.

Exhibit N is a packet of letters in opposition to Assembly Bill 147.