

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

**Eighty-Second Session  
March 31, 2023**

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 1:31 p.m. on Friday, March 31, 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](http://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:**

Assemblyman Cameron (C.H.) Miller, Assembly District No. 7  
Assemblywoman Sarah Peters, Assembly District No. 24  
Assemblywoman Angie Taylor, Assembly District No. 27



**STAFF MEMBERS PRESENT:**

Marjorie Paslov-Thomas, Committee Policy Analyst  
Sam Quast, Committee Counsel  
Joe Steigmeyer, Committee Counsel  
Spencer Wines, Committee Secretary  
Garret Kingen, Committee Assistant

**OTHERS PRESENT:**

Loretta L. Ponton, Executive Director, Board of Occupational Therapy  
Angela Terencio, Private Citizen, Las Vegas, Nevada  
Beth Slamowitz, Senior Policy Advisor on Pharmacy, Department of Health and Human Services  
Bryan Harris, Voter Education Organizer, Battle Born Progress  
Elizabeth MacMenamin, Vice President of Government Affairs, Retail Association of Nevada  
Susan Nguyen, Chair of Legislative Advocacy Committee, Nevada Pharmacy Alliance  
Gener Tejero, Private Citizen, Las Vegas, Nevada  
Clare Macaraeg, Private Citizen, Henderson, Nevada  
Medid Raja, Private Citizen, Las Vegas, Nevada  
Brian Ung, Private Citizen, Las Vegas, Nevada  
Kaylynn Bowman, Private Citizen, Henderson, Nevada  
Joel Kurzman, Director, State Government Affairs, National Community Pharmacists Association  
Kristy Tran, Private Citizen, North Las Vegas, Nevada  
Dave Peightal, Director, Nevada Pharmacy Association  
Khanh Pham, President, Nevada Pharmacy Association  
Michelle Nguyen, Private Citizen, Las Vegas, Nevada  
Sally Chia, Private Citizen, Las Vegas, Nevada  
Bill Head, Assistant Vice President, State Affairs, Pharmaceutical Care Management Association, Washington, D.C.  
Laura Rich, Executive Officer, Board of the Public Employees' Benefits Program  
Tray Abney, representing Board of Dispensing Opticians  
Corinne Sedran, Executive Director, Board of Dispensing Opticians  
Alexandria Cannito, representing American Board of Opticianry and National Contact Lens Examiners  
Mark Myers, Private Citizen, Las Vegas, Nevada  
James Morris, Executive Director, American Board of Opticianry and National Contact Lens Examiners  
Jennifer Ryan, Private Citizen, Las Vegas, Nevada

**Chair Marzola:**

[Roll was called and protocol was reviewed.] With that, we will start with our first agenda item. We are going to have our work session first, before we start hearing our bills. We are going to take those bills out of order as well. We are going to work session Assembly Bill 251 first. I will it turn over to our policy analyst, Ms. Paslov-Thomas.

**Assembly Bill 251: Revises provisions governing prescriptions. (BDR 54-1006)**

**Marjorie Paslov-Thomas, Committee Policy Analyst:**

[Read from [Exhibit C](#).] Assembly Bill 251 revises provisions governing prescriptions. It is sponsored by Assemblyman Nguyen, and it was heard on March 20, 2023. There is one proposed amendment, and there is a mock-up that was prepared by the Legal Division attached to the work session page [pages 2 and 3, [Exhibit C](#)]. It is to amend subsection 3 of section 1 of the bill to authorize the pharmacy to provide the specific directions for use given by the prescribing practitioner in English and the other language in a separate document if it is impractical to include that information on the label or other device affixed to the container of the prescription in English only. If it is practical to provide that information in English on such a label or other device, the pharmacy must include the information in the other language on the label or other device.

**Chair Marzola:**

Thank you for your explanation. Members, are there any questions?

**Assemblyman O'Neill:**

For clarification, the amendment as I read it is going to be the description of "take the medication two times a day" or whatever it may be and not a full history of the prescription. Is that correct?

**Chair Marzola:**

That is correct. Assemblyman Nguyen, would you like to come up, or am I correct in saying that he is correct? [Assemblyman Nguyen motioned yes.]

**Assemblyman O'Neill:**

Thank you for that clarification

**Chair Marzola:**

Any other questions? [There were none.] I will entertain a motion to amend and do pass Assembly Bill 251.

ASSEMBLYWOMAN MONROE-MORENO MOVED TO AMEND AND  
DO PASS ASSEMBLY BILL 251.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED. (ASSEMBLYWOMAN KASAMA VOTED NO.  
ASSEMBLYWOMAN JAUREGUI WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblyman Nguyen. We will now begin with Assembly Bill 147.

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

**Marjorie Paslov-Thomas, Committee Policy Analyst:**

[Read from [Exhibit D](#).] Assembly Bill 147 revises provisions relating to dentistry. It is sponsored by Assemblywoman Marzola and was heard on March 17, 2023. There are ten proposed amendments by Eddie Ableser with Tri-Strategies, and I will run through them for you. The first is to add a new section to Chapter 631 of *Nevada Revised Statutes* to provide that "nothing precludes an organization for dental care or an administrator of a health benefit plan that includes dental coverage from negotiating reimbursement rates for teledentistry with providers in their plan."

The second one is to delete subsection 4(b) of section 7. The third is to delete section 8 of the bill and replace with "A licensee who provides dental services through teledentistry for patients in Nevada shall possess and maintain professional liability insurance insuring the licensee against any liability arising from the provision of dental services."

The fourth is to amend subsection 1(b) of section 9 to remove "teacher" from the list of unlicensed persons with whom subsection 1(b) of section 9 specifically authorizes a licensee to collaborate through teledentistry to provide diagnostic services or plan treatment for a dental emergency.

The fifth proposed amendment is to amend section 10 of the bill to: (1) provide that a bona fide relationship with the patient may be established through teledentistry only for the purposes of emergent care or in connection with the public health program; and (2) define "emergent care" and "public health program." The sixth proposed amendment is to amend subsection 2(b) of section 10 of the bill to require the licensee to obtain the informed written consent of the parent or guardian of the patient before providing services through teledentistry if the patient is an unemancipated minor.

The seventh is to delete section 16 of the bill. Proposed amendment eight is to amend the requirements of the bill which requires an applicant for a license to practice dentistry or dental therapy, or any of its special branches, to submit proof of the completion of certain education requirements concerning teledentistry to instead require only an applicant for a license to practice dental hygiene, dental therapy, dentistry, or a licensee who wishes to practice teledentistry to complete such education requirements.

The ninth proposed amendment is to delete sections 26, 27, 28, and 29 of the bill. The tenth amendment is to add a new section to the bill requiring a licensee of the Board of Dental Examiners who performs an initial examination, screening, or examination on a minor

with the consent from a parent or guardian, to refer the minor to a dental home, which may include without limitation, a virtual dental home when appropriate and to define a dental home and a virtual dental home.

**Chair Marzola:**

Are there any questions?

**Assemblyman O'Neill:**

I just want to commend you. I know we worked together on some of these amendments. Your patience is amazing. I will make that my question. How can you have such patience when we propose so many amendments? I want to thank you very much for that.

**Chair Marzola:**

You are very welcome. You are great to work with yourself. Members, are there any other questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 147.

ASSEMBLYMAN O'NEILL MADE A MOTION TO AMEND AND DO  
PASS ASSEMBLY BILL 147.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTIONS PASSED. (ASSEMBLYWOMAN JAUREGUI WAS  
ABSENT FOR THE VOTE.)

I will take the floor statement. [[Exhibit E](#) was submitted but not discussed and will be added to the record.] Next is Assembly Bill 158.

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

**Marjorie Paslov-Thomas, Committee Policy Analyst:**

[Read from [Exhibit F](#).] Assembly Bill 158 revises provisions relating to emergency medical services. It is sponsored by Assemblyman O'Neill and was heard on March 17, 2023, and there are no proposed amendments.

**Chair Marzola:**

Members, are there any questions? I do not see any. I will entertain a motion to do pass Assembly Bill 158.

ASSEMBLYWOMAN TORRES MADE A MOTION TO DO PASS  
ASSEMBLY BILL 158.

ASSEMBLYWOMAN KASAMA SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED. (ASSEMBLYWOMAN JAUREGUI WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblyman O'Neill. Next, we will hear from Ms. Paslov-Thomas on Assembly Bill 223.

**Assembly Bill 223: Revises requirements relating to collection agencies. (BDR 54-755)**

**Marjorie Paslov-Thomas, Committee Policy Analyst:**

[Read from Exhibit G.] Assembly Bill 223 revises requirements relating to collection agencies. It is sponsored by Assemblyman Carter and was heard on March 6, 2023. There are six proposed amendments by Kaylyn Kardavani with the Nevada Justice Association. The first is to require a request for a payoff letter to be sent to a collection agency by certain means and contain certain information.

The second is to require the collection agency to provide a debtor with the satisfaction letter meeting certain requirements not later than five business days after the date on which the debtor satisfies the claim.

The third proposed amendment is in addition to authorizing a debtor aggrieved by the failure of a collection agency to provide a payoff letter required by the bill to bring a civil action against the collection agency, authorize a debtor aggrieved by the failure of a collection agency to provide a satisfaction letter as required by the bill to bring a civil action against the collection agency.

The fourth is to revise the definition of "payoff letter" and define "satisfaction letter" and "electronic means." The fifth is to provide that a debtor may request three payoff letters per debt account within any 180-day time period. It authorizes a collection agency to charge a reasonable amount for any additional requests within the 180-day period. The sixth proposed amendment is to amend the provisions of *Nevada Revised Statutes* 649.366 which require a collection agency, before collecting a medical debt, to send a written notification to a medical debtor by "registered or certified" mail to remove the requirement that the mail by which the notification is sent be registered or certified.

**Chair Marzola:**

Are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 223.

ASSEMBLYWOMAN MONROE-MORENO MOVED TO AMEND AND DO PASS ASSEMBLY BILL 223.

ASSEMBLYMAN YUREK SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED. (ASSEMBLYWOMAN JAUREGUI WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblyman Carter. Next, we will hear from Ms. Paslov-Thomas on Assembly Bill 239.

**Assembly Bill 239: Makes various changes relating to government administration. (BDR 23-896)**

**Marjorie Paslov-Thomas, Committee Policy Analyst:**

[Read from Exhibit H.] Assembly Bill 239 makes various changes relating to governmental administration. It was sponsored by the Committee on Government Affairs for the Sunset Subcommittee of the Legislative Commission. It was heard on March 13, 2023. There are two proposed amendments by Steven Johnson with the Washoe County Sheriff's Office and Amy Davey with the Office of Traffic Safety with the Department of Public Safety (DPS).

The first is to remove sections 5 through 7 of the bill and the second is to amend section 8 of the bill to authorize the committee to: (1) study and make recommendations to the Director of DPS regarding practices, technologies, and methods of detecting and determining the presence of and the effect of driving under the influence of intoxicating liquor, a controlled substance, or other prohibited substance; (2) certify devices and methods to test a person's blood, urine, or other sample to determine the presence of or concentration of alcohol, a controlled substance, or other prohibited substance and create a list of those devices or methods; and (3) adopt regulations relating to the calibration or verification of such devices or methods and the certification of persons who operate those devices or methods or who examine operators.

**Chair Marzola:**

Members, are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 239.

ASSEMBLYWOMAN TORRES MOVED TO AMEND AND DO PASS  
ASSEMBLY BILL 239.

ASSEMBLYMAN CARTER SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Vice Chair Jauregui. Next is Assembly Bill 276.

**Assembly Bill 276: Revises provisions governing telehealth. (BDR 54-831)**

**Marjorie Paslov-Thomas, Committee Policy Analyst:**

[Read from [Exhibit I](#).] Assembly Bill 276 revise provisions governing telehealth. It is sponsored by Assemblywoman Duran and there are no proposed amendments.

**Chair Marzola:**

Members, is there any discussion? I do not see any. I will entertain a motion to do pass Assembly Bill 276.

ASSEMBLYWOMAN MONROE-MORENO MADE A MOTION TO DO  
PASS ASSEMBLY BILL 276.

ASSEMBLYWOMAN JAUREGUI SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED UNANIMOUSLY.

I will assign that floor statement to Assemblywoman Duran. Our last bill on our work session is Assembly Bill 284.

**Assembly Bill 284: Authorizes the business of a mortgage company to be conducted from a remote location under certain circumstances. (BDR 54-941)**

[Read from [Exhibit J](#).] Assembly Bill 284 authorizes the business of a mortgage company to be conducted from a remote location under certain circumstances. It is sponsored by Assemblywoman Kasama. It was heard on March 24, 2023, and there are no proposed amendments.

**Chair Marzola:**

Are there any questions? I do not see any. I will entertain a motion to do pass Assembly Bill 284.

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS  
ASSEMBLY BILL 284.

ASSEMBLYWOMAN KASAMA SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Kasama. We will now move to hearing our bills. I am also going to take them out of order. We will start with Assembly Bill 343, which revises provisions relating to occupational therapy. Assemblyman Miller, you may begin when you are ready.

**Assembly Bill 343: Revises provisions relating to occupational therapy. (BDR 54-737)**

**Assemblyman Cameron (C.H.) Miller, Assembly District No. 7:**

Good afternoon, Chair Marzola and members of the prudent Committee on Commerce and Labor. I am here today to present Assembly Bill 343. This bill revises provisions relating to *Nevada Revised Statutes* Chapter 640A, the Board of Occupational Therapy. Now for a bit of background information: occupational therapists (OTs), are licensed health care professionals who help patients maximize their quality of life. They work with people of all ages with various health issues to adapt surroundings and tasks to help people with disabilities, injuries, or illnesses live better. Occupational therapists work in many different settings such as clinics, hospitals, nursing facilities, and home health. In Nevada, the Board of Occupational Therapy licenses and regulates OTs and OT assistants.

This measure makes several changes to the Board's law including issuing a license by reciprocity, a provisional license, or a temporary license, issuing a citation to a licensee who commits certain violations of the provisions of existing law governing occupational therapy, revising the qualifications for a person to obtain a license as an OT or an OT assistant, and providing a salary for members of the Board. I believe in the exhibits you should have a list of what the salary would look like [[Exhibit K](#)]. It is very reasonable, not very expensive, and it is also covered by fees. I will pass it on to Miss Loretta Ponton, executive director of the Board of Occupational Therapy. She will provide additional details on the bill, and we will be available for questions.

**Loretta L. Ponton, Executive Director, Board of Occupational Therapy:**

I am pleased to provide testimony and present our bill, A.B. 343, revising provisions to our law pertaining to occupational therapy. First of all, our purpose and need for the proposed changes is twofold. [Read from [Exhibit L](#).] The primary purpose is to eliminate barriers to licensure. A little background: after holding meetings, public workshops, and soliciting stakeholder input, the Board is embracing a tiered strategy preparatory to joining the Occupational Therapy Licensure Compact.

Section 2 of this bill takes the first step by providing reciprocity to occupational therapy practitioners who reside in a state that is a member of the Occupational Therapy Compact. The OT Compact was ratified in 2022 with the initial 10 states joining the compact. Currently, there are 23 states who have passed legislation as members of the compact. The first organizational meeting of the compact was held in August 2022. The organizational structure, staffing, database, rules, fees, and reporting requirements remain to be determined. The first "compact privilege to practice" through the OT Compact is slated for 2024 after the structure and rules have been finalized.

The availability of reciprocity will provide baseline data for determining the impact of compact privilege to practice on the availability of services, number of individuals seeking a license in Nevada from compact states who would potentially be eligible for a compact privilege, and potential fiscal impact to the Board and to the state of Nevada.

The Board will continue to monitor the implementation of the OT Compact to determine whether to recommend legislation to join the compact at a future session. There is currently not enough solid information on the requirements, financial obligations, and impacts that it may have on Nevada. Currently, licensure by endorsement remains available for out-of-state applicants, and expedited licensure with reduced fees for military veterans and spouses is available through our current *Nevada Revised Statutes* provisions.

The second bullet point establishes national certification and testing standards for licensure eligibility [page 2, [Exhibit L](#)]. The National Board for Certification in Occupational Therapy certifies qualified occupational therapy practitioners. Currently, the National Board for Certification in Occupational Therapy (NBCOT) certification is required for licensure in Nevada. The Nevada jurisprudence exam is required for all new applicants for licensure. The examination is web-based and accessible on the Board website at no cost and is the only state-required element of license applications.

Section 8 establishes the eligibility for licensure in Nevada as national certification by the National Board for Certification in Occupational Therapy and passage of the Nevada Jurisprudence Exam on Nevada state law and regulations. The National Board for Certification in Occupational Therapy has established criteria for eligibility, testing, and certification which includes graduation from educational programs accredited by the Accreditation Council for Occupational Therapy. The National Board for Certification in Occupational Therapy evaluates applications, applicants, transcripts, including for foreign-educated applicants, to ensure educational requirements are met in order to take the certification examination.

Stringent eligibility and examination criteria are established by NBCOT to obtain national certification in occupational therapy, eliminating duplication at the state level, thereby furthering the elimination of barriers to licensure. In section 3 of the bill, we also will be creating a provisional license to practice under the supervision of a licensed occupational therapist for individuals in the process of obtaining national certification. This language is to align with the national testing and licensure eligibility requirements.

A new graduate, when determined eligible to take the national exam by NBCOT, will be able to enter the workforce immediately. A new graduate licensee must be under the direct supervision of a licensed occupational therapist and must pass the national certification exam within one year. That is the primary purpose of this bill.

Secondary purposes and need for this legislation are administrative in nature. In section 4, first, we will establish criteria for issuing administrative citations for certain violations, remedial action, and administrative fines. Currently, all violations, whether administrative or

practice-related, must be handled through the formal complaint and disciplinary action process. The ability to issue citations and fines will expedite resolution in a cost-effective manner for both the Board and the practitioner and resolving administrative violations such as updating legal name and contact information, displaying of their license, or providing proof of continuing education.

Secondly, we would like to authorize a salary for our board members who have been serving without compensation consistent with and at the same rate as other regulatory boards, and that is in section 7. The Board is funded solely by licensure fees and receives no funding from the State General Fund. The Board has sufficient funding to cover the expenses related to Board salary—estimated to be less than \$6,000 per year—update language and make conforming revisions, and repeal various provisions that are duplicates or will no longer be the responsibility of the Board. The adoption of national certification and eligibility standards is the third bullet point there.

I have provided a summary of A.B. 343 by section, one brief sentence for each section. I would be happy to go over those with you and open it up for any questions that you may have. I would like to note that the Nevada Occupational Therapy Association has submitted a friendly amendment [[Exhibit M](#)] to this bill to change just one word in one section. We would be open to making that change, if you so wish.

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

**Chair Marzola:**

That was actually going to be one of my questions. We will go ahead and move to questions from the Committee members, and we will start with Vice Chair.

**Assemblywoman Jauregui:**

I wanted to confirm some information. It looks like 20 states are currently members of the compact. Do we know how many states are currently considering it this year? In Nevada, we have occupational therapy licenses, but do we have occupational therapy assistants? Would the assistants also be part of the compact?

**Loretta Ponton:**

There are currently ten additional states considering legislation, whether it goes through this year or through the following year, to join the Occupational Therapy Compact. To answer your second question, we do license occupational therapy assistants as well as occupational therapists. They would fall under the reciprocity and the compact provisions when in the future Nevada moved to compact status.

**Assemblywoman Jauregui:**

To follow up, are states allowed to make changes to the compact? What happens if a state does pass legislation that makes changes to a compact, do the other states have to adopt it?

**Loretta Ponton:**

There is a model Occupational Therapy Compact language that is required to be adopted by each state. There can be no substantial changes; there can be minor changes to it as long as the substantive language is there. There are quite a few requirements that need further clarification, like on what would be the responsibility of the state and liabilities associated. It would be a state law. There is a provision in the compact, once adopted, that it would take another action of the state Legislature to withdraw from that compact. It is a commitment.

**Assemblywoman Jauregui:**

I just wanted to say thank you for bringing this forward. We had the health care workforce day in the Joint Standing Committee on Commerce and Labor, and I have seen the need in every area of the health care workforce. I am hopeful that this will help bring people to Nevada.

**Assemblywoman Backus:**

Along those lines, I had a question about the compact because we are seeing a lot of legislation this session where the compact is encompassed in our statutes and, with this one, I am not seeing it here. I may have misheard your testimony, but I thought you were saying that it was still being worked out with the rules. That concerns me because we are signing something we are not seeing. Can you explain that for me?

**Loretta Ponton:**

Our bill does not propose to join the OT Compact at this time. We are taking a tiered approach to make sure that those rules and regulations established by the compact are in place and we know how that would impact Nevada. We are taking the tiered approach of doing reciprocity for individuals residing in a state that has joined the compact because there are specific eligibility requirements. This is the first step in ours; one is national certification. We are moving to national certification requirements, and we are eliminating the duplication of efforts in our bill so after future legislation, after they get everything in place, we can look at it and make that determination. We would be ready to move and come back to the Legislature and present it at that time.

**Assemblywoman Backus:**

I noticed and I appreciate the fact that the Occupational Therapy Board is open in making this more along those lines as reciprocity, but you had actually a really good provision that I am sad to see is being repealed. That is NRS 640A.160. In that, it is an exception to taking our state examination if someone had already passed the national board certification. That is being sought to be repealed, but then in section 3, you can get a provisional license if you are eligible to take that exam as well as already passing our state exam. It sounds like we are adding additional barriers. Can you elaborate why that is?

**Loretta Ponton:**

The Board had designated the national exam as the state exam. That is why that is being removed. We are specifying the national exam is the exam for eligibility. When the original language was created, the National Board for Certification in Occupational Therapy had not

been created. At that time, there was a joint association. The American Occupational Therapy Association also did the examinations as well as represent the association back in the 1990s when this was first created.

Since then, they split into two organizations because they felt that was a conflict of interest that the examination organization also represented the individuals. They separated into two separate organizations: the certification organization is NBCOT; the association is the American Occupational Therapy Association. They work together. We work very closely with both organizations. They both have their specific needs or they meet specific targets and the certification area was taken over by the National Board. It is redundant for us. We are removing that language because it is no longer necessary because we are designating that national organization at that time.

**Assemblywoman Backus:**

Then the confusion also lies—and this may be a provision you may want to look at—under section 3, subsection 1, paragraph (a) has the requirement that they pass our state exam under NRS 640A.150, but then paragraph (c) comes back and says that you are eligible, and I think your intent now sounds like you are eligible for the National Board exam. Maybe paragraph (a) does not need to be in there.

**Loretta Ponton:**

The exam that is referenced there is the examination on the Nevada law and regulations, not the national examination.

**Assemblyman O'Neill:**

I know we are terribly short in all medical services providers including occupational therapists. Thank you for coming forward. If you could just help me understand if you go to section 14, subsection 2, it talks about continuing education requirements that the Board may write up regulations, and I am confused. You may put requirements for continuing education which may require a licensee to take and pass the examination approved by the Board. They are already licensed, having taken the test or the examination. Can you explain to me why you are requiring them to renew their license to take the exam again?

**Loretta Ponton:**

Again, it is referencing NRS 640A.150. That section refers to the examination on the law and regulations of the state of Nevada. Currently, it is required for initial licensure, and with regulation, we require that they retake that examination on the law and regulations, the jurisprudence exam, at least once every five years because we are continually evolving, we are making new changes to our laws and our regulations, and that is what that is referring to there. We may change it to maybe they take it every two or three years as needed, but we do give them continuing education credit for taking that examination. We do make it a requirement.

**Chair Marzola:**

Are there any additional questions? I do not see any. We will move to testimony in support. Is there anyone wishing to testify in support of Assembly Bill 343?

**Angela Terencio, Private Citizen, Las Vegas, Nevada:**

I am an occupational therapy student at the University of Nevada, Las Vegas, and I am a member of the Nevada Occupational Therapy Association. I am in support of A.B. 343 as it can increase access to occupational therapy services for our community here in Nevada. Please refer to a written submission by the Nevada Occupational Therapy Association regarding a friendly amendment to a revision of language in section 6, subsection 3 [[Exhibit M](#)].

[[Exhibit O](#) and [Exhibit P](#) are letters submitted in support of Assembly Bill 343 and will become part of the record.]

**Chair Marzola:**

We will move to testimony in opposition to Assembly Bill 343. [There was none.] We will move to testimony in the neutral position. [There was none.] Thank you, Assemblyman Miller. Would you like to give any final remarks?

**Assemblyman Miller:**

I just want to thank this amazing Committee for their time and urge your support of this very important bill. You all are lucky. I did not bring up unregistered vehicles or the road to Napa during this entire presentation.

**Chair Marzola:**

I will now close the hearing on Assembly Bill 343. I will now open the hearing on Assembly Bill 134, which requires licensing of pharmaceutical sales representatives. Assemblywoman Peters, you may begin when you are ready.

**Assembly Bill 134: Requires licensing of pharmaceutical sales representatives.  
(BDR 54-329)**

**Assemblywoman Sarah Peters, Assembly District No. 24:**

As the chair of the Joint Interim Standing Committee on Health and Human Services, I am here today to present two bills that address the cost of prescription drugs. The first is Assembly Bill 134 which requires pharmaceutical sales representatives to be licensed in Nevada. This bill was requested by the interim committee. I would like to present a short overview of the legislative efforts to address the cost of prescription drugs, followed by two bill presentations if I may, Madam Chair.

The soaring prices of prescription drugs in America present significant challenges for average citizens. The cost per capita was a whopping \$1,310 in 2020, which sets our country far apart from other developed nations in terms of its drug prices. Sadly, those who are uninsured or underinsured are hit the hardest by these exorbitant prices. However, even

patients with health insurance cannot escape the financial burden as they are forced to pay higher premiums, deductibles, and copays. During the interim period, the Health and Human Services Interim Committee heard presentations on previous legislative efforts to make prescription drug costs more affordable and transparent for Nevadans. For instance, the Legislature created the interim study in 2019 called the Committee to Conduct an Interim Study Concerning the Cost of Prescription Drugs. The committee studied various aspects concerning the cost of prescription drugs including the prescription drug supply chain, underlying reasons for the high cost of drugs, policy interventions on the federal and state levels, and legislative options.

Out of the five interim study bills that were introduced last session, only two bills were passed by the Legislature and signed by the Governor. Those were Senate Bill 380 of the 81st Session, which expanded the pharmaceutical drug pricing transparency program, and Senate Bill 396 of the 81st Session, which allowed public agencies in our state to enter into agreements with private entities for bulk purchasing of pharmaceutical drugs or medical services.

Three bills did not pass, including the following two: Senate Bill 392 of the 81st Session which would have prohibited certain practices by a pharmaceutical benefit manager (PBM) and Senate Bill 201 of the 81st Session, which would have required the Department of Health and Human Services (DHHS) to license pharmaceutical sales representatives.

The Health and Human Services Interim Committee voted to reintroduce these two bills. A modified version of the PBM bill, which is Assembly Bill 440, is on the Committee's agenda today and Assembly Bill 134, which we are discussing right now. Let me give you some context for Assembly Bill 134.

Pharmaceutical sales representatives act as intermediaries between drug manufacturers and health care providers, promoting medications and providing information about their benefits and potential side effects. However, there is a growing concern about the potential for conflict of interest, aggressive marketing tactics, and influence of financial incentives on prescription practices. By implementing a system of licensure and regulation, we can ensure that these professionals adhere to a set of standards and ethical guidelines. This will promote a higher level of transparency and accountability within the industry and help prevent the undue influence of financial incentives on prescribing decisions. In turn, this can lead to more rational prescribing practices and a greater focus on evidence-based medicine.

The licensure of sales representatives can also positively impact prescription drug prices in Nevada. By promoting cost-effective prescribing practices and allocating licensure fees to initiatives aimed at enhancing transparency and drug pricing, we can develop strategies to address high drug prices and make medications more affordable. To be specific, last interim, representatives from the drug transparency program at DHHS testified on funding difficulties for the program. The fees for the licensing of pharmaceutical sales representatives set forth

in Assembly Bill 134 would support the operation of this important program. Additionally, Assembly Bill 440 has a fee that would also offset the cost of that transparency program and we will go over that in the next bill hearing.

I will briefly discuss the key sections of Assembly Bill 134. Section 7 mandates that any person marketing prescription drugs to health care providers, pharmacies, medical facilities, and insurers for more than 15 days in a calendar year must obtain a license from the Division of Public and Behavioral Health of the Department of Health and Human Services. The license is valid for one year, and the State Board of Health is required to adopt regulations for the practice and regulation of pharmaceutical sales representatives. Under section 7, fees collected for the licensure of pharmaceutical sales representatives must be used only to cover the cost of licensing and regulating pharmaceutical sales representatives and for the purpose of improving transparency concerning prescription drug costs.

The bill also outlines prohibited conduct for licensed pharmaceutical sales representatives in section 8, addressing ethical practices in the industry. Section 9 requires the Division to maintain records of proceedings relating to the licensure discipline and investigation of pharmaceutical sales representatives. Certain records related to such proceedings are confidential. Any violation of the bill's provisions relating to the licensure and regulation of pharmaceutical sales representatives is classified as a misdemeanor in section 12 and, further, in section 13, authorizes the Division to maintain an action for an injunction against any person or business entity that violates this provision.

To conclude, A.B. 134 aims to promote transparency, ethical practices, and accountability in the pharmaceutical industry by establishing clear regulations and licensing requirements for pharmaceutical sales representatives. By doing so, we hope to protect the interests of health care providers and patients while maintaining the integrity of the pharmaceutical sales profession. Ms. Slamowitz from the Department of Health and Human Services, who is in charge of that drug transparency program we mentioned, is in the audience if there are specific questions to the work of the state in this area. With that, I stand for questions on Assembly Bill 134.

**Chair Marzola:**

Committee members, are there any questions?

**Assemblyman Yurek:**

I know that we are definitely dealing with challenges with prescription costs. My question is, How many other states license and regulate pharmaceutical representatives? Assuming that there are other states that are doing it, do we have information or data that shows a direct correlation between such licensure and regulation and the actual costs or hopefully decrease in the costs of prescriptions?

**Assemblywoman Peters:**

I wish that I were an expert in this area. It is not my area of expertise. I request that we ask Beth Slamowitz, who works in this area, if she has response to that. It may be outside of her expertise area, in which case I could follow up with you.

**Beth Slamowitz, Senior Policy Advisor on Pharmacy, Department of Health and Human Services:**

There are a couple of other states as well as Washington, D.C., that put this into action to oversee the practice of drug representatives. I have a couple of notes here from the last time we presented this. There was a study done in 2017 that was in the *Journal of the American Medical Association*. It looked at what happened to the market share of brand name drugs that were sold by drug representatives at 19 academic medical centers from 2006 until 2012. Each institution in the study banned small gifts and regulated representative visits more strictly. During this time, the first enacted prohibitions that they put in place were in October 2006 through May 2011.

When they looked at the timeline and allowed the researchers to examine the rate of prescriptions for the drugs and how they changed when policies were put into effect, they found the drugs lost 1.67 percent in market share to cheaper generics and drugs without a dedicated sales force. If it does not sound like a lot, think of it as a percentage of \$60 billion which in 2010 was the sales revenue for the drugs that were covered by the study. It works out to a pretty handsome share. Hopefully that is helpful information.

**Assemblyman Yurek:**

You indicated this bill was a measure last session. You said it did not make it through, which is obviously why we are here. I thought you said there were specific amendments made to correct some of the concerns that kept it from passing. Can you just clarify that for us?

**Assemblywoman Peters:**

I have been working with stakeholders on both of the bills that I am bringing to you today. I chose not to bring amendments because we have not fleshed out all of the issues and solutions to those issues. I understand the concerns, and we are continuing to work together on those issues, but we are just not at a place to be able to present that today.

**Assemblywoman Jauregui:**

I know where your intent is here with creating the license to be able to monitor. I have seen in other divisions where, in addition to licensing, there are other things done as well. They put in statute saying you cannot provide gifts and you cannot spend more than a certain amount of dollars on someone. In this case, it would be like a pharmaceutical representative cannot spend more than \$40 a quarter on a physician or a physician's office. They eliminate inducements for business. I was wondering, does that exist for pharmaceutical representatives right now? I know that is very common in other areas in statute.

**Beth Slamowitz:**

There is not necessarily anything in state or federal statute that sets what a pharmaceutical representative can or cannot do. There are just best practices and guidance put into place as a result of the opioid epidemic. A lot of the deceptive practices and kind of analytics that took place in terms of hitting doctors for prescribing practices and things like that were based on that epidemic. There is nothing necessarily in statute that says what they can or cannot do as a gift. It really is what is considered to be best practice.

**Assemblywoman Torres:**

I was wondering if you could give us a little bit more information about how other states have been doing this. Are other states licensing, and if so, how many?

**Assemblywoman Peters:**

I do not know if we have the specifics in front of us on how many other states have done this, but it is popping up across the country as an issue. I could follow up with you on that. I have it in my notes on my computer but not in front of me today. I apologize for not bringing that information.

**Assemblywoman Torres:**

I think if we do license, we can definitely put some of the regulations in place that my colleague, the Majority Leader, has stated as well. We could definitely put regulations in place in regards to how they may engage in business practice as well.

**Assemblywoman Peters:**

Yes, the bill in front of you in section 7, subsection 2, gives authority to the State Board of Health and mandates the Board to adopt regulations to carry out the provisions of the chapter. There are some criteria for those, but we include "without limitation." There are additional regulations the entity could adopt as it sees best practices for the industry.

**Assemblywoman Kasama:**

Could you just give me an idea, because these are sales representatives, what type of training are you envisioning? Are you training them on the drugs? Could you give me a big picture? What type of training might you be expecting for these sales representatives?

**Assemblywoman Peters:**

I do not know what a training manual for a pharmaceutical sales representative looks like, but it is my understanding there are existing training requirements for pharmaceutical sales representatives as best practices in the industry. As we adopt regulations and the public process goes through, those best standard practices would be fleshed out and included as the training. Their practices, I believe, are related to how to describe medication, how to ensure that the medication is described in the way it can be used, those kinds of ethical best practices.

I know it is out there, but that would be fleshed out in the regulations, and I think it is an appropriate place for it to be fleshed out. In this body, we talk a lot about how prescriptive our statutes have to be, and sometimes we need to get prescriptive because what is happening on the ground is not creating the ecosystem that we envision. I think for a first go at regulating this industry that has a standard of practice in place, the best place for that to happen is at the regulatory level where those public input processes can happen, and then it would come back to the Legislative Commission.

**Assemblyman O'Neill:**

Do the pharmaceutical companies who hire these representatives train them and educate them on the various drugs and also on their competitors' drugs, so they know how to answer the questions for the physicians? I have a follow-up to that being, Are they not then insured by the companies if they misrepresent?

**Assemblywoman Peters:**

My understanding is that is the narrative that exists, but I do not know if we have any record of it without having some place to put that record.

**Beth Slamowitz:**

I am not privy to the exact training manuals given to pharmaceutical representatives. The narrative given is they are trained not only on the medication they are representing, but potentially on their competitors' medications. Again, usually speaking to one medication, most often the drug companies are going to send out their representatives to represent their highest-revenue medications, often brand name drugs, whether or not there potentially could be generic alternatives to those medications.

They are, to my knowledge, required to say there are generic alternatives or anything that is less expensive when they are explaining the use of their medications to prescribers. In the transparency program for the state, we currently only collect information on how many events there are, how many drug representatives there are, and how many events they have. We collect information on compensation that is given to providers. Then we ask them to categorize those compensations to providers. What we have noticed is a very steep upward trend over the last few years in terms of the amount of compensation that is being provided to providers in terms of the medications that they are asked to sell.

**Assemblyman O'Neill:**

You say you keep records on events. Could you define what an event is? Is that a contact with a physician or is that a negative issue that has occurred with that medication?

**Beth Slamowitz:**

No, that would be contact with the physician.

**Assemblyman O'Neill:**

Every time they talk to a physician or physician's office, that is an event. Is it somewhat the responsibility of the purchaser—for example, this trained physician, this doctor specialist—to

ask some of those questions about generics? I am almost hearing that you do not trust the buyer to ask some questions. Here we have physicians who have years in the field. I am a little confused.

**Assemblywoman Peters:**

We are talking about ethics in this bill. You are right, physicians have a standard of ethics, but I am unsure if, in their medical education, they are trained on how to communicate with a pharmaceutical sales representative. Who is to have that ethical requirement? How are we supposed to know how those conversations should go?

I am a fan of physicians. I come from a family of practitioners and medicine. They are very intelligent people. They are still required to take continuing education credits. We cannot expect them to be the be-all and end-all. We have an industry that is actively making money off of these decisions being made by physicians who are spread very thin, and we have talked about that several times during the session. I think it is fair for us to put in an ethical obligation to that relationship. That is not just the onus on the doctor, but also on the provider of those services.

**Chair Marzola:**

Committee members, are there any additional questions? I do not see any. We will move to testimony in support of Assembly Bill 134.

**Bryan Harris, Voter Education Organizer, Battle Born Progress:**

We are in strong support of A.B. 134, and we thank this Committee for pushing this critical bill forward.

**Chair Marzola:**

We will move to testimony in opposition to Assembly Bill 134. [There was none.] We will move to testimony in the neutral position for Assembly Bill 134. [There was none.] Assemblywoman Peters, would you like to give any final remarks?

**Assemblywoman Peters:**

I want to reiterate this bill is about transparency and accountability for an industry that has a significant dollar value and also an impact on vulnerable communities. I will continue to work with stakeholders on issues that have arisen that they were gracious enough to come in and put on the record because we are working through those. I also want to ensure, for the record, that it is very clear this bill is a component of funding the existing pharmaceutical transparency work that is being done. We will talk about the other piece in the next bill.

**Chair Marzola:**

I will now close the hearing on Assembly Bill 134. I will now open the hearing on Assembly Bill 440, which revises provisions relating to pharmacy benefit managers.

**Assembly Bill 440: Revises provisions relating to pharmacy benefit managers.  
(BDR 57-330)**

**Assemblywoman Sarah Peters, Assembly District No. 24:**

I am pleased to present Assembly Bill 440, the partner bill to Assembly Bill 134. Assembly Bill 440 would prohibit certain practices of pharmacy benefit managers. I want to start by saying that the stakeholders have been incredibly gracious with their time in working with me on this bill. We have not come up with a resolution at this time. I have not submitted an amendment because it is still a work in progress.

I will present today on the bill as it is written, but I assure you that I am continuing to work with stakeholders. During the previous hearing on Assembly Bill 134, I provided you with the context to which measures requested by the Joint Interim Standing Committee on Health and Human Services were made. The other bill I was referring to is this bill, Assembly Bill 440. To begin, let us discuss what pharmacy benefits managers (PBMs) are and their role in the health care industry.

Pharmacy benefit managers manage prescription drug benefits on behalf of health insurers, self-insured employers, and government programs. They play an important role by serving as intermediaries between drug manufacturers, wholesalers, pharmacies, and patients. Their primary function is to negotiate discounts and rebates for manufacturers, create drug formularies, process prescription drug claims, and establish pharmacy networks. All of which sounds altruistic and wonderful in the scheme of how we pay for health care.

However, there have been some downsides associated with PBMs. One of the primary criticisms is the lack of transparency in their operations, which can make it difficult for insurers, employers, and patients to determine the true cost of medications. This has raised concerns about potential conflicts of interests and profiteering.

A widely publicized issue, for example, is spread pricing. Spread pricing occurs when health insurers contract with PBMs to manage their prescription drug benefits, and PBMs keep a portion of the amount paid to them by the health plans for prescription drugs. Specifically, a PBM retains the difference or spread between the amount the PBM charges a health insurer and the amount it reimburses the pharmacy when a patient purchases a drug through the health insurance plan. Experience in other states demonstrates that spread pricing can account for hundreds of millions of dollars annually.

For example, in 2018, Ohio state auditors discovered that PBMs contracting with the state's Medicaid managed care organizations (MCO) had a spread of over 31 percent, or \$208 million for generic drugs. In Kentucky, a study initiated by Kentucky Senate Bill 5 from 2018 found that PBMs kept a spread of \$123.5 million in 2018 due to the prevalence of this issue among Medicaid's MCOs. The U.S. Centers for Medicare and Medicaid Services even issued guidance on how to address spread amounts in its medical loss ratios.

In recent years, Nevada has made efforts to increase transparency and oversight in the PBM industry. One such piece of legislation was Senate Bill 380 of the 81st Session which passed in 2021. This revised and expanded the information PBMs must report to the Department of Health and Human Services' Drug Transparency Program. In 2017 and 2019, the Nevada Legislature passed two bills forbidding PBMs to use gag clauses on pharmacists or pharmacies, allowing them to discuss less expensive drugs or alternate payment options with patients covered by PBMs.

While Nevada has taken significant steps toward regulating PBMs, challenges remain. Ensuring transparency and accountability in the PBM industry is an ongoing process, and there is still room for improvement. We must continue to monitor the impacts of PBMs on prescription drugs' affordability to determine if additional legislative measures are necessary.

This is where Assembly Bill 440 comes in—to elevate the purpose of PBMs' managing prescription drug plans by increasing accountability and transparency for this business model. I will briefly summarize Assembly Bill 440 and its key provisions. The bill's key provision is to address the issue of spread pricing. Section 1 prohibits the PBM from earning income from managing pharmacy benefit plans except for administrative fees paid by an insurer or third party with which the PBM has entered into an agreement to manage its pharmacy benefit plans. Further, a PBM must provide any income generated through discounts, pricing incentives, or fees collected from a manufacturer to the third parties and any income generated through rebates by manufacturers to the covered persons. Existing law establishes a duty of good faith and fair dealing toward the third party. Section 6 replaces these provisions with a fiduciary duty for a PBM toward the third party the PBM is contracting with.

A PBM is also prohibited to engage in activities or implement policies that the PBM reasonably anticipates could create a conflict of interest with their duties towards the third party. Finally, section 6 authorizes third parties to audit PBMs to ensure contractual obligations are met in compliance with applicable laws and regulations as maintained. The bill also addresses the funding issues of the Drug Transparency Program of the Department of Health and Human Services (DHHS), as we discussed in the previous bill.

Section 7 requires DHHS to prescribe a fee for the issuance or renewal of a certificate of registration as an insurance administrator for a PBM, which will cover anticipated costs of administering the program at DHHS. Pharmacy benefits managers are required to pay this fee in addition to other fees due to the Commissioner of Insurance, pursuant to sections 2 and 3.

In conclusion, PBMs play a critical role in our health care system. However, their complex and often opaque operations can also introduce potential conflicts of interest and limit patients' affordability for medication. Nevada has taken significant steps to increase transparency and oversight of the pharmaceutical industry. Assembly Bill 440 is another component to building on these past efforts. I wanted to be clear that we have worked on and

I have received several conceptual amendments to consider. Again, at this time, we are not at a place to present those as a final product for the Committee. I will continue to work on those, and I will bring them around to members as we have worked out the kinks.

**Chair Marzola:**

Committee members, are there any questions? I do not see any. We will move to testimony in support of Assembly Bill 440.

**Elizabeth MacMenamin, Vice President of Government Affairs, Retail Association of Nevada:**

I would like to thank the Assemblywoman for taking on this momentous task and for having the courage to do this because this is a big undertaking and it has been coming. There are other states around us that have done extensive PBM reform and in Nevada, while they have taken some steps, there are much bigger steps that need to be taken to address the drug costs in the state of Nevada.

I represent the chain drug stores in the state of Nevada and also represent a few independents. However, in my research and just going through A.B. 440 and talking to pharmacists, I have found a number of independent pharmacists in southern Nevada and they are on the phone lines because they were all engaged and upset because of the experiences they have had. Pharmacy benefits managers control 77 percent of the market under the prescription benefit managers. There are three major providers, and they control 77 percent of the market. We have been concerned—the members of the Retail Association of Nevada—about the chain drug stores operating in our state with this practice.

There are three professional experts who are much more able to answer questions for this Committee than I can. I will concede that I am an infant in this and in understanding what this convoluted, complicated system is. For the longest time, I was a believer that they actually saved on health care costs. I think they did when they initially started out, and then we have three providers or companies that now control this and they are owned by insurance companies now. When you are talking about the insurance company and the PBM being the same, I look at this as if they are auditing themselves. It is kind of like the fox guarding the henhouse.

I am glad that the state of Nevada is stepping up. I commend you as legislators for having the bravery to do this. On the phone lines, we have Dr. Susan Nguyen, an associate professor of pharmacy practices at Roseman University of Health Sciences. She is willing to and wants to testify and bring her expertise to the table. And Mr. Joel Kurzman, director of state government affairs for the National Community Pharmacists Association; those community pharmacists are the ones that are providing for your constituents, for the patients in Nevada and taking care of them. Then we have Mary Staples, the director of state government affairs with the National Association of Chain Drug Stores.

**Susan Nguyen, Chair of Legislative Advocacy Committee, Nevada Pharmacy Alliance:**

We really appreciate and support the bill regarding pharmacy benefit managers reform and the need for PBM transparency. We definitely look forward to working with the sponsor and some of the amendments that the Nevada Pharmacy Alliance and the Retail Association of Nevada have submitted [[Exhibit Q](#)]. As you heard from Ms. MacMenamin, currently three PBMs control about 80 percent of the prescription transactions in the United States and certainly go unregulated.

The lack of PBM transparency is greatly affecting patients and pharmacies, specifically independent pharmacies in the state of Nevada. These organizations are supposed to pass on savings to patients to help reduce drug costs, but they are keeping those rebates and overpayments for themselves. Pharmacy benefit managers affect independent pharmacies by charging retroactive fees and use unfair reimbursement rates for dispensing medications. This has caused some independent pharmacies to close as they are not able to compete with the large, trained pharmacies, and also this contributes to the high cost of medications.

This bill will help increase PBM transparency to help decrease the cost of medications for our patients and help with their reimbursement for dispensing medications, so our small business independent pharmacies in the state of Nevada have an opportunity to thrive.

**Gener Tejero, Private Citizen, Las Vegas, Nevada:**

I own Solutions Specialty Pharmacy in Las Vegas. I would reiterate the Nevada Pharmacy Alliance position. I would ask Madam Chair and the Assembly Committee to support this bill. This will increase PBM transparency. As a small business owner, I monitor our reimbursement. I can tell you that just in the month of March, for example, we have lost about 11 percent of transactions that we have billed third parties, and this is partly due to the PBM reimbursement.

**Clare Macaraeg, Private Citizen, Henderson, Nevada:**

I do support the bill regarding PBM reform. Pharmacy benefit managers have negatively affected my pharmacy financially, because they charge direct and indirect remuneration (DIR) and performance network rebate fees after the point of sale, as Dr. Nguyen has mentioned. These assessments occur many months after the patients have already received their medications, so we are unable to fully account for such fees at point of sale. In addition, because we are a specialty pharmacy, the cost of the medication is higher, creating a higher DIR fee under percentage instead of a smaller flat fee. These percentages that are set by the PBMs are not transparent. To put into perspective of numbers: I was supposed to receive a reimbursement check for claims that we have filled earlier this month, but because the [unintelligible] fees had been retroactively taken out from claims back in September 2022, I did not receive a reimbursement check to cover the cost of the medications we filled earlier this month. These fees create losses in revenue and at times can surpass the cost of acquiring the medication itself. This can affect our ability to care for patients, provide adequate staffing, including offering employee benefits and staying competitive in the local pharmacy community. This is why I support the PBM reform.

**Medid Raja, Private Citizen, Las Vegas, Nevada:**

I am in support of the bill A.B. 440 as well as any amendment that Nevada Pharmacy Alliance has asked for [[Exhibit Q](#)].

**Bryan Harris, Voter Education Organizer, Battle Born Progress:**

We would like to also be in strong support of Assembly Bill 440, and I would like to echo the comments that were made by those before me. We will also be sending in further testimony that is written.

**Brian Ung, Private Citizen, Las Vegas, Nevada:**

I would like to call in support of the bill.

**Kaylynn Bowman, Private Citizen, Henderson, Nevada:**

I am a pharmacist in Nevada and I am in support of this work on the bill and any amendments that are currently being considered for the PBM reform and transparency. I am encouraged and delighted that we are taking this challenge on. I look forward to the work that continues bringing affordable medication to our members in Nevada and also relieves pharmacies, and for payment that is reasonable to our pharmacies and pharmacists.

**Joel Kurzman, Director, State Government Affairs, National Community Pharmacists Association:**

I am pleased to speak in support of the effort to regulate pharmacy benefit management companies in Nevada. National Community Pharmacists Association represents the interests of America's independent pharmacies including the owners of more than 19,000 independent pharmacies nationwide, and 78 in the state of Nevada, which employ more than 950 residents and filled nearly 5 million prescriptions in 2021. Unfair PBM practices not only hamper a patient's ability to obtain pharmacy services from their trusted pharmacist, but those practices can also lead to higher drug costs for both patients and plan sponsors.

Regulation of PBMs can stop some of those opaque practices that are threatening patient access to community pharmacy services and raising costs for patients and plan sponsors. National Community Pharmacists Association supports legislative efforts across the country that improve PBM transparency and create strong authority for enforceable oversight by the states' insurance commissioners. The laundry list of egregious PBM practices is too long to share in my two-minute testimony, but National Community Pharmacists Association stands ready to assist with amending A.B. 440 to address these critical issues.

In conclusion, amending A.B. 440 is an opportunity to control drug costs in Nevada by providing greater protections for patients regarding their prescription drug benefits programs and establishing greater oversight of the PBMs that administer them. I appreciate the chance to speak with you and I am happy to answer any questions you may have.

**Kristy Tran, Private Citizen, North Las Vegas, Nevada:**

I am a pharmacy owner in North Las Vegas. I am here to support Assembly Bill 440 regarding the pricing transparency of the PBM. Our independent pharmacies can keep our

doors open to better serve our community, especially our elders, in better, efficient, and economical ways as much as possible. Thank you for your consideration and action of moving the bill forward.

**Dave Peightal, Director, Nevada Pharmacy Association:**

I would like to support the concept and appreciate the ability to have the conversation. I look forward to working with the sponsor on amendments which the Retail Association of Nevada and the American Pharmacists Association submitted to Assembly Bill 440 [\[Exhibit Q\]](#). Pharmacy benefit manager contracts are very one-sided, take it or leave it. The three largest PBMs control over 80 percent of the medication dispensed in the United States. These PBMs have their own retail pharmacies providing service to customers. Why would they care if we accepted or rejected their contracts? Pharmacy benefit managers started in the 1960s to control drug costs that have morphed into the most highly concentrated, least accountable profit centers in health care.

When PBMs sit as the middlemen in an opaque transaction between pharmacy, sponsors, beneficiaries, and manufacturers, it gives them powerful insight and creates a conflicting environment for their self-interest that may not be known to the sponsor. Direct and indirect remuneration fees have increased 91,500 percent from 2010 to 2019. The cost to each independent pharmacy, on average, is \$81,000 annually. It is clawed back months after the date of sale is completed. Many times, these prescriptions are paid below costs. These DIR fees have been redefined by the PBMs and are being used beyond their original purpose.

Pharmacy benefit managers not only manage drugs but they also own hospitals, clinics, and doctors. Nevada needs to be a leader in addressing the issues which impacts all Nevadans. Nevada's annual State Controller's Report from 2018 directly addresses a low-cost reimbursement to providers. It harms the most vulnerable state population and limits their access to care. We need to have oversight in this unregulated industry. A nonbiased independent entity or plan sponsor should be able to audit these programs. Many states are already working on it or passed legislation.

**Khanh Pham, President, Nevada Pharmacy Association:**

I would like to thank you for taking on the difficult task of addressing PBM reform to strengthen the service of pharmacies in Nevada, particularly for people at low income or at poverty levels. The Nevada Pharmacy Association supports the concept and appreciates the ability to have this conversation. We are looking forward to working with the sponsor on amendments that the Retail Association of Nevada and the American Pharmacist Association submitted [\[Exhibit Q\]](#).

Every year since 2017, a few patients always get switched to a plan that we refused to take because of the low cost reimbursement. This year was no different. A patient could not get her pain medication at the PBM pharmacy of choice. She came back to our pharmacy and paid cash for her medication and spent the next month getting switched back to the plan that we accept. With fill for one month, it will switch back again, and in the meantime, this patient, one of the most vulnerable population, has to pay out of pocket twice.

In February 2022, the Federal Trade Commission (FTC) called for comments on PBM practices and their impacts. They received more than 1,200 individual comments from more than 24,000 parties, which is the largest number of comments the FTC has received on a single issue. Your Nevada constituents cannot go another session without some real reform. The PBM offer take it or leave it contracts knowing they have their own direct competing pharmacies are able to eliminate their competition with no oversight. I urge you to look at the comments on the FTC website to have a clear look at what patients have to face. I challenge you to walk into any independent pharmacy in your district and ask the question about PBM practices and the negative impact they have on the patients and the pharmacy.

[[Exhibit R](#) was submitted but not discussed and will become part of the record.]

**Michelle Nguyen, Private Citizen, Las Vegas, Nevada:**

I am a pharmacy student at Roseman University of Health Sciences. I rise to support Assembly Bill 440. As a student pharmacist and as a person who has worked in the retail setting, it just breaks my heart when I see patients come in and we have to tell them that the formulary has changed or we no longer accept their insurance. We develop these relationships with these patients and they are unable to see us anymore because PBMs have changed the formularies and which pharmacies that they are able to use, which is why I support A.B. 440.

**Sally Chia, Private Citizen, Las Vegas, Nevada:**

I am a pharmacist and owner of a retail pharmacy in Las Vegas. I actually had a firsthand experience witnessing spread pricing. I spent hours explaining to a patient who demanded we pay her back money because she claims her insurance overpaid us for meds after reviewing her explanation of benefits statement. After multiple calls with her insurance plan and finally a four-way call with a PBM, we all realized the PBM took the majority of the fee and reimbursed us a small amount that did not even cover our costs on the medication. It is really frustrating the PBM profited from all of us, including the patient. Our pharmacy provided the hands-on service, the medication counseling, the delivery, and we were not even reimbursed to cover our acquisition cost. How are we going to stay in business to provide services to the community?

The representative from the PBM told us we should just submit an appeal for being underpaid. After appealing, the response is always reimbursement is within our agreed contracts. It is usually one-sided because we cannot even negotiate our contracts. This is a huge problem; PBMs are really hurting the community. In another example I had this week, a patient's wife called for counseling on a medication that was mailed to her by a PBM-owned mail order pharmacy. She was having side effects but could not contact a pharmacist from mail order. After our long call, she appreciated the time we took to counsel her on the medication that was not provided by us. She also apologized for not being able to use our pharmacy for her medication because she pays zero dollars through mail order versus at a local pharmacy like us. She has a copay she cannot afford monthly. Is it not

patient steering and unfair contracting? These are just a couple of examples of how PBMs are taking advantage of our community. I hope this bill moves forward, and I greatly appreciate everyone's time.

**Chair Marzola:**

We will move to testimony in opposition to Assembly Bill 440.

**Bill Head, Assistant Vice President, State Affairs, Pharmaceutical Care Management Association, Washington, D.C.:**

The national PBM trade association is in opposition to A.B. 440, respectfully. I want to commend and thank Assemblywoman Peters for her gracious time in talking on numerous occasions, talking and trying to work through many of the issues with us and continuing to do so. That is greatly appreciated. I will just address a couple of comments made by some of the other testifiers though, particularly with respect to DIR fees. Those are not PBM fees; those are under the Medicare program. Then in terms of the market share, while it is true that the three largest PBMs manage roughly 77 percent of prescriptions, it would be shortsighted to think just addressing the role of PBMs would somehow solve the issue.

Most of you are aware this is a very complicated supply chain. By way of example, the three largest wholesalers have more than 95 percent of the market, the drugs that they sell to the pharmacies, and then they put on another hat and represent those pharmacies as pharmacy services administration organizations in negotiating with PBMs. It is complex. Again, we appreciate Assemblywoman Peters' working with us, and we are hopeful we will be able to get to a resolution on this, this session.

**Chair Marzola:**

We will move to testimony in the neutral position to Assembly Bill 440. Is there anyone here in Carson City wishing to testify in the neutral position?

**Laura Rich, Executive Officer, Board of the Public Employees' Benefits Program:**

The Public Employees' Benefits Program (PEBP) board has not been able to weigh in on this bill yet. However, PEBP has determined that a fiscal note will be necessary. Our concern lies in section 1, subsection 2, paragraph (b), which is regarding the rebates being provided directly to the covered person. In a group health plan, the healthy tend to subsidize the sick and you need those healthy people to pay their premiums and not generate costs. Premiums are set to ensure they can cover the cost of medical care and for prescription drugs.

Public Employees' Benefits Program uses similar methodology for the rebates. Rebates are passed from the PBM to the plan, which are used to reduce the overall cost of claims and are therefore spread throughout the entire population of people we cover, not just those who generate the rebates. The requirement will likely affect the PEBP high-deductible plan the most and will reduce the amount of rebates that come back to the plan significantly. Although we do not have formal estimates quite yet, PEBP does believe that this number is

going to be somewhere between \$3.5 million and \$7 million per year. Yes, while those who generate the rebates will benefit directly; ultimately, all of state employees and retirees will feel the negative impact through higher premiums for state employees and retirees.

**Chair Marzola:**

Thank you. Assemblywoman Peters, would you like to give any final remarks?

**Assemblywoman Peters:**

I just want to reiterate we are continuing to work on this. Obviously, I did not want to give up an opportunity to have a hearing on these bills. I appreciate your time today, and I will continue to work with stakeholders on this bill as well as PEBP to ensure that we are not putting an undue fiscal burden on them as well. I believe that is all I have for today. I will follow up with you all individually and as we move forward.

**Chair Marzola:**

Thank you again for your presentation and our time together today. I will now close the hearing on Assembly Bill 440. I will now open the hearing on Assembly Bill 415, which revises provisions relating to dispensing opticians.

**Assembly Bill 415: Revises provisions relating to dispensing opticians. (BDR 54-846)**

**Assemblywoman Angie Taylor, Assembly District No. 27:**

Good afternoon, Madam Chair Marzola, Vice Chair Jauregui, and the distinguished members of the Committee on Commerce and Labor, still meeting on a Friday afternoon. Look at you, getting the work in. It is an honor to be here before you. I am here presenting Assembly Bill 415, which revises provisions relating to dispensing opticians. I will give you a little bit of background information, and then set it up for you and turn it over to my copresenters.

The Board of Dispensing Opticians regulates the practice of ophthalmic dispensing. The Governor is required to appoint members to the Board. Last session, the Legislature considered but did not pass Assembly Bill 391 of the 81st Session, which would have cleaned up some outdated provisions. There were some last-minute changes, and they ran up against sine die, and we know that is where bills die. This session we are introducing A.B. 415 to revise and clarify provisions relating to licensing requirements, requirements for current licenses, licensees, unlawful acts, and related enforcement provisions. These changes are necessary to ensure the Board achieves its primary function of protecting the public health, safety, and welfare.

Corinne Sedran, executive director of the Board of Dispensing Opticians, and Tray Abney with the Abney Tauchen Group, representing the Board of Dispensing Opticians, are joining me today here in Carson City, and Jennifer Letten who is president of the Board of Dispensing Opticians is joining us in Las Vegas. I will briefly provide a summary of the bill,

followed by Ms. Sedran and Mr. Abney, who will provide more details of the provisions of Assembly Bill 415. They are also available to answer any technical questions the Committee members may have.

The Board of Dispensing Opticians has been working on the language at its meetings over the past two years that would become A.B. 415 to ensure that it effectively streamlines *Nevada Revised Statutes* Chapter 637 and brings it up to date with the most current realities of the profession. This bill serves three main purposes: No. 1, streamlining and organizing the provisions and removing outdated and extraneous language; No. 2, clarifying and simplifying the procedure for obtaining a license, including removing barriers for both in-state and out-of-state applicants; and No. 3, facilitating the board's enforcement of its laws so it may be done in the most efficient and cost-effective manner possible for all parties. We believe this bill reflects and supports efforts on those points as well as the state's general interest in facilitating licensure and job opportunities. I will now pass it over to my copresenters who will present, and then we will all stand for questions.

**Tray Abney, representing Board of Dispensing Opticians:**

I really appreciate my friend, Assemblywoman Taylor, for agreeing to carry this bill. As you can tell, it is what we call a cleanup bill in this building, and it is lengthy and in the weeds. It was brave of Assemblywoman Taylor to carry this bill as a freshman. While she is smiling here in front of you today, I know she will be cursing my name once we leave this table and probably will not be taking my calls anymore. Assemblywoman Taylor did an excellent job of outlining what this bill does. I will not go through that again.

Madam Chair, as you know, I am not that bright, and so, therefore, I want to turn this over to Corinne Sedran, who is the executive director of the Board of Dispensing Opticians. I know this is your last bill on a Friday afternoon. We did provide a section-by-section summary of this bill in the Nevada Electronic Legislative Information System (NELIS) [[Exhibit S](#)] and there is a sponsor's amendment [[Exhibit T](#)] which you can find on NELIS. As Assemblywoman Taylor mentioned, our Board Chair Jennifer Letten is at the table in the Grant Sawyer State Office Building. She is certainly an expert in this field and can answer questions as well. Madam Chair, we will take your guidance as to how you want us to proceed. We can do a brief overview of section by section, or go to questions, whatever you feel is appropriate.

**Chair Marzola:**

Just a brief review section by section, very high level, if you could.

**Corinne Sedran, Executive Director, Board of Dispensing Opticians:**

I will just go through this as briefly as I can. [Read from [Exhibit S](#).] I will start with section 2 here. We have a short title there at the top of our bill. We are going to remove that. Nobody refers to it by the short title, and we are going to replace that with a statement of legislative purpose which is to protect the public health and safety. Sections 3, 4, and 5 are general updates to our definitions having to do with ophthalmic dispensing. We want to clarify "license" means a license issued by the Board of Dispensing Opticians.

"Optical establishment" means a single physical location and not just a business that is engaged in ophthalmic dispensing. Then "direct supervision" means a supervisor needs to actually be on the premises to supervise an apprentice.

Section 6 is an immunity clause. This is in line with other board statutes and general Nevada law—protecting staff and board members from civil liability for any acts performed in good faith. Section 7, is the streamlining of the provisions related to apprentice licenses. We just kept it as clean and clear as possible. These are the requirements to become licensed as an apprentice.

Section 8 is probably one of the lengthiest and that is our regulatory authority, the Board's regulatory authority with respect to licensure. What we wanted to do here was give ourselves a little bit more flexibility with respect to regulation in terms of the daily in and out of license administration, expiration dates, continuing education credit requirements, and things like that. We want to address this in regulation because right now all licenses expire on January 31, and that is not necessarily the best way to administer these licenses. We did leave some clarity within the statute, some finite terms regarding each type of license, because as you probably know, the Governor's executive orders right now put a freeze on all of our regulatory authority. We need to make sure these finite aspects of licensure are adjusted in statute in the absence of a regulation to clarify.

Section 9 is a fee section. We just consolidated every fee related to licensure within our statute. We put it into a single section. Again, this is commensurate with other board statutes. Most of them have a fee section where it is just put plainly into a single section, and we have amended this one. I will go over the amendments at the end.

Section 10 clarifies complaints. They may be filed against either a licensed person or a person who is thought to be violating the provisions of the law but is unlicensed. Section 11 is very important for us. It is a citation authority, and we really do think this is going to help facilitate our enforcement actions because we have various violations that are minor, things like a person not displaying their license certificate at their place of business, they do not notify the Board of a change of address, things of that nature where we do not want to pull them in for a hearing and make them go through that whole process at a public hearing. We just want to say, "Hey, you guys need to fall in line and follow the provisions of our statute. Here is a very minor citation and fine." If they believe that they have not violated any provision of our statute, they still have the right to a full hearing.

Section 12, has to do with a citation authority. This goes into the person who is cited and their ability to request a full administrative hearing. Sections 13, 14, and 15 are more definitions. With respect to section 14, "license" means a license issued pursuant to this chapter or a limited license issued pursuant to this chapter. We wanted to clarify that. That is what "dispensing optician" means, and it is not just a dispensing optician from any state or territory.

Section 15 is a pretty big section, but it clarifies the definition of "ophthalmic dispensing." We wanted to get rid of some outdated terms. Delivery, for example, is not something that we deal with any longer because we have online orders and things like that. Practical aspects of the profession have to be addressed now that we no longer necessarily hand deliver the product to the person. We want to clarify what verification means exactly, the inspection, and then issuing a final authorization to dispense lenses. We wanted to clarify as well what dispensing does include and making recommendations for anything having to do with any design features necessary to fill a prescription. Anything that does not have to do with anything necessary to fill a prescription may be done by an unlicensed person. We did want to clarify what can and cannot be done by a person who might be employed by the same company as other licensed opticians but is not licensed themselves.

In section 16, we just took a provision, removed it from this section and moved it into the definition of dispensing opticians. It has to do with the sale of nonprescription items. We want to clarify that does not constitute dispensing, but it does not mean that the people selling these are not subject to our laws and regulations the way a licensed optometrist or ophthalmologist would be. It is just that the sale of those items does not constitute dispensing.

Section 17 clarifies the four members of the Board active in the profession must be licensed by the Board. Section 18 is a consolidation of provisions related to the business of the Board: electing board officers, meetings, what constitutes a quorum, and a fiscal year.

Section 19 is board member salaries and staff reimbursement for travel costs. Section 20 is more consolidation of provisions related to the general administration of the Board: maintaining offices, employing personnel, and contracting with professionals. Section 21 is a section where we moved a provision. This provision regarding accepting gifts, grants, donations, and contribution of money was originally in our disciplinary section. It had to do with accepting gifts for the purpose of carrying out investigations. That did not seem right to us. Why would we accept gifts for the purpose of carrying out investigations? It seems like it might bias the Board. We thought the purpose of this provision was to help the Board with these administrative costs, so we moved it into a more general provision which has to do with monetary provisions of the Board.

Section 22 is consolidating the general regulatory authority of the Board. Section 23 is public clarifying and streamlining records of the Board. We cut a lot out that was not necessary. We are subject to Nevada public records laws. Then the most important section is section 25, which is a streamlining of the requirements for obtaining a license. This is especially important because it gives the Board the ability now to offer licensed reciprocity and to waive our examination requirements for people coming from equivalent license states. Until a few years ago, we did not have a national exam that was appropriate. We do now, and now we can offer that sort of license reciprocity. That is what we are trying to accomplish here with section 25.

Section 26 is public records and cleaning those up—what kind of records we need to keep on our applicants. Section 27 is where we consolidate all of our provisions related to limited licenses, which we are no longer issuing. We want to keep everything related to limited licenses within one section, so the statute is easy to amend in the future when we do not have limited licenses left that we are overseeing.

Section 28 relates to employment and oversight of dispensing opticians in the workplace. Section 29 streamlines and clarifies disciplinary actions against licensees. Section 30 is all of the Board's investigatory authority, hearing authority, examining witnesses, and subpoena authority all in one section now. Section 31 is enforcement actions against unlicensed individuals who might break one of the provisions of the Board.

Section 32, the final section, adds provisions related to citation authority, which is new, and prohibits a member of the public from holding himself or herself out as a dispensing optician without holding a license.

**Assemblywoman Taylor:**

As you can see, the vast majority of this bill is cleanup. What we are hoping is for your support so we can streamline some things, clean up some others, and make sure that we put the Board in a position where it can operate more efficiently and effectively.

**Tray Abney:**

There is a sponsor's amendment on NELIS [[Exhibit T](#)]. In just one of those provisions, specifically, I want to point out to the Committee, it fixes the fee schedule so it gets rid of that two-thirds requirement on the bill. When the bill came out, we did not mean for it to have that. That is one of the primary fixes of that amendment.

**Assemblywoman Taylor:**

With your permission, we will stand for questions and, as a reminder, we have the chair of the Board with us at the Grant Sawyer State Office Building in Las Vegas who is also prepared to stand or sit for questions.

**Assemblywoman Backus:**

Mr. Abney, this would be a question on what you just said. I take it that *Nevada Revised Statutes* 637.110 which currently governs fees, will no longer be repealed if you are taking out the fee provisions in the bill.

**Corinne Sedran:**

We are not removing the fees provision. We had just entered an amendment to adjust two of the fees listed under that provision of section 9, "An examination established by the Board" and "An application for a license as a dispensing optician" [page 1, [Exhibit T](#)]. Originally, those fees were combined into a single fee. We have separated those out even though the Board is no longer administering an exam, just in case for some reason in the future national exams are not available. We reduce the fees on each of those to \$250, so they would not exceed the original cap of \$500 for the license fee and examination together.

**Assemblywoman Hardy:**

I wanted to verify that you are not going to issue any more limited licenses. There is a section in here that says if they were licensed before February, whatever that date was. I just want to confirm you will be having licenses as a dispensing optician and an apprentice dispensing optician and discontinuing the limited license.

**Corinne Sedran:**

That type of license was already discontinued. We have not changed that. We will still be issuing the full license as an optician to dispense both spectacles and contact lenses. The limited license was just for dispensing spectacles, and that was phased out, starting in 2004. It has been a long time since the Board has issued that type of license.

**Chair Marzola:**

Are there any additional questions? I do not see any. I have one. In section 17, subsection 2, paragraph (a) I see that you have four members on your Board. Why not an odd number? Why not five, seven, or nine? What happens if there is a tie when the members are voting?

**Corinne Sedran:**

The statute actually lists a member of the general public who is the fifth member of the Board. I have to make sure with this legislative language, I believe they have only edited the portion related to the four members who are members of the profession and left the fifth member alone in our statute.

**Chair Marzola:**

Great. Thank you for that clarification. Members, last chance. I do not see any questions. We will take testimony in support of Assembly Bill 415.

**Alexandria Cannito, representing American Board of Opticianry and National Contact Lens Examiners:**

[Read from [Exhibit U](#).] We want to thank Assemblywoman Taylor for bringing forth this legislation. Nevada-licensed opticians are essentially the pharmacists and nurses of the eye care industry. They take a prescription from an ophthalmologist or optometrist and dispense specialty eyewear in accordance with the prescription. During the course of that treatment, licensed opticians are often the first responders to issues related to the eye care patient, whether fitting contact lenses or dispensing spectacle eyewear. During those times, these licensed professionals ensure patients receive proper treatment, are not exposed to potential loss of vision, identify the proper use of spectacles, contact lenses, and affiliated products and other critical training designed to protect patients from potential loss of their vision or blindness. It is important that Nevada be the gold standard for eye care, and we ask you to support this bill.

**Mark Myers, Private Citizen, Las Vegas, Nevada:**

I am currently licensed in Nevada for opticianry and have been for 18 years as well as an instructor in the ophthalmic program at the College of Southern Nevada. I would like to

support this bill as it has been years in the making with multiple workshops and meetings, having gone into consideration of all voices. I am excited to see the updated regulations and the evolution of the field, and I just want to thank you for your time and consideration.

**James Morris, Executive Director, American Board of Opticianry and National Contact Lens Examiners:**

We have certified over 75,000 professionals in ophthalmic dispensing, and we also provide the minimum competency exams as well for the state of Nevada. I am pleased to provide testimony to support Assembly Bill 415. Each of the Committee members should have already received my personal testimony and support of this bill and I respectfully request consideration of that written testimony [[Exhibit V](#)]. I only briefly add that these changes to the bill are critical to continuing the protection of the health, safety, and welfare of the citizens of the state of Nevada. The proposed amendments [[Exhibit T](#)] will further allow the Board to continue its diligent efforts on behalf of the Nevada Legislature and will assure that patients such as my son are protected from dangerous unauthorized practice that could lead to the loss of vision or the eyes themselves, and could well cause death as has recently been discussed at length in the media with the eye drops and the outdated and dangerous products.

As such it is my honor to speak in favor of Assembly Bill 415 and to encourage your passage of that bill as proposed by the Board of Dispensing Opticians.

[[Exhibit W](#), [Exhibit X](#), and [Exhibit Y](#) were submitted in support of Assembly Bill 415 but not discussed and will be included in the record.]

**Chair Marzola:**

We will move to testimony in opposition to Assembly Bill 415. [There was none.] We will move to neutral testimony.

[[Exhibit Z](#) was submitted but not discussed and will become part of the record.]

**Jennifer Ryan, Private Citizen, Las Vegas, Nevada:**

I am definitely in support of licensure in the state of Nevada. However, I think some of the legislation in the bill— [Chair stopped testimony due to relevance].

**Chair Marzola:**

Is there anyone wishing to testify in the neutral position to Assembly Bill 415? [There was no one.] Assemblywoman Taylor, would you like to give some final remarks?

**Assemblywoman Taylor:**

To the Chair, Vice Chair, and all of you on the Committee, we thank you for taking the time to hear this bill late on a Friday afternoon, and I want to follow up. If I read you correctly, Assemblywoman Backus, you think you had a little concern about that may or may not get us

away from the two-thirds. I will make sure we follow up on that to do our due diligence, but we certainly respectfully request your support as we clean this up and allow this Board to go forward in the best way. Thank you so much.

**Chair Marzola:**

Thank you, and thank you for your presentation. I will now close the hearing on Assembly Bill 415. I will now open up for public comment. [There was none.] Committee members, are there any comments or questions before we adjourn? I do not see any. This concludes our meeting for today. Our next meeting will be Monday, April 3, at 1:30 pm. This meeting is adjourned [at 3:45 p.m.].

RESPECTFULLY SUBMITTED:

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Spencer Wines  
Committee Secretary

APPROVED BY:

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Assemblywoman Elaine Marzola, Chair

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

## EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is the Work Session Document for [Assembly Bill 251](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Assembly Bill 147](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is a letter dated March 31, 2023, submitted by Kat Sienkiewicz, representing Health Freedom Nevada, in support of [Assembly Bill 147](#).

[Exhibit F](#) is the Work Session Document for [Assembly Bill 158](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit G](#) is the Work Session Document for [Assembly Bill 223](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit H](#) is the Work Session Document for [Assembly Bill 239](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit I](#) is the Work Session Document for [Assembly Bill 276](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit J](#) is the Work Session Document for [Assembly Bill 284](#), submitted and presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit K](#) is a document titled, "Fiscal Impact Analysis of Board Compensation Provision," dated February 6, 2023, submitted by Assemblyman Cameron (C.H.) Miller, Assembly District No. 7.

[Exhibit L](#) is written testimony submitted and presented by Loretta L. Ponton, Executive Director, Board of Occupational Therapy.

[Exhibit M](#) is a proposed amendment to [Assembly Bill 343](#), submitted by Paula M. Cook, President, Nevada Occupational Therapy Association.

[Exhibit N](#) is a document titled, "Overall Purpose and Need for Proposed Changes to NRS 640A," submitted by Loretta L. Ponton, Executive Director, Board of Occupational Therapy.

[Exhibit O](#) is a letter dated March 29, 2023, submitted by Paula M. Cook, President, Nevada Occupational Therapy Association, in support of [Assembly Bill 343](#).

[Exhibit P](#) is a letter dated March 31, 2023, submitted by Aviva Gordon, Chair, Legislative Committee, and Emily Osterberg, Director of Government Affairs, on behalf of Henderson Chamber of Commerce, in support of [Assembly Bill 343](#).

[Exhibit Q](#) is a letter dated March 30, 2023, submitted by Ken Kunke, PharmD, Executive Secretary, Nevada Pharmacy Alliance, regarding [Assembly Bill 440](#).

[Exhibit R](#) is a letter with amendments dated April 1, 2023, submitted by Khanh Pham, President, Nevada Pharmacy Association, regarding [Assembly Bill 440](#).

[Exhibit S](#) is a document titled "Assembly Bill No. 415 – Explanation of Revisions to NRS Chapter 637: Nevada Board of Dispensing Opticians," dated March 28, 2023, submitted and presented by Corinne Sedran, Executive Director, Board of Dispensing Opticians.

[Exhibit T](#) is a proposed amendment to [Assembly Bill 415](#), dated March 28, 2023, submitted and presented by Corinne Sedran, Executive Director, Board of Dispensing Opticians.

[Exhibit U](#) is written testimony submitted and presented by Alexandria Cannito, representing American Board of Opticianry and National Contact Lens Examiners, in support of [Assembly Bill 415](#).

[Exhibit V](#) is written testimony dated March 29, 2023, submitted and presented by James Morris, Executive Director, American Board of Opticianry and National Contact Lens Examiners, in support of [Assembly Bill 415](#).

[Exhibit W](#) is a letter submitted by Corey Roveri, Second Vice President, Opticians Association of Nevada, in support of [Assembly Bill 415](#).

[Exhibit X](#) is a letter dated March 30, 2023, submitted by Christopher M. Allen, Executive Director, Opticians Association of America, in support of Assembly Bill 415.

[Exhibit Y](#) is a letter submitted by the Opticians Association of Nevada, in support of Assembly Bill 415.

[Exhibit Z](#) is a letter submitted by Thomas Morley, representing Nevada Press Association, in opposition to Assembly Bill 415.