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

Eighty-Second Session
April 7, 2023

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 12:34 p.m. on Friday, April 7, 2023, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

Assemblywoman Daniele Monroe-Moreno (excused)

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

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

Spencer Wines, Committee Secretary
Garrett Kingen, Committee Assistant

OTHERS PRESENT:

Richard Evans, Director, Government Affairs, American Academy of Anesthesiologist Assistants
Shaina Richardson, MD, Physician Anesthesiologist, Reno, Nevada
Jerry Matsumura, MD, representing Nevada State Society of Anesthesiologists
Stephanie Zunini, CAA, President, Nevada Academy of Anesthesiologist Assistants
Joseph Parrish, CAA, Vice President, Nevada Academy of Anesthesiologist Assistants
Rachael Matsumura, CAA, Treasurer, Nevada Academy of Anesthesiologist Assistants
Kira Floge, CAA, Private Citizen, Denver, Colorado
Jada Wabanimkee, Private Citizen, Kansas City, Kansas
Sabrina Oh, Private Citizen, Reno, Nevada
Lindsay Knox, representing Nevada Orthopaedic Society
Blayne Osborn, representing Nevada Rural Hospital Partners
Sarah Watkins, representing Nevada State Medical Association
Susan Fisher, representing Nevada State Society of Anesthesiologists; Nevada Orthopaedic Society; and State Board of Osteopathic Medicine
Dominic Aramini, Private Citizen, Reno, Nevada
Patrick D. Kelly, President and Chief Executive Officer, Nevada Hospital Association
Dean Polce DO, Private Citizen, Las Vegas, Nevada
Jason Jackson, MD, Private Citizen, Las Vegas, Nevada
Julie Chauncey, Private Citizen, Henderson, Nevada
Carl Virgil, MD, Private Citizen, Las Vegas, Nevada
Virag Patel, MD, Private Citizen, Las Vegas, Nevada
Michael Ferrante, Private Citizen, Noblesville, Indiana
Deborah Rusy, MD, representing American Society of Anesthesiologists
Connor Cain, representing HCA Healthcare; Sunrise Hospital; Sunrise Children's Hospital; and Touro University
Ituriel Palafox-Lopez, CAA, Private Citizen, La Crosse, Wisconsin
Randall Clark, MD, Private Citizen, Denver, Colorado
Alexandra Grelecki, Private Citizen, Bluefield, Virginia
Jimmy Lau, representing Dignity Health-St. Rose Dominican
Melodie Osborn, Chief Nurse Executive, Renown Health
Marlene Lockard, representing Service Employees International Union Local 1107
Rachel Wooley, Private Citizen, Reno, Nevada
Lisa Thomas, Ph.D., RN, Associate Professor, Orvis School of Nursing, University of Nevada, Reno
Norman Wright, Private Citizen, Las Vegas, Nevada
Jody Covert, Private Citizen, Carson City, Nevada
Tamara Allred, Private Citizen, Reno, Nevada

Sarah Adler, representing Nevada Advanced Practice Nurses Association
Anthony Ruiz, representing Nevada State College
Angela Amar, Dean, School of Nursing, University of Nevada, Las Vegas
Trevor Parrish, Manager, Government Affairs, Vegas Chamber
Donna Laffey, representing Nevada Association for Career Colleges; and Dignity Health-St. Rose Dominican
Joan Hall, President, Nevada Rural Hospital Partners
Tessyn Opferman, representing Nevada Women's Lobby; and American Federation of State, County and Municipal Employees Retirees
Nicole Livanos, Director, State Affairs, National Council of State Boards of Nursing
Cathy Dinauer, MSN, RN, Executive Director, State Board of Nursing
Kelli May Douglas, Pacific Southwest Regional Liaison, Office of the Deputy Assistant Secretary of Defense, U.S. Department of Defense
Michael Hillerby, representing State Board of Nursing
Patricia Fries, RN, Private Citizen, Sparks, Nevada
Nicki Aaker, President, Nevada Nurses Association
Timothy Squier, Private Citizen, Reno, Nevada
Lloyd D. Gamboa, RN, representing Philippine Nurses Association of Nevada
Elise Monroe-Marsala, representing Nevada Public Health Association; and Nevada Primary Care Association
Donna Miller, RN, Private Citizen, Las Vegas, Nevada
Katherine Manriquez, RN, Chief Compliance Officer, Infinity Hospice Care
Jeanne Reeves, Chief Nursing Officer, Summerlin Hospital Medical Center; and representing Valley Health Systems
John Phoenix, representing Nevada Advanced Practice Nurses Association
Lindsey Mae Ugale, Private Citizen, Las Vegas, Nevada
Victoria Squier, MD, Private Citizen, Reno, Nevada
Carol Swanson, Private Citizen, Carson City, Nevada
Marilyn Lim-Carreon, Campus Director, Unitek College
Janelle Hoover, Associate Chief Nursing Officer, Carson Tahoe Health
Robert Kidd, President, Perry Foundation, Reno, Nevada
Nicole Ellis, RN, Private Citizen, Reno, Nevada
Michael Bellaty, Administrator, Revive Health Senior Health Care Management, Rockville, Maryland
Paige Barnes, representing Nevada Nurses Association
Jessica Lilang, RN, Private Citizen, Reno, Nevada
Grace Vergara-Mactal, Executive Director, Service Employees International Union Local 1107
Marc Ellis, President, Communication Workers of America Local 9413
Renee Ruiz, Legislative Advocate, National Nurses Organizing Committee-Nevada/ National Nurses United
Jason Martin, RN, Private Citizen, Las Vegas, Nevada
Robert Bush, President, Las Vegas Chapter, National Action Network
Dakota Hoskins, Political Director, Service Employees International Union Local 1107

Erin Bakir, RN, representing National Nurses Organizing Committee
Karen Pels Jimenez, RN, representing National Nurses Organizing Committee, Nevada Chapter
Alexis Esparza, representing Service Employees International Union Local 1107
Taylor Patterson, Executive Director, Native Voters Alliance Nevada
Carolyn Smith, Private Citizen
Deanna Leivas, Secretary-Treasurer, United Food and Commercial Workers Union Local 711
Kamilah Bywaters, President, Las Vegas Alliance of Black School Educators
Laura Campbell, Actions Director, Nevada Chapter, National Organization for Women
Liz Sorenson, Executive Vice President, Communication Workers of America Local 9413
Bethany Khan, Spokeswoman and Director of Communications and Digital Strategy, Culinary Workers Union Local 226
Jennifer Secrest, RN, Private Citizen, Reno, Nevada
Ronald Young, representing International Brotherhood of Electrical Workers Local 357
Edward Goodrich, representing International Alliance of Theatrical Stage Employees Local 363
Mike Pilcher, Private Citizen, Sparks, Nevada
Michelle Maese, President, Service Employees International Union Local 1107
Susie Martinez, Executive Secretary-Treasurer, American Federation of Labor-Congress of Industrial Organizations
Thomas Morley, representing Laborers' Union Local 169
Tony Ramirez, representing Make the Road Nevada
Edith Duarte, representing Southern Nevada Building Trades Union
Fred E. Wagar, Director, Nevada Department of Veterans Services

Chair Marzola:
[Roll was called and protocol was reviewed.] We will be hearing four bills: Assembly Bill 108, Assembly Bill 270, Assembly Bill 401, and Assembly Bill 443. I will not be taking those bills in order. We will also have a work session. The work session will be before any of the bill hearings. I will now open the work session on Assembly Bill 127.

Assembly Bill 127: Revises provisions governing Medicare supplemental policies. (BDR 57-467)

Marjorie Paslov-Thomas, Committee Policy Analyst:
[Read from Exhibit C.] Assembly Bill 127 revises provisions governing Medicare supplemental policies. It is sponsored by Assemblywoman Jauregui and was heard by the Committee on March 22, 2023. There are two proposed amendments from Heidi Sterner, Southern Nevada Legislative Chair, National Association of Benefits and Insurance Professionals.

The first proposed amendment would revise the prohibition set forth in subsection 4 of section 1 to prohibit an insurer or other person or entity from varying the commission paid or otherwise paying commission differentials for Medicare supplemental policies purchased during the open enrollment period offered pursuant to subsection 1 based upon variables such as health status, claims experience, receipt of health care, medical condition of the insured, guarantee issue status, or any other basis.

The second proposed amendment is to add a new subsection to section 1 to require a Medicare supplemental policy purchased during the open enrollment period offered pursuant to subsection 1 to be treated in the same manner as the renewal of the Medicare supplemental policy for the purposes of commission.

Chair Marzola:
Are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 127.

> ASSEMBLYWOMAN TORRES MOVED TO AMEND AND DO PASS ASSEMBLY BILL 127.
>
> ASSEMBLYWOMAN HARDY SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYWOMAN MONROE-MORENO WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Vice Chair Jauregui. Next is Assembly Bill 218.

Assembly Bill 218: Revises provisions governing landlords and tenants. (BDR 10-136)

Marjorie Paslov-Thomas, Committee Policy Analyst:
[Read from Exhibit D.] Assembly Bill 218 revises provisions governing landlords and tenants. It is sponsored by Assemblywoman Considine and was heard on March 29, 2023. There are three proposed amendments by the sponsor.

The first amendment is to add a section to the bill requiring a landlord or his or her agent to provide an option to a tenant to pay rent outside an online portal or Internet website without imposing a fee or requiring a tenant to provide any personal banking information. The second is to add a section to the bill requiring a landlord to allow any prospective tenant to review the prospective written rental agreement upon request. The third proposed amendment is to amend subsection 6 of section 4 of the bill to include the words "anywhere the rent is listed."

Chair Marzola:
Are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 218.

> ASSEMBLYWOMAN JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 218.
>
> ASSEMBLYMAN CARTER SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEN HARDY, KASAMA, O'NEILL, AND YUREK VOTED NO. ASSEMBLYWOMAN MONROE-MORENO WAS ABSENT FOR THE VOTE.)

I will assign that Committee floor statement to Assemblywoman Considine. Next is Assembly Bill 267.

Assembly Bill 267: Revises provisions governing cultural competency training. (BDR 40-820)

Marjorie Paslov-Thomas, Committee Policy Analyst:
[Read from Exhibit E.] Assembly Bill 267 revises provisions governing cultural competency training. It is sponsored by Assemblywoman Torres and was heard on March 13, 2023. There are several proposed amendments by the sponsor of the bill.

The first proposed amendment is to amend subsections 1 and 2 of section 1 to retain the existing language. The second is to amend section 1 of the bill to:

a) Require the Office of Minority Health and Equity (OMHE) to post approved cultural competency training courses on it is website;
b) Require the Department to adopt regulations that specify the period of time for which hospitals must renew cultural competency training;
c) Require the Department to approve a training submitted by a facility who chooses to offer training that is not a course recommended by OMHE not later than ten business days after the facility submits the training for approval;
d) Require the Department, on or before October 1 of each year to report to the Joint Interim Standing Committee on Health and Human Services and the Joint Interim Standing Committee on Commerce and Labor the average length of time for approval of training; and
e) Provide that a person who has received cultural competency training for his or her professional license is not required to receive the training again at their place of employment if the hours of training and that of the facility are consistent within the required time frame for completing the training.

The third proposed amendment is to delete section 2 of the bill. The fourth proposed amendment is to amend section 3 of the bill to require a person renewing his or her license with the State Board of Nursing to complete and submit evidence of at least four hours of cultural competency training biennially. The fifth proposed amendment is to delete section 4 of the bill, and the sixth proposed amendment is to amend section 8 of the bill to require a person renewing their license with the Board of Examiners for Alcohol, Drug and Gambling Counselors to receive and submit evidence of at least three hours of the training annually.

Chair Marzola:
Are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 267.

> ASSEMBLYWOMAN JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 267.
>
> ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman O'Neill:
I do not know if it is a question. I want to compliment and thank the stakeholders on this for working on those amendments because I was a vehement no initially, but their work has moved me to a yes position on it. I want to say thank you very much for this bill.

> THE MOTION PASSED. (ASSEMBLYWOMAN MONROE-MORENO WAS ABSENT FOR THE VOTE.)

Chair Marzola:
I will assign the floor statement to Assemblywoman Torres. Next is Assembly Bill 301.

Assembly Bill 301: Revises provisions relating to public employees. (BDR 53-766)

Marjorie Paslov-Thomas, Committee Policy Analyst:
[Read from Exhibit F.] Assembly Bill 301 revises provisions relating to public employees. It is sponsored by Assemblyman Hibbetts, and it was heard on March 24, 2023. There is one proposed amendment and that is to amend section 1 of the bill to add a marshal or deputy marshal of any city or township to the definition of police officer.

Chair Marzola:
Are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 301.

> ASSEMBLYWOMAN JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 301.
>
> ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYWOMAN MONROE-MORENO WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblyman Hibbetts. Next, we will go to Assembly Bill 318.

Assembly Bill 318: Revises provisions governing certain providers of health care. (BDR 54-761)

Marjorie Paslov-Thomas, Committee Policy Analyst:
[Read from Exhibit G.] Assembly Bill 318 revises provisions governing certain providers of health care and is sponsored by Assemblyman Nguyen. It was heard on March 27, 2023. There are two proposed amendments from Tom Clark.

The first proposed amendment is to amend the bill to increase the amount of the fine from $5,000 to $10,000 the Board of Medical Examiners may impose against a licensee for each violation the Board finds has occurred in a disciplinary proceeding against the licensee.

The second proposed amendment is to amend the bill to require the funds from penalties received by the Board to be deposited with the State Treasurer into an account that allows for the improvement of health care and/or the practice of medicine in Nevada.

Chair Marzola:
Are there any questions? I do not see any. I will entertain a motion to amend and do pass Assembly Bill 318.

> ASSEMBLYWOMAN JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 318.
>
> ASSEMBLYMAN CARTER SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYWOMAN MONROE-MORENO WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblyman Nguyen. This will conclude our work session today.

[The Committee recessed at 12:44 p.m. and reconvened at 12:46 p.m.]

[Assemblywoman Jauregui assumed the Chair.]

Vice Chair Jauregui:
I will now open the hearing on Assembly Bill 270. As the Chair mentioned, we are going to be taking these bills out of order. We are going to be starting with Assembly Bill 270, which provides for the licensure and regulation of anesthesiologist assistants.

Assembly Bill 270: Provides for the licensure and regulation of anesthesiologist assistants. (BDR 54-714)

Assemblywoman Elaine Marzola, Assembly District No. 21:
I am here today to present Assembly Bill 270, which provides for the licensure and regulation of anesthesiologist assistants. Joining me today is Richard Evans, Director of Government Affairs for the American Academy of Anesthesiologist Assistants, Dr. Shaina Richardson, a local Board-certified anesthesiologist, and via Zoom, Dr. Deborah Rusy, a Board-certified anesthesiologist and professor of anesthesiology at the University of Wisconsin Madison School of Medicine and Public Health. Today, you will hear from Nevadans who are currently certified anesthesiologist assistants, also known as CAAs working in other states. They are looking forward to coming home to live and work here. The Committee will also hear from physicians who have worked with CAAs and can attest to their level of training.

You have heard repeatedly this legislative session that Nevada has a severe health care provider shortage. Our goal with A.B. 270 is to expand safe and supervised anesthesia services for all of Nevada's residents. If this measure is passed, Nevada will join 19 other states plus the District of Columbia in allowing highly trained CAAs to work under the supervision of a licensed anesthesiologist. Vice Chair, with your permission, I would like to turn it over to Mr. Richard Evans who will walk you through the provisions of the bill.

Richard Evans, Director, Government Affairs, American Academy of Anesthesiologist Assistants:
I appreciate the opportunity to be here today to talk about the legislation and the AA [anesthesiologist assistant] profession. I am not going to go through the slide deck [Exhibit H] with you all, but I will refer to them a little bit and if you have any questions about it, let me know. I wanted to walk through the different sections of the bill and what it

does and then give you an overview of the profession of a certified anesthesiologist assistant. The bill is a little lengthy, but the meat of the bill is minimal; we have to amend several sections to add in the term "anesthesiologist assistant." Do not get too concerned with the length of it.

If you look at sections 2 through 18 you will see a lot of regulations for AAs. It creates a new license for AAs under the Board of Medical Examiners. That is the case in every state now where AAs practice; the state of Georgia was the only one where AAs were regulated under the Physician Assistants Board, but the legislature just recently passed legislation to move that to the Georgia Composite Medical Board. That will be the case for all of our states.

It also provides that the AAs assist in the practice of medicine under the supervision of an anesthesiologist. One of our slides speaks to that, and that is based on the education and training program. It is designed to be a team effort with the anesthesiologist. It is also based on how Medicare bills anesthesia services when an AA is involved.

The bill also defines the term "assist." When you hear the word "assist," you might think they are handing an instrument to the anesthesiologist but assist means to personally perform the services for the patient. It also defines the certification exam, which is currently administered by the NCCAA, which is the National Commission for the Certification of Anesthesiologist Assistants. That is a certification exam AAs take upon graduation, and then every ten years after. It defines what a supervising anesthesiologist's role is, and that can be an anesthesiologist who is Board-certified or eligible to be Board-certified. You do not have to be Board-certified to be an anesthesiologist. You go through medical school and your residency, and Board certification is an additional designation you can get. I will let Dr. Richardson and Dr. Matsumura speak to that.

It also establishes the scope of practice for an AA, so you see a lengthy list of all the different things AAs are trained and educated to do under the supervision of an anesthesiologist. Then we also include the requirements for being licensed here in the state. Those are common with all of the states where AAs are licensed; you have to graduate from an accredited program, and CAAHEP is the accrediting body. It is the Commission for the Accreditation of Allied Health Education Programs. They accredit 1,000 or so programs, including AA programs. It also requires you to pass the certification exam, and then you apply for a license through the Board of Medical Examiners, which they review and then determine whether or not to issue that license. There is also a provision to allow for a temporary license where you can get your license before you take the certification exam, provided you take the exam within one year.

There is also a requirement that the supervising anesthesiologist be immediately available. That is a term that is based on the Centers for Medicare and Medicaid Services (CMS) rules for billing. It requires immediate availability for anesthesiologists to be there. Under that rule an anesthesiologist can supervise up to four AAs, but must be immediately available. Then it allows for the supervision of AAs according to federal guidelines. We refer to the

federal guidelines and those are the CMS rules, so those are the rules for Medicare and every hospital is going to use those rules for how they do their billing. Regardless of payer, whether it is commercial or Medicaid, those are the ground rules for the hospitals and how they bill. That establishes the billing rules, but also that supervision requirement for the anesthesiologist.

The bill allows for you to be licensed as an AA under the Medical Board or your State Board of Osteopathic Medicine. You have the two different types of physicians, and you have both boards here. The AA can choose to be licensed under one or the other. I will stop here if there are any questions, and then go into a quick overview of the profession.

Vice Chair Jauregui:
If we could continue and then we will take questions after the presentation.

Richard Evans:
Anesthesiologist assistants have been around for about 50 years. It is a proven profession. It was started by three anesthesiologists back in the 1960s when they saw there was an anesthesiologist shortage and they wanted to have more advanced practice providers, physician extenders, available. All of the programs are affiliated with medical schools. The first two were in Emory University in Atlanta, Georgia and Case Western Reserve University in Cleveland, Ohio. Case Western now has four locations around the country including the District of Columbia. There are about 3,400 AAs who practice in the 19 states and the District of Columbia.

When I wrote my testimony, we had 15 programs accredited; now we have 17. We have two new programs that were accredited last week. We graduate about 350 AAs a year. The estimate is that by 2025 we are going to have about 550 a year; it is a growing profession. As I mentioned, we are authorized to practice in 19 states, D.C., and Guam. Georgia is the largest state where we have about 1,000 AAs, and I think that is because Emory had the first program, and a lot of folks want to stay and practice where they were taught. Anesthesiologist assistants can practice in any U.S. Department of Veterans Affairs (VA) hospital in the country regardless of whether we have licensure. There is a problem with the VA and the General Services Administration (GSA) pay scale for AAs. We only have one or two that actually practice in the VA hospital because the GSA pay scale is about $50,000, and coming out of school, these kids are making about $180,000. We have to get that fixed with the VA and that is a long-term goal. Right now, we have the authority to work in any of the VA hospitals.

Anesthesiologist assistants have to have a bachelor's degree before they get into an AA program. It can be in any degree field, but as you will hear today from the AAs, most are science-based. They have to take all the same prerequisites that you would to get into medical school—that is biology, chemistry, organic chemistry, physics, calculus, and all the hard sciences. The programs are for 24 to 28 months, and it is a mix of classroom instruction

and clinical rotations. They do about 11, 30-day clinical rotations at different hospitals, one of which is Renown Regional Medical Center, here in Nevada. We have some AAs who rotate there.

After graduation, the AAs have to take a certification exam and they have to take it every ten years; it used to be every six years. They just went through a change with the certification agency. If you do not pass it, you are not certified, and you cannot practice. That is not true for every health care provider profession, so it is very serious. There are also 50 hours of continuing medical education to be taken every two years, and that just went up from 40 hours to 50 hours.

Anesthesiologist assistants have been practicing in the Medicare system for over 40 years. The TRICARE system for active military members also uses AA providers and has since 2004; state Medicaid programs and commercial health plans use them, so AAs are widely accepted by insurers. Certified anesthesiologist assistants always work in the anesthesia care team, led by the physician anesthesiologist—not just supervised by a physician, but a physician anesthesiologist. As I mentioned, the CMS rules are the basis for how anesthesia is billed. When you have an AA working in an anesthesia care team, there are a couple of modifiers which are used to bill for that.

The bottom line is whether the anesthesiologists personally perform the anesthesia or if they have AAs that perform it and they provide the supervision. The payer is billed the same; the payments are split. If there is an anesthesiologist and an AA involved, if it is only the anesthesiologist, 100 percent of the payment goes—to the hospital then to the anesthesia group. If it is a supervision or medical direction situation, which is a billing term and they are supervising up to four AAs, then those payments are split. There is no additional cost to the payer for using an AA, and it expands the workforce you have, the availability of the anesthesiologist, and the facility to run more cases at one time.

The CMS bills for medical direction, which is also included in here. They include several steps called TEFRA, Tax Equity and Fiscal Responsibility Act of 1982, that Congress passed, and it included these seven steps the anesthesiologist has to perform in order to bill for medical direction. It is not "I am supervising you and there are no rules about what that means." These are specific steps they have to take and involvement that they have to be engaged in.

There is a study that looked at mortality, length of stay, and spending when it comes to the anesthesia care team. It compared CAAs versus nurse anesthetists, which are a similar track, but through nursing schools. The study Stanford University School of Medicine conducted showed there was no difference between those measured outcomes for the 433,000 Medicare claims they looked at when it came to the anesthesia care team and whether it was an AA or a nurse anesthetist involved in the care.

Shaina Richardson, MD, Physician Anesthesiologist, Reno, Nevada:
I am a Board-certified anesthesiologist, and I have been practicing in Reno and the general northern Nevada area in the largest anesthesia practice for the past seven years. I have been involved in leadership in my group for most of that time. I am also the immediate past president of the Washoe County Medical Society, which is a nonprofit organization representing all of the physicians in our county. I am also the cochair of the Governing Affairs Committee of the Nevada State Medical Association, which is our statewide comparable body. I am testifying in support of A.B. 270, which would allow for the licensure of certified anesthesiologist assistants.

A little background on me: I am sixth-generation Nevadan. I was born and raised in Reno, educated by our public school system. I went to Reno High, University of Nevada, Reno, and I continued on to medical school here in Reno where I underwent both didactic and clinical training in Reno and Las Vegas, and then I did a voluntary six-month stint in primary care in our rural rotation in Elko. I feel like I got a good sense of how health care is practiced in all parts of our state.

I then moved on to my postgraduate training in Colorado, where I completed my residency in anesthesiology in Denver. Then I eagerly returned to my home state practice where I have been working since then for the largest hospital system in northern Nevada.

I would like to reiterate some key points from prior testimony, as I think they are important: safety, cost, and shortage. First is safety as function. Anesthesiology assistants are nearly identical to nurse anesthetists in the anesthesia care team model. Their equivalency and patient safety has been shown in multiple studies, including the one from Stanford mentioned by Mr. Evans—that was over 500,000 patients and found comparable care and costs. Additionally, there was a peer-reviewed Silber study [Anesthesiologist Direction and Patient Outcomes, J.H. Silber, et al, July 2008] that looked at over 200,000 anesthetics and showed when physician anesthesiologists were directly involved in the care, there was a lower death rate, about 2.5 per 1,000 complicated cases, which is certainly not insignificant.

Second is the cost. As mentioned, anesthesia services are paid the same rate regardless of whether they are provided by a physician anesthesiologist solely or as part of the anesthesia care team model. Insurance companies classify risk of AAs and CRNAs [certified registered nurse anesthetist] identically. Therefore, our malpractice insurance rates do not go up, whether I am practicing alone as a physician anesthesiologist or as a part of the care team model over either a CRNA or an AA. In addition, AAs carry their own malpractice insurance.

Lastly is the shortage. As everybody now knows, we have a significant shortage of health care providers in the whole state, but the shortage with anesthesia is particularly severe. This is not entirely surprising since COVID-19 because people cough on us. It is difficult to keep people in this profession when there is a significant health scare. There are job openings in every single anesthesia practice in northern Nevada, and I know that Las Vegas is experiencing an even greater shortage. I can attest that my clinical hours have increased

significantly over the past few years. I regularly work over 80 hours a week, and if I did not have an incredibly patient and accommodating spouse, it would be really difficult. I do have two young children now who are mid-elementary age. They are much more aware of and complain more about my frequent absences because I work so much.

I do love my job and I love serving this community, but I can see how this level of stress and work hours will continue to lead to further burnout. I know this bill is not a cure-all bill, but it certainly would help to increase the pool of providers from which we can hire so we can start to chip away at this significant shortage.

I would like to focus the remainder of my testimony on my time working personally with AAs, which began during my anesthesia residency in Colorado, where I worked alongside certified AAs and I trained AA students. Since returning to Reno and practicing, I have taken countless AA students on to work with me in the operating room (OR).

First, the state of Colorado allows for the licensure of an AA and the University of Colorado where I trained runs an AA program. It is the westernmost AA program. They use the standard 1-to-4 ratio as was mentioned by Mr. Evans, and that is regulated at the federal level by the Centers for Medicare and Medicaid Services and has been deemed safe by multiple outlets. That is the current standard used in Nevada for nurse anesthetists as well.

In terms of the education received by AAs, it is comparable to nurse anesthetist training. In Colorado prior to attending their 28-month master's level AA program, students had to obtain a bachelor's degree and they also had to do all of the same scientific prerequisites that I had to do getting into medical school, including taking the Medical College Admissions Test. Once in AA school, the Colorado students underwent rigorous didactic and clinical training. Their classes were taught directly by a physician anesthesiologist and their clinical rotations were one on one with what we called a preceptor, which was either a certified AA or a resident physician. That team worked under further guidance from an attending physician anesthesiologist. They got really good one-to-one education and essentially had a private teacher in the OR throughout their entire training.

Since returning to Reno, I have taken a lot of students into the OR. Many are here today, but all of whom have expressed their desire to come and work in Nevada. The students were incredibly competent, very eager to learn, and they particularly wanted to learn in a busy private practice such as ours because it is a nonacademic environment with focuses on efficiency and safety. Our rotation was said to be one of the favorite rotations amongst their student classmates and it was pretty competitive for them to come here.

Lastly, I just wanted to finish up by telling a story of an experience I had working with a student AA here in Reno since I have been in practice. I was doing a complex surgery, fusing the neck bones of a patient. It is a very complex surgery involving multiple surgical and anesthetic considerations. I had a student working with me that day. And under my

direction, we successfully anesthetized the patient, intubated them, placed several large IVs, placed an invasive monitor in the artery, and the student had impressive procedural skills. These are skills that all AAs master during their training.

This case was going quite well; we were chatting about medications for nausea, when very suddenly the patient underwent cardiac arrest, and the student helped me administer lifesaving medications while maintaining oxygen delivery to the patient. The patient was face down with an unstable spine, unable to be flipped over for cardiopulmonary resuscitation. We were able to fix the problem pharmacologically, and it was fantastic that we were able to save this patient's life. The student kept calm, worked well with me, and was able to move through the OR like a very strong team member. Afterwards I had to comment on how reliable the student was in helping me during that complication.

Every member of the team has their job to do. When there is a complication in the surgery, the surgeons have their jobs and fix what they can fix; the anesthesia side of things is our job and what we can fix; and we have separate levels of experience that allow us to treat the patient the best way possible. I think AAs are competent, safe, and valuable members of that team, and I cannot express how impressed I have been with the students I worked with in Colorado as well as here in Reno. By the end of their training, they are very thoughtful in how they work through problems. They have an excellent knowledge base, and they have high-quality clinical skills. They are tried-and-true anesthesia providers. I urge you to pass A.B. 270 and allow for the licensure of AAs in Nevada.

Assemblywoman Marzola:
Vice Chair, we have one more presenter, Dr. Rusy. She is on Zoom. [Technical difficulties.]

Jerry Matsumura, MD, representing Nevada State Society of Anesthesiologists:
I am going to pitch in for a second and this is what my job is. Back in the 79th Session here at the Nevada Legislature, on this very Committee, I gave testimony on the shortage of anesthesia providers we were experiencing. I referenced data from the RAND Corporation on the anesthesiologist workforce study in 2013 that predicted a national shortage of 3,000 anesthesiologists by the year 2025. That was a gross underestimate based on some of the reasons Dr. Richardson mentioned with COVID-19, and just miscalculations of advances in surgery technology that required more anesthesia personnel.

Current estimates put this shortage probably at three times that now, and Dr. Richardson has already talked about the shortage. I want to add a few numbers that will bring it home to you. This morning I checked the most popular anesthesia provider job search site, called gaswork.com, and there were 29 listings for positions as anesthesiologists in Nevada. You will find written testimony from Dr. Scott Parkhill, from Renown Regional Medical Center [Exhibit I] and from Dr. Scott Fielden, the Chair of US Anesthesia Partners (USAP) in Las Vegas [Exhibit J] attesting to that.

Giving you some numbers, of those 29 listings for anesthesiologists, between Renown and USAP they are looking for 12 and 20 anesthesiologists, respectively. Doing a little bit of math, I would say that is probably 200 positions for anesthesiologists in the state. I also took the liberty last week to call all the hospitals' anesthesia departments in Reno, Sparks, and Carson City, and there are 24 openings for anesthesiologists in those cities. Also, on gaswork.com, they published listings for nurse anesthetists in Nevada, although it does not list how many jobs are in each posting. There were 37 listings for nurse anesthetists, and I called two of the practices: the one here in Carson City was looking for 4, and one in Las Vegas was looking for 20. Extrapolating the math on that puts a shortage of about 250 to 350 nurse anesthetists in Nevada. I am just throwing those numbers out because Mr. Evans and Dr. Richardson covered all my other topics, and I am just trying to buy some time to get doctors back on the camera.

There are plenty of opportunities for all categories of anesthesia providers here in the state, and the duty of the Nevada State Society of Anesthesiologists, which I am representing, is to maintain safe and adequate anesthesia care to the citizens of Nevada. We strongly support A.B. 270 and think it will accomplish this.

Assemblywoman Marzola:
I just wanted to let the Committee know that we did give you copies of what the training to become an anesthesiologist assistant looks like [Exhibit K]. Each one of you should have it on your desk, and also have a handy-dandy map that shows exactly where everyone is licensed [Exhibit L]. With that, we will stand for questions.

Vice Chair Jauregui:
I know I had a few of my questions answered during the presentation. We do have a series of questions.

Assemblywoman Backus:
My question, and I will direct it to you, Dr. Richardson, because you are so eloquent. With respect to what is going on at Renown, in your experience—this may pertain to you because I am trying to visualize it. I appreciate section 13 and the detail of what a supervising anesthesiologist is going to be doing, including being immediately available to the AA as well as being available for the patient's needs.

I am trying to visualize that. I am assuming you have a four-quad for surgical rooms near each other. Could the anesthesiologist on staff supervise four AAs in with four different patients during surgery? Is that correct? Can you give me that visual of what that really looks like?

Shaina Richardson:
This is something commonly done. Obviously, it is not done at the moment at Renown because we currently have a physician-only model, but I have worked in many situations where we do have a 1-to-4 ratio. The way that would work out would start with something similar that you first mentioned with the rooms. The rooms would be geographically close to

one another. We would not have someone in an operating room on one side of the hospital versus another side, or downstairs in the catheter lab or in radiology; they would all be physically close to one another.

The 1-to-4 ratio would be done in cases typically with staggered starts, so that the anesthesiologist would be able to be present for all seven levels of medical direction, including the start of the case, which is like landing a plane. The big, complicated issues are the takeoff and landing, and so those are the parts that the physician is most involved in. With staggered starts, they would be able to be present at all four of those times, which is how they currently do it with the anesthesia care team model with a nurse anesthetist.

Should any complications arise, they would be able to go and focus on that. It is exceedingly rare to have two major complications at the exact same time in two cases. Using Renown as your example, we have 19 ORs in the main area plus another 8 over here plus another 7 downstairs, and they are all reachable and close. We have 20 to 25 anesthesiologists present at any one time, so if we ever did have a significant complication, there are inevitably several other people floating around in between cases that respond to the STAT anesthesia call overhead. With the care team model, we would function very similar to that. It is a very common occurrence to request help in an OR, and anyone who says they never need it is lying. With the care team model, we would do it similarly.

One thing I would mention is that super complex cases, say cardiac cases, lung surgeries, and liver surgeries, for example, in Colorado we would have a 1-to-2 ratio for those cases, or we would have one cardiac room running with two gastrointestinal rooms that were much easier to staff. We would change our scheduling in order to compensate for the complexity of the surgery and how much presence would be required of the anesthesiologist.

Assemblywoman Backus:
I was also obsessing with the Medicaid, and I appreciate Mr. Evans' explanation of how the fee split happens. It is either you get paid the full amount for an anesthesiologist or the anesthesiologist splits with the AA. I was overthinking it because if you are doing four out-patients, I want to make sure the federal government is okay with the anesthesiologist group billing for all four of those procedures, even though they may be happening at the same time, and we are not running afoul with anything like Medicare fraud.

Richard Evans:
The Medicare rules provide for the 1-to-4 ratio and how the billing is split. The payer does not pay any more for that. You are not running afoul of any kind of Medicare rules. You have to comply with medical direction, which are those seven TEFRA steps. This question was looked at by CMS who adopted this 40-plus years ago. TRICARE added AAs to the health care system for active military back in 2004. During the rulemaking when they published this in the *Federal Register*, there was a comment that was submitted, and they responded to that asking if this would increase costs for TRICARE. I included this in the slide deck. The response the Department of Defense came back with said it will not increase cost and said, as we stated in the proposed rule, payment for anesthesia services provided by

an anesthesiologist and an AA under the anesthesiologist's direct supervision will never exceed what would have been paid if the services were provided only by the anesthesiologist. They are going to pay for four cases, whether those cases happened concurrently or if they happen consecutively. There is no increased cost there.

Assemblywoman Kasama:
I wanted to say that home means Nevada and I want my Nevadans home again.

Assemblyman O'Neill:
I have two questions. The first one has to do with the map we were given [Exhibit L]. You have delegatory authority and licensure. Could you just explain the difference to me on those?

Richard Evans:
I am from Texas; the states where we have a delegatory authority are Texas, Michigan, Kansas, and Pennsylvania. They include acts provisions in their medical practices that allow physicians to delegate certain responsibilities to unlicensed providers. In those states, you do not have to be a licensed AA in order to operate under delegatory authority.

That is not just for anesthesia; that is their medical practice act for any physician. If a physician wants to delegate responsibilities to a provider who does not have to be licensed by that state, their medical practice act allows for that. In Texas, we have about 265 AAs who practice there, and even though they are not licensed, they are still credentialed, they still have to go through the certification; they have to go through their exam; and they have to be credentialed by the hospital, physician, or the anesthesia group they work with.

Licensure is not the only regulatory structure you have for AAs when they are practicing. In the state of Michigan, we have maybe 50; Kansas and Pennsylvania are getting those up and running. That is the difference. In licensure, we have legislation that has been passed there just like this bill that would provide for the AAs to get a license from their state medical board in order to be able to practice.

Assemblyman O'Neill:
I may have misunderstood you. During your testimony you talked about the licensing of AAs in Nevada. They could either get licensed by a doctor of osteopathic anesthesiology or a medical doctor of anesthesiology.

Richard Evans:
They are licensed by the Board. They would either go to the Board of Medical Examiners who would adopt rules to license AAs or to the State Board of Osteopathic Medicine to get their license because both can be anesthesiologists, and both can supervise AAs. It is a choice. That is just how the bill was drafted here. That was the advice we got from your counsel. We have an Osteopathic Board; we have a Medical Board, and the AAs would be able to get their license from either one of those Boards.

Assemblyman O'Neill:
If I am an AA and I am licensed under the Medical Board, can a State Board of Osteopathic Medicine anesthesiologist supervise me, or can I only be supervised by that one Board, the Medical Board?

Jerry Matsumura:
There is a clause in there, and the answer is yes. If you are licensed by one board, you can work for an anesthesiologist, a DO, or an MD, and they have a clause in there called the simultaneous license; and physician assistants (PA) have a similar thing. It is similar to what a PA does; they can be licensed under the DO board and work for an MD or a DO.

Assemblyman Carter:
Tying it into some other bills that are working through the process, and there is work to give nurse anesthetists more autonomy with training similar to ARNPs [advanced registered nurse practitioner], would this put an AA under a nurse anesthetist that had moved up into that more autonomous role?

Richard Evans:
There is no supervision allowed by a CRNA for an AA. Anesthesiologist assistants have to work under the supervision of an anesthesiologist, and that is in accordance with CMS rules. This has come up in a couple of states, but we have looked into this, and the CMS rules do not allow for anyone but an anesthesiologist to supervise an AA; there is no billing code for it. Both are advanced practice providers, so it does not make sense for one to be able to supervise the other. It would be like a nurse practitioner supervising a physician assistant. There is no mechanism to bill for that and no real reason for that to happen.

Jerry Matsumura:
Both are mid-level providers too.

Vice Chair Jauregui:
Committee members, are there any other questions? [There were none.] I had quite a few questions but again, they were covered during the presentation. I am very grateful for that. I do want to say thank you so much for bringing this bill forward. I think a few of us in here sat on the Joint Interim Standing Committee on Commerce and Labor where we heard during the health care workforce day what a shortage we have across the board in workforce and health care. Even our time in this Committee this session, we have seen many bills come to us.

I am trying to solve that problem, and this is just one of those pieces in the puzzle. Dr. Richardson, you said it best: this is not a cure-all bill. There is much more that we have to do in order to solve the shortage. I do have one question though. I was going through the fees. I know we are creating a new license, so we are creating a new fee, and I saw the fees for the issuance and renewal of these AAs. Are they comparable? I did not see them listed in this section. I am curious, do you know if they are comparable to what the licensing fees and renewal fees are for physician assistants?

Richard Evans:
I do not know. We have not looked at the fees for a physician assistant. We can check on that and get back with you.

Vice Chair Jauregui:
It looks like our Legal Counsel, Mr. Quast, has an answer for me.

Sam Quast, Committee Counsel:
Section 66 lays out the fees for the initial license fee for an anesthesiologist assistant. It is a $400 application fee and the initial simultaneous license fee for an anesthesiologist assistant is $200. Those are the same as for physician assistants.

Vice Chair Jauregui:
Thank you so much, Mr. Quast. Committee members, any other questions? [There were none.] We are now going to move to testimony in support.

Stephanie Zunini, CAA, President, Nevada Academy of Anesthesiologist Assistants:
[Read from Exhibit M.] I am here today to testify in support of A.B. 270 which would allow for licensure of CAAs in Nevada. I am a certified anesthesiologist assistant and the current president of the Nevada Academy of Anesthesiologist Assistants. I am a fifth-generation, born and raised Nevadan. I went to the University of Nevada, Reno (UNR) before pursuing my Master of Science in Anesthesia in Washington, D.C., through Case Western Reserve University School of Medicine to become a CAA.

I currently live and practice in Denver, Colorado, because I am unable to do so in my home state. I am a product of Nevada's public education system, and I am proud to say I am a Millennium Scholar, just like many of the other CAAs in this room. We were paid by the state of Nevada to earn a higher education and, as of right now, unfortunately we are unable to use our desperately needed skills as anesthesia providers in our home state.

There is undoubtedly an anesthesia provider shortage here in the state, and there are many examples to prove this is a reality. My own mother who is sitting here today just lost her job this last November as a labor and delivery nurse at St. Mary's Regional Medical Center here in Reno after 35 years, because the entire unit shut down due to an anesthesia provider shortage. Frankly, the current anesthesia providers across the state are overworked and need help. My brother-in-law, a Nevada anesthesiologist, often works 70- to 80-hour weeks, not by choice. My nieces and nephews call me and say, "Guess what Auntie Steffi? Our Dad is actually going to be home tomorrow. Can you believe it?" Being at work, serving the community at all hours of the day and night has become the norm for him. If passed, this bill will in no means fully correct the shortage of anesthesia providers, but it will license an additional category of advanced practice provider that is currently used safely and successfully in many other states across the country every single day and who will always eagerly work under the direction of a physician anesthesiologist. Passing this bill does not increase any cost to the patient or hospital. It also does not require the use of so much—
[Vice Chair Jauregui ended testimony due to time.]

Joseph Parrish, CAA, Vice President, Nevada Academy of Anesthesiologist Assistants:
I currently practice as a certified anesthesiologist assistant at St. Joseph Hospital in Tampa, Florida. I am a native Nevadan who was born and raised in Las Vegas and then moved to Reno for college. After graduating with my bachelor's degree in neuroscience and biochemistry from UNR, I then went on to finish my master's degree in anesthesia at Nova Southeastern University in Tampa. Last time I gave testimony here in 2017, I was still in school eagerly waiting to be able to practice anesthesia. Since then, six years later, I have done over 5,000 cases, and these cases have included everything from simple endoscopy cases like colonoscopies all the way up to open heart surgery and organ transplantation.

I would like to use my time today to help clear up a few misleading statements that you may hear throughout the session. For starters, you may hear that we, as anesthesiologist assistants, are undereducated and inadequately trained and, as Dr. Richardson said, we definitely have all of the didactic and clinical hours to prove that we are not. There are thousands of us every single day delivering safe anesthetics to patients in need. You may also hear that anesthesiologist assistants can just get a degree in anything before they get accepted into school. While this is true, no matter what degree we have, every applicant has to have completed all the same premed classes required for applying to medical school such as organic chemistry, biology, anatomy, and physiology. We have also provided a letter from the director of the Department of Biochemistry & Molecular Biology at UNR that explains just how rigorous our undergraduate prerequisites are [Exhibit N].

I will close to keep this short. As an anesthesiologist assistant, we are not here to take the job of an anesthesiologist; we are here to work safely together as a team, and that is just what the anesthesia care team does. I do not know about you, but in the event of an emergency, I would rather have two sets of hands and two minds to take care of the problem and not just one. This is what we do in the anesthesia care team. My hope is that we can get this bill passed so some of my fellow colleagues and I can come back and provide safe and effective care for those Nevadans that are in need.

Rachael Matsumura, CAA, Treasurer, Nevada Academy of Anesthesiologist Assistants:
I would like to thank Chair Marzola for sponsoring this important bill. I am a certified anesthesiologist assistant, currently working at Eskenazi Hospital in Indianapolis, Indiana, and I am the treasurer of the Nevada Academy of Anesthesiologist Assistants (NVAAA). I grew up and attended K-12 schools in Nevada and was granted the Millennium Scholarship. However, I was given the opportunity to swim at Indiana University, which is a top ten Division 1 collegiate swimming program.

I worked as an anesthesia technician at Renown Regional Medical Center between my undergraduate and graduate programs where I gained valuable clinical experience, and I found my passion for anesthesia. I obtained my Master of Science in Anesthesia at Indiana University School of Medicine, and since graduating have worked as a CAA at Eskenazi Health, which is an Indiana University-affiliated Level 1 trauma hospital.

Both of my parents, grandmother, and many close friends live in Nevada, and I would love to return to my home state to be with them. Regarding a few issues addressed previously, I currently work in a physician-led anesthesia care team model. As a CAA, I am medically directed by an anesthesiologist who is supervising in a 1-to-2 or 1-to-3 ratio, but sometimes up to 1-to-4 at the discretion of the anesthesiologist. My attending physician anesthesiologist or another circulating physician anesthesiologist is always available to reestablish direct patient contact if a medically urgent or emergent situation arises, even in a 1-to-4 ratio.

I would love to come home and be able to use my skills to provide anesthesia services to the citizens of Nevada. I want to thank the Committee members for allowing me to give my testimony and help people support A.B. 270 because Nevada is in dire need of more anesthesia providers.

Kira Floge, CAA, Private Citizen, Denver, Colorado:
I am testifying today in strong support of A.B. 270, which will license anesthesiologist assistants in Nevada. I am currently working in Denver, Colorado, specializing in pediatric anesthesia. I grew up in the rural town of Spring Creek, Nevada. Many of you may be more familiar with Elko, Nevada, just over the hill. Being rural means that the opportunities and exposure to career advancements are much more limited for us. I was educated in Nevada from age 9 to 24, spending elementary all the way through college there. I have always been very involved in the community, having been the president of the philanthropy department and volunteering over 900 of my community service hours to youth.

My undergraduate education was at UNR. Here I was able to receive the Millennium Scholarship each year I was in attendance, allowing me to further my education with medicine through exposure. I worked at Renown and Northern Nevada Medical Center as an anesthesia technician for six years before going to my graduate program. I received my graduate education in Colorado where I was honored with the Chair's Diversity Scholarship and the Clinical Excellence Award while being there.

With these outstanding honors, I was able to receive a job at the Children's Hospital Colorado. Here CAAs and CRNAs have a culture that focuses on patient care. Kids need a community of providers that are there for them and work well together. This is the thing I am most proud of as a part of the Children's Hospital. Although I am happy to be in my prestigious position in Colorado, I did have to leave my family and community to do so. I want to be able to have the opportunity to practice in Nevada in order to offer opportunity, connection, exposure, and education to rural communities like I grew up in. I am confident the Committee members today have an understanding of how to improve the growth and quality of their state. I am confident that you will vote yes on this bill.

Jada Wabanimkee, Private Citizen, Kansas City, Kansas:
I am sharing my testimony on why CAAs should be considered for licensure and employment in the state of Nevada. I am a student anesthesiologist assistant who just passed my certification exam and will graduate in one month. I accepted a job in Kansas City because CAAs are not licensed in my home state. I was raised in Nevada after my family

was stationed at Nellis Air Force Base. I graduated with an advanced honors diploma in biotechnology in Las Vegas. I continued my education and graduated magna cum laude from the University of Nevada, Reno with a bachelor's in biochemistry and molecular biology.

During my undergrad, I worked as a clinical lab assistant. I was commissioned into the Nevada Army National Guard soon after as a lieutenant in the medical service corps. The lives of 40-plus soldiers are dependent upon my command and decision-making skills; 40-plus Nevada residents, your neighbors, your children. My ties to Nevada are evident throughout these past three years as a master student. I have paid for flights to Nevada out of my own pocket each month to be able to serve the community I grew up in, only to not be able to work here once I graduate.

The military shares a similar stressing and critical decision-making environment that is required of an anesthesia provider. If I can lead Nevada's family members into battle, I should surely be trusted under the supervision of an experienced anesthesiologist. My undergraduate degree was paid for by the Nevada National Guard and as a Millennium Scholarship recipient. On the Millennium Scholar website, it reads, "We want to ensure Nevada's best scholars stay in Nevada," yet I am here today to say that Nevada's best scholars cannot stay in Nevada. As one person, the state at a minimum paid $70,000 to ensure I had quality education from Nevada in hopes they could retain me. Now, I would be considered a loss to the state and eventually transfer out of my Nevada National Guard unit and out of the community of those I have served simply because I cannot make a living here. We are here to change that today. Please vote in favor of CAAs in Nevada.

Sabrina Oh, Private Citizen, Reno, Nevada:
I am here to express my support for Assembly Bill 270. I was born and raised in Reno, and I am proud to say that I am the product of Washoe County's public school system. I attended the University of Nevada, Reno where I received a bachelor of science in biochemistry and molecular biology and a minor in computer science in 2021. At the height of the pandemic, I discovered the anesthesiologist assistant profession and knew this was the path for me. In May 2022, I matriculated to Case Western Reserve University's Master of Science in Anesthesia Program in Washington, D.C. Throughout my ongoing training at a Level 1 trauma center I have had the privilege of working with and learning from not only anesthesiologist assistants, but also physician anesthesiologists and nurse anesthetists to enhance patient outcomes.

While CAAs represent only a fraction of anesthesia providers, we have the technical and interpersonal skills that make us equally capable as CRNAs to support our patients through all phases of care such as is demonstrated by the anesthesia care team model in which CAAs and CRNAs take over cases from one another or give breaks to each other.

Our profession has existed for over 50 years and will only continue to grow. It is time we allow Nevadans to benefit from our knowledge and expertise. My family still resides here in Reno and have shown no interest in leaving. I wish I could have the opportunity to live and

work closer to them. While living in Reno, I have always received wonderful care from my providers, and I have seen firsthand what a difference this makes in our community. I love my chosen profession, and it would be a privilege to be able to come home to Nevada and support the community that raised me, which is why I support Assembly Bill 270.

Lindsay Knox, representing Nevada Orthopaedic Society:
I first want to thank Chair Marzola for bringing this bill forward as anesthesiologists and anesthesiologist assistants are an essential part of the surgery team. We look forward to bringing more anesthesiologist assistants here.

Blayne Osborn, representing Nevada Rural Hospital Partners:
I am happy to be here in support of A.B. 270 today. Nevada Rural Hospital Partners is a consortium of the 13 rural critical access hospitals in the state, many of whom cannot get anesthesiologists. Instead, we rely on certified registered nurse anesthetists, so it is unlikely that we would ever actually see AAs out in the rural hospitals. However, I am not being hyperbolic when I say that we have a critical access to health care shortage in the state. I am not going to be a hypocrite and say we want this group, or we want that group, but we do not want this group over here. We need everybody. We need more anesthesiologists. We need more anesthesiologist assistants. We need more CRNAs. We are thrilled to be here in support and urge the passage of this bill.

Sarah Watkins, representing Nevada State Medical Association:
We are here in support of A.B. 270. As a physician and patient advocacy organization, the Nevada State Medical Association supports this bill. Passage of this bill will help expand the need for supervised mid-level providers and will provide more quality care in a needed health care space in Nevada. We thank Chair Marzola for bringing this bill forward and for working with members of our association.

Susan Fisher, representing Nevada State Society of Anesthesiologists; Nevada Orthopaedic Society; and State Board of Osteopathic Medicine:
We support this bill, and we urge your passage for all the reasons stated here today.

Dominic Aramini, Private Citizen, Reno, Nevada:
I am here today in support of A.B. 270. I am currently a student at UNR, and I plan to obtain my masters in anesthesia and become an AA upon graduation. I just hope to be able to come back to my hometown and continue my career here. Home means Nevada.

Patrick D. Kelly, President and Chief Executive Officer, Nevada Hospital Association:
We support this bill as well.

Dean Polce, DO, Private Citizen, Las Vegas, Nevada:
I am a practicing anesthesiologist in Las Vegas and support the bill. There are some comments that have not been made yet that I want to touch upon. It is not just a shortage; it is an increase in demand. The cases we are being asked to do now did not exist 25 years ago and have gone up exponentially. That is a divergent pathway between supply and demand.

There are clinical examples where we can use a care team. My partner next to me and I have started the first anesthesia residency in the state of Nevada. We are about to graduate our third class and we work with them in a care team capacity and the big difference is they are extremely green when they show up, and we have to train them through it. Our confidence in them and our confidence in training them goes up all the time. As a cardiac anesthesiologist, I am among 10 percent of the total providers in the state who do those cases. We are taking the most complex cases with completely new people and getting them through very safely. We have learned to fully embrace the care team here, and I do support this bill.

Jason Jackson, MD, Private Citizen, Las Vegas, Nevada:
I am an anesthesiologist in Las Vegas, Nevada. I have been practicing here for about 20 years and I have seen that Nevada is always at the bottom as far as ratio of health care providers per capita. Passing A.B. 270 will help to fix that situation.

Julie Chauncey, Private Citizen, Henderson, Nevada:
I am the practice administrator for Valley Anesthesiology Consultants. On behalf of its managing partners Dr. Timothy Beckett and Dr. Garland Cowan, I am here to express our strong support for the licensing of anesthesiologist assistants in the state of Nevada. As residents of Nevada, we believe this would be a crucial step in improving the quality of health care services available to all citizens of our state. Since 2008 when Valley Anesthesiology Consultants was formed, we have always been in a constant state of recruiting and hiring while never fully reaching a moment when we have felt adequately staffed. Over the last few years, that problem has accelerated in its severity. This is not unique to our group; surgical cases all over the state are being canceled due to a lack of a sufficient number of anesthesia providers.

Compounding this problem has been the willingness of many in our profession to jump jobs in order to gouge salaries well above fair market value. In doing so, rather than providing a solution to the anesthesia shortage, they have increased health care costs while simultaneously decreasing the quality of that same service.

In our group alone, we have had six CRNAs resign in order to accept inflated, unsustainable compensation packages that only a county hospital with a strong tolerance for budget deficits could endure. We strongly believe that licensing anesthesiologist assistants would offer the much-needed increase in anesthesia providers while countering the economic strain that can arise when supply and demand are so unbalanced.

Anesthesiologist assistants are highly trained and skilled health care professionals. We have heard that today. They have completed extensive education and training programs which include a minimum of a master's degree from an accredited institution, and they are certified by the National Commission for Certification of Anesthesiologist Assistants. By their own admission, members of the American Association of Nurse Anesthesiology have purported those two years of anesthesiology— [Vice Chair ended testimony due to time.]

Carl Virgil, MD, Private Citizen, Las Vegas, Nevada:
I am a Board-certified anesthesiologist and a native Nevadan. I went to public school here and I graduated. I have the distinction of being the first Black person to graduate from the University of Nevada, Las Vegas School of Medicine. I have been practicing in Las Vegas since 1998. I have been chief of anesthesia at two hospitals in Clark County. I am here in support of A.B. 270 because the shortage of anesthesiology providers in Clark County is at a critical level. Cases are being canceled daily as we speak due to that shortage, and it would be greatly appreciated if you would pass this bill.

Virag Patel, MD, Private Citizen, Las Vegas, Nevada:
I am here in support of A.B. 270 like a lot of my colleagues here. I am from Las Vegas, I attended UNLV, and just like Dr. Richardson attended UNR for medical school and then came back into town to practice, I am familiar with all the shortcomings of our health care system here.

A couple of points I wanted to make was just like a lot of folks have said, I do love my job, but working 80 to 100 hours a week consistently, I would say over the past 5 to 6 years, has been a significant drain; it frequently led to burnout. Secondly, lately I have been involved in a lot of workflow management in our hospital operating rooms. The toughest part of this function is to have to tell patients that we cannot do surgery today, either life-altering surgery or lifesaving surgery, sometimes that we have to put off. Those are the tough moments. We support the certification of AAs in hopes that we can improve our workflow.

Michael Ferrante, CAA, Private Citizen, Noblesville, Indiana:
I have been a CAA for ten years. I am a native Nevadan; I was born in Reno. I went to high school where I was the 2001 class president. At our delayed twentieth reunion, I had to explain to my classmates that despite having delivered over 25,000 anesthetics during my career, I was not able to obtain a license to practice anesthesia in my home state because one did not exist.

I am a direct beneficiary of the Governor Guinn Millennium Scholarship. Without that scholarship, I would never have attended college. As a result, I was the first person in my family's history to not only receive an undergraduate degree but also go on to graduate school. I am currently a faculty member at Indiana University School of Medicine. I teach anesthesia to all types of learners: medical students, new residents, AA students, and paramedic students. I went from a kid in a blue-collar family who almost did not attend college to a faculty member of a nationally recognized medical school. I have the state of Nevada to thank for helping me to start on that track, but I cannot come home.

During the COVID-19 pandemic, I worked in a small rural community in northern Missouri, population 17,000, with two anesthesiologists and three other CRNAs as we ran a small 4-to-1 supervision ratio anesthesia care team. Once COVID-19 hit our community, we served as the primary team for every management intubating COVID-19 patients and placing

invasive lines in intensive care units (ICU). Anesthesiologist assistants across the nation served an integral role in ICU teams during COVID-19, and today continue to be a valuable asset to the anesthesia care team.

Twenty-two years ago, the state of Nevada made a financial investment in my education with the Millennium Scholarship, and now I am a skilled health care provider who can help alleviate the anesthesia shortage in Nevada. It is time to allow me to come back home to the state that originally invested in me so I can give back.

Deborah Rusy, MD, representing American Society of Anesthesiologists:
[Read from Exhibit O.] I would like to thank Chair Marzola and the members of the Assembly Committee on Commerce and Labor for allowing me to speak. I chair the American Society of Anesthesiologists (ASA) Committee on Certified Anesthesiologist Assistant Education and Practice, and I am the ASA representative to the National Committee of the American Academy of Anesthesiologist Assistants Board of Directors.

I speak as a representative of the ASA and for myself in support of Assembly Bill 270 that provides for licensure of regulation of anesthesiologist assistants. Certified anesthesiologist assistants are as safe and effective as other non-physician counterparts such as nurse anesthetists. Where I practice at the University of Wisconsin as a professor of anesthesia, we are subspecialized in both pediatric and adult practice. Our department has employed anesthesiologist assistants for over 40 years now, with our first anesthesiologist assistant having delegated authority in 1982, and recently in the last 12 years, we have gotten licensure in our state for anesthesiologist assistants. Anesthesiologist assistants provide care of both pediatric and adult patients having both routine and complex procedures at our institution. The CRNA and the CAAs work in tandem in our anesthesia care team, both taking breaks and relief from each other. I have worked with an anesthesiologist assistant providing care for patients as small as a neonatal weighing 1.9 kilograms having a removal of bowel procedure. I have worked with them in the adult neuroanesthesia room and on other complex cases. In summary, anesthesiologist assistants are highly skilled professionals. They work as a vital part of our anesthesia care team.

Connor Cain, representing HCA Healthcare; Sunrise Hospital; and Sunrise Children's Hospital:
We thank the sponsor for bringing A.B. 270 and urge this Committee to support what we believe is a commonsense proposal that creates more access to doctor-directed care in a specialty area where state shortage is particularly acute.

Ituriel Palafox-Lopez, CAA, Private Citizen, La Crosse, Wisconsin:
I am testifying today in strong support of A.B. 270 which will license anesthesiologist assistants in Nevada. I owe a tremendous debt to my Nevada community. As a young, gay, first-generation Mexican American, I struggled to believe that my aspirations could become a reality. I would not be in the position I am today without having grown up in Nevada. I started this path by taking college courses at age 15 through the dual credit program at Truckee Meadows Community College high school that was funded by the Washoe County

School District. I then attained my first position within health care at Renown as a surgery operating room assistant where my fascination for anesthesia began. Thereafter, I completed my undergraduate studies at UNR with the help of the Millennium Scholarship and Renown health tuition reimbursement. I continued my studies with Case Western Reserve University where I vowed to contribute the passion I possess for excellence, the ambition it takes to achieve success, and the diligence needed to understand the intricacies of the anesthesia specialty.

It has been my altruistic desire to engulf the lifesaving services that are provided through anesthesiology. I now have the privilege to be able to play an integral role in alleviating the provider shortage that has swept this state and return home. As mentioned, home means Nevada. Please vote yes on this bill.

Randall Clark, MD, Private Citizen, Denver, Colorado:
I am here to speak in strong support of A.B. 270. In 2009, during my time as chair of the Department of Anesthesiology at Children's Hospital Colorado, I introduced certified anesthesiologist assistants to my hospital and to Colorado. It was and has been a resounding success. Certified anesthesiologist assistants gave us greater flexibility in meeting the staffing needs of our hospital, which at that time was growing 10 percent year over year in the number of surgical cases we performed. There is now an extremely talented group of nearly 30 anesthetists at Children's Hospital Colorado evenly split between CAA and nurse anesthetists. You heard from one of them today. They work extremely well together. I want to point out again that this happened in a nation-leading children's hospital where we care for some of the sickest kids imaginable.

You are likely to hear some comments from opponents to this bill about qualifications or equivalents between different kinds of anesthetists. We heard the same when licensure was considered in Colorado. There is no validity to those claims. In fact, the introduction of CAAs in my state was so successful it quickly led to the creation of an AA school, as Dr. Richardson mentioned, within the University of Colorado School of Medicine. This has proven immensely beneficial to Colorado during this time of anesthesia workforce challenges. I urge you to level the playing field in Nevada and allow these educated and well-trained health care professionals an opportunity to help take care of the people in your state. Not enacting licensure is unfair, unnecessary, and will add to the stress we are currently seeing in health care delivery.

Alexandra Grelecki, Private Citizen, Bluefield, Virginia:
I am testifying in support of A.B. 270. I am not currently a certified anesthesiologist assistant; I am currently enrolled as a student at Bluefield University in the Master of Health Science in Anesthesia Program. In two years, I will be a certified anesthesiologist assistant and I would love the opportunity to be able to practice in Nevada once I graduate. I earned my master of public health degree from the University of Nevada, Reno and, as a public health professional, I am passionate about bridging gaps, and when it comes to surgical system gaps, anesthesiologist assistant providers are part of the solution.

I would love the opportunity to be part of the solution to the growing problem in Nevada. In many ways, Nevada has been the start of everything for me, and I would love an opportunity to start and have my career there. Please vote in favor of A.B. 270.

[Exhibit P, Exhibit Q, Exhibit R, Exhibit S, and Exhibit T were submitted in support but not discussed and will become part of the record.]

Vice Chair Jauregui:
We are now going to go to opposition. [There was none.] We are going to move to neutral. [There was none.] I am now going to give the sponsor an opportunity to give closing remarks.

Assemblywoman Marzola:
Thank you for taking the time today to just hear this amazing bill that will make a great difference in our state. I urge your support of Assembly Bill 270 for many reasons, but I will only give you three. We have a health care shortage and need to expand our provider network, and I believe we can all agree with that. Certified anesthesiologist assistants have extensive training and would expand our network and three, let us bring our Nevadans home.

[Exhibit U, Exhibit V, Exhibit W, Exhibit X, and Exhibit Y were submitted but not discussed and will become part of the record.]

Vice Chair Jauregui:
I will now close the hearing on Assembly Bill 270. We will go into a one-minute recess.

[The Committee recessed at 2:03 p.m. and reconvened at 2:06 p.m.]

[Assemblywoman Marzola reassumed the Chair.]

Chair Marzola:
The Committee will now come back to order. I will now open the hearing on Assembly Bill 401, which revises provisions governing schools of nursing. Assemblywoman Jauregui, you may begin when you are ready.

Assembly Bill 401: Revises provisions governing schools of nursing. (BDR 54-1042)

Assemblywoman Sandra Jauregui, Assembly District No. 41:
I will keep my remarks brief since I will be giving more in-depth remarks at a later time. Assembly Bill 401 was the product of the Joint Interim Standing Committee on Commerce and Labor and came at the recommendation of Tess Opferman from the Service Employees International Union (SEIU) during the health care and workforce days. Assembly Bill 401 will help increase the number of nurses in Nevada by creating permissive language that allows a school to increase the student-to-teacher ratio from 8 students per 1 teacher

to 12 students per 1 teacher. It is important to note that this language is permissive only. I am going to work on a tweak on an amendment to the bill to make sure it is clear that the language is permissive only, Chair Marzola.

It does not mandate that schools automatically go to 12 students; it simply lifts the statutory requirement that caps them at 8. For instance, one school may want to increase the number of nursing students from 8 to 12 and see how it works in its program. Another school may not want to increase the current ratio. Chair, with your permission I would like to turn it over to my copresenter, Patrick Kelly with the Nevada Hospital Association for remarks, and then we will go to questions.

Patrick D. Kelly, President and Chief Executive Officer, Nevada Hospital Association:
Today it is my privilege to present A.B. 401. I would like to thank the sponsor of the bill for recognizing the needs of citizens and health care providers in Nevada and for all our efforts in improving the nursing pipeline. Assembly Bill 401 is one step towards increasing the number of nurses in Nevada. This bill is very simple. It allows a school of practical nursing or a school of professional nursing to increase the size of its classes. Currently, nursing programs are limited to a faculty to student ratio of 1-to-8—1 faculty member to 8 nursing students. Assembly Bill 401 permits nursing schools to increase their faculty to student ratio to 1 faculty member for 12 nursing students.

Increasing the size of the classes is not mandatory; it is optional. Each school will get to decide. Our nursing pipeline could expand 50 percent if nursing programs adopted the 1-to-12 ratio. Please keep in mind, this bill addresses only one piece of the pipeline challenge. Nursing faculty wages need to increase to be competitive with the private sector. Clinical training also needs to be reevaluated. We need to stagger clinical training hours and explore ways community health care providers can assist in training. We all need to work together on this solution.

Fortunately, several bills are before the Legislature that provide additional funding for nursing schools and support for nursing students. We believe additional resources are on the way to help nurses and nursing programs, and we want this piece of the puzzle to be in place when those resources arrive. Assembly Bill 401 can help students in Nevada. Each year, hundreds of qualified students are denied entry into our nursing programs because our programs are at capacity. Students who want to be nurses move on to other careers. Does it not seem unusual to be turning away qualified students who want to be nurses when we have a severe nursing shortage? Would it not be wonderful to allow every qualified student to become a nurse? That should be the goal of the state.

The Legislative Counsel Bureau (LCB) prepared a report on the nursing faculty requirements in other states. This report is contained in your packets. The LCB found that for practical nursing schools, 19 states have an established faculty-to-student ratio higher than our current ratio of 1-to-8. Nine states and the District of Columbia have no specified ratios or do not regulate ratios. For registered nurse programs, the statistics are similar. Sixteen states have

ratios higher than our current ratio of 1-to-8. Eleven states and the District of Columbia have no specified ratios or do not regulate ratios. It is not unusual to have faculty to student ratios above 1-to-8.

Nevada's nursing statistics are poor. We need more than 5,000 nurses just to meet the national average. The Nevada Hospital Association (NHA) believes the number of nurses needed is higher than 5,000. Forty-one percent of Nevada's registered nurses (RN) licenses are held by nurses with an out-of-state address. During the pandemic health care providers brought thousands of traveling nurses into the state; their licenses remain in effect for two years. We believe the high number of traveling nurses distorts the number of licensed nurses in Nevada and thereby keeps the number of nurses we need artificially low.

Last summer, the NHA conducted a survey of our member hospitals. We asked how many open RN positions they had on July 1, 2022. The answer was over 2,300 open RN positions. Please keep in mind this survey only applied to hospitals; nursing homes, home health agencies, schools, public health, and numerous other health care providers were not included in the survey, and we know they need nurses too. Nevada clearly needs more nurses. Assembly Bill 401 is one piece of the puzzle increasing the pipeline of new nurses in our state.

Assemblywoman Jauregui:
We are now open for questions.

Chair Marzola:
Thank you, Vice Chair Jauregui, and thank you for your presentation and bringing this bill forward. Committee members, are there any questions? I do not see any. I do have one on the shortages for registered nurses. I know you gave a number. What was that number?

Patrick Kelly:
John Packham's group at the University of Nevada, Reno, put out a report, and it is over 5,000 RNs and LPNs.

Chair Marzola:
We will now open for testimony in support.

Jimmy Lau, representing Dignity Health-St. Rose Dominican:
Dignity is proud to support this bill and would like to thank the Majority Leader for bringing it forward and thank our association for their work on this effort as well.

Melodie Osborn, Chief Nurse Executive, Renown Health:
You have heard a lot about the critical shortage of nurses in Nevada today, so I am not going to belabor that message. During the pandemic, we learned very quickly that we could not continue to do things the way we have always done them. We were forced to be creative and innovative to continue to care for those in need. When we were out of space, we created alternate care sites. When we experienced a surge, we provided training to unlicensed

personnel to complete basic tasks to offload our nurses. When we needed to provide vaccines to the most vulnerable patients in our community, we developed a plan to vaccinate over 81,000 patients in our community in a four-month period of time.

The current shortage of nurses in Nevada calls for the same degree of creativity and innovation. There is no singular action that is going to solve this problem. We support A.B. 401 as the first of several steps needed to increase the number of nursing students trained and educated in Nevada. With the permissive language in the bill, this allows academic institutions and hospitals the freedom to innovate and partner on ways to increase the enrollment of nursing students. In order to grow nursing student enrollment, we need to support those entrusted with training and educating our future caregivers by increasing public funding to increase salaries to improve the recruitment and retention of clinical faculty.

We need to consider increasing class sizes with the appropriate support of our faculty. We need to consider how we utilize the night shift, the weekends, and post-acute facilities to add additional clinical training spots and how hospital bachelor's and master's-prepared nurses with experience can be delegated and offload the teaching load from the faculty. I speak for Renown Health when I say we stand ready to partner with our schools of nursing to assist in any way we can to increase the enrollment of nursing students in Nevada.

Marlene Lockard, representing Service Employee International Union Local 1107:
We are very pleased to be here today in support of this bill. When the Interim Committee met last summer, we did present a number of initiatives we thought would help the overall issue in Nevada that we are currently experiencing [Exhibit Z]. I, too, would like to compliment Dr. John Packham for his report that has been prepared and for a number of very substantive recommendations in that report. As a result, I think you can see my tracking. There are over 12, maybe 15, measures that have been introduced this legislative session that SEIU believes go to the core issue and it tackles the nurse pipeline in a very effective manner.

Connor Cain, representing HCA Healthcare; Sunrise Hospital; Sunrise Children's Hospital:
We are in support of Assembly Bill 401. We thank the sponsor for her leadership on this important issue and urge your support.

Chair Marzola:
We will move to testimony in opposition to Assembly Bill 401.

Rachel Wooley, Private Citizen, Reno, Nevada:
I one hundred percent acknowledge the nursing shortage in Nevada and would love to grow our nursing through education. Putting more students in the clinical environment with one faculty member will only serve to diminish the quality of education our nurses are getting, because they are not going to have that valuable one-on-one time where they can develop

their clinical judgment and their critical reasoning. I cannot imagine we would ever ask our physicians to cut short or decrease the quality of their training as they are in charge of the health care of our family members, our friends, and our community.

In addition, there is difficulty with even placing the students that we have with nurses because they are so busy with preceptors and new trainees. Oftentimes, replacing multiple students with one nurse while the faculty members go from floor to floor, I just hope that you consider the impact that making a blanket statement that decreases the quality and time has.

Our nursing students deserve to be the health care providers our community deserves. I hope you think of the impact it may have on you, your friends, your family and, more than anything, your constituents.

Lisa Thomas, Ph.D., RN, Associate Professor, Orvis School of Nursing, University of Nevada, Reno:
[Read from Exhibit AA.] I am speaking on behalf of myself as an educator. I know that you received a letter from some of the Nevada System of Higher Education (NSHE) representatives [Exhibit BB]. I am not going to belabor the points in that letter. I want to bring up a couple of other things that need to be addressed, and one of them Ms. Wooley spoke to is the issue of clinical space. The statistic that we turn away so many qualified applicants is true. However, there are also limits to what we can do, and the biggest limitation that we encounter as a nursing faculty is the limitation of clinical space.

Twice a year, all of the deans/directors of the nursing schools get together and divvy out clinical space. We do not ever leave with as much as we need. It is not at all uncommon that we will show up on a unit with our eight students which we were told we could bring that day, and are then told, sorry, you can only bring three. What do we do with the rest of them? We put them with unit clerks; we put them in places that are beneficial to their education.

I appreciate the sentiments coming from practice that they are happy to work with us on that. In the absence of being able to address that bottleneck, this is going to not make it any better. Secondly, the other thing that needs to be addressed is when we talk about turnover, we graduated about 1,500 new nurses in 2020 to about 6,000 over the past five years. Turnover, however, remains extremely high in our clinical agencies. This is something we need to be able to address so as we make them, they are not just leaving.

Norman Wright, Private Citizen, Las Vegas, Nevada:
I moved to Nevada in 2013 from New Jersey. I am a former director of nursing. Although I have not been in education or nursing schools for over 40 years, being a director of nursing and working on the floors, I want to piggyback on the situation in the clinical setting. If you are talking about no limits in the lecture series, yes, it does not matter. I went to nursing school; we had 125 students sitting in lectures learning about those things. When you are working within the clinical setting, it becomes dangerous with more than 1-to-8. One to eight gives the instructor one hour to instruct the nurse to work with the patient. Many times, the nursing students would have questions on how to do a clinical procedure. They would

have to be waiting and frustrated because the clinical instructor was in a different place, and then it would be unsafe for that student to do it. Sometimes they would get so frustrated, they would ask my nurses, which would take time away from their tasks.

In the lecture series this is fine. I recognize the nursing shortage, but in the clinical setting, it is not only dangerous to the student, to the instructor, and to the school, it is dangerous to the patients that we serve.

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

Chair Marzola:
We will move to testimony in a neutral position on Assembly Bill 401.

Jody Covert, Private Citizen, Carson City, Nevada:
We appreciate the support and the hard work of all of you recognizing the importance of increasing the nursing workforce as this state is definitely facing a severe health care crisis. We particularly appreciate Assemblywoman Jauregui's work on this bill and the intent behind the bill. We submitted a letter to the bill sponsor signed by all the NSHE deans and [Exhibit BB] directors outlining some concerns as well as some suggestions. We look forward to working with you on clarifying the language in the bill to make sure that it reflects the intent fully.

Tamera Allred, Private Citizen, Reno, Nevada:
I am a nurse educator; I teach theory, skills, simulation, and as clinical faculty. I began as an adjunct clinical faculty in 2011. I have taught in Las Vegas, Elko, and now in Reno. I have also been a precepting nurse at the bedside to several students and new graduates over the years. This amount of experience gives me a well-rounded perspective to address this proposed bill. As stated before, the increase in the nurse ratio has some concerns, but I also understand the reason behind it, and the intent of this bill is to increase the number of graduates to our state. I would encourage anyone to make sure those in support of this bill take into consideration the quality of the nurses we are graduating. I am a passionate and proud educator, and teaching and training the next generation of nurses is very important to me. I would like to make sure we are all on the same page when it comes to the safety of the public and our patients.

Sarah Adler, representing Nevada Advanced Practice Nurses Association:
Our neutral testimony is the result of a lot of discussion among the leadership of the organization. We are moving to neutral. We appreciate the sponsor's work on this bill and her clarification that this is permissive. In addition, what the Nevada Advanced Practice Nurses Association (NAPNA) would just like to underscore for you all is that with the nursing shortage, we have nurses going right from training into active care, and thus it is very important they are fully supported in their training because without that, we have a risk to patient safety. I would say also to the nurses' own mental well-being, if they do not feel like they have had full enough training, it could be a harm to them as well. I would like to share

a NAPNA thought, which is something that could assist in simulation resources. The University of Nevada, Reno, for example, would appreciate investment in the ability to create simulation training, and that would assist in preparation of these ratios.

Anthony Ruiz, representing Nevada State College:
We are in neutral. Let me start by saying we acknowledge the nursing shortage is real. We know as it has been discussed that the funding has been a major concern and a barrier to helping us hire and retain more faculty. Using the most recent year data, 47 percent of the bachelor's-prepared nurses for NSHE came out of Nevada State College. We are doing what we can to take that even further; we are getting ready to launch a night shift, which was also discussed earlier. We are looking forward to that starting soon. I will end by saying I appreciate the intent to create a permissive cap in this bill, and I look forward to working with the sponsor to make sure that is indeed what the bill does.

Angela Amar, Dean, School of Nursing, University of Nevada, Las Vegas:
We are very appreciative of the legislative support for nursing. Yes, nursing is in a shortage, and we do need lots of measures to make this happen and get better. There is a letter from the deans of all the NSHE schools [Exhibit BB]which outlines our concerns regarding safety of the citizens in Nevada when there are patients in hospitals related to this. I would like to work with you to make this bill work. The concern we have from the schools is when we say must be supervised by 1 member to 12 students. Once it is legislatively said that it is a 1-to-12 ratio, we will have to hire people on a 1-to-12 ratio. Many of the states that have bills that go up to ten say things like it may be changed due to patient safety, and that may be because of the level of the student, the acuity of the patients, the staffing of the hospital, all of these pieces. There is a mechanism then that allows us to be able to hire so we can do the lower ratios when indicated in regard to patient safety. Again, I look forward to working with you and would like to work with you to help make this work because we need all strategies to help increase nurses in the state of Nevada.

Chair Marzola:
Assemblywoman Jauregui, would you like to give any final remarks?

Assemblywoman Jauregui:
Thank you for hearing this bill. There is a bill in the Senate which I consider a sister bill to Assembly Bill 401, which will help bring resources to the nursing programs in our state. What I am trying to do with Assembly Bill 401 is just lift that statutory cap again. I know I need to clarify language in here, so it is permissive. If those resources do make it through session and nursing programs are able to expand, I just do not want there to be a statutory cap in statute saying they cannot go above eight. If they wish to expand their programs and they wish to increase to nine students per teacher or ten students per teacher, they can.

I was looking through the Legislative Counsel Bureau report they made for us, and there are various other states that do go higher than eight. Currently Arizona, Colorado, Connecticut, Georgia, Idaho, Illinois, Kansas, Kentucky, Massachusetts, Mississippi, Montana, North Carolina, Nebraska, Ohio, Tennessee, Texas, Virginia, and Washington have a

10-to-1 ratio. Pennsylvania has a 15-to-1 ratio. Iowa, New Jersey, Oklahoma, Vermont, and Wisconsin have no specified ratio, and Alaska, California, Minnesota, and Missouri do not even regulate ratios. I am not trying to increase the ratio. I am just trying to make it permissive so that each nursing program has the authority to increase their student to teacher ratio if they choose to.

Chair Marzola:
Thank you for bringing this bill forward. I will now close Assembly Bill 401 and open the hearing on Assembly Bill 443, which expands the institutions which certain recipients of the Governor Guinn Millennium Scholarship are authorized to attend.

Assembly Bill 443: Expands the institutions which certain recipients of the Governor Guinn Millennium Scholarship are authorized to attend. (BDR 34-352)

Assemblywoman Sandra Jauregui, Assembly District No. 41:
Good afternoon, Chair and members of the Committee. I will keep my remarks brief since I will be giving deeper remarks later. Assembly Bill 443 was a product of the Joint Interim Standing Committee on Commerce and Labor, and the recommendation was brought to us during our Interim Commerce and Labor Health Care Workforce Day by Tess Opferman from the Service Employees International Union (SEIU). Assembly Bill 443 would expand the institutions where Nevada students can use their Millennium Scholarship for nursing schools. This only expands it to include more nursing schools, no other type of schools. The goal was to create more homegrown nurses. Currently, eight of Nevada's educational institutions accept the Millennium Scholarship and all offer a pathway to obtain a nursing degree. These institutions include the University of Nevada, Las Vegas (UNLV), University of Nevada, Reno (UNR), College of Southern Nevada, Great Basin College, Nevada State College, Roseman University of Health Sciences, Truckee Meadows Community College, and Western Nevada College.

However, there are other nursing programs offered by other educational institutions in Nevada that are not covered by the scholarship. These include Unitek College, Chamberlain University, Arizona College, Carrington College, Las Vegas College, Grand Canyon University, Mohave Community College, and Nightingale College, which offer both the clinical portion in Nevada. Expanding the list of institutions will enable us to increase our nursing workforce. I am now ready for questions.

Chair Marzola:
Thank you, and I had the pleasure to serve on the interim committee with you. What an important bill. I was shocked when we found out that it was not expanded to the nurses.

Assemblywoman Backus:
I have a question because I may have misunderstood it. When I am looking at section 1, it makes it sound like an eligible institution must be any other nonsectarian college or university that was originally established in and is organized under the laws of the state of Nevada for the clinical program. I was confused because I know you mentioned Grand Canyon University and I believe that is a Phoenix University. How would that play into this?

Assemblywoman Jauregui:
That might not play into it then, because that does apply. A requirement of the Millennium Scholarship is they have to be Nevada-created institutions.

Chair Marzola:
Committee members, any additional questions? I do not see any. We will open up for testimony in support of Assembly Bill 443.

Trevor Parrish, Manager, Government Affairs, Vegas Chamber:
The Chamber is in support of A.B. 443 as the Millennium Scholarship is an important tool to encourage Nevada students to stay and continue furthering their education in our great state. Expanding the scholarship to include clinical programs will also help assist Nevada in addressing our health care needs. We urge your support of A.B. 443.

Donna Laffey, representing Nevada Association for Career Colleges:
The Nevada Association for Career Colleges or NACC is the trade association representing the higher education and training schools licensed by the Nevada Commission on Postsecondary Education and has several members that provide education for health care specialties. We urge your support of A.B. 443 and encourage the education of students in Nevada and encourage them to stay in Nevada.

Jimmy Lau, representing Dignity Health-St. Rose Dominican:
We are proud to support this bill, and thank Assemblywoman Jauregui for her efforts.

Joan Hall, President, Nevada Rural Hospital Partners:
As a mother of Millennium scholars, we really recognize the importance of this bill and urge your passage of it.

Marlene Lockard, representing Service Employee International Union Local 1107:
We, too, support the Millennium Scholarship as an additional tool to help with our nursing issue. I do want to clarify that in June we made a number of recommendations that are contained in this document, and I would like to submit it for the record [Exhibit Z] so the total number of recommendations is on the record and to point out that in our recommendations, we did not recommend ratios in any manner.

Patrick D. Kelly, President and Chief Executive Officer, Nevada Hospital Association:
We support the bill as well. Students from Nevada who are educated in Nevada tend to stay in Nevada. We need everybody we can get.

Tessyn Opferman, representing Nevada Women's Lobby:
One of the priorities of the Women's Lobby is access to health care, so we are very appreciative of Assemblywoman Jauregui's work on this bill, and all of her efforts in terms of bringing more access to our Nevada nurses.

Chair Marzola:
We will move to testimony in opposition to Assembly Bill 443. [There was none.] We will move to neutral testimony on Assembly Bill 443. [There was none.] Assemblywoman Jauregui, would you like to give some closing remarks?

Assemblywoman Jauregui:
I think by expanding the Millennium Scholarship, we will be able to create more homegrown nurses who will stay in Nevada.

Chair Marzola:
Thank you and thank you for your presentation. I will close the hearing on Assembly Bill 443. I will now open the hearing on Assembly Bill 108. Assembly Bill 108 enacts the Nurse Licensure Compact.

Assembly Bill 108: Enacts the Nurse Licensure Compact. (BDR 54-522)

Assemblywoman Sandra Jauregui, Assembly District No. 41:
While doctors, technicians, and surgeons may be the most visible health care providers, nurses are truly the superstars. When loved ones come out of surgery or wake up from anesthesia, the first person they see is their nurse. Comforting patients in pain, providing lifesaving care, or simply being there as emotional support while people go through some of the most difficult moments of their lives, nurses are the front line of health care. As our frontline health care workers, nurses take an all-encompassing view of the patient's well-being so they can provide care and treatment the moment a patient needs it. To put it simply, nurses are essential in providing care and producing positive health care outcomes.

A groundbreaking University of Pennsylvania, School of Nursing study from 2002 found that a lack of nurses is directly related to increased patient mortality. Unfortunately, we are facing a historic shortage of nurses. Nevada needs to recruit more than 5,000 registered nurses just to meet the national average. We have seen this problem play out all too frequently. We are familiar with COVID-19 when cases surged and capacity collapsed. Doctors and nurses had to triage their care in order to save as many patients as possible.

Just this winter, a combination of respiratory syncytial virus (RSV), the flu, and COVID-19 infections created a dire situation that caused our pediatric intensive care units (ICU) to reach capacity and nearly saw the same horror as the depth of 2020. The problem is here; it is getting worse, and we need to act now. That is why I am here today presenting the three bills that I am presenting: Assembly Bill 108, Assembly Bill 401, and Assembly Bill 443. All three of these measures help in creating the nurse pipeline that is essential to fundamentally addressing this shortage in the long run. In addition to these bills, yes, we also have to pay

our nurses more and find additional ways to support them. One solution is not going to solve our nursing shortage. This is an "all of the above" approach that we need to do to tackle this problem and ensure that we stabilize and support Nevada's health care system.

Assembly Bill 108 enters Nevada into the Nurse Licensure Compact so that we can meet the needs that we have today. In fact, President Biden issued an executive order to address occupational licensure because it has been such a barrier to military families using their skills in their new communities and prevents our communities from getting the highly trained workforce, like nurses, that they so desperately need. Assembly Bill 108 was also a product of the Joint Interim Standing Committee on Commerce and Labor, but the genesis for this bill began in 2021 at the Council of State Governments conference in Santa Fe, New Mexico. During a hearing on the Economic Development Committee, which I cochaired, the Council of State Governments was speaking to the benefits of compacts including the Nurse Licensure Compact and pointed out that Nevada has continuously failed to pass it. That is when I decided to learn more.

Chair, with your permission, I would now like to turn it over to my copresenters: Nicole Livanos, Director of State Affairs with the National Council of State Board of Nursing; Cathy Dinauer with the Board of Nursing; and Kelli May Douglas with the Department of Defense who is joining us on Zoom.

Nicole Livanos, Director, State Affairs, National Council of State Boards of Nursing:
I have this PowerPoint today [Exhibit DD] that I will be using to walk through the bill. I will start off with a little background into compacts themselves. Compacts are constitutionally authorized, legislatively enacted, and legally binding [page 2, Exhibit DD]. They are tools that enable states to join together while maintaining state sovereignty and solving a problem of multistate concern. They are a problem-solving mechanism between states where states enter into a contract to solve problems of multistate concern.

Compacts are not new in Nevada. Nevada is currently part of 29 interstate compacts, and many compacts, as you well know, are pending before your body, such as the Emergency Medical Services Compact, the Physical Therapy Compact, the Interstate Teacher Mobility Compact, and of course A.B. 108, which is why we are here today [page 3]. The Nurse Licensure Compact (NLC) is modeled after the Driver License Compact. What that means is it is based on your primary state of residence, the location where you obtain a license and then you have the privilege to practice, or in the case of driving, to drive in all the states that are party to the compact [page 4]. Some of the core principles of the Nurse Licensure Compact are it is drafted by nursing regulators across the country, boards of nursing who, of course, have a mandate to protect the public. Patient safety is at the forefront. A core principle of the Nurse Licensure Compact is that it maintains authority for licensure, discipline, and enforcement of the Nurse Practice Act with the Nevada Board of Nursing, which regulates and does these activities for Nevada nurses today [page 5, Exhibit DD]. It also increases public protection by mandating communication between party states who are party to the Compact in order to protect the public.

The current status of the Nurse Licensure Compact is it has been in operation for over 23 years [page 6]. It was enhanced in 2015 to modernize and to add important uniform licensure requirements. It is important to note that those enhancements were successful. The modernization of the Compact brought the membership of the NLC from 25 states to 39 jurisdictions, and those 39 jurisdictions include 37 states, Guam, and the U.S. Virgin Islands. For some geographical context of your neighboring jurisdictions, the NLC was enacted in Arizona in 2002, Idaho in 2001, and Utah in 2000, and currently, the bill is pending before 10 state legislatures, including Nevada.

I am going to do a walk through now of the bill [page 7, Exhibit DD]. Interstate compact bills have been heard before your Committee before, you know they are long bills. The majority of the bill is model language used across compacts to develop the structure and the operations of the Compact. I am going to walk through the bolded articles which will help to navigate and orient you to the Nurse Licensure Compact and how it works.

First, we will go to Article III, the uniform licensure requirements [page 8, Exhibit DD]. The uniform licensure requirements have to be met by every applicant who wishes to obtain a multistate privilege. These licensure requirements represent the highest standards across nursing regulation. First and foremost, since the Compact is based on your primary state of residence, a Nevada nurse would first need to meet the Nevada home state requirements for licensure and then meet the requirements that are standard across the entire Compact, which includes graduation from an approved program, passage of the National Council Licensure Examination, a criminal background check, no current participation in an alternative-to-discipline program, and others.

The policy behind this is to ensure the party states know that if a multistate licensee is practicing here in Nevada, they have met the requirements and they are vetted. There is a requirement to maintain compliance with these uniform licensure requirements. It is not a one-time deal. You have to meet the renewal requirements in your primary state of residence, and you cannot have an encumbered license or an inactive license. Article III also defines the jurisdiction. Practice takes place where the patient is located at the time of care delivery. This is not unique to nursing but is across all health care. A nurse practicing in a party state must comply with state practice laws and submit to the jurisdiction of the licensing board in that jurisdiction. You must comply with the party state laws where your patient is located. That maintains the scope of practice laws Nevada has put into place for nurses here. That is to preserve state sovereignty over scope of practice and enforcement of the Nurse Practice Act; again, the Nevada State Board of Nursing would maintain authority of enforcement of the Nurse Practice Act over anyone who is treating a patient within the state, whether it is in person, via telehealth, or telephonically.

Next, moving to Article V, this covers the party state boards' authority, and again, the Compact was developed and authored by nursing regulators and boards of nursing with the mandate to protect the public [page 10, Exhibit DD]. This is an important slide which outlines how boards under the Compact maintain public safety. For disciplinary procedures in the home state—that would be the state where a nurse obtains his or her license, or

primary state of residence—the home state has disciplinary authority over that licensee. If action is taken against that licensee, the license is considered encumbered, which is then a disqualification for that multistate licensee entirely. The home state controls that multistate license. Remote states, too, can protect the public from nurses in the case of patient harm. The party state is eligible to take action against the privilege to practice in any party state. So, should a nurse from Arizona practice in Nevada and cause patient harm, Nevada's Board of Nursing has the authority to take action against the privilege to practice of that nurse in the state of Nevada. This, of course, promotes patient safety, allows states to maintain control, and maintain state sovereignty over enforcement of the Nurse Practice Act.

Article VI introduces the coordinated licensure information system [page 11, Exhibit DD]. When states join the Compact, they are required to participate in this information system. It is an existing system that all 50 states use today. The reporting requirements that are unique to the Compact require states to share information that concerns adverse actions they may take against a privilege to practice or a multistate licensee, the sharing of significant investigatory information to ensure patient safety, and any enrollment in an alternative-to-discipline program. The policy here is, of course, that information exchange is critical between states when operating in a compact.

Article VII outlines the Interstate Commission [page 12, Exhibit DD]. The Interstate Commission is the governing body for the Compact. Again, this is not unique to the Nurse Licensure Compact, but to compacts generally. The membership of this Interstate Commission includes the head of the regulatory board or their designee, and that member has one vote, and there is one vote per state joining the Compact.

The statute outlines that they meet at a minimum of once per year. They can adopt bylaws to govern their commission conduct; they follow the Administrative Procedure Act of 1946 for open meetings; they can elect officers; and they can establish committees as needed. The policy behind creating the Interstate Commission is so somebody is there to make sure the operations of the Compact are running. Examples in Nevada of compact commissions are at the bottom of the slide [page 12, Exhibit DD]. Nevada is in current compacts that have this Interstate Commission and one member per party state process. The pending compacts before the Legislature such as the Physical Therapy, Emergency Medical Services, and the Interstate Teacher Mobility Compact also have the same structure.

Article VIII outlines the rulemaking authority of the Interstate Commission [page 13, Exhibit DD]. The Interstate Commission may adopt rules that have the same force and effect of law as the provisions of the Compact. However, there are parameters. The rulemaking authority in the Compact for the commission is for the operations and governance of the Compact. There is no ability of this body, a quasi-governmental agency that is made up of one commissioner per state, to promulgate rules that might change uniform licensure requirements, change the scope of practice, change and create new discipline around the multistate license, or any substantive aspect of the regulation of nurses. The operations of the rulemaking procedure are modeled after the national Administrative Procedure Act. Procedures look a lot like the agencies in Nevada today. There is notice of proposed and

adopted rules, opportunity for comment, public hearing, consideration, and voting on rules and responding to comments. Again, I included some examples of current existing compacts Nevada is a part of that follow the same and have the same rulemaking authority provisions [page 13, Exhibit DD], as well as examples of those pending compacts before this body that have identical rulemaking procedures.

In conclusion, there are compacts across the state, both that Nevada is a part of today and that you are considering joining, including Assembly Bill 108 [page 14, Exhibit DD]. The Compact here follows the mutual recognition model which the Emergency Medical Services Compact and the Physical Therapist Compact also follow, which enables true mobility while maintaining public protection and state sovereignty. The NLC is in 39 jurisdictions, with 10 pending with current legislation. It is an option for registered nurses and licensed practical nurses (LPN). The uniform licensure requirements vet applicants against the highest nursing standards, and Nevada licensure practice and discipline remains the authority with the Nevada State Board of Nursing. Under the Compact, Nevada is able to take swift action to protect the public and communicate with other member boards. The commission seat empowers Nevada's voice in any commission decisions. The operations and rulemaking standards are used across many compacts, old and new.

Cathy Dinauer, MSN, RN, Executive Director, State Board of Nursing:
[Exhibit EE, Exhibit FF, Exhibit GG, and Exhibit HH were submitted for testimony]. The Nevada State Board of Nursing is grateful for the opportunity to present to you today A.B. 108, the Nurse Licensure Compact. Back in November of 2022, I was contacted by the Office of the Governor and the Nevada Hospital Association asking the State Board of Nursing if there was anything we could do to expedite licensure. There was such an influx of pediatric patients with RSV in our hospitals and the need for nurses was imminent. We came up with a plan, but it was not sustainable. I asked myself at that time, how many more health care emergencies, natural disasters, or pandemics will occur before we get the Compact. Temporary patchwork responses to emergencies simply do not work.

The mission of the Board is to protect the public's health, safety, and welfare through effective regulation of nursing, and the Compact enables us to maintain all three without compromising our authority over nursing in the state or your control over Nevada's laws. The State Board of Nursing currently licenses and certifies over 70,000 nurses and nursing assistants, and this includes a variety of registered nurses as well as licensed practical nurses and nursing assistants, but the Compact is only for registered nurses and LPNs. We know our licensees want to be in the Compact. The nurses in Nevada want this; Nevada nurses overwhelmingly want the Compact and the option of licensure mobility. A 2022 survey conducted by the National Council of State Boards of Nursing, in cooperation with our State Board of Nursing, found that 92 percent of over 10,000 respondent nurses, LPNs, and RNs support Nevada joining the Compact [Exhibit II]. The Compact advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally. The Compact allows for expedited safe access to licensed, qualified, and competent nurses. With a license issued in your primary state of residence,

your home state, and with the optional multistate endorsement, a nurse receives a privilege to practice in all Compact states, and that nurse must follow the laws of the state in which they are working.

If a nurse changes their primary state of residence to another Compact state, the nurse must apply for that state's nursing license. And if you violate the state's law where you are practicing, you are subject to disciplinary action in that state. The Compact requires each state to adopt the same stringent standards for licensure we already have in Nevada law, including education and testing requirements and a fingerprint background check. This means a nurse from another Compact state comes to Nevada with the same high qualifications you expect from Nevada nurses, and the Legislature still controls the criteria for licensure in Nevada law.

A key component of the Compact is the uniform licensing requirement you have already heard about. This includes when we are disciplining or taking adverse action against the licensee. Central to this in each state is retaining the authority to adopt disciplinary procedures and holding licensees accountable for actions that occur in our state. If an allegation of a violation of our Nurse Practice Act complaint is submitted against the holder of a multistate license, an investigation may be opened. Should the allegations be true, the multistate privilege to practice may be revoked. The home state is notified of the complaint and the allegations, so any action that may need to be taken on the license can occur, but it is up to the home state to decide on what to do with the licensee. The party state, such as Nevada if the nurse is practicing in our state from another state, would be able to take action on that privilege to practice. What this means is Compact states must work together during investigations, and the State Board of Nursing still has the oversight of nursing practice in our state and the final decision on the license of a Nevada nurse. This does not change by entering the Compact.

As I have mentioned, the Compact is right for Nevada. While the Compact will not cure the nursing shortage, it is an important tool in the toolbox. To meet national averages, Nevada needs, as you have mentioned—I say 4,000—it is up above 4,000 additional registered nurses to meet the health care demand. Two out of every three Nevadans live in an area with a shortage of health care providers. Making it easier to get nurses in practice can help in areas where we are chronically short.

The Compact will also assist during acute episodes whether a pandemic, a natural disaster, or a tragedy. While the State Board of Nursing can issue a temporary license in just a few days, sometimes the need for nurses is immediate, and a few days to bring a nurse to the bedside can be a lifetime for the health of victims and patients. During the COVID-19 pandemic, Nevada issued emergency directives allowing out-of-state nurses to come to Nevada to practice without any sort of application or vetting process. We had close to 6,000 nurses come to Nevada during that time. Though necessary for the emergency response, the policy was not sustainable and did carry some risk. Meanwhile, Compact member states had an immediate mobile workforce to call on to assist with emergency response. These nurses already met the licensing criteria for those states.

By implementing Assembly Bill 108, Nevada benefits by improving access to care, enabling prompt emergency and disaster relief, supporting workforce mobility, helping with staffing shortages, and responding to changing health care delivery models. It allows for nurse portability across state borders, both in person and electronically. Patients who receive health care in Nevada can return home and still connect with their health care providers. Nevadans who travel to other states have the reassurance that they can call their care providers when in need of nursing care. The military is also in support of the Compact. Military spouse nurses can seamlessly continue working without having to obtain a new license each time they relocate to new posts such as Nellis Air Force Base. Nurses who provide telehealth care could now be able to practice with one license in multiple states. The telehealth job market is growing exponentially, and Nevada nurses must remain competitive in the industry by having a license they can use to reach patients across the country. Nursing faculty would also be able to provide online education to out-of-state students without having to get a license in each state where the student was located. This is a financial help to nurses who wish to cross state borders to work and not have to get a new license with an attached fee in each state where they want to practice. The burden of applying for a license, paying for that license, and then meeting the requirements and paying fees for renewal are significant, and it is an unnecessary burden on nurses.

Compacts are not new to Nevada. The Legislature recognized the need for interstate practice for psychologists and physicians by passing the Psychology Interjurisdictional Compact and Interstate Medical Licensure Compact. We ask the same for the nurses. The Compact will not change what we already do as a licensing board; we will continue to license nurses, oversee nursing education, handle the investigations, handle complaints, and do our job protecting the health and safety of the public. The Compact affords Nevada nurses the same options other nurses have in Compact states. I ask you, Madam Chair, and the Committee, to support A.B. 108.

Kelli May Douglas, Pacific Southwest Regional Liaison, Office of the Deputy Assistant Secretary of Defense, U.S. Department of Defense:

On behalf of military families and the Department of Defense, I am pleased to provide comments on the highly beneficial impact that policies such as A.B. 108 have on the military community. Military spouses are disproportionately affected by state-specific licensure requirements that can cause delays and gaps in employment, with over 36 percent of the working population requiring state licensure to practice in the professions in an annual cross-state relocation rate more than 10 times higher than their civilian counterparts.

Given that nursing has been found to be the most prevalent of all professions for military spouses, this policy has the potential to have a significant positive impact on this population while helping Nevada meet the health care workforce needs of all communities within the state. The Department regards interstate licensure compacts such as the Nurse Licensure Compact as the optimal approach to cross-state licensure for many reasons. The NLC provides seamless, true reciprocity for military-connected practitioners, not only when they come into Nevada, but also when they leave the state on military orders and perhaps return to Nevada permanently following military service.

It should also be noted the Nurse Licensure Compact benefits not only military spouses but everyone in the military community as well as all community members.

Assemblywoman Jauregui:
Before we go to questions, I did forget to include in my presentation and remarks some information I received this morning that I was really excited to share. The Nurse Licensure Compact was passed in the state of Washington's legislature last night and is on its way to the governor's desk for signature, making it 40 jurisdictions the Nurse Licensure Compact would be in. It passed the house last night with bipartisan support of 94 yeas and 4 nays and it had previously passed the senate with bipartisan support of 40 yeas and 8 nays. With that, Madam Chair, we are open for questions.

Assemblyman Carter:
The tone of today's whole Committee meeting has been home means Nevada, trying to bring home our anesthesiologist assistants that are elsewhere. My question has to do with what protections are in this bill for Nevadans to stop somebody, some organization, some hospital from recruiting out of state to replace in-state Nevadans.

Michael Hillerby, representing State Board of Nursing:
That is an excellent question, and I think it is related to some of the concerns we have heard from our colleagues in the unions. First of all, right now we know that there is a significant nursing shortage. You have heard that all day. You knew that before you got here today. This is one tool. What this does not do is increase the pipeline on the number of new nurses. We all know we need that, and some of the bills you have seen earlier today would do that.

As we saw during COVID-19, the general public saw in news headlines far more than they were normally aware of, traveling nurses became a necessity and a reality for hospitals all over the country. You saw, at one point, hospitals paying $220 to $240 an hour to traveling nurse companies to get nurses here, and we still could not get the number we needed. Obviously, COVID-19 was a unique circumstance, although it dragged on for a long period of time. I think the ultimate answer to your question is recruiting people from out of state to come in brings with it significant cost. We know one hospital here in northern Nevada right now is offering a $30,000 signing bonus for new nurses. Hopefully, those will be local students who graduated from our own Orvis School of Nursing, and we still cannot hire enough. Trying to recruit people into a place with a relatively high cost of living is not really cost effective. If we can do that here at home, that is the way to do it. We want to see those nurses, and I think you would hear that same thing from hospitals and other employers of nurses.

Clearly telehealth and other things are expanding. That is never going to replace the bedside nurse, as all of us who spent time in hospitals know. Telehealth is important and it is becoming increasingly popular in specific instances. That is not going to replace the bedside nurse and the kind of care they give in the way they take care of patients. We do not see that as a serious option; it is not one that is affordable.

Assemblywoman Backus:
I do not know if this is appropriate for Ms. Livanos, but it is under Article III, subsection c, subparts 9 and 10 [page 5, lines 41-43], and you mentioned it, but it was not clear to me. It provides that "Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:" and No. 9 says, "Is not currently enrolled in an alternative program;" and then also No. 10, "Is subject to self-disclosure requirements regarding current participation in an alternative program." I am curious what this alternative program is and how broad that expands.

Cathy Dinauer:
We currently have an alternative-to-discipline program. It is a program for nurses with a substance use disorder who are able to enter into a program without discipline and get the help they need as they journey through to their sobriety, and then they are able to come back to practice after a certain amount of time.

Assemblyman O'Neill:
I do not know whether to say Groundhog Day or déjà vu. We have heard this bill, and we have tried to pass this bill in this building for probably 20 years. I do have one question, besides the statement at the enthusiasm and the need that we have for nurses and that those who come from other states will learn what Nevada is, and it will become their home state. I can promise you that; many of us are immigrants into this state.

One of the arguments previously used is this is a strike-breaking bill that will allow hospitals, if a union goes on strike, to break that strike. I was wondering if you could explain the needs or the requirements that a union has to do before they can go on strike with a hospital in the state, and if this bill has or can be used in any of the other states to break strikes?

Michael Hillerby:
It is a concern we have heard and taken very seriously from our colleagues in the unions. It is one we have talked about with them over a number of years as you suggested because this bill has been before the Legislature previously. The bill itself, as you have looked at it, obviously has no language that bears directly on collective bargaining agreements. It does not change our safety committees and staffing committees that are in *Nevada Revised Statutes* Chapter 449 and related chapters. In terms of its impact, we do not believe it would have any, and here is why—but I also think it is important and you will hear from the unions, and they can provide their own perspective. As we talked to them, there are a few things that are important to note. Again, if there is more up-to-date information on their collective bargaining agreements, I know they will correct me and share that.

As we talked to them over time, it is, as we understand it, typical that those agreements have a ten-day notice provision. All or nearly every hospital in the state has a contract with traveling nurse companies for the reasons we discussed in an answer to Assemblyman Carter's question earlier. It is simply a fact of life, in COVID-19 or out of COVID-19, we do not have enough nurses and travelers are a reality in our hospitals all the time. Those contracts are already in place, and as Ms. Dinauer pointed out, we can currently

license a nurse from another state in good standing with a clean license in somewhere between three and five days, depending on the workload. While we do not take sides in those, that is the sort of circumstances and the facts in which we operate. Between the rate at which we can typically license a nurse in good standing from another state and those contracts that are available, we do not think this has a direct bearing on labor actions that take place in the hospital.

Assemblywoman Duran:
We do have a medical shortage all over, but my question is, under this Compact, are these nurses required to serve or work here for a certain amount of time, or is that based on an individual contract with the hospital, doctor, or wherever they are going to be working?

Cathy Dinauer:
No, there is no requirement. We do not have any sort of work requirements for RNs or LPNs so there is no attached requirement.

Assemblywoman Duran:
They can just come in and work one week, one day, leave and go back and forth. Are they free to do that or is that going to be up to the Compact to decide if that person is going back and forth? Is that up to the states to make regulations on how much time they work in Nevada?

Michael Hillerby:
As mentioned earlier, in the Compact, if this gets to part of your question, if you move and change your permanent residence to another state, then the Compact and the law would require you to apply for a license. If you moved to Nevada and that became your new residence—as Assemblyman O'Neill pointed out, we hope more people make that choice in health care fields, particularly nursing—you would need to reapply here for this to be your home state license. Then, should the Compact be adopted, you would apply for the multistate endorsement of that privilege to practice.

In terms of an individual's decision to come in and out with job opportunities, there is no limit on that. There is nothing in the Compact that does that. They may come, as you have heard particularly for a military spouse, for an extended stay. Someone may come in response to an acute need such as an outbreak of the flu. We have seen in other states in the Northeast in recent years nurses moving across borders in communities that are very close to one another. It could be a relatively short period like that. It could be a longer period for a military spouse.

Assemblywoman Duran:
Is that being tracked?

Michael Hillerby:
No, nurses do not report to the board, nor do existing Nevada nurses report to the board where they work now, because RNs and LPNs work in employment settings, they move around to jobs. Some may have multiple jobs; they may be working at the U.S. Department of Veterans Affairs. They may work in a home health care setting, at hospitals, and clinics, and other places. They do not report directly to the board where they work, so that would not change should the Compact be adopted.

Assemblyman Yeager:
I had a question on Article X of the bill which is the Effective Date, Withdrawal, and Amendment. The first one was, when did the Compact actually become effective and binding? I see that was triggering language there that it needed 26 states or December 31, 2018, whichever was sooner, I believe. There is a provision here that any party state may withdraw from the Compact. I wanted to ask if that has happened as of yet, if any state has been a part of it and then we would have to enact a statute to repeal the Compact.

Nicole Livanos:
To your first question, as I mentioned in the presentation, the Compact was enhanced in 2015. That is why that language in here is for implementation. This enhanced Compact with the existing states that were in the previous Compact as well as the new, additional states came into effect in January of 2018. To your second question about withdrawal, yes, because Compacts are contractual in nature, states must enter them and exit them in the same manner, and that is by enacting statute. When you are entering into the Nurse Licensure Compact, you enact the bill into law and in order to withdraw, you would do the same by repealing the statute.

Assemblyman Yeager:
The second question was just if any states have done that so far and, based on your first response, there was a prior version of this Compact and when did that go into effect? I remember seeing the slides, and our neighboring states did this in 2000 and 2001. If you could just tell me, I know there have been different versions, but when did the first version of the Compact become effective?

Nicole Livanos:
The first Compact came into effect in 2000. The language was finalized in 1998. That is why you see those early 2000 enactments of neighboring states. The Compact has been in existence for over 23 years. As mentioned, it was then enhanced in 2015. The model language was adopted and at that time there were 25 member states. Only one of those member states, Rhode Island, did not enact this language that is before you. They are no longer part of the Compact. They did not withdraw, they failed to enact the new version. When the first Nurse Licensure Compact went away, these current 39 jurisdictions are in there today and have enacted the same language.

Assemblywoman Jauregui:
Madam Chair, I do want to go over an amendment I provided the Committee [Exhibit JJ]. I failed to do that in my presentation along with other things, but I did provide the Committee an amendment today. It is uploaded to the Nevada Electronic Legislative Information System (NELIS). There are copies for those who are here in the audience, and I did have copies provided to everyone on the Committee as well. I am providing an amendment to amend NRS 449.242 to include a new section 8 which would read: "Each hospital that is required to establish a staffing committee, and has a collective bargaining agreement with an employee organization representing licensed nursing staff, pursuant to this section shall upon hire of a full-time nursing employee provide each employee with union information and request that each nursing employee meet with their union representative."

Chair Marzola:
Thank you for going over that amendment. Members, any additional questions with that amendment? A quick question for my clarification: you get hired by the hospital who is under the union contract; you will have to meet with the union representative, correct?

Assemblywoman Jauregui:
The amendment says they would request. It says, "shall upon hire of a full-time nursing employee provide each employee with union information and request that each nursing employee meet with their union representative."

Assemblywoman Torres:
Would the union be notified those employees were coming in too? I know we have had similar conversations in other committees about this because unions are expected to represent all of the employees that are there regardless of whether or not that employee is a part of the organization. I know in other committees, I have looked at legislation that requires the union to be able to get the information for the individuals so they can reach out to them. I am wondering if there is anything in this legislation that would require that too, so the union is then notified.

Michael Hillerby:
It might be a question best addressed to the hospital. Some already have a policy. They are already doing this. They may be invited to orientation. They may hand out that information. I do not know the exact details, but we have representatives here who may be able to answer that. If not, we will certainly ask and get back to you with that.

Assemblyman O'Neill:
This would be after they are hired, not contingent upon hiring, and they do not have to have the meeting, do they? That is the employee's, your new employee's, choice. The hospital would provide the information, and the employee can say yes or no to the meeting, correct?

Assemblywoman Jauregui:
I forgot the first part of your question already. The second part is, yes, they would request it but they cannot mandate it. They can request that they meet with their union representation. I do not remember the first part, though.

Assemblyman O'Neill:
I think you just gave me enough time to think about it myself. They would already be an employee there; it is not a contingency upon employment that they meet.

Assemblywoman Jauregui:
This would be upon hiring; so, they would be an employee. Their employment would not be contingent upon that.

Chair Marzola:
Do we know how many traveling nurses are currently working in our state?

Cathy Dinauer:
We do not know; we do not have that number. We do not know where nurses are working, but it is an interesting question because I do get asked that.

Chair Marzola:
With that, I will start our testimony in support of Assembly Bill 108.

Patricia Fries, RN, Private Citizen, Sparks, Nevada:
[Read from Exhibit KK.] I am a retired nurse and I support the enhanced Nurse Licensure Compact, which is what we are calling it now. The enhanced Nurse Licensure Compact will allow nurses to go to other states with Compact licenses to work without the paperwork that ensues. Going to college before and after my military service and while I was in the military, I had to send a request plus a check for them to send the transcripts to seven different schools. Each school would send my transcripts on to each nursing board. It is time-consuming to receive the licenses, and the delays in health care to our patients is great. I am going to go through bullet points that I hope will garner your support with this:

- All nurses take the national exam. We have to pass with the same score and cannot go below a certain score. We all have to have the same knowledge.
- Allows nurses to quickly transfer to a state to address emergencies and natural disasters, without an official emergency declaration.
- Increases access to patient care for our most vulnerable populations by increasing the provider population.
- Engages Nevada in the multistate disciplinary notification system to prevent incompetent nurses from practicing in Nevada.
- Allows telehealth nurses to triage patients and give them the care they need in rural areas.
- Nevada has a nursing shortage which might be alleviated if nurses could come here and receive a multistate license.

- Allow nurses of military personnel to work in our state.
- Still allows a nurse to have a single-state license.
- Most importantly, it allows nurses to do what we do best, which is care for our patients and not worry about if one of our licenses is about to lapse.

Thank you very much for allowing me to talk.

Nicki Aaker, President, Nevada Nurses Association:
I am one of those transplants that has made Nevada my home for nearly 30 years. I am president of the Nevada Nurses Association and speaking on behalf of this organization. I am here to provide support for A.B. 108. By passing this bill, it will increase access to nursing care for Nevada patients, especially in those rural and frontier counties. We are all aware of the nursing shortage and have heard today some astonishing figures. I have experienced how hard it is to hire nurses right now. This is another piece of that puzzle to address the nurse workforce issue. During the pandemic, we experienced the ability of very competent nurses from other states coming to Nevada and obtaining a license quickly since the Governor declared an emergency. By having the Compact and regulation, we will not have to wait on an emergency declaration to get more nursing help when we face the next public health emergency, or the next manmade disaster such as the 1 October mass shooting in Las Vegas. If you notice, I say when and not if.

There were many behavioral health nurses after the mass shooting who wanted to help during that disaster, but could not because they did not have a Nevada nurse's license. In addition, Nevada has many cities and towns on or near borders of other states. By having the Compact in place, these nurses can work in either state or both without having to be burdened with the expense of paying for two different licenses. Again, please support A.B. 108, and thank you very much for your time.

Timothy Squier, Private Citizen, Reno, Nevada:
I have been a nurse for 28 years. More than half of those have been spent as a traveling nurse. I believe the quality of nurses throughout the United States is pretty much equal. We have been registered, we have been certified, we have been licensed, and we do have the heart for it as well. Ladies and gentlemen of this Assembly, I would ask you to vote yes and support this just for the opportunity to give other nurses the chance to come here.

By the way, other nurses are going to leave here as well when they have the Compact, and it is going to be a new experience. It is going to be a new experience for them when they go, they are going to get some education and some experiences from other nurses around this United States. Those other nurses around the United States are going to come here as well. They are going to share their experiences, and they are going to share their love with Nevadans. The support of this is the opportunity for us to care for the people of Nevada and to share that opportunity with other states as well, so I would support it. As I said, I have been a traveler for more than ten years, and I have enjoyed each state and I rather enjoyed

Nevada and I think other nurses given the opportunity will come here when we have a shortage in the same way as other states are going to have a shortage, need, or an emergency. We will be able to go there and then come back home.

Trevor Parrish, Manager, Government Affairs, Vegas Chamber:
The Chamber is here in support as introduced because removing barriers of entry to well-qualified health care professionals is an essential step in improving our health care system. I will say we have not had the chance to review the amendment yet, but we will continue working with Assemblywoman Jauregui on this, and we thank her for bringing forward this bill.

Lloyd D. Gamboa, RN, representing Philippine Nurses Association of Nevada:
[Read from Exhibit LL.] I have worked as a nurse for 32 years. I am currently serving in the burn care unit in the University Medical Center in Las Vegas, and I am also with the Philippine Nurses Association. I am here before you to express my support of enactment of the Nurse Licensure Compact which authorizes Nevada to join the 40 other states and jurisdictions in enacting the NLC. Nevada has a nursing workforce shortage of over 4,000 additional registered nurses needed to meet the national patient-to-RN population. We have experienced difficulty during the course of the pandemic due to lack of adequate staff to cover shifts. It was very challenging and frustrating to work as best we could, sacrificing our own health and safety to take care of COVID-19 patients. As a burn care nurse, I also had to be floated to wherever the needs were on COVID-19 floors, even the makeshift units. There was a point where physical, mental, and emotional exhaustion occurred as there were very few nurses who were left to work as our colleagues also were infected.

Since Nevada is not currently part of the Compact, our employer kept telling us that help was coming soon. Days went by; weeks went by, and no help came. This felt like eternity in hell as there was no sign of relief. Eventually, we had an emergency waiver from the Governor. Though temporary, this provided us the necessary workforce needed to address health care delivery. The NLC would not only create a permanent solution to allow licensed nurses to cross state lines, especially during disasters and emergency situations such as COVID-19, the 1 October mass shooting, and the recent RSV triple threat in winter without having to wait for emergency declarations. This way, there is no delay in providing quality and safe nursing care to the public. I implore you to consider my position as a nurse who continues to serve our community.

Patrick D. Kelly, President and Chief Executive Officer, Nevada Hospital Association:
Nevada Hospital Association supports A.B. 108 as introduced. The Nurse Licensure Compact will help during times of patient surges and public health emergencies. We have heard the bill described as a union busting bill, and I do not understand that. Thirty-seven states have adopted the Nurse Licensure Compact, and nursing unions exist in Compact states. I have heard the bill described as a strike breaker bill. Again, I do not understand. Federal law requires a union to give a health care provider ten days' notice of a strike. Currently, the State Board of Nursing will issue a temporary license to a nurse in about three

days. The purpose of the federal ten-day notice is to protect patients. It is designed to ensure that adequate staff is present to protect patients in the health care facility. The Compact is not needed for strikes. The Compact is needed for patients, surges, and emergencies. God forbid we have another 1 October shooting. However, if we do, we can bring help into the state within hours.

Let me give you an example of how the Compact would have helped us a few months ago. Last fall, Nevada and the nation experienced a surge of respiratory illness. Many children had RSV. The demand for pediatric nurses across the country was great. Traveling nurse agencies had a choice of where to send their pediatric nurses. If the nurse was sent to Nevada, the nurse must obtain a temporary license which takes a few days, pay a $100 licensing fee, and get fingerprinted. If a traveling nurse was sent to a Compact state, the nurse can start to work immediately. Which state do you think they would choose? Please vote in favor of A.B. 108. [Exhibit MM was also submitted in support of A.B. 108.]

Elise Monroe-Marsala, representing Nevada Public Health Association; and Nevada Primary Care Association:

The Nevada Primary Care Association (NVPCA) is the state's membership organization for Nevada's community health centers. These are Nevada's safety net providers. Nevada Primary Care Association's members staff more than 60 clinics and mobile units across the state and serve more than 100,000 Nevadans. Nevada Primary Care Association hears almost daily about the challenges they have staffing their clinics with the state's health care workforce shortages. Both NVPCA and the Nevada Public Health Association are in support and urge the Legislature to pass this bill.

Donna Miller, RN, Private Citizen, Las Vegas, Nevada:

I am here in support of A.B. 108 as introduced. I am a registered nurse, a Nevada registered nurse with over 20 years of experience in the medical transportation sector as a flight nurse, emergency medical services nurse, and former fixed wing air ambulance business owner and nurse leader for both air ambulance and ground ambulance services, both in urban areas and rural Nevada.

I have been actively involved in many health care-related associations such as Nevada Nurses Association, Nevada Ambulance Association, and I have served on many health care boards and at the local and state levels such as the Emergency Medical Services Advisory Board and the University of Nevada, Las Vegas Nursing School. Ground ambulances and rotor wing air ambulances—which are medical helicopters—often cross state lines while responding to emergencies or performing critical care-level, interfacility transport. Fixed wing air ambulances—which are medical airplanes—transport complex, critically ill patients nationwide to and from Nevada to access higher levels of care. Subsequently, a transport nurse, whether engaged in ground ambulance or air ambulance services, is expected to be able to provide patient care in more than one state regularly.

Assembly Bill 108 would allow transport nurses to hold one multistate licensure instead of holding individual nurse licenses for each respective state. We live in turbulent times, and standing still and waiting for things to go back to normal is not an option. Designing and adopting proactive solutions that help today and tomorrow is a must. While the Compact is not the only solution, it is one piece of the puzzle to addressing Nevada's workforce shortage. Assembly Bill 108 will make it easier for qualified nurses to relocate to our state and will allow qualified and already vetted nurses to quickly transfer to our state.

Katherine Manriquez, RN, Chief Compliance Officer, Infinity Hospice Care:
I am with Infinity Hospice Care. We have organizations in northern Nevada and southern Nevada as well as an organization in Arizona, and like most of the health care field, we went into the pandemic with a nurse deficit. Our collective internal turnover rate was 56 percent in Nevada in 2020, and it rose to 97 percent in 2021. The revolving door of the nurses, amplified by the COVID-19 pandemic, caused the remainder of our nursing staff to wear multiple hats. Clinical leadership went out into the field, carried a caseload, managed our patients, did everything we needed to do to make sure our patients were cared for along with our normal administrative roles.

Prior to the pandemic, our Arizona nurses could not assist our Nevada programs easily without going through the extremely burdensome application process and cost. Thankfully, [the Nevada Governor's] Emergency Directive 011 issued in 2020 allowed our Arizona nurses to fill out the waiver and quickly fly out to support our Nevada team. In total, six Arizona nurses on our team made a grand total of 37 trips to Nevada to fill critical gaps in staffing because agency nurses were extremely expensive for our program. They cost approximately $20 more per hour than our normal staff, and then they were hard to come by. If Nevada were a Compact state, we could open our pool of nurse applicants and potentially gain RN hires at a faster pace.

Jeanne Reeves, Chief Nursing Officer, Summerlin Hospital Medical Center; and representing Valley Health Systems:
I am here in support of A.B. 108. First, I would like to thank you for the opportunity to testify before you today. I have been a nurse for 38 years. I have worked as a nurse in Compact states, initially in Texas and Georgia, and then I also served in Florida and testified before the assembly there as they sought to support the vital process of becoming a Compact state. Nevada is short more than 5,000 nurses as has already been stated. It is estimated to increase by some 44,000 by 2035, with the retirement rate of our current nursing staff. The shortage was never more noted than in the last three years during the COVID-19 pandemic as well as the "tripledemic" of RSV this past winter.

Now, as we move into the post-pandemic phase, the labor shortage in Nevada is worsening. My health system alone, here in Las Vegas, has over 500 nurse vacancies among our five hospitals in Las Vegas. Assembly Bill 108 would be of great assistance in helping with our

shortage dilemma. Granted it is not the only answer, but it is, yet again, another tool in the toolbox that would facilitate filling our need for nurses. The Compact will assist in many ways:

- Easing access into our state for RNs working to practice here.
- It reduces the expense that an RN incurs when applying for a Nevada license, as well as the time it would take to acquire.
- It produces greater flexibility for both RNs as well as the health care entities within Nevada that sorely need our services.
- It reduces overall labor costs of Nevada. As care models continue to transform, it is imperative that regulation and law also change.

Please vote yes in order to pass the Nurse Licensure Compact in the great state of Nevada.

Norman Wright, Private Citizen, Las Vegas, Nevada:
My specialty is writing articles on infection prevention and infection control for the Nevada Nurses Association. During the pandemic, I volunteered as part of the Battle Born Medical Corps and vaccinated approximately 2,000 people in Pahrump, Tonopah, Alamo, Panaca and other rural areas. What happened back then in the pandemic was we took in nurses from other states and rapidly put them in under an executive order. We do not need to do that again. As was stated earlier, the pandemics will happen again. Hopefully, it will not, but sooner or later there will be something that occurs, and we do not need to be an emergency situation all the time.

To my left, over here, there have been people holding up signs "zero A.B. 108," and I looked it up a little bit. We heard déjà vu, hey, it seems like Groundhog Day, and I looked up testimony that was done here in this room on February 8, 2017. When it is their turn to testify, I hope it is not the same old stuff again. It is time for Nevada to join the other 39 states—I am very glad to hear Washington has passed it in a strong bipartisan measure. We need to move on now. Nevada needs to move to the future.

I want to say my father was a strong union organizer. I totally support the union nurses, but I disagree with you totally on this measure. Please vote yea on A.B. 108.

John Phoenix, representing Nevada Advanced Practice Nurses Association:
We request that you support A.B. 108.

Connor Cain, representing Touro University:
We thank the sponsors for all of their hard work this session and throughout the interim to address one of our state's most pressing provider shortages.

Lindsey Mae Ugale, Private Citizen, Las Vegas, Nevada:
I am a clinical nurse educator for the Valley Health System in Las Vegas and a member of the Philippine Nurses Association of Nevada testifying in support of A.B. 108. Although I no longer work at the bedside in order to advance my career, I have heard time and time

again from many experienced and new bedside nurses who might train that having Nevada as a Compact license state is appealing and would encourage more nurses to practice in our state. [Unintelligible] grief as they are not able to provide the care they desire due to needing more help. Travel nurses also share their experiences with me that coming to Nevada and getting licensed can be time consuming and have delayed their start time to work due to the required process in a single state. This means there is a delay in getting the help we need to our fellow Nevadans. Many of these travelers even return as full-time employees and become Nevada residents because of how much they love our health care culture and serving our community.

I have been a nurse for ten years. With the significance of how health care has evolved, an increase in nurses is needed now more than ever. Though this is not the cure-all to the nursing shortage, we must be open to change. We must make change for Nevada. Let us not wait for the next pandemic or mass incident to prepare. I urge you to support A.B. 108 to stimulate the quality care our community so greatly deserves.

Joan Hall, President, Nevada Rural Hospital Partners:
We need Assembly Bill 108. Please pass it.

Victoria Squier, MD, Private Citizen, Reno, Nevada:
Ditto for all of that. I have been a nurse at the front line and leadership now in academia; I have worked in union environments and nonunion environments. I think it is imperative that we pass this bill because nursing is hard enough in any capacity, and our ability to have mobility is part of our mental health, our well-being, and to maintain our passion for what we do and care for our patients.

Melodie Osborn, Chief Nurse Executive, Renown Health:
I am going to keep my comments brief, but please consider supporting A.B. 108.

Carol Swanson, Private Citizen, Carson City, Nevada:
I just need to say that I was a military wife, and I was licensed in a total of seven states including the District of Columbia, with a new license each place I went until I joined the Army and I only needed one license to work in any state or any country. As the chair of the Nevada Nurses Association and a member, we have tried for years to get this through. Please, make us happy this year. [Exhibit NN was submitted but not discussed and will become part of the record.]

Lisa Thomas, Ph.D., RN, Private Citizen, Reno, Nevada:
You might have heard this afternoon that we have a nursing shortage, so I am going to be really brief. I spoke earlier on Assembly Bill 401 from a nurse educator perspective and recruiting educators because of the pay gap between private industry and academia makes that recruitment very difficult. Implementing the Nurse Licensure Compact in Nevada can also aid us in the ability to increase enrollment while also maintaining rigor and excellence in our nursing programs.

Marilyn Lim-Carreon, Campus Director, Unitek College:
Unitek College provides education for numerous health care specialties including bachelor of science, nursing, medical assisting, and practical nursing. Due to Nevada's nursing shortage, schools like ours that are working to train the next generation of nurses face significant challenges in finding qualified staff to act as instructors for our programs. By passing A.B. 108, this Committee will give us a new tool in our toolbox to continue to grow Nevada's nursing workforce and make a bigger impact in reducing the provider shortage in our state. We have submitted a letter of support which is available on NELIS [Exhibit OO]. Thank you, and please support A.B. 108.

Janelle Hoover, Associate Chief Nursing Officer, Carson Tahoe Health:
I support this bill, and I hope we give our nurses a break and pass this bill this time.

Donna Laffey, representing Nevada Association for Career Colleges; and Dignity Health-St. Rose Dominican:
Ditto to everything.

Robert Kidd, President, Perry Foundation, Reno, Nevada:
I will say ditto, but also, 40 jurisdictions as of today, 10 more coming. Let us not be the last state in the country, please.

Nicole Ellis, RN, Private Citizen, Reno, Nevada:
I hope that you pass this bill. It is time.

Michael Bellaty, Administrator, Revive Health Senior Health Care Management, Rockville, Maryland:
I have been a nurse for seven years; I am also a Compact nurse. As you can see, there are no devil horns, so please pass this bill.

Susan Fisher, representing Nevada State Society of Anesthesiologists; Nevada Orthopaedic Society; and State Board of Osteopathic Medicine:
Ditto, you have heard a lot of great bills today.

Paige Barnes, representing Nevada Nurses Association:
Ditto.

Jessica Lilang, RN, Private Citizen, Reno, Nevada:
I have been a registered nurse for the past two years. As a new graduate and furthering my career, I really do hope that you pass this bill so we can have more nurses and the shortage can be resolved. I hope we have your support.

Chair Marzola:
That was almost two minutes, so I will give an extra two minutes to opposition.

[Exhibit PP, Exhibit QQ, Exhibit RR, Exhibit SS, Exhibit TT, Exhibit UU, Exhibit VV, Exhibit WW, Exhibit XX, Exhibit YY, Exhibit ZZ, Exhibit AAA, Exhibit BBB, and Exhibit CCC were submitted but not discussed and will become part of the record.]

We will now move to testimony in opposition to Assembly Bill 108.

Marlene Lockard, representing Service Employees International Union Local 1107:
Before we begin, I would like to respectfully request this panel have some additional time that does not go towards the 30 minutes since the proponents had over an hour total.

Chair Marzola:
We had 30 minutes for support. I gave them an extra two minutes, started their time after they stated their name and their affiliation, so I am going to do the same for you. You are more than welcome to take the extra two minutes if you would like, so you can have four minutes, if you would like to be the speaker of your group.

Grace Vergara-Mactal, Executive Director, Service Employees International Union Local 1107:
The Service Employees International Union (SEIU) Local 1107 represents over 8,000 nurses and health care professionals. The Service Employees International Union Local 1107 is here today in firm opposition of A.B. 108. Assembly Bill 108 will not address the nurse understaffing crisis as we continue to see shortages throughout the country, including in current Compact states. The bill would force Nevada to enter a binding Nurse Licensure Compact that would be extremely difficult to make changes to in the future, undermining our state's sovereignty.

If we are going to address the nurse staffing shortages we are seeing here in Nevada and across the country, we need to be discussing working conditions. Right now, the grueling working conditions of nurses is the number one barrier to addressing the nursing shortage. Often our health care members are working 12 to 14 hours a day and seeing up to 10 patients an hour. When hospitals like HCA are bringing in yearly profits of $5.6 billion with a B, there is no reason that HCA Healthcare should be staffing at 34 percent below the national average in Nevada. Policies like the Compact will not address these problems and will only serve to help the bottom line of for-profit hospitals.

Instead of trying to bring in nurses from other states, we should be trying to take care of our own. It is a disservice to our nurses and patients that we still have not addressed an acuity-based staffing ratio in our hospitals. We have not properly incentivized more Nevadans to become nurses, and we have not held appropriate medical systems accountable. The pandemic aggravated long-term systemic problems with turnover and burnout. And many of our nurses are completely exhausted physically, mentally, and emotionally. Instead of implementing this Compact, legislators should focus on developing sustainable solutions including improved nurse recruitment and retention and setting safe staffing levels, and the proper quality patient care. Service Employees International Union local 1107 urges your opposition to A.B. 108.

Marc Ellis, President, Communication Workers of America Local 9413:
I am a little bit frustrated because the first three bills we heard today were all pro Nevada. Then we bring this one that says, let us bring in workers from out of state. If you pay attention to the Compact, it clearly states that we must accept nursing licenses from any state within the Compact. If you are from—I will make up a state here—Alabama, and it is very easy to become a nurse in Alabama, we now have to accept you in Nevada. If you are a $25-an-hour nurse in the state of Alabama, you can come work here, get more money, and we have to welcome you with open arms. How does that incentivize native Nevadans? It is going to lower the market; it is going to lower the pricing. You are going to make less wages, plain and simple. That is simple economics.

Second of all, I heard this was not in any way a union-busting bill. I did a simple Google search, I typed in "union busting nursing companies" and found two. If you are in a Compact state, it is very simple. I represent medical employees. I have to give ten days' notice if I am going to strike. Within a Compact state, you can bring somebody here in three. Now, we heard the opposition state that they have traveling nurses. Traveling nurses are very expensive. Hospitals are not going to bring traveling nurses in in large numbers. But I could bring in somebody who makes less money than the nurses striking within three days, and I have to give ten days' notice. Why would you not do that? This is very disingenuous. Yes, there is a shortage, and yes, we need to do something about it. Let us train up Nevadans.

Renee Ruiz, Legislative Advocate, National Nurses Organizing Committee-Nevada/National Nurses United:
National Nurses United represents the interest of over 3,000 nurses in the state of Nevada. I have been here many sessions, absent the last couple, and yes, we have had these arguments for ten years, and do you know why? Because this is bad legislation. This is bad, and this is bad for Nevada. I keep hearing these 5,000 nursing licenses, we are going to need them. We have them, we have nurses who do not want to go back to the bedside because of conditions set up by their employers that make it impossible for them to be a healthy nurse in Nevada.

With this Compact, we are actually not opening the door for more nurses to come in. If you look at during the pandemic, Compact states were not in a better situation than Nevada was to influx nurses. We were all beholden to these very expensive agencies that took more than ten days to two weeks to bring nurses in, everywhere in the country, including Compact states. It does not help. What helps is employers who want to work with nurses, who want to improve conditions, and improve patient care. There is nothing in this bill that actually says the public health of Nevada will improve. It just says the employers want to open up the gates for Nevada nurses to leave because, again, we have more than the 5,000 nurses here who do not have jobs, including the ones who have just been laid off in northern and southern Nevada. If we value nurses and we want to bring more nurses in, why are we laying them off? We are in great opposition to this bill, and we would appreciate the Committee to also vote no on A.B. 108.

[Exhibit DDD, Exhibit EEE, Exhibit FFF, and Exhibit GGG were submitted but not discussed and will become part of the record.]

Marlene Lockard:
[Read from Exhibit HHH.] As has been repeated here, year after year, the Nurse Licensure Compact has been brought forward as the implied solution to the shortage of nurses in the United States. The Compact was originally established in 1999, 24 years ago. I want to repeat that, 24 years ago. What has it accomplished? There is a nurse shortage in every Compact state. It has been stated here that we need 5,000 nurses. How do we know? It was an estimate by someone at the university. Nevada does not register nurses, so we have no idea. They can tell you how many licenses they have, but they cannot tell you where they are. They cannot tell you if they fled the hospitals or are now working in a doctor's office. You have already heard them say they cannot tell you how many travelers come into the state, or how many stayed and how many left.

Why do we not have a bill that will help you get the data you need to make an informed policy? The Compact explicitly prohibits Nevada being able to register nurses. Why is that? Why do they not want to know the information? Some states asked the Commission and the Compact that very question, and the response is in this letter from the Compact Commission [Exhibit III]. The letter is on NELIS, so you can review it yourselves. It says it would defeat the purpose of having a multistate license and having someone simply register in the state where they are working. We do not know.

The Compact says they will endeavor to get us this information so we can make workforce development decisions. This letter was dated three years ago. No information has been provided by the Commission on where it is working and where it is not working. The fact that we are here today once again is proof, nationwide, that the Compact does not solve the nurse shortage. There is not one of the bills I referenced earlier that has some sort of mechanism to attack the very comprehensive problem. There is not one bill that does anything to improve the working conditions of nurses in this state.

The most alarming statement in the letter to me was, if you read the bill, it says they must, and the proponents stated they must adhere to the Nurse Practice Act. In the letter response from the Commission, he states that nurses are required to be, "familiar with the nurse practice acts in the states they are practicing." There is no mechanism for verification or enforcement they do know or understand.

There is so much, and that is what I am saying, the proponents, the presentation, this is an important issue. They adopt bylaws and rules that are binding on the state. Colorado tried and they were served with a cease-and-desist order. I went in to look at the bylaws, and guess what? You cannot get in and look at the bylaws; you are locked out. [The Chair ended testimony due to time.]

Jason Martin, RN, Private Citizen, Las Vegas, Nevada:
I am here to speak in opposition to the passage of A.B. 108. When evaluating a proposed bill, it seems to me the basic questions that need to be addressed are: One, what is it attempting to accomplish? Two, does it actually accomplish the thing it is intending to accomplish? And three, are there any potential unintended consequences? From my

understanding, the intent behind joining the state nursing Compact is that it will theoretically make it easier for nurses and other Compact participating states to get Nevada licenses, and therefore will ultimately help Nevada attract more nurses from other states.

However, based on my own personal experience and on information I have read, I do not believe joining the nursing Compact system will be of much help in either of these goals. When I personally decided to move to Nevada from Virginia in 2018, which is a Compact state, I will admit I was a little disappointed that Nevada was not in the Compact. I anticipated it being more difficult for me to obtain my Nevada license, but in a testament to the quality of the system already in place in Nevada, I found it quite easy to obtain my license. All I needed to do was show that I had a valid, current, unrestricted license from another state. Then I was quickly given a temporary license that allowed me to start work here in Nevada while I completed the additional steps needed to obtain my permanent Nevada license. I know that the process can vary from state to state, and that is part of what the Compact intends to address, but at least as far as obtaining a license in Nevada is concerned, I do not believe the Compact improves the process enough to be worth the potential problems of joining.

Regarding the goal of increasing the number of nurses who might come to Nevada, as far as I know, the entity that manages and operates the Compact program has never provided any evidence that the Compact actually helps with staffing deficits. In fact, common sense would suggest that the Compact would have little impact on staffing numbers. If it made it easier to move to Nevada, it also makes it easier to move out of Nevada. The bottom line is, joining the nursing Compact when looked at honestly would provide minimal, if any benefit to Nevada. A better solution would be for the Nevada Legislature to retain its ability to shape and improve upon the current processes in place for obtaining and retaining nurses. We need to look for real substantial solutions that actually address the root causes of the shortage. Assembly Bill 108 will not do that.

Robert Bush, President, Las Vegas Chapter, National Action Network:
I am in opposition to A.B. 108. We must be a state that celebrates and provides resources for its own nurses and citizens of Nevada first. As legislators, you took a solemn oath to put the people, including nurses, before yourselves and anyone outside of the state. We are pushing the panic button too early. According to nursing education in partnership with Stacker Studio, Nevada is the number seven state that will need nurses the least by 2030. Nurse.org projected the state to have a surplus of registered nurses in 2030 of 31.4 percent. It is also a fact that some Compact states have less stringent licensing requirements than non-Compact states. Unfortunately, this could potentially lead to a lower quality of nurses and of care for patients as nurses in Compact states may not have to meet the same standards as nurses here in Nevada. In addition, the Nevada Nurse Practice Act requires all renewing RNs and LPNs to complete 30 hours of nursing-related continuing education per renewal cycle. With this Compact, there is no uniform policy regarding continuing education, which means there may be little to no professional development.

One of the factors contributing to the nurse shortage besides growing patient population and retirement is a lack of nursing educators. Instead of opening the floodgates to attract even one bad nurse, why not give state funds or grants to create new nursing instructor positions with the goal of increasing the number of nurses accepted in our higher learning institutions. Successful organizations develop their own workforces, invest in young people and help them to become experts over time, then create policies to retain them. We should focus on recruiting, hiring, training, and retention within our own hospitals in our own state. The fact that the Compact has passed in 40 states should not be an influence here in Nevada. We have always been different, unique, stood alone, on our own merits. Lastly, all legislators, you are responsible to protect the jobs of our nurses and the quality of patient care for every Nevadan.

Dakota Hoskins, Political Director, Service Employees International Union Local 1107:
I am here today to read testimony on behalf of one of our nurses. I will start that now.

> Thank you to all the Committee members for letting me speak to you today. My name is Liz Bolhouse and I have been a registered nurse for 23 years, and I work at University Medical Center. I am also a member leader of the state's largest health care and public service union, SEIU Local 1107. As nurses, a core part of our profession is to be our patients' advocates. That is why I am writing today to speak out strongly and passionately against Assembly Bill 108, which would force Nevada into a risky multistate Nurse Licensure Compact. There is certainly a nurse understaffing crisis in Nevada, but the Nurse Licensure Compact would do nothing to address the fundamental reasons behind the crisis. In many cases, hospitals are understaffed because of a focus on profits over the needs of patients. Overwhelming patient loads and inadequate compensation drive nurses away from the bedside.
>
> The pandemic aggravated these systemic problems and now nurses are completely exhausted physically, mentally, and emotionally. The Compact does not help to solve these foundational challenges behind nurse understaffing, turnover, burnout, and grueling work conditions, or incentivize more people to become nurses. It just reshuffles the existing supply of nurses between states with the possibility of many nurses leaving Nevada. Instead of encouraging more temporary out-of-state nurses, we should be focused on developing a permanent, sustainable, healthy, and thriving nurse workforce right here in Nevada. On behalf of thousands of frontline nurses across our state, I am urging you to vote no on A.B. 108 and reject this unnecessary Compact that would put patients at risk.

Erin Bakir, representing National Nurses Organizing Committee:
I am a bedside nurse in Las Vegas and have been for 14 years. I ask the Committee to help us keep our patients in Nevada safe and keep our nursing standards high. Nevada currently requires nurses to complete continuing education in order to renew our licenses, which in

many states they do not. I am a bedside nurse and I have spent many hours talking to other bedside nurses, and this is not what we want. We are proud to uphold higher standards and provide exceptional quality care to our patients here in Nevada. I strongly urge you to oppose A.B. 108.

Karen Pels Jimenez, RN, representing National Nurses Organizing Committee, Nevada Chapter:
I have been a nurse for over 40 years, and half of my career has been in Nevada. I am an RN member of National Nurses Organizing Committee of Nevada, and I oppose A.B. 108. I have great concerns about the safety of our patients and our nursing licenses. As stated before, we have concerns about keeping the nurses we have now. If you look at how many registered nurses are licensed in Nevada, we should have more than enough. Nurses are not willing to work under current conditions. Again, I respectfully ask the Committee to vote no on A.B. 108.

Alexis Esparza, representing Service Employees International Union Local 1107:
I am a five-year member of SEIU Local 1107. Today, I am here in opposition to A.B. 108, the Nevada Nurse Licensure Compact. While this bill aims to improve the efficiency of licensing procedures for nurses, it puts patient care at risk and ignores the need to address the working conditions of nurses. First and foremost, A.B. 108 prioritizes the interests of corporations over the well-being of patients. By allowing nurses to be licensed in multiple states through the Compact, it undermines the state's ability to regulate nursing practices and ensure quality patient care. This bill would also create a race to the bottom with nurses competing for jobs in states with the least stringent requirements rather than ensuring that all nurses meet the highest standards of care.

Moreover A.B. 108 fails to address the systemic issues that nurses face in their workplaces. Nurses are overworked, understaffed, and underpaid, resulting in high rates of burnout and turnover. This negatively impacts patient care and safety. While the Compact may make it easier for nurses to work in multiple states, it does nothing to improve the working conditions driving nurses out of the profession. As a union, we are committed to improving the lives of our members and advocating for the best possible patient care. We believe A.B. 108 does not accomplish either of these goals. Instead, we urge the Legislature to prioritize the needs of nurses and patients by focusing on policies that improve working conditions and ensure quality care. I ask that you vote against A.B. 108 and instead support measures that address the root causes of the nursing shortage and prioritize patient care.

Taylor Patterson, Executive Director, Native Voters Alliance Nevada:
Native Voters Alliance of Nevada is the largest Native-American community organization in the state. I am the daughter of two proud union workers, Carpenters Local 1977 and United Food and Commercial Workers Local 711. When I was 19 years old, I became debilitated by a chronic neurological illness. My parents' union insurance was the only thing that allowed me to receive the care I needed and eventually a diagnosis from the Mayo Clinic. With that being said, why would I turn around and weaken the collective bargaining power of those same nurses who cared for me and made sure that I got what I deserved from our medical

system. Passing this bill would effectively kill any union power our nurses have gained. I think you have heard today they do not want this bill. On nearly every bill I testify on, I hear time and time again, do not bring other states laws into Nevada. We have heard today time and again, home means Nevada. This Compact would prevent Nevada from creating regulations that would best serve Nevadans. We deserve to do what is best for our Nevada nurses and patients and not out-of-state interests.

Carolyn Smith, Private Citizen:
I am a critical care nurse and emergency room nurse with over 20 years of experience in California, Nevada, and Canada. I am also a member of the National Nurses United. As a traveler, I did not cry about having to obtain different licenses going to different states. I believe the Nevada State Board of Nursing does such a quality background check, so we do not have the same problems as what we have all witnessed in Florida, where these nurses can pay to become nurses without ever having to step into a clinical education program.

The fact is, my having to look at my coworker in the critical care and a code blue or anything else like that and questioning whether or not they are actually a real nurse or not scares me. If you have Compact state nurses coming in, that is exactly what is going to happen. The institutions, all they care about is their bottom line. The nurses at the bedside care about patient safety. They care about all of Nevada's safety and the health care of all Nevadans. Retention is what is required and better working conditions for all of the nurses who have been overworked and burned out. Cutting staff and making nurses work longer hours is not going to do anything with Compact nurses coming into this state. What will help is these institutions allowing nurses to do their jobs safely; and right now nurses are being laid off at our hospitals. How are they saying we have a nursing shortage when they are laying nurses off? They are canceling traveler contracts and they are laying nurses off. I say oppose A.B. 108.

Deanna Leivas, Secretary-Treasurer, United Food and Commercial Workers Union Local 711:
United Food and Commercial Workers Union Local 711 represents over 7,000 workers and their families. I strongly urge the Committee to oppose A.B. 108.

Kamilah Bywaters, President, Las Vegas Alliance of Black School Educators:
Our organization is in opposition to this bill. We think that if the goal is to help support our nurse shortage, this may potentially go against that endeavor. If we are providing opportunity for nurses to come into our state, we will also be providing an opportunity to lose the valuable nurses we need here in our state.

Laura Campbell, Actions Director, Nevada Chapter, National Organization for Women:
Our organization is in opposition to this bill. Instead of trying to solve this nursing shortage, A.B. 108 might make the crisis worse. The Nurse Licensure Compact does not mandate nurses abide by the Nevada State Licensing Board. If a nurse comes to Nevada to work and injures the patients, they can get sent home and still practice in their home state. Please vote no on this.

Liz Sorenson, Executive Vice President, Communication Workers of America Local 9413:
I am here today in strong opposition to A.B. 108, and I urge this Committee to do the same and not support this bad legislation.

Bethany Khan, Spokeswoman and Director of Communications and Digital Strategy, Culinary Workers Union Local 226:
The Culinary Union through the Culinary Health Fund and our 60,000 members and their families are one of the largest consumers of health care in Nevada. We are proud to lead in health care policy in the state. We are in solidarity with SEIU Local 1107, and therefore, strongly urge the Committee to oppose Assembly Bill 108.

Jennifer Secrest, RN, Private Citizen, Las Vegas, Nevada:
I have been an RN in Las Vegas for the last 13 years and also a member of National Nurses United. For my patients and my practice, I am standing in opposition to A.B. 108. Respectfully, I am asking the Committee to please vote no on A.B. 108.

Ronald Young, representing International Brotherhood of Electrical Workers Local 357:
We stand in strong opposition of this current bill. I urge the Committee to do so. I do apologize for the continued repeat of arguments from the opposition side, but in my opinion, and in the International Brotherhood of Electrical Workers' opinion, if you have an honest, truthful argument, it is not going to change any. I urge this Committee to vote no.

Edward Goodrich, representing International Alliance of Theatrical Stage Employees Local 363:
We have concerns about this legislation. We have observed that medicine seems to be the most regulated profession in Nevada; so why is the state of Nevada suddenly abandoning its rights of control and discipline to a private organization over a large part of the profession. Malpractice here, under this act, may be pursued here, but discipline is surrendered to a foreign entity. The nursing profession is critically understaffed nationwide. Nevada is no exception. Why is the Legislature considering making it easier for nurses to transfer to another higher paying job away from Nevada, instead of encouraging better working conditions and wages? In my opinion, the state is doing itself a disservice with this legislation, particularly in the rural areas of the state.

Nowhere do we see where this Compact encourages students to attend Nevada nursing programs or expand Nevada's nursing educational programs to help alleviate the shortage of nurses in the long term as other legislation heard here today does. Current law has examination and licensing provisions to expedite licensing in a crisis which currently exists, making this Compact unnecessary, given its shortfalls. For these reasons and more, we feel that joining this Compact is unnecessary and detrimental to Nevada and therefore we oppose A.B. 108.

Mike Pilcher, Private Citizen, Sparks, Nevada:
I am the past president of Northern Nevada Central Labor Council, and past executive board member of Nevada State AFL-CIO. About a dozen years ago, during the Great Recession when the nurses were being laid off, our concern was they would not have first right for rehire if Nevada enjoined in a Compact. Fast forward 12 years, and you have got to ask yourself if there is such a national shortage of nurses. If you look at the corporations that own the hospitals in Nevada and throughout the country, they are doing handsomely; however, they are not reinvesting back into contract packages that lure and attract new nurses, especially with respect to working conditions.

My fear is the opposite, that once we have young students who take the Millennium Scholarship, maybe have some subsidized education in Nevada and do not like what they see, they will leave our state. Nevada has a long history of managing its own destiny. If you care about education, if you care about pre-hospital treatment, transport, if you care about nursing, you will not allow other states to control the standards for our teachers, for our paramedics, and for our nurses. Weaker standards, weaker Nevada; stronger standards, a stronger Nevada. I am opposing this bill. I think it does nothing more than reward corporate bad behavior.

Michelle Maese, President, Service Employees International Union Local 1107:
On behalf of myself and our Executive Director Grace Vergara-Mactal, we just want to thank the nurses and the health care workers for taking care of our community every day. As this body knows, Nevada is a right-to-work state, and in this right-to-work state, we represent permanent employees. According to *U.S. News & World Report*, the top five states for health care are Hawaii, Massachusetts, Connecticut, New Jersey, and California. Of those states, only one is part of the Nurse Licensure Compact. Today, I am reading a letter on behalf of one of our nurses who is working today. She is in strong opposition to A.B. 108 and her testimony reads:

> Good afternoon Chair, and members of the Committee. My name is Ralaya Allen. I am a proud nurse at an HCA hospital. I am also a member of SEIU Local 1107. Although I am not physically present, I appreciate the opportunity to speak to you today in my strong opposition which would mandate Nevada to enter the Nurse Licensure Compact with other states. When nurses work together as a team over time and are familiar with policies and procedures of local facilities, we deliver the safest, highest quality of care. That is why there is no question that permanent staffing is what the hospital

needs to improve our patient care. Under the Compact, there will be no way to ensure that out-of-state nurses follow the high medical standards outlined in the Nevada Nurse Practice Act, which would subsequently put our patients at risk.

Instead of implementing this harmful Compact through A.B. 108, we must enact long-term solutions that fundamentally solve the understaffing crisis which jeopardizes patient safety. That means improving recruitment, retention of permanent nurses through accessible continuing education, career development, good wages, benefits, limits on mandatory overtime, giving nurses a greater voice in facilities, and setting safe staffing levels to protect quality of patient care. For the sake of Nevada, the nurses, patients, and our community, please vote no on A.B. 108.

Susie Martinez, Executive Secretary-Treasurer, American Federation of Labor-Congress of Industrial Organizations:

The American Federation of Labor-Congress of Industrial Organizations (AFL-CIO) on behalf of over 150,000 members and 120 unions, the Nevada State AFL-CIO is in strong opposition to Assembly Bill 108. I speak for all of labor when I say that I am extremely disappointed this bill was introduced, let alone brought to a hearing. Our nurses worked tirelessly on the front lines throughout the pandemic and ensured every Nevadan who needs care received it.

Now this bill intends to punish them for the hard work they provided to our state over the years. The pandemic highlighted problems nurses have historically dealt with, including mistreatment and insufficient wages. The solution to solve this turnover and staffing shortage is not for Nevada to give up its power to a national board that knows nothing of our state.

Additionally, let us think about our patients. Out-of-state nurses may have obtained their licenses in their respective home states under limited and weaker requirements. This means patient safety will be put at risk while nothing is done to improve in-person bedside care. We need to focus on recruiting and retaining our local nurses as well as improving their workplace conditions instead of entering into a needless Compact that will only harm our nurses and patients.

When I was listening to some of the testimony, they were saying that they are doing $30,000 bonuses. I cannot imagine if I am a nurse and I have been working at a hospital for the last ten years and now a nurse who is doing the exact same job as me is getting $30,000 more than me. What a slap in the face. I have been dedicated to my workplace. I have often giggled when I come here to northern Nevada, when we are up at the legislative session, we all wear our Nevada pins. Everybody seems to think that they are more Nevadan than the next person. Well, you know what? Assemblywoman Kasama said it best, home means Nevada. We need to take care of our home nurses. We need to take care of our patients here in Nevada. We need to take care of our state.

Thomas Morley, representing Laborers' Union Local 169:
We strongly oppose.

Tony Ramirez, representing Make the Road Nevada:
We represent immigrant communities all over the state, and we are extremely concerned about possibly undermining the community-based alternatives that our nurses have. We feel that will potentially worsen the care that our patients receive. The folks I represent are extremely vulnerable, and that is primarily what we are most concerned about.

Tessyn Opferman, representing American Federation of State, County and Municipal Employees Retirees:
We appreciate all of the efforts Assemblywoman Jauregui has gone to, to help address the nursing shortage in Nevada. However, we feel strongly that the Nurse Licensure Compact is not the solution and, therefore, we sit with our partners in opposition.

Edith Duarte, representing Southern Nevada Building Trades Unions:
Ditto.

[Exhibit JJJ, Exhibit KKK, Exhibit LLL, Exhibit MMM, and Exhibit NNN were submitted but not discussed and will become part of the record.]

Chair Marzola:
We will now go to testimony in the neutral position on Assembly Bill 108.

Fred E. Wagar, Director, Nevada Department of Veterans Services:
I am here to testify in neutral regarding A.B. 108. Each year preceding the legislative session, the Nevada Department of Veterans Services, in conjunction with the United Veterans Legislative Council, holds Nevada Veterans Legislative Symposia in Reno and Las Vegas. The Symposia are for veterans and supporters to prioritize issues for the next legislative session. These symposia were held in March 2022. The attendees prioritized 47 different issues, and the following issue was priority 8 by those 161 veteran and supporter attendees. The issue was the state of Nevada should remove occupational licensing barriers for military veterans and their spouses.

Chair Marzola:
Assemblywoman Jauregui, would you like to give some final remarks?

Assemblywoman Jauregui:
I know it has been a long day for all of us. The Nurse Licensure Compact will not solve the problem by itself and must be a part of a concerted effort to expand educational opportunities, provide financial aid, and other steps. It will make it easier for nurses to come to Nevada to meet our needs when they arise. Nursing is an increasingly mobile profession. Nevada should make it as easy as possible for nurses to come here in our times of need, and also for Nevada nurses to help in other states to meet their own professional and family needs as they arise.

Committee, this bill is not designed to impact the important relationship between union organized nurses and their employers. It does not impact labor actions, as Nevada hospitals already have contracts in place with traveling nurse organizations. The same contracts used to help with the chronic shortages we currently face and during COVID-19. This bill with my amendment expands access to membership. Unions representing nurses will have the ability to meet with nurses upon hire so they can speak to the benefit of unions, how unions protect and fight for them, their working conditions, and their benefits.

We also heard that there is no proof that the Nurse Licensure Compact increases the number of nurses. But 40 jurisdictions have shown that the Compact is affected by joining and not withdrawing and there is some proof people will come from out of state. Right now, 41 percent of Nevada licensed nurses have out-of-state addresses. In addition, Article III, subsection (e), on page 6 of the bill says nurses "must comply with the state practice laws of the state in which the client is located," All states who are members of the Compact uphold the same licensing standards.

Right now, there are at least 2,300 open nursing positions in Nevada. When I ran for office, I committed to myself that I would always do the right thing. Sitting here on the opposite side of my friends on this issue is very hard, but I am doing it because I fundamentally believe it is the right thing to do. The nursing shortage issue does not have a one-size-fits-all solution. You heard from the opposition that the Nurse Licensure Compact is not going to solve the problem, and it is not, which is why I am here bringing several solutions. Alone, these bills might not make a difference, but together they can start chipping away at that 5,000-nurse shortage that exists in our state so we can have healthy families and a healthy Nevada.

Chair Marzola:
I will now close the hearing on Assembly Bill 108. I do want to say that my objective in this Committee is always to run it organized and fair. That is very important for me and all the Committee members.

I will open for public comment. [There was none.] Members are there any questions or comments before I adjourn? I do not see any. This concludes our meeting for today. Our next meeting will be Monday, April 10, at 1:30 p.m. This meeting is adjourned [at 4:52 p.m.].

RESPECTFULLY SUBMITTED:

_____
Spencer Wines
Committee Secretary

APPROVED BY:

_____
Assemblywoman Elaine Marzola, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is the Work Session Document for Assembly Bill 127, presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit D is the Work Session Document for Assembly Bill 218, presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit E is the Work Session Document for Assembly Bill 267, presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit F is the Work Session Document for Assembly Bill 301, presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit G is the Work Session Document for Assembly Bill 318, presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

Exhibit H is a copy of a PowerPoint presentation titled, "Nevada House Committee on Commerce and Labor, A.B. 270, Anesthesiologist Assistants Licensure, Richard Evans, Director of Government Affairs," submitted by Richard Evans, Director, Government Affairs, American Academy of Anesthesiologist Assistants.

Exhibit I is a letter dated April 3, 2023, submitted by Scott Parkhill, M.D., Vice Chief of Staff; Anesthesiology Chair, Renown Regional Medical Center, in support of Assembly Bill 270.

Exhibit J is a letter dated April 3, 2023, submitted by Scott Fielden M.D., Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 270.

Exhibit K is a document titled "Certified Anesthesiologist Assistants, CAA Education and Training," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit L is a document dated May 2022, titled "Certified Anesthesiologist Assistants Practice Authorization," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit M is a letter submitted by Stephanie Zunini, CAA, President, Nevada Academy of Anesthesiologist Assistants, in support of Assembly Bill 270.

Exhibit N is a letter dated March 22, 2023, submitted by Hanna Damke, Ph.D., Professor, Department of Biochemistry & Molecular Biology, University of Nevada, Reno, in support of Assembly Bill 270.

Exhibit O is a letter dated April 4, 2023, submitted by Deborah Rusy, M.D., representing American Society of Anesthesiologists, in support of Assembly Bill 270.

Exhibit P is a letter submitted by Michael Ferrante, Private Citizen, Noblesville, Indiana, in support of Assembly Bill 270.

Exhibit Q is a letter dated March 31, 2023, submitted by Sharon Wright, M.D., Private Citizen, Reno, Nevada in support of Assembly Bill 270.

Exhibit R is a letter dated March 10, 2023, submitted by Michael W. Champeau, M.D., President, American Society of Anesthesiologists, in support of Assembly Bill 270.

Exhibit S is a letter dated April 4, 2023, submitted by Robert Wagner, Associate Dean and Chair, Department of Anesthesia, Dr. Pallavi Patel College of Health Care Sciences, Nova Southeastern University Florida, in support of Assembly Bill 270.

Exhibit T is a letter dated April 6, 2023, submitted by Gordon R. Curry, M.D., Private Citizen, Reno, Nevada, in support of Assembly Bill 270.

Exhibit U is a document titled, "42 CFR 415.110 - Conditions for payment: Medically directed anesthesia services," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit V is a document titled, "Anesthesia Care Team Composition and Surgical Outcomes," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit W is a document titled, "Definition of 'Immediately Available' When Medically Directing," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit X is a document titled, "Certified Anesthesiologists Assistants, Comparisons: AA, CRNA, Training/Practice," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit Y is a document titled, "Nevada State Medical Association Policy Compendium, Nevada State Medical Association, 2022-2023," submitted by Amanda Brazeau, representing Nevada Academy of Anesthesiologist Assistants, regarding Assembly Bill 270.

Exhibit Z is a copy of a PowerPoint presentation titled, "SEIU Local 1107, Nursing challenges in Nevada," submitted by Marlene Lockard, representing Service Employees International Union Local 1107, regarding Assembly Bill 443, Assembly Bill 401, and Assembly Bill 108.

Exhibit AA is a letter dated April 7, 2023, submitted by Lisa Thomas, Ph.D., Associate Professor, Orvis School of Nursing, University of Nevada, Reno, in opposition to Assembly Bill 401.

Exhibit BB is a letter dated April 5, 2023, submitted by Alejandro Rodriguez on behalf of the Nevada System of Higher Education, in opposition to Assembly Bill 401.

Exhibit CC is a letter dated April 5, 2023, submitted by Jennifer Lemmon, Director, Southern California and Nevada National Nurses Organizing Committee-Nevada/National Nurses United, in opposition to Assembly Bill 401.

Exhibit DD is a copy of a PowerPoint presentation titled "AB 108: Nurse Licensure Compact," submitted and presented by Nicole Livanos, Director, State Affairs, National Council of State Boards of Nursing in regard to Assembly Bill 108.

Exhibit EE is a document titled, "Two Compacts Compared, A Driver's License Compact vs. a Nurse License Compact," submitted by Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing in regard to Assembly Bill 108.

Exhibit FF is a document titled "Uniform Licensure Requirements for a Multistate License," submitted by Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing in regard to Assembly Bill 108.

Exhibit GG is a document titled "Support Assembly Bill 108," submitted by Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing in regard to Assembly Bill 108.

Exhibit HH is document titled "NLC States" dated January 1, 2023, submitted by Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing in regard to Assembly Bill 108.

Exhibit II is a document titled "2022 Survey of Nevada Nurses' Views on the Nurse Licensure Compact (NLC)," dated June 18, 2022, submitted by Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing in regard to Assembly Bill 108.

Exhibit JJ is a proposed amendment to Assembly Bill 108 submitted and presented by Assemblywoman Sandra Jauregui, Assembly District No. 41.

Exhibit KK is a letter presented by Patricia Fries, RN, Private Citizen, Sparks, Nevada, in support of Assembly Bill 108.

Exhibit LL is a letter presented by Lloyd D. Gamboa, RN, representing Philippine Nurses Association of Nevada, in support of Assembly Bill 108.

Exhibit MM is a letter dated February 13, 2023, presented by Patrick D. Kelly, President and CEO, Nevada Hospital Association in support of Assembly Bill 108.

Exhibit NN is a letter presented by Carol Swanson, Private Citizen, Carson City, Nevada in support of Assembly Bill 108.

Exhibit OO is a letter dated April 6, 2023, presented by Marilyn Lim-Carreon, Campus Director, Unitek College, in support of Assembly Bill 108.

Exhibit PP is a letter dated March 16, 2023, submitted by Bobby Patrick, Vice President, State Government and Regional Affairs, AdvaMed, in support of Assembly Bill 108.

Exhibit QQ is a letter dated April 7, 2023, submitted by Andrea Gregg, Chief Executive Officer, High Sierra AHEC, in support of Assembly Bill 108.

Exhibit RR is a letter dated April 6, 2023, submitted by Brett Salmon, President/CEO, Nevada Health Care Association, in support of Assembly Bill 108.

Exhibit SS is a packet of letters in support of Assembly Bill 108.

Exhibit TT is a letter dated March 15, 2023, submitted by Melissa Washabaugh, Chair, Rural Nevada Children's Mental Health Consortium, in support of Assembly Bill 108.

Exhibit UU is a letter dated April 7, 2023, submitted by Elizabeth Fildes, Ed.D., RN, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 108.

Exhibit VV is a letter submitted by Blake J. Romero, MSN, Chief Nursing Officer, Southern Hills Hospital and Medical Center, in support of Assembly Bill 108.

Exhibit WW is a letter submitted by Michelle Bookout, MSN, Chief Nursing Officer, Sunrise Hospital and Sunrise Children's Hospital, in support of Assembly Bill 108.

Exhibit XX is a letter dated April 5, 2023, submitted by John Packham, Co-Director, Nevada Health Workforce Research Center, School of Medicine, University of Nevada, Reno, in support of Assembly Bill 108.

Exhibit YY is a letter dated February 7, 2023, submitted by Shari Chavez, RN, Chief Nurse Executive, Far West Division, HCA Healthcare, in support of Assembly Bill 108.

Exhibit ZZ is a letter submitted by Theresa Lemus, RN, Project Director, JBS International, HRSA Maternal and Child Tele-Behavioral Health Programs, in support of Assembly Bill 108.

Exhibit AAA is a letter dated April 7, 2023, submitted by Diane McGinnis, Private Citizen, Beatty, Nevada, in support of Assembly Bill 108.

Exhibit BBB is a letter submitted by Elizabeth De Leon-Gamboa, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 108.

Exhibit CCC is a letter submitted by Jan Iida, MSN, Chief Nursing Officer, Incline Village Community Hospital, Tahoe Forest Hospital System, in support of Assembly Bill 108.

Exhibit DDD is a packet of emails in opposition to Assembly Bill 108.

Exhibit EEE is a petition in opposition to Assembly Bill 108 submitted by Renee Ruiz, Legislative Advocate, National Nurses Organizing Committee of Nevada, National Nurses United.

Exhibit FFF is a petition in opposition to Assembly Bill 108 submitted by Renee Ruiz, Legislative Advocate, National Nurses Organizing Committee of Nevada, National Nurses United, on behalf of National Nurses United and National Nurses Organizing Committee.

Exhibit GGG is document titled "Nurse Licensure Compact Legislation Fact Sheet," submitted by Renee Ruiz, Legislative Advocate, National Nurses Organizing Committee of Nevada, National Nurses United, in opposition to Assembly Bill 108.

Exhibit HHH is a letter dated April 7, 2023, presented by Marlene Lockard, representing Service Employees International Union Local 1107 in opposition to Assembly Bill 108.

Exhibit III is a letter dated December 14, 2020, presented by Marlene Lockard, representing Service Employees International Union Local 1107, from the National Council of State Boards of Nursing, in regard to the Nurse Licensure Compact and Assembly Bill 108.

Exhibit JJJ is a letter dated April 5, 2023, submitted by Jennifer Lemmon, Director, Southern California and Nevada National Nurses Organizing Committee, in opposition to Assembly Bill 108.

Exhibit KKK is a letter submitted by Susan Hoog, Private Citizen, Reno, Nevada, in opposition to Assembly Bill 108.

Exhibit LLL is a letter submitted by Clarence F. McCarthy, Private Citizen, Sparks, Nevada, in opposition to Assembly Bill 108.

Exhibit MMM is a letter submitted by Bishop Derek Anthony Rimson, Private Citizen, Las Vegas, Nevada, in opposition to Assembly Bill 108.

Exhibit NNN is a letter submitted by Judi Jensen, Private Citizen, Sun Valley, Nevada, in opposition to Assembly Bill 108.