

**MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR**

**Eighty-second Session
February 15, 2023**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 8:00 a.m. on Wednesday, February 15, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Pat Spearman, Chair
Senator Roberta Lange, Vice Chair
Senator Melanie Scheible
Senator Skip Daly
Senator Julie Pazina
Senator Scott Hammond
Senator Carrie A. Buck
Senator Jeff Stone

GUEST LEGISLATORS PRESENT:

Senator Heidi Seevers Gansert, Senatorial District No. 15

STAFF MEMBERS PRESENT:

Cesar Melgarejo, Policy Analyst
Bryan Fernley, Counsel
Veda Wooley, Counsel
Lynn Hendricks, Committee Secretary

OTHERS PRESENT:

Neena Laxalt, Nevada Physical Therapy Board
Leslie Adrian, Director of Professional Standards, Federation of State Boards of
Physical Therapy

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

Jennifer Nash, President, Nevada Physical Therapy Board

Charles Harvey, Executive Director, Nevada Physical Therapy Board

Sarah Adler, New Frontier Treatment Center

Lesley Pittman, Nevada Advisory Committee on Problem Gambling, Commission on Behavioral Health, Division of Public and Behavioral Health, Nevada Department of Health and Human Services

Paul Moradkhan, Vegas Chamber

CHAIR SPEARMAN:

I will open the hearing on Senate Bill (S.B.) 97.

SENATE BILL 97: Enacts provisions governing the interstate practice of physical therapy. (BDR 54-402)

SENATOR HEIDI SEEVERS GANSERT (Senatorial District No. 15):

Nevada faces a critical shortage of quality providers and access to physical therapists, as it does with most health care professions. The need is particularly dire for retired and underserved residents of Nevada, especially those in rural and frontier areas. Physical therapists (PTs) and physical therapist assistants (PTAs) help Nevadans reduce pain and gain strength, flexibility and balance, which helps optimize their function and quality of life. I suffered a foot fracture recently, and I found them to be tremendously helpful as I was trying to recover.

By enacting the Physical Therapy Licensure Compact, S.B. 97 will bring high-quality PTs and PTAs to Nevada and assist patients and health care providers to improve access to high-quality care. The PT Compact allows a person who is licensed as a PT or PTA in a state that is a member of the Compact to serve persons in Nevada. Before such services are rendered, the Compact requires a PT or PTA to meet certain requirements, including maintaining a license in good standing in a Compact state. The bill clarifies that a PT or PTA who is authorized to practice in Nevada pursuant to the Compact is authorized to engage in the same activities as a PT or PTA who is licensed in Nevada.

Those of you who have been on the Senate Committee on Commerce and Labor may have heard bills like this in previous sessions. It is being brought forth this Session to help with reciprocity and make sure we have more providers in critical access areas such as physical therapy.

NEENA LAXALT (Nevada Physical Therapy Board):

I have provided a handout ([Exhibit C](#)) answering some of the most frequently asked questions about the PT Compact and the PT Compact Commission. This includes a map of the U.S. showing which states are part of the PT Compact.

From the practitioner's point of view, one of the benefits of having the PT Compact in Nevada is that they can move easily from state to state and get licenses in those states much more quickly than if they had to go through the regular process. From the point of view of the State, Nevada has a shortage of PTs and is forty-fifth or fiftieth in the U.S. From the perspective of the Nevada Physical Therapy Board, the relief comes from the information in the Compact and what rules Compact participants have to follow in the states they practice in. They have to follow all of the rules and laws in place in the states where they practice. They go through the same vetting process as any licensee, including background checks. If a practitioner has a problem in one state, the Compact notifies all the states where that practitioner is licensed.

LESLIE ADRIAN (Director of Professional Standards, Federation of State Boards of Physical Therapy):

The Physical Therapy Compact Commission is the governmental organization created by the 34 jurisdictions that chose to join the PT Compact. The purpose of this Compact is to increase consumer access to physical therapy services by reducing regulatory barriers, increasing interstate mobility and encouraging cross-state practice while maintaining the high standards of qualifications for physical therapy providers.

The Compact is designed to achieve these objectives: increase public access to physical therapy services in Nevada by providing for the mutual recognition of other member state licenses; enhance Nevada's ability to protect the public health and safety; support spouses of relocating military members; enhance the exchange of licensure, investigative and disciplinary information between member states; and allow a remote state to hold a provider of services with a compact privilege in Nevada accountable to Nevada's practice standards.

To be eligible for a compact privilege under the terms and provisions of the Compact, licensees must have licenses in their home states. Every state member must utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission. Additionally, every state member must require continuing competence activities for renewal of this licensure. For an applicant to access the National Physical Therapy Examination, they must have completed an accredited or substantially equivalent academic program. Additionally, to be eligible for a compact privilege, licensees must be free of encumbrance on any state license and not have had any adverse actions against any license or compact privilege within the previous two years.

The PT Compact addresses concerns about the challenges that the current model of licensure has regarding access to patient care. New care delivery models, ease of movement of consumers and providers, workforce issues, new technologies and opportunities for better consumer access often stop at the state borders. Decreasing barriers to licensing and mobility may lead to improved access to care, especially in rural or underserved areas.

Participation in the PT Compact preserves the regulatory authority of the Board to protect public health and safety through the current system of state licensure. By entering into a Compact with other states, unlike national licensure initiatives, Nevada retains sovereign authority to determine the requirements for licensure in Nevada, as well as maintaining the State's scope of practice or work for any PT or PTA coming to Nevada on a compact privilege, which is the legal equivalent of a license under the terms of the PT Compact.

The PT Compact administration and governance are handled by the PT Compact Commission. The Commission is a joint public agency made up of representatives from each member state, independent of any professional association or national regulatory body. Like all member jurisdictions, Nevada would be entitled to one voting delegate who is required to be a current Board member or administrator. The Compact Commission's responsibilities include verifying the applicant's eligibility for a compact privilege and issuing the compact privilege with a unique compact privilege number. The members of the Compact Commission evaluate the need for an annual assessment to Compact members each year. Since the inception of the PT Compact, the Commission has voted to have a \$0 annual assessment, so there is no fee to Nevada to be a participant or a member of the PT Compact.

The PT Compact Commission is also responsible for updating and maintaining the rules, bylaws and policies by which the Commission administers the requirements of the Compact. All amendments to the Commission's rules, bylaws and policies must be passed by the majority of the delegates. The Commission's rules apply only to the governance of the PT Compact and have no impact on the scope of practice of PTs and PTAs in Nevada.

KELLI MAY DOUGLAS (Pacific Southwest Regional Liaison, Defense-State Liaison Office, Military Community and Family Policy, U.S. Department of Defense):

We are in support of S.B. 97. I have a letter of support ([Exhibit D](#)) for the record.

This bill would improve Nevadans' access to care and allow military spouses to more easily maintain PT licenses when relocating to and from Nevada on orders. The Department of Defense (DOD) has been advocating for improved licensure and career portability for military service members and spouses for several years.

Through the National Defense Authorization Act, the U.S. Congress has directed the military services to include an evaluation of states' facilitation of licensure reciprocity for military spouses and the extent to which they have approved interstate licensure compacts as part of their mission-basing, decision-making processes. Interstate licensure compacts such as the PT Compact relieve one of the many stressors of frequent military moves by enabling military spouses to more quickly transfer their licenses across state lines and obtain employment as soon as they arrive in a new state. These policies facilitate greater career sustainability for military spouses, improving their families' financial security and overall resilience.

Military spouses are disproportionately affected by state-specific licensure requirements that can cause delays and gaps in employment. Over 36 percent of the working population of military spouses require state licenses to practice in their professions, and they have an annual cross-state relocation rate ten times higher than their civilian counterparts. Accordingly, military spouses experience unemployment and underemployment at significantly higher rates than their civilian peers.

The DOD regards licensure Compacts such as the PT Compact as the gold standard in licensure portability for many reasons. The PT Compact allows the physical therapist to hold one multi-state license in their home state with a privilege to practice in other member states. It benefits not only active duty military spouses but also all eligible professionals, including active duty members, members of the U.S. Army Reserve and National Guard and their spouses, veterans and their spouses and exiting service members and their spouses.

Specifically, the PT Compact provides active duty military and their spouses greater flexibility regarding the state they designate as their home state for the purposes of meeting eligibility requirements. This home state flexibility allows U.S. military members to more easily obtain compact privileges in circumstances that otherwise would make it difficult or impossible to take advantage of the provisions of the Compact.

Most importantly to the DOD, the PT Compact provides seamless true reciprocity for practitioners, not only when they come into Nevada, but also when they leave the State on military orders and perhaps return to Nevada permanently.

The DOD is very appreciative of Nevada's ongoing commitment and efforts to support members of the military and their families who sacrifice much in service to their Country.

SENATOR SEEVERS GANSERT:

We did want to comment that this legislation has actually passed the Senate unanimously several times but was not passed by the Assembly.

SENATOR PAZINA:

Are the qualifications for PTs who are part of this Compact the same as the qualifications currently met by PTs in Nevada?

Ms. ADRIAN:

Yes. The major qualification for every PT in the U.S. is that they have graduated from an educational program accredited by a recognized body. Right now, there is only one recognized body in physical therapy education, so every PT has to have that same level of education and pass the National Physical Therapy

Examination to become a PT. There is only one National Physical Therapy Examination, and it is a universal standard in all of the 53 jurisdictions.

SENATOR STONE:

This is a tremendous way to bring more physical therapists into Nevada. I strongly support compacts, not only in physical therapy but also in nursing. We want to bring more professionals into Nevada, considering the shortages we have. Certainly, increasing the slots in our colleges is going to help, but that is a delay of some years. We need them now, not two or three years from now.

I have some questions when it comes to the scope of practice. Each state has different allowances for what a PT can do. If PTs move to a state with a higher scope of practice than their home state, can they practice that higher scope of practice?

MS. ADRIAN:

Yes. They can practice within the scope that is allowed by each member state. I would assume that if this requires any continuing education, they would be able to take those courses and get that certification in order to enhance that scope of practice.

SENATOR STONE:

If Nevada required something specific in order to do a certain technique, the PT or PTA coming to Nevada on a compact privilege would have to maintain and meet those requirements. Is that correct?

MS. ADRIAN:

Yes.

SENATOR STONE:

I assume any PTs or PTAs who come to Nevada will have undergone a background check and will have no encumbrances or disciplinary actions against them. Can we assume that if they do get an encumbrance in Nevada, they will immediately lose their certification and their home state will be notified?

MS. ADRIAN:

If PTs have disciplinary issues in Nevada while working on a compact privilege, the Board has the ability to take disciplinary action against them, and all member states will be notified. Their home state could also take action against

them if it chooses. If PTs are disciplined against their compact privilege in any state, they will lose compact privileges in all states.

In order to be eligible for compact privilege, you have to have no encumbrances and no adverse actions for the last two years. The consequences of receiving disciplinary action are quite large.

It is called a compact privilege for a reason. It is not a guarantee or a right; it is a privilege extended to someone with an exemplary record of physical therapy service. An individual who loses that compact privilege is free to pursue licensure in any state, and that licensure board would make their determination. But they would not be eligible for compact privileges until at least two years have passed.

SENATOR STONE:

I read in the bill that jurisprudence laws governing professions are different in each state. Is there an exam dedicated to the law portion of the profession by the Board?

JENNIFER NASH (President, Nevada Physical Therapy Board):

We would require them to pass our jurisprudence exam before issuing them a license to practice in Nevada.

SENATOR STONE:

It seems like S.B. 97 is comprehensive and addresses many of the issues. I applaud you for bringing it forward and look forward to supporting it.

SENATOR DALY:

I may have been one of the people in the Assembly who was not a big fan of Compacts. I have read through this bill, and it is similar to the ones we have read half a dozen times before, so there are some things in here that I do not like. The part about the military spouses makes a lot of sense, and I have no issues with that. We already have some provisions in law that allow for people to be brought into the State in emergencies. The Governor can do that, and I understand that does not cover everything.

Is the shortage of PTs Statewide, or is it mainly in the rural areas? From what I see, there does not seem to be a shortage of PTs in northern Nevada. Can you give me a little information on shortages in other parts of the State?

MS. NASH:

There is a shortage in southern Nevada and many rural areas, and I would say in the entire State, though your experience seems to be different. Most physical therapy clinics have waits of two weeks to six weeks to be evaluated by a PT, particularly in my field of neurologic physical therapy.

SENATOR DALY:

Is there anything in the Compact that will get PTs to move into the areas where there are shortages? This bill might just end up adding people who will compete with the people who are already here rather than fixing the shortage in the rural areas. Are there incentives in the Compact to attract people to the areas and disciplines where the need is greatest?

MS. NASH:

Not specifically, no. However, we would expect to see more people being able to provide telehealth to the rural areas, which we see more and more since the Covid-19 pandemic started. I also think we would benefit from more people being able to come into the State, such as travelers or those who are thinking about trying out Nevada as a place to live. The Compact would also mean a lower cost and a quicker route to licensure.

SENATOR DALY:

In section 2 of S.B. 97, it says we are "legally joining the Compact, in substantially the form set forth in this section." I am assuming there are slight variations in other states. What might those variations be? I would like to see what other states are doing. If there are no substantive changes, I would just be curious if somebody else has a better deal than us.

MS. ADRIAN:

Our feeling is that the model statute should be passed as is. There have been some small updates to the citations in the section defining military members and military spouses, and we are advising states going forward to make that change. Other than that, there has been no change to the language. Some states may have different systems for numbering bill sections. As to the actual language, however, there is no difference from state to state. Everyone is getting the same deal.

SENATOR DALY:

Part of my problem with this concept is that the Commission has the ability to change the bylaws or create rules that would be binding on each state, whether we like it or not. By passing this bill, the Legislature is ceding some of its authority to the Commission. That is one of my hang-ups. I am not saying I cannot get there; I am just saying I am not a fan. I will follow up on this with Ms. Laxalt and others.

SENATOR BUCK:

I see this bill as a shining bright light on Nevada. Having access to health care helps Nevadans, and the fact that it is friendly to the military is also near and dear to my heart.

Without the Compact, what does a PT have to do to practice in Nevada?

MS. NASH:

When you enter Nevada as a PT licensed in another state, you fill out an application for an endorsement license. This includes the process of submitting your fingerprints for an FBI check and having of your records forwarded to the Board, including the licensure exam Ms. Adrian mentioned. That takes about eight weeks to ten weeks. Once we have that information, the Board is able to give a license within a day, as long as all of the requirements are met.

CHARLES HARVEY (Executive Director, Nevada Physical Therapy Board):

I would add that there is a reduced fee for military applicants coming from other states. But as Ms. Nash mentioned, the background fingerprint process can take up to ten weeks. That is the longest part of the process.

SENATOR BUCK:

Do we have any numbers on how many military spouses are PTs or PTAs who would be helped by S.B. 97?

MS. ADRIAN:

We do not have any hard numbers on that. The Federation of State Boards of Physical Therapy does not have a way to track which licensed PTs and PTAs are also military spouses.

SENATOR BUCK:

Which states have the most rigorous qualifications to get a PT license?

MS. ADRIAN:

The requirements are fairly similar from state to state. The major requirement is the educational program, which must have been accredited by a recognized accrediting body. There is only one accrediting body in physical therapy education at this time, so every state will have met the same standards. The second major requirement is to pass the National Physical Therapy Examination, which was developed by the Federation of State Boards of Physical Therapy. Every state has agreed on the same score to pass that test. Those major credentials and requirements are the same across the U.S., so there is no difference between the states.

When you get into other requirements, they are typically more administrative. For example, some states require professional liability insurance, and other states do not. Some states require specific continuing education recognizing sex trafficking, or there may be a requirement for implicit bias training. Some states require letters of recommendation.

CHAIR SPEARMAN:

Recently, President Joe Biden signed a reciprocity rule into law. Mr. Melgarejo, can you read that, please?

CESAR MELGAREJO (Policy Analyst):

On January 6, 2023, President Biden signed H.R. 7939, the Veterans Auto and Education Improvement Act of 2022. Within this Act is the Military Spouse Licensing Relief Act. The sponsor of this measure is Representative Cindy Hyde-Smith, and she has released a one-pager that states:

This bill would amend the Servicemembers Civil Relief Act (SCRA) of 2003 to require states to recognize servicemembers' spouses occupational license from another state if the servicemember and the servicemember's spouse move across state lines on account of a Permanent Change of Station order. SCRA already provides a number of protections for active duty servicemembers and their families, including rental agreements, civil judicial proceedings, installment contracts, and credit card and mortgage interest rates.

This legislation would not preempt state law on how the licenses are used, as military spouses would still be required to comply with standards of practice, discipline, and continuing education

requirements. Additionally, this legislation ensures that operational interstate licensure compacts would not be disrupted by the federal law.

SENATOR HAMMOND:

What are the pros and cons of the Compact for Nevada? What are we gaining for giving up a little autonomy?

SENATOR SEEVERS GANSERT:

I do not see a downside to the Compact. What I see is a way for us to bring more folks on board, especially active military and their families. As Ms. Adrian pointed out, it is a privilege only extended to individuals in good standing. The licensure requirements are the same across the U.S.

It is critical that we realize we have had a time of crisis, during which the Governor could potentially issue an executive order (EO) to allow folks to practice across state lines. However, those EOs expire when you change leadership or the emergency expires.

This bill creates a privilege opportunity for those in high standing with similar educational and national board standards to practice in Nevada. If you have ever been injured, you need help right away. If you have spent six weeks in a boot, you know that when you get rid of the boot, you can hardly walk. You cannot wait ten weeks for help; you need it right away.

The only downside I can imagine to this bill is for a PT who comes from a state with a greater scope of practice than Nevada.

CHAIR SPEARMAN:

Ms. Douglas mentioned something about mission basing. What does mission basing mean?

Ms. DOUGLAS:

It refers to the process each military service goes through when deciding where to locate a new base of operations. It can be a small mission that requires one or two personnel or a large mission that needs an entire unit. For example, a few years ago the U.S. Space Force was looking at the feasibility of establishing its headquarters and considering locations in several states.

Congress now requires that the evaluation process incorporate a number of quality-of-life measures. The DOD feels it diminishes servicemembers' effectiveness when bases are in locations that are not supportive of spouses' employment or children's education.

CHAIR SPEARMAN:

Is that the same thing as Base Realignment and Closure (BRAC)?

Ms. DOUGLAS:

Yes, that is the extreme degree of a mission-basing decision.

CHAIR SPEARMAN:

I think it was in 2021 that the Assistant Secretary of Defense sent a letter to all the governors indicating that housing, schools, the ability for spouses to find employment and other factors would now be a major part of the BRAC process, which they do every five or ten years and decide which bases to close.

I want to mention that the average age of an E5 sergeant is 27, and their base pay is \$2,774 a month. I do not know that we can find an apartment in most cities in Nevada or any other state that rents for half of that. Base housing is not sufficient anymore, so a lot of our service members live off base. They do get a housing allowance, but it is not enough. My point is that very few military families can subsist on a single income. I am kind of biased about this because when I was a company commander, I saw how some of my troops were barely making it, and that was maybe 25 years ago.

Senator Daly mentioned something about the rural areas, and we have a Naval Air Station in Fallon. If this is one of those items on the list in terms of quality of life, we do not want to put the bases that we already have here in jeopardy.

I understand that there was an amendment.

SENATOR SEEVERS GANSERT:

We have withdrawn the proposed amendment. We looked at the language in the bill again and realized the amendment was not needed.

CHAIR SPEARMAN:

I need to say that I am really passionate about issues that touch on veterans and active military personnel. When I speak on those topics, I do not intend to

impugn anyone's integrity or anything of that nature. My final assignment was at the Pentagon in the Operations Center during the height of the Iraqi war, when people were getting blown up and heads were getting chopped off, so that whole topic is a trigger for me. If I offended anyone, I apologize that I offended you, but I cannot apologize for my stance for veterans and the military.

I would also like to mention that those of you who were here for the last Legislative Session may remember that I was on a scooter because I could barely walk or breathe. Recovering from Covid-19 required physical therapy and respiratory therapy because I had to get my lungs back. One of the things that happened was that the Veteran's Administration Medical Center in Las Vegas did not have enough PTs or PTAs to help me, so I had to go look for them in the community, and there were not enough in the community either.

I will close the hearing on S.B. 97 and open the hearing on S.B. 91.

SENATE BILL 91: Authorizes a licensed clinical alcohol and drug counselor to supervise a certified problem gambling counselor intern. (BDR 54-57)

SENATOR ROBERTA LANGE (Senatorial District No. 7):

It is well established that Nevada has shortages of both primary care physicians and behavioral health providers, which have been exacerbated in recent years by heightened provider burnout and retirements. Currently, nearly 95 percent of the State's population lives in areas designated by the federal government as having a shortage of mental health professionals. Lack of providers can affect a person's ability to access appropriate care or receive a timely diagnosis, and this applies to Nevadans suffering from alcohol, drug or gambling addiction.

According to *Health Workforce in Nevada: A Chartbook—2021 Edition*, Nevada lost almost 800 Licensed Clinical Alcohol and Drug Abuse Counselors (LCADCs) between 2010 and 2020, with just 533 receiving licenses in 2020, compared to 1,330 in 2010. The number of Certified Problem Gambling Counselors (CPGCs) who may treat gambling disorders is even less. According to the Board of Examiners for Alcohol, Drug and Gambling Counselors, there are currently 24 certified CPGCs in Nevada, only 10 of whom are approved by the Board to supervise interns. Six individuals are certified by the Board to conduct the CPGC internships.

The number of CPGCs is not enough, given the increase of adults and youth reporting symptoms of gambling addiction. According to information from the Nevada Department of Health and Human Services, researchers estimate that more than 125,000 Nevada adults are problem gamblers, and about 2 percent of Nevada's youth may suffer from gambling problems before completing high school. Gambling disorders also disproportionately impact seniors, military veterans and people struggling with other mental health issues and addictive disorders. For these reasons, I am happy to sponsor S.B. 91, which seeks to increase the number of CPGCs in Nevada by providing more flexibility regarding who may supervise the gambling interns.

SARAH ADLER (New Frontier Treatment Center):

New Frontier and a variety of partners in this line of work have identified this opportunity to create additional CPGCs in Nevada by allowing LCADCs to supervise CPGC interns. I consider the LCADCs to be the gold star in behavioral health, since they have master's level training in both mental illness and addiction. As work goes on in this area, we have come to understand that individuals with an addictive disorder related to problem gambling are often experiencing some other form of mental illness as well. I have distributed a paper addressing Nevada's problem gambling workforce needs ([Exhibit E](#)).

I will review the bill. Section 1 increases the opportunity for LCADCs to become problem gambling intern supervisors after they have received 30 hours of instruction in problem gambling and 12 hours of instruction in supervising CPGC interns. That is the primary change this bill makes to *Nevada Revised Statutes* 641C. Section 2 of the bill makes conforming changes.

SENATOR DALY:

How much overlap is there between LCADCs and CPGCs? They obviously have different titles and different focuses, but is there any overlap in the training?

MS. ADLER:

A CPGC is required to be enrolled in an appropriate field of social work, and then they receive additional specialized training in problem gambling. To become a certified counselor, the bulk of the work is receiving 2,000 hours of supervision at the intern level from a qualified problem gambling supervisor. By adding LCADCs as supervisors, we create access to supervisors with a master's degree level of training in mental health and addiction. I think we are moving forward in providing expertise to CPGC interns.

SENATOR DALY:

It sounds like the person supervising the CPGC intern has to have the same 30 hours of training as they would to supervise any other intern. If you are going to be a counselor for any of these addiction problems, probably 80 percent of the training you receive is going to be the same because the way you treat one addiction is basically the same as the way you treat other addictions.

Is there a shortage of CPGCs who can supervise interns? Is that why you are looking to expand who can provide this service?

MS. ADLER:

You are hitting on a key point. Yes, we have a significant shortage of CPGCs in Nevada. Many stakeholders, including the Advisory Committee on Problem Gambling, the gambling unit within the Division of Public and Behavioral Health (DPBH) and training organizations such as The Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno, are working on this problem. Out of this effort, the DPBH unit was able to fund internships for 2022 and 2023 to incentivize folks to choose this line of behavioral health. In Nevada, the good news is that behavioral health has lost a lot of the stigma and we have an increase in, for example, licensed clinical social workers. The bad news is that the more traditional form of behavioral health is underresourced.

Before you can sign up to be an intern, you have to have someone committed to being your supervisor. It is really important that we increase the number of people who are willing to supervise interns. Currently, there are 102 LCADCs who are qualified to become supervisors if they take the additional training. We cannot activate the interns until we have the supervisors.

SENATOR BUCK:

I see the need, and there is a shortage. It is much like student teaching, in that you are building capacity and access to these services for people who are struggling. What are the qualifications to be a CPGC?

MS. ADLER:

I have seen a chart put out by CASAT that identifies two paths to becoming a CPGC depending on your academic status. If you already are licensed as another behavioral health professional, the pathway is short. If you are not

already licensed, you must be enrolled in the field of social services and then go through specific training related to problem gambling, followed by 2,000 hours of supervision. After you have practiced as a counselor for a significant period of time, you are allowed to apply to be an intern. There are only five counselors today that are qualified to become supervisors.

CHAIR SPEARMAN:

You mentioned a chart, but I do not think we have it.

Ms. ADLER:

I will send it to your Committee staff.

SENATOR SCHEIBLE:

I am confused. You seem to be saying there are only five people in Nevada right now that could supervise CPGCs if this bill passes, but they cannot do so today.

Ms. ADLER:

My apologies for not clearly communicating. If this bill is enacted, we will have access to 102 more potential CPGC supervisors. That is how many LCADCs we have. If they take the additional training, they could become CPGC supervisors.

SENATOR SCHEIBLE:

Have any of them done that additional training yet?

Ms. ADLER:

I do not know. I do know that we have not authorized them to become CPGC supervisors yet.

SENATOR SCHEIBLE:

I am trying to find out whether there is another reason that an LCADC would take 30 hours of instruction related to problem gambling. Is that something that they might ordinarily do in the course of their continuing education? Is it included in a lot of master's programs? Are we depending on these LCADCs to take the initiative to take an additional 30 hours of training just because they want to supervise these additional interns?

MS. ADLER:

I have discovered in my work that there is good communication among the professionals who are licensed by the Board of Examiners for Alcohol, Drug and Gambling Counselors. If this bill were to pass, I feel certain that LCADCs will become aware of this opportunity. It is my understanding that some of our licensed professionals enjoy the work of supervision, and there is compensation for being a supervisor.

SENATOR SCHEIBLE:

Is the additional training really necessary, or could an LCADC supervise these interns without an additional 30 hours? I am thinking about the people I know who do this work, and an LCADC who has been doing this for 25 years has worked with countless problem gamblers. I would feel confident that someone like that could provide excellent supervision to a CPGC intern without a specialty in treatment of gambling addiction. Am I missing something?

MS. ADLER:

I am not a longtime expert in this area, but from the research I have done to support this bill, the treatment data shows that the conditions of stress related to problem gambling are somewhat different from the conditions of stress with other mental health or addictive disorders. I would say that 30 hours of training is beneficial, but I am not qualified to speak on whether it is absolutely essential. I will say that there are well-established programs that offer the chance to take that 30 hours of training online.

SENATOR SCHEIBLE:

I would like to see you get together with the other stakeholders and see if you can find a way to make it even easier for LCADCs to become supervisors to CPGC interns. I would support the bill with an amendment along those lines.

LESLEY PITTMAN (Nevada Advisory Committee on Problem Gambling, Commission on Behavioral Health, Division of Public and Behavioral Health, Nevada Department of Health and Human Services):

I am here today as a member of the Nevada Advisory Committee on Problem Gambling, whose members are appointed by the Governor and whose mission is to support effective problem gambling prevention, education, treatment and research programs throughout Nevada. Our vision is to improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling in our communities.

Nevada established the Problem Gambling Fund in 2005. The Advisory Committee determines the ways the funds will be used to support our main areas of service: prevention and education, problem gambling treatment, research and evaluation and importantly workforce development.

This bill would help increase the number of supervisors for CPGC interns in Nevada, helping to grow the problem gambling counseling workforce and increasing the availability of counseling to Nevadans. Presently there are just five treatment providers in Nevada, and they are all located in Clark County or near Washoe County. We know that Nevadans who are unable to gamble responsibly reside throughout our State and in our remaining 15 counties. We believe the provisions of this bill will help bring greatly needed counseling services to those areas where in-person counseling services presently do not exist.

Currently, in Nevada, 6 percent of the population exhibit the diagnostic criteria for a gambling disorder as listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, also known as DSM-5. Sadly, only 1 percent of the population is accessing help. It is the hope that recently implemented programs will push more individuals to access services. The workforce is a vital piece to facilitating the services that are needed. We applaud Senator Lange for bringing forward this bill.

SENATOR LANGE:

The overarching goal of S.B. 91 is to get more CPGCs in Nevada. In order to do that, we must first have the supervisors to supervise them as interns. I urge your support of this bill.

CHAIR SPEARMAN:

I will close the hearing on S.B. 91. We will now have a presentation regarding the Las Vegas Chamber of Commerce.

PAUL MORADKHAN (Vegas Chamber):

I have a presentation ([Exhibit F](#)) describing the work and interests of the Las Vegas Chamber of Commerce.

I would like to point out that 83.7 percent of our members are small businesses, which we define as 50 or fewer employees. We represent 70 different industry

sectors, and it is our responsibility to look at policy bills from all those different perspectives.

Many of you are familiar with our signature events and programming. I would like to highlight our Military Advisory Council / MAC Night Out, which is one of the most popular programs in the organization. The Chamber partners with Nellis Air Force Base and Creech Air Force Base to celebrate our servicemembers and veterans. This is a free event for them and their spouses or partners where we recognize and thank them for their service. Our Vegas Young Professionals group concentrates on grooming the next generation of business leaders. We have over 1,000 members in this group ages 21 to 39. It is a great way for them to meet our members, learn what is happening in the business community and become an asset to themselves, their companies and their coworkers.

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CHAIR SPEARMAN:

Is there any public comment? Hearing none, we are adjourned at 9:33 a.m.

RESPECTFULLY SUBMITTED:

Lynn Hendricks,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.B. 97	C	3	Neena Laxalt	Physical Therapy Compact Packet
S.B. 97	D	5	Kelli May Douglas	Support Letter
S.B. 91	E	15	Sarah Adler	Paper Addressing Problem Gambling Workforce Needs
	F	19	Paul Moradkhan	Presentation from Vegas Chamber