MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR

Eighty-second Session
April 21, 2023

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 8:02 a.m. on Friday, April 21, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 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:

Assemblywoman Bea Duran, Assembly District No. 11
Assemblyman Duy Nguyen, Assembly District No. 8

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Sharla Glass, En-Vision America
Liz MacMenamin, Retail Association of Nevada
Tony Ramirez, Make The Road Nevada

Zihan Wang
Amy Koo, One APIA Nevada
Paul Catha, Culinary Workers Union Local 226
Mathilda Guerrero, Battle Born Progress
Deanna Hua Tran, Nevada Immigrant Coalition
Preston Tang, Southern Nevada Asian Pacific Islander Queer Society
Malena DiMaggio, Progressive Leadership Alliance of Nevada
Kim Le, Vietnamese-American Community of Las Vegas
Matthew Wilkie
Edith Duarte, SafeNest
Liz Ortenburger, CEO, SafeNest
Serena Evans, Nevada Coalition to End Domestic and Sexual Violence
Sarah Adler, Nevada Advanced Practice Nurses Association
Beth Schmidt, Las Vegas Metropolitan Police Department

CHAIR SPEARMAN:
I will open the hearing on Assembly Bill (A.B.) 251.

ASSEMBLY BILL 251 (1st Reprint): Revises provisions governing prescriptions. (BDR 54-1006)

ASSEMBLYMAN DUY NGUYEN (Assembly District No. 8):
I am thrilled to present A.B. 251 as an update to A.B. No. 177 of the 81st Session regarding prescription language. The implementation of that bill got tangled up in regulations. Assembly Bill 251 aims to correct that.

This bill will bring significant cost savings. A large portion of the costs projected by the chain pharmacies are front-loaded costs needed to integrate the translation software into their complex systems. However, that cost is marginal compared to the high ongoing costs of treatment for medication errors caused by noncompliance. The cost of hospitalizations for preventable medication errors totals in the billions of dollars each year nationally. Experts on healthcare economics agree that the cost of language-related medication errors will continue to increase over time unless healthcare providers meet the demand for improved translation services. The average hospitalization for a medication error costs about $2,000.

This bill targets the top ten languages spoken in Nevada. Those ten languages are English, Spanish, Tagalog, Chinese—Mandarin or Cantonese—Korean,

Vietnamese, Arabic, French, German and Russian. The bill does not require that all the text on the prescription bottle be translated, just the directions for taking the medication. For example, if the doctor says two pills are to be taken twice a day, that is what will be translated. Having these directions in the patient's first language will reduce medication errors.

I would like to review the amendment made by the Assembly Committee on Commerce and Labor. This language was constructed, with the help of the Retail Association of Nevada, to avoid the problems encountered by A.B. No. 177 of the 81st Session. The added language is in section 1, subsection 3 of the bill and states:

> If it is impractical to include the information required by subsection 6 of NRS 639.2801 on the label or other device which is affixed to the container of the prescription in English only, a pharmacy may provide the information in English and the other language in a separate document. If it is practical to include the information in English on such a label or other device, the pharmacy must also include the information in the other language on the label or other device.

SENATOR PAZINA:
I have a question about how this would work on a daily basis. If someone were to ask for the directions to be provided in one of the other languages you mentioned, is someone going to be available to check that the translation is accurate? I know that can sometimes be complicated when it comes to medicine and drug reactions. I want to make sure the translations are being reviewed by someone who has the professional training to do so.

ASSEMBLYMAN NGUYEN:
Some pharmacies are doing this already. Pharmacies have access to a translation phone line they can call and get a translation on the spot. Some pharmacies across Nevada have the translation software installed already. Pharmacies and pharmacists have access to existing services to translate all of the drug information, like drug interactions. Those things are not in this particular bill, which concentrates solely on the directions to the patient on how to take the medication.

SENATOR STONE:
When it comes to the pharmacist's job, some people say we just count the pills by fives, put them in a bottle and hand the bottle to the patient. Believe me, there is a lot more to it than that. Our role is changing from being mere dispensers into being consultants. When I fill a prescription, I have to make sure the physician's order is accurately and clearly transcribed in English on the label. It is then our responsibility to pick the correct drug, put the correct quantity in the bottle and make sure we got the dosage right. After that, in Nevada we have what is called a mandatory consultation. We consult with the patient to tell them things about the medication that are not included on the label, such as side effects and drug interactions. It is not uncommon for pharmacists to be sued for malpractice if they make a mistake or do not appropriately counsel the patient.

Let me give you an example. We all know the drug Vicodin; it is a narcotic commonly used for pain relief. We put a label on the bottle that says, "May cause drowsiness—do not take with alcohol—do not operate dangerous machinery." If we do not put those warnings on the bottle and the patient takes a pill, then gets in an accident driving home, the pharmacist and the pharmacy are both likely to be sued.

Here is another example. A doctor might prescribe the antibiotic tetracycline. The pharmacist needs to add three warnings to this bottle: do not take with dairy products, because calcium binds with tetracycline and the body cannot absorb it; do not take with Maalox or Mylanta, because it binds with magnesium; and do not go out in the sun without sunscreen, because it makes you highly sensitive to sunburn.

Here is my concern with A.B. 251. Your translated label will only include the physician's instructions; it will not include any of the pharmacist's warnings about drug interactions and other hazards. That is a flaw in the bill, and I hope I can work with you to find a way to amend the bill and make sure those important warnings are conveyed to the patient.

You said there is a telephone translation service in California, where the law requires that the pharmacist provide translation into any language required. The pharmacist calls that number, and they work together to make sure the patient understands both the physician's instructions and the pharmacist's warnings.

You also said that the translation software already exists for almost all the chain store pharmacies. You have consulted with them and found no implementation issues, and in fact they can immediately translate directions into the ten languages without any delays. I am happy to hear that.

The big issue for me is going to be liability. It is not just liability, though; I want to make sure I am giving the best advice to the people I serve. In my lifetime, I personally have filled about 5 million prescriptions. In that time, I have never had a lawsuit filed against me for an error that I created or for not doing something in the best interests of the patient. I know you have some indemnification clauses in here. However, I cannot indemnify a pharmacist for not fulfilling the professional duty to inform the patient of the warnings that could cause morbidity and mortality associated with that prescription.

I would like to know how you plan to address the pharmacist's professional duty to inform the patient of the potential hazards, side effects and drug interactions of each prescription.

ASSEMBLYMAN NGUYEN:
You are correct that there are many things in a pharmacist's environment that are required to ensure we are in compliance.

With regard to the mandatory consultation that happens, those are verbal consultations. As you know, these consultations often happen either through a drive-through window or in a semi-private environment where there are other people behind the patient. Sometimes the conversation goes really fast. The patient says, "Yes, yes, yes, yes," and the information goes in one ear and out the other. It is a lot of information, and if they are filling six prescriptions all for the first time, that is a lot of information to go through.

This bill is intended to address the most important part of the entire prescription process: the dosage instructions. If we tried to include drug interactions and warnings, we would have a lot more work to do because the pharmacists and pharmacies are not ready for that. The intention of A.B. 251 is to have the instructions, the "take two pills twice a day" part of the label, be in the patient's first language because that is the most needed part of the label for the population I serve. Those directions sometimes get lost if you have several prescriptions to manage.

This bill does not take away anything the pharmacist is already doing. It enhances what information is available so there can be better understanding. I know we are not addressing the liability issues in this bill, but I am happy to work with you to see how we can make this bill better. I look forward to your direction. Since you are a licensed pharmacist, your education and knowledge will be helpful to find ways we can serve Nevadans better.

SENATOR STONE:
I appreciate what you say. Pharmacists give quick consultations, but most pharmacy software, at least in the chain pharmacies, will print a sheet that has all the ancillary warnings on it. The software I use actually fits all those warnings on the label so the patient cannot peel off the label and say, "I wasn't warned of these things."

You say that the directions are the most important part of it, but I disagree. I think the warnings are equally important because they can cause some significant morbidity and mortality if they are not appropriately communicated.

I will take you up on your offer to work on this bill to make it better. I appreciate the thought behind the bill, but I believe that these warnings have to be communicated. A pharmacist has a choice and does not have to fill a prescription for any reason. If they think somebody is overusing narcotics, they can say, "Sorry, I'm not going to fill your prescription." I want to make sure we are not going to run into issues where pharmacists say, "I'm putting myself in harm's way by filling this prescription because the patient has the directions in their own language, but I can't tell them the warnings I think are important."

I look forward to working with you.

ASSEMBLYMAN NGUYEN:
I believe Sharla Glass from En-Vision America can speak to your concerns.

SHARLA GLASS (En-Vision America):
En-Vision America is a manufacturer of accessible prescription labeling for the blind, and we provide translation services as well. Our software provides translations of drug warnings as well as dosing directions. Pharmacists can choose whether those get translated or not, though I believe that is different for each language. That is going to be a bigger challenge for many pharmacies, but it is something that we certainly could work on.

We refer to the information printed on the prescription label as the "sigs." We have found that there are only about 600 words that are used in common sigs. If we translate those 600 words, all the different combinations and permutations of sigs can easily be created. When using our software, the pharmacist translates the sig into the language needed, then translates that translation back into English to verify it is correct. The process does not require a second person to verify the translation. Our software is pretty instantaneous; there is no delay for the pharmacist in getting those sigs put onto the label.

I can confirm that it would be harder to do all the warnings because there are a lot more of them, and those 600 words will not be enough. We do have some warnings translated, but I do not think we have warnings available in all 24 languages our software translates.

SENATOR DALY:
Let me see if I understand this. We are going to put the information on the label in English and the patient's language, and if there is not room, we will put the information on a separate piece of paper in both languages. However, section 1, subsection 3 of the bill says, "If it is practical to include the information in English on such a label or other device, the pharmacy must also include the information in the other language on the label or other device." I assume this means it must be included on the label only if there is room for it, but the way it reads now, they have to put it on the label whether there is room or not.

ASSEMBLYMAN NGUYEN:
Regarding Senator Stone's concerns, I want to make sure I reiterate this point. We are not looking to take away anything. All the existing processes and regulations are still the same. All we are doing with this bill is adding to the direction part of the label so we can help all populations be able to comprehend the amount of medication they should take.

Regarding Senator Daly's question, we included the language about devices because not every medication out there comes in a bottle. Some come in a box, some come in a bottle, and some come in a tube, an inhaler or a hypodermic. This language gives the pharmacist the ability to be creative in how they attach a flag. The intention of the bill is to say that if the label is too small, the label information should be provided in a separate document. We worked on the language with the Retail Association of Nevada.

SENATOR DALY:
I think I understand. I have seen prescriptions where the labels have flaps and so on. However, when I look at the language in the bill, it says the language has to be on the label whether there is room or not.

LIZ MACMENAMIN (Retail Association of Nevada):
That was not the intent. The intent was that when there is no room on the label for both languages, the label will have the instructions in English, and a separate page will have the instructions in English and the other language. I hope that answers your question.

SENATOR DALY:
I understand the intent, but that is not what the bill says.

ASSEMBLYMAN NGUYEN:
We will look at that language in detail offline so we can address your concern. We were trying to amend the language for the Assembly and perhaps did it too quickly. We will look at it again.

SENATOR DALY:
Thank you. As it stands now, it could only be done if you went to a microscopic print. After all, we can print the whole Bible on a grain of rice.

ASSEMBLYMAN NGUYEN:
The intent is that if it fits on the label, let us put it on there. If it does not fit, let us put it in another location that the patient can access. We will figure out words that make everyone happy.

MS. MACMENAMIN:
We are in support of A.B. 251. It is important to our members to make sure patients have safe access to their medications.

One liability issue we feel is important is pharmacists being concerned because they are giving their patients instructions in a language they do not speak, so they have no idea what the translation actually says. We worked hard on the language in A.B. No. 177 of the 81st Session to spell out the liability for the pharmacist and the pharmacy. The liability would go back to the translation company as opposed to the pharmacists, who did what they could in their due

diligence and professional judgment to make sure the patient got the correct instructions for the medications.

TONY RAMIREZ (Make The Road Nevada):
We are an organization that represents immigrant communities. We feel A.B. 251 will benefit our membership and are here in support.

ZIHAN WANG:
I am here to testify in support of A.B. 251.

I am representing my grandmother and thousands of other Nevadans who do not speak English to give them a voice on this issue. My widowed grandmother has resided with me and my family for six years, and we provide the care she needs. She does not speak English, only Mandarin Chinese. Recently, she was diagnosed with many heart and intestinal problems that have affected her ability to function on a daily basis. It is difficult to see my grandmother, who has struggled with poverty, war and famine all her life, struggling to open her pill bottles and get the medication she so desperately needs.

I know thousands of Nevadans in the Asian and Pacific Islander American (APIA) community struggle with the same problem with their medications. I wanted to testify today so that one day I would smile when bringing my grandmother her pills with the labels in Mandarin. My grandmother deserves to see her culture represented and to be able to read the labels on her lifesaving pills.

Assembly Bill 251 could have an impact on thousands of Nevadans. I trust you to make decisions that will benefit our community.

AMY KOO (One APIA Nevada):
We are an organization that advocates for the growing APIA community here in Nevada. Our community has grown to over 389,000 people and is made up of many diverse individuals and families. In Nevada, we have the privilege of living in the fourth most diverse state in the Nation, as determined by the census data. This includes more than 68,000 households in Nevada that have at least one member who is limited in English proficiency.

We know that our hospitals are already overwhelmed with all the care they need to provide. This bill is a simple way to ensure that our limited English-proficient

communities have access to medication dosage information. It means they will be less likely to end up in hospitals or emergency rooms because of mistaken medication. This is a simple way to make strides in providing language access for our most vulnerable communities. We are giving our diverse communities a way to access that information safely.

PAUL CATHA (Culinary Workers Union Local 226):
The Culinary Workers Union, which represents workers from 178 countries who speak over 40 different languages, supports A.B. 251.

MATHILDA GUERRERO (Battle Born Progress):
We are in unwavering support of A.B. 251, and we thank Assemblyman Nguyen for spearheading this critical measure.

As Ms. Koo mentioned, the census data shows that Nevada is one of the most diverse states in the U.S. I come from a long line of healthcare providers. My husband is a paramedic, and my mother is a double board-certified physician. Regardless of their titles or their exact roles, they have always believed in the idea that we have to meet patients where they are, and that is exactly what this bill does. This is one of the necessary first steps to ensure that this Body addresses the needs of every Nevadan while meeting community members where they are.

DEANNA HUA TRAN (Nevada Immigrant Coalition):
The Nevada Immigrant Coalition consists of diverse organizations from across Nevada that work together to fight for immigration reform and immigrant justice. We are here in full support of A.B. 251.

Growing up, I witnessed how challenging and discouraging it was for my parents to engage in the healthcare system, including going to the pharmacy and feeling comfortable about taking their medications. They would often read the labels a few times and then consult with my brother and me to make sure they were not misunderstanding the instructions. Having their prescription labels in their first language would have made them feel more confident and comfortable about managing their healthcare regimens.

In addition to my personal experience of the obstacles with pharmaceutical language and accessibility, my experience as a pharmacy technician also demonstrated to me the importance of having language accessibility for patients

to promote safety and quality of care. While our system is capable of providing translated materials, it is not capable of translating the materials into Korean, Mandarin Chinese, Spanish, Tagalog, Thai, Vietnamese, French, German and Russian. This bill would allow our pharmacies to provide responsive language access and reflect the growth of our immigrant, refugee and asylum communities and the various languages of our residents.

Over time, A.B. 251 will improve on its predecessor A.B. No. 177 of the 81st Session by ensuring that prescription labels are translated into the patient's preferred language. That parallels the current diverse language makeup that exists in Nevada.

We strongly urge your support for A.B. 251.

PRESTON TANG (Southern Nevada Asian Pacific Islander Queer Society):
I am in support of A.B. 251. As the first generation of my family to grow to young adulthood in America, I am often asked to translate for my family members for medical visits and reading prescription directions. This bill would remove a lot of the challenges for myself and other youth who are put in the role of translator for their families.

MALENA DIMAGGIO (Progressive Leadership Alliance of Nevada):
We are here in support of A.B. 251.

We were proud to support A.B. No. 177 of the 81st Session with the goal of safeguarding patients, reducing long-term costs and providing language justice for all Nevadans. Sadly, that crucial policy has not been implemented Statewide yet. This bill would enable implementation of a policy our immigrant communities need. We need to ensure our communities are able to receive their medical information in their preferred language, as they rely on these medications for their daily health.

We urge the Committee to support A.B. 251.

KIM LE (President, Vietnamese-American Community of Las Vegas):
As part of a growing community with diverse backgrounds, many of our Vietnamese families live in mixed fluency households with some folks only speaking Vietnamese. Lack of language access is a big issue that prevents many

of our community members from receiving the care they need. It puts a big burden on family members and friends to help translate.

Assembly Bill 251 is a commonsense bill that will help many families to take medications accurately at the times and in the doses prescribed. It will prevent medication errors and medication emergencies. We urge you to pass A.B. 251.

MATTHEW WILKIE:
I work in a local retail pharmacy just up the road from here and want to thank Assemblyman Nguyen for bringing A.B. 251 forward. It is extremely important and expands safe, equitable access to health care. At my pharmacy, a lot of these systems will probably have to be expanded. Our current software can only translate between English and Spanish. However, with Nevada's vast population, we need more than just Spanish, especially at my pharmacy. I echo the comments of the speakers before me, and I think this is a good bill.

ASSEMBLYMAN NGUYEN:
Not many folks in this building know that I am an immigrant. I immigrated to the U.S. when I was 11 years of age. When we came to California, I did not know one word of English. I had to learn everything from scratch. The experience the typical immigrant goes through in Nevada is getting better. We need to do a lot more; there are still a lot of things that need to be fixed. Hopefully, with A.B. 251, we are taking one more step in helping our community and ensuring that the most basic needs in terms of health are addressed.

It is critical that we improve access and reduce barriers so we can be a healthy and prosperous State.

CHAIR SPEARMAN:
I will close the hearing on A.B. 251 and open the hearing on A.B. 276.

ASSEMBLY BILL 276: Revises provisions governing telehealth. (BDR 54-831)

ASSEMBLYWOMAN BEA DURAN (Assembly District No. 11):
I am here to present A.B. 276, which revises provisions governing telehealth.

The use of telehealth can allow experts to guide other practitioners in providing sexual assault exams to patients. Throughout Nevada, healthcare providers may use video technology to connect to another healthcare provider with extensive

training in how to care for assault survivors and collect evidence for possible criminal prosecution. The use of telehealth improves the quality of forensic examination and expands access to expert healthcare providers to our communities. In addition, sexual assault survivors who reside in rural Nevada must travel hours to complete a sexual assault exam. When telehealth services are expanded, they can obtain care closer to home.

As many of you know, sexual assault survivors face health consequences. Sexual assaults can cause physical injuries, sexually transmitted infections and mental health problems. If survivors are cared for on the front end, those risks can be reduced dramatically with the right intervention.

EDITH DUARTE (SafeNest):
I will walk you quickly through this short bill. Section 1, subsection 5 of the bill authorizes the use of telemedicine between appropriately trained physicians, physician assistants or registered nurses located remotely to provide instruction or guidance to a healthcare provider in conducting a forensic medical examination of an apparent victim of strangulation or sexual assault.

Section 1, subsection 6, paragraphs (c) and (d) define sexual assault and strangulation. Subsection (e) expands the definition of telehealth to include communication between healthcare providers, one with the patient and the other at a different location.

LIZ ORTENBURGER (CEO, SafeNest):
I have a chart (Exhibit C) showing the number of rape charges in Nevada in 2022. In that year, there were 1,700 confirmed rapes. Of those, 105 were in rural counties with no Sexual Assault Nurse Examiner (SANE) and 1,266 were in Clark County, where we have one forensic examiner. Victims are waiting 4, 6, 12 and sometimes 48 hours to receive a forensic rape exam. Survivors cannot eat, drink, change clothes, shower or even have a glass of water while they are waiting to be examined.

This is not the way we solve the problem of rape. This is not what victims in Nevada deserve. We want to follow Arkansas, Alaska, Colorado, Texas and South Dakota in passing laws allowing clinician-to-clinician telehealth exams for strangulation and the collection of rape kits. No one should have to wait an inappropriate time or travel an inappropriate distance to seek justice.

SENATOR DALY:
Regarding the new definition in section 1, subsection 6, paragraph (e) of the bill, I know the situation you are trying to fix regarding the forensic examination after a sexual assault. Would this change allow doctors to communicate with each other on different issues, or do we have to specifically allow each type of situation? Or is this already happening?

MS. DUARTE:
The way I read it, this subsection does not prohibit providers from using telehealth to communicate with providers under other circumstances.

CHAIR SPEARMAN:
I am going to ask our legal counsel to weigh in.

BRYAN FERNLEY (Counsel):
I will look into that and get back to you.

SENATOR SCHEIBLE:
Other states are using this technology to walk through the SANE sexual assault and strangulation exams. Unlike other medical procedures where the medical professional needs to be hands-on with the patient, that is not necessary for these exams. There is no scientific reason we cannot implement this. It has been done successfully elsewhere without losing any quality of care for the patient.

MS. ORTENBURGER:
This process is governed by the International Association of Forensic Nurses. The hub nurse, by which I mean the trained forensic nurse who will be providing advice, leads the less experienced healthcare provider step-by-step through the process of evidentiary gathering, just as they would as if they were in person.

SENATOR STONE:
We need to make sure the people doing the collecting at the remote locations have the necessary materials to collect and preserve the evidence. This is critical when it comes to prosecution. You need to make sure all your ducks are lined up, that all the evidence is properly labeled and documented. Do you foresee any issues in the remote communities asking for these consultations?

MS. ORTENBURGER:
The rural healthcare providers will not be left on their own; we do not just say, "Here it is; you can do this now." The facility that would be receiving clients requires some training, and they would get that training. In addition, the hub nurse will be guiding them through the entire process, including documentation, collection of evidence and storage. The final result will be just as if the forensic nurse had been there in person, and it will hold up in court just as well.

SENATOR STONE:
Where will the evidence be kept after it is collected? I assume any DNA evidence will be entered into the Combined DNA Index System.

MS. ORTENBURGER:
Yes. We are not anticipating changing the current process.

MR. FERNLEY:
The question was asked whether providers are authorized under current law to communicate with each other through telehealth when providing care to a patient. Existing law does allow providers to communicate with each other in providing telehealth. That is because right now, the statute says a provider of health care who is located at a distant site may use telehealth to direct or manage the care of a patient. Directing or managing the care of a patient would include providers communicating with each other about that care through telehealth.

SERENA EVANS (Nevada Coalition to End Domestic and Sexual Violence):
Our thanks to Assemblywoman Duran and SafeNest for bringing this important bill forward. Currently, there are only six locations in all of Nevada where a victim survivor can get a SANE exam. Of those six, only about half operate around the clock and all year long due to staffing issues. Rural survivors are forced to travel upwards of six to nine hours to reach one of these locations with their body essentially being a living crime scene. They are told not to eat, drink, bathe or use the restroom. For that reason, a lot of survivors choose not to get a SANE exam. They miss out on the critical health benefits of the SANE exam where they can receive emergency contraception and prophylactic medication, as well as connection to resources and education about possible health risks. In addition to not having their evidence collected, they lose out on the opportunity to participate in the criminal justice system. Our current system

is not victim-centered, and it places the burden on victims and survivors. We are in strong support of this bill to reduce barriers.

SARAH ADLER (Nevada Advanced Practice Nurses Association):
We are in strong support of A.B. 276. Advance practice registered nurses (APRN) are primary care providers who are accessible throughout Nevada. They may very well be the providers who are available to victims in rural areas. Those victims will be able to receive the examination quicker as a result of this bill allowing an APRN to receive appropriate direction from the hub nurse.

BETH SCHMIDT (Las Vegas Metropolitan Police Department):
We think this is a great bill. In Clark County, we use the services at the University Medical Center, and we are privileged to be able to do that. This bill will help our folks out in the rural areas. We strongly support this bill and thank the Assemblywoman for bringing it forward.

CHAIR SPEARMAN:
In 2019, we passed a bill regarding sex trafficking, and it included a whole lot of things about sexual assault. One of the things that the bill required was some type of continuity between law enforcement getting involved and the victim's road to recovery. Are these victims eligible to receive help from the Victims of Crime Act (VOCA) of 1984?

MS. ORTENBURGER:
From the guidelines we received, sex trafficking is considered the same as sexual assault. It is paid rape. A survivor of sex trafficking is eligible for a SANE exam if they choose. Clark County's resources are different from those available in the rural areas. In Clark County, we step in and provide a continuity of care through recovery. In the rural environments, a resource like SafeNest may not be available. A sex trafficked victim in, say, Pahrump may not have access to a SANE exam. They would have to come to Clark County for that. Our rural communities have a gap in care for survivors, both sexual assault and trafficking survivors.

CHAIR SPEARMAN:
Do they need a SANE exam to be eligible for VOCA?

MS. ORTENBURGER:
I am not familiar with VOCA, but we do have the Victims of Crime Compensation Fund (VCCF). The VCCF requires some connection with law enforcement. It is not required that the survivor file a police report, but there is some overlap. I should note that before the COVID-19 pandemic, the VCCF had $12 million to $15 million, and it is down to $1.2 million today. Those funds are rapidly running out. For this reason, what a victim is eligible for and what they can receive may also start to shift.

CHAIR SPEARMAN:
Is there any connection between State and federal funding for victims of crime?

MS. ORTENBURGER:
There are several different ways funding for victims of crime comes into the State. One is the federal funding pot, which is distributed to agencies like SafeNest. Metro receives some for the work we do in this area. The VCCF is funded at the State level through court fees and some federal disbursements. But again, that fund is dwindling to zero quickly.

CHAIR SPEARMAN:
That is another reason why we need this bill. If you do not have the option to have a SANE exam, a lot of the other pieces that might be available to the victim are not available.

MS. ORTENBURGER:
Let me clarify. The victim is eligible. The SANE exam gives them the opportunity to pursue justice against their abuser. They can pursue justice without the SANE exam, but it becomes much more problematic.

Access is not just a problem for rural clients. As I mentioned, there were almost 1,300 rapes in Clark County with just one forensic examiner. We are not resourced appropriately as a State in every community. There are just different obstacles to receiving that exam. Let us not forget about our tourist population, who may or may not stay here for an exam because it would take a lot of time.

ASSEMBLYWOMAN DURAN:
Thank you for the opportunity for allowing me to present A.B. 276. This is one more measure to bring quality health care to our State and to the victims that are out there.

CHAIR SPEARMAN:
I will close the hearing on A.B. 276. Is there any public comment? Hearing none, we are adjourned at 9:12 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
A.B. 276	C	13	Liz Ortenburger / SafeNest	Rape Charges in Nevada