

**MINUTES OF THE  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-second Session  
June 2, 2023**

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:23 p.m. on Friday, June 2, 2023, in Room 1214 of the Legislative Building, Carson City, 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 Fabian Doñate, Chair  
Senator Rochelle T. Nguyen, Vice Chair  
Senator Roberta Lange  
Senator Robin L. Titus  
Senator Jeff Stone

**GUEST LEGISLATORS PRESENT:**

Assemblyman David Orentlicher, Assembly District No. 20

**STAFF MEMBERS PRESENT:**

Destini Cooper, Policy Analyst  
Eric Robbins, Counsel  
Norma Mallett, Committee Secretary

**OTHERS PRESENT:**

Elyse Monroy-Marsala, Nevada Public Health Association  
Joelle Gutman-Dodson, Washoe County Health District  
Elizabeth MacMenamin, Retail Association of Nevada  
Jimmy Lau, Dignity Health–St. Rose Dominican  
Kaylynn Bowman, President, Nevada Pharmacy Alliance  
Amy Hale, PharmD  
Randy Soltero, Soltero Strategies  
Kyle Devine, Deputy Administrator, Division of Public and Behavioral Health,  
Nevada Department of Health and Human Services  
Susie Martinez, Nevada State AFL-CIO

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Marc Ellis, President, Communication Workers of America, Local 9413  
Kent Ervin, Nevada Faculty Alliance  
Joan Hall, Nevada Rural Hospital Partners  
Ovida McGuiness, Nevada Health Care Association  
Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Division of  
Public and Behavioral Health, Nevada Department of Health and Human  
Services  
Marlene Lockard, Service Employees International Union, Local 1107  
Chris Nielsen, National Nurses United  
Liz Sorenson, Nevada State AFL-CIO  
Russ James, Nevada State AFL-CIO  
Dionne Klug, United Food and Commercial Workers Union, Local 711  
Edward Goodrich

CHAIR DOÑATE:

We have three bills today. I will open the hearing on Assembly Bill (A.B.) 156.

**ASSEMBLY BILL 156 (1st Reprint)**: Revises provisions relating to substance use disorders. (BDR 40-331)

ASSEMBLYMAN DAVID ORENTLICHER (Assembly District No. 20):

This bill is designed to improve access to treatment for persons with substance use disorder as shown on page 1 of my presentation ([Exhibit C](#)). As you may have heard, more than 100,000 Americans die each year from overdoses. While there are treatments available to address substance disorders, many people do not receive them. According to a recent article, only about a quarter of people who would benefit from medications designed to address substance disorders receive them. This bill provides several paths to improve access to treatment.

I will go through the provisions of the bill. The first one is to address acute overdoses by creating a bulk purchasing fund for the State for naloxone, an opioid antagonist. When we are purchasing naloxone and other antagonists to reverse overdoses, we can do it more cheaply. The second provision is that when we spend public funds to treat alcohol or other substance use disorders, the State Board of Health will have the authority to expand the priority list. The federal government already says you must prioritize pregnant injecting drug users, pregnant substance abusers and injecting drug users. If we want to expand that priority list, we are giving the State Board of Health the authority to hopefully reach everybody.

One of the major provisions is that once someone is diagnosed with an opioid use disorder, healthcare practitioners will have to inform the patient about the availability of medication to treat it. If the patient wants a prescription for medication-assisted treatment, either offer the prescription or refer to a practitioner who can prescribe if they do not have prescription authority. There are several provisions repeating this because there are different kinds of practitioners. We want to apply it to physicians, physician assistants, advanced practice and registered nurses to ensure that once somebody is identified as having a substance use disorder, they get a prescription for medication.

Not everybody has a healthcare practitioner, but they still may need treatment. The next provisions allow for specially trained pharmacists to diagnose substance abuse disorders and to prescribe medication-assisted treatment, as we already do for HIV prophylaxis. Health insurers including Medicaid must cover medication-assisted treatment for substance use disorder, including when prescribed by pharmacists.

Finally, this part may be superseded by Senate Bill (S.B.) 35.

**SENATE BILL 35 (2nd Reprint)**: Revises provisions relating to controlled substances. (BDR 40-423).

That bill is to require the Nevada Department of Corrections and local jurisdictions to study the provision of medication-assisted treatment in prisons, jails and other detention facilities because we know a substantial number of prisoners who have substance use disorders are not getting treated. But S.B. 35 calls for the provision of treatment, so that may supersede this provision.

Proposed Amendment 3773 (Exhibit D) is to ensure what we have works. For example, the State Board of Pharmacy needs conforming provisions to make sure that pharmacists can prescribe medication-assisted treatment. We removed the provisions regarding Medicaid to eliminate a fiscal note that would have prevented them from using their preferred drug list. We do not want to change that, so section 5.8 is deleted.

Treating pharmacists, like other practitioners, where you pay for the services, then you pay for the prescription may not work as well for pharmacists and pharmacies. We have heard from CVS Pharmacy they want to ensure that the State Board of Pharmacy can sort this out through regulation.

CHAIR DOÑATE:

Let me just clarify for the record. I know the Committee members have different documents. To clarify, [Exhibit D](#) is the Proposed Amendment 3773 submitted by Assemblyman Orentlicher. As he mentioned, there are provisions of the bill that he has stricken, specifically section 5.8. He has reflected on the concerns of Medicaid and others on the Proposed Amendment 3773. The next amendment ([Exhibit E](#)) was submitted by the State Board of Pharmacy. It is my understanding from our legal counsel that those amendments are already reflected in [Exhibit D](#). Another proposed amendment ([Exhibit F](#)) was submitted by the Nevada Association of Health Plans.

SENATOR TITUS:

Thank you for bringing this forward. I understand the opioid crisis is real and combating it is good. We recently addressed the concern with the corporate practice of medicine. Are there any independent pharmacists anymore? Is it not true that pharmacists work for pharmacies or big industries, yet we are permitting them to provide diagnosis and treatment for which we pay them? How does that work?

ASSEMBLYMAN ORENTLICHER:

That issue has been raised, and that is why we have the amendment to deal with the reimbursement. The goal of this is not to allow pharmacists to set up independent practices. If you are experiencing a substance use disorder and do not have an existing relationship with a physician or nurse, you can visit a local CVS Pharmacy or another pharmacy. There, a pharmacist can provide you with a wealth of medical information to add to your toolbox like the information provided for HIV prophylaxis or contraceptives. The pharmacist can conduct an assessment and prescribe treatment accordingly.

SENATOR TITUS:

Just to be clear, pharmacists can dispense, but this would require a diagnosis of opioid disorder. So, they are making a diagnosis and then they are treating. Certainly, pharmacists can give injections and training and know if Coumadin levels are correct. But they did not make the diagnosis of deep vein thrombosis before they gave the person Coumadin. This is a little different than that. I am curious to know if making these diagnoses is a current practice nationwide.

ASSEMBLYMAN ORENTLICHER:

The 40 states allow this if they have a collaborative practice agreement with a physician. These are specially trained pharmacists; it is not just any pharmacist. There are about ten states that do this without the collaborative practice agreement.

SENATOR STONE:

I appreciate your vision because what we are seeing is the evolution of our healthcare system. I appreciate that legislators are finally recognizing the utility and value of the education that pharmacists have, commonly referred to as the most educated underutilized healthcare professional. There is no question that opiate addiction is an epidemic in this Country. The advantage to expanding the assistance of a pharmacist, like you would a physician or nurse practitioner, is the 24/7 availability.

A lot of people do not know this, but the Gallup company rates the most trusted profession every single year. It is interesting to note that the pharmacy profession comes in No. 1 every single year, even above the clergy. People really trust their pharmacists, and they trust their physicians as well. There is the accessibility with pharmacists who are specially trained, do residencies, get special education and work with the collaborative agreement with a physician. It does not take a lot of ingenuity to make a diagnosis that somebody has an opiate problem. It is a one-stop shop. This is like a bill I brought forward with Senator Melanie Scheible that allows a pharmacist to prescribe oral contraceptives, get paid for that service, and then get paid a dispensing fee for two different services. To answer my colleague's concern, she is right that we have seen the corporate takeover of pharmacies. Unfortunately, there are few independent pharmacies left, but there are some.

The point I am making is that I do not see a pharmacist hanging a sign saying we are an opiate professional adviser. Please come in, we are going to diagnose you and give you prescriptions for methadone or whatever. This will primarily focus on clinics that employ pharmacists, while also preparing these pharmacies to serve as a convenient one-stop shop. If you could please comment on that.

ASSEMBLYMAN ORENTLICHER:

That is exactly right as you describe it.

ELYSE MONROY-MARSALA (Nevada Public Health Association):

We support A.B. 156. We support the bulk purchasing provisions exempting the naloxone purchasing from the bureaucratic requirement of State budgeting. It is something that must happen. Nevada relies on categorical grant funds from the federal government to support all its public health initiatives. The current budgeting requirements to administer dollars create significant delays in getting funds flowing to support sports programs at the State and local levels.

We at Nevada Public Health Association hope to see the Legislature support funding for unrestricted public health programming, but in the meantime, we also support taking these steps to make sure that public health programming is nimble. We urge your support of this bill.

JOELLE GUTMAN-DODSON (Washoe County Health District):

We support this bill and support any sort of access to substance abuse treatment and prevention.

ELIZABETH MACMENAMIN (Retail Association of Nevada):

We support the direction that this bill is going. Pharmacists bring more access to health care for the patients in Nevada.

JIMMY LAU (Dignity Health–St. Rose Dominican):

We support A.B. 156.

KAYLYNN BOWMAN (President, Nevada Pharmacy Alliance):

We support A.B. 156. We are committed to ensuring the safe and effective use of these medications and working collaboratively with other healthcare providers to provide for the individuals who need this help.

AMY HALE, PHARM.D:

I strongly support A.B. 156. We do have several pharmacists in the State who work outside of retail settings, such as in ambulatory clinics. Pharmacists are doctorate-level educated medical professionals while practitioners and physician assistants are not. This bill requires us to have further specialty training. The passage of this bill would allow pharmacists to support patients at a higher level in independent clinics or in continued conjunction with providers and expand access to care for the people of the State.

CHAIR DOÑATE:

I am going to close the hearing on A.B. 156. Our legal counsel and I will meet with the folks on one of the conceptual amendments. We will work to get something to you all that looks like a proper work session document. If you have any advice on what you would like reflected on the work session document, please communicate that to us. We will have to address a few technical errors outside of this Committee.

I will open the hearing on A.B. 281.

**ASSEMBLY BILL 281 (1st Reprint)**: Revises provisions governing senior living facilities. (BDR 40-457)

RANDY SOLTERO (Soltero Strategies):

I am presenting A.B. 281. In the 2021 Session, we passed a bill that provided for clean air standards in Nevada schools. Clark County School District used the federal funds that were available to provide the retrofit of those schools at no cost to the school district. It also helped several schools throughout the rural part of the State.

I had a gentleman call me from Lander County because they had a school that used these funds to put an entire ventilation system into their school, which they did not have before. They now have clean air standards. Assembly Bill 281 aims to enhance the existing program by extending its coverage to senior living facilities Statewide. This will effectively improve air quality in such facilities and help them maintain it in the long run. Since the pandemic, the air in these different facilities is sometimes not as good as it should be. During our bill presentation, Dr. Kent Ervin of the Nevada Faculty Alliance monitored the Assembly Room and determined that the level of clean air was unacceptable.

The first parts of the bill are mostly definitions of what kind of standards this bill would cover as far as retrofitting a facility to make it a clean air facility. It is more than just buying and installing better filters. It is retrofitting a facility to make it a clean air facility. What this applies to are senior living facilities. In the bill, section 7 says senior living facilities mean any facility that receives any federal funding from Medicare, Medicaid or other federal healthcare programs. This bill is limited to facilities that deal with Medicare or Medicaid patients or residents. Section 10 is crucial, and the administrative team responsible for the senior living facility must ensure that the ventilation system is fully functional,

tested, adjusted and repaired or replaced if necessary or cost-effective if funds are available. There is substantial funding available for this program, sourced from leftover infrastructure funds intended for improving indoor air quality. These funds were originally designated for schools but can now be used for senior facilities as well. We have a department that can assist in applying for those funds, and they are ready and willing to help any facility that would like to do this.

CHAIR DOÑATE:

I have asked that a conceptual amendment be submitted on my behalf for the provisions of this bill to apply only to populations of 100,000 and more. That would reduce it to just Clark and Washoe Counties.

MR. SOLTERO:

Earlier, I had a conversation with some individuals regarding this matter. They expressed satisfaction after hearing about our decision to accept the amendment which ensures that rural counties are not obligated to participate in the program. However, if they choose to do so, they may participate. Also, the original language in the bill made an amendment for nonprofits as well.

SENATOR NGUYEN:

You mentioned there are potential funds out there to do this with the amendment and the population cap. If rural communities or nonprofits opt to pursue these conversions, would they still qualify for the funds available?

MR. SOLTERO:

Yes, any facility that wants to apply for those funds is eligible, as the funds are available. Those funds are not going to last forever. They are going to run out and when they do, this program will sunset. Any facility that wants a program can apply for these funds. It would cover the entire cost of the retrofit.

SENATOR TITUS:

It is my understanding that after you testified on the Assembly side, there was some research and deep dives into the funding sources you mentioned, and they do not exist. I am questioning where we can find other documentation because certainly hospital facilities looked at what you referred to and your analogy to the schools. Yes, that happened in schools, but those COVID-19 funds no longer exist. The funds you say are available are not available. If there are no



funds available, then this bill is a moot point because you just said that this would sunset when no funds were available. Is that written in the bill?

ERIC ROBBINS (Counsel):

Section 23 of this bill says this act becomes effective upon passage and approval and expires by limitation on the date on which the Director of the Legislative Counsel Bureau receives notice of a determination by the Administrator of the Division of Public and Behavioral Health (DPBH) of the Nevada Department of Health and Human Resources that there is insufficient federal money available to facilitate the compliance of senior living facilities with the provisions of this act.

SENATOR TITUS:

So, if it is going to be the obligation of DPBH to let us know, do we have a statement from them now that says there are indeed current funds available?

MR. ROBBINS:

I have not communicated with them about that, so I do not really know what they would say. Are they here?

KYLE DEVINE (Deputy Administrator, Division of Public and Behavioral Health, Nevada Department of Health and Human Services):

When we first saw this bill, we did a quick search to see if we could identify funds. We are not currently aware of any funds. However, I have discussed this with our administrator, and we are willing to continue looking for those funds throughout this next year.

SENATOR TITUS:

So, you have looked so far and there are no funds that you are aware of, but you are committed to keep looking for funds?

MR. DEVINE:

Yes, for a reasonable period, we will continue looking for those funds and at a time when we believe they are exhausted, we will provide the report to the Legislative Counsel Bureau.

SENATOR TITUS:

Then I would say that we hold off on this bill until we can document it at such time when funds are available.

SENATOR NGUYEN:

If we have this enabling language and funds do become available, then we would be able to use them, is that correct?

MR. DEVINE:

Yes, if they become available and we have not yet notified the Legislature that they are not available, we would allow those funds to still be available.

CHAIR DOÑATE:

I want to clarify that based on section 23, the bill says if the money is available, then these are the procedures that they would follow.

MR. ROBBINS:

It is the provision from section 10 that says to the extent that money is available, the administrator of a senior living facility shall ensure that the senior living facility is equipped with a functional ventilation system in accordance with the provisions of this act. If there is no money available for them to do so, the obligations of this bill do not apply.

SENATOR STONE:

It sounds like they have not been successful so far. Assuming that there are federal funds available, will these long-term facilities be required to do these heating, ventilation and air conditioning (HVAC) upgrades?

MR. SOLTERO:

The language in the bill does say "shall." The amendment is to put a population cap where it would only include counties that are over 100,000. It would eliminate rural counties.

SENATOR STONE:

If federal funding is available, counties with a population of 100,000 or more shall be obligated to do these HVAC improvements.

MR. SOLTERO:

Yes.

SENATOR STONE:

Our long-term facilities are only required to follow the procedures contained in this bill if they use federal funding specifically set aside for HVAC systems.

MR. SOLTERO:

Yes. The provisions in the bill describe a way that would be properly done using federal standards to ensure that there was a clean air environment in those facilities like what we did with the schools. Again, as I said in the beginning, it is not just putting in good air filters. They must go through and use the proper equipment to ensure there is safe and clean air in those facilities.

SENATOR STONE:

Are any federal clean air standards required for such facilities that would preempt the necessity of this bill?

MR. SOLTERO:

We are not aware of any provisions that would preempt this, but we did use the federal standards in setting the guidelines for this clean air bill.

SENATOR NGUYEN:

To clarify, this is just enabling language. Sometimes, we do not have that language in there and so we are not able to capture and spend federal dollars that may become available to either convert or upgrade or put in some of these things. This bill just allows for that, is that correct?

MR. SOLTERO:

Yes, that is correct.

SUSIE MARTINEZ (Nevada State AFL-CIO):

On behalf of over 150,000 union members and 120 unions, we are in full support of this bill.

MARC ELLIS (President, Communication Workers of America, Local 9413):

On behalf of our retirees, ditto.

KENT ERVIN (Nevada Faculty Alliance):

We support this bill. Indoor air quality is important. Carbon dioxide monitoring is so important for respiratory viruses and indoor air quality.

JOAN HALL (Nevada Rural Hospital Partners):

We are opposed to the bill as written because the personnel specified are not readily available in rural areas, and our research has not found any funding

opportunities either in the energy area or federal dollars. However, if the amendment were to pass, we could go to neutral.

OVIDA MCGUINNESS (Nevada Health Care Association):

I hold a residential facility administrator's license. My biggest concern is that even in populations over 100,000, we must consider those Medicaid waiver beds and what this will do to them if it is required. As it is, they are receiving \$900 a month to care for these patients, and they are barely making it. I say proceed with caution when they "shall" do it.

CHAIR DOÑATE:

I will close the hearing on A.B. 281. Again, I have an amendment to put a population cap on counties of 100,000 people or more. I will entertain a motion.

SENATOR NGUYEN MOVED TO AMEND AND DO PASS AS AMENDED  
A.B. 281.

SENATOR LANGE SECONDED THE MOTION.

SENATOR TITUS:

I will be a no on this. We truly have the cart before the horse here. According to the Centers for Medicaid and Medicare Services regulations, it is not advisable to include the use of these items in State regulations for medical facilities that cater to Medicare patients. They will have the option to apply for these funds if they become available. Putting this in the *Nevada Revised Statutes* is not appropriate, so I will be a no vote.

THE MOTION CARRIED. (SENATORS STONE AND TITUS VOTED NO.)

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CHAIR DOÑATE:

We will open the hearing on our last bill, A.B. 460.

**ASSEMBLY BILL 460 (1st Reprint)**: Revises provisions relating to nursing pools.  
(BDR 40-1070)

PAUL SHUBERT (Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Nevada Department of Health and Human Services):

Assembly Bill 460 is a State agency-sponsored bill. This bill was generated with the following intent to revise the definition of the nursing pool. It would only include a person or agency that provides, through its employees or by contractual arrangement, infusion therapy or private duty nursing services to a natural person. The revision exempts from that definition a nursing pool providing staff for a medical facility or facility for the dependent.

This bill clarifies that licensed private employment agencies and licensed professional employer organizations are exempt from licensure and regulation as a nursing pool. It revises outdated licensure categories to better reflect current times. The bill also eliminates the licensure burden to staffing agencies that provide staff for medical facilities or facilities for dependents. The revision recognizes contract nurses working in a medical facility or facility for the dependent would be subject to applicable statutes and regulations governing the facilities themselves, and licensed nurses are subject to the statutes and regulations governing nursing practice under the oversight of the State Board of Nursing.

MS. HALL:

Nevada Rural Hospital Partners is in support of this bill. Currently, hospitals using a nursing pool must guarantee that that pool is licensed in Nevada, so it is a multistep process for them. Sometimes, it is difficult to find that list. I know it is supposed to be easy, but it is not. We could be hiring people from a pool not licensed in Nevada. The nurses are licensed but not the pool. So, we are in support.

MARLENE LOCKARD (Service Employees International Union, Local 1107):

We oppose A.B. 460 for several reasons. We would like to put on the record that the development of gig or Uber-type nursing pools where healthcare facilities hire nurses on a temporary on-demand basis may seem appealing. It is important to critically evaluate the potential negative consequences associated with gig nursing pools.

One of the fundamental principles of health care is the establishment of a strong patient-nurse relationship based on trust and continuity of care. Licensing and regulations ensure that nursing pool providers adhere to standardized guidelines

and protocols, maintain appropriate staffing ratios and undergo regular inspections to ensure compliance with quality standards. These measures safeguard patients against potential negligence, abuse and other forms of malpractice. Removing these protections would leave patients exposed to unacceptable risks, undermining the public's trust in our healthcare system.

Licensing and regulation contribute to the professionalism of the nursing workforce. They promote ongoing education, training and certification requirements which are vital for maintaining and improving the skills and knowledge of nursing professionals. By exempting certain providers from these requirements, we risk creating a two-tiered system in which the quality of care provided by licensed and unlicensed providers differ significantly, further exacerbating health disparities and inequality.

I understand the argument that excessive regulations can stifle innovation and hinder the growth of nursing pool providers. However, we must strike a balance between regulatory oversight and fostering innovation. Instead of excluding providers from licensing and regulation entirely, we should focus on creating a more streamlined and efficient regulatory framework that encourages innovation while upholding patient safety and quality care.

I urge you to reject this bill that seeks to exclude certain nursing pool providers from licensing and regulation. Patient safety should always be our top priority, and any attempt to weaken the oversight of nursing pool providers undermines the integrity of our healthcare system.

SENATOR TITUS:

The people that have these nursing pools are a supplier, not a provider. The nursing pool itself supplies the nurses who work in facilities that are regulated, and it is up to the facilities to ensure that they follow those regulations. Could you clarify how the pool operates? It seems to function more like an employment agency, providing nurses as a product for facilities that must adhere to specific regulations rather than offering direct care services.

CHAIR DOÑATE:

I had a question that I have been discussing with various individuals and stakeholders over the past two days. Just to clarify, I held off on sharing the information given to me by the Senate Committee on Finance until after I presented the reasoning behind the bill. From what I gather, the reason for this

bill being presented to us is due to the presence of third-party groups and entities that function as employment agencies. There is this gray area as to what the Department can and cannot enforce.

If the organization is employing these individuals as a facility would, the DPBH will enforce regulations, impose administrative penalties and revoke their license if necessary. However, since this organization does not employ them for this matchmaking service, the concern arises about the appropriate method of enforcement for any malicious activity they may engage in. Is it, for instance, the Labor Commissioner, the Office of the Attorney General or DPBH? And, if it is, how do you enforce a law or a license if they do not have a direct presence in this State? You start to fall into employment law and this gig worker capacity.

The presenter's perspective was that their policy initiative suggested exempting these types of organizations from this bill, as it may be a simpler solution. That is my understanding as to the rationale. But of course, by doing that, you still have this gray area of what this entity is, and other states are falling into the same dilemma policy-wise as to how we look at this term "gig nursing."

MS. LOCKARD:

I would add that the bill states "infusion or private duty nursing services to any natural person." That does not mean that the person getting care would always be in a facility or a hospital or a nursing home. If they are not, they are not supervised by professional medical care, and a staffing gig agency is not equipped to supervise nurses in our view.

MS. MARTINEZ:

Nevada State AFL-CIO opposes A.B. 460 for the exact same sentiments as the previous speaker.

MR. ELLIS:

On behalf of our 700 St. Mary's Hospital employees, we oppose this bill.

CHRIS NIELSEN (National Nurses United):

We represent over 3,000 nurses in Nevada and strongly oppose A.B. 460. We believe this bill would degrade the quality of care patients receive and put them at risk. It would erode nurses' job quality and open the door to unregulated gig platforms that would deprive registered nurses of essential protections. Nursing

platforms like CareRev, for example, a supporter of this bill, take a page out of the Uber and Lyft playbook whose business models depend on misclassifying workers as independent contractors, depriving them of benefits and work law protections granted to regular employees. Assembly Bill 460 would also lift requirements that staffing platform agencies verify nurses' qualifications and competencies, which would fall to the contract medical facilities.

Our union has heard from nurses across the Country that this often fails to happen, and gig nurses supplied through these agencies are frequently unprepared and unqualified for the work for which they are contracted. This leads to delays in care and will only exacerbate the staffing crisis. We respectfully urge you to vote no.

LIZ SORENSON (Nevada State AFL-CIO):  
We strongly oppose A.B. 460.

RUSS JAMES (Nevada State AFL-CIO):  
I am a longtime member of the International Union of Painters and Allied Trades and in strong opposition to A.B. 460.

DIONNE KLUG (United Food and Commercial Workers Union, Local 711):  
We strongly oppose A.B. 460.

EDWARD GOODRICH:  
I am a victim of medical malpractice. I take a personal interest in this type of legislation. Throughout the Session, I have heard repeatedly the goal of this Legislature to increase employment and the quality of living for Nevadans. I do not see A.B. 460 doing that. This bill seeks to undermine the quality of the nursing program at the Orvis School of Nursing, University of Nevada, Reno (UNR). It does this by encouraging the lowest common economic denominator for nursing pools. The language presented in section 1, subsection 2, paragraphs (f) and (g) addresses only the licensing of an employment agency with the Labor Commissioner and ensures nothing concerning the quality of the professional referred by an agency.

It has nothing to do with the quality of professionalism or even licensing for the profession. A licensed nurse referred by an agency could hold a license from a questionable licensing jurisdiction not necessarily in the United States. This type of legislation will cause the graduates of the Orvis School of Nursing at UNR to



flee the State. Does the Committee want to do that? I strongly oppose A.B. 460 and encourage the Committee to vote it down.

MR. SHUBERT:

As the Chair indicated, gig platforms already exist, and we do not have the ability to regulate them. This legislation does not remove any authority for regulating those entities right now. Likewise, it does retain the requirement for infusion therapy and private duty nursing services to be licensed so long as those services are being provided to a natural person. Finally, the requirements for healthcare facilities remain the same, and we would still be regulating those facilities regarding their nursing services. The State Board of Nursing would still be regulating the nursing professionals regarding the Nevada Nurse Practice Act.

CHAIR DOÑATE:

Assembly Bill 460 is a budget implementation bill. I want to put the remarks I received from fiscal staff on the record regarding DPBH's Health Care Facilities Regulations Budget Account 101-3216. The money committees approved Decision Unit E-225 in this budget which reduced Health Facility License and Fee revenue authority totaling \$343,048 and a corresponding decrease in reserves over the 2023-2025 biennium due to the change to the definition of the nursing pool. This bill would reduce the entities identified as nursing pools, which means fewer entities would pay a licensing fee to DPBH. However, since there is no money in the bill and it just seeks a policy change to conform with the budget closing decision, it is up to our Committee to decide whether the bill proceeds forward.

Having said that, if A.B. 460 does not pass, it would mean that DPBH will continue to collect the revenue. There are questions of this policy sector that remain outlying. Given the timeline we have within the Legislative Session, it is not appropriate to move forward with this bill. Gig nursing is a new upcoming sector throughout the Nation. There are a lot of discussions to be had in the Interim for this capacity. There is potential to explore this as other states have, but a lot of issues are coming in with lawsuits across the coast.

We will close the bill hearing on A.B. 460.

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CHAIR DOÑATE:

Hearing no further business, the Senate Committee on Health and Human Services is adjourned at 4:28 p.m.

RESPECTFULLY SUBMITTED:

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Norma Mallett,  
Committee Secretary

APPROVED BY:

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Senator Fabian Doñate, Chair

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

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Introduced on Minute Report Page No.</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
	B	1		Attendance Roster
A.B. 156	C	2	Assemblyman David Orentlicher	Presentation
A.B. 156	D	3	Assemblyman David Orentlicher	Proposed Amendment 3773
A.B. 156	E	4	Nevada State Board of Pharmacy	Conceptual Amendment
A.B. 156	F	4	Nevada Association of Health Plans	Proposed Amendment