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

Eighty-Third Session
March 19, 2025

The Committee on Commerce and Labor was called to order by Chair Elaine H. Marzola at 1:36 p.m. on Wednesday, March 19, 2025, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 1 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/83rd2025.

COMMITTEE MEMBERS PRESENT:

Assemblymember Elaine H. Marzola, Chair
Assemblymember Sandra Jauregui, Vice Chair
Assemblymember Natha C. Anderson
Assemblymember Max E. Carter II
Assemblymember Lisa K. Cole
Assemblymember Melissa R. Hardy
Assemblymember Heidi Kasama
Assemblymember Brittney M. Miller
Assemblymember Daniele Monroe-Moreno
Assemblymember PK O'Neill
Assemblymember Erica P. Roth
Assemblymember Selena Torres-Fossett
Assemblymember Steve Yeager
Assemblymember Toby Yurek

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblymember Rebecca Edgeworth, Assembly District No. 35
Assemblymember Brian Hibbetts, Assembly District No. 13
Assemblymember Cinthia Zermeño Moore, Assembly District No. 11
Assemblymember Duy Nguyen, Assembly District No. 8

STAFF MEMBERS PRESENT:

Marjorie Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Daniel Peinado, Committee Counsel
Logan B. Service, Committee Manager
Julie Axelson, Committee Secretary
George Whalen, Committee Assistant

OTHERS PRESENT:

Pearl Ma, M.D., President, American Society for Metabolic and Bariatric Surgery, California and Nevada Chapter
Chris Gallagher, Federal Policy Consultant, Obesity Action Coalition; and Policy Consultant, American Society for Metabolic and Bariatric Surgery
Morgan Pomeranz, M.D., Medical Director, Bariatric Surgery Program, Dignity Health-St. Rose Dominican, San Martín Campus, Las Vegas, Nevada
Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association
Allison Herzik, Director of Government Relations, Dignity Health-St. Rose Dominican, Siena Campus, Henderson, Nevada
Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada; and representing Las Vegas Firefighters Health and Welfare Trust
John Abel, Director, Governmental Affairs, Las Vegas Police Protective Association; and representing Las Vegas Metropolitan Police Department Employee Health and Welfare Trust
Troyce Krumme, Chairman, Las Vegas Metro Police Managers and Supervisors Association; and Vice Chairman, Las Vegas Metropolitan Police Department Employee Health and Welfare Trust
Ashley Garza Kennedy, Principal Management Analyst, Government Affairs, Department of Administrative Services, Clark County
Adam Plain, Insurance Regulation Liaison, Division of Insurance, Department of Business and Industry
Shelly Capurro, representing Nevada Association of Health Plans
Teagan Clark, Private Citizen, North Las Vegas, Nevada
Karissa Murdoch, Private Citizen, Las Vegas, Nevada
Elliot Malin, Private Citizen, Reno, Nevada
Kaylah Maese, Civil Rights Analyst, American Civil Liberties Union of Nevada
Teresa Benitez-Thompson, Private Citizen, Reno, Nevada
Maria Teresa Hank, Private Citizen, Las Vegas, Nevada
William Horne, representing Goodwill of Southern Nevada
Wesley Harper, Director, Government Affairs, City of North Las Vegas
Matt Nighswonger, Private Citizen, Las Vegas, Nevada
Erik Van Houten, Assistant Principal and Government Teacher, Equipo Academy, Las Vegas, Nevada
Christian Solomon, West Regional Director, RISE

Ashley Dodson, representing National Association for the Advancement of Colored People, Las Vegas Chapter 1111
Peter Saba, Government Affairs Senior Manager, Nevada Restaurant Association
Chandler Cooks, Private Citizen, Las Vegas, Nevada
Ricardo Villalobos, Ph.D., Chief Programs Officer, Workforce Connections
Jake McClelland, Chief Executive Officer, Innovative Workforce Projects
Reagan Hart, Government Relations Coordinator, Nevada Hospital Association
Annie Vong, representing Nevada Primary Care Association

Chair Marzola:
[Roll was called and Committee rules and protocol were reviewed.] Welcome to everyone who is here with us in Carson City, in Las Vegas, and those listening over the Internet today. I do realize our agenda stated we had four bills today, but we will not be hearing Assembly Bill 170. We have Assembly Bill 215, Assembly Bill 399, and Assembly Bill 413. I will not be taking those in order. We will also conduct a work session to take action on measures the Committee has heard in previous meetings. I do plan on holding the work session at the very end. With that, we will move to our first Assembly bill. I will now open the hearing on Assembly Bill 399. This measure requires certain health insurance to cover certain health care related to obesity.

Assembly Bill 399: Requires certain health insurance to cover certain health care related to severe obesity. (BDR 57-657)

Assemblymember Rebecca Edgeworth, Assembly District No. 35:
I am the sponsor of Assembly Bill 399, and it is requiring that certain health insurance policies include coverage to treat and care for diseases and conditions caused by severe obesity through bariatric surgery. I am pleased to introduce my copresenter who is hopefully on the screen behind me. Dr. Ma is there in Las Vegas. She is going to come and sit at the seat. I am going to do a mini-introduction and then she is going to give background information. We also have Mr. Chris Gallagher on Zoom and Dr. Morgan Pomeranz, who will be available for questions.

Briefly, according to the National Institutes of Health, obesity is one of the most challenging public health problems we have in the United States. It is a significant health crisis affecting more than 123 million people in the United States between adults, children, and adolescents. It is a very big problem. We need to take a multifaceted approach that focuses on prevention and treatment to improve the health and well-being of individuals who have obesity. As a physician, I have seen firsthand how devastating obesity is. I am not personally a surgeon, but all of the things that come with obesity, including diabetes, hypertension, heart disease, disability, and premature death, are all things that can occur because of obesity.

Obesity does not have an easy fix. Not every solution is good for every patient. Bariatric surgery is one option that has been tested over time and found to be highly effective. It is never the first option that is given to people. There are lots of things that need to be done before that would happen, but it is very effective and should be available to patients who are

severely obese and who would benefit. Additionally, it is a very cost-effective solution because a lot of the data shows, after successful bariatric surgery, it reduces diseases like diabetes and heart disease. People live healthier, more productive lives.

Now I will allow Dr. Pearl Ma to introduce herself and give us some background information. There is a slide deck we provided that has been uploaded to Nevada Electronic Legislative Information System (NELIS) [Exhibit C].

Pearl Ma, M.D., President, American Society for Metabolic and Bariatric Surgery, California and Nevada Chapter:
I represent over 175 bariatric surgeons. I also serve on the board of directors for the national American Society for Metabolic and Bariatric Surgery (ASMBS) organization, representing thousands of bariatric surgeons nationwide. I would like to take a quick moment to thank Dr. Edgeworth for setting that up regarding obesity. To put it in layman's terms, obesity is a complex, multifactorial, very serious, relapsing chronic disease. It causes a state of chronic inflammation, which is why it is associated with so many diseases—more than 40 other diseases, including type 2 diabetes, heart disease, fatty liver, as well as 13 other types of cancers. It is associated with one in five deaths in the U.S. as well.

The economic burden is quite large. It is up to $147 billion per year. Looking at Nevada, specifically, Nevada currently has the thirty-sixth highest obesity rate in the country, with more than 30 percent of the population living with the disease and another 36 percent who are overweight. Altogether, that is about 66 percent of people living in Nevada who experience overweight or obesity. This legislation is a very important first step to ensuring we have adequate treatment for all patients, especially in Nevada.

With obesity, you can see that it is linked with a lot of medical issues. When we are able to treat that using a multimodal approach, including bariatric surgery, we are able to reduce the patient's risk of premature death by 30 to 50 percent or so. In addition, we can cause a lot of medical issues to go into remission, such as type 2 diabetes with a 92 percent remission rate, which is amazing; and other things like dyslipidemia or high cholesterol with 76 percent; sleep apnea with a 96 percent remission rate; hypertension with 75 percent; and cardiovascular disease with 58 percent. On average, people who undergo metabolic and bariatric surgery are able to maintain 60 percent excess weight loss at 6 months after surgery and 77 percent of excess weight loss at 12 months after surgery. With that weight loss, they are able to decrease their inflammatory load and therefore have other medical diseases go into remission.

We know metabolic and bariatric surgery is the most effective and long-lasting treatment for severe obesity. This has been studied in comparison with diabetes studies, looking at medical treatment as well as intense diet and exercise. We know metabolic surgery can cause these diseases to go into remission much more so than just diet and exercise alone.

We have to understand that bariatric surgery is actually very safe. When we look at the actual risk of death from doing the surgery itself, it is about 0.1 percent risk of death, and overall likelihood of major complications is about 4 percent. Overall, that is safer than other commonly performed surgeries such as getting a knee replacement. Bariatric surgery, gastric bypass, or a gastric sleeve is safer than getting a knee replacement or even getting a gallbladder surgery done or an appendectomy.

With that, the average cost of bariatric surgery ranges from about $17,000 to $26,000. Because we reduce or eliminate a lot of obesity-related conditions, that leads to a third-party payer recovering bariatric surgery costs within two to four years, and the health care costs are then reduced by 29 percent within five years of bariatric surgery [page 2, Exhibit C].

I hope I can impart the importance of being able to do bariatric and metabolic surgery and allowing this for all of our patients in Nevada. Multiple medical associations agree this is within the treatment arm of severe obesity, not just diet and exercise as well as medications. The surgery is the most effective treatment, and we hope we can provide this to all patients. About 90 percent of patients nationwide already have access to this coverage. However, Nevada is not yet quite there for this. I would hope we can bring this to the patients of Nevada.

Overall, bariatric surgery is widely covered by a strong majority of public and private health plans across the country. While many plans provide coverage, some choose to place extra hurdles in the way of patients receiving timely access to bariatric surgery. Many insurance carriers have discriminatory patient requirements despite limited or no clinical evidence to support such requirements, such as band-aid, preoperative weight loss or an undescribed number of visits with a dietitian [page 3]. If the patient had even gained a single pound, which we all can do in a day or two, or even 5 to 10 pounds in a day, they may not allow bariatric surgery coverage for that patient. These are very discriminatory things. When we think about obesity as a chronic disease, just like cancer or diabetes, then we have to demand these patients have access to care and treatment just as cancer gets chemotherapy as well as surgery in a multimodal approach to their disease, which can be chronic. Some patients get their surgery elsewhere, sometimes out of state. Unfortunately, some plans do not allow them to have further coverage to deal with some of the postoperative issues and lifelong treatment that needs to happen with patients with obesity, because this disease can relapse.

With this, we hope this Committee will take into consideration that it is considered ethically unacceptable and socially intolerable for these insurance carriers to impose demands that are not evidence-based before approving coverage of patients with chronic conditions or impose limitations or punitive schema after treatment is initiated. Coverage for bariatric surgery should not be discriminatory compared to any other medically necessary surgical treatment. Legislation such as A.B. 399 is an important first step toward ensuring all people of Nevada have access to evidence-based obesity treatment avenues. I will introduce Chris Gallagher, who is with Obesity Action Coalition and is our policy consultant, to introduce more of the bill.

Chris Gallagher, Federal Policy Consultant, Obesity Action Coalition; and Policy Consultant, American Society for Metabolic and Bariatric Surgery:

I will give you a quick walk-through of the highlights of A.B. 399, which would require certain public and private health policies, including Medicaid and the state employee plan, to include medically necessary treatment and care, including bariatric surgery, for diseases and conditions caused by severe obesity under certain circumstances and with certain restrictions. This would apply to individuals 18 and older with severe obesity. We define that as a body mass index (BMI) of 40 or higher, or 35 or higher with an associated complication—such things as hypertension, cardiac disease, sleep apnea, or diabetes. In addition, the bill provides for coverage of related preoperative and postoperative services including, without limitation, psychological screening and counseling, behavior modification, physical therapy, and nutritional education.

In general, this legislation aims to address discriminatory benefit plan language that some plans continue to utilize against patients seeking bariatric surgery compared to how public and private plans address prior authorization requirements for other surgical interventions. The legislation also calls for the use of clinical guidelines for the treatment of the bariatric surgery patient, such as requiring said surgery to be performed in a medical facility that holds metabolic and bariatric surgery accreditation issued by the joint program with the American College of Surgeons and the ASMBS. In terms of prior authorization requirements, the bill would allow plans to utilize a number of reasonable prior authorization requirements such as asking the surgeon for a test that the bariatric surgery is medically necessary and provided in accordance with the clinical guidelines from the ASMBS and the American College of Surgeons, and also require an insured person to successfully complete a preoperative period of not more than three months that includes services recommended by ASMBS.

I think Dr. Ma spoke to the fact that some plans have 6 months, 9 months, or 12 months of medically mandated weight loss prior to the patient being deemed worthy of having bariatric surgery. The bottom line of this bill is, it puts in some utilization management for health plans, but it also limits in terms of what a health plan can do that would not be in accordance with any other surgical intervention.

I would be happy to walk through the proposed amendments for the legislation [Exhibit D]. I am not an expert at legislative language, but in terms of qualifications, we would want to make under the section detailing conditions of providing coverage for bariatric surgery, there are seven, eight, or nine sections where you have the same language. Right now, the current language states, "An insurer may limit coverage for bariatric surgery and related preoperative and postoperative services to not more than one such surgery per lifetime." That should mean, if we are doing new language, "An insurer may not limit lifetime coverage for bariatric surgery and related preoperative and postoperative services to one procedure per lifetime." This is something health plans continue to employ. Imagine having cardiac surgery, and say you needed a stent put in, then the health plan said, That is it; you are done. You had your one cardiac procedure, so no cardiac bypass for you. In addressing cancer through surgical oncology, you can have maybe one surgery. Say if you have breast cancer and then it ends up in the other breast, you cannot have any more surgery after that. It is quite limiting.

The other amendment we have deals with section 5 under the prior authorization requirements. I believe it says, "This section does not require a policy of health insurance to include coverage for any drug that is injected to lower glucose levels or any other drug prescribed for weight loss." We think that provision should be taken out of the bill. There is no mandate under this bill that plans provide medication coverage, so we do not think it is necessary to have that in the language.

In truth, we really promote access to all obesity treatment avenues from intensive behavioral therapy, to obesity medication, to surgery. It is a chronic disease, and it is a very complex one, and patients need access to every treatment avenue. You cannot tell someone to exercise and eat right if you are having cardiac disease and then you have to wait until you are too sick to have surgery. You need options for everything. I think in this case, we understand there might be some concerns about cost of glucagon-like peptide-1s (GLP-1). We understand the prices are too high. I know the Obesity Action Coalition, who I am here for today, has spoken to that. The cost for these medications needs to come down, but it needs to be working with policymakers, pharmacy benefit managers, and industry to work on getting better price points for these medications.

We are on our twentieth anniversary of Medicare covering bariatric surgery. As Dr. Ma said, it is quite safe, and it is widely covered. But the question is, is that coverage real coverage? We are hoping to address some of these discriminatory benefit designs through this legislation.

[Exhibit E and Exhibit F were submitted but not discussed and will become part of the record.]

Assemblymember Edgeworth:
With that, we can open up for questions.

Chair Marzola:
Are there any questions?

Assemblymember Kasama:
I want to clarify. This will bring in that the bariatric surgery will be covered by insurance, but the medications used for weight loss will not be covered by insurance. I want to clear that up.

Assemblymember Edgeworth:
This bill is meant to be focused on bariatric surgery, knowing that there are other modalities that are effective. We are not addressing the question of GLP-1s, which are the expensive medications we talked about. It is not to say they are not good treatments. There is more evidence for bariatric surgery, it is a good modality, and it is one we want everyone to have access to.

Assemblymember Monroe-Moreno:
Could you tell us what is the average cost of the procedure? If it is going to be covered by insurance, have you thought about what that breakdown would be? Would it just be the copay for the patient to pay, and the insurance will pay the remainder?

Assemblymember Edgeworth:
I am going to phone a friend. Dr. Pomeranz or Dr. Ma, do you have any thoughts on costs that are associated with bariatric surgery?

Pearl Ma:
The average cost of bariatric surgery ranges from $17,000 to $26,000. Whether that is performed in outpatient or inpatient setting, depending on the insurance plan, the cost to the patient should be pretty minimal. Most plans cover the majority of that. Again, estimating that with the reduction of their medical issues, third-party payers will recover bariatric surgery costs within two to four years, and health care costs are reduced 29 percent within five years of bariatric surgery. Dr. Pomeranz, do you have any comments?

Morgan Pomeranz, M.D., Medical Director, Bariatric Surgery Program, Dignity Health-St. Rose Dominican Hospital, San Martín Campus, Las Vegas, Nevada:
In terms of cost, I agree with those statements. It varies between inpatient and outpatient, but they are overall comparable to the cost of other surgeries that are commonly performed across the country. One thing I would like to add in terms of overall cost of this, not just the procedure itself, but we have experience and data that shows these are done not only safely, but also fairly quickly in terms of the average hospital length of stay. Every length of stay across the country for bariatric surgery is often one day or less, whether it is a gastric sleeve, gastric bypass, or duodenal switch. We optimize these patients, and we have a very good, enhanced recovery after surgery protocol that many hospitals perform with various variations. The actual cost is very minimal considering they have a very short inpatient stay or even just an outpatient stay.

Assemblymember Monroe-Moreno:
You mentioned the accelerated recovery. What does that entail? Would that be covered as well? The surgical procedure itself would be covered by insurance. Would all of the follow-up treatments also be covered? Is that inclusive of the cost of the surgery or is that in addition?

Morgan Pomeranz:
If I am hearing you correctly, yes, everything is included in that bundled cost. Multimodal medications, narcotic and nonnarcotic medications, are covered. In terms of the postoperative care, that is no different than much of the preoperative care office visits, nutrition visits, and such.

Chris Gallagher:
If I could interject. Payment for bariatric surgery is over a 90-day global period. This legislation talks about postoperative and preoperative. As we said before, for health plans

that often wish to require 6 or 12 months of medically mandated weight management, those requirements are in there, and the health plan tends to not pay for any of that. It is one thing to make a patient go through 12 months of trying to do what they have been doing for 40 years or 30 years unsuccessfully and another thing to make them do it and make them pay for it. It is a major hurdle to care.

Pearl Ma:
To add on to the postoperative visits, the patients are generally seen every three to four months after the first year from the bariatric surgery, and then annually every six months to one year for the rest of their lives, generally by that bariatric surgeon. Those visits include a vitamin assessment, weight, nutrition, and diet and exercise discussion with access to dietitians and a psychologist if needed. Those are usually a cost of the established type of visit. You would go in for your primary care doctor for, let us say, a flu or some other type of wellness check.

Morgan Pomeranz:
To add on quickly. The care that is often received pre- and post-op, what we are finding is that a number of insurances, even if they exclude the actual bariatric surgery, many of them are covering preoperative and nonsurgical weight loss visits, visits with us for medical weight loss, or visits with dietitians. It is the surgical procedures themselves we are trying to standardize and get universal coverage for. I would not say it is a major increase to add this on. It is not like we are trying to add on the payment for all of these other things. It is usually the procedure. They can vary.

Assemblymember Hardy:
Weight loss is a struggle for a lot of people, and it is not always solved by going to the gym or cutting back on what you eat. I appreciate this. I was curious. I noticed on one of the slides [page 8, Exhibit C] you mentioned there are different types of surgeries, like a gastric sleeve or a balloon and such. How long does one of these surgeries last? Does it depend on the age of the person or which one of these they do?

Morgan Pomeranz:
Great question. A lot of different surgeries have come and gone over the years. Some things have fallen by the wayside based on our research and experiences. Balloons and gastric bands are not commonly performed these days. The surgeries we are doing that are approved by the ASMBS and other bodies are very durable, long-term procedures. They are a tool to be used by the patient along with us. Those who are receiving this postoperative care and those who are committed and consistent, the durability of these procedures do not have a limit. They can be maintained indefinitely in terms of their weight loss, the metabolic improvement, and improvement in these chronic disease states.

Pearl Ma:
To add onto that, to give you an idea of the numbers we normally do, about 60 percent of our bariatric surgery numbers are sleeve gastrectomy. That is where we take two-thirds or three-fourths of the stomach away, making it into a banana shape. Gastric bypasses have declined

significantly in that number with about 18 percent, and bands are less than 1 percent. Bands need a higher rate of revisions and such like that. To give you an idea, on average, five years after surgery, patients maintain about 50 percent of their excess weight loss long term.

One thing I did not mention is why bariatric surgery works. You can imagine with all the gut hormones, it is a metabolic surgery, so we are naturally amplifying the body's ability to produce those GLP-1s and all those gut hormones that control metabolism. Your body naturally amplifies those abilities to make that. That is why people are losing weight, the metabolism is faster, and the health benefits from that.

Chair Marzola:
If I can have a follow-up, how many times can a person have such a surgery?

Pearl Ma:
I guess it depends on the type of operation. Generally, we would just do the one operation and that would be all, because of course, patients do not want to necessarily have surgery. We do not want to put patients under unnecessary risk. There are some patients who come in with very high BMIs in the 70s, 80s, and such. We are getting them to their goals. Sometimes we have to think about and ask, Can we do an operation first as a sleeve and then something more metabolically aggressive, such as a duodenal switch, which is a kind of sleeve with a more aggressive bypassing of the bowel, to get them to their goal and to make it ultimately safe for them? When we are talking about weight, it is generally just one operation that we aim for absolutely.

If they do have complications—and remember some patients are getting these surgeries elsewhere, where there is medical tourism—we have to take care of these patients as well. They may have complications; perhaps the surgery was not performed correctly. That is why it is important we ensure we have some type of standard, and we have centers of excellence that perform these operations. Those complications may lead to another different type of operation or something else that is perhaps caused by the first operation or recurrence of their metabolic disorder as time goes on. As you know, weight and medical issues are a chronicity of that disease. Sometimes things will be okay and then something happens. The obesity gene is still there, so we have to treat it as a chronic disease and manage it through medication, surgery, and such like that. Generally, our aim is for one, to answer your question.

Chair Marzola:
I appreciate that answer.

Morgan Pomeranz:
To address some of the unfair stigmas that have been out there regarding obesity and bariatric surgery, while this is elective and safe, this is, again, medically necessary for all these patients. This is not, despite some views, cosmetic. People do not come in periodically for touch-ups or tune-ups. We do sometimes need to provide revisional surgery in the cases of technical issues, insufficient weight loss, weight recurrence, or gastroesophageal reflux disease, to name a few. These are all medically necessary indications for revision, and we do

not take them lightly. We aim for one and done if we can. Despite anyone's best efforts, both on our part and the patient, there are situations where it is medically necessary. Overall, the incidence of revisions is relatively uncommon.

Assemblymember Cole:
I think it is an important bill. It is an important issue for our country as a whole. My question is, in section 4, subsection 1, paragraph (b), where we talk about some of the related preoperative and postoperative services, specifically the nutritional education. It might be in other sections as well. Not all nutritional education is equal. Is the intent here for this to be medical nutrition therapy as provided by a dietitian so there is a more optimal success rate?

Morgan Pomeranz:
Yes. We aim to have everyone evaluated by licensed, registered dietitians in addition to ourselves. There are a variety of individuals involved in bariatric surgery. Different practices have a more comprehensive set-up and some outsource to others. Typically, yes, dietitians are involved; bariatric obesity medicine specialists are involved; internal medicine folks or surgeons who are certified by the American Board of Obesity Medicine. This is part of the comprehensive approach we like to use. If there was anything else you were thinking of to avoid, we try to have that and follow those standards.

Assemblymember Anderson:
My question has more to do with a different area, and that is section 15. You are adding in the possibility of Medicaid. How many other states are currently participating in this? I am wondering if the language you have, in particular, section 15, subsection 6, paragraph (b), with "Fully cooperate," is consistent with other practices we have in this area when we are utilizing the Medicaid coverage?

Assemblymember Edgeworth:
I could probably have Mr. Gallagher speak to this. This language the Legislative Counsel Bureau came up with was based on recent legislation in Louisiana that just passed. We are one of the few states left that does not have something similar to this. There is a real trend towards that. Mr. Gallagher, do you have data on which states? I think you said 90 percent.

Chris Gallagher:
Yes, roughly. We have about 47 states where Medicaid provides coverage for bariatric surgery, and about 43 or 44 state employee plans provide coverage for the surgery. I think we are moving with all plans to adopt ASMBS criteria for bariatric surgery and address a lot of these issues with prior authorization criteria. I cannot give you off the top of my head how many state Medicaid plans employ the same language, but I would be happy to get back to you and provide you with that information in a timely fashion.

Morgan Pomeranz:
I would like to add on that in Nevada we actually have, I believe, most if not the majority of all Medicaid plans currently covering bariatrics at the moment. This legislation is hoping to

enshrine that and make sure it stays that way and protected. We are also focusing on many of the private commercial insurers that have outright exclusions currently.

Assemblymember Yurek:
I want to thank my colleague for teeing up my question because I also was trying to understand the breadth of the issue we are trying to address. Mine is less in the Medicaid area but in the private health insurance. I understand most plans are covering some type or other modalities to address the issue of obesity. What we are trying to do is direct, obviously, to hit this bariatric procedure. Do we have an idea of how many insurance companies now, on their own, cover this type of procedure?

Assemblymember Edgeworth:
I believe Cody Phinney said she would be here to address, in neutral, the fact that Medicaid is already covering it, but I do not know that I have numbers of how many private insurers. Of course, all private insurers are not covered by Nevada. Some of them are federally tied, so I do not have control over all private insurance. I can try to find that information and get it to you and Committee.

Chris Gallagher:
From the ASMBS, their coverage database indicates that 90 percent of commercial payers, individuals who have insurance through the commercial market, have access to bariatric surgery. Again, I caveat that it sounds great, but there are still issues with hurdles patients have to tackle.

Assemblymember Torres-Fossett:
I know that you stated this piece of legislation is only inclusive of the bariatric surgery. I am wondering what the reason is this would not be expanded to weight loss medications. The reason I state that is because there could be some concern, such as if a patient knows one service is covered, that would prevent them from maybe using a different service. This is obviously a very invasive procedure. I think they should be given the choice to make this decision, but it should not be limited and restricted to the cost. Can you please explain why it is restrictive to just that bariatric surgery?

Assemblymember Edgeworth:
We wanted to keep this very focused, and the reason we are specific to bariatric surgeries is because there is a lot more data. It has been around a lot longer. The cost effectiveness has been well-proven with research. We have a lot of research to support it. It is not to say that GLP-1s do not have their role. I have been prescribing them for a long time for diabetes, but they are relatively new for weight loss specifically. We are being narrow in our focus. We are not saying that GLP-1s are bad for you. I agree with you. I think all things and all options that are evidence-based should be allowed to be participated in by that patient.

Chris Gallagher:
In addition to representing the bariatric surgeons and the patients affected by obesity, I also represent the Obesity Medicine Association and the Obesity Society, which are folks doing

clinical obesity medicine as well as obesity research. As you will notice from today, we are not trash-talking one treatment over the other. We all want all boats to rise, and I think the Assemblymember is correct. I have been doing this for 25 or 30 years. I have never seen such excitement about obesity treatment, and so many people finally understanding what it is all about. Is it due to the GLP-1 craze? It is. That is both good and bad.

We have people who are concerned about the high cost of these medications. We are working on trying to get industry to reduce their prices. Again, if this was any other chronic disease and you had behavioral options, longstanding surgical options, and a new medication hit the market that could do basically what GLP-1s are doing for obesity, say for the chronic disease this new drug was addressing, think of hepatitis C, which is very expensive, but that was covered. It is a lot of bias and stigma, and the fact we are sitting here saying, Well, maybe we can pay for one thing but not the other, that is the problem with the bias and stigma. People do not see people affected by obesity as real people. Have you ever watched any kind of news story on obesity? It is always headless fat people. It is very stigmatizing, and we need to start looking at obesity as any other chronic disease, deserving of every treatment avenue, so patients have a choice.

The reason this is a surgery-only bill is the practicality of it, because so many people are worried about the cost. They should not be. We need to get the cost down, but frankly, you would not do that for any other disease. We also work closely with the American Diabetes Association (ADA). We do lots of things together, but that would be like telling the ADA we are going to drop coverage or not cover GLP-1s for diabetes. No one would ever think of doing that, but it is always fair game for people with obesity.

Morgan Pomeranz:
I want to state that by no means do we want to give any sort of impression of bias here. We promote and use GLP-1s and other medications as well for nonsurgical weight loss solutions. This bill and the way it is worded is purely logistics and strategy. We did not want to have the GLP-1s and the cost associated with them confounding this bill and have everything being shut down just because of cost. It is purely a logistics issue, whereas bariatric surgery, as we are documenting here, is cost effective. We wanted to take care of one thing at a time.

Chair Marzola:
Committee members, are there any additional questions? [There were none.] I do have one, a point of clarification because I may be a little confused on your amendment in section 1, subsection 5 [Exhibit D]. At first, you had in the bill that it would not require health insurance to include coverage for any drug that was injected to lower glucose. Would that be a GLP-1? In your proposed amendment, you eliminated that section.

Assemblymember Edgeworth:
In our proposed amendment, we made it clear this was simply about bariatric surgery as one option, and this was not to also include costly medications that are very good, like GLP-1s.

Chris Gallagher:
We have suggested that amendment [Exhibit D] from the patient community, the surgeons, the medicine side because in many cases, it would not be included if this was legislation for some other chronic disease. It continues to show unfair bias against U.S. Food and Drug Administration-proven and approved medications for obesity.

Chair Marzola:
Thank you for your response. I think that gives myself and Legal a little clarity on your amendment. With that, we will move to testimony in support of A.B. 399. Is there anyone wishing to testify in support?

Jacqueline L. Nguyen, Policy Director, Nevada State Medical Association:
The Nevada State Medical Association (NSMA) supports comprehensive and preventative health care for our patients. Obesity itself is a disease, and it is also a major risk factor for numerous other chronic diseases. Obesity impacts not just physical but also mental health. Offering bariatric surgery as an option, among many other pathways for weight reduction, can reduce the long-term health care costs associated with obesity. We think management of obesity can lead to significant savings in the long term by managing or preventing chronic care diseases, hospitalizations, and expensive interventions in the future. Therefore, NSMA is in support of A.B. 399.

Allison Herzik, Director of Government Relations, Dignity Health-St. Rose Dominican, Siena Campus, Henderson, Nevada:
As Dr. Pomeranz mentioned, we have a very robust weight loss and bariatric surgery program. That includes really intense consultation with the patients to decide if surgery is the right option for them. They also get routine nutrition support, and we follow those patients after surgery as well. Just a quick point of privilege. I worked for a surgical office in Reno for many years, and they did bariatric programs, and I got to see firsthand the life-changing outcome of this. I appreciate you taking the time to hear this bill today, and we want to thank Assemblymember Edgeworth for her work on this as well.

[Letter in support, Exhibit G, and supporting documents, Exhibit H and Exhibit I, were submitted but not discussed and will become part of the record.]

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to A.B. 399. Is there anyone wishing to testify in opposition?

Ryan Beaman, District Vice President, Professional Fire Fighters of Nevada; and representing Las Vegas Firefighters Health and Welfare Trust:
Thank you for the opportunity to speak in opposition to A.B. 399. There are other trusts out there kind of like ours. There is also the Las Vegas Metropolitan Police Department along with the Teachers Trust that have these types of collectively bargained, self-funded nonprofit plans. With these plans, our mission is to safeguard the health and well-being of the first responders who dedicate their lives to protecting the communities.

While the intent of A.B. 399 to address severe obesity through mandated health insurance coverage is commendable, we must respectfully oppose this legislation due to the intended consequences for our funds. Assembly Bill 399 introduces an unfunded mandate requiring our trust to absorb the cost of expanding coverages without providing additional funding and subsidies. With our types of plans, we have to negotiate with our employer a dollar figure each time we go to the negotiations table. Providing extra benefits and these types of things we have to look at for our plan, we either have to take pay decreases to help fund these insurances, or we have to provide these benefits.

While we share the goal of improving our health outcomes for all Nevadans, we believe A.B. 399, as currently written, poses significant risks to the sustainability for our funds. We respectfully request the Committee consider the implications of this legislation and work towards a solution that balances public priorities.

John Abel, Director of Governmental Affairs, Las Vegas Police Protective Association; and representing Las Vegas Metropolitan Police Department Employee Health and Welfare Trust:
Mr. Krumme and I sit on the board for Las Vegas Metropolitan Police Department Employee Health and Welfare Trust, and we do allow this surgery but with rules. This bill aims to remove the rules, which would be very costly to our plan. I also want to ditto everything my fireman brother said as well.

Troyce Krumme, Chairman, Las Vegas Metro Police Managers and Supervisors Association; and Vice Chairman, Las Vegas Metropolitan Police Department Employee Health and Welfare Trust:
We respectfully oppose this piece of legislation based on what was previously said. I do not want to take any more of the Committee's time.

Ashley Garza Kennedy, Principal Management Analyst, Government Affairs, Department of Administrative Services, Clark County:
I do apologize to the bill sponsor because we did not have a conversation about this bill beforehand. I was actually in neutral with the bill as presented, but with the amended version that expanded the provisions of the bill, it is going to have an impact to Clark County's health plan. We are a self-funded health plan similar to the trust funds that were described by the fire and police unions. We are opposed with the amendment [Exhibit D], and I will work with the bill sponsor. I apologize for not getting a chance to speak to her.

Chair Marzola:
Is there anyone else wishing to testify in opposition? [There was no one.] We will move to testimony in neutral. Is there anyone wishing to testify in neutral?

Adam Plain, Insurance Regulation Liaison, Division of Insurance, Department of Business and Industry:
We are neutral on A.B. 399. I did submit written testimony [Exhibit J] outlining some of the practical implications of the bill and what effects it may have on the fully insured market.

Addressing some questions and comments that were made during the bill presentation, Assemblymember Yurek asked about coverage amounts. I can say that 20 percent of Nevadans are insured through the fully insured commercial market. Of that 20 percent, it is 12 percent through the large group market and 8 percent in the individual and small group markets. Because gastric-restrictive surgical services are part of Nevada's essential health benefits benchmark plan currently, anyone who is covered by those individual and small group plans should be having access to gastric-restrictive surgery already. Large group plans are not subject to the essential health benefits benchmark provisions.

Assemblymember Monroe-Moreno asked about cost. Now that we are in the insurance world, it is important to keep in mind the difference between plan benefit designs with copayments, which are flat fees, versus coinsurance, which is usually a percentage fee. A surgical procedure might be a $500 copay or a 20 percent coinsurance, so that can vary greatly.

Assemblymember Torres-Fossett asked about restricting this provision to bariatric surgery. I will say that because it is part of the benchmark, which was set in 2017 before the introduction of GLP-1 and other medications, bariatric was the only real procedure in effect then. We are limited with very big restrictions as to what we can do to expand that benchmark plan. If we wanted to explore GLP-1 inhibitors or other oral medications like Metformin for weight loss, federal defrayal would absolutely come into play. There are a lot of very technical aspects of medical procedures versus pharmaceutical benefits. We would be happy to work with the Committee, the bill sponsor, or anyone interested as to being able to work those out. If there are any questions, I would be happy to elaborate offline.

Shelly Capurro, representing Nevada Association of Health Plans:
While we appreciate the intent behind this legislation, mandates often come with unintended consequences that can drive up costs for consumers and reduce plan flexibility. These increased costs ultimately translate into higher premiums, deductibles, and out-of-pocket expenses for employers and individuals. Additionally, mandates can limit consumer choice by requiring all policyholders to pay for required coverage they may not need, reducing flexibility and plan options.

As an association, we remain committed to enhancing health care quality and accessibility and welcome the opportunity to collaborate on policy solutions that align with legislative goals, while ensuring Nevadans have access to affordable, sustainable health coverage.

Chair Marzola:
Is there anyone else wishing to testify in neutral? [There was no one.] Assemblymember Edgeworth, would you like to give any final remarks?

Assemblymember Edgeworth:
I will keep it short. Thank you to the Chair and the Committee for being so welcoming and kind. I urge you to support this bill. I think it is important legislation.

Chair Marzola:
I will close the hearing on A.B. 399. I will now open the hearing on Assembly Bill 215, which revises provisions relating to employment.

Assembly Bill 215: Revises provisions relating to employment. (BDR 53-132)

Assemblymember Daniele Monroe-Moreno, Assembly District No. 1:
I am happy to be one of the sponsors of Assembly Bill 215, which revises provisions related to the employment of children. Joining me here today are my cosponsors, Assemblymember Moore and Assemblymember Hibbetts, as well as Teagan Clark and Karissa Murdoch, who are students from Shadow Ridge High School in Clark County. I truly believe that as elected leaders, we have a responsibility to be the voice of our constituents here in the Legislature, as well as provide an opportunity for tomorrow's leaders to be actively involved and participate in the legislative process. For that reason, I continually engage in conversations with our youth and provide a bill draft request each legislative session addressing an issue that is important to them and how we can make change and make our communities we live in a better place. Assembly Bill 215 is that piece of legislation that is by them, directed by them, and for them.

Just a little background on A.B. 215. Child labor laws exist to keep our youth workers safe. Restrictions on the number of hours youth can work serve the same purpose, while also helping ensure teen workers have time to focus on their development, educational opportunities, and health. Problems have arisen when scheduling managers and business owners are not aware of these restrictions. The federal government regulates youth employment primarily under the Fair Labor Standards Act, which sets minimum standards for conditions, hours, and wages for teen jobs.

Nevada also establishes certain standards for the employment of minors. When federal and state standards differ, the standards that provide the most protection to children apply. With certain exceptions, both existing federal and state law restricts the daily and weekly number of hours worked by children ages 14 and 15 in authorized employment. Federal law sets a minimum age requirement for employment and restricts the hours during which children under 16 years of age may work. Federal law also limits the time during the day which children ages 14 and 15 may work in authorized employment. Apart from working as certain managers, Nevada does not place restrictions on the times during which children aged 14 and older but under 18 years of age may work. As introduced, A.B. 215 aims to address the hours during which minors who are 16 years of age but under 19 years of age may work.

With your permission, Chair, at this time I would like to ask my cosponsors to provide additional information, and after they speak, we would like to invite the two young ladies from Shadow Ridge High School to tell their stories.

Assemblymember Brian Hibbetts, Assembly District No. 13:
As you have seen me testify before, I like to explain how we got where we are at. During the interim, I was invited to attend a group of government students with my colleague from

Assembly District 1 because we share the constituency of Shadow Ridge High School. While we were there, we were explaining and answering questions. What do you do? How do you do it? Why do you do it? We explained we are all crazy. During this, they asked us, What are you working on? We said, No, what do you want us to work on? What is important to you? That is where A.B. 215 came from. I will not tell you the stories because I think that is for our guest presenters to do. That is how we got to where we are sitting today, along with some more information from our other presenter who will be here.

Assemblymember Cinthia Zermeño Moore, Assembly District No. 11:
You may all be wondering how it is I ended up working on this bill with folks who represent districts not anywhere near my area that I represent. We got here similarly to what my colleagues have said. They like to bring bills that represent their constituents. That is how I got here today. I was approached by one of my constituents. He is a high school teacher in the heart of east Las Vegas. He shared with me that many of his students are working extremely late. They are failing in class; they are falling behind. He shared his concerns for his students because many are failing. He approached me to see if I could help him and his students deal with this issue. As someone who has lived in east Las Vegas most of my life—and I have a son—I wanted to make sure our students are protected and there is a level playing field for them; they are able to graduate high school on time; and they are not working extremely long hours. I am grateful I am working on this piece of legislation that is bipartisan with my colleagues. We will pass it on to the students.

Teagan Clark, Private Citizen, North Las Vegas, Nevada:
I am a senior at Shadow Ridge High School. Throughout my high school years, I have worked consistently from my sophomore year through my senior year. The pressure of balancing school, extracurricular activities, and work has taken a significant toll on my social and emotional well-being, physical health, and overall academic performance. At 16, finding a job with flexible hours and willing to take teenagers with minimal work experience can be challenging. One of the first questions hiring managers often ask is what your availability is or are you able to close on weeknights. Employers who penalize students for their limited availability place an undue burden on young workers, making it difficult for us to maintain a healthy balance between work and school.

In my experience, working late shifts on school nights, sometimes until 10 p.m. to 11:30 p.m., has put me in difficult situations. Driving home alone at night as a relatively inexperienced driver has posed safety concerns. While my job provides meals for us during shift, my peers do not have the same privileges, forcing them to stay up later to eat.

The exhaustion from working late shifts has made waking up for school increasingly difficult, leading me to cut corners in my morning routines. Skipping breakfast, not making lunch, wearing unwashed clothes from the previous day, and rushing out the door has become my new morning routine. I would often find myself speeding to get to school on time, further putting myself and others at risk. Academically, my grades have suffered. Lack

of sleep, struggling to focus in class, missing assignments, and failure to complete homework have all been direct consequences of my work schedules. I have not been able to perform at the best of my ability after getting four to six hours of sleep the previous night.

Beyond academics, the biggest issue I have faced due to my work schedule has been the decline of my mental health and personal relationships. To combat exhaustion, I have turned to energy drinks, which only worsen my anxiety and physical health due to the caffeine content. The stress of balancing work and school left me with little time to build meaningful relationships with my peers and maintain a strong connection with my family. I have found myself isolated or unable to fully engage with my peers or enjoy social interactions.

While quitting my job would have been the easiest solution, I needed to work to support my family. The financial responsibility I took on at a young age has made it difficult to eliminate work as an option. Moving forward, I ask that employers consider the well-being of student workers and implement more flexible policies that allow young employees to succeed both academically and professionally.

Karissa Murdoch, Private Citizen, Las Vegas, Nevada:
I work at an ice rink, and I started working there shortly after I turned 15 during my freshman year. I play travel hockey. I play in San Diego. As you can imagine, that can get costly, as well as I was turning 16 soon and wanted to drive. It all started by me scorekeeping games on Sundays and working in the skate room for weekend public skates through my freshman and part of sophomore year to earn money.

As I turned 16, started playing hockey in San Diego, and got older, life became more expensive. I went to my boss and asked if I could be moved into the snack bar to get longer shifts and be able to work for tips. Eventually I moved to the front desk, which is where I am currently. With that came longer hours. I was working six- to eight-hour shifts, Monday through Thursday, which I still do. I was also in San Diego every weekend for hockey. I pretty much was always busy. This resulted in me working until 9 p.m. on weekdays, which was not a big deal until the question that was not actually a question was asked: Can you scorekeep men's league after your shifts? Though it was never a question I was able to say no to, I obliged because I needed the extra money but did not know what the repercussions of doing this would actually bring.

Every night the end of sophomore year and all of junior year, after I clocked out of my work day, my work night began. I usually kept score for one or two games at night and was not leaving the rink until 11 p.m. or midnight each night. By the time I got home, ate dinner, showered, maybe got around to some homework, and got to bed, it was always somewhere between 1:30 a.m. and 2:30 a.m. From 6 a.m. when I woke up to 2 a.m. when I went to bed, Monday through Thursday, my day was jam-packed. I woke up, went to school, went straight to work, and went to bed on repeat every day.

While at the time I did not think anything of it other than this is just what I had to do to make ends meet, I did not realize how bad it had truly gotten until I stopped scorekeeping. I went from a straight A student who rarely turned in a late assignment, never slept in class, and had no trouble waking up for school, to an A and B student who almost never turned in an assignment on time, could not stay awake in class, and most of the time slept through my alarms in the morning. Not only was my work life affected, there were even a couple of times—do not tell my boss—I did fall asleep at the front desk.

I began surviving off of Red Bull, coffee, and any other caffeine source I could find. At night, I was left to debate going to bed or finishing my homework assignments. Usually, I chose to go to bed. I was left rushing out of the house every morning because I wanted an extra ten minutes of sleep. I was left sleeping in every single class, and I was left spiraling into a whirlpool of stress, exhaustion, and depression, waiting for someone to throw me a life vest.

While I was not mature enough at the time to put my mental and physical health, along with school success, over an extra $50 a paycheck, I eventually came to my senses and told my boss I would not like to scorekeep anymore. As soon as I began prioritizing my health over money, I was able to stay awake in class, stop turning assignments in late all the time, and I became much less stressed. I finally found the surface of the water I was looking for, for so long. I no longer had to debate if I should do my homework at night or go to bed. I no longer slept through my alarm every morning. I actually felt rested in the morning and was noticeably able to focus in class again. I became much closer to the student and person I was before becoming a sleepless, caffeinated zombie.

I came here today not only to speak out for the younger me who felt like she could not, but for all my classmates, coworkers, and fellow high schoolers who are being taken advantage of by their employers. While some would say I should have quit my job or said no, I could not. Most of the jobs that hire high school students also resort to taking advantage of their young employees. On top of that, the job search is nearly impossible. At 15, I self-admittedly was nowhere near mature enough to prioritize school over money and wish the adults around me would have thought about more than just using me for business gain.

Assemblymember Monroe-Moreno:
You have heard the stories of why we are here. All of you know a bill gets introduced, and it does not always end up the way that it was introduced. I am going to ask you all to look at the amendment that should be on your desk [Exhibit K]. In processing and talking to stakeholders, my two cosponsors and I made some concessions with the bill. Today, we would like to focus on the amendment [Exhibit K] and not the bill as it was originally introduced. I would like to walk you through that amendment.

Section 1 requires the Labor Commissioner to prepare an abstract of the provisions related to the employment of children and to post it on the Internet website maintained by the Labor Commissioner. In addition, the abstract must include a two-dimensional barcode, commonly known as a QR code, or other machine-readable barcode used for storing an Internet address

relating to compensation, hours, and wages of employment the Labor Commissioner must furnish to every employer in the state. You may ask why that came up. That was a specific request from some of the students. Some of their managers are also young people. They may be 19 or 20 years old and not know the law. They will not always walk around with the book or go to training, but everybody knows how to use a QR code, so they specifically asked for a QR code that could be updated and anyone could look at it and know what the law is. That is why that is there.

Section 2 prohibits work between 11 p.m. and 6 a.m.—this was a concession from the original 10 p.m. to 5 a.m. from some of the stakeholders—on any night preceding a school day by a child who is: 1) enrolled in high school; 2) 16 years of age or older and under 19 years of age currently enrolled in the current academic year in a public, private, or charter school; and 3) not emancipated. A school district or juvenile court may grant an exemption from this restriction if it is determined to be in the best interest of the child. However, a performer in a motion picture production, stage production, theatrical performance; worker on a farm; lifeguard at a pool; or as an employee at an arcade is exempt from this provision. The reason those exemptions were put in is we live in a town, Las Vegas, that is a hospitality town. A lot of the jobs on the Strip and in the entertainment industry, their work hours end at 11 p.m., and a lot of young people have those jobs and performances. During the summer, even if you are in summer school, you might be a lifeguard at one of the resort pools or something. That is why we agreed to that.

The amendment [Exhibit K] also adds my two cosponsors to this bill. Assemblymember Hibbetts has been along with me since Day One in this bill and his name was inadvertently left off the original bill, and I apologize to him. We are happy to be joined by Assemblymember Moore as a cosponsor. With that, the three cosponsors will stand for questions. We informed the young ladies that unless the questions were nice, we would not allow you all to ask them.

Chair Marzola:
Thank you for the presentation today of this important bill. I want to say to Karissa and Teagan, thank you so much for being here today. I love having young humans in Commerce and Labor. It takes a lot to sit in front of us, so thank you. I am going to be mom for one second. Please do not speed, and stop drinking energy drinks. But seriously, thank you for bringing this bill. I think it is very important. I think our job is to set up young humans to succeed, and it is bills like this that make it so. With that, we will start with our first question.

Assemblymember Carter:
Listening to this, it is a great idea. What I am concerned about, though, is my community. We have a lot of multigenerational and immigrant households where I talk to kids all too often about cleaning offices and stuff in the time frame you are talking about. This would make it to where their families would be short on food. It is critical that a lot of kids in my community unfortunately have to work. How are we accommodating these tough situations in tough neighborhoods?

Assemblymember Moore:
I am a fellow eastsider just like you are. My district is majority immigrant, first generation, just like myself. I do realize—and that was one of the questions I did get from a lot of folks originally when I was working on this issue through a different bill—at the end of the day, it is our responsibility as legislators to make sure we are not setting kids up to fail. I understand for many folks in our community, the kids have to work as well, because maybe the parents are undocumented or multigenerational. In my district, the median household income is $32,000. We need to make sure our youth do not fall behind, and not having that high school diploma is already setting them up much more behind than maybe their peers in other parts of the state.

I understand your concern. I was 14 in my very first job. I worked at that indoor swap meet on Eastern Avenue and Pecos Road selling CDs, Mexican music, rancheras, and all of that. I worked only the weekends. I worked Friday after school, all day Saturday, and all day Sunday. Being a mom here, we need to make sure our kids are set up for the future. I think my constituent is in Las Vegas, and he can share a little bit more about how his students also want this as well, and they are eastsiders.

Assemblymember Cole:
There are certain high schools—and I do not know how many there are, but I know there are at least a couple of high schools—that are online, so there is much more flexibility for those students to be able to schedule when they do their schoolwork versus what a traditional brick-and-mortar school does. I am wondering if there could maybe be a carve-out for somebody who is in online school so they can adapt their own schedule.

Assemblymember Monroe-Moreno:
I believe the charter schools, because generally those are public charter schools that are online, are included in here. However, the hours we are suggesting that work be prevented is from 11 p.m. to 6 a.m. I do not believe there is any child who should be working between 11 p.m. and 6 a.m. I do not care what form of school they are attending. I am a mom; I am a grandma; and I am a parent of an educator. I just felt the 11 p.m. to 6 a.m. is reasonable. I really like the 10 p.m. to 5 a.m., but we wanted to get folks to support and not be in opposition, so we made that concession.

Assemblymember Cole:
My question is also related to how they schedule their school day. They might be doing school on Saturday or Sunday. You have it tied to immediately preceding a school day. If they do school the entire week, they would not be able to work at all.

Assemblymember Monroe-Moreno:
That is why we simply put their school day. If that is their school day, then it has to be in conjunction with their school day. We did not put Monday through Friday.

Assemblymember Hardy:
As a former small business owner who employed many high school students, I appreciate this. We were always very mindful that school came first, and we wanted them to be home, safe, and be able to get to school every day. I appreciate where this is coming from. I want to clarify this is only during, as it says here, the school year. The summer and weekends, as you mentioned, the bill would not apply for that. I was curious about where you were talking about the school district or juvenile court. How would that work? Would the student or parent request that? I was curious about that exemption and how that would work.

Assemblymember Hibbetts:
I will take the first part of that one, at least. The way the bill is written, is if the child has school the next day. If they are in a traditional nine-month school, during the summertime they would not have school the next day, so it would not apply. However, if they are in summer school because they need to catch up on credits because they have been working all night and failing their classes, then it would apply.

To Assemblymember Cole's question, it goes towards that child's schedule.

Assemblymember Monroe-Moreno:
I believe you are looking at section 2, subsection 2, paragraph (c) of the bill. As far as the school district or the juvenile court may grant an exemption for the restriction—we have Legal here. I am not an attorney. I play one on TV, but I am not an attorney. If a child has been emancipated, they may be 16 but emancipated, and they are taking care of themselves, and that decision could be made.

Assemblymember Miller:
My question follows up to my colleague's about the differentiation. I appreciate it is per each student's situation. As you mentioned, if they are in summer school, that is one thing. What is the differentiation between traditional summer break when students are not in school and the actual school year? It does state there is up to 48 hours in any one week.

Assemblymember Monroe-Moreno:
It is 40 hours, which is a regular work week. During the summer, that student could work at any time to make those 40 hours. We would not penalize a student and tell them they could not work during the summer. This is to make sure our students stay on track during their academic school year.

Assemblymember Miller:
I am saying this because my personal background, when I grew up, there were so many hours we could work during the school week and then, of course, more hours during the summer when we were not working at all. This is not restricting the hours, just the hours of the day, and not the number of hours in a week. Is that correct?

Assemblymember Monroe-Moreno:
During the academic school year, it is 40 hours a week and not between the hours of 11 p.m. and 6 a.m.

Assemblymember Miller:
During the summer?

Assemblymember Monroe-Moreno:
They can have as much fun as they want, making as much money as they can for their school clothes, help their families out, and vacations.

Chair Marzola:
Committee members, are there any additional questions? [There were none.] We will move to testimony in support of A.B. 215. Is there anyone wishing to testify in support?

Elliot Malin, Private Citizen, Reno, Nevada:
I have known a lot of you for a long time, and I think one of you has met my parents. I grew up in Assembly District 4, Assemblymember Cole's district. When I was a junior in high school, my dad went blind. When I was a senior in high school, my mom was diagnosed with breast cancer. I went to Centennial High School, a rival of Shadow Ridge High School. I was a wrestler. I ran track and field, and I could no longer do that because I had to help provide for my family too.

I did not intend to testify today, but this is personal for me because I have been in their shoes. I fully support this, and I thank the Assemblymembers for bringing this and the students for coming up here.

Kaylah Maese, Civil Rights Analyst, American Civil Liberties Union of Nevada:
The American Civil Liberties Union (ACLU) of Nevada does support the bill. A little back story. I started my first job at 16, and similar to what the two wonderful young ladies were talking about, it is hard to convince a 16-year-old that school is more important than money. Luckily, I had my parents. They are fantastic. They are wonderful. They always made sure I understood school came first, and it will always come first. In the light of being a 16-year-old working, if my boss asked me to stay till 11:30 p.m., of course I was staying till 11:30 p.m. to make more money. It is really important we put this legislation in place so young students, young people getting into the workforce, are not getting taken advantage of. We have our whole lives to work. I wish I realized that at 16, and I do have my whole life to work.

We thank the bill sponsors for bringing this forward, and it is great to see two young women coming up to the Legislature and speaking and sharing their stories. The ACLU proudly supports this bill.

Teresa Benitez-Thompson, Private Citizen, Reno, Nevada:
I am here today in my own personal capacity and not in any staffing or any other capacity—just here, myself, as Teresa. I am here because I saw this bill, and I loved it. I love it, and let me use present tense because I wish we had this bill in 1995 for a 16-year-old Teresa Benitez-Thompson; well, just Teresa Benitez. I was not married at 16. That would be a different hearing.

I was a hostess and I worked at a chain that sold pies. I was an amazing hostess. I killed it. They wanted me to work all the time and I did, my junior year. My grades suffered. I failed classes that year; I had to go to summer school. I did not understand the big picture of how important education was at the time. I probably understood it most at the beginning of my senior year, after I spent the summer trying to do all this credit recovery so I could graduate on time.

The first day of my senior year, my boss asked me, Hey, can you stay past closing again—which was past 11 p.m.—because so-and-so did not show up. You are so dependable; you are so reliable. I said, I have to quit or I am never going to graduate high school. I knew what was going to happen that same senior year, and I knew I did not have a chance to recover from it.

This was despite the fact my mom was a waitress, so she was working late at night making tips. There were three of us girls she was supporting on those tips, and I am the eldest of three girls. My younger sister, Maria Elena, who was only 15 at that point, already had a 1-year-old son. My money was paying for all of our school lunches, baby clothes, and food. It was important.

To Assemblymember Carter's question, the thing that is important is a low-wage job for a teenager is not going to solve poverty. Education is what breaks the cycle of poverty, and education is absolutely what has to be prioritized. Thank you for letting me come up here and say how much I appreciate and enjoy this bill.

Maria Teresa Hank, Private Citizen, Las Vegas, Nevada:
I am in full support of this bill. As a proud Asian American, Native Hawaiian, Pacific Islander, a B in my community is an F, so I do support this bill. I think it is so important our children, as Americans, realize how important education is, so thank you for this.

William Horne, representing Goodwill of Southern Nevada:
As you know, Goodwill has training modules, and while they do not do these training modules for, for instance, certified nursing assistants and medical assistants, we all know there are 18-year-olds in high school. There are educators on here who know there are 18-year-olds who have just one or two classes their final semester in school. This bill will remove some obstacles that would prohibit them from being successful. That is what Goodwill would want from any of their students who come for these types of trainings, to have the best opportunity to be successful in the classes they take there and go on to their careers. We support this bill.

Wesley Harper, Director of Government Affairs, City of North Las Vegas:
We are in support of this bill. This bill helps create an environment that is healthier for the youth of our city, therefore strengthening our city, which is why we are in support.

Matt Nighswonger, Private Citizen, Las Vegas, Nevada:
I want to start out and say I have the privilege of being Teagan and Karissa's teacher. I want to thank them for their bravery and being willing to share their stories today. A thank you to Assemblymembers Monroe-Moreno, Moore, and Hibbetts for giving them a voice in this topic. I am here to testify in favor of A.B. 215.

Karissa and Teagan are standing up for so many of the teens throughout the state. They are part of the exploited high school workers across Nevada. Every single day in my classes, I have students who are too tired to participate in class. When I try to wake them up and ask them why they are so tired, they tell me they had to close or had to work late last night. Many of them have to work until 1 or 2 a.m. I also have students who ask to leave class early because they are scheduled to work during the school day even though they are not done with their school day yet.

The business community needs to be our partner in educating our youth. They need to stop taking advantage of this vulnerable group of young workers. Teagan and Karissa are some of the very few who are even willing to share their stories with me. Many of my students, and students at Shadow Ridge, were worried they would lose their job if they told their story. Several students would not even write an anonymous letter regarding their experience. I have submitted some exhibits from some of the students at Shadow Ridge who were willing to share their letters [Exhibit L].

I asked the seniors at Shadow Ridge this year to do a short survey. At Shadow Ridge—if you are not familiar with Las Vegas, we are in the suburban ring—we have a start time; the late bell for first period rings at 7 a.m., as do all comprehensive high schools in Clark County. Out of the group of workers at Shadow Ridge, 9 percent of the seniors work every single night on a school night past 10 p.m. Another 13 percent work past 10 p.m. one or two times a week, and another 26 percent work after 10 p.m. every once in a while. At a school like Shadow Ridge, overall, 48 percent of the seniors with a job are regularly working after 10 p.m. on a school night.

As a government teacher, I try to teach my students that the government is here to protect its citizens. Assembly Bill 215 helps protect our exploited high school workers.

Erik Van Houten, Assistant Principal and Government Teacher, Equipo Academy, Las Vegas, Nevada:
Equipo Academy is a public charter school in east Las Vegas. I would like to start by thanking my representative, Assemblymember Cinthia Moore, for hearing my idea and advocating for this piece of legislation to better protect our kids. A problem I have seen in my classroom, and certainly in other classrooms, is sleepy high school kids. Like any good teacher, they would ask why their students sleep in class. More often than not, students sleep

in class because they work late. Not having adequate sleep in school leads to poor grades, tardiness, mental health challenges, and difficulty concentrating. The solution to address this is A.B. 215.

What A.B. 215 is looking to achieve is not revolutionary. When I was researching this idea to put a limit on how late students could work, I was surprised: 49 states have limits on how late kids under 16 can work, except one. That one state that does not is Nevada. It is time for Nevada to get on board. At Equipo Academy, students polled their classmates and found 25 percent of 16- and 17-year-olds hold jobs. Of those students, 1 in 5 works over 40 hours each week in addition to being full-time students. Half of those students finish work past 10 p.m. or later on a school night. These students are ill-equipped to advocate for themselves to leave work at reasonable hours, and many of them are holding their very first jobs.

If we are going to work to ensure our students are safe, well, and college and career ready, as a state we need to put guardrails in place to protect our kids and make clear that a high school education should be their number one priority. Assembly Bill 215 looks to solve this, and for that, I support it, and I hope you will too.

Christian Solomon, West Regional Director, RISE:
RISE is a Generation-Z-led issue advocacy organization for college students and youth. I want to start by thanking Assemblymembers Monroe-Moreno, Hibbetts, and Moore for presenting A.B. 215, as well as the students from Shadow Ridge High School. I am speaking in favor of this legislation because this bill is a safeguard for our working youth against abuse from employers. Our students deserve to work and still be able to maintain their academic goals and personal livelihoods.

Since 2021, there have been over 60-plus pieces of legislation introduced in 28 states to further roll back child labor protections to include letting young children work in hazardous occupations. This push nationally to turn the clock back into the gilded age is an unrealistic burden on our youth who are still trying to receive an education and set the foundation for their future.

I am thankful that with A.B. 215, Nevada can lead and take a turn in the right direction to provide dignity to our youth who are employed, just trying to make a living and balance their life priorities the best way they can. Thank you for your consideration and please support A.B. 215.

Ashley Dodson, representing National Association for the Advancement of Colored People, Las Vegas Chapter 1111:
We are in strong support of Assembly Bill 215, which seeks to establish reasonable restrictions on the employment hours of high school students. As a former high school student at Advanced Technologies Academy, I do know firsthand the consequences of an overloaded schedule. While maintaining a full-time job, participating in sports, and achieving over a 4.3 GPA [grade point average], I struggled with extreme fatigue and inadequate sleep by working extreme hours. This nearly prevented me from walking across the stage at my

own high school graduation ceremony. As for the last two months of school, I took my job more seriously than my academics. Thankfully, because of some teachers and counselors who had my personal number, they urged me to get back into class and pushed me to get across the stage.

The limitations proposed in this bill will provide critical protections for students, ensuring their pursuit of financial independence does not come at the cost of their education or health. National Association for the Advancement of Colored People, Las Vegas Chapter 1111 is committed to advocating for policies that protect and uplift those in our community, particularly students of color who are disproportionately impacted by economic hardship in the workplace exploitation. We urge the Committee to pass A.B. 215 and support the well-being of Nevada's youth. Thank you, Assemblymember Daniele Monroe-Moreno, cosponsors, and the amazing students for taking their time to give their testimony. [Submitted testimony in support, Exhibit M.]

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to Assembly Bill 215. Is there anyone wishing to testify in opposition? [There was no one.] We will move to testimony in neutral. Is there anyone wishing to testify in neutral?

Peter Saba, Government Affairs Senior Manager, Nevada Restaurant Association:
We are testifying in neutral today. We appreciate A.B. 215 and the thoughtful approach taken by legislators in engaging with high school students to shape policy. It is great to see young people's voices directly influence legislation, and I would love to see more lawmakers do this, especially the ones at my alma mater, the Law and Political Leadership Academy [*sic*], Canyon Springs High School.

We support efforts to balance student well-being and academics with valuable work experience. Many restaurants rely on student workers, and we encourage ongoing discussions to ensure these small businesses can adapt smoothly. The Nevada Restaurant Association is committed to educating our members on the proper hiring of students and the guidelines that come with it. We look forward to working together to support both young employees and the businesses that help them get their start.

Chandler Cooks, Private Citizen, Las Vegas, Nevada:
I missed the time for testimony in support. This testimony is in support. Is that okay?

Chair Marzola:
You can go ahead. We will consider support testimony.

Chandler Cooks:
I am in strong support of A.B. 215 because it is time we ask ourselves the hard question, what is the cost of a paycheck if it comes at the price of a student's future? Far too often, and as you have heard from many of the testimonies today, young people are forced to choose

between their education and their financial responsibilities. Students leaving late-night shifts exhausted and overwhelmed are walking into classrooms the next morning without the energy or focus they need to succeed. That is not just a burden, it is a barrier to opportunity, and students should not have to jeopardize their education to make ends meet.

This bill is truly a lifeline for students caught between responsibility and opportunity, and it says to our young people, Your education matters; your well-being matters; your future is worth protecting. As we strive to build a stronger Nevada, that future depends on ensuring that no student is too tired, too stressed, or too overworked to unlock their full potential. I urge this Committee to support A.B. 215 because no child's academic success should depend on their ability to survive a late-night shift.

Chair Marzola:
Is there anyone else wishing to testify in neutral? [There was no one.] Assemblymembers, would you like to give any final remarks?

Assemblymember Monroe-Moreno:
Chair Marzola and Committee, thank you so much for the opportunity to make this presentation. As I said on the floor, our children are watching. Our children are our future, and I hope folks are watching this hearing to see what dynamic young leaders we have in the two young ladies who presented today. Thank you, and we hope to earn your support for this piece of legislation.

Chair Marzola:
Teagan and Karissa, would you like to give any final remarks? [Shook heads no.] I will close the hearing on A.B. 215. I will now open the hearing on Assembly Bill 413. This measure provides for the creation of the Southern Nevada Health Care Workforce Apprenticeship Pilot Program. Welcome. You may begin when you are ready.

Assembly Bill 413: Provides for the creation of the Southern Nevada Health Care Workforce Apprenticeship Pilot Program. (BDR S-317)

Assemblymember Duy Nguyen, Assembly District No. 8:
I appreciate the opportunity to come before you and present Assembly Bill 413. This will create the Southern Nevada Health Care Workforce Apprenticeship Pilot Program. Joining me today to present A.B. 413 is Dr. Ricardo Villalobos, Chief Programs Officer of the Workforce Connections, and Jake McClelland, Chief Executive Officer of Innovative Workforce Projects.

To provide you with background information, maintaining healthy communities throughout the state requires proper preparation and a supply of a health care workforce. Nevada continues to see an increasing demand for services while experiencing significant shortages of qualified health care workers in virtually every health care profession, including medical

assistants and pharmacy technicians. One pathway to meet these demands is a registered apprenticeship, which is a proven solution for recruiting, training, and retaining world-class health care talent.

The United States Department of Labor reports that in 2024 there were 37,325 registered apprentices serving in the health care industry, a significant increase over the last 5 years. Registered apprenticeships are effective blends of job-related instruction and on-the-job learning that are designed to equip apprentices with the required skills and competency for their occupation. These programs are successful because they are nimble, responding to the changing industry demands by gathering direct input from employers and workers to build the health care workforce of the future.

With that, I will pass it over to Dr. Villalobos and Mr. McClelland to discuss what the Southern Nevada Health Care Workforce Apprenticeship Pilot Program will do. [Submitted overview, Exhibit N.]

Ricardo Villalobos, Ph.D., Chief Programs Officer, Workforce Connections:
Thank you, Chair Marzola, for the opportunity and for entertaining this bill, A.B. 413, which is an apprenticeship program in southern Nevada as a health care workforce pilot program. I will start by stating the fact, or assuming, we are very well aware and know we have an incredibly significant health care workforce shortage in this state. In Nevada, as it continues to grow, the demand for health care workers and professions they are in increases [page 2, Exhibit O].

A critical need for health care professionals, particularly in specialized fields such as medical assistants (MA) and pharmaceutical technicians (PT), exacerbates the issue. They are needed in health care clinics, doctor's offices, mental health clinics, education systems, emergency services, veteran affairs, et cetera. As Nevada continues to grow, the need for health care professionals increases, particularly in the specialized fields of medical assistants and pharmacy techs.

Albeit there are definitely other specialized fields in need of workers, our presentation today focuses on the need for MAs and PTs [page 3]. In Nevada, the long-term statewide projections indicate that for medical assistants, there is going to be a need by 2032 of over 1,200 medical assistants statewide. For pharmacy technicians statewide, there is going to be a need for approximately 600 pharmacy technicians.

In southern Nevada, as it continues to rapidly expand its population, specifically in Clark County, it faces a unique challenge in meeting the health care needs of its residents. As southern Nevada grows, so does its diversity, students, communities, businesses, veterans, law enforcement, and practitioners, and this program is an opportunity to serve them all. The long-term projections indicate, for southern Nevada, that medical assistants has a need for approximately 1,000, or 80 percent of the state's needs. For pharmacy technicians, it is a little over 400 that are in need, representing 73 percent of the state's need for pharmacy techs. We are hoping it just begins in southern Nevada based on the long-term projections.

I want to speak to a couple challenges noted, particularly in this area of workforce needs [page 4]. There are four I want to mention. One is the population growth I just alluded to. There is a rapid increase in the region's population, especially with retirees, and a growing health care demand. Secondly, the aging workforce. Many experienced professionals are retiring at a rate that is unprecedented, and we want to make sure we have the talent pipeline to fill the gaps that are going to exist in these particular fields. Thirdly, the training gaps, and this is by no means to undermine those that currently exist, but their capacity is limited; class sizes are limited; and moreover, the demand is just too much. Fourthly, we want to provide opportunities for residents who live in southern Nevada's rural communities, such as Lincoln, Nye, and Esmeralda Counties, to begin with. At this point, I will turn it over to my colleague, Jake McClelland.

Jake McClelland, Chief Executive Office, Innovative Workforce Projects:
I want to talk to you a little bit today about the role of what an apprenticeship program is [page 5]. I know many of you are probably familiar with the concept of registered apprenticeship as it is being used in other occupations, in particular the construction industry. To make sure we are all on the same page, I want to give a little bit more clarity. Basically, an apprenticeship program is a training model that combines some kind of on-the-job training that is paid while the individual is in the clinic, and it is combined with some kind of related technical instruction or classroom element. Sometimes in the health care field, it is referred to as didactic.

Basically, what sets apart an apprenticeship from your more traditional education models is going to be the fact that those two elements are combined into one streamlined process. An individual does not necessarily have to decide between going into the workforce and going back to school and balancing work and school schedules, especially if they are a single parent or may have other kinds of family obligations. It makes it easy for them to participate and get that skill acquisition they need for a long-term demand career.

Of course along with that, the great thing about apprenticeship is, it does align training with actual workforce needs because apprenticeship is an employer-driven model. Therefore, the employer is deciding—especially with the on-the-job component—what exactly are the skills needed for folks in that role, in their organization, to be successful. They are the ones designing that. It helps workers gain valuable hands-on experience from Day One. It is an immediate employment opportunity for the individual. As I mentioned, sometimes we hear the term referred to as the "earn and learn model," and that is exactly what an apprenticeship is: a paycheck from Day One while they complete their educational requirements.

Apprenticeship programs have also been shown to reduce the time and cost associated with obtaining postsecondary education and other kinds of training after high school, as well as increasing worker retention and satisfaction.

For the medical assistant occupation, to clarify what exactly that role is, we have all been to the doctor [page 6]. The individual who is the first point of contact you see when you see your primary care provider or specialist, who helps take your vitals, prep the room, get some

of your patient history, and things of that nature, that is going to be the medical assistant. The benefits of an apprenticeship for medical assistants, I touched on previously, is going to be that skill acquisition and getting that hands-on experience, in-depth training, the opportunity for immediate employment in the occupation they ultimately want to end up in, and of course, job security due to the demand Dr. Villalobos alluded to earlier.

For pharmacy techs, these are the individuals, when you go to the pharmacy, who are going to be preparing and dispensing medications under the direct supervision of a pharmacist [page 7]. These are going to be your primary points of contact when you pick up your medications. Like with the medical assistant program, the benefits are going to be that hands-on experience you get doing the actual job while you are learning it; the workplace integration you get from becoming familiar with different workplace protocols, which ultimately improves productivity; and the career advancement, which is an ability to gain an entry-level certification nationally recognized in the field that is going to allow somebody to eventually go on and further their career in the health care sector if they ultimately choose to do so. I am going to turn it back to Dr. Villalobos for the wrap-up.

Ricardo Villalobos:
Again, to reinforce a few things Mr. McClelland said about apprenticeship programs, apprenticeships are a cost-effective model to address health care workforce shortages. They create career pathways for individuals. We see individuals starting on this path with the intent to continue to further pathway opportunities. As Mr. McClelland mentioned, they provide education and training concurrently, simultaneously, with the hands-on experience. It creates self-sufficient individuals, and employers benefit from a qualified and trained workforce.

The expected outcomes from this particular pilot program is to focus on training 100 medical assistants and pharmaceutical technicians in southern Nevada [page 8]. Our aim because of the data is to focus on approximately 75 medical assistants and 25 pharmacy technicians, in particular. Long-term benefits for southern Nevada are alleviating the workforce shortage for health care professionals; it contributes to our overall health in the region by providing skilled professionals for the fields; and it strengthens the local economy by job creation and workforce development.

Lastly, I will conclude by saying this apprenticeship pilot program ultimately aims to address the health care workforce shortage for these two particular fields of medical assistants and pharmacy technicians [page 9]. The program is a proven solution to meet the growing demand for skilled health care workers, ensuring we have a healthy future for our communities.

Assemblymember Nguyen:
Chair, if you allow, we will go over the conceptual amendment [Exhibit P]. Section 1 would require the southern Nevada local workforce development board, Workforce Connections, instead of the Department of Business and Industry, to develop, create, and administer the Southern Nevada Health Care Workforce Apprenticeship Pilot Program to address the

shortage of medical assistants and pharmaceutical technicians in Nevada. The program must provide for the establishment of the apprenticeship program in southern Nevada for the training of medical assistants and pharmaceutical technicians, which must be registered and approved by the State Apprenticeship Council and money for, not to, the participant in the program to cover the cost of participating in a program, including fees for professional certifications and registration as applicable for not more than 100 apprentices who are enrolled in a program established under the program. Section 2 of the bill makes a $300,000 appropriation to Workforce Connections instead of Business and Industry to carry out this program. With that, Madam Chair, we are ready for questions from you and the Committee.

Chair Marzola:
Thank you for your presentation today. Committee members, are there any questions?

Assemblymember Kasama:
I was wondering why in the amendment [Exhibit P], you are taking it out of the Department of Business and Industry and making it a stand-alone board.

Assemblymember Nguyen:
Assemblymember Kasama, that was the original intent of the bill, but I think during drafting, there was miscommunication and the incorrect agency was put in. The original intent of the bill was for Workforce Connections to be the agency for it.

Assemblymember Carter:
As you said in the beginning, apprenticeships are employer-driven programs. Do you have interest and buy-in from the medical and pharmaceutical community to be able to provide spots for these apprentices?

Jake McClelland:
We are currently operating this program in nine other states and getting ready to start with our tenth state in a few weeks. As of right now, the reason why we brought this as a pilot program is because we do want to provide outreach to Nevada employers. We have had conversations with several in the region that are interested, but I think they are waiting to see if there is going to be support.

Assemblymember Hardy:
Thank you for this bill. You might have mentioned this, but it says effective date of July 1, 2025. Are you looking at this pilot program being two years? When would you want this to actually take effect, and how long is the pilot program?

Jake McClelland:
Yes, the pilot program would be for two years starting on July 1, 2025.

Chair Marzola:
Committee members, are there any additional questions? [There were none.] We will move to testimony in support of A.B. 413. Is there anyone wishing to testify in support?

Maria Teresa Hank, Private Citizen, Las Vegas, Nevada:
I am a proud constituent of Assemblymember Yeager. I would like to thank you for allowing me to speak. I am in support of A.B. 413.

Reagan Hart, Government Relations Coordinator, Nevada Hospital Association:
We are here in support of A.B. 413. This pilot program will strengthen Nevada's health care infrastructure by creating direct pathways for qualified medical assistants and pharmaceutical technicians to enter our workforce. We thank the Chair and the sponsors for bringing this bill forward.

Annie Vong, representing Nevada Primary Care Association:
They are in full support, and we could not have said it better than the bill presenters.

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

Chair Marzola:
Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to Assembly Bill 413. Is there anyone wishing to testify in opposition? [There was no one.] We will move to testimony in neutral. Is there anyone wishing to testify in neutral? [There was no one.] Assemblymember Nguyen, would you like to give any final remarks?

Assemblymember Nguyen:
Just a very quick one. I want to thank you, the Committee, for listening to A.B. 413, and I hope to get your support for this bill.

Chair Marzola:
I will close the hearing on A.B. 413. We will have a one-minute recess.

[The Committee recessed at 3:36 p.m. and reconvened at 3:38 p.m.]

We will now start our work session. It is not customary for the Committee to take testimony or otherwise rehear the bills during our work session. However, I may invite a witness to come forward for clarification or questions during our consideration of a measure. Before we get started, I want to put on the record that Assemblymember Torres-Fossett is not in attendance. With that, we will start with Assembly Bill 93.

Assembly Bill 93: Revises provisions relating to public employees. (BDR 53-160)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit S.] Assembly Bill 93 revises provisions relating to public employees. It was sponsored by Assemblymember Hibbetts and was heard on February 28, 2025.

The sponsor proposes the following four amendments:

1. Add Assemblymember Monroe-Moreno as a cosponsor of the bill.

2. Amend section 1, subsection 1, paragraph (u) of the bill to include any category II peace officer and any category III peace officer.

3. Delete section 1, subsection 2 of the bill.

4. Amend the effective date of the bill to July 1, 2026.

Chair Marzola:
Committee members, are there any questions? [There were none.] I will entertain a motion to amend and do pass A.B. 93.

> ASSEMBLYMEMBER JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 93.
>
> ASSEMBLYMEMBER MONROE-MORENO SECONDED THE MOTION.

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

> THE MOTION PASSED. (ASSEMBLYMEMBER TORRES-FOSSETT WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblymember Hibbetts. Next is Assembly Bill 112.

Assembly Bill 112: Removes an exemption from provisions providing certain employees with the right to use sick leave to assist family members. (BDR 53-318)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit T.] Assembly Bill 112 removes an exemption from provisions providing certain employees with the right to use sick leave to assist family members. It is sponsored by Assemblymember Nguyen and was heard on February 21, 2025.

There is one amendment proposed by the sponsor to specify that the provisions of the bill do not diminish an employer's obligation to comply with any of the following that provides the same or more generous leave and/or benefits under: (1) a collective bargaining agreement; (2) an employer policy; and (3) an employment contract; or (4) any applicable local, state, or federal law.

Chair Marzola:
Committee members, are there any questions? [There were none.] I will entertain a motion to amend and do pass A.B. 112.

> ASSEMBLYMEMBER JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 112.
>
> ASSEMBLYMEMBER MONROE-MORENO SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblymember O'Neill:
Chair, I am going to vote to get it out of Committee, but I want to look at it some more. I still think there needs to be some more adjustment to it. I will reserve my vote on the floor, if I may.

Assemblymember Hardy:
I will say ditto. There are some concerns with the bill, but we will vote to get it out for now.

Chair Marzola:
Is there any other discussion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEMBER TORRES-FOSSETT WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblymember Nguyen. Next is Assembly Bill 196.

Assembly Bill 196: Revises provisions governing psychology. (BDR 54-164)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit U.] Assembly Bill 196 revises provisions governing psychology, sponsored by Assemblymember Backus, and was heard on February 26, 2025. There are no proposed amendments.

Chair Marzola:
Committee members, are there any questions? [There were none.] I will entertain a motion to do pass Assembly Bill 196.

ASSEMBLYMEMBER JAUREGUI MOVED TO DO PASS ASSEMBLY BILL 196.

ASSEMBLYMEMBER YUREK SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMEMBER TORRES-FOSSETT WAS ABSENT FOR THE VOTE.)

I will assign that floor statement to Assemblymember Backus. Next is Assembly Bill 198.

Assembly Bill 198: Establishes provisions relating to certain inflatable devices. (BDR 52-49)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit V.] Assembly Bill 198 establishes provisions relating to certain inflatable devices, sponsored by Assemblymember Brown-May, and was heard on February 12, 2025. There are several amendments listed in your work session document [Exhibit V].

Elliot Malin with Alpine Strategies proposes the following amendments:

1. Amend the bill to add a preamble honoring Lizzy Hammond;

2. Amend section 3, subsection 2 of the bill to clarify "outdoor" recreation;

3. Amend section 7 of the bill to require an operator business keep a logbook for each inflatable device for a period of not less than two years, and the logbook must be available for inspection at the request of any customer, user, or local or state agency;

4. Amend section 8, subsection 1, paragraph (b) of the bill to add that an operator must conduct an inspection of the inflatable device using "any updates to the manufacturer's user manual or information provided in any recall of the inflatable device."

5. Amend section 8, subsection 2 of the bill to prohibit an operator from allowing any person to use the inflatable device if the inspection reveals, "or reasonable inspection would have revealed," a hazard or potential hazard that would make use of the inflatable device unsafe according to the provisions of the bill, any manufacturer's user manual or "any update to the manufacturer's user manual or information provided in any recall of the inflatable device."

6. Amend section 9, subsection 2 to prohibit the sale or transfer of an inflatable device by an operator unless, in addition to the conditions set forth in the bill, the operator provides to the purchaser or transferee "any updates to the manufacturer's user manual or information provided in any recall" of the inflatable device.

7. Amend section 10 of the bill to require an operator to cease operation of an inflatable device if the wind speed exceeds 15 miles per hour.

8. Amend section 11 of the bill to revise the requirements for anchoring an inflatable device to the ground.

9. Amend section 12 of the bill to include additional information in the "Operator's Warning" sign.

10. Delete section 13 of the bill.

11. Amend the bill to allow a local government to pass an ordinance with certain criteria and to use any portion of the fees collected for the issuance of business licenses by the local government to enforce the ordinance.

12. Amend the effective date of the bill to January 1, 2026.

Matt Morris with Holland and Hart proposes amendments 13 and 14 and that is to:

13. Amend section 3, subsection 2 to replace "can be used" with "is intended for use."

14. Amend sections 10 and 12 to make the maximum allowable wind speed the greater of: (1) the recommendation of the manufacturer of the specific inflatable device in use; or (2) 15 miles per hour.

Committee members, are there any questions?

Assemblymember Anderson:
As I look through these amendments, it appears that there are two that are in opposition or do not work with each other, and that would be number 9 and number 14. I am wondering what the intent of the Chair is. Would we need to accept both of those or is there one that would be accepted instead? I might have the numbers wrong, but I know there is an amendment for sections 10 and 12 in number 14, and section 12 is also asked about in number 9. I do not know how the Chair wishes to handle that issue.

Chair Marzola:
We will have Legal answer.

Sam Quast, Committee Counsel:
I understand what you are referring to, which is the 15 miles per hour or less, and the second one is the greater of those two numbers, either the 15 miles per hour or the manufacturer's allowable—I cannot remember the wording. Because that "or less" language is in the existing bill, the intent of the work session document [Exhibit V] was to lay everything out as they are in the attached forms. I believe the intent, if the Committee were to pass this, would be to mesh these all together, so it would be 15 miles per hour or the manufacturer's. It would be the greater of those two numbers.

Assemblymember Anderson:
I greatly appreciate that. I am still not comfortable, though, with the "greater." I personally like the "less," but I might be the only one. I wanted to put that out there. Thank you so much for that clarification as well.

Chair Marzola:
Committee members, are there any additional questions? [There were none.] I will entertain a motion to amend and do pass A.B. 198.

> ASSEMBLYMEMBER JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 198.
>
> ASSEMBLYMEMBER MONROE-MORENO SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblymember O'Neill:
As I said before, and I appreciate Assemblymember Anderson's question. I am going to reserve my right. I will vote to get it out, but I will reserve my right on the floor. I want to go over the amendments. There are several of them I would like to have a little more time with and talk to the bill sponsor.

Assemblymember Cole:
Similar to my colleague, I am actually going to be a no vote, and I believe we have a few others that will be no votes. There is conflicting language on the amendments, and there were some other concerns we have. We look forward to seeing the final draft and being able to hopefully vote yes on the floor.

Chair Marzola:
Is there any additional discussion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEMBERS COLE, HARDY, KASAMA, AND YUREK VOTED NO. ASSEMBLYMEMBER TORRES-FOSSETT WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to Assemblymember Brown-May. Next is Assembly Bill 202.

Assembly Bill 202: Revises provisions relating to claims for dental care. (BDR 57-573)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit W.] Assembly Bill 202 revises provisions relating to claims for dental care, sponsored by Assemblymember Brown-May, and was heard on February 12, 2025.

There is one proposed amendment by Paul Klein with TriStrategies and that is to delete section 1, subsection 2, paragraph (b) of the bill and replace with "Is licensed by the Board of Dental Examiners of Nevada pursuant to [*Nevada Revised Statutes*] Chapter 631."

Chair Marzola:
Committee members, are there any questions? [There were none.] I will entertain a motion to amend and do pass A.B. 202.

> ASSEMBLYMEMBER JAUREGUI MOVED TO AMEND AND DO PASS ASSEMBLY BILL 202.
>
> ASSEMBLYMEMBER COLE SECONDED THE MOTION.

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

> THE MOTION PASSED. (ASSEMBLYMEMBER TORRES-FOSSETT WAS ABSENT FOR THE VOTE.)

I will assign that floor statement to Assemblymember Brown-May. Next is Assembly Bill 248.

Assembly Bill 248: Ratifies the Physical Therapy Licensure Compact. (BDR 54-566)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit X.] Assembly Bill 248 ratifies the Physical Therapy Licensure Compact sponsored by Assemblymember Marzola and was heard March 14, 2025. There are no proposed amendments.

Chair Marzola:
Committee members, are there any questions? [There were none.] I will entertain a motion to do pass A.B. 248.

> ASSEMBLYMEMBER JAUREGUI MOVED TO DO PASS ASSEMBLY BILL 248.

ASSEMBLYMEMBER MONROE-MORENO SECONDED THE MOTION.

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

THE MOTION PASSED. (ASSEMBLYMEMBER TORRES-FOSSETT WAS ABSENT FOR THE VOTE.)

I will assign the floor statement to myself. Our final work session bill is Assembly Bill 270.

Assembly Bill 270: Revises provisions relating to professional engineers and land surveyors. (BDR 54-773)

Marjorie Thomas, Committee Policy Analyst:
[Submitted work session document, Exhibit Y.] Assembly Bill 270 revises provisions relating to professional engineers and land surveyors, sponsored by Assemblymember Hafen, and was heard on March 5, 2025.

There are two proposed amendments by Cassidy Wilson on behalf of the Board of Professional Engineers and Land Surveyors. That is to amend section 2, subsection 1, paragraph (a) of the bill to replace "8" with "10" and amend section 4, subsection 1, paragraph (a) of the bill to replace "8" with "10."

Chair Marzola:
Committee members, are there any questions? [There were none.] I will entertain a motion to amend and do pass.

ASSEMBLYMEMBER COLE MOVED TO AMEND AND DO PASS ASSEMBLY BILL 270.

ASSEMBLYMEMBER CARTER SECONDED THE MOTION.

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

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblymember Hafen. That will conclude our work session for today.

Assembly Bill 170: Providing for the licensure of associate physicians and associate osteopathic physicians. (BDR 54-840)

[Assembly Bill 170 was agendized but not heard.]

I will now open it up for public comment. Is there anyone wishing to give public comment? [There was no one.] Thank you, members. This meeting is adjourned [at 3:53 p.m.].

RESPECTFULLY SUBMITTED:

Julie Axelson
Committee Secretary

APPROVED BY:

Assemblymember Elaine H. Marzola, Chair

DATE:

EXHIBITS

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 399	C	Assemblymember Rebecca Edgeworth, Assembly District No. 35	PowerPoint presentation titled "AB399 Bariatric Presentation"
A.B. 399	D	Assemblymember Rebecca Edgeworth, Assembly District No. 35	Proposed amendments
A.B. 399	E	Chris Gallagher, Federal Policy Consultant, Obesity Action Coalition; and Policy Consultant, American Society of Metabolic and Bariatric Surgery	Fact sheet titled "Nevada Obesity Fact Sheet"
A.B. 399	F	Chris Gallagher, Federal Policy Consultant, Obesity Action Coalition; and Policy Consultant, American Society of Metabolic and Bariatric Surgery	Fact sheet titled "Why it Makes Sense to Provide Treatment for Obesity through Bariatric Surgery"
A.B. 399	G	Various Individuals	Letters of support
A.B. 399	H	Rob Goldsmith, Co-Chair, Obesity Care Advocacy Network; and Christine Gallagher, Co-Chair, Obesity Care Advocacy Network	Letter to Department of Health and Human Services Centers for Medicare and Medicaid Services
A.B. 399	I	Assemblymember Rebecca Edgeworth, Assembly District No. 35	Document titled "Obesity Care Advocacy Network State by State Analysis: Coverage of Preventive Services for Individuals Affected by Obesity"
A.B. 399	J	Adam Plain, Insurance Regulation Liaison, Division of Insurance, Department of Business and Industry	Testimony in neutral
A.B. 215	K	Assemblymember Daniele Monroe-Moreno, Assembly District No. 1	Conceptual amendment
A.B. 215	L	Matt Nighswonger, Private Citizen, Las Vegas, Nevada	Collection of letters in support
A.B. 215	M	Ashley Dodson, representing National Association for the Advancement of Colored People, Las Vegas Chapter 1111	Testimony in support
A.B. 413	N	Assemblymember Duy Nguyen, Assembly District No. 8	Overview titled "Southern Nevada Health Care

			Workforce Apprenticeship Pilot Program: Addressing Workforce Needs for Medical Assistants & Pharmaceutical Technicians"
A.B. 413	O	Ricardo Villalobos, Ph.D., Chief Programs Officer, Workforce Connections	PowerPoint presentation titled "Southern Nevada Health Care Workforce Apprenticeship Pilot Program: Addressing Workforce Needs for Medical Assistants & Pharmaceutical Technicians"
A.B. 413	P	Assemblymember Duy Nguyen, Assembly District No. 8	Proposed conceptual amendment
A.B. 413	Q	Yadely, Private Citizen	Letter in support
A.B. 413	R	Kartika Shetty, M.D., Private Citizen, Las Vegas, Nevada	Letter in support
A.B. 93	S	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document
A.B. 112	T	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document
A.B. 196	U	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document
A.B. 198	V	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document
A.B. 202	W	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document
A.B. 248	X	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document
A.B. 270	Y	Marjorie Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau	Work session document