MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR

Eighty-third Session
May 28, 2025

The Senate Committee on Commerce and Labor was called to order by Chair Julie Pazina at 9:04 a.m. on Wednesday, May 28, 2025, in Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 5 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Exhibit A is the agenda. Exhibit B is the attendance roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Julie Pazina, Chair
Senator Skip Daly, Vice Chair
Senator Melanie Scheible
Senator Roberta Lange
Senator Edgar Flores
Senator John Ellison
Senator Lori Rogich
Senator John C. Steinbeck

GUEST LEGISLATORS PRESENT:

Assemblymember Elaine H. Marzola, Assembly District No. 21

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Jeff Koelemay, Committee Counsel
Bryan Fernley, Committee Counsel
Madison Zajac, Committee Secretary

OTHERS PRESENT:

Nahale Kalfas, Audiology and Speech-Pathology Interstate Compact, Council of State Governments
Kelli May Douglas, Pacific Southwest Regional Liaison, Defense-State Liaison Office, United States Department of Defense

Jennifer Pierce, Executive Director, Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board
Shawna Ross, Nevada Speech-Language-Hearing Association
Taylor Avery, Vegas Chamber
Andy LePeilbet, Chair, United Veterans Legislative Council
Sheila Bray, University of Nevada, Reno
Adam Plain, Insurance Liaison, Division of Insurance, Nevada Department of Business and Industry
Dan Musgrove, bioMérieux

CHAIR PAZINA:
We are going to get started with the first agenda item, which is Assembly Bill (A.B.) 230.

ASSEMBLY BILL 230: Enacts the Audiology and Speech-Language Pathology Interstate Compact. (BDR 54-568)

ASSEMBLYMEMBER ELAINE MARZOLA (Assembly District No. 21):
I am the sponsor of A.B. 230, which enacts the Audiology and Speech-Language Pathology Interstate Compact, which is referred to as ASLP-IC. According to Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board, there are 1,412 licensed speech-language pathologists or SLPs and 179 licensed audiologists. Our state population is approximately 3.2 million people. We continue to see a need for more SLPs and audiologists because there is a growing number of individuals with speech-language, swallowing and hearing disorders across all age groups; particularly the aging population and those who need early intervention services.

The ASLP-IC is an interstate compact that provides a pathway by which audiologists and SLPs can obtain authorization to practice in states where they do not hold the license. Under the ASLP-IC, audiologists and SLPs who are licensed in good standing in a compact member state are eligible to practice in other compact member states via a compact privilege, which is like a license.

Additionally, through the ASLP-IC, licensed audiologists and SLPs may provide continuity of care as clients, patients and students relocate. They will be able to reach Nevadans who are currently underserved, geographically isolated or lack specialty care. It also reduces the burdens for military families in transition.

NAHALE KALFAS (Audiology and Speech-Pathology Interstate Compact, Council of State Governments):
This compact is the same in form and function as many others that you already are a member of. I would like to very briefly go through a section-by-section summary and bill explanation sheet (Exhibit C). But I just wanted to briefly tell you about the key components of this compact.

Again, like many others, it is a mutual recognition compact. Probably the compact you are most familiar with that is also mutual recognition is your driver's license. The driver's license is an interstate compact that also recognizes a license in good standing from another state and allows for a cross-border practice and access to competent care thereby.

In the first section of the compact, we set out a purpose statement which can be very useful in reminding the Audiology and Speech-Language Pathology Compact Commission of its duties as the governing body of the compact. Section 2 sets out all of the defined terms that are utilized both in the compact and in the very narrow regulations that the Compact Commission is able to make.

Section 3 speaks to what is required for a member state to actually participate in the compact. These were taken from, what was essentially, the universal requirements that we found across the country during a very lengthy stakeholder process that we go through at the Council of State Governments. Going over the state participation of the compact, we lay out both audiological and speech-language pathology requirements.

We have some educational requirements, again staying very close to the norm across the states at the time the compact was drafted. We do require some supervisory experience alongside education. You must, of course, also have an unencumbered active license in another member state. Again, this is another state, which is in fact a member of the compact.

I would like to point out that you actually have right now 35 states in this compact, including two of your neighboring states: Utah and Idaho. That number, we hope, will grow this legislative session. We also would like to remind everyone at this point that the scope of practice of Nevada is respected whenever a speech-language pathologist or audiologist is practicing via the

compact privilege in your State. They are required to follow Nevada's scope of practice.

Section 4 also lays out the requirements for actually getting the privilege to practice. We are about four months—give or take a week or two—from getting our compact connect data system online so that this particular compact can actually be operationalized. That data system has been under a build for the past 12 or so months. It is almost complete. We are in the very last sprints of completing that data system so that this will actually operationalize by the end of September.

Section 5 speaks to allowing for telehealth and most compacts, including this one, view telehealth to be but another modality of practice. It requires the same sort of ethical training and the same sort of standard of care that you would require of an in-person practitioner. The practitioner must determine whether or not telehealth is appropriate for that particular patient. So any state's scope of practice with regard to telehealth obviously would be respected.

Section 6 just gives a specific mention to the fact that active-duty military personnel, or their spouses may actually retain a home state from which they've had to move from, through no fault of their own but through new placement orders. This is something that our valued members of the military have found to be very useful.

Section 7 speaks to adverse actions. With regard to adverse actions, this is a very important feature of interstate compacts versus, say, universal licensure recognition laws or model laws. In a compact, you have the ability to regulate the person who is practicing in your state, just as though they were one of your licensees.

Just because they come in under privilege does not mean that Nevada does not have the right to hold them accountable should there be some sort of violation in the scope of practice within the State. Essentially you have, under an interstate compact, a broader prosecutorial net. If someone does have a violation in another state, other member states may look to that action, determine whether or not it also violates their state's laws and determine on their own whether or not to take action against that practitioner. So section 7 lays out an adverse action, how that works and how it may or may not disqualify a practitioner.

Section 8 speaks to the governing body, which I have previously mentioned, the Compact Commission. This particular compact affords each member state two members to be seated as delegates on the Compact Commission. It is very important that we lay this out very specifically because as you probably have heard with other compacts that are in your State, these folks need to be state actors. This governing body is a governmental body …

CHAIR PAZINA:
A quick question for you on that. Would it be one member from each state who's an audiologist and another one who's a speech pathologist? Is that why it's two members?

MS. KALFAS:
Correct. And that is a little unusual. Not every compact has two delegates from each state, but this particular compact does have two, out of respect for the two separate professions. Typically, they are regulated together. But the stakeholders felt that it was very important to have that equal representation of both professions.

So section 8 speaks in much the same language that other compacts speak about the duties, the requirements and the responsibilities of compact commissioners. However, the important thing that we always train our compact commissioners on is to remember that they are on a compact commission as an extension of their duty as a Nevada state actor.

They speak on behalf of the State. Obviously, it is very important that they speak to the executive director of any licensing board that they work closely with and keep that licensing board, and those regulators informed as to what is going on in the Compact Commission.

Section 9 speaks to the data system, which I previously referenced. Our data system will be called Compact Connect. There's information online now about Compact Connect. Again, that's been a venture between three compact commissions, but the information between the three separate commissions, of course, will be firewalled. We've been very fortunate to have assistance from the Department of Defense (DOD) in building that data system as well.

Finally, we have section 10. That's the rulemaking section. It is very robust. It works in much the same way that rulemaking works for your state boards and

agencies. There can be no rulemaking that speaks to anything other than that which is specifically and narrowly authorized by the compact. There can be no rulemaking in the area of scope of practice because the Commission has no authority to be able to unilaterally require anything of another state.

These rules that you see typically speak to things like how you access the data system and how we engage in the work that we do to ensure that the compact is there. It doesn't actually change any of the requirements in any of the states. This is a modern axiom of law today. It has been upheld by the United States Supreme Court for a number of years—several decades. So it's a common delegating authority to this Commission. But again, it lives in that very narrow area of only that which is directly authorized and cited in the compact.

Section 11 speaks to how we engage in dispute resolution and enforcement. Obviously, we all want to work together. I am happy to say that there's only been one enforcement action that did go through the whole processes. It was not in this compact commission; it was in another compact commission. But out of all the compact commissions that are out there, there's only been one enforcement action.

Section 12 speaks to the date of implementation. That has already occurred because we did get ten states into the compact early on, several years ago. So we are a live compact commission; we just need to operationalize with that data system, and that is projected currently for September.

Section 13 speaks to construction and severability. These are very standard terms. It essentially says that if there's some part of this compact which does not apply or if there's some sort of *ultra vires* concern, the rest of the compact, obviously, does apply. Again, this is with regard to rulemaking, bylaws and anything of that nature. We have very robust rulemaking, requirements of notice, opportunities to be heard, votes by the full commission and public comment processes. Again, all of those rules must be directly authorized.

Section 14 speaks to the binding effect. This compact is not just a law, it's also a contract. So both the Compact Clause and the Contract Clause of the United States Constitution are what creates our ability to draft these documents. They've been around for a very long time—since the beginning of this country—and they do work much like contracts. Any one-member state cannot unilaterally break the agreement that is been made between the states. So this

is the mechanism by which we can really protect the sanctity and the federalist notion of the sovereignty of each state that is a member to this compact.

KELLI MAY DOUGLAS (Pacific Southwest Regional Liaison, Defense-State Liaison Office, United State Department of Defense):
On behalf of the Defense Department and military families stationed in Nevada, I would like to express our support for the policy addressed in A.B. 230. This bill would relieve one of the many stressors of frequent military moves by enabling military spouses to transfer their licenses quicker across state lines and obtain employment as soon as they relocate to a new duty station. These policies facilitate greater career sustainability for military spouses, improving their families' financial security and overall resilience.

Notably, interstate licensure compacts benefit not only military spouses but also apply to all eligible professionals to include active-duty service members, members of the reserve, veterans and civilians. By enacting A.B. 230, Nevada would have the opportunity to increase its available workforce to serve the local community, while supporting military families.

The DOD is very appreciative of Nevada's ongoing commitment and efforts to support members of the military community who sacrificed much in service to our country. Thank you for providing me the opportunity to provide comments in support of A.B. 230.

CHAIR PAZINA:
I did have one question to start us off, and it was just because I missed the information you had shared. You had mentioned there are currently 1,412 speech-language pathologists in the State, and then you had mentioned the number of audiologists, and that was just me missing it. So I wanted to get that from you.

ASSEMBLYMEMBER MARZOLA:
There are 179 licensed audiologists in Nevada.

CHAIR PAZINA:
I remembered it was a much lower number than the other, but I could not remember what you said. Thank you for that.

JENNIFER PIERCE (Executive Director, Nevada Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board):
The Board is in support of A.B. 230.

SHAWNA ROSS (Nevada Speech-Language-Hearing Association):
We are here in support. I am also a speech-language pathologist myself. I opened a pediatric private practice in Reno 19 years ago this month. My job is really amazing and wonderful. But one trend that I've seen over the years is how hard it is finding employees. The shortage of SLPs in Nevada affects every practice setting: schools, private practice, hospitals and skilled nursing facilities.

Right now, our waitlist for private practice in Reno—especially for after-school hours—is quite long. One of the hardest things I do is take calls from families, knowing that the kids need these services, and we could help, but we do not have the capacity. Through the Speech-Language Hearing Association, we hear that it's even worse in Las Vegas. So, thank you again for your consideration.

TAYLOR AVERY (Vegas Chamber):
The Chamber supports A.B. 230. This legislation is a step forward in addressing workforce shortages in Nevada's healthcare and educational systems by allowing qualified audiologists and speech-language pathologists from other compact member states to practice in Nevada. This bill helps ensure that our businesses, schools and healthcare providers have timely access to essential communication and hearing health services.

ANDY LEPEILBET (Chair, United Veterans Legislative Council):
We support most compacts, as they help our veterans that have no choice where they are being stationed, and they allow their spouses to stay in the careers that they've selected. We support A.B. 230 as it spells out our active military.

SHEILA BRAY (University of Nevada, Reno):
We too are in support of this bill as it supports workforce development and access to care.

CHAIR PAZINA:
With that, we will close the hearing on A.B. 230. We will move into the hearing on Senate Bill (S.B.) 503.

SENATE BILL 503: Eliminates the Account for the Regulation and Supervision of Captive Insurers in the Fund for Insurance Administration and Enforcement. (BDR 57-1236)

ADAM PLAIN (Insurance Liaison, Division of Insurance, Nevada Department of Business and Industry):
Senate Bill 503 is coming out of the Finance Committee based on the Division of Insurance's (DOI) budget close this session. The bill, in brief recap, is very short with only four sections.

Starting with section 2, it proposes to eliminate the Account for the Regulation and Supervision of Captive Insurers and move the funds from that budget account into the Fund for Insurance Administration and Enforcement. Section 1 does the same with the captive premium tax override—so to speak—that goes into that account.

I want to provide some background real quick. Nevada started regulating captive insurers back in 1999. When captive insurers first were allowed into the State, the [insurance] industry wanted captive insurers to essentially pay their own way. The DOI is an enterprise-funded agency, right? We exist off of the fees we charge to our regulated entities. The same is true for the captive industry.

A specific fund was created so that when captive insurers paid their premium tax, 25 percent of the premium tax would go into the Fund in order to invest in more positions within the DOI to regulate those insurance companies. The remaining 75 percent of those premium tax funds went to the State General Fund. That relationship existed for the better part of a quarter century.

Unfortunately, over the last decade or so, we have had some changes in the captive industry. The IRS has decided to take a specific look at captives that qualify as 831(b) micro captives, as participating in transactions of interest that they are concerned about. Specifically, there are some actors that perhaps were using captives to sidestep federal estate planning laws.

So they issued some guidance that went through a regulatory and litigation process and eventually went into effect in 2024. What that meant was in 2010, Nevada had 125 registered captives in the State. In 2015, we were up to 159. In 2020, we were up to 172, and for year 2024, we are down to 102 registered captives. Most of those captive losses are a result of this IRS

scrutiny, and they've been offshored to the Isle of Man, the Bahamas, Bermuda and so on.

Due to this, the captive premium tax inflow has dropped drastically. So the 25 percent amount that goes to Budget Account 504-3818, the Account For Regulation and Supervision of Captive Insurers, has dropped considerably as well. During the [budget] close for 504-3818, it was determined that this specific budget account will be technically insolvent, probably by the end of this biennium, and that something needed to be done to rectify that situation.

The DOI proposed closing Budget Account 504-3818 and moving all of those activities into our main Budget Account 504-3813. We have enough inner-account transactions already with reimbursements for telecommunication services, office space and whatnot that it really doesn't make sense to have that specialized captive insurance budget account anymore. So S.B. 503 is proposing to close account 504-3818, roll it into 504-3813, and the DOI will continue to pay for those captive insurance regulation activities out of our primary budget account.

CHAIR PAZINA:
Would you like to make any closing remarks on S.B. 503?

MR. PLAIN:
I just wanted to take this opportunity one last time to say the DOI has reviewed the provisions of S.B. 503 and we do not review them as triggering federal defrayal provisions.

CHAIR PAZINA:
With that, we will close the hearing on S.B. 503 and move to the next item on our agenda, which is the work session. We're going to start with Senate Concurrent Resolution (SCR) 5.

SENATE CONCURRENT RESOLUTION 5: Recognizes antimicrobial resistance as a public health crisis and encourages certain actions be taken in response. (BDR R-1234)

I have a question before we actually get started with this. I am going to have Mr. Musgrove come up because I know this has been asked by a few

committee members, and I do want to get it on the record if there's a profit for your clients in regard to S.C.R. 5.

DAN MUSGROVE (bioMérieux):
The answer is we are in this space already performing testing, and the policy of the company is that we want the nation and the world to be understanding of where AMR [antimicrobial resistance] is going. It's still increasing. By making it public in a thoughtful process by public health agencies, we hope to see that reduce, which in the long run would lessen the amount of testing that we do.

I mean, we are in this space now. So if you test, it might be one of our machines that does that testing. But our belief is that this resolution is putting forth a public health idea that we need to go further. In fact, there was a news article just yesterday that the World Health Organization is revising their 10-year-plan on AMR because they are seeing a proliferation across all of the countries that they are involved in. So it is a problem that is not going away.

We are profiting from it right now. But we would ask that we as health agencies and stewards of the process try to lessen that. In the long run, I think we would actually make less revenue. I mean, it's a position of this family-run company that they want to see people healthier, and that's why they've asked lobbyists like myself to go around to states and ask them to take on these initiatives.

SENATOR LANGE:
I think the other question that people have talked about is the primary sponsor, which is Legislative Operations, and how that happened. Why would the Committee on Legislative Operations and Elections sponsor this bill and no one from that Committee was here to help present or anything?

MR. MUSGROVE:
This was something that I went to Senate leadership on—to ask about the possibility of a resolution for this. Leadership asked the Committee on Legislative Operations and Elections to introduce it because that's the normal process. I was actually shocked that it didn't go to Legislative Operations or even Health and Human Services but instead came here to Commerce and Labor.

I am not sure what that decision was. It was really me just working with Senate leadership looking for a vehicle to get this information in front of Legislators. We

were hoping that it would be seen as something that you would want to promote.

To the initial question, we also revised the amendment. There was a line in there that talked about financial incentives to do testing, and we thought that was self-serving. So, to our point, we want this about health information and eradicating AMR. That was our full intent, to get this information out to Legislators and the health agencies that they oversee.

SENATOR ELLISON:
Looking at the bill, the only problem I had was those sections—if you look at the front page of the bill—lines 17 to 20. That was a problem that jumped out to me. Now those sections have been removed, is that correct?

MR. MUSGROVE:
Yes, Senator. In my discussions with [Senate] Minority Leader Robin L. Titus, that was of great concern as a health provider that it was a very blanket defamatory statement. So we believe that it ought to be removed because that was not our intent. We did not want to somehow cast blame on the proliferation of antibiotics. Rather we just want folks to be aware of this pressing problem that we all face.

SENATOR ELLISON:
I want to thank you. Those sections were the only things I was hearing about.

CHAIR PAZINA:
Now we are going to move into our work session and have Mr. Koelemay get us started with S.C.R. 5.

JEFF KOELEMAY (Committee Counsel):
I will go over the work session document (Exhibit D).

> SENATOR DALY MOVED TO AMEND AND ADOPT AS AMENDED S.C.R. 5.
>
> SENATOR FLORES SECONDED THE MOTION.

SENATOR STEINBECK:
I am going to vote yes and reserve my right to change my mind on the floor.

SENATOR ELLISON:
Ditto.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR PAZINA:
All right; with that we are going to move on to A.B. 555.

ASSEMBLY BILL 555: Establishes provisions relating to the coverage of prescription insulin drugs under certain policies of health insurance. (BDR 57-1167)

MR. KOELEMAY:
I will go over the work session document (Exhibit E).

SENATOR DALY MOVED TO DO PASS A.B. 555.

SENATOR SCHEIBLE SECONDED THE MOTION.

SENATOR ELLISON:
I'm going to vote yes on this, but I am going to reserve my right to change my mind on the floor.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR PAZINA:
Next, we will go to S.B. 503, which was just heard here in Committee today.

SENATOR SCHEIBLE MOVED TO DO PASS S.B. 503.

SENATOR DALY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR PAZINA:
Thank you for a great session. We are adjourned as of 9:44 a.m.

RESPECTFULLY SUBMITTED:

_____
Madison Zajac,
Committee Secretary

APPROVED BY:

_____
Senator Julie Pazina, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
A.B. 230	C	3	Nahale Kalfas / The Audiology and Speech-Language Pathology Interstate Compact	Bill Explanation
S.C.R. 5	D	12	Jeff Koelemay	Work Session Document
A.B. 555	E	13	Jeff Koelemay	Work Session Document