MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR

Eighty-third Session
March 19, 2025

The Senate Committee on Commerce and Labor was called to order by Chair Julie Pazina at 8:02 a.m. on Wednesday, March 19, 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 Roberta Lange
Senator Edgar Flores
Senator John Ellison
Senator Lori Rogich
Senator John C. Steinbeck

COMMITTEE MEMBERS ABSENT:

Senator Melanie Scheible (Excused)

GUEST LEGISLATORS PRESENT:

Senator Jeff Stone, Senatorial District No. 20

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Jeff Koelemay, Committee Counsel
Lynn Hendricks, Committee Secretary

OTHERS PRESENT:

Alex Tanchek, Stericycle
Terri Chandler, Future Smiles

Warren Hardy, Future Smiles; Associated Builders and Contractors
Caryn Solie, Nevada Dental Hygienists' Association
Wesley Harper, City of North Las Vegas
Eddie Ableser, Nevada Dental Association
Aimee Abittan, Nevada Dental Association
Marianna Kacyra, Executive Director, Nevada Dental Association
Helen Foley, Delta Dental
Adam Plain, Insurance Regulation Liaison, Division of Insurance, Nevada Department of Business and Industry
Craig Madole, Nevada Chapter, Associated General Contractors of America, Inc.
Brian Reeder, Nevada Contractors Association
Wendy Colborne, Building and Construction Trades Council of Northern Nevada
Brett Harris, Labor Commissioner, Office of the Labor Commissioner, Nevada Department of Business and Industry
Toni Giddens, State Apprenticeship Director, Office of the Labor Commissioner, Nevada Department of Business and Industry
Aaron Ford, Attorney General
Bryan Godoy
Eduardo Guillen
Kevin Argueta
Diana Argueta
Ben Salkowe

CHAIR PAZINA:
I will open the hearing on Senate Bill (S.B.) 231.

SENATE BILL 231: Establishes provisions relating to the collection and destruction of unused drugs. (BDR 54-564)

SENATOR JEFF STONE (Senatorial District No. 20):
It is my pleasure to present S.B. 231, which proposes to establish provisions relating to the collection and destruction of unused drugs. The appropriate and legal disposal of expired or unused prescription drugs is important to prevent drug diversion, protect our landfills and safeguard our finite water supplies.

Many citizens store their used or expired pharmaceuticals in their medicine cabinets in their bathrooms. This leaves their drugs vulnerable for children, grandchildren or even strangers visiting them to take them, ingest them or, if they are controlled substances, actually sell them on the street. In a rapidly

aging population, which I am now a member of, there is a higher propensity of being prescribed controlled substances for pain control. [These medications] include but are not limited to hydrocodone, which is the generic name for Vicodin; oxycodone, which is the generic name for OxyContin; hydromorphone, which is the generic name for Dilaudid; morphine; controlled anti-anxiety drugs like Xanax; and sedative hypnotics such as triazolam, which is the generic name for Halcion.

These drugs can be legally sold on the streets for a lot of money. Data from law enforcement agencies has shown that OxyContin tablets can be sold for $50 to $80 a tablet, OxyContin generics for $12 to $40 a tablet, Vicodin for $5 to $20 a tablet and Xanax as much as $20 a tablet.

Because of the inconvenience of finding a drug disposal box nearby, many people just throw their pills in the rubbish, polluting our landfills, or flush their pharmaceuticals down the toilet, forever tainting our water supplies. Many drugs that are water soluble cannot be filtered out by water treatment plants. Hence, these drugs tend to accumulate in our water supplies over time, especially in Southern Nevada where we have a robust toilet-to-tap program that is so essential in confronting our water scarcity and low water levels of Lake Mead. We also see an increasing level of trace drugs [in the water supply], which may present health issues in time. As an example, studies have shown traces of drugs that are excreted by the body or improperly disposed of find their way to Lake Mead, a major source of drinking water in Southern Nevada. Some of these drugs that are found in our water supplies have actually been implicated in potentially causing cancer.

So what is the solution? Installing more drug disposal bins in retail pharmacies throughout Nevada. The DEA [Drug Enforcement Agency] has promulgated the Code of Federal Regulations Title 21 that allows for the installation of drug disposal bins. This regulation ensures that bins are placed in pharmacies where they can be observed while the pharmacy is open and closed off and locked shut when the pharmacy is closed. [This regulation] also allows for reverse distributor licenses by the DEA to pick up the discarded pharmaceuticals and destroy them, usually by incineration, in accordance with Title 21, which is fully traceable and accountable. One national disposal company recently reported that over 1 billion pounds of pharmaceuticals were destroyed in just one year.

The issue is that there are not enough of these drug disposal bins in Nevada to appropriately discard pharmaceuticals. In 2023, the Nevada State Board of Pharmacy identified the number of existing drug disposal bins in pharmacies in Nevada from a shared database they have with the DEA. In Elko, there are 3 pharmacy locations; in Reno and Sparks, there are 11; in Las Vegas and Henderson, there are 28. That's a total of 42 pharmacies for 3.2 million people, or one bin for every 76,190 people. There are also drug disposal bins at some police departments and sheriff's departments throughout the State that are not included in my count. For comparison, California has a similar program. Sacramento alone, which has approximately 520,000 people within a 20-mile radius, has 96 pharmacy locations, or one for every 5,426 people.

So what would this bill do? It will encourage, not mandate, that pharmacies, especially chain stores, consider adding more drug disposal bins statewide, making the service better advertised and available, and expand to more convenient locations for patrons to utilize.

Why would a pharmacy even consider putting these drug bins in their pharmacies throughout Nevada? Providing this eco-friendly and public safety service can be advertised as a wonderful community partner. One could also predict that these bins would increase traffic of customers in their stores to buy more drugs and sundries as they come in to discard their drugs. Pharmacies that install these bins cannot, by this legislation, charge a fee to use the bins to discard their pharmaceuticals. It is a 100 percent free service offered by the pharmacies that participate. Participating pharmacies need to get regulatory approval from the DEA, which is the lead regulatory agency overseeing this program. The Nevada State Board of Pharmacy does not require or mandate, or even desire to mandate, permission via an application or permit for the same, as opposed to some states that do, which raises the cost for the pharmacies. There are also no legal requirements for a participating pharmacy to notify local law enforcement agencies. Nor is it necessary, as the DEA is the chief law enforcement agency for the program.

Examining the bill more specifically, NRS [*Nevada Revised Statutes*] 639, section 1, is amended to add a new section [as shown in S.B. 231]. There is no mandate for the pharmacy to install and maintain such a bin. Again, the program is purely voluntary. The Board of Pharmacy may adopt regulations for take-back bins if they feel it is prudent.

Section 1, subsection 6, paragraphs (a) through (g), define collector, home-generated pharmaceutical waste, law enforcement, maintain, pharmaceutical, secure drug take-back bin and solid waste management system.

In section 2, this program is funded by a $500,000 grant from the Fund for Resilient Nevada created by NRS 433.732 [and administered by] the Division of Public and Behavioral Health in the Nevada Department of Health and Human Services.

Section 3 states the act becomes effective on July 1, 2025.

In summary, Nevada has a shortage of drug disposal bins. This is a voluntary program; it is not a mandate. The service is free to any citizen to discard their pharmaceuticals responsibly and safely. This will reduce illicit drug diversion. This will stop these potentially toxic drugs being deposited into our landfills and water supplies.

CHAIR PAZINA:
I remember this very well from last session as S.B. No. 183 of the 2023 [82nd] Session.

SENATOR ELLISON:
Is this only going to be in pharmacies, or is it going to be in other places as well? I know that they have found a lot of needles and stuff in libraries and bathrooms. Are they going to be able to utilize this also?

I think it is a great program, and anything to get this kind of stuff off the streets [is good].

SENATOR STONE:
Right now, there are some disposal bins in sheriff's facilities or police stations. I am not aware if there are any in libraries. This bill is specific to pharmacies only.

SENATOR STEINBECK:
The Schedule I drugs are not included in this. Can you just expand on the reason for that?

SENATOR STONE:
Yes. In accordance with the federal government, these are illegal drugs. It was recommended that we exclude Schedule I drugs so that we do not have people bringing in what would be considered federally illegal drugs into legitimate pharmacies, with the liability associated with that. The bins are not structured in a way where they can accept needles. We will need a separate type of a facility or infrastructure to accommodate needles that need to be disposed of.

SENATOR STEINBECK:
It just would be a better place for them to be disposed of than the waterways and other places.

SENATOR STONE:
Even though it says you cannot dispose of any Schedule I drugs, I can assure you that in California, where this was passed, many Schedule I drugs were successfully deposited into these depositories and incinerated.

SENATOR LANGE:
Thank you for bringing this bill back. I am really dismayed [that] in my district, I have looked all around for depository places and can't find any. What is your plan to get these bins in drugstores or different facilities so that they are more [available]? I notice in different parts of town there are more. For example, there seem to be more bins on the west side of Las Vegas than on the east side. How will we get these bins, and how do we advertise to get them into facilities?

SENATOR STONE:
The State Board of Pharmacy and the DEA have the locations of the bins listed on their websites. I am hoping the passage of this bill will make it easier and less expensive, because now we are funding the cost of putting the bins in and for the incineration, more pharmacies are going to participate. And obviously, pharmacies, especially chain stores, are going to strategically place those [bins]. So it is more convenient for people to utilize them.

SENATOR DALY:
Thank you for bringing this [bill] back. I do recall the bill from last session, but just refresh my memory a little bit. If I recall correctly, there are tamperproof measures so people can't steal [the bins]. But if I remember correctly, you do not monitor the cameras in the area because you want people to utilize the

[bins] and not feel that they are being monitored. Is that all still in place? Is it all regulated by the DEA when they get permission to have these [bins]?

I think we asked this question last time. You say no Schedule I drugs, but nobody looks to see what gets put in there and there's no way to really regulate that, other than saying you'll [put up] a notice that says you are not supposed to. Just to confirm, once [the bins are] collected, it is collected under the DEA rules and incinerated. Is that correct?

SENATOR STONE:
Yes, you are right in everything that you just said. The bin has to be right where the pharmacy is. It has to be where it can be observed while the pharmacy is open and completely shut down when the pharmacy is shut down. The DEA licenses the reverse distributors to come in and to take the medications [from the bin and] give a receipt for what is taken. That gets reported twice a year to both the State Board [of Pharmacy] and to the DEA.

SENATOR ROGICH:
I have a quick question with regards to the Schedule I drugs, specifically cannabis. If someone places cannabis in the bin, do you follow the disposal regulations that the Cannabis Compliance Board (CCB) sets out with regard to waste and disposal of cannabis?

SENATOR STONE:
The reverse distributors empty the bins and incinerate the contents. They do not inventory what is in the bin. I would presume probably [they do] not [follow CCB regulations].

ALEX TANCHEK (Stericycle):
Stericycle is one of the world's largest companies that specializes in the collection and disposal of medical waste, including pharmaceutical waste. The proper destruction of prescription drugs is a critical safety issue for Nevada's residents and Nevada's environment. We want to thank Senator Stone for bringing this bill back and the committee for considering it.

SENATOR STONE:
Thank you for your consideration of this bill. It is coming back because in the last session, there was no funding associated with the bill, and I was afraid there was going to be an unfunded mandate on pharmacies. Now there is

funding available, and hopefully this will help us clean our landfills, keep our water clean and keep diversion under control.

CHAIR PAZINA:
I will close the hearing on S.B. 231.

Before we begin our next bill presentation, we have a bill draft request (BDR) to consider.

BILL DRAFT REQUEST 32-952: Repeals provisions relating to financial institutions. (Later introduced as Senate Bill 412.)

SENATOR ELLISON MOVED TO INTRODUCE BDR 31-952.

SENATOR DALY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR PAZINA:
I will open the hearing on S.B. 268.

SENATE BILL 268: Revises provisions relating to insurance coverage for certain dental services. (BDR 57-329)

SENATOR EDGAR FLORES (Senatorial District No. 2):
I have the honor of having Ms. Chandler, Executive Director of Future Smiles, join me this morning. Future Smiles has provided a packet of information regarding their program (Exhibit C contains copyrighted material. Original is available upon request from the Research Library.). This packet provides amazing information about the work that is being done in Nevada. We are also joined by Mr. Hardy, who will be providing a section-by-section breakdown of S.B. 268.

Today, on behalf of my constituents, I am very proud to present S.B. 268. I have always talked about an unfortunate reality that I share with a lot of folk in my constituency. For so long, when we talked about oral hygiene and dental care, it was something that was abstract and we were disconnected from it. I

grew up in a very humble home. As kids, we saw dental care as something that was detached from us. It was for the elite, the rich, but not something that we ever went to and much less something that we ever did, unless it was an absolute emergency. I have shared publicly in the past that I never had an opportunity as a child to visit a dentist. I did not know what that was like until I was a young adult in college. It was the first time that I really started engaging in that, mostly because we just could not afford it. We did not have insurance, and it is an unfortunate reality that continues to be true today.

Fortunately, because of Future Smiles and other individuals and nonprofits who have focused on serving kids like myself, we now have programs that are directly working within our school districts and serving these children who, like me, did not believe that this was something that they could afford.

So what are we trying to address? I want to make it clear that back in the 2000s, the Nevada Legislature passed a law clarifying that public health dental hygienists may provide certain services without the direct supervision of a dentist. While these services have been provided ever since, some private insurance companies have been denying claims for payment because the services are provided without the supervision of a dentist. That is permitted by the NRS, so there is confusion there.

This is where we insert ourselves in this conversation. We want to continue to grow programs like Future Smiles. I will also say that in working with communities, schools and other wraparound services in Nevada, we have had the opportunity to directly work and see the amazing work that is done, particularly in the schools in my district. It is just amazing work that is being done there.

I would like to hand over the presentation to Ms. Chandler so she can tell you about all the amazing work that is being done and some of the challenges that she has faced over the years.

TERRI CHANDLER (Future Smiles):
Thank you for the opportunity to address the committee today. We very much appreciate Senator Flores and his willingness to help us address a particular barrier to services. On behalf of Future Smiles and myself as a public health dental hygienist, we are in support of S.B. 268.

I would like to take a moment to introduce you to Future Smiles. We are a Nevada nonprofit with an IRS status of 501(c)(3) governed by a volunteer board of directors. Our nonprofit began operations in 2009 by focusing on school-based dental care for underserved children in Southern Nevada. Future Smiles has a program protocol approved by the Nevada State Board of Dental Examiners that allows our dental hygienists to hold a special endorsement to practice public health dental hygiene without the supervision of a dentist. The program communicates monthly with the Board to share what schools or community sites we are going to with our mobile school sealant program. Biannually, the dental hygienists renew their licenses and their special endorsements. During that time period, they submit that to the Board with documentation of all the services that we have provided during the two years.

The *Nevada Administrative Code* [NAC] 631.210 says a dental hygienist may conduct an assessment of oral health of the patients and develop a dental hygiene care plan as set forth in subsection 2, paragraphs (a) through (n). Furthermore, when a dental hygienist is issued a special endorsement, the dental hygiene services are provided through the assessment and implementation of a dental hygiene care plan without the supervision of a dentist. Current Dental Terminology (CDT) codes are used to describe the dental hygiene services. This is standard throughout the industry of dentistry. These CDT codes include D1904 for oral health screening; D0601 for caries risk assessment; D1206 for fluoride varnish applications; D1351 dental sealants; D1355 for caries prevention medicaments; and D1120 and D1110 for prophylaxis, which you would call a dental cleaning.

Additionally, in NAC 631.210, there are requirements that the patient be referred to a dentist for follow-up care, diagnostic services and any services that the hygienist is not authorized to perform under statute. Future Smiles accomplishes this with our case managers, who are bilingual. They support our families by navigating the children to a dental home. We also use grant dollars to cover the cost of root canals, oral surgery and other needs the children have. We also offer Medicaid enrollment from our specialist as well as the welfare officers, who are people who come from the welfare office who are accomplished in Medicaid enrollment. They come once a week to our facility.

Future Smiles holds a Memorandum of Agreement with the Clark County School District [CCSD]. In this agreement, there are guidelines for our insurance coverage, which includes general liability, professional liability and auto liability.

Our team is also required to have fingerprinting and background checks by the CCSD.

I failed to mention in some of my letters to you that this program goes into the schools with portable equipment. We have two transport vehicles. We put everything on trolleys, bring everything in bins and go into a classroom, computer lab or wherever the school has space for us. The kids miss about 20 to 30 minutes of classroom time, and mom and dad do not have to take off from work.

Our delivery model incorporates four pillars: education, prevention, restorative services and case management. Since inception, our organization has served more than 270,000 children with oral health education and toothbrushing supplies. Many of these low-income children do not even have their own toothbrush; they share them. We have provided preventive and restorative dental care to 54,000 children. More than 32,000 children have received a dental sealant on their teeth. Research from the CDC [Centers for Disease Control and Prevention] shows that 80 percent of those [teeth with] sealants will not get a cavity during the first 2 years of placement.

Preventing decay and disease is really the main goal of the program. Unfortunately, tooth decay is the most chronic childhood disease in the United States. Fifty percent of the children seen by Future Smiles have untreated tooth decay or cavities, and two out of ten children experience daily dental pain because of cavities and infections.

As you can imagine, traveling to schools breaks down a multitude of barriers, like parents taking off from work and children missing vital classroom time. Routine dental care is provided regardless of insurance status, which helps to improve access to dental care. Our families are families of five living on less than $2,000 a month. Fifty percent of the children we see are enrolled in Medicaid, 40 percent are uninsured and 10 percent have private dental insurance.

Senate Bill 268 will align NRS 631.287, which is the section for our dental hygiene public health endorsement, and NRS 689A under the Insurance Commissioner, establishing our dental hygienists as direct healthcare providers recognized by all dental plans as State law provides. Some dental insurance plans through their guidelines have coverage that is limited to only when a

dental hygienist is practicing under the supervision of a licensed dentist, but this is in direct conflict with NRS 631.287. Furthermore, when dental plans prohibit reimbursement, it limits the access to care and forces the nonprofit to use vital resources that should be reserved for children who are actually uninsured.

I provided the committee with some materials, one of which is the 2022 *Personal Health Choices* report. This report looks at emergency department data. In 2022, 72,162 Nevadans actually utilized emergency departments for acute dental pain and infections. Of these, nearly 20,000 were children under the age of 18. The average emergency discharge fee is $4,537, which could equal as much as $327 million per year. Of those using the emergency department, 69 percent came from Clark County, 23 percent came from Washoe County and 8 percent from the rural areas. It is important to share with you all that an emergency department is not set up for dental treatment. [When] those folks go into the emergency department, they get antibiotics, they get pain medication and they get recommendations to go see a dentist. We are not solving the problem, and it is at a much higher cost than it should be.

My program will serve a child in the school setting for $143 per child. There are much more cost-effective ways to provide health care in our State and to have better health outcomes for Nevadans.

I thank you so much for your time today, and I appreciate your consideration for S.B. 268.

WARREN HARDY (Future Smiles):
Terri did a wonderful job of describing [the program], and I want to thank Senator Flores. We reached out to Senator Flores because he gave a wonderful speech a year and a half ago to the dental folks about the challenges he had growing up.

I am really proud of Future Smiles. One of the things we are always looking for in the Legislature is for the private sector to step up and get involved, and for philanthropists and donors to get involved. That is largely what this bill does.

In terms of a section by section walk through the bill, this bill does one thing. Section 1 of the bill aligns the current law regarding billing insurance with the law that was passed in 2001. These services that are provided—we are not looking to expand the services we do to nonpublic health dental hygienists. We

are looking to do what we have been doing for 24 years, but have insurance companies acknowledge that those services should be reimbursed. We have a good number of private insurance companies that do honor these claims. We have others that do not because traditionally, if [the work] is not done under the supervision of the dentist, they will deny the claim. We have the special endorsement and carve-out provided by the Legislature in 2001.

The challenge is this: a very small percentage of our students have any kind of insurance, and we rely on the dollars from philanthropists and donors to be able to provide those services. But only 10 percent of our students have dental insurance of some kind; some of them [have] Medicaid, some of them have some level of private insurance. The challenge we have is that Medicaid is a provider of last resort. If we submit a claim to Medicaid for these students, and they realize that they are covered under another insurance policy, Medicaid will deny the claim.

What we are trying to do is close that loophole to say if you are insured, this is not a new insurance mandate. This is not requiring anything new of insurance companies. What the bill says is if you already provide insurance, and you receive a claim that is for services that are allowed by law, you cannot deny that claim simply because a dentist was not present.

I will not go back and revisit the 2001 legislation, but the purpose of that legislation was to try to expand services to get services into these schools. The expense of putting a dentist in every situation is cost-prohibitive and would remove the ability to provide these services for kids.

That is what this bill does, purely and simply. If you have insurance and you submit a claim for services that are permitted by law, it can be denied for other reasons, but it cannot be denied just because there was not a dentist present. That is permitted by law. The bill does not expand services; it is the same thing we have been doing for 25 years. Every dollar we have to spend because an insurance company will not cover the claim is a dollar we do not have to spend on a student or a child who has no insurance. That is the tragedy of the current situation.

That is as simple as I can make it. The bill is very simple; it should not be confusing or complicated at all.

SENATOR ELLISON:
I think that is a great program. I know that my dentist here in Reno—he was in Elko and he moved back to Reno—he had a program [where] they would volunteer thousands of hours to help these children once they got to the point where they needed extractions or fillings or whatever, and I have never seen businesses step up to the plate as much to help these children because if they do not do it at a early age, it is going to come back. I appreciate it.

I do have one question. If you see a tooth that is decayed and needs a dentist, do you refer them to a dentist? Is there a list of dentists that they can get help [from] if they can't afford [care]?

MS. CHANDLER:
I am very familiar with the Northern Nevada Dental Society program. You do have volunteer [dentists] here in Northern Nevada. It is different in Southern Nevada. We do not have an organized volunteer program like you do [in the north].

The other thing that happens with the CCSD is that anyone who goes into the schools has to be fingerprinted and have a background check. They also have to be covered under my professional liability insurance. My staff actually are full-time dental hygienists who work for Future Smiles. I have a part-time dentist in a brick-and-mortar dental clinic at Wynn Elementary School, where we provide full comprehensive care.

The other back-end asset we have is bilingual case managers. They call the families and identify resources. We refer the kids to the School of Dental Medicine at the University of Nevada, Las Vegas. We [also] refer the kids to other private doctors. I have several doctors [I can] call and say, "Hey, it's Terri from Future Smiles. I have a kid who needs help." I have doctors who will do *pro bono* work, whether it is root canals or oral surgery. I have other doctors where we have a negotiation, where I pay 50 percent of their regular fees because they have their overhead too. I try to work with them collaboratively, and I can utilize some of the unrestricted dollars from the nonprofit.

But your Northern Nevada Dental Society program is very respectful, and I appreciate what the dentists are doing here in Northern Nevada.

MR. HARDY:
The minute it becomes evident that the required services extend beyond the scope of what we are permitted to do under law, it is referred to a dentist. A dentist is brought in at that point, and those services are transferred to a dentist. Our dental hygienists only do the services that are permitted under the 2001 law. We have great relationships with dentists and help get those services to those kids.

SENATOR DALY:
I support the bill. I think [the insurance issue] is a technical dodge. It is a shame that we have to come here and do legislation to get people to do the right thing.

I know you went over all the billing codes and all of that stuff. My wife used to do claims and stuff, so I have heard all of those numbers before and work on our trust fund. But when you submit that billing code, there's not a different reimbursement rate versus the hygienist that is under the supervision of a dentist and the hygienist that has the special endorsement. It's the same reimbursement rate, right? I am assuming it is not more expensive to have the hygienist with the endorsement. I really see this as a technical dodge by insurance companies, which I guess that is in their nature. They're scorpions. So they are trying to save every dollar and use every little word they can to get out of this.

I support the bill. I am just curious about [whether] it is the same cost.

MS. CHANDLER:
Public health dental hygienists get what is called a national provider identification number, which goes into a federal system. They also get a Medicaid provider number. The claims are billed under those individual unique provider numbers. We have several contracts with Liberty Dental. We have fee-for-service contracts [with] Medicaid. We have contracts with Delta Dental. They all have their own unique contract.

They have fee schedules, and yes, our contract should be equivalent to that set fee schedule. I do know that they sometimes make special fee schedules for certain providers and the DSOs [Dental Service Organizations] and things like that. I do not know what their fee schedules are like, but we sign a contract with them where they say, "Here is what the reimbursement rate is going to

be." But in reality, it will not be any more expensive than what it would be in a private dental office. So yes, you are correct.

SENATOR DALY:
Understood. I just wanted to get that little bit of nuance on [the record]. Insurance providers are using that as a shield, inappropriately. It is a shame we have to come here and try to correct that; but we're here, and we're going to get that done, I hope.

MR. HARDY:
I would just add that I think generally, Senator Daly's characterization is correct. We're here because some folks did not do the right thing. Some do; we do have dental insurance programs we work with that pay these claims and do not question them, and they are great to work with. So it is not all of them, but perhaps there are some that look for the loophole.

CARYN SOLIE (Nevada Dental Hygienists' Association):
I am a member of the Board of Directors of Future Smiles, and I also serve as the co-chair for the Nevada Dental Hygienists Association Government Affairs Committee. Today I am speaking on behalf of that Association.

In 2011, the American Dental Hygienists Association and the Nevada Dental Hygienists Association both adopted policies supporting direct third-party payments to dental hygienists for oral health procedures provided with or without a dentist in supervision in all settings. *Nevada Revised Statutes* 631.287 allows for the dental hygienist to receive a public health endorsement to their license and to provide oral health care in settings outside of the dental office.

Many of those public health-endorsed programs are nonprofit. These public health-endorsed programs are critical sources of care for many uninsured, underinsured and Medicaid patients. The ability to receive payment for those services would allow for more care to be given to those who are in need. We urge you to please adopt S.B. 268.

WESLEY HARPER (City of North Las Vegas):
We support this bill. It provides not only better dental health outcomes but better general health outcomes for our residents. For that reason, we stand in support.

EDDIE ABLESER (Nevada Dental Association):
The Nevada Dental Association is in opposition to the bill.

We would love to applaud the work that Ms. Chandler and the folks at Future Smiles do every day. Our dentists collaborate with them and value their contribution to the community and to our underrepresented populations who do not get the services. They have identified an issue that is a problem in Nevada. We have significant shortages of providers all across the State. We do not have enough dental hygienists to actually do the work. We do not have enough dentists to actually get out and meet the needs in these hard-to-reach places.

Many of our dentists work with nonprofits like Future Smiles to reach these needs. There just simply are not enough [professionals]. Our schools for dental hygiene only admit ten individuals a year into their program. We are just not producing enough dental hygienists.

Senate Bill 268, while it is well intended—as Senator Daly mentioned, it is technical—is actually more problematic once you realize the implications of what it does. We have shared our concerns with the bill sponsor and appreciate his willingness to listen to our concerns. We have shared our concerns with Future Smiles and the folks that represent the organization.

The way we are understanding it—first of all, the Oral Health Program within the Department of Public and Behavioral Health, which I had the privilege of actually working with when I worked at the State—does great work. They receive over $2.6 million from the State to deliver to programs like this directly. You do not bill for anything. These are specifically assigned in the program delivery of a public health dental hygienist in schools, so we have funding available for it.

The moment you open up the door for private insurance claims without a dentist or someone who's qualified and trained to diagnose the oral health condition, it creates problems on validity.

CHAIR PAZINA:
We are over two minutes. I have a question, so maybe answering this question will help expand your point.

My understanding is that dental hygienists are literally doing what was put in statute in 2001. If they are literally just doing what is already in statute and reaching out to dentists for further assistance, this is just to get reimbursed from insurance companies for what is already been put in statute. What am I missing here?

MR. ABLESER:
Public health endorsed dental hygienists are doing what statute has identified with the Oral Health Program, where that $2.6 million that you all assign in budgetary funding goes and flows through the Division of Health Care Financing and Policy that funds directly those programs. It is not a diagnosed oral health assessment that a dentist gives to a patient, in which a claim is made against the insurance based on that oral health condition or disease.

The concern that dentists have is assigning a diagnosis to an individual without the appropriate person doing that diagnosis could create some medical malpractice of the provider who is giving a consumer a diagnosis without purpose, or perhaps an incomplete evaluation that might be missing a significant disease.

CHAIR PAZINA:
It sounds like back in 2001, this may have been—and maybe it was an argument that the Association made. Because it is currently in statute right now, I think the bigger question is the reimbursement from the insurance companies.

AIMEE ABITTAN (Nevada Dental Association):
I am a general dentist. I work in both private practice and for the Nevada Army National Guard. I have been a licensed dentist here in Reno, Nevada for nine years.

I would like to speak in opposition to S.B. 268. I think I can bring a little bit more clarity to some of the comments from Mr. Ableser. I am the vice president of the Nevada Dental Association, and today I address this committee on behalf of our members.

There are a lot of complexities surrounding S.B. 268. Submission of dental claims to insurances utilizing CDT codes requires a formal dental diagnosis, which must be made during an examination with the dentist. Submitting

[claims] to insurance [companies] requires a formal diagnosis attached to that code. During a dental examination, a dentist incorporates all of the relevant information for that patient, [including] a detailed medical history, x-rays, periodontal measurements and observations of present conditions in order to arrive at appropriate diagnoses and formulate a treatment plan tailored to that patient. Dental hygienists are not statutorily able to provide that diagnosis on their own. A diagnosis by statute has to come from a dentist. Dental insurance claims made without an accompanying dental diagnosis attached are not valid.

Senate Bill 268 seeks to allow public health dental hygienists to bill commercial insurance without that oral health examination, a dental diagnosis or a treatment plan. But without that statutory ability for a dental hygienist to make a formal diagnosis, that claim is not going to be valid.

We as an organization are concerned that improper diagnoses could pose a threat to public health. That's why we maintain high diagnostic standards across all of the health fields, not just dentistry. Protection of patients and delivery of safe care is paramount to us. We wish to ensure standardization and accuracy in dental diagnoses.

CHAIR PAZINA:
That is two minutes. Please finish out your comments, and please do provide your full record of comments to our committee secretary so that we can add them to the record.

MS. ABBITAN:
Much appreciated.

CHAIR PAZINA:
My understanding was that they are not making diagnoses; they are just doing the job of a dental hygienist, and anything else would be referred to a dentist. We will definitely get an answer to that

MARIANNA KACYRA (Executive Director, Nevada Dental Association):
The Nevada Dental Association strongly opposes S.B. 268, as it fundamentally overlooks the critical aspect of patient care and the dental profession structure. Dental hygienists are not trained or licensed to diagnose conditions, which directly impacts their ability to bill insurance for services requiring a diagnosis. Allowing them to practice independently without the ability to diagnose could

lead to gaps in patient care, mismanagement of oral health conditions and increased risks for patients. Maintaining the current structure ensures that patients receive proper diagnoses and treatment plans from licensed dentists, protecting the standard of care in Nevada.

HELEN FOLEY (Delta Dental):
Delta Dental has a contract with Future Smiles. We provide insurance coverage for those few students whose parents are covered by Delta Dental. As you heard, that is only 10 percent [of students]. The vast majority are [covered by] Medicaid, but 10 percent of students do have coverage. I believe that most of those services fall under Future Smiles and the dentists that Delta Dental provides services for. We have not in the past contracted directly with the dental hygienists, so this certainly would be new to us. Not that it would be totally opposed, but we do provide those services and pay for them.

We look forward to working with all of those involved and seeing how this might work out.

ADAM PLAIN (Insurance Regulation Liaison, Division of Insurance, Nevada Department of Business and Industry):
The Nevada Division of Insurance is neutral on this bill.

To steal a phrase from Senator Daly, I am going to technically dodge a portion of this. Whenever we get into scope of practice or standard of care issues, the Division of Insurance does not generally weigh in. We have no doctors on staff; we have no dentists on staff. We are not qualified to make comments on those areas. So I will limit [my testimony] to just saying that we evaluated this under federal defrayal provisions. Expanding the list of providers able to submit a billing for a particular service would not trigger federal defrayal positions or ramifications, and that is where I will leave it.

SENATOR FLORES:
First of all, I want to make it abundantly clear that obviously we are not here to relitigate the 2001 legislation. However, just for the sake of clarity and transparency, we will ensure that we create a working group, and we will make sure that we invite legal counsel to join us. We will make it abundantly clear that it is not the intent of this legislation to in any way expand what we have already been doing since 2001.

Secondly, I want to invite all the members of the committee to engage with Ms. Chandler and see the amazing work that has been done over the years, particularly those of you who have an opportunity to travel back and forth. Come and see firsthand the work that they are doing.

Lastly, I also want to just thank the opposition because I appreciate them coming up. They did reach out to us and notified us that they did have some concerns and were open to the continued work together. I do not take their testimony as them having blindsided us. We had these conversations previously to walking into this meeting, and I appreciate their candor. But I do believe that there is a misunderstanding about this. I would like to hand it over to Mr. Hardy to walk through some of those technical issues that were raised.

MR. HARDY:
It is true that this is a public health program, as was indicated. I am not an attorney, but I am unaware of any law that prohibits private sector insurance companies from participating in paying for services in the public health program. What we are talking about here is the ability for us to collect dollars for the services we have rendered legally by statute. I look forward to the opportunity to work with the opposition.

Senator Flores is correct; they did reach out to us in advance, and we are more than happy to work with them. I would agree with the Chair that the opposition testimony appears at some level to be relitigating the 2001 bill. I am sure if we go back and look at the testimony, it was exactly these kinds of concerns that were brought up. I do not think we are touching on any of those issues.

I think the Chair characterized it perfectly. We are looking to get paid for services that we legally provide under the statute so that the taxpayers do not have to, and so that our philanthropists and donors do not have to. That's the crux of this [bill]. If these services are paid for by the private insurance companies, that is who is going to pick up the tab: the public through Medicaid, or Future Smiles and their donors. That is what we are wanting to avoid.

I never believe I know everything, so I am really looking forward to continuing the conversation with the opponents to see if we can address their concerns. The other thing I would say is I am unaware, and Ms. Chandler told me she is unaware, of any claims against a dentist for medical malpractice.

If I forgot to mention this in the testimony, there is a fiscal note on the bill that we have talked to the Division [of Insurance] about. We have been informed that they intend to remove that fiscal note since Medicaid already provides these services, and it does not change that impact.

MS. CHANDLER:
When we go into a school, every child at that school receives oral health education and a dental hygiene kit. Every child gets a consent packet. In that consent packet, we ask the parents for their consent to treat, their insurance information and their contact information if we need to contact the parent for the case management if we refer them to a dental provider for additional services beyond those CDT codes that are lawful under the public health dental hygiene endorsement. Those parents signed that consent, expecting us to process claims under that insurance plan.

The main one that we see is the Culinary [Union] dental benefits. They are the main private insurance that has this clause where they only cover services provided [under] direct supervision by a dentist. That's where this keeps coming up. Oftentimes [the parents] are low wage earners, and their children are also enrolled in Medicaid. They have two coverages, but the Medicaid side will not reimburse because they want the private side to reimburse first. They are the payer of last resort.

To speak to the grant money coming from Nevada, when that grant opportunity first came forward two years ago, they wanted new schools and new programs to be providing services. I already had a 15-year existing program that was serving 50 schools, so I really could not see the bandwidth to be able to expand scope. We currently are one of those grant recipients under the Department of Health and Human Services and the schools' sealant program grant to provide services to ten or more new schools. So the grant covers those 10 new schools, but it is not doing anything for the 50 schools I have already been providing services at. It is wonderful that we have it, and that we were able to expand. But as we keep expanding, it just becomes more and more apparent that there is this additional private insurance situation that we are trying to resolve with the Culinary Union and work out that directly with them. We have been asking for conversations with them because I do not think they realize [the situation]. Again, this is about working families taking [time] off from work and wanting to take advantage of the school programs.

CHAIR PAZINA:
I will close the hearing on S.B. 268 and open the hearing on S.B. 285.

SENATE BILL 285: Revises provisions relating to apprenticeships. (BDR 53-91)

SENATOR SKIP DALY (Senatorial District No. 13):
I would like to start with just a little bit of background [about] some of this stuff on apprenticeship. Unless you are in that arena, it is hard to understand. When I tried to explain to the Legal Division what I was looking for, they drafted the bill in the fashion that I had talked to them about, and their language was very helpful to me. When I saw it and started talking with some of the stakeholders, they said this is where we need to get to. So I am going to work off of the amendment (Exhibit D).

A little bit of background. Several years ago—within the last, I think, three or four years—I was still working at the union for laborers—we had some contractors or employers that wanted to put in apprenticeship standards for a new construction trade. They were calling them solar workers. There were two different programs that came in, and in one set of standards they had three different disciplines: electricians, laborers and operating engineers. Those people could switch back and forth between those craft types, and all three of the crafts were involved. None of the employers that put in those standards got as far as a hearing; they withdrew before that. But I know there were two different solar companies that tried one. And then there was one for geothermal that was trying to combine plumbers, laborers and I think operating engineers.

So the fire is out right now, but it is still smoldering in the background. People were trying to put these programs forward in various [areas] because there were tax incentives if you had an apprenticeship program, for instance, for solar projects.

What we are trying to do here, and I think we have hit the balance on it with the help of the Legal Division's original drafting, is to give direction to the State Apprenticeship Council on what they need to do when they get an application to create a new building trade or combine two separate building trades within one set of standards.

There are several existing programs out there with some of the building trades and crafts. You can have one program that teaches different disciplines in the building trades, but you have to have a separate set of standards for each one. In other words, when you graduate from the program under standards for electricians, you are going to get a certificate that says you are a journeyman electrician at the end. You are not going to get a certificate with three different crafts that you may have had training in. A certificate that says you are a journeyman solar worker you really can't use anywhere else.

So when we came up with the change that we are doing in section 2, subsection 1, paragraph (e), subparagraph (23), with [the language "if the program provides training in more than one construction trade." There are 23 criteria you have to meet when you put in your application for standards that the Apprenticeship Council reviews. If the program is for more than one construction trade, as defined in this section according to the amendment, it must have separate standards for each trade. The main construction trades are the 15 nationally recognized building and construction trades. No new trades have been added for 100 years. In the language, it does not say "including without limitation"; it says that these are the 15 trades. It is very specific and exhaustive. You can't come in with something else and say, "I have a new construction trade."

I hope we are giving pretty clear directions to the State Apprenticeship Council if this comes up on what it is we are asking them to do. If a program comes in and wants to cover more than one trade, each trade has to have a separate set of standards. When people graduate, they are journeymen in one of these 15 crafts.

In the next section, there are some standards before we had this where people have more than one craft already recognized under a set of standards. We are not trying to go back and un-write those. I did not want there to be confusion. So if you are in that type of program, you can continue under that, but in the future, you would not be able to. We are eliminating the words "interim credential" because when I looked at it, I felt we do not really need to talk to that. We are also eliminating the term "career lattice" because it means different things in different areas. For instance, in carpentry, they have several different disciplines within their silo of carpenters, including drywall, cabinets, class A formwork, drywall, insulation and several different areas. A person can go through their program, get training and graduate as a journeyman carpenter, but

really only have studied or had experience on the job in drywall, but they are still journeyman carpenters. But it would not stop them under this bill from using that program to go and do cabinetry or formwork, whichever it might be, to receive that training or have it be part of their apprenticeship in multiple areas within the one major discipline.

That is the bill. I know it is kind of an esoteric area if you are not familiar with it, and there are a lot of terms that people may not understand. I wanted to [eliminate] confusion [about] the term "interim credential," which is why I took out that and "career lattice." I think we hit on something that will have support coming up.

CRAIG MADOLE (Nevada Chapter, Associated General Contractors of America, Inc.):
We want to thank the Senator for working with us on the amendment. With the amendment, we are in support of S.B. 285. We believe that it adds clarity and keeps the integrity of the apprenticeship programs.

BRIAN REEDER (Nevada Contractors Association):
When Senator Daly told me he was bringing a bill on "career lattice," I had to go to Google immediately and find out what it was. We have talked about it, and with the amendment, the Association is in support.

WARREN HARDY (Associated Builders and Contractors):
The Associated Builders and Contractors are in support of the bill as amended. We appreciate Senator Daly for bringing this bill. He has always been a champion of protecting the integrity and the reputation of apprenticeship programs. We think this is a good piece of legislation.

WENDY COLBORNE (Building and Construction Trades Council of Northern Nevada):
We are in support of this bill and thank Senator Daly for bringing it forward.

BRETT HARRIS (Labor Commissioner, Office of the Labor Commissioner, Nevada Department of Business and Industry):
The Nevada State Apprenticeship Council falls under our jurisdiction. We had some clarifying questions regarding how this was going to be implemented potentially for the Apprenticeship Utilization Act actually. But I think with the amendment we just saw, we better understand what the Senator is intending

with requiring standards for those bigger trades. I do want the State Apprenticeship Director to just briefly explain from our perspective how occupations are looked at under the Department of Labor because that is actually how the programs get registered.

TONI GIDDENS (State Apprenticeship Director, Office of the Labor Commissioner, Nevada Department of Business and Industry):
Thank you for your time. My only concern is to make sure that we have this clarified as far as registering occupations under the Department of Labor's records. As the State apprenticeship agency, we use those terms. Regarding the trades listed in the amendment, there are actually several separate occupations under each one of those trades. We just want to make sure we are clarifying that that is already being done. Whether or not we are talking about new programs going forward, each individual occupation has to have a complete set of standards—or if we are able to continue in the way that we are operating where there is a set of standards with a separate Appendix A, which is the occupational trade training piece of that and make sure we are maintaining that going forward.

SENATOR DALY:
I believe I can shed some light on those two questions. I do not believe it will affect the Apprenticeship Utilization Act at all. We already have the apprenticeship programs that are in place registered by the State that can send out apprentices.

I know the Labor Commissioner has put out a document on trying to fill in some of the gaps. They say, "My specific thing is not covered, but one of those 15 building trades covers that area of work," and they direct them to that. For instance, under the laborers, construction, craft, labor—people understand laborers, and they say, "Where do I go to get flaggers?" You go to the laborers to get flaggers because that is covered under their area. Same thing for brick hod carriers, plaster hod carriers and those things within that silo, as I talked about. Same thing with carpenters and plumbers, pipefitters, et cetera.

As far as the occupational code that the U.S. Department of Labor has, I know they have a whole bunch of different numbers or things that they would recognize in theory. I do not think the State Apprenticeship Council will have to act any differently than they are now. As I said in the example with the carpenters, all of those subclassifications that may be recognized for

apprenticeship are going to be under the carpenter standards. But if you want to have carpenters and electricians, [they need] separate standards. I think the industry and everybody recognizes that distinction.

Within the electricians, they have [separate categories for] low voltage, signage and general wiremen as well. When you see painters and allied trades, they have drywall finishing, painting and glazing. They could have one set of standards for all of those if they chose, but they could not have painters and then also cover heat and insulation.

I think it is pretty well known within the industry how that is going to work. I don't anticipate that there's going to be any change. I hope that answers the question for the Apprenticeship Director. They can feel free to get hold of me, and we will get that squared away.

CHAIR PAZINA:
If there are any questions from the Apprenticeship Director or Labor Commissioner, please share with Senator Daly and myself so we can get anything answered as we move forward toward deadlines.

I will close the hearing on S.B. 285. Is there any public comment?

AARON FORD (Attorney General):
I am delighted to be here and to be accompanied by several students from Southern Nevada. Thank you so much for indulging us.

Senate Bill 63 was supposed to be on the agenda today.

SENATE BILL 63: Revises provisions relating to social media platforms. (BDR 52-505)

We asked that it be removed so we can continue working together to facilitate something to better protect youth online. The Youth Online Safety Act is a very important bill for us and a very important bill for a lot of the students. To my delight and surprise, several of those students actually came up to testify in support of S.B. 63. We have four of them here, and I would ask that you indulge them with the opportunity to present in public comment the reasons why they believe youth online safety is an important issue.

With that, I am going to remove myself from the table and afford them an opportunity to testify. Their testimony is submitted as public comment (Exhibit E).

BRYAN GODOY:
I am a tenth grader from East Las Vegas. Today, my peers and I want to speak with you about the impact of social media on our community.

Unfortunately, we now live in a world where social media is no longer just a platform for communication and meeting new people. It has become a tool that lets people attack and bring others down, a tool that lets middle schoolers get their hands on [cannabis] wax cartridges, weed and other substances, a tool that lets students my age get their hands on guns easily.

Many teens my age have lost their lives due to conflicts that originated on social media. All you have to do is look at the news the last two years to see what I am talking about. As someone who knew some of these people and had the chance to see their potential, it is very sad to see how a little dumb post on social media can lead to a crime and/or death.

Social media should be a space where individuals feel safe, sharing their personal experiences and making connections with one another. Instead, it is a source for violence and hatred. If there was something you could do that would make your own children and teens safer, I know you would do it. Our community does not feel safe right now.

We are just asking for you to help us support S.B. 63 to put a limit to things posted on social media and to get all these bad influences out of East Las Vegas and out of Nevada so teenagers like us can show our full potential and succeed in our community.

EDUARDO GUILEN:
I am a student at Equipo Academy on the east side of Las Vegas. I like to talk; I like to discuss how social media is contributing to the drug crisis in our community.

Social media can be a powerful tool for making connections and creating memories. However, it also unfortunately promotes drug use. This has had a devastating impact on my friends I go to school with and the wider community

in East Las Vegas. Social media apps make it easier for people my age to find and buy drugs without adults even knowing. I have personally witnessed sellers using social media platforms to advertise their drugs, including posts about their prices and the availability of the substances. They make pages on the apps we all use, like Instagram, and then create links to Telegram so you can pay them and get pick-up or delivery of dispos [disposable vape pens] and whatever else you want. This access encourages drug use among the youth in East Las Vegas.

Unfortunately, social media companies seem unwilling to take action against these drug sellers. They prioritize their own interests and profits over the well-being of their users. They allow anything to happen on their site because they want our attention and our time, no matter what the cost. This lack of responsibility allows drug abuse to continue unchecked, causing harm to families and communities across Las Vegas. This is not right for everyone. It affects people like the people I know and schools like my own school. This should have never been a problem in the first place.

A clear solution is to get at the source of the problem and make social media accountable to us. I hope you will support S.B. 63 and write a law to better protect my friends in our State. Thank you for your time and hearing me out, and have a good rest of your day.

KEVIN ARGUETA:
I am here representing Equipo Academy. I am an eighth grader.

Today I am here to talk about how social media causes violence and depression to people. If you were to just log into Instagram right now, you will see a fight page for mostly every school in Nevada. If you search for EA or Equipo Academy on Instagram, you will see a fight page for our school. This causes more people to fight just to be cool—they post it to get clout or likes.

A lot of violence happens because of social media. The reason why it would cause them depression is because after someone loses a fight and it goes on social media, then lots of people see it. Then they will clown the person who lost the fight, and it will cause them depression, and they will not like to show up the next day to school. Or they will threaten the people who won the fight and get more people involved.

Violence gets worse by people getting mad after seeing them getting posted; they get more mad, and they want to get back at them and do worser things like buying a gun. It is easy to get one on social media. I know multiple people who have been targeted and even got shot and killed, or locked up. All because of them winning a fight and the other person getting mad, or because of buying a gun and not being safe with it and making bad decisions.

I think the problem in East Las Vegas is the teenagers causing problems like shootings with guns they should not have. But I think sellers take advantage online to sell them because they do not get caught and they also do not have a limit.

There should be a limit to all of this. People should use social media for good things, not to affect people like this.

I think you guys can help us by making rules for apps that people use to sell things on. I also think it will help a lot of people if you guys can report or do something about all the school pages people have and find out who owns them.

Thank you for hearing me out. Have a good day.

DIANA ARGUETA:
I am here representing Equipo Academy as a sophomore.

I am here to talk about how social media has affected people's mental health. Social media is a part of everybody's daily life and can affect people in good and bad matters. But people use it now to bully and harass people in different ways.

It starts as soon as you post something, and anybody can post anything about anybody without there being a limit. There are always rude comments, embarrassing posts and harassing messages. This can really bring people down when they are just getting bullied into not wanting to get out of the house or not having any motivation to do anything because they get told something on anything they do or just the way they are.

This harassment is hurting schools and other places because students who are getting targeted have no motivation to go anywhere when they know they are going to get made fun of for everything they do.

I hope S.B. 63 and your work can block things from getting posted and make companies process reports faster.

CHAIR PAZINA:
Thank you so much to each of the students who have spoken. I would like to make sure we have written copies of those comments because we do want to get those on the record. When we do have the hearing on S.B. 63, they can be written support for that bill.

SENATOR FLORES:
I just want to acknowledge the Attorney General. I know that more than ever this session, you have made it a point to bridge the community, particularly our young folk. I know you are working on several bills to ensure that they have access and prevent future issues that we have been dealing with in the community. You and your amazing staff have been in the community meeting people where they stand. We have also had the privilege of having our Attorney General on multiple occasions work with the community directly in different languages. I am just incredibly proud of the work that you and your amazing team are doing.

I also wanted to acknowledge Equipo Academy, which is in my district. I just wanted to say how proud I am of you. I know it is your spring break; you could be home hanging out, playing some video games and doing what—and that is all good. But instead, you devoted your time to being here. For me personally, I am very proud of the work that you are doing, and maybe one day you'll be on this side of the dais.

We are always trying to build a bench, and I am just very proud of Equipo Academy, particularly since childhood friends of mine teach there now. It is just empowering to see the students come in here and to know that maybe one day you'll be on this side creating policy. I am super proud of you and appreciate you being here today.

BEN SALKOWE:
Our students speak better about this issue, and it is so personal to them. I do not want to repeat anything that they said to you, but I just want to provide the context as one of the teachers who helped get them up here. We were notified by a friend yesterday morning that you all might be discussing this bill. I messaged the students, and they responded within an hour that they would go.

This was yesterday. They hopped on a plane. We had to go to Phoenix; we got to Reno late last night, and they were sitting in the breakfast nook writing the things they just said to you because this is personal.

I can speak from a teacher's perspective and say all of the colleagues I have spoken to are in support of what the Attorney General's office has already written into this bill. We hope that you all will go even further to address the teenage issues they are raising to you. I teach too many 16-year-old alcoholics, and I have too many arguments with 10- and 11-year-olds about dispos and vapes that they think are going to solve all the problems and the trauma they deal with in their lives.

When I asked them to show me where it comes from, it is remarkable and terrifying how easily they can open up an app and show me the page they can get it from, and show me the payment platform that is linked to it and tell me about the guy who will show up at their house later that day or meet them after school.

That is on top of the bullying and harassment, and the difficulty of getting things taken down. It is on top of the violence and the students that we have lost, or the student who was locked up a month ago following things that happened on social media. I do not want to keep doing that.

I am excited that the Attorney General's office is helping us do something about it. I will be back for your hearing. We support your work on this.

I was the founding principal for nine years for Equipo Academy, and I am currently working with students to help them become advocates for East Las Vegas.

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CHAIR PAZINA:
It is such a pleasure having you here, and it makes my heart so happy hearing the articulate words of the students of the academy. The future is very bright.

Is there any further public comment? Hearing none, we are adjourned at 9:39 a.m.

RESPECTFULLY SUBMITTED:

_____
Lynn Hendricks,
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
S.B. 268	C	8	Senator Edgar Flores	Support letter and info packet from Terri Chandler, Future Smiles
S.B. 285	D	23	Senator Skip Daly	Proposed amendment
S.B. 63	E	28	Attorney General Aaron Ford	Public comment by Bryan Godoy, Eduardo Guillen, Kevin Argueta, Diana Agueta, Ben Salkowe