

**MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR**

**Eighty-third Session
April 9, 2025**

The Senate Committee on Commerce and Labor was called to order by Chair Julie Pazina at 8:04 a.m. on Wednesday, April 9, 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:

Senator Fabian Doñate, Senatorial District No. 10
Senator Robin L. Titus, Senatorial District No. 17

STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Jason Mills, Nevada Justice Association
John Knobel, Employers
Terri Chambers, Pro Group Management

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Dalton Hooks, Nevada Self-Insurers Association
Mike Draper, Nevada Franchised Auto Dealers Association
Misty Grimmer, Nevada Resort Association
Todd Ingalsbee, Professional Firefighters of Nevada (PFFN)
Troyce Krumme, Las Vegas Metro Police Managers & Supervisors Association
Jason Leshar, Washoe County Sheriff Deputies Association; Public Safety
Alliance of Nevada
John Abel, Las Vegas Police Protective Association
Charles Nort, Nevada Alternative Solutions
Austin Richardson, Las Vegas Democratic Socialists of America
Alexis Motarex, Nevada Association of Mechanical Contractors; Nevada Chapter
AGC
Jimmy Lau, Sunrun, Inc.; Nevada Contractors Association; Dignity Health-St.
Rose Dominican
Victoria Carreón, Administrator, Division of Industrial Relations, Nevada
Department of Business and Industry
Adam Plain, Insurance Regulation Liaison, Division of Insurance, Nevada
Department of Business and Industry
Paul Moradkhan, Vegas Chamber
Jamie L. Cichon
Eugenia Weiss, School of Social Work, University of Nevada, Reno
Blayne Osborn, Nevada Rural Hospital Partners Foundation
Leonardo Benavides, University of Nevada, Las Vegas
Victoria Erickson, Executive Director, Nevada Board of Examiners for Social
Workers
Michael Flores, University of Nevada, Reno
Dora Martinez
Angelina Tuenge
Marde Closson
Gabriel di Chiara, Chief Deputy, Office of the Secretary of State
Connor Cain, Nevada Bankers Association
Edith Duarte, Nevada Solar Association
Steven Himile, Nevada Solar Association
Garrett Gordon, Womble Bond Dickinson
Christi Cabrera-Georgeson, Nevada Conservation League

CHAIR PAZINA:

We are going to start with a motion to reconsider on Senate Bill (S.B.) 168.

SENATE BILL 168: Revises provisions relating to cannabis. (BDR 56-553)

Members, we previously voted to recommend that S.B. 168 be amended and do pass as amended. However, bill stakeholders discovered there was an issue with the amendments that justifies reopening this matter for further deliberation. Specifically, the amendment should not have included item 3 on the work session document, which added to section 1, subsection 2, [paragraph] (d), [subparagraph] (a), [which was the] requirement for the Cannabis Compliance Board to adopt regulations setting the circumstances for terminating a hold order for cannabis or cannabis products due to alleged use of a pesticide that is not permitted.

It was not the intent to add this amendment. I am asking for your vote to reconsider our previous action to amend and do pass this bill. Once we reconsider our previous motion, the committee can consider the same amendments in the work session document ([Exhibit C](#)) that is located on all of your desks except for item 3.

I am now going to reopen the work session on S.B. 168. I will entertain a motion to reconsider our previous action that S.B. 168 be amended and passed as amended during our work session on March 21.

SENATOR DALY MOVED TO RECONSIDER S.B. 168.

SENATOR SCHEIBLE SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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I will now entertain a motion on S.B. 168 to amend and do pass as amended.

SENATOR SCHEIBLE MOVED TO AMEND AND DO PASS AS AMENDED
S.B. 168.

SENATOR DALY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR PAZINA:

I will now open up the hearing on S.B. 317.

SENATE BILL 317: Revises provisions relating to industrial insurance.
(BDR 53-625)

JASON MILLS (Nevada Justice Association):

John Knobel and Terri Chambers are going to come to the table and present with me, along with Dalton Hooks in Las Vegas.

The bill that you have in front of you today from the LCB [Legislative Counsel Bureau] has been dramatically altered and updated. After meeting with all of the stakeholders that approached us—the major industry players, major insurers, self-insurers, self-insured groups—their issues and concerns were addressed. It has resulted in the proposed amendment ([Exhibit D](#)) that has been circulated to your entire committee as well as given to your staff.

Just to give you a brief background on why and how we got here, the Nevada Workers' Compensation System is over 100 years old, dating back to 1911. We were one of the first states in the nation to adopt a workers' compensation system. In fact, those rules were adopted after, and in the wake of the Industrial Revolution. What happened was that, effectively, workers' compensation systems had to be created to deal with the change in our society.

Instead of employees having to sue their employers by showing fault on their part and employers defending cases to show that their employees had some sort of fault, systems were created across the country at the turn of the century. It allows for quick and efficient payment of benefits to those who are injured while working for employers. The issue of fault need not be addressed, so we do not have to look at the fault of the employer or the employee.

That system has grown in the nation and in the State and has been modified many times. In 1947, and again in the 1970s, there were dramatic alterations in the State to the workers' compensation system. Most recently in the 1990s, the system was completely overhauled and updated. I bring this up because this grand bargain—this deal between labor, workers, the employers and the

insurers—is constantly in a state of flux as our society continues to evolve, and the way we work and interact with one another continues to change. I am bringing that up because this will always be a process in motion; it will always be something that needs to be addressed by legislators such as yourself. We are here today to address the very issues that are constantly needing attention in the State.

I am going to turn to the language in the bill that we are seeking to amend. While I recognize that there are 42 sections in this bill and it is quite extensive, the good news for each of you is that 19 of those sections are dealing with a couple of issues, and much of that is being removed.

Essentially, sections 1, 2, and 4 through 13 deal with what we were originally seeking to amend. We were seeking to amend "industrial [health] providers," the people who give care beyond just MDs, DOs and chiropractors, to include dentists, podiatrists, audiologists, therapists and all the other types of physicians that perform care. However, there is no standardized list or system that controls how this works.

We have removed all that for the key reason that the insurers and the employers have pointed out that the current system with our list is somewhat problematic. I think all of you have heard bills earlier this session detailing the problems with the lists. Their suggestion was that we fix the way we are dealing with the current lists of treaters, providers and doctors, and how they interact with the insurers and claimants before we create an entirely new body of additional providers that have the similar and same problems that existing lists have. We thought that was wise, so we removed all that language.

The other seven sections that they are dealing with are sections 18, 21, 22, 26, 31 and 34, which deal with one of the more recent changes in the statutory system in the 1990s. These have to do with the fact that managed care organizations were thought to be a large part of how workers' compensation [systems] transition from the old state-run system to a private system. It turns out that this is not truly the case; this system had internal review—or a utilization review process—where you would have to first go to that private company's internal review system before you could go to the hearing and appeals office.

We found out in the last 30-35 years that not only does that system not work, it slows the entire system down and it is not even really being utilized by any of the organizations. It is not really being utilized by the courts, and it is basically cumbersome and antiquated. The utilization review still exists for these companies, but if there are problems with it, the parties go to the hearings and appeals office to address it.

I want to turn your attention to the rest of the changes. First, section 3 indicates that we are going to be changing the penalties in *Nevada Revised Statutes* (NRS) 616D.120. We originally were looking to add additional penalties. Last session, Senator Daly created dramatic changes and helped injured workers in this space.

Frankly, the insurers and employers came to us and said, "We have not had the time to let that change in the law really settle in before you start adding additional things that we could become liable for." We thought that was reasonable because Senator Daly's bill from last session is just now starting to be understood and followed up on through the Division [of Industrial Relations].

Regarding the PTSD burdens in section 17, we have reinstated the original language. We thought [the phrase] "clear and convincing evidence" tended to be an over extensive and somewhat harsh burden. But, in reality, the insurers and employers have talked to us, and we tend to agree that it has not been a major or significant problem in bringing these cases. There is no need to adjust that burden of proof from where it is. Being a practitioner for the last 25 years, I would agree with that. So we removed that section as well.

We did add language that indicates that psychological evidence can now be used. What am I talking about? The statute currently indicates that you have to have medical or psychiatric evidence to bring a mental or stress claim under the statute.

The problem is that medical and psychiatric are effectively the same term. You need to be a Doctor of Medicine or a Doctor of Osteopathic Medicine to be a psychiatrist. Therefore, any evidence that they are rendering is medical in nature. In a way, the statute was duplicative. We are leaving that language in there, but now [we are going] to add psychological evidence, meaning that PhDs, therapists and licensed clinicians can obviously diagnose these conditions, and these are the people who do that.

Regarding section 20, we are adding a statutory requirement that the Hearings Division [in the Department of Administration] update and keep a calendar online of all the hearings and appeals. That way, everyone in the community knows when these hearings and appeals are happening and can see the openness. I would like to commend the Hearings Division.

They're already doing that, but it is just because they think it is a good idea. We agree with them. If the administration in that division ever changes, we do not want that to go away, so we want what they are doing to continue. We put language in there to essentially make what they are doing "statutized" [incorporate into statute].

Section 23 "statutizes" stay-motion procedures and rules for appeals. When a hearing or appeals officer or a district court has ruled, the party who has lost often seeks a motion for stay. A court must then use burdens that are set forth in our Nevada Rules of Civil Procedure and in our case law. Here, we have "statutized" those rules of civil procedure and case law requirements that are already in our rules system. For whatever reason, not every single judge looks at those, so we are clarifying how those rules should be applied on stay motions.

Regarding section 24, there is a problem on petitions for judicial review—that is after the parties lose and go to the district court—and it typically affects *pro per* litigants. If they use the wrong courtroom, did not name the right party or did not go to the right venue, then their cases are often dismissed on procedural grounds, not on merits. That is from case law that has developed through the courts over the years.

Both parties think that that is incredibly burdensome for the parties, and it sometimes even bites professional parties; however, most often, it hits these *pro se* litigants [representing themselves without a lawyer]. This amendment points out that as long as your timeframe complies with the rules—the 30 days to appeal—if you did not technically name the right party or file it in the correct district court venue, that is not a basis to dismiss it on the merits. Rather, it is the basis to essentially allow the parties to amend and continue.

Section 25 also deals with stay-motion procedures. It's another section [that] deals with the district courts. They deal with it identically to how the appeals officers dealt with it.

Section 27 alters and changes what we call temporary partial disability. This happens when a person is injured on the job and they come back to work, but they are only working a very limited number of hours. They are still entitled to benefits above and beyond what they are getting paid on their job because they are not meeting their compensation rate.

This is already existing law. This rule sets forth the time frame when those payments need to begin—like they do in temporary total disability. Time frames are set all throughout the statute and, through an oversight, there was no time frame set when temporary partial disability payments were set to begin.

Section 32 also changes the language to petition for judicial review so that it is ruled on the merits. Again, there's two sections in the statute on how petitions for judicial review are dealt with. We had to not only amend it inside the actual act itself, but also on the petition for judicial review portion of the act. It is effectively the same language repeated a second time for addressing cases that are moving up to the Nevada Supreme Court.

Section 33 deals with how it applies to any claim, which is open, pending or reopened.

The key change that I want to focus on is section 14, so I am backtracking. This bill is rather large, but it is not as big as it looks. Section 14 is really one of the critical areas that we wanted to amend on behalf of claimants, and that is how we deal with the providers list.

First and foremost, the rules require that the [Hearings] Division maintain a list for 19 different specialties in counties of more than 100,000 people. We've learned that neurology, psychology and general practice are generally not overrepresented in the counties that are affected—Clark County and Washoe County. We are removing those provisions that they must maintain 12 physicians in those categories back to the regular category of 8—the catch-all category.

The bill also changes that if an insurer removes a physician or chiropractic physician from its list, they can only do it in compliance with statute. This is typically when doctors either withdraw themselves from the workers' compensation system, when they do not want to do the work anymore if they do not want to be under contract anymore or if they've broken the law.

Effectively, they are removed if they get a misdemeanor, felony, lose their license or the Division found that the [doctor] erred so badly in workers' compensation that it warrants removal.

As I understand, in the seven years since the law has changed, two doctors have fallen under that category where they have done something wrong and have been removed. The insurer's concern was, as time grew on, the list would start to get bloated with physicians that no longer practice in this field and the list would be overrepresented by doctors who are not actually practicing and accepting these claims.

We put in a provision that allows the insurers, at their request, to review their list *in toto* to add or remove doctors as they see fit every three years. However, they are always going to warrant that the lists they are providing and the numbers of physicians they are listing, as required by the statute, will in fact accept and treat those claimants for those listed body parts.

What am I talking about? Typically, these lists will sometimes have 12 different doctors in a particular category that can treat; you reach out to them, and they will not do it. This conflicts with the insurer's desire to have doctors on their list that will take care of these patients. It conflicts with me and my client's desire to have them taken care of for their injuries.

We want to make sure that the insurer is now warranting that the doctors they put on their list will, in fact, accept and treat these patients. If the doctors are on that list and they do not meet the minimum numbers in the statute, then the claimant can choose any other doctor in the State system that will accept and treat [them].

This puts an incentive on the insurers to be diligent in maintaining their list; it also gives them the ability to review their lists *in toto* every three years. [They must determine] whether or not the physicians are actually meeting their contractual obligations following the requirements that they are setting forth. It strikes a balance between the needs of the claimant and the needs of the insurer.

[The amendment] details under section 14, subsection 12 on page 19—which Dalton Hooks will address later—how the panel physicians are maintained.

The final section I wanted to address with significant changes is section 17. This now allows for licensed psychologists, clinical professional counselors and marriage and family therapists to treat accepted mental stress injury claims. This does not expand or change mental stress injury claims themselves; that statute portion is unchanged. However, it allows these licensed individuals to perform the treatment.

Why is that necessary? Insurers and claimants have learned over the years that the psychiatrists that we have on the provider list are not enough. In Southern Nevada, there are only two [doctors] who will accept and treat psychological psychiatric claims. One of them is a new physician that was added, and he is already being overwhelmed and not accepting as many new cases as he did in the past. In Northern Nevada, there are none.

This is a problem for insurers, providers and, most importantly, the people who are injured through mental and stress injuries—most typically police officers, firefighters, dispatchers, EMTs and the folks that protect all of us. They are not having [enough] access to the mental health care on accepted claims. This rule adds the requirement that the insurer's panelists contain no fewer than 12 of these combined types of practitioners that only treat and care for the conditions accepted on mental stress injury claims.

Lastly, section 35 adds a provision that allows physicians on the providers list, who also have physician assistants (PA) in their direct employment, to allow those PAs to do follow-up care on these cases—if the doctor has a direct-employment relationship with the PA and the claimant consents. This was critical for us.

We do not want the claimants being seen only by PAs and for follow-up care. The reality is that with the limited number of physicians in many of these areas, they can spread their ability to treat patients in follow-up care if they have direct-employment PAs. Again, [this is only] if the claimant [agrees] to have that happen on his or her claim.

JOHN KNOBEL (Employers):

We are the largest domiciled workers' compensation carrier in the State. I am going to start with our biggest change, which is the implementation of a closed formulary in section 38 [of the amendment] on page 61. I am sure everyone here has seen stories about the ever-increasing cost of prescription drugs, and it

is no different in the workers' compensation system. Prescription drug payments comprise about 14 percent of every single workers' compensation claim.

In response to this, about 17 states have implemented formularies as a useful cost-containment mechanism. At its most basic level, this is just a list of drugs that an insurer agrees to cover. That being said, it is not just an arbitrary limit on drug use. Effective formularies are designed to be broad enough to provide drug treatment options, while also driving care to the most cost-effective and medically-efficient results.

In fact, our State already has a formulary for Medicaid. States like Texas and California implemented formularies for the workers' compensation system about ten years ago. My general policy rule is if those two can agree on anything, it has to be a halfway decent idea. That is why this section is simply directing the Division of Industrial Relations (DIR) to review and adopt an existing evidence-based formulary, such as the ACOEM [American College of Occupational and Environmental Medicine] practice guidelines or ODG [official disability guidelines] formulary.

These are developed by pharmacists and physicians with the help of outside experts to create an easy-to-follow list of exclusions and inclusions for physicians and healthcare providers to follow. That being said, it is not static. They're consistently updated as new drugs come out, medical literature comes out and those sorts of things.

It also includes important protections for injured workers, such as grandfathering in medications that they may already be on, emergency exemptions, and also gives physicians and injured workers the ability to challenge for a drug that is medically necessary but may not be on the list.

Outside of that, we have some tweaks to the audit structure in the State in sections 36 and 37 that reflect and clarify a bulletin issued last summer. It also provides a prior notice for in-person inspections.

TERRI CHAMBERS (Pro Group Management):

I am the chief operating officer of Pro Group Management. We administer five of the State's seven self-insured groups. I will be going over sections 39 through 42. Not unlike other sections that have been presented, the sections

that we are proposing right now are going to update and modernize the way that certain sections of statute have been treated.

Section 39 [of the amendment] updates the policy year premium payroll cap. Our State has a payroll cap of \$36,000 per-year per-employee. Payroll is the basis of workers' compensation premium. Basically, payroll times the rate equals premium, so no matter how much an employee makes during the calendar year—they can make \$150,000—the payroll is capped at \$36,000.

The change will update this to bring it more in line with current compensation benefits. In other words, when calculating benefits for injured workers, we have to use their actual wages. However, on the premium side, you are limited on how much payroll you can use to calculate that premium.

This also ties the payroll cap to an annually adjusted average weekly wage for computing the maximum disability compensation for each fiscal year. This is certified by the Nevada Department of Employment, Training and Rehabilitation. This means that we will not have to come back to address this issue each legislative session. It would be tied to that index, and it would be changed automatically. Other benefits would include more predictable and evenly spread monthly premium payments over a policy year.

The insurance rates to calculate the premium are anticipated to decrease and balance out because the premium is still covering the same number of employees. While you may hear, "My rates are going to go up. Now you are going to charge my premium based on much more payroll. That means it is going to cost more in my premium and my bottom line," but that is not the case. If you look at 10 employees making \$36,000 a year, you are still covering 10 employees at 40 hours a week no matter what. Whether it is \$36,000 a year or \$100,000 a year, the exposure is the same.

It is anticipated that the rates would then come down to accommodate the increase in the payroll. In other words, if you are an underwriter, you underwrite the risk. You have a certain amount of premium that you want to collect for the risk that you agreed to cover. There should not be any change in the rate or in the premium that is charged; the rate would be adjusted to accommodate for the increase in the payroll.

Self-insured employers had expressed a concern that their excess insurance premiums would increase. We did reach out to the Safety National Casualty Company, which is a large insurance provider of excess insurance, or what we call reinsurance, to get their slots. The senior vice president of underwriting provided the following statement:

Should the Nevada payroll cap be adjusted or eliminated, our employee exposure would not change with any of the payroll cap adjustment. Thus, we would expect the rates to be decreased to maintain a similar premium should the cap be adjusted or eliminated.

Again, it is a balancing act; the payroll goes up and the premium comes down so that you get to the amount of premium that you need to cover a risk.

Section 40 clarifies a bonding requirement for third-party administrators of an association of self-insured employers. If you are a third-party administrator in the State, you have a bonding requirement. You are required to post a bond with the Insurance Commissioner, and that requirement is in Title 57 of the insurance code.

There is an additional statute that says that if you are a third-party administrator administering claims for a self-insured group or an association of self-insured employers, then you have a bonding requirement. This section clarifies and eliminates the need for a duplicate bond.

In other words, if I am a third-party administrator and I administer the claims of a self-insured group, first I am going to post a bond with the insurance division for my business. The business is the same and the exposure is the same. I am only handling the claims of a self-insured group. I should not be required to post a bond for the same amount of business in the insurance code and in NRS 616B.

This clarifies that NRS [616]A requires a third-party administrator to post duplicate bonds. One is required by the insurance statutes in Title 57, and one is required by the industrial insurance statutes in NRS 616B. With the change, a third-party administrator will no longer be required to post two bonds, which is the case now, if they are administering the claims of an association of self-insured employers.

Section 41 adds a time frame for the State Treasurer to disperse money from the subsequent injury account once they receive a written order from the subsequent injury board. Currently, there is no time frame for disbursements and payments are often delayed for months. This section places a sunset provision on the submission of qualified claims to request recovery from the subsequent injury accounts for associations of self-insured public or private employers.

Newly filed subsequent injury claims that occur after September 30, 2025, will not qualify to be submitted for reimbursement to the subsequent injury account and subsequent injury claims already approved for recovery would remain eligible for reimbursement from the account until these claims are closed. The account is funded by employer assessments, has no impact on claim benefit delivery and is an administrative burden that no longer serves the purpose for which it was created.

Section 42 [of the amendment] is a repeal of NRS 616B.410. This is a very old statute. The statute was drafted in the 1990s when self-insured groups were allowed to be formed out of the State Industrial Insurance System. At that time, it was meant to ensure that payroll audits were conducted utilizing standard industrial codes (SIC), as these codes were the basis of premium at that time for the State Industrial Insurance System. The statute is no longer relevant; CIS-Nevada no longer exists; SIC no longer exists; and the need to have the Insurance Commissioner perform audits to verify the use of these SIC codes no longer exists.

At that time, it was important because CIS-Nevada had a concern that if a covered employer moved from the CIS-Nevada system into a self-insured group, the self-insured groups that were formed at that time might use the wrong classification code and might undercharge their premium. That original legislation was drafted to address that concern that CIS Nevada had—that should those members go out into a self-insured group, they would not be charged the appropriate amount of premium, and that they would not use the correct classification code.

DALTON HOOKS (Nevada Self-Insurers Association):

I am the founder of Hooks, Meng and Clement, which is the largest insurance workers' compensation defense and administrative law firm in the State. I want to start out by thanking Senator Daly, Mr. Mills and the other stakeholders for

their work on this bill with us. This has been the product of a considerable amount of compromise, and we are thankful to be working together on this.

Just to orient where I am starting, as Mr. Mills mentioned, section 14 in [Exhibit D](#) contains the bulk of the changes that are being made. Specifically, this deals with the doctor's lists. The portion that I have been asked to present addresses the DIR Administrator's role in this process. We have had a couple of sections where we have been working on these lists.

[Section 14] deals with the publication of the doctors lists so that injured workers and other stakeholders will be aware of what doctors are on the individual TPAs [third party administrator] insurers or employers' panels, and that those are published.

Section 14, subsection 12 of the amended language makes it clear that the administrator's role includes making sure those panels of lists, which are to be in a searchable digital format so that information is useful to anyone who needs it, are uniform in terms of their layout. The DIR will have a role over that.

The second part of it addresses that the administrator's role in this regard is effectively administrative. They are to take the lists that the TPA or employers have provided that they have certified. The first part is correct and is consistent with the act, and the second part [indicates] that those listed doctors will treat workers' compensation patients. To the extent that they do not, they can be removed. Beyond receiving and publishing the list, the administrator's role is to make sure that it is a searchable format; it does not reach beyond taking that list and publishing it on their website.

Section 36 deals with administrative fines, as Mr. Mills mentioned earlier. Senator Daly, through his work last session, made some substantial changes to this area. One [area] that was not touched, however, is in the case of minor—sometimes termed *de minimis*—fines for things like using an outdated version of a C3 or C4 form. These are not things that affect claimant care. An example that one of the members gave me was that they used a slash instead of a division sign, and that resulted in one of these fines, which can be \$300, \$375 or other small amounts.

The problem that we had here is that penalties would increase if you had multiple violations. However, there was no period in which they would reset. If

you were somebody who had two violations for using the wrong form over a course of time, you would be stuck at that enhanced fine into perpetuity.

There is not a corollary in any enforcement that I am aware of—certainly in OSHA, your citations drop off after a period of time. That is all that we are doing here; we are making that period three years, which aligns with the code provisions that already exist and [it] brings some clarity to that section.

MR. MILLS:

I would like to thank Senator Daly and your entire committee as well as the major stakeholders that approached us—from gaming to insurers, to employers, to self-insured groups, to self-insured associations and to every major association that approached us in discussing and working with this bill.

MIKE DRAPER (Nevada Franchised Auto Dealers Association):

We are very much in support of S.B. 317. I want to start by saying how much we appreciate Senator Daly's leadership on this, as well as Mr. Mill's efforts to work with us and so many others, to create a bill that we think is a very good bill going forward. Particularly as a self-insured group, we very much support sections 37 through 40.

Right now, we might be the only State in the union that currently has a cap, so increasing that cap very much helps employers and other self-insured groups like us. This is a very important bill for groups like us, and we very much support it.

MISTY GRIMMER (Nevada Resort Association):

We are also appreciative of all the conversations and the collaborative attitude of everybody to come together and bring these different ideas and pull them into one bill. We appreciate Senator Daly for allowing his bill to be the workers' compensation omnibus bill that we always have every session. We appreciate the input of Mr. Mills and Mr. Hooks. After all these years in workers' compensation, there's still a whole lot I do not understand, and those two gentlemen are very helpful in explaining it at my elementary level.

TODD INGALSBEE (Professional Fire Fighters of Nevada (PFFN)):

I want to thank the sponsor for this bill. I think a collaboration of all the groups who worked on this speaks volumes. I will say that it is probably a first—since I

have been coming up here for almost ten years—for all those groups working together. Seeing Mr. Hooks on the same side [as me] is definitely a first.

We want to thank everybody for this. We think it is what is best for not only workers but for everybody. It is about getting our workers back to work, which is where they want to be. It is about getting our union members healthy and more productive when they do come back to work.

TROYCE KRUMME (Las Vegas Metro Police Managers & Supervisors Association):
We are here to testify in support of S.B. 317. We want to thank Senator Daly, Jason Mills and the entire team of stakeholders that brought us together.

Police officers are often injured in the line of duty, and when they have to start navigating the insurance industry, it becomes a bit of a nightmare, and it is confusing. Many times, it creates a delay in getting them back to work. Or those who just want to get back to serve their community are coming back injured, just to get back on the job. I do not think this panel and this committee would agree that either of those [situations] is okay. This bill goes a long way to dampen the confusion and to get our officers taken care of and back to work.

JASON LESCHER (Washoe County Sheriff Deputies Association; Public Safety Alliance of Nevada):

I will just echo the sentiments of our colleagues here about the collaboration between the various groups. [I just want to thank] Senator Daly for carrying this bill. Obviously, he has helped us with some of these workers' compensation issues in the past. Once again, [this bill helps in] just getting our workers fixed up and back to work, and if they can't get back to work, [this bill] lets us get them moving on.

JOHN ABEL (Las Vegas Police Protective Association):
I am going to say ditto.

CHARLES NORT (Nevada Alternative Solutions):

I also want to commend Senator Daly and specifically Mr. Mills for his efforts and cooperation in listening to proposed language, changes, amendments, and tweaking this particular thing. Initially, I was in opposition to the original bill as drafted, but I had conversations with Senator Daly, and I appreciate the Senator's time on that.

I especially appreciate Mr. Mills as well because he came to me and said, "I am going to remove a lot of the heartache; wait for the amendment to come out." It did come out, and I was very pleased with that. I am pleased to tell the committee that this was a collaborative effort on everybody's part. Nevada Alternative Solutions has been a TPA for over 32 years, so I have seen many changes in the legislative sessions.

I want to turn to two specific sections of the bill, starting with section 14. I commend the changes, and I concur entirely with the amendment providing at least a couple more months to get the list of providers in. That is going to give time to finalize a lot of things. I think that is going to result in a lot less confusion.

Turning specifically to section 36, I am very pleased to see that administrative fine relief, not benefit penalties, is also going to have a sunset now of three years before it resets. Initially, during routine audits, [when] the auditors found a simple, ministerial or clerical violation, it resulted in a fine. However, they could go back years to impose a greater fine without having a sunset. By that, I mean that they could go back to day one and, in my case, 32 years.

I am very pleased to see that there is actually a time frame or sunset clause. If you have not had a violation within the three-year period and a subsequent audit takes place, it resets. I am also very pleased to see the fine implementation to a minimal fine or notice of correction—which is sometimes the case on merely administrative errors that do not impact the claimant or the financial aspects of a claim. I agree with that totally.

That said, I am pleased to say that I am now fully in support of S.B. 317. Once again, Mr. Mills, thank you. He returns calls almost immediately, and his responses are very intuitive and lead to these types of proposals. I proposed very specific language in section 36 for a sunset clause on administrative fines.

AUSTIN RICHARDSON (Las Vegas Democratic Socialists of America):

A bill draft request (BDR) was submitted by the Interim Committee on Commerce and Labor. This BDR was for a bill that would have capped rent increases at 3 percent per year.

CHAIR PAZINA:

We're actually testifying in support right now on S.B. 317 regarding workers' compensation, but it sounds like you have a very important thing to share during our public testimony at the end.

ALEXIS MOTAREX (Nevada Association of Mechanical Contractors; Nevada Chapter AGC):

In section 39, we've got some concerns with the impact that tripling the payroll cap will have on employers, in particular the impact on construction employers. We feel that there needs to be a 4- to-5-year window prior to implementation to stabilize rates and ensure that contractors have time to prepare for the potential increase in rates and liability.

JIMMY LAU (Nevada Contractors Association; Dignity Health-St. Rose Dominican; Sunrun Inc.):

I will ditto our colleagues from AGC. We are reviewing that provision of the bill as well for its potential impacts.

VICTORIA CARREÓN (Administrator, Division of Industrial Relations, Nevada Department of Business and Industry):

We appreciate the discussions we have had with the sponsors about this legislation. We do have a few items for the committee's consideration and look forward to speaking to the sponsors more about these.

In section 14, regarding the insurer provider lists, the amendment states that the administrator shall not require that insurer provider lists be submitted through any specific proprietary software platform or electronic system. In October 2024, the Legislative Commission adopted a regulation that required these lists be submitted electronically to us, and we put resources and money into [a system] that is set to go live on June 2, 2025.

We would appreciate additional conversation on that. The new system will make it easy for insurers to upload their lists. They'll just be able to do a simple CV file [file extension that stores data in a proprietary format], and it will make it really easy for injured workers to search across different insurers, search for different specialties and different body parts that they are interested in. We think that system will be of a great benefit.

Additionally, section 17 does create a new insurer list of licensed medical health providers that we could also incorporate into this system. I think that would be something worth discussing further in terms of a benefit to injured workers to be able to search for those.

Section 36 creates a new graduated fine schedule for insurers and TPAs and, as you heard earlier, resets the clock every three years. I did want to point out that audits are done on a five-year basis, so if it is only every three years, then there's basically a blank slate in time for the audit. That is something that may warrant a discussion.

In section 37, there is a three-day notice requirement for site visits from the administrator to check for compliance. Right now, there's no such notice requirement, and we have been doing some site visits and finding some noncompliance issues that we are addressing currently. I do want to say that I think it is kind of atypical to have a notice requirement for a regulatory agency. For example, in our OSHA statutes, which is also part of our agency, there is specifically a prohibition against providing any notice to the employer in advance of any visits.

ADAM PLAIN (Insurance Regulation Liaison, Division of Insurance, Nevada Department of Business and Industry):

I am just seeing the amendment, [Exhibit D](#), and I am submitting neutral testimony ([Exhibit E](#)). There are two items that I will take in reverse order.

Section 42 of the amendment proposes to repeal NRS 616B.410. The Division does not have any issue with the repeal of that particular section because the Commissioner can require an association to file a payroll audit pursuant to NRS 616B.404 subsection 4, subparagraph (a).

We do want to request consideration that NRS [616B.]404 perhaps be considered for an amendment that requires the payroll audit to be completed in a timely fashion. I think we have had some conversations with parties that say, "Well, you can request the audit, but you can't require us to finish the audit."

As to section 39 of the amendment, which is the payroll cap that has been discussed, we would perhaps note that section 35 of the original bill is the effective date clause. It causes the entire bill to be effective upon passage and approval. Now, wage rates and the payroll cap for fully insured companies and

self-insured groups typically run through what is known as a rate service organization.

In this case, our State uses the National Council on Compensation Insurance (NCCI) to set those wage multipliers. The NCCI typically only updates their multipliers once a year, and it typically happens in the first quarter of any given calendar year.

We might request that at least section 39 be given a different effective date, as opposed to passage and approval, or else we will potentially see the payroll wage cap go up. But those multipliers would not be adjusted for a period of 9- to 12-months afterwards. I think that is where a big disconnect will come in the payroll cap versus the rates charged to insurers who use those RSO [rate service organization] multipliers. Perhaps setting that particular section's effective date to the first quarter of 2026 or July 1, 2026 would give it a chance to even out.

PAUL MORADKHAN (Vegas Chamber):

The chamber is neutral on S.B. 317. We appreciate the work that has been done in support of those efforts. We're just doing a final review, but we anticipate that we will move to support. At this time, we are neutral ... [unintelligible statement] ... but again, [we] appreciate the efforts being done with the stakeholders to get to the compromise today.

CHAIR PAZINA:

Mr. Mills, I hope you have a chance to connect with Mr. Plain, and we appreciate all the work you have done with stakeholders on this.

JAMIE L. CICHON:

I am board certified in psychiatry, brain injury medicine and neurology. I am neutral on S.B. 317. I do have some concerns about clarification as well as differentiation of multiple providers. To refer to all such providers as "licensed mental health providers" as equals, with the standards they provide being different, contradicts the definitions of practice as set forth by the AMA guides and may add confusion to the stress claim section with respect to treatment.

This also falls below the standard of care for current community practice. The DSM-5 [*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*], which is the standard for diagnosis and the product of the American Psychiatric

Association, is utilized by multiple providers. Other providers may lack the qualifications to make the appropriate industrial diagnosis and treatment decisions without the supervision of a licensed board-certified psychiatrist.

In a community setting, the psychiatrist is always ultimately responsible for treatment planning as well as diagnosis. While other providers may be involved in treatment, it is with supervision and delegation by a psychiatrist who is a physician. To qualify all licensed providers, and the evidence they provide, as equivalent erodes the integrity of the medical profession and risks harm to patients. Exposure to unqualified providers, incorrect diagnoses and problematic treatment plans not in accordance with guidelines may result in delays and denials of care.

In other branches of medicine, there is a hierarchy with physicians above other providers. A physician is required to certify guardianship needs or perform a DOT physical, yet to characterize all providers of mental health as the same proposes a lower standard for psychiatric conditions. It would serve to undermine mental health care in general.

To say that all providers are equal just because they are licensed, despite different training requirements as well as different ongoing requirements to maintain certification, would be below the standard of care that is common practice in the community setting. This would effectively create an imbalanced lower standard for the workers' compensation system. It will result in delays in care due to bottom-up referrals when such unqualified providers fail to meet goals due to substandard care.

Furthermore, it may discourage physicians from treating workers' compensation patients as requirements include additional training that may not be required by other licensed professional boards. As a result, this may result in a reduction of physicians and discouragement of future providers from obtaining additional training that is required for treating workers' compensation patients. It may also stigmatize stress claims.

If the standard of mental health treatment under workers' compensation becomes "any provider available," then the quality of such care will suffer and the integrity of the system may be compromised. The greatest tool any provider has is therapeutic alliance, which also requires public trust in qualifications and

standards. Therefore, I do suggest clarification of “other providers” and possible inclusion of “supervision by a treating physician.”

SENATOR DALY:

I want to thank everybody for the collaboration, the work and all the other stuff. Everybody has been giving me a lot of credit for that, but I stayed out of it. I was in the background and under the glass with a sign that said, “break only in case of emergencies.” Apparently, that was enough to make them all say, “No, no, we do not want to get him involved.” Just remember as you go forward, I will still be under that glass labeled “break in case of emergency.”

CHAIR PAZINA:

I will now close the hearing on [S.B. 317](#) and open the hearing on [S.B. 429](#).

[SENATE BILL 429](#): Revises provisions relating to social work. (BDR 54-352)

SENATOR ROBIN L. TITUS (Senatorial District No. 17):

I am here with Senator Doñate in his capacity as Chair of the Joint Interim Standing Committee on Health and Human Services and Dr. Eugenia Weiss, Associate Dean of the School of Social Work at the University of Nevada, Reno. I just want to note that it is an honor to sit with Senator Doñate. It is just a perfect example of how healthcare issues in the State really cross party lines and really do not have a line. It is also an example that we work bi-partisanly to get the problem solved as much as we can.

[Senate Bill 429](#) provides social work students with compensation during field practicums, when serving in rural or underserved areas of the State. It is one of those solutions for getting access to health care in both rural areas and the rest of Nevada.

Please note, as happens frequently when bills are presented, despite all the work we do to get them right the first time, once they are written and come out, we frequently say, “Oh, that is not what our intent was.” Please refer to the conceptual amendment ([Exhibit F](#)) that we are working on. We have significantly changed it, and it is uploaded on NELIS [Nevada Electronic Legislative Information System].

During the previous interim, I was a member of the Joint Interim Standing Committee on Health and Human Services. A major focus during that

committee's meetings were issues related to the Nevada healthcare workforce, including the social worker pipeline. At its final meeting and work session in August last year, the committee unanimously voted to approve a draft of a bill based on a proposal that I had suggested to establish a social work apprentice program, which is how this bill began.

As you already know, our State has experienced a critical shortage of healthcare professionals at all levels. Across all spectrums, we have shortages. On top of that, the healthcare workforce is geographically maldistributed throughout the State, with significant workforce gaps in rural and frontier access. Several factors influence whether providers choose to practice in the State, including the availability of education, practical training, occupational licensing and other regulatory practices. I want to briefly provide an overview of these crucial providers.

Social workers are dedicated professionals who help individuals, families and communities navigate life's challenges and improve their overall well-being. They provide support services such as counseling, connecting people with resources, advocating for those in need and developing programs that address social issues. Social workers are critical for healthcare delivery, hospital functioning, mental health centers, community organizations, schools and other social service agencies.

Some of you might say, "Why is that fiscal conservative talking about social programs?" However, we all know that investments in social aspects of life make an overall healthy community and healthy individuals. In the long run, it is better for society, and actually ends up costing society less overall.

According to the Nevada Public Health Foundation, there are approximately 3.2 million people in Nevada served by only 2,700 licensed professional social workers, which translates into just one social worker for every 1,200 citizens. This shortage is particularly severe in rural frontier counties, where they have zero to five social workers available to serve entire communities.

According to testimony from the Foundation last interim, many social work students are nontraditional, meaning they work full-time and go to school. We need to help support these students throughout their educational programs. Further, the Foundation noted Nevada social work students struggle to balance

unpaid practicums of about 15 hours per week with classes and course work, making full-time employment very difficult to help with their living expenses.

That is what originally brought us this bill. We wanted to establish a program for social work students to address the shortage of social workers in our State and replicate the success of the Nurse Apprentice Program. For those of you who do not know about this program, it helps nursing students work under supervision at approved healthcare facilities. The Program has been a tremendous success, with over 1,600 nursing students currently employed by the program, and over 330 who were hired by a facility after graduation and licensure. We were trying to look at what worked in our State, and that was one of the programs that had.

However, after the Joint Interim Standing Committee requested this bill, I learned that social workers are regularly different than nurses. For instance, the Board of Social workers does not have jurisdiction over social work students. Instead, the field practicums are part of the educational programs at our schools of social work which we have in the State, both the University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR). At this point, I am going to hand it over to Dr. Weis, who can give more details about filling the practicum requirement for those students.

EUGENIA WEISS (School of Social Work, University of Nevada, Reno):

You may or may not know this, but social workers provide 60 percent of mental health care in the nation, and we are very underrepresented in terms of mental health services here in the State.

As Senator Titus mentioned, most of our students are nontraditional students which means that they are often employed; they are working parents; they are not necessarily young folks coming out of school and going right into college. Some of them have second careers, where they are coming in already having had a career, and now their passion is to help others. They seek degrees like a Bachelor of Social Work (BSW) or a Master of Social Work (MSW).

One of the biggest constraints that we have is that part of their education, both at the bachelor's and master's level, is that they must complete practicum hours or field placements while they are in school. This is part of their education, and this is part of what is required from our accrediting body, the Council on Social Work Education. We have two accredited schools of social work here in the

State, one through UNLV and the other through UNR, which I am representing here today, but I am really representing all the social workers and social work students here.

We have students who come into our programs and say “Well, I can't do the practicum because that would mean I would have to leave my full-time job, and I am the primary breadwinner” or “We have a household with two breadwinners and there's no way that we can survive if I have to cut back my job to part-time.”

To be able to do this practicum it takes 15 to 16 hours a week, for a total of 225 hours a semester at the bachelor's level. The completion for the practicum requirement would be 450 hours. At the master's level, it is 900 hours. These are a ton of hours that the student is basically working for free, which is impossible for these folks who have a passion to become professional social workers.

The dilemma we face is that we invite students to come into our programs, and then we say to them, “You have to complete all of these hours for free.” Most of the placements that we have are in community agencies, healthcare facilities, hospitals and schools, and they are unpaid. They have no stipends. Very few, like the VA, offer stipends, but the majority of our placements—and we have about 600 agencies that we work with—are unpaid.

This is a huge burden, and it means that folks either have to quit their full-time jobs, go to part-time or assume a great amount of debt through financial aid in order to become social workers. Then, when they get out of their bachelor's or master's program, they have accumulated a huge amount of debt, and they are typically paid very low, so they'll be spending the rest of their lives paying off their loans. This is why this is so important because we need the workforce. You all know this very well. Particularly in our rural frontier areas and in our underserved areas, there are barely any social workers.

Social workers touch every aspect of life. We have social workers in every domain that you can think of—in hospitals, prisons, and schools. They round out every sort of well-being and mental health care that is provided. This is something that would make a huge difference because then we could recruit more students into the profession. They would know that their practicums

would be paid and, therefore, they can afford to feed their families and continue their education. Therefore, we can have more social workers for the State.

SENATOR TITUS:

I will now summarize a conceptual amendment to [S.B. 429](#). As I stated earlier, the bill was originally modeled after the Nurse Apprentice Program, but it does not work for social workers students. Therefore, we met with several stakeholders prior to session—and I will tell you, it was more than several; it was a room full of folks across the spectrum of social work. With Chair Doñate were the social worker board and the university's private social workers, all present just to get a concept of what this really would look like and how best we could help. We came up with a plan to assist social worker programs to complete their field work in a practicum.

The amendment, [Exhibit F](#), would remove the current provisions of the bill, and instead provide the appropriations in section 17 to both UNLV and UNR. Since enrollment at UNR is around 800 students and about 200 students at UNLV, the appropriation would be split 80-20 based on the student population. Both schools must use the additional funding to provide scholarships to social work students enrolled in either bachelor's or master's programs and complete their field practicums over two semesters.

The amendment requires that the scholarship be provided to such students who complete their field practicum at certain practicum sites that are in a critical access hospital, a rural clinic hospital, an emergency hospital or in a census tract with low-income housing, as designated by the U.S. Secretary of Housing and Urban Development, or a community in which at least 20 percent of the households were not proficient in English.

The amendment also requires that scholarships be provided to students who complete their field practicums on tribal land, tribal health centers, government agencies primarily providing services for tribal members, or in a county whose population is less than 100,000, which includes all rural communities. I would say that we wanted to make sure that the need for these healthcare providers is not just in the rural or frontier areas, but across the spectrum, and in urban areas that also need health care and social work.

SENATOR SCHEIBLE:

I think this is a fantastic idea. I can certainly relate to students trying to get through their graduate work and trying to get that experience, and if they are not getting paid for it, it puts students in a very difficult position. I love this idea.

My question is about the breakdown of the funding. I did understand what you were saying about the 800 students enrolled in UNR and approximately 200 at UNLV, but I was not entirely clear on if this was a one-shot appropriation, or if the idea was to continue this funding into the future, and whether that 80-20 split would remain or whether it is going to be tied to the per-capita enrollment.

SENATOR FABIAN DOÑATE (Senatorial District No. 10):

To answer your question, I believe the intention was specifically to look at the breakdown of what we have right now. You are correct that it is going to have to come back for a renewal because eventually the money is going to run out. So we are going to need to come back for another appropriation, but we can certainly switch the language to say "based on the enrollment" so that if we want to come back in 2027 and ask for a renewal of the funds, then at least the request is tied to the enrollment.

For example, if UNLV increases their enrollment because they have more students taking advantage of the practicum, then maybe we can just switch it based on an enrollment per-capita basis, if that is what your recommendation is.

SENATOR TITUS:

To follow up on that, the requested amount is \$2 million. We had to start somewhere and figure out what that breakdown would look like because we wanted to make sure we included the potential for all the social work students. I concur with the good Senator to my left.

I think we would like other schools to open social work programs. [I think it is important to] have that flexibility in two years when we come back. Hopefully, it is funded now, and if we asked for a different funding formula, there may be new schools and new students, and that is the wonderful thing about a program like this.

SENATOR SCHEIBLE:

Yes, hopefully we will fund \$2 million this year and then, in 2027, everybody gets what they received this year plus any new schools that open up, or any new enrollments at UNLV, the appropriation goes up to \$2.5 million or \$3 million. I do not know if I have a suggestion about changing, but I was just interested in legislative intent.

Ms. WEISS:

The University of Nevada, Reno is currently working on developing an online Bachelor of Social Work and we are anticipating great growth, because that is exactly who we are targeting. We are targeting folks out in the rural and frontier areas who want to become social workers. If we can offer this incentive for our students to have paid practicums, then we anticipate great growth.

SENATOR ELLISON:

I know that there's a major need for this out there and in the whole State. One of the questions I have when I looked at this has to do with the fact that UNR and some of the others have a lot of community colleges near them. Would the community colleges fall into this program?

SENATOR TITUS:

Currently, the programs are limited to where the social work programs are, and the only schools that offer this social work program—because it is a bachelor's level and then a master's level—are UNR and UNLV. If any of the other four-year universities in the State were to offer the program, then they certainly could be a part of this bill. However, right now, it is all about where these programs are currently located.

SENATOR ELLISON:

I would like to see more of these programs expand. There is a big need for it, but for a lot of people that I have talked to that go into these programs, the biggest thing they are telling us is that the pay for some of these social workers is so bad that they eventually start looking for another trade to go to. That is what I hear more than anything—that they're just so underpaid, and then we can't keep them.

SENATOR TITUS:

Just to address Senator Ellison's comment, I will say that one of the reasons for a bill like this is because the salaries are so limited. Students do not want to go

into debt for that career. If we can help offset some of their debt during the training, we may be able to encourage them to go out into these fields.

BLAYNE OSBORN (Nevada Rural Hospital Partners Foundation):

I am thrilled to be here to support S.B. 429. [The] healthcare workforce is the most serious challenge that our critical access hospitals, and probably most hospitals in the State, are currently facing. This is a wonderful bill. We are actually a sub-grantee for the Nurse Apprenticeship Program, so if you have any questions about that program, I would be more than happy to address those for you.

As Senator Titus said, it has been wildly successful, and it was done in response to the great nursing shortage in the State, particularly during the pandemic. We have a very similar shortage of social workers. I know that one of my members, a critical access hospital, has had an open social worker position posted for more than two years now, and is unable to find and hire a qualified social worker. I really appreciate the interim committee bringing this bill, and we are thrilled to be here in support.

LEONARDO BENAVIDES (University of Nevada, Las Vegas):

We are here today in support of S.B. 429. I want to echo a lot of the sentiments of what Dr. Weiss from UNR said regarding the work that we are doing at UNLV as well. Obviously, the healthcare workforce is very important for us as well. We believe that S.B. 429 gives us another tool in our toolbox to not only support our students but, in turn, support the underserved areas where the social work can have the most impact.

I want to note that right now, we are at approximately 400 students enrolled in our social work program. I also want to note that UNLV also helps to serve the rural [communities], and it has ongoing workforce development partnerships along with UNR in the program BeHere NV. We are looking forward to continuing to speak with the sponsor as this goes forward through the process, and we are happy to be in support here today.

VICTORIA ERICKSON (Executive Director, Nevada Board of Examiners for Social Workers):

I am here to testify in strong support of S.B. 425 [S.B. 429] on behalf of the Nevada Board of Examiners for Social Workers. I do have a written statement

because I am also a licensed social worker. I am also an adjunct professor at UNR.

I am very excited about this bill. I do want to thank Senators Doñate and Titus in addition to the Deans of Social Work at UNR, Dr. Wichinsky and Dr. Weiss, for meeting with me about this bill. We had a very good, open and informative discussion, and we believe this bill, with the proposed conceptual amendments, will enhance the practicum and training side opportunity for students of social work.

These changes are not only technical corrections, but they are also essential to maintaining the integrity of Nevada's social work education programs, ensuring that our students are governed under the appropriate regulatory structures. For these reasons, I urge this committee to support S.B. 429 with the proposed amendments. Doing so will uphold the educational standards of the profession while allowing the board to remain focused on its licensing and disciplinary functions.

MR. LAU:

As a mission-driven system, social workers play a very important role in providing care to patients. [I will] give you some examples of some of the things that they work with us on: if an individual comes in and they are a victim of domestic violence or abuse, social workers are the folks that help them navigate resources to get out of those situations; if a person comes in with substance-use disorders, social workers are the ones that help them navigate toward resources to help them improve their lives and get off of the substances that they are addicted to.

[Social workers are] very critical in all aspects of the health care that we deliver, from the folks that come into the emergency room, to the folks that are having surgeries and those that are staying in the hospital for other reasons and being discharged. We are happily in support of this bill.

MICHAEL FLORES (University of Nevada, Reno):

I really want to thank Senators Titus and Doñate on their leadership on this bill; they got us all together early in the session to talk about the need and shortages around social workers in this State. We're in strong support of S.B. 429. We work closely with UNLV and their social work program, and we will continue to do so. We compete in a lot of things, but if we can meet the need in this State

regarding social workers, we will work all day with UNLV and everybody in the State.

DORA MARTINEZ:

I would like to thank Senator Titus, Dr. Weiss and all who are sponsoring this bill. We encourage you to please pass the bill.

ANGELINA TUENGE:

I am here today as a constituent urging your opposition to S.B. 429 due to potential harmful consequences for MSW and BSW students. As a social work student, we are often taught that there are 101 jobs in social work. The law should not limit us to one area. I am personally interested in bringing social work values to policy and advocacy roles that are not typically filled by a social worker. I already struggle to find a practicum site that fits my interests, with only two options not requiring a mental health or case management position.

Senate Bill 429 would take decision-making away from the field office staff and put it into the hands of the Board of Examiners for Social Workers. The Board would have the power to decide which agencies can be practicum sites with a clearly stated focus on medical facilities, government entities and schools as outlined in section 4.

While these are agencies that benefit from social workers, they are not the only areas where social work values and ethics are crucial. I fear practicum sites will be excluded from social work and education under this bill, especially nonprofit organizations because they are not specifically mentioned.

I strongly believe social work students should be compensated for their time and work. However, this bill does not clearly outline if students' compensation will align with the cost of living or minimum wage. I am concerned that incentivizing practicum sites for students to become licensed social workers will pressure students into a costly decision rather than focusing these funds on the students.

Additionally, the amendment to section 17 further limits students by only providing scholarships for some practicum sites, again, not mentioning nonprofit organizations specifically. With the amendment, 20 percent of the \$2 million for the 200 students equates to about \$2,000 per student at UNLV. Personally, that is not enough to pay my bills. This bill harms social work students by limiting our education and future careers, which is why I would love to work

with the committee to improve it. However, as currently drafted, I urge your opposition to S.B. 429.

MARDE CLOSSON:

I am employed at UNLV as the Director of Field Education in the School of Social Work, but I am here testifying [on my own volition]. On a personal note, it is important to note that although having paid practicum sites for students is very important, and I would love to see that opportunity for all students in all practicum sites, the current bill does not give enough money to do that. Limiting the practicums to a very small number of practicum sites limits learning opportunities for all students. The programs at UNLV and UNR are accredited by the Council on Social Work Education.

Senate Bill 29 [S.B. 429] does not address all the nuances associated with field education and the accreditation requirements. Students are required to take field experience classes as part of their curriculum, and as mentioned earlier, they are required to do a minimum of 900 hours for MSW students and 400 hours for BSW students by the Council on Social Work Education.

Both UNLV and UNR have their own specific requirements. The field practicum is designed to help students develop theoretical skills at the micro-, meso-, and macro-levels; provide students with real-world experience of how social service agencies work with client systems; observe social workers in practice; help students to investigate how concepts of social justice and multiculturalism are implemented in the field; assist students in identifying how general social work practice is based on the core mission of the profession; help students identify strengths and resources for client systems; support students in integrating concepts about human behavior in the social environment into proficiency and working with individuals, families, groups, organizations and communities; guide students in initiating and building upon client-worker relationships; help students understand the tasks of collecting and assessing information related to client concerns; aid students in recognizing client issues, problems, needs resources and assets; facilitate students' use of empirical knowledge and technological advances in working with client systems; and help students become familiar with program-outcome evaluations and informing practice affecting us.

As you can see, social work includes workforce outside of health care. There are over 100 different types of social work jobs. Senate Bill 429 limits the type of social work practicum sites and would prevent students from having a variety

of practicum sites, including non-traditional social work sites, to choose from. It limits the various types of social work practicum opportunities to a select few that the Board decides is the most important.

This bill also limits students' creativity in designing their learning contracts. I would urge the committee not to pass this bill, and I would love to participate in future discussions regarding this bill as we look forward to identifying ways to fund practicum opportunities for all social work students.

SENATOR TITUS:

I just want to acknowledge all of you folks on this committee. I urge you to support S.B. 429, and yes, \$2 million is probably not enough in many folks' eyes. But at a time when we're looking at solving some problems, this is a true start. It may not be as much as we would like, but I think in this current economic era, we are going to have to be realistic.

I think the goal of this is expanding access to social workers across our State. I did include what I thought was all players when we had these meetings, including UNLV students, staff, deans, universities and all of those folks. If we did not reach everybody, they certainly can reach out with suggestions on how to make this bill better because it is about our whole State and trying for solutions.

I also want to acknowledge the committee policy analyst who helped work on this who put a lot of time in when there are a lot of other things going on. This is really a community effort, and I am proud of the folks who've worked on this bill. Please support it.

SENATOR SCHEIBLE:

I know we have a lot to get through, but I thought it was important to acknowledge some of the opposition. The way that I am reading this bill, I understand that we are only funding \$2 million, which will not cover all social work students. To be blunt, we must figure out a way to determine which students get the stipends and which students do not.

You have provided a list of criteria for students in rural access hospitals, on tribal lands and in counties whose populations are less than 100,000. Those requirements only apply to getting the stipend from the \$2 million. They do not

change the overall eligibility of other practicum sites that students can participate in to get their licenses, correct?

SENATOR TITUS:

You are absolutely correct. Thank you for the clarification, Senator Scheible. Again, we have limited funding. The reason we chose these particular practicums is that it costs money to go out to those areas, and it helps with some of those living expenses—the travel and the fuel to drive out to those practicum sites.

Another priority is, of course, the urban areas that are in need. We have to draw a line sometimes, but it does not limit their licensure, and it does not change what students have to do.

CHAIR PAZINA:

We will now close the hearing on Senate Bill 429, and we will open the hearing on Senate Bill 438.

SENATE BILL 438: Provides for the licensure and regulation of merchant acquirer limited purpose banks. (BDR 55-974)

We will now welcome the Secretary of State's team to the table. There is an amendment ([Exhibit G](#)) on this which changes the bill significantly. I wish that the Secretary of State had provided this amendment before I read this entire bill.

GABRIEL DI CHIARA (Chief Deputy, Office of the Secretary of State):

I understand. My name is Gabriel di Chiara. I am here on behalf of the Secretary [of State] today. The amendment, [Exhibit G](#), changes the bill significantly. However, I will say that this bill is intended to be a companion to Speaker Yeager's Bill, A.B. 500.

ASSEMBLY BILL 500: Provides for the licensure and regulation of payments banks. (BDR 55-999)

Much of the text of the introduced draft of the bill is very similar to the text of A.B. 500. Chair Pazina, your work was not in vain because much of that language will be making its way to this committee after it is out of the Assembly.

This bill creates the ability for the Nevada Commission on Financial Institutions to charter a new type of bank—payment banks—in the State. A payment bank is a type of bank that provides specific services, such as payment processing, but does not engage in other banking activities like lending. I am not an expert in these matters, and I do not pretend to be, but we have a rather simple conceptual amendment that greatly narrows the scope of this bill.

If legislation creating payment banks were passed, S.B. 438 as amended would allow a state agency to apply for one of these payment bank charters. I will use the Secretary of State's Office as an example. Historically, before Secretary Francisco V. Aguilar took office, the Secretary of State's Office covered the credit card charges for all customers that ran their credit cards through the Secretary of State system. That did a few things, and although it was good for the customers, it cost the State millions of dollars a year and was also incredibly difficult to budget for, meaning that the Secretary of State's Office had to continuously ask for supplemental funds to cover those credit card fee charges.

Now, we have shifted that policy. We have passed on that cost to the customer as most other state agencies do. However, that means the \$3 million a year, the volume of our transactions, increases. This goes to Wells Fargo; they process the payments for us, they accept those fees, and they receive that revenue.

This would allow a state agency to create a charter for a payment bank, so that the state agency could work directly with the credit card companies to handle those services. That would save the State and customers money because we would not need to include a bank's profit margin in that payment and processing fee.

We have discussed this bill with the Financial Institutions Division (FID) as well as the Office of the Treasurer to talk about how this could work. Payment banks are a new type of entity. I will be frank in saying that I do not know all of the technical logistics that would be required to set up a state agency as a payment bank doing payment processing. This legislation is enabling.

If passed, and only if A.B. 500 were passed, this legislation would enable the FID to charter payment banks. This would allow state agencies to begin the kinds of conversations they need to have to eventually serve as a payment bank

and payment processor for the State. Assembly Bill 500 can bring new business and a business-friendly environment to the State. Senate Bill 438 would allow the State to save millions of dollars annually and simplify our financial transaction process.

SENATOR FLORES:

There was a lot of research and a lot of reading that was done to try to understand what was happening here. I wish we could have seen this amendment a long time ago, but it's all good.

Section 40 says "You may do this," and I am curious to know why we're doing this companion bill because the entire bill, as originally written, was ensuring that we were not allowing the merchant bank to have extended broader powers. It would almost be like a traditional bank we are accustomed to seeing, but now we are seeing that merchant banks may implement rules.

Aren't we now going right back to the original concerns that the entire bill was trying to address because we're not putting any parameters in this bill? What happens if the other bill dies, this one passes, and we have none of those restrictions or requirements in place? I am just trying to understand what the mindset is, and I would just keep it all in one bill to ensure that we're doing exactly as intended.

MR. DI CHIARA:

The Secretary's intent with this amendment is that—without the other bill passing, without having those clear requirements set for the FID and without all of those kinds of checks and balances to ensure that the payments bank is only operating in the limited authority that the State can set—this bill as amended would not create a bank like that to exist.

If this bill is passed and that bill dies, then assuming at some point in the future that a payments bank is created, the State would be able to obtain a charter. The goal is not to set up some kind of parallel or secondary process.

As to why these are two separate bills, I know that the Secretary as well as Speaker Yeager had conversations with a number of stakeholders about the goals here—both bringing business to the State and allowing us to save millions of dollars a year. We ended up with two very similar bills.

The Secretary feels very passionate about the element of the bill that is related to saving the State money and simplifying the financial process for state agencies that do payment processing. We're supportive of the other bill and still in conversation with those stakeholders, but this was just the way things broke down.

CHAIR PAZINA:

The committee and legal counsel are wondering why not just amend this section into A.B. 500?

MR. DI CHIARA:

There were different timelines in play. We did not know exactly what A.B. 500 was going to look like. There was further negotiation that was happening with the Speaker, and we had to turn in our BDR. This legislation is based on similar legislation from Georgia that created payment banks.

The important part for the Secretary is the ability for the State to have its own charter and be able to conduct these kinds of transactions themselves. We're very open to amending this into A.B. 500, but we wanted to be sure that the portion of the bill that allows the State to save that money was covered. Also, we had to get something into the Legislative Counsel Bureau.

SENATOR FLORES:

I wanted to understand another thing. I understand that there's one other state that is a player in this space. I appreciate innovation and us doing something new in our State and being on the front end of it. I am just curious to know something now.

In my business, I have different apps, and I traditionally do everything through Chase. The client comes in, they make a payment, and Chase will charge a percentage for that transaction. I also have other apps that I use, and most of them are just for client management. In those apps, they allow my clients to make payments through their app. As an incentive for me to utilize that program, they usually waive those merchant fees.

I was curious to know: does that mean that the app that I am using is probably just swallowing the merchant fee on their side of it—basically that the bank would traditionally charge Chase or Wells Fargo in the kind of scenario that you painted—or are they operating as a merchant bank?

MR. DI CHIARA:

My understanding is that they are eating that fee. Presently, even though Georgia passed this legislation, I do not believe any of these charters have been created or, at the very least, contracts have not been set up. So there are the credit card companies, and then there are the banks.

Presently those intermediaries, Stripe for example, can't contract directly with Visa or Mastercard. Stripe has to go through a bank which charges a cut, and the bank has the contract with Visa or MasterCard. This would allow an entity like Stripe that does the payment processing, or in the case of S.B. 438 our State, to contract with the credit card company directly so that there's no middleman and no additional fee is charged on the processing of those transactions.

CONNOR CAIN (Nevada Bankers Association):

We are in opposition to S.B. 438. We have had encouraging dialogue with the Secretary of State, who has been transparent throughout this process, and we are hopeful that we will ultimately find a pathway to address our concerns.

However, at this time, we are opposed to this bill. The retail payment system, how payments move between customers and vendors or person-to-person, is a long-standing, trusted system that works efficiently and safely for customers, businesses and communities. From a regulatory standpoint, any new entrants into our State's financial system, especially those handling customer money and sensitive data, must meet the same high standards as existing institutions. That means robust licensing, regulation, supervision and insurance. Customer safety and data protection must remain top priorities.

We support promoting diverse charter opportunities for our State. Frankly, we are digesting the conceptual amendment and how the Secretary of State's Office or someone else creating a new charter would potentially impact the FID.

Given how the FID is currently funded, a significant portion of the cost to set up and regulate the new payment charter would be incurred by our eleven state-chartered banks, considerably increasing their assessments. With that being said, we have had encouraging dialogue with the Secretary of State, and we are hopeful that we will be able to find a fair and equitable solution in this bill.

SENATOR FLORES:

If something like this moves in our State, do you see some of the folks that you represent trying to create a sister entity that might start to get into this space, or do you see them trying to navigate into it? I am just curious to know how you see that relationship moving forward.

MR. CAIN:

I think it is possible. We welcome diverse charters, and we want folks to come into the State. We currently have a couple of industrial lending charters that are part of our State banking institution infrastructure. We would welcome diverse charter opportunities here and we would try to partner with those entities.

From our perspective and from a regulatory, insurance and licensing standpoint, we need to make sure that we have the right safety measures in place to protect consumers and to protect the State. Those standards are high for our State's charter banks, and we want to make sure that they are as high for any new bank coming into the State, regardless of what type of charter it has.

In addition to that, Senator, we want to make sure that the playing field is level. I spoke a little about the FID and how it is funded. The State charter depositories, which are banks and credit unions, end up—based upon their asset size—essentially paying any additional fees to help fund the FID. When you set up a new charter, there's a really high cost for a charter like this, and I understand there's an amendment, but it would be north of \$5 million. As a result, those State-chartered entities that are depositories would end up picking up that cost.

The other entities that are regulated by the FID are typically charged an hourly rate for their supervision. Whenever there's an excess cost for the Division, the depositories end up having to fill that gap. Our biggest concern is making sure we're on a level playing field, but—to be more direct in answering your question—we welcome competition, diverse charters and we welcome other folks to come in and work with us, but we just want to make sure the playing field is level.

CHAIR PAZINA:

We will close the hearing on S.B. 438 and open the hearing on S.B. 440.

[SENATE BILL 440](#): Revises provisions relating to electricity. (BDR 55-950)

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EDITH DUARTE (Nevada Solar Association):

There is an amendment ([Exhibit H](#)) that was submitted yesterday, and it strikes sections 1 through 12 of the bill. That bill has to do with solar lending. That bill primarily went into S.B. 379; we're working with Senator Fabian Doñate and the FID on that.

SENATE BILL 379: Revises provisions relating to commerce. (BDR 55-336)

The only thing left in S.B. 440 is the HOA [Homeowners Association] transparency homeowner and contractor accountability. I do want to mention that we have Dallas Harris here who is available via Zoom to answer technical questions. She is a long-term attorney for the Nevada Solar Association. I have Steve Himile next to me who will go through the bill very quickly.

There is one amendment ([Exhibit I](#)) that was submitted by Garrett Gordon, and it should have been provided to you. It is a friendly amendment, and it is a section 13 amendment which is the HOA component of this bill. It was a drafting error on our part, so we do accept that amendment as well.

STEVEN HIMILE (Nevada Solar Association):

Our State has made a name for itself as a national leader in clean energy policy, with one of the most ambitious renewable energy goals in the country. We've seen tremendous growth in solar adoption and, along with it, tremendous job creation. Thousands of Nevadans are now employed in solar installation, sales, engineering and manufacturing. These are well-paying future-forward jobs that support families and build communities. With growth comes responsibility every week.

At the Nevada Solar Association, we hear from homeowners who have been misled or outright taken advantage of during the solar sales process. While the stories may vary, the damage is real both to individuals and to our industry. Sometimes an out-of-state company pretends to be local, and sometimes a sales representative dresses like a utility worker in a yellow vest to build false credibility. Too often, consumers are misled with promises like "The state will pay you for the system" or "You can walk away at any time."

One of the most heartbreaking stories came from a 75-year-old working gentleman named Albert. His wife was in hospice when a solar salesman, unlicensed and working on commission, convinced him to sign a 25-year power

purchase agreement contract. Albert was told that he could cancel this agreement at any time through incapacitation or death, but that was not true. Now, he fears that he is left with a financial burden for his heirs. This is not the Nevada way.

These bad actors don't just harm consumers, they hurt every honest solar company working hard to do the right thing, and they jeopardize our State's clean energy progress by turning people off from solar altogether. This is where S.B. 440 comes in. This bill builds on the progress of S.B. No. 293 of the 82nd Session and other consumer protection measures by creating clear standards of accountability and transparency across the entire solar transaction from the installer to the utility.

Under S.B. 440, this bill ensures that the installers clearly disclose whether they are truly local. A local company is defined as having a physical presence, a physical office and a registered vehicle in the State along with proper licensure. This helps consumers make informed decisions and encourages economic investment in our State.

Installers must also provide the make, model and numbers of the equipment, not just generic descriptions, so that consumers know exactly what is being installed. This cuts down on bait-and-switch tactics that some companies have used to swap promised products for cheaper alternatives.

Finally, all sales presentations must be done by a direct employee of the installer, not an unlicensed commission-based third party. The installer must certify that all sales practices and installations comply with local, State and federal laws.

On the HOA, current state law prohibits HOAs from "unreasonably restricting the installation of solar," but it does not define what unreasonable is. The vagueness often results in conflicts or inaction, leading to fewer systems being installed.

Senate Bill 440 changes that; it requires HOAs to adopt clear, written solar guidelines. If a homeowner follows these guidelines, the HOA must allow the installation, balancing aesthetic standards with clean energy progress. The cooperation helps eliminate rogue installations while empowering communities to go solar in a thoughtful and uniform way.

Senate Bill 440 also assigns responsibility to the homeowner by asking them to disclose any and all modifications made to their property that could affect the installation, such as prior electrical work or unpermitted structures. The homeowners must also commit to providing timely documentation and support to complete the project, ensuring safety, code compliance and smoother operations.

The utility plays a vital role in completing the solar installation. Senate Bill 440 asks utilities to make their best efforts to expedite the interconnection process. This includes permission to operate temporary disconnections and reconnections. This provision is about efficiency—getting homeowners the benefits of solar faster without unnecessary delay. Think of S.B. 440 as the blueprint for responsible solar adoption. It is not about creating more bureaucracy; it is about streamlining the process, protecting consumers and supporting the business of doing the right thing.

Our State should be leading the nation in solar adoption—not just in solar installations per capita, but in consumer trust and integrity. This bill helps us get there. To be clear, most solar companies in the State are doing the right thing and operating ethically; they are locally owned and deeply invested in the communities; they are committed to helping Nevadans save money while our State meets its climate and energy goals. Senate Bill 440 protects the reputation and helps lift the entire industry.

CHAIR PAZINA:

I know we all heard S.B. 379 not long ago and the first number of sections were very similar. They've since been deleted, but this does cover more HOA territory.

SENATOR ELLISON:

I am glad to see some of the amendments that are in here, but I'll tell you that I have to deal with these guys a lot in rural Nevada. I hate to say it, but they are not ethical, and they are not honest. I have seen seniors lose so much of their houses by damage because of these guys coming in out of Idaho or Utah. They're not licensed, and the problem is they do not get a permit. This addresses getting a permit from the city or the county. They need to have a C-2 or better license. It brings us into play with what the contractor board is doing.

I was kind of shocked there were this many things deleted, but I think it needed it. That was a comment. We talked about the fact that there are some bad apples that come in overnight and do a lot of damage to a lot of people.

SENATOR DALY:

Looking at the amendment, in section 17, it says, "delete the changes in paragraph 1," and in "paragraph 2(a) through 2(m)". I see there's language in paragraph 1, so you are going to take out that language, and it will remain existing. When you go to paragraph 2, I do not see any changes in the original bill in paragraph 2, subparagraph (a) through (m).

So you are not deleting that language, and all of that language is still going to stay? Then you are just adding subparagraph (n)? It was just not clear in the amendment. You're not deleting existing language; you are just deleting any changes. For the parts that are not mentioned, if there are other changes, then those stay?

MR. HIMILE:

Yes, sir. That is correct.

SENATOR DALY:

It's not clear in the amendment when I am looking at it because I am thinking, "Are they proposing to delete all of those other pieces of language?" However, thanks for that clarification. That was my only question.

SENATOR FLORES:

I am just now getting into the amendment. You may say it is not even germane to it now, but I was just walking back through my memory bank. Particularly in my Senate district, when it came to issues with folks who were working with some of these businesses to get solar installed, I know some of the hypotheticals that they brought up. They were that business A did the job and disappeared on them, but later, that contract was bought out by business B, a much larger company, and they assumed the responsibility on that.

I see here that you do have a recordkeeping requirement for four years. Number one, you may push back on that and say, "That is not really happening." Number two, the recordkeeping requirements would also include them having to backtrack whatever was done by the previous company once umbrella company B took over. Have you been seeing that? I ask that because that is some stuff

that was brought up to me. I do not know if that is something you have seen yourself and I just want to know what the recordkeeping will look like for those.

MR. HIMILE:

Yes, Senator Flores. Maintaining a record for four years was covered under S.B. No. 293 of the 82nd Session. Our bill requires that that bill or that record be supplied. It was not defined in S.B. No. 293 of the 82nd Session that in the event that that record was requested by a lender, a homeowner or other agency that it would have to be supplied. That's the purpose here.

Regarding the industry practice of a company taking over another existing entity or their contract, there is no provision currently for successor liability or any transfer of information. Generally, when a contractor assumes a contract from another, that is because that original contractor is likely out of business and one of the contractors is coming in to perform—either getting the system up and running or making some type of remediation or repair.

GARRETT GORDON (Womble Bond Dickinson):

First, I want to thank Ms. Duarte and the Nevada Solar Association for working with us. They're correct that language in the statute currently says that "HOAs cannot unreasonably restrict solar installations." We worked on that language sessions ago, and we agree that it needs some clarity and has some ambiguity. We appreciate this bill and the new statutory scheme for approving these units in associations. As Ms. Duarte mentioned, I did submit an amendment, [Exhibit H](#), and it is a friendly amendment. It deals with section 13, and it strikes out the last sentence.

The purpose for the amendment is that it says that if an association does not approve a system within 15 days, it would be deemed approved. The issue is that architectural review committees normally meet monthly, not biweekly, so the 15 days just does not work for the associations. I appreciate that it is a friendly amendment, and that language would be struck.

CHRISTI CABRERA-GEORGESON (Nevada Conservation League):

I am the Deputy Director of the Nevada Conservation League, and we are here in support of [S.B. 440](#). Rooftop solar is one of Nevada's best tools to lower bills, reduce pollution and tap into Nevada's most abundant natural resource—our sunshine.

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As the number one state for solar potential, more and more Nevadans are going solar every day. This bill will help ensure that homeowners and HOAs are not blocked from reaping the financial and environmental benefits of solar power and takes important steps to protect solar customers. We urge the committee's support.

MR. LAU:

We'd like to thank the proponents in the Solar Association for working with us on this bill, and we are in support.

CHAIR PAZINA:

We will now move to public comment.

MR. RICHARDSON:

We had a BDR that was submitted by the Interim Committee on Commerce and Labor. This BDR was for a bill that would cap rent increases at 3 percent per year. We spent the last few months collecting signatures and support for the bill, which I personally was out doing. There's overwhelming support from a lot of the constituents.

However, the bill was not introduced. We know it exists, so our question to you, which we know you can't answer here, is where is the bill? When our State is facing some of the steepest and fastest growing rent prices in the country, why have you abandoned your responsibility to us?

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CHAIR PAZINA:

I can tell you that I did not see that bill and did not serve on the Interim Committee on Commerce and Labor, but I look forward to working with you at a later date and having these discussions. Seeing no further comments, this meeting is adjourned at 10:25 a.m.

RESPECTFULLY SUBMITTED:

Timothy Gibbs,
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. 168	C	3	Senator Julie Pazina	Work Session Document
S.B. 317	D	4	Jason Mills, Nevada Justice Association	Proposed Amendment
S.B. 317	E	20	Adam Plain	Neutral Testimony
S.B. 429	F	23	Senator Robin L. Titus	Proposed Conceptual Amendment
S.B. 438	G	35	Senator Julie Pazina	Proposed Conceptual Amendment
S.B. 440	H	41	Edith Duarte / Nevada Solar Association	Proposed Amendment
S.B. 440	I	41	Edith Duarte / Nevada Solar Association	Proposed Amendment Submitted by Garrett Gordon