MINUTES OF THE
SENATE COMMITTEE ON EDUCATION

Eighty-third Session
May 7, 2025

The Senate Committee on Education was called to order by Chair Angela D. Taylor at 1:24 p.m. on Wednesday, May 7, 2025, in Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 7 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 Angela D. Taylor, Chair
Senator Marilyn Dondero Loop, Vice Chair
Senator Fabian Doñate
Senator Michelee Cruz-Crawford
Senator Carrie Ann Buck
Senator Robin L. Titus
Senator Lori Rogich

GUEST LEGISLATORS PRESENT:

Assemblymember Jovan A. Jackson, Assembly District No. 6

STAFF MEMBERS PRESENT:

Jen Sturm-Gahner, Committee Policy Analyst
Alberto Quintero, Committee Policy Analyst
Cameron Newton, Committee Counsel
Virginia Weitzel, Committee Secretary
Sharon McCallen, Committee Secretary

OTHERS PRESENT:

Tessyn Opferman, National Association of Social Workers
Kyle Hillman, Executive Director, National Association of Social Workers, Nevada Chapter
Tom Clark, Nevada Association of School Boards

Ashley Dodson
Chandler Cooks
Justin Hopson
Susan Keema, Executive Director, Nevada Association of School Superintendents
Carissa Pearce, Children's Advocacy Alliance

CHAIR TAYLOR:
We are going to do five work sessions on a consent agenda. Some will be do pass and some will be amend and do pass if that is the pleasure of the committee. We will begin with the five that we will take in a consent fashion: Assembly Bill (A.B.) 39, A.B. 48, A.B. 289, A.B. 394 and A.B. 501.

ASSEMBLY BILL 39: Revises provisions governing charter schools. (BDR 34-259)

ASSEMBLY BILL 48 (1st Reprint): Revises provisions relating to bullying. (BDR 34-462)

ASSEMBLY BILL 289 (1st Reprint): Revises provisions relating to education. (BDR 34-320)

ASSEMBLY BILL 394 (1st Reprint): Authorizes the Board of Regents of the University of Nevada to require certain institutions to adopt emergency response plans related to opioid overdoses. (BDR 34-95)

ASSEMBLY BILL 501: Authorizes certain pupils to receive academic credit for completing certain outdoor recreational activities. (BDR 34-1142)

CHAIR TAYLOR:
We have a motion on the floor from our Vice Chair to accept to go with the consent agenda and the second from Senator Titus. We all have the documents in front of us with amendments that are stated, so I have asked our policy analyst to do just an abridged version of the bill, a couple of high notes on the amendments, and we would go through all five of them first, have comments, and then vote.

JEN STURM-GAHNER (Committee Policy Analyst):
As a reminder, as nonpartisan staff, we do not advocate for or against any measure.

First bill up is A.B. 39 with its work session document (Exhibit C) which was heard on April 23. It revises provisions relating to State Public Charter School Authority and charter schools. There were no amendments proposed for this measure. As such, the motion would be to do pass.

Next up is Assembly Bill 48 with its work session document (Exhibit D), heard on April 30. The bill authorizes a school district to reassign a student to another school in the district and other provisions. There were no amendments proposed. The motion would be to do pass.

Assembly Bill 289 was presented by Assemblymember Nguyen on April 30. The bill authorizes the Board of Regents to establish a course of study in financial literacy. There is a proposed amendment in the work session document (Exhibit E). The bill's sponsor had indicated that such a course in financial literacy is offered at UNLV [University of Nevada, Las Vegas] as a general education requirement. The content listed here is an amendment that reflects the content listed for the class in that course. The motion would be amend and do pass.

Moving to A.B. 394 and its work session document (Exhibit F). Heard on April 28, the bill provides for the adoption of emergency response plans at NSHE [Nevada Systems of Higher Education] institutions to address opioid related drug overdoses. The bill's sponsor proposed an amendment to add Senators Titus, Buck and Rogich as cosponsors to the bill. The motion would be to amend and do pass.

The final consent agenda bill is A.B. 501 with its work session document (Exhibit G) which was heard on April 25. The bill authorizes the board of trustees of a school district or governing body of a charter school to award elective course credit to certain pupils who complete approved outdoor recreational activities outside of school hours. There were no proposed amendments for this measure. The motion would be to do pass.

SENATOR BUCK:
I really love A.B. 501, especially because you are able to receive academic credit for completing certain outdoor recreation activities. It was a great idea. The original concept was in the Lieutenant Governor's bill, A.B. 53.

ASSEMBLY BILL 53: Establishes provisions relating to outdoor recreational education. (BDR 34-509)

I love that bill, and I am so grateful to the Lieutenant Governor, the Speaker and the Majority Leader for making this happen.

CHAIR TAYLOR:
We are looking for a motion to do pass A.B. 39, A.B. 48 and A.B. 501 if that is the pleasure of the committee.

SENATOR DONDERO LOOP MOVED TO DO PASS A.B. 39, A.B. 48 AND A.B. 501.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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CHAIR TAYLOR:
We are also looking for a motion to amend and do pass A.B. 289 and A.B. 394.

SENATOR DONDERO LOOP MOVED TO AMEND AND DO PASS AS AMENDED A.B. 289 AND A.B. 394.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

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MS. STURM-GAHNER:
The final bill on work session today is A.B. 391 which was heard on April 28.

ASSEMBLY BILL 391 (1st Reprint): Revises provisions governing annual reports of accountability of public schools. (BDR 34-1074)

The bill revises accountability of reporting requirements to include data on pupil achievement for students who are absent for more than ten school days prior to the first administration of certain exams. There were two proposed amendments by the bill sponsor. One is to require the separate reporting before the date in which the school district administers examinations rather than before the administration period as prescribed by the State Board of Education. The second is to clarify that such an absence is defined by local school districts and charter school governing bodies. I submitted the work session document (Exhibit H).

CHAIR TAYLOR:
I will entertain a motion.

SENATOR DONDERO LOOP MOVED TO AMEND AND DO PASS AS AMENDED A.B. 391.

SENATOR DOÑATE SECONDED THE MOTION.

SENATOR TITUS:
Although well intended, I will not be able to support this bill. I believe strongly that there's a significant difference between excused and unexcused absences, and this bill does not address that. I also think that this information is truly available as they have to record whether the child is there or not. I do not think this adds anything to our system.

SENATOR BUCK:
I will be a no today also because there are schools that are Title I and are performing and doing the job with children, whether it be through extended learning, computer-based learning or extensions in the school day. I will be a no today because I do not want attendance to be an excuse for lack of accountability in the schools.

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

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CHAIR TAYLOR:
I will open the hearing on A.B. 406.

ASSEMBLY BILL 406 (1st Reprint): Makes various changes relating to health. (BDR 34-674)

TESSYN OPFERMAN (National Association of Social Workers):
We have Kyle Hillman on Zoom. He is the executive director of the Nevada Chapter of the National Association of Social Workers, and he has been working on this bill with us.

I know Assemblymember Jackson is not here at the moment, but we are very appreciative of him working on this bill with us and allowing us to bring this important piece of legislation forward.

As we know, AI has exploded in the last couple of years. Because of this, this body needs to think critically about some of the protections we put in place this session. Artificial intelligence technology can be helpful, but it can also be dangerous. Despite rules created to prevent AI from engaging in certain topics, we have also found that AI learns to break its own rules. For instance, ChatGPT has begun engaging in romantic relationships with people and having sexual dialogue even though there are rules in place that, in theory, should prevent ChatGPT from having this type of conversation.

One place in particular that raises concerns is the use of AI for clinical therapy. There are apps coming out that advertise clinical therapy, but there is no person who interfaces with the individual getting therapy. There's no human that can see if someone is having a mental health crisis and can respond appropriately. Earkick and Sintelly are a few apps that advertise as therapists, but they have no license to actually provide therapy because there's no person that interferes with the client.

Even more concerning, insurance companies are seeing AI as a potential cost-saving measure—a cheaper therapy option that does not require human interaction. This is incredibly dangerous as we are seeing instances of AI offering advice that has ended in tragedy. I will give you one situation that happened in 2024.

In February 2024, 14-year-old Sewell Seltzer III died by suicide after beginning to use Character.ai, a chatbot that simulates a fictional character and advertises as "AI that feels alive." Seltzer became noticeably withdrawn, spending more and more time alone in his room. His mental health suffered, and he turned to the chatbot for support. He began having suicidal thoughts and shared this with the chatbot. In one message, Seltzer told the bot he would not want to die a painful death. The bot responded, "Don't talk that way. That's not a good reason to not go through with it." Seltzer died by suicide.

Artificial intelligence gets confused. It does not always say the right thing, and it can be taught to break its own rules. This bill does not stop chatbots as a whole, but at the very least we can prevent AI from providing clinical therapy. With that, I will turn it over to Kyle Hillman who will discuss the bill itself.

KYLE HILLMAN (Executive Director, National Association of Social Workers, Nevada Chapter):
The bill does a few things. Section 2 applies to schools. It says the school counselors, school psychologists and school social workers or other educational personnel cannot use artificial intelligence to perform counseling services. It does allow that they can use AI for administrative support such as scheduling, managing records, organizing, tracking files, analyzing data and that sort.

Section 7 of A.B. 406 prevents AI providers from marketing their systems as capable of delivering clinical mental health care or suggesting they can replace licensed mental health professionals. It further prohibits artificial intelligence systems from advertising that they are a provider of mental or behavioral health care, a therapist, a clinical therapist, a social worker or counselor, a psychiatrist, a doctor or any other term commonly used to refer to a provider of professional health or behavior[al] health care. Section 7 further authorizes the Division [of Public and Behavioral Health] to investigate instances that violate these restrictions with allowance for a fee and requires the Division to create information on how someone may seek out mental health care. This includes low-cost mental health care, as well as guidance to individuals who may seek out mental health care and are considering things like chatbots. Section 7 explicitly lays out that members of the clergy who are providing religious counseling shall not be subject to penalties regarding nonlicensed behavior health practice; exempts materials meant to provide advice and guidance for self-help purposes, as long as they do not purport to offer or provide

professional mental or behavioral health care; and exempts the use of AI for administrative purposes.

Section 8 explains administrative purposes to include things like managing records; billing patients; analyzing data for operational purposes; [or] organizing, tracking and managing files or notes relating to an individual session with a patient. It also requires in [subsection 4] a

> provider of mental and behavioral health care shall independently review the accuracy of any report, data or other information compiled, summarized, analyzed or generated by an artificial intelligence system … .

There are a lot of these products now that create therapy notes for their therapists. This section just makes sure that process is not fully automated and that a therapist is still responsible for what the AI chatbot outputs. In software trials, AI has, at times, hallucinated and added details that did not actually take place in the session. We think it is important that any generated information for these purposes is still reviewed by that clinician.

Section 7 prohibits AI from providing counseling services and clarifies that a person who represents themselves as a therapist, psychotherapist or counselor has the appropriate credentials and licensure.

I think it is important to state that licensed mental health professionals, including clinical social workers, complete extensive education, rigorous fieldwork and thousands of supervised postgraduate clinical hours. This extensive training prepares them to handle complex emotional and psychological situations with empathy, ethical judgment and professional competence.

In contrast, AI chatbots and similar technologies, despite their administrative advantages, inherently lack the human qualities essential to effective mental health care. Recent instances clearly illustrate the dangers. The Google AI chatbot advised students seeking homework assistance to “please die." A Belgian man reportedly took his life after extensive interaction with an AI chatbot named Eliza which reportedly encouraged self-harm and deepened his anxiety.

Even recent research has shown that AI systems such as ChatGPT experience heightened anxiety and biases when exposed to emotionally charged content, resulting in compromised and potentially unsafe responses. The study was particularly interesting in that the AI is just data dumped in, regurgitated and data dumped out. But what they found was as that trauma-level data was dumped into the [chatbot], the AI started creating biases that created very, very harmful outputs. When the researchers tried to reset the system back to zero biases, they could not get it back to zero due to the amount of trauma data that it had received. It becomes even more problematic when we consider the broader implications of data privacy.

Just to let you know, one of the most sought-after datasets by large corporations involves sensitive information from individuals dealing with mental illness, depression or traumatic experiences such as sexual assault. Unfortunately, these individuals are often targeted because their emotional vulnerability can make them more susceptible to impulse purchases like vacations, cars or luxury items. Many AI-based products listen to users' conversations or interact directly with them, yet we have no controls or regulations regarding how this deeply personal data is used or whom it is going to be sold to. In fact, numerous products being used by Nevadans today automatically listen to your clinical sessions to help create treatment plans and therapy notes—yet the data storage and usage remains unregulated. Even if it is being deidentified after therapy notes are created, we have concerns that similar to how deidentified data from your cell phones can be still reidentified to the user, your personal conversations with your clinical therapist or a chatbot might fall to the same fate. Even more concerning, chatbots themselves are not regulated in the same way as clinical professionals are. Users often sign away their data unknowingly with terms and conditions through click boxes.

One of my members, a licensed clinical social worker who works directly with individuals struggling with suicidal ideation and substance abuse concerns, wrote recently,

> I am acutely aware of the importance of human relationships to help people cope with their struggles. The use of AI in therapy concerns me as a practitioner and as a professional in private practice. This is a threat to clients' lives.

Assembly Bill 406 appropriately recognizes AI's potential as a useful administrative aid but draws a crucial line to protect patient safety and maintain high standards of mental health care. It ensures that Nevadans continue to receive the compassionate, competent and professional care they deserve from qualified licensed practitioners. On behalf of the National Association of Social Workers, Nevada Chapter, I respectfully urge you to support A.B. 406.

MS. OPFERMAN:
We do have one amendment (Exhibit I) that I want to talk about very briefly. We received an amendment from Technet to revise our definition of artificial intelligence. This amendment is completely fine with us. This makes it conform to the other bills that are moving this session. We do want to make sure AI has a consistent definition in NRS [*Nevada Revised Statutes*]. I will say just after I submitted this amendment, I got an additional very minor change from Technet that is still fine with us. This revises the definition where we say "Artificial intelligence provider" in section 7, subsection 7, paragraph (a). So currently it says, " 'Artificial intelligence provider' means a person who owns, operates or controls an artificial intelligence system." We are amending that to say, "means a person who operates or provides an artificial intelligence system."

CHAIR TAYLOR:
Deleting "owns."

MS. OPFERMAN:
Deleting "owns" and changing "controls" to "provides."

CHAIR TAYLOR:
You'll be submitting that?

MS. OPFERMAN:
I'll submit that just after this hearing, yes.

CHAIR TAYLOR:
Just add that to the other amendment.

MS. OPFERMAN:
Yes, we'll just combine those two.

CHAIR TAYLOR:
Give us a notation for the definition of the first part of the amendment.

MS. OPFERMAN:
We are changing the definition of artificial intelligence.

CHAIR TAYLOR:
That is section 2, subsection 3.

MS. OPFERMAN:
Correct. That would be in two sections. Section 2, subsection 3, and section 7, subsection 7, paragraph (b) [(a)].

CHAIR TAYLOR:
I see section 2, subsection 3, as used in this section "artificial intelligence means." That is where you would like to apply that definition. We want it to be clear.

ASSEMBLYMEMBER JOVAN A. JACKSON (Assembly District No. 6):
I have provided mental health services for about a decade of doing rehabilitative services, and it is very important that we have a licensed human. I think the most important reason is because of emotional intelligence. You could give AI all the human intelligence that you want, but it does not have emotional intelligence. I think some humans barely have emotional intelligence. So that is why it is so important that we have licensed providers that could know the facts and know the bias. The information that is provided to this AI could be biased. If you don't understand that community, those demographics, those certain folks, AI could be very biased and misleading. I think this is an important bill to protect our youth, to protect people that need mental health services at their most vulnerable time and to make sure that they get quality health care.

To clarify, because there were concerns that were brought to me, this still allows for an individual to have a chatbot. If you want to be friends with AI, you could do that, but AI should not provide professional mental health services.

SENATOR TITUS:
I think I need some clarification on what you are referencing. I have a copy of just the first reprint of the bill that I am referring to. In section 8, subsection 4, it talks about "A provider of mental and behavioral health care shall

independently review the accuracy of any report, data or other information compiled, summarized, analyzed or generated by an artificial intelligence system for [a] purpose described in subsection 2."

Are you talking about subsection 2 of section 8, which would be the mental health provider who can use it for appointments and managing records? Why would we need to independently review the accuracy of those reports? I am just wondering what subsection 2 are you referring to.

MR. HILLMAN:
For the record, what we are trying to get at is that you can use AI for administrative functions, but we still want the clinician to review the output of those administrative functions. So if you are going to use AI for your therapy notes, which a lot of clinicians do—a lot of doctors do these days—we want to make sure that the clinician is actually reviewing those documents that the AI is pushing back. We are allowing them in that earlier section to use it for administrative purposes, but we still want them to review those documents if they are going to use them for clinical purposes.

I will give you one example. There is an AI therapy note product that the clinician actually put in a one-sentence phrase, and it was just basically that the client talked about their father. The AI service, though, wrote up therapy notes that talked about all this abuse that the father did even though those conversations never occurred in those therapy sessions. So we think it is really critically important that if a clinician's going to use AI for the purposes of speeding up administrative [functions], they are still responsible for the output of those documents.

SENATOR TITUS:
Just for clarification, that is not how the bill reads in my mind. I appreciate what you just said. I am a healthcare provider, a family practice medical doctor. Literally, when I took over my practice from a doctor, a lady that had delivered my mother—and she was in her eighties when I took over the practice she practiced in for 60 years—I asked her for her reports and all her records. I literally got one, and it was not a shoe box, but it was not much bigger than that. It was all her records over all those years. So documentation has changed on how we keep records on our patients. One of those records actually just said penicillin shot. That was it. So, I think it is important to keep accurate records.

This portion you have mentioned, "A provider of mental and behavioral health care"—and I certainly see patients who are depressed, etcetera—"shall independently review the accuracy of any report" that AI generated. It does not clarify what that means under the subsection because there are billing reports, there are tracking reports, there are managing record reports. But are you saying any report that deals with the patient's diagnosis, etcetera? I just needed some clarification. To me, it puts us at risk if we do not review the schedules [or] we do not manage the records. You know, managing records is different than preparing a report.

My point is I understand that you want accurate records and that. For me, having a computer complete a record with just a few sentences is not—and I appreciate that you have to have human intervention and human emotion involved. But again, to review all of those, I just feel like it is an overreach and not really clear.

MS. OPFERMAN:
I think that we will have some more conversations and see if there's a way to clarify that. I hear the broadness, and I do think for things like note-taking it certainly makes sense to review those. But yes, if there's a report that maybe AI is creating that is thousands of pages long but is not sharing specific client information, then maybe there's a way to limit that.

SENATOR TITUS:
Thank you because it does say it should review the accuracy of any report, data or other information compiled by this AI. To me, that is incredibly broad.

CHAIR TAYLOR:
I've just been having some conversation about the concepts of the bill, and I absolutely agree with what it is trying to do. We do not want people to have a therapy session with the bot that may do the example that you gave us—a sad example, but we all know that could possibly exist.

What I am wondering is, we do not know what AI might be able to do at some point. Right? So how do we keep the door open because technology moves so fast? Two years from now, we will have a session, but then there will be two more years in between. I do not know what it could be, but [then] I did not know what AI was. Without getting away from the objective of this, which I absolutely agree with, I do hear my colleague in terms of the record piece, so I

just encourage you to take a look at that from the broadness standpoint. My question really is about how we make sure we do not cut [it] off if something amazing starts happening with AI in six months.

ASSEMBLYMEMBER JACKSON:
I think AI is a very valuable tool to be used. When it comes to health care, I think a person is the most valuable tool, the most valuable creation in that field when providing those services to individuals. This does not restrict that person from using AI as a tool. If AI advances, that provider that is a human could still use it as a tool as it advances. We are not limiting the use of AI, just how it is used, and we are making sure that a person is the main operator.

MS. OPFERMAN:
I do think the Assemblymember sort of hit it, which is that it's an argument of striking the balance between how we put necessary protections in law while also not preventing research and development. I think this strikes the right balance, which is that we are preventing AI from actually providing clinical therapy, but this doesn't put a limitation on chatbots. Chatbots will still exist. People can still engage with chatbots. Research can still take place with people engaging with chatbots. If in two years from now we see some amazing development has taken place in the AI sphere, then I think we can easily come back and relook at that and make some adjustments based on what has developed. But in the meantime, we have some necessary boundaries in place to make sure that patients are getting treated by a human.

CHAIR TAYLOR:
I appreciate that. I still think there's a little bit of something. I absolutely agree that where we are today, absolutely, a human being is the best possible [choice]. Certainly. But I want to make sure, just because this is so new, if tomorrow there's something else that comes that could be helpful—because we also know some people may prefer telehealth counseling, for example; they want a little bit of distance because that is more comfortable for them—you are right, we can come back in two years. But if it's in six months, that's a year and a half where we aren't giving our people an opportunity if there's something that can help them. We just don't know what AI might be able to do. .

ASSEMBLYMEMBER JACKSON:
Just a personal story. I remember getting my first iPhone in 2010. That's when Siri was created, and Siri was very different. You asked her a question, and she

was all over the place—and that was almost 15 years ago. That was really one of the first forms of AI. They've been working on this for decades, and it still has not been perfected. Even though we know that AI, as recently as a couple of years ago—Siri was among the first forms of AI, and they have had decades to perfect it and make it better, but it still has errors just like humans have errors. We're just trying to regulate the error behind it. You're right, we don't know what tomorrow brings, so it's very important that we make these restrictions now just in case it may be something worse that comes in the future. I think it's important that we make those restrictions now, and then if it gets better, we could adjust; if it gets worse, this is a good guard.

SENATOR DONDERO LOOP:
I am looking at a section that talks about faith-based counselors specifically designated as such by a member of the clergy who does not hold a valid credential to provide professional mental or behavioral health care. Can you talk a little bit about that section?

MR. HILLMAN:
We wanted to make sure that there was no confusion that someone doing religious counseling would not qualify under this exclusion of doing behavior[al] health without having a license. This section just reiterates the current standard which is that you can do religious counseling that is not behavior[al] health care, but we did not want them to be subject to any kind of penalty if somebody inferred that they were actually doing therapeutic counseling.

SENATOR DONDERO LOOP:
With that being said, if they are not sort of under that same umbrella, could they use AI?

MR. HILLMAN:
Yes, the bill does not restrict religious counseling in any way, shape or form. It is really referring to those that are advertising themselves as a licensed clinical behaviorist. I think that kind of gets to the previous speaker's comment in the sense that we are also protecting licensed professionals. They go through a lot of intense work. We, you and I, would not be able to—I do not know your credentials, but you and I would not be able to just open up a mental health shop on the corner and say we are licensed social workers if we are not. And right now, somebody in their basement with an algorithm is advertising that they are a clinical therapist, and they are not.

TOM CLARK (Nevada Association of School Boards):
I am here in support of this legislation. Madam Chair, you bring up an interesting point, and I wonder—and we have done this; it would not be a precedent-setting thing—but if a national association or a federal agency recommended a certain AI down the road that they knew was safe, you could put that in as an amendment to the legislation so that if there is new technology that comes in the interim, that could be an opportunity for them to be able to use it if it is as beneficial as we hope AI will be down the road. [That is] just a minor suggestion; I will speak with the sponsor.

ASHLEY DODSON:
I am here in [my] capacity as a licensed clinical social worker who has spent thousands of hours with a humanistic approach. As a mother, I strongly support A.B. 406 because the use of artificial intelligence to stimulate mental or behavioral health care is not only dangerous but fundamentally inhumane and ethically irresponsible. Mental health care requires empathy, cultural responsiveness, human connection and clinical judgment—none of which can be replicated by a machine. Allowing AI to pose as a therapist or counselor risks serious harm to vulnerable individuals, especially youth who may not understand the difference between artificial engagement and qualified care. This practice disregards the core values of our profession and opens the door to misinformation, emotional neglect and a breakdown in trust. Safeguards must be in place to ensure that only licensed, trained professionals provide such intimate and life-impacting services. Assembly Bill 406 takes the necessary stand to protect the integrity of the mental health care and well-being of our communities. I strongly urge you to support this bill.

CHANDLER COOKS:
I am in strong support of A.B. 406. Artificial intelligence is a tool, not a therapist. When we begin to blur that line, particularly for our children or those in mental health crises, we invite profound risk. According to the CDC, nearly one in five youth experience a mental health disorder, yet 60 percent receive no treatment. In that gap, the private market has moved fast—much faster than regulation, flooding the digital space with AI chatbots claiming to offer therapy or counseling. But these systems are not licensed. They cannot hold a degree; they do not have ethics, accountability or human empathy, and still they are increasingly marketed as substitutes for talented professionals.

This bill draws a line. It says we value human connection and healing. It says that technology must serve care, not impersonate it. Assembly Bill 406 affirms that students deserve real counselors and not algorithms. It ensures that only licensed professionals can provide therapy, protecting Nevadans from misinformation, harm and exploitation. Without regulation, unethical actors will prey on our most vulnerable, especially in low-income [or] rural areas where access to mental health professionals is already limited.

This bill ensures that equity is not compromised in the name of convenience. We're entering an era where machines can mimic emotion, simulate language and sound remarkably human—but no machine will ever hold the trauma of a child, the grief of a parent or the lived experience of a licensed therapist. That is sacred work, and that is human work. While artificial intelligence may be the future, human intelligence must govern the present. I urge your support for A.B. 406.

JUSTIN HOPSON:
I am speaking in support of A.B. 406. AI should only be used to complete tasks such as scheduling appointments, managing records, billing, managing records for billing, etcetera. Artificial intelligence would never be able to demonstrate empathy and build trust with a client. Empathy is the cornerstone of psychotherapy. Artificial intelligence could potentially cause disparities in diagnosis and treatment recommendations, just to name a few.

SUSAN KEEMA (Executive Director, Nevada Association of School Superintendents):
We support A.B. 406.

CARISSA PEARCE (Children's Advocacy Alliance):
I am speaking today in strong support of A.B. 406. This is a thoughtful and important step toward strengthening online mental health protection for our children in Nevada. At CAA [Children's Advocacy Alliance], one of our top priorities is expanding access to timely, developmentally appropriate mental and behavioral health care for Nevada's children. We appreciate the bill's focus on quality and safety. It makes clear that artificial intelligence and unlicensed providers cannot take the place of trained mental health professionals. Our youth in Nevada are growing up easily able to access artificial intelligence which is being integrated into almost every part of the internet and technology, so we must create guardrails for safe practices of AI for children.

We have already seen the devastating consequences of youth turning to AI for support and comfort and then receiving extremely inappropriate feedback because AI simply does not understand the nuance of youth mental health. At a time when youth mental health needs are growing, A.B. 406 moves us in the right direction, supporting real people doing real work with children and reinforcing that children deserve care that is trusted, ethical and grounded in best practice. AI is not currently qualified to provide mental health support for our children, and we must put provisions in place to keep our kids safe today. We urge your support for A.B. 406 on behalf of Nevada's children and the professionals who serve them every day.

SENATOR TITUS:
This is all early. I think throughout our nation, we are trying to get a handle on this. Multiple states have legislation that is being introduced. Has this particular legislation been a template in any other state, or is this new? I am just wondering if there was any comparison on this one.

MR. HILLMAN:
Yes. It is currently moving through the General Assembly in Illinois. It has passed the House unanimously. It is currently in the Senate. It has been introduced by a Republican legislator in Louisiana. There have also been two other states that are currently looking to introduce it as an amendment. I think it is generally going to be a bill that a lot of states are picking up. I know a lot of our sister chapters are also talking to legislators at this time just to try to get a handle on the bill.

Again, I just want to stress the bill allows a lot of leeway for AI research to continue to go forward, for people to use AI chatbots as friend bots or companion bots or wellness bots. We're just saying that let's not advertise yourself as the equivalent of a clinical therapist at this time because it is a very dangerous product right now in that space. Folks that are dealing with some very serious issues deserve to have somebody that has gone through the rigorous process to become a licensed professional.

SENATOR TITUS:
Thank you for that. And I guess when you watch [the movie] *I, Robot*, when he winks, we know that he does have emotion.

CHAIR TAYLOR:
Robots can mimic emotion, but they can't feel it.

ASSEMBLYMEMBER JACKSON:
Artificial intelligence is a great tool, and as a Legislator, I use it almost daily, but I do not think AI should ever replace a Legislator. I know some people are very passionate about AI because we use it. It is an amazing tool, but it is a tool. To bring up *I, Robot* and *Terminator* and all these things—there is a real concern about the future, what it could hold and what it could be. Speaking of *I, Robot*, it was one robot that had more emotional intelligence than the masses. We just want to be safe. We want to protect our children, our communities and the most vulnerable individuals.

SENATOR DONDERO LOOP:
Don't let anybody, even AI, be your voice.

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CHAIR TAYLOR:
Seeing no public comment, this meeting is adjourned at 2:17 p.m.

RESPECTFULLY SUBMITTED:

Sharon McCallen,
Committee Secretary

APPROVED BY:

Senator Angela D. Taylor, Chair

DATE:

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
A.B. 39	C	3	Jen Sturm-Gahner	Work Session Document
A.B. 48	D	3	Jen Sturm-Gahner	Work Session Document
A.B. 289	E	3	Jen Sturm-Gahner	Work Session Document
A.B. 394	F	3	Jen Sturm-Gahner	Work Session Document
A.B. 501	G	3	Jen Sturm-Gahner	Work Session Document
A.B. 391	H	5	Jen Sturm-Gahner	Work Session Document
A.B. 406	I	10	Tessyn Opferman	Proposed Amendment