



NEVADA LEGISLATURE JOINT INTERIM STANDING COMMITTEE ON COMMERCE AND LABOR

(Nevada Revised Statutes [NRS] 218E.320)

MINUTES

August 28, 2024

The sixth meeting of the Joint Interim Standing Committee on Commerce and Labor for the 2023–2024 Interim was held on Wednesday, August 28, 2024, at 9:30 a.m. in Room 165 of the Nevada Legislature Office Building, 7230 Amigo Street, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's [meeting page](#). The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Pat Spearman, Chair
Assemblywoman Elaine Marzola, Vice Chair
Senator Roberta Lange
Assemblyman Max Carter (Alternate for Assemblywoman Shea Backus)
Assemblyman Philip PK O'Neill
Assemblywoman Heidi Kasama
Assemblywoman Selena Torres

COMMITTEE MEMBER ATTENDING REMOTELY:

Senator Jeff Stone

COMMITTEE MEMBER ABSENT:

Assemblywoman Shea Backus (Excused)

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Cesar Melgarejo, Principal Policy Analyst, Research Division
Davis H. Florence, Senior Policy Analyst, Research Division
Crystal Rowe, Senior Research Policy Assistant, Research Division
Melissa Jimenez, Research Policy Assistant, Research Division
Sam Quast, Senior Principal Deputy Legislative Counsel, Legal Division
John Kucera, Principal Program Analyst, Fiscal Analysis Division

Items taken out of sequence during the meeting have been placed in agenda order.
[Indicate a summary of comments.]

AGENDA ITEM I—OPENING REMARKS

Chair Spearman:

Good morning and welcome to this edition of the Joint Interim Standing Committee on Commerce and Labor. This will be our final meeting.

Agenda Item V, the presentation on protecting workers in extreme weather conditions, has been pulled and will not be a part of our meeting today.

[Chair Spearman reviewed meeting protocol and information related to providing public comment.]

AGENDA ITEM II—PUBLIC COMMENT

Chair Spearman:

With that, we will move on to public comment. We will start with public comment in Las Vegas. If there is anyone who would like to provide public comment, please come forward and fill the chairs. Anyone in Carson City wanting to make public comment, please come to the witness table. We will begin in Las Vegas.

Victoria Carreón, Administrator, Division of Industrial Relations (DIR), Department of Business and Industry (B&I):

We are here today to provide information in relation to Agenda Item V, which I understand is withdrawn. Our Agency has been working for the past four years on a regulation to address heat illness in the workplace. We have been working with a variety of stakeholders, advocates, business industry, unions, et cetera. We have a workshop on our regulation on August 28, 2024, at 2 p.m. and the regulation, for your reference, is Regulation 131-24.

Cadence Matijevich, Government Affairs Liaison, Washoe County:

I am here to speak on Item F of the “Work Session Document” (WSD) relating to homeowners insurance for wildfires; express our support for your urging of the Governor and B&I to study the issue of a Fair Access to Insurance Requirements (FAIR) Plan for homeowners; and the creation of a task force. We welcome the opportunity to participate in that. We understand these are complex issues and may take some time to study, but I want to express the urgency of this issue for Washoe County and particularly for our residents in the Tahoe Basin.

At a recent town hall the Insurance Commissioner held, we heard heartbreaking stories from senior citizens in that community who have lived in the Tahoe Basin for over 50 years. These are folks who were public servants, schoolteachers, and because of this issue, they are facing, potentially, having to sell their home and leave the Basin.

As opportunities may come up during this upcoming session, we encourage you to consider legislation to help address this issue—particularly the issue of parity for policies that cover properties that are considered commercial—but in fact, are residential properties. The issue you heard from the Insurance Commissioner last month about policies that cover homeowners associations—this particular issue is affecting workforce, housing, and seniors

in our community in the Tahoe Basin. We appreciate your consideration and look forward to remaining engaged with you on this issue throughout the session.

David Behar, Executive Officer, State Contractors' Board:

I am here today to offer comment regarding the Board's statutory authority to investigate and prosecute unlicensed contractors as it relates to Item C on your agenda. As I shared during a presentation to this Committee in April 2024, the mission of our Board is to promote public confidence and trust regarding our licensees, while protecting the health, safety, and welfare of the public.

Our Board advocates for a shorter two-year statute of limitation for unlicensed contracting for several reasons. The first is to encourage consumers to use licensed contractors for the benefit of having a total of four years to have their complaints investigated. The second is to meet a requirement for potential financial recourse of up to \$40,000 from our residential recovery fund.

Our Board believes increasing the statute of limitations for unlicensed activity would be detrimental because it would encourage individuals to continue hiring unlicensed contractors, which would place even greater pressure on local and State prosecutors who already face significant caseloads and struggle to prioritize matters involving unlicensed contracting practices. The current time frame for prosecuting these matters criminally is two years, and that is why our Board statute of limitations for this matter mirrors that.

Our Board has welcomed the support of administrations from both the Governor's office and State Attorney General to produce public service announcements, targeting the dangers of hiring unlicensed contractors. We have also increased our public awareness on this important issue through a variety of workshops and partnerships with stakeholders that include the Legal Aid Center, County Commissioner's office, Hispanic Contractors Association, and many others. We appreciate an opportunity to be available to you, if necessary, during today's discussion and are happy to address any additional comments or questions the Committee Members may have.

Paul Moradkhan, Senior Vice President of Government Affairs, Vegas Chamber:

The Vegas Chamber appreciates the Chair for withdrawing Agenda Item V from today's agenda. The reason being, that a diverse and broad group of stakeholders have convened during the interim period and are working, in collaboration, on regulations that will be placed for consideration to the Legislative Commission in December for approval regarding heat safety standards.

The focus of these proposed regulations is to address heat illness employee protections that will be administered in Nevada Occupational Safety and Health Administration (OSHA). The Chamber, along with numerous business associations and chambers, have made the pledge that we work with OSHA, labor, employees, medical professionals, and environmental groups to address the concerns that were brought forward about heat regulations during the 2023 Legislative Session.

The Chamber and our trade association partners have kept our word by working to develop rigorous regulations that will be set forward for approval, are focused on employee safety throughout an assessment process, and relating regulations that will be adopted by employers throughout the State. These proposed regulations have been developed in a manner that provide additional protection for workers but will also allow employers to comply in a reasonable and practical manner. We have kept our promise to legislative

leadership, to you as members of the legislative body, and Nevada's workers that we would get this done, and we look forward to adoption in December this year.

Olivia Tanager, Executive Director, Toiyabe Chapter, Sierra Club:

The Toiyabe Chapter represents 40,000 members and supporters from across our great State and as such are the largest environmental grassroots group in the State. The Sierra Club supports both actions proposed related to wildfires and homeowners insurance on today's agenda.

The other day, I got an email from one of my Board Members who lives up on Mount Charleston. After the State updated its fire map, she now has under a month to find new insurance because Allstate will not insure her home, or any of her neighbor's homes, due to the new fire map. She has complied with all requests from Allstate to lower the risks of fire to her home and still they will not insure it.

I grew up in Florida, a State with a similar insurance crisis due to anthropogenic climate change. In Florida, we used to call hurricanes by their names and there would be a bad one every few years. Now, my family talks about hurricanes in terms of years because there are several a year and their names are becoming too difficult to remember.

We appreciate the actions on today's agenda and hope these steps are taken in conjunction with impacted communities across our State, so that communities are consulted and can benefit from any changes to our policies as it relates to homeowner insurance. I hope we can have future conversations guaranteeing some form of homeowners insurance to all Nevadans, while also putting up new construction in places that makes ecological sense, given the increased likelihood of wildfires.

We also appreciate several other items on the agenda including legislation to help address our housing affordability crisis. We believe people on the planet are the healthiest when our neighbors can afford to live in dignity. Thank you for the work you do as caretakers and stewards of our great State. Madam Chair, you will be missed in Carson City.

Blayne Osborn, President, Nevada Rural Hospital Partners:

I am here today in support of Agenda Item VII and would urge the Committee to consider legislation for the upcoming legislative session that continues the work of the last legislative session with Assembly Bill 434 (2023) in protecting the 340B Drug Pricing Program. In many of our rural communities across the State, we might only have one retail pharmacy. If actions are taken that prohibit that retail pharmacy from serving as a contract pharmacy in a 340B Program, then in many of those cases, the 340B Program would cease to exist for those residents. With that said, we appreciate the consideration of this item today. Again, I urge the Committee to protect the 340B Program in the State of Nevada.

Jacqueline L. Nguyen, J.D., Policy Director, Nevada State Medical Association:

On behalf of the Nevada State Medical Association—the State's largest and oldest organization representing physicians and physician assistants—we are here to express our concerns regarding Agenda Item IX D regarding certified registered nurse anesthetists (CRNAs). Specifically, the recommendation proposed by representatives of the Nevada Association of Nurse Anesthetists, which requests legislation to amend NRS 632.2397 to delete provisions that prohibit a CRNA from ordering or prescribing a controlled substance, poison, dangerous drug, or device outside of a critical access hospital.

The legislation in question was only enacted on January 1 of this year. The original AB 198 (2023) and Senate Bill 336 (2023) were thoroughly debated. In Nevada, a CRNA may possess and administer controlled substances, poisons, dangerous drugs, and devices pursuant to a valid order from a practitioner. Pursuant to the new legislation, CRNAs working at a critical access hospital had a change in their scope of practice where now they may—under the supervision of a physician—order, prescribe, and possess controlled substances to treat a patient under the care of a physician.

The argument for this change in legislation was to increase access in the rural areas of our State where physician access was more limited. The compromise legislation's aim was to address the rural challenges, while also maintaining the highest quality of care for our patients. Now, only eight months later, after the new legislation went into effect, the same groups are asking for removal of these restrictions, which were put in place to ensure patient care and safety.

The Nevada State Medical Association has always maintained that while access to care is important, access to quality care is paramount and patient safety should be the top-of-mind consideration for any legislation. We urge this Committee to revisit the rationale presented last session that led to the compromise legislation and not relitigate this issue further in 2025, when we do not yet have any data of the ramifications of the original SB 336. We remain strong allies to this Committee and are an advocate voice for our patients to maintain their safety and well-being. Therefore, the Nevada State Medical Association and our physicians are available to be a resource to you on all health care matters and matters of patient safety and care.

Emily Osterberg, Director of Government Affairs, Henderson Chamber of Commerce:

I am representing the Henderson Chamber of Commerce and our over 2,000 members. We were also concerned about Agenda Item V and understand the item has been pulled. We have been a part of the working group made up of a wide variety of industries that work together with OSHA for the better part of the year to create a heat illness regulation. We do not believe further legislation is needed, as the regulation addresses the issues of heat illness and takes into account priorities and concerns from both the business community and OSHA.

Terry Graves, Representing the Nevada Manufacturers Association:

Not to be repetitive, I endorse the comments made by Mr. Moradkhan. During the last legislative session, we gave quite a bit of testimony regarding the heat regulation under Agenda Item V. The only additional comment I would make, after coming out of the pandemic, this country discovered we have offshored a lot of important manufacturing, and we do not want to impose regulations that inhibit repatriating and bringing these critical manufacturing operations back on shore.

Allison Genco, Director, Nevada Government Relations, Dignity Health, St. Rose Dominican Hospitals:

I am here today to support [Agenda Item VII](#), which looks to ensure pharmacies can continue to contract or participate with an entity that is a 340B Drug Pricing Program participant. Our San Martin Campus was recently approved by the Health Resources and Service Administration to become a 340B Program provider. As a newcomer in this space in Nevada, we want to ensure we have all the right tools to better serve our community, and

we believe this proposal looks to achieve just that. We want to thank Renown Health for bringing this forward, and we look forward to seeing this passage.

Misty Grimmer, Vice President, Public Affairs, The Ferraro Group, Representing Nevada Resort Association:

We are appreciative of the Chair for withdrawing Agenda Item V. We have been very active in the negotiations and conversations that have happened since the Legislative Commission directed us, at the end of 2023, to get with OSHA and come up with a regulation that will work to cover the safety needs of employees and also be something that is functional for employers. The Agency has been amazing to work with. They have hosted multiple—and when I say multiple, I mean more than two—multiple meetings with all the players so we can work through the issues and details that will be in the regulation, which will come before you—as the Director already mentioned. The first workshop is tomorrow, and then the regulation will most likely be adopted by December. It addresses all the various issues such as mitigation for heat illness, training for employees, training for employers, and all the various things. We are appreciative the item was withdrawn and look forward to seeing this go into effect and giving it time to work.

Peter Saba, Senior Government Affairs Manager, Nevada Restaurant Association:

I am here on behalf of the Association to express our opinion with the recent events about Agenda Item V. For 19 months, we have worked tirelessly in good faith, negotiating and compromising to reach a fair agreement that benefits all stakeholders. We are proud of the role we have played in shaping this legislation and are thankful for removing it off today's item.

Chair Spearman:

I do not see anyone else in Carson City. Broadcast and Production Services (BPS), let us go to the phones.

BPS:

If you would like to participate in public comment, please press *9 to take your place in the queue.

Andrew MacKay, Executive Director, Nevada Franchised Auto Dealers Association:

I wanted to briefly echo the comments made by my colleagues Ms. Osterberg, Ms. Grimmer, Mr. Moradkhan, and Mr. Graves in thanking you, Madam Chair, for withdrawing Agenda Item V. As everybody represented, we spent well over a year working on this. I want to thank DIR for their accommodations and, frankly, herding the cat—for lack of a better term. However, for point of order, there is still, with respect to the work session, there is and that would be Agenda Item IX-I. I presume due to the withdrawal of Agenda Item V, that would be withdrawn as well. However, I wanted to make sure we put it on the record that bill draft request (BDR), in our opinion, is simply not necessary due to the fact that we are addressing this in the regulatory process.

Alexis Motarex, Director, Government Affairs, Nevada Chapter, Associated General Contractors:

I want to echo the comments of the previous speakers and express our gratitude that Agenda Item V was withdrawn. These protections belong in regulation, not statute. We have been working toward that in earnest and are close to seeing it adopted.

Tom Clark, Owner, Tom Clark Solutions, Representing the Reno+Sparks Chamber of Commerce and the Nevada Association of Nurse Anesthetists:

I am calling on behalf of the Reno+Sparks Chamber of Commerce, and we will echo the previous comments from my colleagues at the other chambers and trades regarding Agenda Item V.

I am also calling in regard to Agenda Item IX-D, as we represent the Nevada Association of Nurse Anesthetists. When we brought this concept forward during a regular hearing, there was little opposition. We have worked with all the other stakeholder groups on this particular item and would hope that it would move forward and become a BDR.

Dora Martinez, Legislative Liaison, Nevada Council of the Blind, and Activist, Nevada Disability Peer Action Coalition:

I am calling on behalf of my group, and to speak on the affordable and low-income housing. Please include into that accessible housing. There are people with disabilities, seniors, and veterans who will be needing that accessible and affordable housing. I hope when you are doing these things, you also considered transportation equity as well. When they are building these apartments, there is a Regional Transportation Commission transportation available nearby so people with disabilities, seniors, and veterans will not have a hard time catching their bus and do what they need to do.

Thank you, Assemblyman O'Neill for helping me with your constituents, who happens to be blind and lives in Carson. Her situation has been resolved.

I appreciate everything you do, take care, and stay hydrated. Thank you, Madam Chair, we will miss your voice.

BPS:

Chair, there are no additional callers for public comment at this time.

Chair Spearman:

I do not see anyone here in Las Vegas, and do not see anyone in Carson City. There will be another public comment section at the end of the meeting.

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON JULY 31, 2024

Chair Spearman:

Let us move on to [Agenda Item III](#), approval of the minutes for the meeting on July 31, 2024. Members of the Committee, are there any questions regarding the minutes? [There were none.]

VICE CHAIR MARZOLA MOVED TO APPROVE THE MINUTES OF THE MEETING HELD ON JULY 31, 2024.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

AGENDA ITEM IV—PRESENTATION ON IDENTIFYING AND ADDRESSING HEALTH AND BEHAVIORAL HEALTH DISPARITIES AMONG VULNERABLE POPULATIONS

Chair Spearman:

We will move to [Agenda Item IV](#), presentation on identifying and addressing health and behavioral health disparities among vulnerable populations. On Monday, in another Committee meeting, we had a number of persons who were here from the deaf and hard of hearing community. They noted one of the things that concerns them—and quite frankly, scares me—is in many of the hospitals, they do not have access to interpreters when they show up to the emergency room and in a situation where minutes matter and could be a matter of life and death. It should be one of our priorities to figure out how we fix that. It may not be a part of your presentation, but I wanted to put that on your radar. With that begin when you are ready.

Tina Dortch, M.P.A., Program Manager, Office of Minority Health and Equity (NOMHE), Department of Health and Human Services (DHHS):

Today, I will be sharing an educational presentation on effective data collection and equitable utilization as a way to identify and address health and behavioral health disparities among vulnerable populations ([Agenda Item IV](#)). First, members of the public or this Committee may be wondering what does effective data collection and equitable utilization, as a way to identify and address health and behavioral health disparities among vulnerable populations, have to do with commerce and labor. It is my intent, by the end of today's presentation, you will have identified how the conditions in which we live, work, play, age, and even socialize play into concerns that relate to the work of this Committee. In order to do so, as indicated on the agenda, I will provide a brief overview of my office, the intersection of public health, health equity, Nevadan well-being across social determining categories, statutorily tied data collection examples that highlight focus on underserved communities, and I will briefly review future possibilities of data utilization collection.

We are located within DHHS. This Office was established in 2005, as a result of AB 580 (2005), in an effort to address health disparities among minority communities. In 2017, because of AB 141 (2017), it was expanded through its scope and its name was changed to include the reference of equity. This was done to de-emphasize that one size fits all practices are even reliable. On broadening this definition of minority, we also serve to encompass the varying intersections of vulnerable populations beyond those defined merely by race and ethnicity. *Nevada Revised Statutes* 232.475 lays out how NOMHE achieves its fundamental mission. In my six years plus of managing the Office, it has become a connection point across many of the socially determining categories of health for the Department. The Department's ability to develop public health initiatives and NOMHE's ability to action its purpose is predicated in large part on our collective sustainability. Data supports this sustainability, measurement allows for proportionate responses to need, and the resulting data validates action.

As an office, NOMHE works to educate, serve, and advocate for systemic change in alignment with our mission. We action our mission through efforts, like those you see listed on the slide and will point out a couple. We collectively develop strategies to achieve sustainable systems, changing initiatives, and providing equity-focused technical assistance to governmental agencies and community organizations. An example of this is NOMHE's Health Equity Action Plan (HEAP).

The HEAP aims to help government institutions, service, providing agencies, and organizations across the State to integrate health equity considerations into their work by providing a framework and examining the challenges and practices that perpetuate health inequities. The HEAP includes a glossary of terms, an overview of health equity, and identifies improvement areas. It also offers policy, program, and resource related recommendations and guidance on how to turn these theories into action through the use of case studies. The development of the HEAP was made possible by grant funding and reflects a collaborative effort with contributions from State and local agencies, public and private health providers, academic institutions, our tribal and rural partners, community-based organizations, and nonprofit organizations. Activities like the HEAP are rooted in our strategic planning.

In order to fully understand the role and need of effective data collection and its equitable utilization, next, I am going to explain the crosswalk between public health, health equity, and the determining factors on a community's wellness. A community's general wellness often comes down to the health of individuals. An individual's health outcome relies on several opportunities, factors, and resources that shape the way we live, work, play, and age. The nonmedical factors that affect health outcomes are called social determinants of health. When these social factors are negatively influenced by broader forces and systemic bias, a person's everyday life conditions suffer resulting in things like limitations to healthy grocery stores, unreliable access to transportation, and utilization of hospitals—like you mentioned earlier, Chair Spearman. Improving health determining factors and indicators, like the social determinants of health, shape individual and community well-being and often arise through frameworks that begin with political determinants of health.

The political determinants of health are the political and/or policy driven systems that influence distribution of resources, opportunities, and power ultimately affecting the health of communities. The political structures, processes, and decisions that affect the health of individuals and diverse populations can advance health equity or perpetuate health disparities. Resilient policies that promote inclusive economic development and reduce poverty or promote healthier built environments, regardless of zip code, recognize these determining factors of health and go so far as to incorporate them as part of their success indicators. Often times—in a municipal setting—without political will, there will be no policy, and without policy, there will be no programming including the funding of resources required to lift the associated initiatives. Many political leaders and decision makers require data supported evidence to start this dialogue.

Public health and health equity are integral to the considerations for policies that address health disparities and promote overall well-being. At DHHS, we work to promote the health and well-being of Nevadans through the delivery or facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. This is through taking actions that utilize the science and art of preventing disease, prolonging life, and promoting health through organized efforts and informed choices to achieve the goals of the day. When a person has the opportunity to attain his, her, or their full health potential, and there is no circumstance that results in a disadvantaged status, we then see the potential of these social conditions being improved. These are also known as the achievement of health equity.

There are many ways public health and health equity integrate into the influence of both the determinants of health and the political determinants of health. I am going to use the last part of my presentation to highlight a few ways DHHS uses and analyzes health data by demographic factors. For example, race, socioeconomic status, ability status, and identifying disparities and crafting targeted programming policies and action planning. To put it simply, data is made up of facts and statistics. These are collected together for

reference and/or analysis. One of the highest uses of data is to analyze trends, denote gaps in service delivery, and create responsive programming and resources.

As the largest provider of State public resources, DHHS collects data for a number of reasons. In addition to division-level capacity, the Department has an internal unit known as the Office of Analytics. Per its mission, it provides DHHS programs, our Governor, this Legislature, the media, and other interested partners a consistent location to request data to better understand and improve upon the performance of DHHS programs, supported grant funding, and to drive policy and inform the public. The Office of Analytics has a very robust dashboard—we will share a link at the end of this presentation. As an example of the dashboards, to which you can access information, is their Nevada health profile. It is tabulated to reflect rankings of information. Information is summarized across a variety of health indicators and can be filtered by Assembly, State, and Congressional districts. This information could be then filtered along racial and other demographic stratification. In addition to the dashboard, the Office of Analytics also maintains a robust category of behavioral health, children and family, community health, infectious disease, minority health, as well as veteran health issues. In April 2024, this Office was recognized by the National Association of Health Data Organizations for transparency and information.

Two bills I would like to highlight are SB 109 and SB 341, from the 21st Legislative Session. Both were aimed at promoting healthier living and accountability, showcasing examples of how the political determinants of health influence stratified data collection. Keep in mind when data is collected effectively and utilized equitably, we—as municipal servants—can be accountable to the public, especially those who are negatively impacted at a disproportionate rate that results in health disparities and inequities. Being accountable, as described here, has the additional benefit of lessening mistrust and once again, increasing sustainability.

Senate Bill 109 was established as a way to count and/or consider the population who was slipping through many health service gaps as demonstrated by the Coronavirus Disease of 2019 (COVID-19) pandemic. This bill was codified under NRS 239B.022 through NRS 239B.026. This legislation requires governmental agencies that request from a person information related to their race or ethnicity to also request information related to the person's sexual orientation and gender expression. This bill created an opportunity for governmental agencies to identify service gaps for communities that are chronically undercounted and therefore chronically underserved. The Office of Minority Health and Equity's equitable viewpoint may be helpful in SB 109 related gap and trend analysis.

The Department, with participation from NOMHE, conducted a comprehensive review of best practices and federal guidelines to ensure compliance and then developed standardized questions as it is initial step to action for SB 109. The questions developed by the Agency were then placed in an instructional memo that also required all our divisions to complete an audit of their forms. This data gave the Agency a snapshot on which forms require change and any challenges they would anticipate. This process was viewed valuable by other departments of State government. The result of the audit was reported in SB 109's first reporting cycle in December 2023. Two supportive measures undertaken by NOHME included holding a community listening session to explain the pending impact on intake protocols and to also gather community reaction. We also are in the process of creating a culturally competent training module for DHHS personnel to ensure they are prepared for the task of doing intake and data collection.

In comparison to SB 109, SB 341—established in the same year—focuses on how a governmental agency, as large as DHHS, goes about collecting, reporting, and implementing data collection. Reports required through NRS 439.259 and NRS 439.359 will

focus on how data contributes to the legislative actioning and implementation through reporting. Senate Bill 341 requires DHHS provide to the Legislature, or the LCB, two reports that discuss the allocation of funds that support health care services, behavioral health services, or other services that promote well-being—what services are provided. It also reports on the efforts made to locate persons in need and the number and demographic of those persons served. While SB 109 describes a specific category to collect information, SB 341's general overview of allocation of funds and services provides us a chance, and you as Legislators, to review how our Agency is prioritizing communities and services within the health and wellness space. This includes the provision within the specified NRS that names philanthropic and grant making activities to augment programmatic funding. This recognizes the finite resources currently available require other avenues of funding. With effectively collected and equitably utilized data, the financial protocols of SB 341 could be modified to ensure a proportionate response to service delivery.

Now that we have touched on those two examples of how legislative action can support and directly impact data collection efforts, I am going to review the future possibilities of data utilization and collection. If you recall, from the previous slide on the social determinants of health and political determinants of health, communal and individual health is influenced and shaped by more than just the physical status of a person's body. The way we track the influences, impacts, and gaps of the factors based on social structures and policies is rooted in effective data collection and its equitable utilization. In order for Nevada to achieve this effective and equitable use, we will have to do a few things. We will need to strengthen and close the gaps on stratification of data resources, collection, and content. We will need to increase culturally competent and responsive training. We will need to incorporate intersectoral data management and trend analysis into community education and awareness, so they understand the importance of this data. We will also need to secure funding streams to augment capacity building needs and service implementation. This will result in systemic changes, increased community trust, and more responsive and culturally sensitive programming and service delivery. It will also result in the effective evaluation of trends and noting service gaps in the needs to close the intersectoral needs of our community. This will ultimately contribute to a strong and healthy Nevada.

Because of the nature of this Committee, I would like to leave you with one working example of how effective data collection and equitable utilization could potentially impact the space you serve within commerce, labor, business, and health. Let us say there is a large wildfire in northern Nevada, spanning over 6,000 acres and threatening a populated town. The emergency response to this wildfire would require several things, almost all of which would require data or the collection of facts and information. In a town or state's recovery after fire, there are several social and economic considerations. How many people were located in the emergency alert order? How many had homes that were underinsured? Was the insurance proprietary? Was it cost prohibitive? What about the health insurance that would be needed as an aftermath. If sheltering in one central location while waiting to move back home, is there a disease management protocol in case of an outbreak? How will public information be distributed? Are the data dashboards that manage and track our wildfires accessible by persons with disabilities or for those where English is a second language? Is there food access? How can we, as a State, ensure we are going to be able to provide Internet connection, which is so vitally important? In preparation for the next fire, have epidemiologists been included in the planning process so those syndemic impacts can be identified and minimized. These are factors for which there are two or more resulting diseases exacerbated by the emergency at hand. If you have someone who is under insured, below the federal poverty line, and living in a rental property or is a business owner and the sole income provider for their family, what will be the recourse? Are they aware of

it? What are the other ways, in previous and current data collected, that is applicable to this situation? How can it be utilized to make sure we alleviate those intersectoral impacts?

I would like to point back to the document NOMHE created the HEAP. It includes a case study on emergency preparedness and was created, in part, with association through a focus group from the nationally recognized Minority Language Warning and Information project. This particular project and information we think would be valuable if you wanted to delve deeper into this topic. While emergency response is merely one example, at it is core, data eases the path for State agencies like DHHS to support actions and mitigate negative impacts while still addressing these behavioral health disparities among diverse and vulnerable populations. We believe that by NOHME providing an equity lens, we can then have a solution that will benefit all our community and residents. Madam Chair, I am available for questions.

Chair Spearman:

Committee Members, any questions? [There were none.]

I have a couple of questions. I have not thought of it in terms about how the data NOHME collects impacts the rest of the State and a number of things we face. The example you gave with wildfires, we take wildfires, and SB 341 is a direct result of what we did not do during COVID-19. Do we have the reporting that is required in SB 109, where the agencies are required to make sure certain questions on their other application or website include. People are not obligated to give that information, in terms of sexual identity, but the agencies were obligated to put it on there. How well, or not, are we doing with that?

Ms. Dortch:

We have produced, as I mentioned, our first report per the requirements of the legislation and that was produced in January 2023, I believe. We will be looking forward to the next round of information. The first set of data that was collected merely talked about the results of our audit. We were looking at the plethora of forms that an agency like DHHS must produce and maintain to make sure they would be compliant. We look forward to having more robust data, and I would be better able to answer your question if I had the second edition of the report at my disposal.

Chair Spearman:

The other thing I wanted to highlight because you mentioned the Federal Emergency Management Agency (FEMA). I have a good friend who was the Vice Mayor of one of the cities that was hard hit by the recent weather. She said one of the things important to them, and she was glad they had it, was demographic information to hand off to FEMA, so they would know immediately which neighborhoods and zip codes they would need to get to first and be able to estimate about how many people there may have been. One of the things, I suspect, is there is a lack of understanding across the board when we talk about data collection, demographic information, and the intersection of the two. For some reason, we are having discussions about whether or not diversity, equity, and inclusion (DEI)— We look at the information that is supposed to be collected and marginalized groups, we are not looking at marginalized groups from the standpoint of ethnicity and language, we are also looking at them in terms of low-wealth communities because that cuts across all other demographics.

Ms. Dortch:

You are correct. I am going to take the first part of your statement about the role for FEMA. My office partnered with FEMA, the last time during COVID-19. Their ground campaign is stellar, but they expect, when they are in a community, to have reliable data so they can continue that. We absolutely have familiarity and history in working with FEMA. I concur and affirm the need for data in those scenarios.

Chair Spearman:

I think we have to grasp the gravity of the lack of information and what that means for the citizens of Nevada when we have—in northern Nevada, particularly—with the threat of wildfires. I want to look at that. If you can get information—and you can put it in a report form—to the Legislature, by January or before the 2025 Session is over, with regard to how well we are or are not performing with respect to collection of data.

The second thing I am going to ask of you is, I know there are people from the faith-based community represented on the Advisory Board, but I want to make sure we are working with faith-based organizations in terms of data collection and interaction with the community. Also to make sure we are working with the Nevada Department of Veterans Services (NDVS). I always ask this question when people come and present, “On your intake applications, do you have a space that asks if they have ever served in the military?” Because when you talk about NOHME, there are some areas NDVS can be helpful and money that would be expended on that particular community can be saved and go elsewhere. I am thinking particularly about the vicissitudes of H.R.3967 (Honoring our PACT Act of 2022), 117th Congress, introduced by United States Representative Mark Takano (D-California) or people who would qualify for the PACT Act and some of the illnesses they experience as a result of their exposure to burn pits and other toxic services.

I am also going to ask you to talk with the Nevada Governor’s Office of Federal Assistance (OFA). The Office was created by a bill sponsored by Assemblywoman Monroe-Moreno to look at grants coming into the State, either by request or coming into the State. See what you can access in term of philanthropic funding through that office. I know anytime you request a grant, it is based upon data. There may be things you can do in NOHME that might be able to help the citizens or the homeowners—like in Incline Village. Many people might not think they need it, but if you are about to lose your homeowners insurance, there might be other things that could be costly to you.

Ms. Dortch:

To trace back to one of your initial references of faith-based organizations, I believe that is a perfect intersection for the application of grant funding to help with capacity building. For so many individuals, organizations, or nonprofit groups interested in doing service delivery activities and need grant support, there is very little training available, they are aware of, in order to get capacity to be effective at going after dollars, managing the life cycle of a grant, and the evaluation responsibilities that come along with the grant. I think if we take that to heart, and it was referenced in our presentation today, we believe there is a cross section that would benefit from having that relationship with OFA.

Chair Spearman:

I would like for us to look at what, if any, assistance OFA could provide in terms of getting people trained in American Sign Language (ASL) and other methods of communication with the blind and those who are sight challenged. It is in those other communities—faith-based

communities, NDVS, and some of the other peripheral agencies—that we might be able to find people with the acumen, but they have not been trained and do not have the talent to provide those resources. The people who testified on Monday were very clear that when they go to the emergency room—and I can only imagine what it feels like if you cannot communicate. One person gave us the example of being on a gurney in the hall for three days. He was deaf and, basically, physically and psychologically isolated.

Let us look at those vulnerable communities, and where we have gaps. Let us look at how OFA might be able to help with funding training. They may also be able to help fund some of the secondary or tertiary effects of the wildfires we have been experiencing. I think there is utility for the dashboard, but I am not sure we are using it to its fullest capacity. I see this as a way for us to gather the information, especially demographic information, that we will need whenever a catastrophe happens, and we need FEMA. I believe it also serves us well when we start talking about the U.S. Centers for Disease Control and Prevention. It would serve us well when we talk about U.S. Department of Justice—those demographics. If there is a way for us to make sure that agencies, across the board, understand the requirements of SB 109 and SB 341 were not something being done to them but something being done for them so they could more effectively service the citizens of Nevada.

AGENDA ITEM V—PRESENTATION ON PROTECTING WORKERS IN EXTREME WEATHER CONDITIONS

Chair Spearman:

We pulled Agenda Item V from the agenda.

[This agenda item was not heard.]

AGENDA ITEM VI—PRESENTATION ON NEVADA HELP DESK'S CYBERSECURITY APPRENTICESHIP PROGRAM

Chair Spearman:

Let us move to [Agenda Item VI](#), a presentation on Nevada Help Desk's cybersecurity apprenticeship program. They are an apprenticeship program certified by the U.S. Department of Labor (DOL). I learned more about this program in the last couple of weeks when there was someone, I believe, from the DOL or Office of the National Cyber Director (ONCD), Executive Office of the President at the White House, who came to Nevada to talk about it. We are grateful to have this organization in Nevada that is working in a prominent way with the Federal Bureau of Investigation (FBI) and other organizations and agencies to make sure we fortify our cybersecurity efforts. Ms. Malone, please begin when you are ready.

Duana Malone, Project Director, Nevada Help Desk:

I am here today to share a presentation on cybersecurity and our cybersecurity apprenticeship programs ([Agenda Item VI](#)). I have been in the technology industry for over 35 years and currently serve on local, State, and national boards all related to technology and workforce development. I also serve on the national level for the FBI National Citizens Academy Alumni Association as the Director of Technology. I am here as a passionate member about cybersecurity apprenticeship programs primarily because it is all about keeping ourselves, our family, and our nation safe.

The presentation I am going to be sharing with you will give you information about this registered, approved program from DOL. The event Chair Spearman was referring to was the Executive Office of the President at the White House. It is an official White House initiative. The announcement was made two weeks ago. I will be sharing locally on the opportunities available in our State. I will share a little about the Nevada Help Desk. I heard DEI mentioned earlier in a presentation, that is heavily a part of who we are as an organization and part of our core values. I will be talking about some of the most popular certifications offered as well.

Our program design includes yearlong programs, both in-person and virtual, for student agents from opportunity populations, particularly in underserved communities—however, we serve everyone. We do not discriminate against a person's race, color, ethnicity, nationality, religion, socioeconomic status, education, age, gender, gender expression, gender identity, sexual orientation, mental or physical ability. We teach them various in-demand technology applications to prepare students for the workforce. Because we are a registered DOL program, we cannot discriminate on age either because there is no maximum age limit as a registered program. No matter how old a student is, we still accept them into our apprenticeship program. The starting age is 16-years-old, and they must have a high school diploma or general education diploma (GED) to participate as an apprentice. If they are 16- or 17-years-old, they would participate as a pre-apprentice if they have not already graduated high school. We train, we certify, and we employ—that is our three-word mission.

We already talked a little about DEI. We are a full-service, registered apprenticeship program with diverse perspective, which is crucial to building robust, innovative, and successful teams. We celebrate what makes each apprentice unique. We welcome what students have to contribute to the education and business culture. We believe a student cannot truly bring themselves to the workplace if they are not coming to an environment where they are accepted. Education is key to personally develop and thrive.

When we first started, we were headquartered in the former City Hall in Las Vegas as a program in partnership with the late and great Tony Hsieh, Former Chief Executive Officer, Zappos. When our program first started, we were housed at Zappos. A fun fact about our history and a notable mention about one of our original supporters and partners of this program.

Nevada Help Desk appreciative programs, we train and certify in all the global major brands such as Microsoft, Adobe, EC-Council, and CompTIA.

The statewide goals of the ONCD publicly mentioned two weeks ago that we will be hiring 750 apprentices over the next 3 years, which is an average of about 250 per year, either internally or externally through our employer partners, with us being the apprenticeship sponsor.

The key activities we focus on right now—as a registered program in the State of Nevada through the State of Nevada Apprenticeship Council—are digital marketing, cyber security, as well as computer user support.

I am sharing a photo here because, aside from my national role on the board for FBI National Citizens Academy Alumni Association, we partner with our local field office every year to provide opportunities to students to participate in a customized teen academy in conjunction with the Nevada Help Desk. In the picture are former special agents in charge at the FBI Las Vegas Field Office.

Resources provided to all participants and students include automated database industry experts; 24 hours a day, 7 days a week online portal; software tools; consortium members; and funding. We are a State of Nevada service provider as well, on the eligible training provider list. We service both northern and southern Nevada students. I serve as Director of Apprenticeship Programs.

Thank you for the opportunity to share this information about our Nevada Help Desk programs. Our website is nevadahelpdesk.tech. A simple big picture overview is also available, I am not going to go over that in this presentation for time's sake. Simply put, we train certified employees, and it is a simplified process for a student to get started as an apprentice through our website. Our contact information is available in the presentation. We are now open seven days a week from 7 a.m. to 7 p.m. This concludes my presentation.

Chair Spearman:

Committee Members, any questions?

Assemblywoman Torres:

Is this a State program or a business model that has been used to support the community and if so, what is the cost to students and adults?

Ms. Malone:

All of the above. As a State training provider, we are funded by H.R.808 (Workforce Innovation Opportunity Act [WIOA]) 113th Congress, introduced by U.S. Representative Virginia Foxx (R-North Carolina). The students are a part of the WIOA funding that is eligible through the State of Nevada. We are an eligible training provider on that list for Nevada. We also partner with school districts, the City of Las Vegas, and a lot of private, government, and public entities to provide apprenticeship opportunities to the students. A great example is the City of Las Vegas, this is our sixth or seventh year, we offer internship programs. We partner with the school district and provide 20 to 40 apprentices for them, that are hired by us to serve on different projects. The list is long.

Assemblywoman Torres:

The after-school program, it is mentioned in the slides, and you brought it up again. What does that look like for a school? Do the schools pay to receive the services?

Ms. Malone:

We currently have a contract with the school district. The school district pays Nevada Help Desk, and we hire students to serve on different projects for them. It is two tiers. Our relationship with the school district is a multi-level. When we host our technology summits throughout the year—we have what is called cybersecurity boot camps—those are separate from the contract we have. The contract we have is more of a workforce development project for specific service needs.

The other part is our partnership with their science, technology, engineering, and mathematics (STEM) office. It is more of them providing opportunities to the students throughout the District so they can get trained, certified, and employed. Also, if they qualify, they can take advantage of the services offered through Workforce Connections, EmployNV Youth Hub, and State-supported service providers.

To answer your last question, no student has ever paid, in the State of Nevada, out of pocket because of collaborative resources or partnering nonprofit organizations such as Verizon and Anthem. If they do not qualify for WIOA, then we have those kinds of organizations who offer grants to offset the cost for the student. In the history of our existence, no student has ever paid out of pocket for their technology program training certification, and it would be illegal for us to charge for them to get hired. We are not like an employment agency; it would violate our DOL standards. We also cannot charge a hiring fee or employment fee; it would violate our apprenticeship standards.

Senator Lange:

I think this is a great program, and I am excited to learn about it. You mentioned you have partnerships with school districts and other organizations. How do you advertise to get more involved?

Ms. Malone:

Through word of mouth. Right now there are over 1,200 students registered. We partner with the career and technical education (CTE) office at the school districts and universities. We do not just partner with the high schools. We also partner with the Dr. William W. Sullivan Center for Academic Enrichment and Outreach, University of Nevada, Las Vegas, and the College of Southern Nevada (CSN). In fact, when the White House was here a couple of weeks ago, we were at CSN when they made the announcement about our commitment and initiative.

When we first started in 2000—thanks to a grant by the Governor's Office of Science, Innovation and Technology and the previous Governor—we were awarded a grant in 2020, to create the talent pipeline management system. In the grant, there was a substantial advertising and marketing budget, so the word got out, but since then it has been word of mouth.

Senator Lange:

Talk to me about the ethnicity type of students you are getting. You, obviously, have collected data over the years about where you are getting the kids who want to participate.

Ms. Malone:

It is interesting you ask that question, because one of the things we are most complimented on is our diversity. If you look at our website or any of the media, all our photos show a diverse group of people from race, religion, and all of that. The first group we started with when we were at Zappos was through word of mouth—their friends and family. It is friends attracting other friends of like mind, ethnicity, life, and religion. Since the 2020 initiative, under the previous Governor, we have not done any targeted advertising, it has been word of mouth. I will also say, and this may contribute to answering your question, we have joined and are members of all the chambers. I am sure that has played a part as well. When we had the marketing budget, was got the word out to the Hispanic Chamber, the Asian Chamber, and all of them. We did not just target one particular ethnic group. I am sure that may have played a part as well because we had corporate memberships to all of them during the time we had those budgets. Since then, it grew a life of its own.

Senator Lange:

Have you reached out to the Tribes?

Ms. Malone:

Coincidentally, for the last several years, the Director of Verizon—who supports us—is the Director of the Tribal Nation. Part of their data collection is tracking what ethnic groups we have as well. They are one of our biggest supporters.

Senator Lange:

We have seen a great response to the education grants we have given the Tribe. I see this as something the kids would be interested in doing.

Ms. Malone:

I would love to learn more about that, because Kuulei Jakubczak is active in the community with the Tribal Nations as Director. If there is more information, I could get from you on that, and I will bring it up to her. I am sure she would know about those educational grant opportunities. I love to learn more, because we have not done an active campaign for them, just word of mouth and whoever Kuulei has told. Whatever resources she has given in the past, if we can expound on that, I would love it.

Chair Spearman:

The ONCD was here, and there was an announcement made that you were being awarded a grant. Can you speak to that? I think it is important for us in terms of learning what is available through your program.

Ms. Malone:

When Harry Coker, Jr., National Cyber Director, ONCD, was here, he did not mention the grant funding that was available, just the job commitment. However, because we are in cooperation with the DOL, we are the recipient of several grant awards—both as direct and subcontracts of. For example, the Good Jobs Challenge was \$500 million nationwide, and we are a subcontract on. Recently, the State of Nevada also announced that, from the Governor's Office of Workforce Innovation, we were awarded \$1.4 million. We have not seen it yet, but we did get the notification, and they are doing final modifications with the U.S. DOL. There was a recent announcement for the Northern Grant and that was part of the U.S. Economic Development Administration, U.S. Department of Commerce—I believe. There was one that came out a week or two ago we were also a subcontract on. There is one more, in cooperation with the Institute for American Apprenticeships, for every student who has a barrier—whether it is health care or childcare—a minimum of \$1,000 will be given to each of them to participate in the pre-apprenticeship program. I am sure I am missing some, but there are several grant applications we are a part of that allows us to have funding for the students in addition to the WIOA; I mentioned earlier. Those funds are up to \$8,000 per student who are eligible—whether they are a veteran, veteran spouse, homeless, domestic abuse survivor, or one of the other categories that makes them eligible. The funding covers the cost of their tuition, certification, and exams. There are a lot of resources available.

Senator Stone:

Thank you for the presentation. It is great to learn what you are in the cybersecurity areas. You talked about 750 positions in the next three years, are those both public and private?

We have seen horrific ransomware situations, not only in the public sector including government. I know the Los Angeles court system was hacked; they were down for

ten days. They were ransomed and did not pay the ransom. We have seen casinos in Nevada that have been hacked and have been ransomed—some paid, some did not pay. Cell phone companies with Social Security numbers coming out. Are you satisfied the partnership you have with the FBI and other federal agencies is providing you and you providing your students the most up-to-date advances in how we protect our governments and industries from these nefarious intrusions? They are exacting hundreds of millions of dollars, if not billions of dollars, globally from vulnerable companies that believe they have good fiber walls up. These people are getting sophisticated and breaking through. I want to learn more about what your students are being taught.

Then, at the end of the process, how are they certified? If one of our casino partners wants to hire somebody to try prevent what we have witnessed in the past year or two, what is the certification your students will have to say they are qualified, well-trained, and state of the art when they go to work with them to protect their data.

Ms. Malone:

Thank you for the loaded question. I am passionate about how you phrased that question, and I will address each one of those areas. I am glad you brought it up, because I would have left here without mentioning one of our biggest partners, Caesars Entertainment. Over the summer all their top security officials spent a day with our interns to give them insight. It was amazing. They partner, not just on that level, but through funding, the nonprofit. They have been a partner for many years. It is all about preparing the next generation of techies.

You mentioned the FBI and the level of support and participation they are giving. Ordinarily, outside of our commitment, they give a half-day teen academy. With our commitment, it is for weeks that span over several months. We have the top security officers from our FBI Las Vegas Field Office training our students and preparing the next generation of techies. We not only spend summer months, but when City Hall is closed—this is our seventh year doing the Friday before the Martin Luther King holiday—the FBI, other tech agencies, and our organization host 600 to 650 students with nothing but cybersecurity training. It is all day and exposure for those that we can continue to increase. This year was one of our largest. We had about 650 students. The entire chamber and downstairs were the FBI's time. They are doing real life. To answer your question, how up to date is the information, it is up to date information.

Even sharing information about our seniors, which is one of the most vulnerable populations. Throughout the summer, our students also go to sites such as the Martin Luther King, Jr. Senior Center and Lutheran Social Services of Nevada to educate seniors. There are many organizations they are tasked with sharing the information they learn, applying what they learn, and sharing with our most vulnerable population. We have done that for several years.

Lastly, you asked about certifications. These are globally recognized certifications. I started, when I was the age of these students, at age 18 with the U.S. Department of Defense (DOD) and U.S. Department of Energy. My background in government passes over to them, which I still work with several departments on the national level. These students are required to have a DOD controlled unclassified information certificate. To answer your first question, these jobs are for private, public, and government contractors. I am an official part of the DOD ecosystem, so we are intentional about filling those jobs for and with the DOD contractors—everyone doing business with the DOD—to make sure they also are keeping their information safe.

Senator Stone:

I am impressed with what you are doing, because we need to ensure we have the best protections and most educated people to help protect our private industries. Our casinos, car dealerships, and banks have been hit. We hope you can serve as a model for protecting the public and private sector with these wonderfully educated people you are putting through and getting these incredible certifications. Thank you for the presentation and continue. Good luck to you and your students.

Assemblyman Carter:

I am trying to wrap my head around exactly what you are doing, because the world I come from, which is the trades—construction trades, is typically a partnership between management and labor and means earn while you learn. What is the earn while you learn component of your program?

Ms. Malone:

Since we are a registered apprenticeship program with the DOL, we have a three-tiered level salary we are required to pay. For example, we are talking about cybersecurity, we cannot pay any less than \$25 an hour. This is regulated by the DOL. We have local and national standards we are held accountable to. The students, if they are computer user support, it is tier leveled once they start and it is modeled after the construction trade. We have signed appendices to the standards that we sign and the student apprentice signs. There are mandatory wages we must pay to them.

I gave you an example of cybersecurity, computer users support, that I happen to know off hand because that is who we have at our partnering location working on our partner sites. We start them at \$17 an hour for entry level. Once they have met the competencies—you have your mid-level, and once they complete the 2,000 hours—they top out for computer user support at \$21.50. For cybersecurity, they top out at \$27.50 after one year. Here is the catch, for those working on our projects with DOD subcontractors, that is the minimum, they can make \$30 to \$35. I had a 19-year-old, make over \$30 an hour. They are not stuck at \$25. What the DOL says is we cannot pay them any less than. If they come with multiple certifications—like the case of this gentleman, and have multiple years of experience already, they are not stuck at \$25. They can make \$30 and up with our employer partners; it just depends.

I have one gentleman we placed at NELIS; he is doing close to \$90,000 a year. He has not even been out of our program a year and a half yet and got hired two months ago. If they are at that level, working with one of our government partners, we have to sign off on their clearance. It is no different than when I started with the DOD. If they are with the government, they are going through that security level clearance as well.

All our occupations are high wages. We are regulated by DOL and locally with the Nevada State Apprenticeship Council. We are also held accountable to them. They check in every quarter. I have a great relationship with the State Apprenticeship Director, who was also at the announcement by the White House a couple of weeks ago. They do their due diligence, check in, and make sure we are doing what we are supposed to do.

Chair Spearman:

Committee, additional questions? [There were none.] I am hoping the information you shared with us today is something we might be able to develop more, perhaps during the next legislative session. I think it would be interesting, especially as we look at the number

of jobs. Would you say 750 jobs is the minimum? Do you have an idea of what that translates to in terms of economic development?

Ms. Malone:

Yes, 750 minimum. The impact will be great. The good part is, even if the employer is not in Nevada—of course try to fill employers here—the residents are and that means creating more taxpayers for our State. The reason I said minimum is because both DOL and the White House published a release, not even a year ago, that there are between 500,000 and 700,000 jobs—they each say different numbers, one says 700,000 and the other say 500,000—in the cybersecurity industry over the next three years that will become available and are currently available.

In our State, as we fill those jobs, particularly with those government related roles, once the final rule comes down for the cybersecurity maturity model, there are going to be 235,000 contractors who will need to be certified by cybersecurity specialists. It will open a new avenue of opportunities for our cybersecurity. The ruling is expected to come down any day. It is currently in final rulemaking with DOD, and once it becomes final it is going to open up thousands of jobs. To answer your question about economic impact, you are going to have thousands of people now making high wages for our State, creating more taxpayers—high wages mean more taxes.

Chair Spearman:

Thank you, I appreciate the presentation.

Ms. Malone:

Thank you for your questions and the opportunity.

AGENDA ITEM VII—PRESENTATION ON THE 340B DRUG PRICING PROGRAM TO ENABLE QUALIFIED PROVIDERS TO PURCHASE DRUGS AT A DISCOUNT

Chair Spearman:

We move to [Agenda Item VII](#), a presentation on the 340B Drug Pricing Program to enable qualified providers to purchase drugs at a discount. I am sure this is something of great interest to a number of people, not the least of which are the members of our senior community. Please begin.

Chris Bosse, Chief Government Relations Officer, Renown Health:

I am appreciative today of you being available and willing to listen to this important issue. I have brought the experts with me, Dr. Porath is one of the most educated people I know relative to the 340B Program.

Adam D. Porath, PharmD, Vice President of Pharmacy, Renown Health:

I have been a practicing pharmacist in our State for the last 18 years. We are going to talk about the 340B Drug Pricing Program ([Agenda Item VII](#)). You may remember from last session, there was AB 434 that dealt with payers who would be restricting access to the Program or differentially paying for medications that came from 340B Program providers versus those that did not have access to the Program. What we are going to talk about

today is the restrictions that are happening with pharmaceutical manufacturers around the Program.

A quick review. What is the Program? It allows discounted medications for a variety of covered entities within our State. We have disproportionate share hospitals—like Renown Health and University Medical Center of Southern Nevada; federally qualified health centers—like Nevada Health Centers; critical access hospitals all over our rural counties; sole community hospitals—like Carson Tahoe Health; sexually transmitted diseases, tuberculosis, Ryan White, and human immunodeficiency virus clinics—including the northern and southern Nevada Health Districts; and the one Hemophilia treatment center we have in the State.

The Program is administered by Health Resources and Services Administration (HRSA) and the federal government but is supported entirely through the pharmaceutical manufacturers. The Program was created in 1992. The intent was to allow the covered entities I listed a way to stretch scarce federal resources as far as possible, reaching more eligible patients, and providing more comprehensive services. The benefit is to the healthcare provider to be able to provide more wraparound services for their patients based on the fact they are buying drugs at a lower cost and getting reimbursed the same amount as if they did not have access to the discounted drug prices. All manufacturers that want to participate in the Medicaid program are required to participate in the 340B Program.

When we think about which prescriptions are eligible, only outpatient prescriptions. In the hospital setting, that would be patients in our emergency department, discharge prescriptions when patients are leaving, or medications provided in our outpatient service areas. Medications utilized for patients while they are inpatient are not eligible for the Program. You cannot just write the prescription, that cannot be the only service you provide to the patient for the prescription to be eligible. You do have to have some sort of a tangible encounter with the patient as well in order for it to be eligible.

From 1992 until 2010, the only way one of these covered entities could take advantage of the Program is if they had their own outpatient pharmacy, and as we heard this morning in public comment, a lot of our covered entities within the State do not have their own outpatient pharmacies. In 2010, HRSA provided clarification that covered entities to contract with pharmacies in their community or national pharmacies—such as mail order pharmacies with limited distribution of drugs, things considered specialty pharmaceuticals where there may only be two or three pharmacies nationally able to provide a particular medication. In that case, covered entities can also contract with pharmacies outside of the State.

How does this contract pharmacy thing work? The covered entity agrees to pay the contract pharmacy a dispensing fee. They handle the claim as they normally would and bill the patient's insurance. Whatever they get back from the payer, they give to the covered entity and we [the covered entity] pay them [the contract pharmacy] back the cost we paid for the drug, plus the dispensing fee. We get the Delta between the drug cost, the dispensing fee, and what they got from the payer—that is how, in short, a contract arrangement works.

This went on until 2020. During the middle of the pandemic, there were three manufacturers, initially, who were the main manufacturers of insulin in the United States. They decided they were going to restrict access to the 340B Program to covered entities that were using contract pharmacies. This has been challenged and HRSA has gone to court with several of these drug manufacturers. There is still one pending court case. The two federal court cases that have happened said that HRSA does not have the authority to make rules around this. As this has developed, we now have up to

34 manufacturers that have some sort of restriction in place—that maybe you can only contract with a pharmacy within a certain mile radius, and you can only have one contract pharmacy—but they are not standardized. Every manufacturer has different rules around how you have to handle the restrictions they have. The problem is, as I mentioned, there are certain drugs only available through contract pharmacies. There is no access for certain specialty medications at this time.

As a result of these restrictions, several states have enacted state-level legislation to prohibit manufacturers from not allowing contract pharmacy relationships in their states. Today, there are eight states that have passed state-level laws, and these laws are working. If you look at the clarifications of the restrictions that have come out from the manufacturers, they will say these rules apply everywhere except for these eight states that have these laws in place. The Arkansas law, which was one of the first, was challenged in court by one of the manufacturers. The ruling came out in March 2024 and upheld the Arkansas law that basically said the State is allowed to regulate this. There are 20 states, this year, that have considered or are considering a state-level law around contract pharmacy relationships for the 340B Program covered entities in their states.

There is model language that has been created by the American Society of Health-System Pharmacists and 340B Health, which is a 340B Program advocacy organization at the national level. We would love to see, in our State, a bill similar to that model legislation. The key concepts are simple. We would have rules that would prohibit manufacturers from restricting contract pharmacy relationships in our State and if manufacturers chose to do so, we would penalize them. What questions do you have for me?

Chair Spearman:

Members, any questions?

Assemblywoman Kasama:

It seems like I have heard controversy regarding some of these entities contracting with the pharmacies outside of their state. Does Renown Health have contracts with pharmacies outside of the State? If so, how many, and why are you doing that versus staying in State?

Dr. Porath:

Currently, we have 85 contract pharmacy relationships. It covers all the local chains you could think of—the big chains like CVS and Walgreens that are in the Reno community, as well as some of our outlying communities, because we are a rural referral center. We are contracted with pharmacies across Northern Nevada. I think we have Walmart in Elko and Winnemucca—some of the main ones we would see there.

The out-of-state pharmacy relationships we have are solely with those specialty pharmacies for products we cannot carry at our own internal pharmacy. We have three retail pharmacies as part of Renown Health, and we can fully take advantage of the 340B Program when we fill our own prescriptions. But there are certain medications the payer says we cannot fill because they want it filled at their own vertically integrated specialty pharmacy. For example, if an Anthem Medicaid patient comes to our facility for cystic fibrosis, we can order the cystic fibrosis medication, however, virtually every payer in our State says we cannot fill that. We need to send it. If we use the Medicaid case, they are going to say we need to send it to their vertically integrated specialty pharmacy, which is CVS Health outside the State. If we want to have any of the 340B Program benefit come back to the

organization for that particular prescription, we would have to contract with a CVS Specialty Pharmacy in that case.

Yes, we do have some contract pharmacy relationships out of state. Of those 85 that we have, I would say 10 are out of state.

Assemblywoman Kasama:

Those are all for specialty types, correct?

Dr. Porath:

Correct.

Vice Chair Marzola:

I am trying to wrap my head around your space. How does your facility or in this case, a contracted pharmacy, differentiate between a 304B Program drug and a drug dispensed for a commercial payer? Obviously, the drug is coming from the same manufacturer, but under the law it is supposed to serve two different populations of patients.

Dr. Porath:

It is complicated. The way this works is we replenish medication to the contract pharmacy. Let us say, for ease of simplicity, that a bottle size is 100 tablets. After there are 4 eligible prescriptions of 25, we would then send them a bottle of 340B Program medication to replenish their stock at the contract pharmacy. This is all handled through a virtual inventory platform. We can see the prescriptions coming into our contract pharmacy and match them up to say this one is eligible for the 340B Program or no, that was not our patient. We are able to keep track of when we would need to replenish them with 340B Program medication from us as the hospital.

Vice Chair Marzola:

Thank you for that answer. How do you make sure these facilities are not [inaudible], the intent of the Program, especially since you are using pharmacies that are not close to the entities? For example, like we are now.

Dr. Porath:

It is the covered entity's responsibility to maintain the integrity of their own program. We have a robust audit system that we go through for the contract pharmacies. We audit 100 percent of the prescriptions filled at our contract pharmacies to make sure there is not anything coming through that might result in, what would be called, a duplicate discount. This is where we would utilize the 340B Program on the front end and Medicaid would be pursuing a rebate on the back end. We want to make sure that is not happening. It is specifically prohibited within the 340B Program statute, and it is on us to make sure that does not happen. If one sneaks through, which does happen every once in a while, we reverse those claims and within that virtual inventory I described, we would decrement the amount of that prescription.

Vice Chair Marzola:

I guess there are checks and balances in place and reporting requirements that are probably extensive.

Dr. Porath:

Yes. You are required to do an external audit on all contract pharmacies annually as well. Beyond what we do internally, we have to have a third party verify what we have going on. We routinely report what we are utilizing our 340B Program savings for. At Renown Health, the last record I have, provides over \$85 million of uncompensated care to patients in Northern Nevada. Last year, our 340B Program benefit was \$40 million. It helps offset some of that uncompensated care we provide.

We have our Meds to Beds program where we offer medications to patients before they leave our facilities because, as I said, they may be going to a rural community that may not have the medications they need. Within that program, we offer it regardless of the patient's ability to pay. If they have a high copay or do not have any coverage at all, we fund that charity care for Meds to Beds through our 340B Program savings.

We also have a Medicaid clinic that is part of Renown Health that operates at a loss all the time. We are able to support that clinic through the 340B Program savings we have. We are the only children's infusion center in Northern Nevada. We are the only place you can get chemotherapy in Washoe County that will accept Medicaid and Medicare. There are a lot of services we provide. When somebody walks in our doors, we are going to treat them. If we have an inpatient, that we know we are not going to be able to use 340B Program medication for, but it is the right thing to do, that patient is going to get the medicine. There are a lot of medications that are not separately reimbursable for an inpatient. If you have somebody that does not have a pay source, we are going to provide the care. We do that because we have access to this program today.

Assemblyman O'Neill:

I have had multiple conversations on this 340B Program and every time I hear it, I get more confused. How long has the 340B Program been in progress or instituted?

Dr. Porath:

The Program was started in 1992. Renown Health first started participating in the Program in 2009. We heard public comment there are new entities within our State. I do not know the number of total participating covered entities within our State. There are a lot, every rural hospital is participating.

Assemblyman O'Neill:

With how long we have had this program, all of a sudden it has come up to be a major topic of discussion in multiple places. Why is this such a controversial program? What is the big controversy?

Dr. Porath:

The reason—and this is speculation on my part—is it cuts into the profits of pharmaceutical manufacturers, and they do not like the Program. They have looked for ways to minimize the financial impacts to them. If they can limit our access to 340B Program— The average discount they provide under the Program is anywhere from 35 to 50 percent. Any prescription they do not have to include in the Program is more profitable for the manufacturers. There has been more and more pressure, I think since 2020, when they first started testing the waters of if they can do this, the more manufacturers are getting away with, the more we are seeing they are trying to put restrictions around the Program. At this point, it seems—based on the court cases we have at the federal level—without

federal legislation that would boost up HRSA's ability to rein that in, we are going to continue to see these restrictions expand short of state-level legislation.

Assemblyman O'Neill:

You may not be able to answer this, it was the insulin issue that caused the attention to it. Is that fair to say?

Dr. Porath:

I believe so. As I mentioned, the first three pharmaceutical manufacturers that chose to restrict access happened to be the three manufacturers that produce all the insulin in the United States.

Assemblyman O'Neill:

As you know, the Legislature meets every other year in Nevada. How many other states have pending legislation similar to ours addressing the 340B Program? You talked about the eight that have passed.

Dr. Porath:

In 2024, there are 20 states that have considered or are considering legislation. I do not know how that is going to end up. The eight states I mentioned were prior to 2024. There may be more by the time this year is over.

Senator Stone:

I am a strong supporter of the 340B Program, especially in Nevada. I think you would opine that, especially in the rural areas, if we did not have the 340B Program, you would probably see health centers closed. I know that often big pharma likes to be vilified. They are not adamantly opposed to the 340B Program, because they benefit from the Program in many ways. You have patients in a hospital getting 340B Program medications and they may be discharged from the hospital and go to a contemporary pharmacy that is going have to pay the pharmaceutical company the true average wholesale cost minus a discount like all other pharmacies do.

I applaud nonprofit hospitals like Renown Health and even the for-profit hospitals where if anybody walks through their doors and you cannot deny service. If they come in with any medical emergency, you have to treat. The first question you ask them cannot be, "Are you covered by any insurance?" You have to treat the medical needs immediately and then ask questions later. I applaud hospitals like Renown Health and other hospitals in Nevada to provide a lot of free services—probably over the past five years, you have seen that number exponentially grow. The advantage you have with being a nonprofit is you can have a 340B Program that can help to subsidize the health care services you provide to needy people within the State.

I think one of the biggest concerns is—and you addressed it with your company with audits, and Assemblywoman Marzola asked a good question—how do you differentiate the inventory dispensed for a regular customer versus a 340B Program customer? I would say, if there is any concern of pharma—it is not that they are participating in this Program, I think, in the end, they are doing their philanthropic efforts and getting paid money on the back end—it is the issue of diversion. There are pharmacies in this country with mixed inventory systems that are skirting the issue. You talk about 50 percent, sometimes it is much greater. When we are talking about 50 percent, sometimes we are talking about

drugs that cost thousands of dollars and I think you will agree with that. When you talk about that kind of money— Unfortunately, the federal government does not have the best oversight over the 340B Program that we would like them to. I appreciate all the audits you do, but maybe you can talk about the diversionary practices you have seen and how you have mitigated it at Renown Health. I think if pharma has the comfort levels to know it is truly being used for the purposes of augmenting health care in an environment where hospitals sometimes do not even get a proper reimbursement, especially with Medicaid patients to cover their costs. If you did not have this Program, where would we be in the rural areas of Nevada without this Program?

Dr. Porath:

When we talk about diversion as a pharmacist, I think of people taking controlled substances and stealing them out of the pharmacy. Obviously, in the sense of the 340B Program, it is something very different. It is when you would allow 340B Program medication to be utilized on a patient that does not qualify. Again, the contract pharmacy is the place where that can happen the most because you are not in the direct control of the inventory, and you have to rely on the virtual mechanisms you have. The thing we worry about is the duplicate discount. As you mentioned, the pharmaceutical manufacturers do not want to pay the discount on the front end and be asked by Medicaid at the end of the year to pay them a rebate on the same medication. I think we can all agree that is not fair. The onus is on the 340B Program covered entity to make sure that does not happen. In the cases when it does, the covered entities have to make it right, and they either write a check to the manufacturer for the difference, in the cases I am aware of, or for the next X amount of product they have to buy it at wholesale instead of the 340B Program price to make up the difference.

To your point of who is keeping track of that, the Office of Pharmacy Affairs at HRSA is a small organization, and they have not even audited all the covered entities once. The pharmaceutical industry has taken it upon themselves to either request that they can audit entities, on their own through HRSA, or do what are called good faith inquiries, where they come to you and say we see a purchase pattern that we think is problematic, explain what is going on here. It is a good faith conversation between you, as the covered entity, and the pharmaceutical manufacturer. I have had six of these since December with various drug companies where they come, out of the blue, and say I want to talk about this particular drug. You go through the entire process, and you show how things are qualifying. In one particular case, maybe you can appreciate this Senator as a pharmacist, we switched our preferred thrombolytic therapy from Alteplase to Tenecteplase. The manufacturer wanted to know why, all of a sudden, we were buying so much Tenecteplase, and why was it all the 340B Program? Walking them through that sometimes can be a chore, but we are trying to run a compliant program.

Senator Stone:

Thank you for your answers, I appreciate it. You talk about these outside contract pharmacies that you audit, have you come across any of these contract pharmacies nefariously diverting? Again, we are talking, in some cases, not just hundreds of dollars, but thousands of dollars. There is a financial motivation by somebody who may not want to follow the rules. Have you admonished a contract pharmacy and ceased to do business with them because you have seen these trends, or have you found most of your contract pharmacies to be compliant?

Dr. Porath:

I have not seen anything I would consider to be nefarious. In my experience, when there is a claim that is ineligible, it is due to the pharmacy not being able to recognize the difference between—for example, an Anthem commercial plan and an Anthem Medicaid plan. It may be their system is not sophisticated enough to get down to the group level to be able to screen those things. Again, that is why it is back on us, as the covered entity, to make sure we are maintaining the integrity of that and, as I mentioned, we audit all those claims. It does happen every now and again, but it is not very often and usually it is just one single prescription that sneaks through. It is not like I have seen a trend at this particular pharmacy, that has not been my experience.

Senator Stone:

Can you reemphasize what I have reemphasized time and time again about the 340B Program, talking about the rural areas of Nevada and these health centers that have 340B Programs. What would happen in the rural areas if those 340B Programs—the carpet was pulled out from underneath these institutions?

Dr. Porath:

I think that is not a stretch. When you look at what kind of money we are talking about here for these rural facilities, they would have to cut back services. One that is close to our area would be Carson Valley Medical Center in Gardnerville. Currently, they provide infusion services and chemotherapy to the patients in the Carson Valley. I do not think that is a service they would be able to provide if they did not have access to the 340B Program. I think that is a very common thing. It is not just the rural hospitals; it is the community health centers and federally qualified health centers we have in our State. There are a lot of services those clinics are able to provide based on the money they get from the 340B Program. I think you would see a huge impact to access to care in our State. We are already starting to see some of this with the systems that are more reliant upon contract pharmacies, than we are, because we have a few internal retail pharmacies that we can rely upon. Again, as we heard in public comment, in the rural community, if you do not have your own pharmacy and you cannot use a contract pharmacy, you do not have the benefit anymore. It is a big deal.

Chair Spearman:

We talk about illegal, for lack of a better term, distribution or application and perhaps someone is not eligible. Are we talking about ineligibility because they make too much money? What are we talking about when we say that? My take on it is, whenever they need medicine, it is usually to save their lives. We started the conversation about prescription pricing because there are people who could not afford the insulin, high blood pressure medications, or other things and if had they been able to afford it and get it, they would not have a pacemaker or be on kidney dialysis. I am trying to make sure we are clear; it is not people who are using it frivolously.

Dr. Porath:

When we talk about ineligible patients, it can be one of two things. One is they had no relationship with us, the contract pharmacy is going to try and fill a prescription for a regular retail customer that comes in with 340B Program medication, and they had no relationship with Renown Regional Medical Center. The other that we see is because Medicaid is specifically carved out in the contract pharmacy realm. The reason they do that

is, so it is clean for the manufacturers to say we are going to pursue a rebate on something that comes out of Walgreens, but we are not for a prescription that comes out of Renown. Those Medicaid prescriptions are off the table in a retail pharmacy/contract pharmacy scenario. If, by chance, 340B Program medication does get used for a Medicaid patient in that scenario, that would be another ineligible patient we would consider. Those would be the two.

Chair Spearman:

Members, any questions or comments? [There were none.]

Members, the presentation we just heard is not connected to an item in our work session; however, I would entertain a motion from the Committee to act on the presentation's recommendation. As presented, the recommendation is to request legislation to prohibit contract pharmacy restriction in Nevada, and to establish a penalty for imposing restrictions to covered entities in the State.

Is the Committee inclined to support this recommendation or amend it prior to the vote?

Assemblyman O'Neill:

I appreciate your motion and the discussion. I need to go into further depth to look at what we are proposing and discussing before I feel I can give a legitimate vote on this and be in favor of it. I will have to be a no today strictly on that technicality.

Senator Stone:

I concur with my colleague up north. I like negotiating with these drug companies to try to get particular drugs on the 340B Program. I am not saying this is not something I could not support in the future, but I think it is too early to use a hammer. I think we should negotiate in good faith with these drug companies and make sure there are no gaps—that we have people who, like you said, truly get the medication they richly deserve. I would have to see a BDR before I could put my yes vote behind something like this. For right now, I would have to vote no.

Assemblywoman Kasama:

I need to get a little further understanding too. I will vote with my colleagues on passing on this for now until I get a further understanding.

Chair Spearman:

Any further discussion? [There was none.]

VICE CHAIR MARZOLA MOVED TO APPROVE THE RECOMMENDATION.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED (SENATOR STONE AND ASSEMBLY MEMBERS KASAMA AND O'NEILL VOTED NO).

AGENDA ITEM VIII—OVERVIEW OF LEGISLATIVE HEALTH NOTES TO INFORM POLICYMAKERS ABOUT HOW PROPOSED LEGISLATION MAY IMPACT HEALTH AND EQUITY

Chair Spearman:

Next, we will go to [Agenda Item VIII](#), an overview of legislative health notes to inform policymakers about how proposed legislation may impact health and equity. Mr. Melgarejo, begin when you are ready.

Mr. Melgarejo:

As nonpartisan staff of the LCB, we can neither advocate nor oppose for any of the topics discussed today. In this presentation, I will provide a broad overview of the legislative health notes, and how certain states have implemented these types of notes ([Agenda Item VIII](#)).

In researching this topic, it appeared that a variety of states have implemented racial impact statements, which is a version of health notes. By definition, health notes are nonpartisan policy briefs that analyze how legislative measures could impact key social determinants of health such as education, environment, employment, housing, food security, and health care access. Whereas racial impact statements are defined as assessments of the potential impact that legislation could have on historically disadvantaged racial populations.

The purpose of health notes and racial impact statements are to inform you, as policymakers, by highlighting potential health outcomes or disparity outcomes of proposed measures ensuring that health considerations are integrated into the decision-making process. Nine states have implemented mechanisms for the preparation and consideration of racial impact statements. There have been a few I found that specifically enacted the health notes.

The importance of health notes is they do not make recommendations. They do not advocate for or against the proposed legislation. Again, they are nonpartisan statements. Think of them, as you will, as the fiscal notes. They do advocate for a holistic approach for policy making, recognizing that health is influenced by a wide range of factors beyond just health care. They really are for a preventative approach. Health notes can help to proactively address the root causes of health issues, emphasizing the impacts of legislative measures on vulnerable populations.

The Larson Institute for Health Impact and Equity from the School of Public Health at the University of Nevada, Reno used to be involved with a grant to promote this topic; however, they are no longer associated with this program. They do still have a free online training on health impact notes. It is a 20-minute training, where much of the information for this presentation originated. This training is available at makinghealthhappen.org. It requires registration, but it is free. Within this training, it outlines a six-step process for health notes and the implementation process of providing these health notes for specific legislation.

The first step is screening—identifying the bills that would be most beneficial. Not every state that has enacted these types of health notes or statements require this information for every single piece of legislation. They are either selected by specific criteria or requested by the Legislature or Governor. The second step is scoping—considering the potential health effects of the bills, develop research questions about the bill's connections or pathways to health. The third step would be researching—conducting and tracking a rapid evidence

review for prioritized pathways identified during the scoping and bill analysis. The fourth step is drafting the note—writing the health note and obtaining peer review from subject matter experts. The peer review process is highlighted a lot in the research of this topic. The fifth step is dissemination—sharing the final health note with the Legislatures and the public; again, like the fiscal notes. Monitoring and evaluation are the sixth step, which is assessing Legislature engagement with and response of the health notes or the racial impact statements, and how are they being used, how can they be tweaked, and how can they be better improved?

I have included a couple of examples of these health notes or racial impact statements. Both of these, in this first slide, are racial impact statements. In Connecticut, a Legislature may request a racial and ethnic impact statement for legislation. Statements focus on whether legislation would increase or decrease the pretrial or sentence population of correctional facilities in the State. Any legislation that impacts the Connecticut State Department of Corrections would require a racial and ethnic impact statement. Connecticut chose to focus theirs specifically on this one topic.

In Illinois, any Legislature can request the preparation of a racial impact note for any bill that could have a disparate impact on racial and ethnic minorities. If a bill concerns arrests, convictions, or law enforcement, a statement is required. The Illinois Criminal Justice Information Authority is required to produce this statement. The requirement as to who produces these statements in the State of Illinois is codified in statute. If a bill concerns corrections, sentencing, or imprisonment, a statement is prepared by the Illinois Department of Corrections. If a bill concerns the local government, a statement is prepared by their Department of Commerce and Economic Opportunity. If a bill concerns education, it is split between the Illinois Community College Board, which prepares bills that affect the community college; the Illinois Board of Higher Education, which prepares notes for bills that affect the State universities; and the Illinois State Board of Education, which prepares notes for bills that affect primary and secondary education. Any other State agency that is impacted or responsible for implementing all or part of a bill, is required to prepare a statement for that racial and ethnic impact of the bill as it relates to the agency. For example, if there is a piece of legislation that affects the natural resources within the State of Illinois, then their version of the Department of Natural Resources would be responsible for providing that racial impact statement.

In Maryland, they started a pilot program in 2021 within their nonpartisan General Assembly of Maryland Department of Legislative Services. This was not a specific piece of legislation that enacted this pilot program; however, it was implemented within their budgeting process. Within the Department, they now have a Racial Equity Impact Note Unit to evaluate the racial impact of selected criminal justice measures. Factors that determine whether a racial equity impact note is published for a bill or group of bills includes: (1) whether there is sufficient data available to provide an objective analysis of the bill's provisions; (2) if the topics addressed in the bill include current issues of concern for minority residents in the State; and (3) whether providing information surrounding key decision points in the criminal justice system will inform the legislatures and the public of possible policy implications of a piece of legislation.

In the State of Washington—this is a health impact—they call it a health impact review. The Governor and Legislature are authorized to request a health impact review for any proposed legislation or budgetary change from the Washington State Board of Health. Their statute requires the Board to produce these impact reviews. The Board works collaboratively with the Governor's Interagency Council on Health Disparities to produce these reviews.

I was not able to find specific examples from the first two states; however, Maryland and Washington do have examples of their statements or reviews on their websites. I provided those links to you in the presentation.

It appears there were several stakeholders involved in the implementation of health notes in Nevada a couple of years back. A lot of the stakeholders, like I said, have moved on to different topics. Unfortunately, we were not able to find a subject matter expert that could present more on this information; however, we did have access to some of those stakeholder meeting notes. The next two slides provide a list of items for your consideration in implementing health notes in the State. These items are not exhaustive, and they are not prioritized. They are items you may wish to consider if you want to implement such notes within the State.

Number one is legislative scope and criteria. Will it apply only to bills with obvious health implications? For example, any bill that comes through the health and human services committees, or do you want these statements to be applied to broader policies such as housing, transportation, or education? A clear scope ensures the health note process is focused and manageable, preventing unnecessary delays in the legislative process.

Number two is the integration into the legislative process. Will they be required at the committee stage, during the bill drafting, or before final voting? Early integration would allow Legislators to consider health impacts before decisions are finalized, but it also requires adjustments in legislative timelines and procedures.

Number three is resource allocation. Adequate resources are critical to producing high-quality, timely health notes without overwhelming the current legislative process.

Number four is expertise and capacity. Health notes require specialized knowledge in public health, social determinants of health, and policy analysis building or assessing. This expertise is essential for producing accurate and reliable assessments. Consider training for Legislatures and staff on how to utilize health notes in the policy making process.

Number five is equity and social justice. Prioritizing equity helps Legislatures to understand and mitigate potential disparities that could arise from policy decisions.

Number six is time and efficiency. Health notes must be produced quickly enough to inform decision making without delaying the legislative process. Streamlining the process through standardized templates, clear guidelines, and efficient workflows helps to maintain legislative momentum. Again, think fiscal notes and the process we currently have for those.

Number seven is transparency and accountability. Transparency ensures the public and other stakeholders can see how health considerations are being integrated in the policy decisions, enhancing trust and accountability. Again, the LCB posts all fiscal notes on NELIS where they are accessible to the Legislators and public.

Number eight is monitoring and evaluation. Again, this goes back to the training. Regular evaluation allows for adjustments and improvements ensuring health notes remain relevant and effective over time.

Chair Spearman, my understanding in researching this topic is the idea of health notes derives from the Health in All Policies Initiative and the Health Impact Project: Health Notes from The Pew Charitable Trust. They also worked with the Health in All Policies Research Center, Institute for Health and Social Policy, Bloomberg School of Public Health, John Hopkins University. These are some of the resources that provide examples on how to

promote health note policies to Legislatures. With that, I would be happy to try to answer your questions.

Chair Spearman:

Committee, any questions?

Assemblyman O'Neill:

I am not sure you are going to be able to answer this, what were the additional costs the program added to the various states that enacted health notes?

Mr. Melgarejo:

I am not able to answer those questions. I could provide you information based on Maryland's example, and how they funded that pilot program. Most of the legislation I saw was not tied to specific legislation.

Assemblyman O'Neill:

From your presentation, I understand they had to go out and increase their staffing levels, and there are various costs to that. Are the health notes an actual application that is brought in, or is it done by staffing with the stated goal in mind?

Mr. Melgarejo:

Health notes are produced by specialized staff. A specific highlight, from the notes when this topic was discussed with previous stakeholders, is the emphasis on experts from the public health education, with public health masters. With Maryland, whether they had to bring in new staff or shift new staff, they created a Unit within itself. It is a specialized Unit that produces these health notes. There is no specific application.

If this is something the Legislature wanted to enact, there would probably be a lot of guidance from health and human services or LCB staff to come up with an outline of specific questions to analyze. Again, think about the fiscal notes. There is specific information the agencies have to provide and specific analysis that has to be made. These health notes, to be efficient, we would have to come up with a standardized process on how to absorb a lot of that information. It would require a lot of assistance from reaching out to— Like NOHME presented earlier this morning, they have a lot of data. There would be a lot of collaboration with the agencies to provide these notes.

Assemblyman O'Neill:

Maybe you can help me to understand the difference of what you are describing with these health notes, and what our Research Division does now at the request of any Legislator and agency. I have asked for some of these exact points you just brought forward, and our Research Division has been able to attain the information for me. I do not think it is fair to ask you, but I am trying to determine the difference between what we can currently do with the staff we have and the Legislators and in testimony and bill presentations versus what these other states have enacted.

Chair Spearman:

As a Legislator, these are the same points I consider when looking at legislation automatically. Because we have a diverse population, I think it is important for us to

understand how legislation we propose will impact people—whether it is people in low-wealth communities, women, or women of childbearing age. We have legislation that specifically looks at women who are of childbearing age or women who are not of childbearing age. When we looked at the statutes related to people who were sexually assaulted before 2019, there was a statute of limitations and the legislation we presented eliminated that. We looked at women who would be particularly impacted by that and who had been impacted by that. These are what I would consider for me—I cannot speak for anyone else. These are questions I would automatically ask myself and my staff as I prepare legislation. What is the impact?

One of the reasons I wanted Mr. Melgarejo to bring this forward is because whatever you do not face, you cannot fix. There are a lot of disparities in our health care delivery system that cost us money. I will go back to prescription drugs as one thing. If people cannot afford their prescriptions— I have a family member who is on dialysis because they could not afford medication. People who cannot afford the medication for a heart ailment or to control cholesterol. When we are not thinking about these things— People who have a bank account that supports whatever they need, most of the time they do not think about it. But for people living, not a hobby, these are the questions they asked.

The other thing I looked at— SB 341 was a direct result of my aggravation with what we were not doing during COVID-19 with respect to our minority and low-wealth communities. Putting a lot of the mental health programs at the county level is not a place where these communities, that need it the most, would go because they have not had success with systems that generally tend to discount their needs.

What Mr. Melgarejo presented is automatic, but for everybody, it is not. As a State, if we are going to be prudent, just like we have to do with the fiscal analysis— There are different questions asked in the fiscal analysis that some of us would not consider. In the Fiscal Analysis Division, they ask the questions we do not usually ask and then give us a determination about what this will cost. My next question is, whenever I hear that, this is what it will cost, but what is the lost opportunity cost, and what will it cost if we do not do it?

For me, the health notes are a way for us to make sure we are focusing on the communities that have been marginalized, left out, and left behind. Most of the time it does not occur to people because they do not have the same issues. As I said before, people who are low-wealth or living in poverty. For them, the price of milk could be the difference between buying a carton, a gallon, or half a gallon because you have other expenses to pay—that is what the health notes are.

I am not answering for Mr. Melgarejo, I am answering as a Legislator who has used this. I think it would be prudent for us so we can lift our health care delivery system to the level it needs to be, because we are not a monolithic state anymore. We are more diverse now than we were even ten years ago. If we look at the projections by demographers in another seven or eight years, we are going to be even more diverse. If we are not asking these questions now, that means we have a health care delivery system that is not only not accessible, but it is not applicable to the communities that will need the services.

Assemblyman O'Neill:

I hear what you are saying, I feel it is a duplication of services right now. Many bills in our term—and I have worked with you on others—we hammered a lot of this out when you talk about minority situations, the underserved, and brought those forward. Maybe because it is

a novel idea to me, it needs more conversation. I do appreciate and hear what you are saying. It is difficult to hammer it out right now for me.

Chair Spearman:

Are there additional questions or comments? [There were none.]

AGENDA ITEM IX—WORK SESSION—DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATING TO:

Chair Spearman:

We will move to [Agenda Item IX](#), and I will begin the Work Session. Members, you should have the WSD, and it is also posted on the Committee's meeting page ([Agenda Item IX](#)). The purpose of the Work Session is for the Committee to decide which legislative measures, if any, it will request for 2025 Session of the Legislature. Staff has assisted in preparing the WSD to help guide us through the Work Session. The WSD contains a combination of recommendations based upon testimony heard by this Committee throughout the interim and recommendations from stakeholders and Committee Members. The recommendations outlined in the WSD are not necessarily set in stone. If the Committee is so inclined, recommendations may be amended prior to the vote. Staff will guide us through the WSD, and there will be a discussion period for each item the Committee will consider individually. Then, if Members are so inclined, I will accept a motion to approve that item. Mr. Melgarejo, please walk us through the WSD.

Mr. Melgarejo:

As nonpartisan staff, I can neither advocate for nor against a measure that comes before this Committee. I will provide a short overview of the WSD. While the WSD is designed to assist the Committee in determining what actions it wishes to take, each item in this WSD may be subject to further discussion, refinement, or action. As a reminder, the Committee can request up to ten bills or resolutions, send letters, or put a position statement in its final report. There is no limitation on the number of letters or position statements the Committee may adopt. With that, I will now walk the Committee through the first item on the WSD.

A. AFFORDABLE AND LOW-INCOME HOUSING

Mr. Melgarejo:

Recommendation A-1 relates to affordable and low-income housing. The recommendation before the Committee is to request the drafting of a bill to:

1. Require the Housing Division, Department of Business and Industry (B&I), to annually calculate and publish on its Internet website the maximum cost of living increase, capped at 5 percent, based on the Consumer Price Index (CPI) for All Urban Consumers. Landlords would be prohibited from raising rent during the first year of tenancy and limit subsequent increases to the published cost-of-living index. However, landlords will be able to apply for an exemption to the limitation of increasing the rent to obtain a fair and reasonable rate of return on their property, under certain circumstances. This would be a redraft of SB 426 (2023) in its first reprint—which did not come out of the Senate Finance Committee, and is a failed measure from the 2023 Legislative Session; and

2. Amend subsection 6(b) of NRS 319.420 and subsection 6 of NRS 319.430 to increase from \$10,000 to \$100,000 the administrative fine the Housing Division may impose upon an owner who fails to provide a written notice to certain governing bodies, the Division, and each tenant affected before terminating or ending an affordability restriction and increase from \$500 to \$5,000 the total amount from such fine the Division may use to cover the costs of collecting such fine.

This recommendation is proposed by Chair Spearman in response to various presentations concerning housing.

Chair Spearman:

Are there any questions or comments from the Committee?

Assemblywoman Kasama:

I would have to not move forward with supporting this. There are many studies that show rent control does not work and unless you can control and put CPI on labor costs, material costs, property taxes, and all the other areas— There are many studies that show you will not attract developers to building more housing and that is what we need, a greater supply. I will have to vote no.

Assemblyman O'Neill:

I am going to say ditto for other reasons. It is a bill that is a rewrite and did not make it out of the Senate Finance Committee. It has problems. We are resubmitting what did not pass last time. Then, for the reasons along with my colleague, Assemblywoman Kasama.

Senator Stone:

I remember debating with you and others on this bill. I am a strong proponent of getting more affordable low-income housing in Nevada. The way we do it is to get the Bureau of Land Management (BLM), U.S. Department of the Interior, land allocated so we can provide incentives and redevelopment agency areas to build more housing. There is a shortage of housing in Nevada and to put the onus of providing affordable housing on the private sector investors is going to stifle investment in Nevada. You are basically going to create slums in existing housing because you are going to have landlords who not going to do what I do, which is to rehabilitate and bring older housing to modern day standards so people can have true habitable living conditions.

If you look at cities that have enacted rent control, and this is an extreme rent control proposal, they have failed. Look at the City of Santa Monica and other cities throughout the country if you want to stifle investment and you want to stop investors of multifamily development in Nevada because you are going to place the responsibilities on the backs of them and have to go through another agency in the State of Nevada to get an increase and a larger increase. If you do capital improvement, you are going to be letting your apartment, condo, townhome, or house sit vacant for six months by the time the government gets around to give you an approval or disapproval.

While I respect you, Madam Chair, in trying to provide affordable housing in Nevada, we have to respect property rights. We have to respect the average investor which owns about 2.2 units throughout the country. To saddle them and a lot of senior citizens who depend on that income to pay their bills and we are going to cap them and not allow them to make investments to increase their rents to market levels, I think would be a disservice to lower

income people in the State of Nevada. For those reasons, like I articulated before, I cannot support this.

Chair Spearman:

Let me address Assemblyman O'Neill. It was not that it was a bad bill that it did not make it out of Finance. You said it did not make it out of Finance so it must not have been a good bill, but that was not the reason. Something we found out few months after the legislative session is sometimes landlords fall into poverty, but if you own 10 or 20 different properties, that is probably not a small landlord. I will recommend an amendment and say those who own five properties or less would be exempt. I want to address the fact that this is something that hurts small landlords. I will use North Las Vegas as an example. Close to 40 percent of the housing rental property in North Las Vegas are owned by corporate landlords. It is not a mom-and-pop situation, they are corporate landlords. We talk about stifling investment. I do not think, especially with the amendment, that we stifle the investment. What we do is make sure we do not have the type of situation that was pervasive during and immediately after COVID-19 with landlords doubling the rent. There had been no improvements made on the property. There was no painting. They had not taken rugs up and put luxury vinyl plank down. Nothing happened, other than there was an opportunity to increase the rates and they did.

I had several of my constituents coming to me. One who had just gotten out of the hospital, was an amputee, and a notice on the door saying they had 30 days to come up with the additional money—the rent had been doubled. Also, Senator Stone mentioned senior citizens, there was a senior citizen who had \$1,600 income from social security and the landlord went up to \$1,200 on the rent. There are real examples from real people for people who have properties and for no other reason than they could. I had a landlord tell me they raised it because they could, and you have people who are struggling. For those who think we are doing this on the backs of mom and pops who only own 1 or 2 properties, we found out later that many of the landlords who were complaining own 15 or 20 different properties. The population I represent in North Las Vegas, it is more than 30 percent and closer to 40 percent of the rental property is owned by corporate landlords. Nothing against corporate landlords, but I think we all should not have anything against people who are working every day trying to make a living. Some of them are working one and a half or two jobs to pay the rent.

I will add an amendment that it would exempt those who have five properties or less from the requirement.

Senator Stone:

I appreciate your passion for what you are trying to do. Again, if we want to provide affordable housing, we need to get BLM to release land, and let us start building more product. There is a shortage, which has caused an increase in rent. I have worked hard all my life being a pharmacist full time, owning six pharmacies, and being an elected official for over 30 years. I have managed to save and invest. I am one of those people who owns over 20 pieces of property that I have worked my entire life to do. I take very good care of my tenants. Yes, there are some landlords out there who are greedy. You heard me say, I am a compassionate landlord. Just because you own 20 or more units and you are not a corporate landlord, does not mean you are greedy. You still have your property rights. I believe we should protect those property rights. If somebody does not like the rent I am charging, then there should be competition, and they should go someplace else. If I do not replace the carpet with vinyl flooring, update their toilets, and update their air conditioning

units, then they should go find someplace else to live. I have virtually no turnover because I am a good landlord, and I am proud of that fact. I worry what you are considering today is going to stifle investment from non-corporate landlords, as well as corporate landlords that are going to provide the necessary infrastructure so we can provide affordable housing for people in Nevada. Again, I appreciate your efforts, but I cannot support the motion.

Chair Spearman:

I have offered an amendment to the recommendation. I will entertain a motion on the recommendation.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION A-1.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED (SENATOR STONE AND ASSEMBLY MEMBERS KASAMA AND O'NEILL VOTED NO).

Mr. Melgarejo:

The next recommendation, still under the affordable and low-income housing section, is Recommendation A-2 which is to send a letter to Nevada's federal delegation recommending and expressing support for federal legislation to address the 15-year "escape hatch" authorized under the federal Low-Income Housing Tax Credit (26 U.S.C. § 42 [2024]) (LIHTC) program, which authorizes an owner of a LIHTC property to leave the Program at the end of the qualified contract period, ending rent and income-use restrictions. Many jurisdictions, including Nevada, require LIHTC applicants to waive this 15-year opportunity to leave the Program, but it remains within federal statutes.

Chair Spearman:

Are there any questions or comments on the recommendation? It was the first or second meeting we looked at LIHTC and there were no checks and balances. Someone could apply for LIHTC, get the tax incentive, and not follow through completely. What this is designed to do is, it is not written in federal law, but I felt it was important for us to make sure we are prudent with taxpayers' money. If you get something that gives you tax preference, I think you should follow through on it and not try to figure out what, if any, loophole you can use to escape—that is why we use the escape hatch. I will entertain a motion.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION A-2.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Assemblyman O'Neill:

I appreciate the intent. I remember the discussion on this a couple of sessions ago. I was opposed to it then as being onerous, I will be in opposition.

THE MOTION PASSED (SENATOR STONE AND ASSEMBLYMAN O'NEILL VOTED NO).

B. LANDLORD DUTIES AND RESPONSIBILITIES

Mr. Melgarejo:

Our next recommendation is under the landlord duties and responsibilities topic. Recommendation B-1 is to request the drafting of a bill to:

1. Require the Housing Division to establish a statewide registry of certain landlords that consist of the following:
 - a. The name of the landlord;
 - b. The state and county in which the landlord is domiciled;
 - c. The total number of dwelling units owned by the landlord in this State and the address of each dwelling unit;
 - d. The amount of periodic rent charged by the landlord for each dwelling unit in this State, and the frequency with which the periodic rent is charged to the tenant; and
 - e. Certain information relating to the property manager of the premises, if applicable.

This would be a redraft of AB 332 from the 2021 Legislative Session with Assemblywoman Peters' proposed amendments, which are included as Attachment B of the WSD. In addition, revisions to the amendment would include limiting the requirement to landlords who rent five or more dwellings, require the Division to establish a mechanism for tenants to file a complaint concerning a landlord, require the Division to post such complaints on its Internet website, and impose an annual registration fee which the Division may use to address administrative costs associated with implementing these provisions; and

2. Amend Chapter 118A of NRS to expand landlord and tenant responsibilities when a rental dwelling becomes uninhabitable due to a condition that materially interferes with the tenant's life, health, or safety, to include, but not be limited to:
 - a. Require a landlord to provide a comparable dwelling unit or hotel room for up to 60 days or until condition is remedied;
 - b. Require a tenant to continue rent payments during temporary relocation; and
 - c. If condition cannot be remedied within 60 days, authorize tenant to terminate rental agreement and require the full security deposit to be returned.

This recommendation is based on *Colorado Revised Statutes* 38-12-503, which outlines the warranty of habitability for residential premises in Colorado.

This recommendation is proposed by Chair Spearman in response to the various recommendations regarding housing and landlord and tenant responsibilities.

Chair Spearman:

Any questions or comments?

Assemblywoman Kasama:

I did not support this legislation last time, and I do have concerns with it. We already have, in Nevada statutes, regulations regarding habitability. If there are issues, tenants can already file with the Real Estate Division, B&I. We already have mechanisms in place for units that are not habitable. Requiring landlords is an extra burden to start doing registration and fees. Ultimately, those fees would, most likely, be passed on to the tenant, and we are trying to keep costs low, and this adds to the cost of housing. Again, I am opposed to this.

Assemblyman O'Neill:

Ditto.

Chair Spearman:

There was a fire in Las Vegas, I believe, in July 2024. It was the direct result of a landlord not paying attention to what the tenants kept saying was wrong. I remember watching as a lady was crying. They had no place to go and still required to pay rent. The property was uninhabitable, and I do not know if they ever got it to that place. I always say, we make laws, not for the people who will do the right thing because it is the right thing to do, but there are folks who will not do the right thing unless there is a guardrail in place.

This is designed to protect those who do not have money in their bank account to pay the rent, try to figure out where they are going to stay, and still have a lease the landlord is holding them to. We always say, they are going to pass it on to the tenants. They do not have to. We are not saying they have to do that in this law. They could be guided by their heart to do the right thing, because it is the right thing to do. I am concerned about those people who are in places where the landlord does not do what he or she should be doing and then it puts the tenants out. The landlord has a house go to and is safe, but the tenants, who have been paying rent, have no place to go. Any additional questions or comments?

Senator Stone:

I am going to say ditto to Assemblywoman Kasama. Not only are you going to be paying the fees, but you are going to have to be paying an analyst, for yourself if you own a bunch of properties, to provide the reports that are going to be due. There will be fines. There will be litigation. It will be passed on to the renters. The Real Estate Division does a good job of responding to complaints if somebody is living in an inhabitable place, where the air conditioning is not working when it is 116 degrees. Believe me, they are going to respond. You are correct, people who have limited financial means may not know what their rights or abilities are. What would be better? Would it be to fund an educational campaign that says if you are living in inhospitable conditions, you should call the Real Estate Division to send somebody out to make sure the landlord is held accountable for not fulfilling their needs to provide habitable space? This is nothing more than a vilification of the landlord law that is going to stifle investment, and the ones who decide to stay with their investments

are going to pass those costs on to the consumer, which is going to even make rent even more expensive. With that, Madam Chair, I am going to vote no.

Assemblyman O'Neill:

I appreciate the statement you made about a fire in Las Vegas. I feel for people who are living in substandard or questionable housing. I have spent my life in support and protection of those individuals. When I retired, I worked with the Salvation Army where we have responded to those incidences. I even worked this past summer with Red Cross going to people who had their apartments burned and provided housing, clothing, all the needs, including backpacks so their children will be ready for school. This is a serious subject, and I do feel for them, but it is the rest of the reasoning that has already been described. I have the heart, we all have the heart, and we have ways to address this without providing additional legislation.

Assemblywoman Kasama:

I wanted to acknowledge that we do not want anybody living in uninhabitable conditions, but we already have, in regulation, that if it is uninhabitable, a tenant can reduce their rent for the issue. The tenant can break the lease for the issue. These complaints can be filed, and the department of health can be notified. We already have these mechanisms in place that should be robustly used because any landlord that continues to maintain uninhabitable conditions, like the example you gave, should absolutely be held accountable to the full extent of the law.

Chair Spearman:

With that, I will entertain a motion.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION B-1.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED (SENATOR STONE AND ASSEMBLY MEMBERS KASAMA AND O'NEILL VOTED NO).

C. UNLICENSED CONTRACTORS

Mr. Melgarejo:

The next recommendation relates to unlicensed contractors. Recommendation C-1 is to request the drafting of a bill to:

- b. Revise the statute of limitations for a violation of NRS 624.700, which prohibits a person who does not have an active contractor's license from engaging in the business of a contractor, acting in the capacity of a contractor, or submitting a bid on a job, to:
 - i. Provide that the period for commencing a prosecution of the offense begins on the date on which the offense was discovered; and

- ii. If the unlicensed activity resulted in harm to a person or the property of a person, extend the period for commencing a prosecution of the offense from two years for a first and second offense and three years for a third or subsequent offense to:
 - Four years if the victim is 60 years of age or younger; and
 - Five years if the victim is over 60 years of age.

This Recommendation does not include subparagraph (a) as shown in the WSD. The recommendation is proposed by Chair Spearman in response to testimony and exhibits provided by the State Contractors' Board.

Chair Spearman:

We had a discussion, and one of the amendments we will make is the portion that says someone is going to tell on another person [subsection (a) of Section C from the WSD]—we will take that out. The State Contractors' Board said they did not want to go the four years, but I am going to ask them to accommodate persons who are 60 years or older or vulnerable populations like we have in other statutes. I want to make sure we tie that to it. Specifically, I am thinking about something Assemblywoman Torres told us about a member of her family. Someone came and told them something about because the Legislature passed something, they had to do something, something, something. When people do that sort of thing there is a special place in hell for them. I want to make sure we have the statutes in place to incentivize people not to do those things, and if they choose to do them, they already know the consequences, and the consequences are severe.

The clarification Mr. Quast gave me, is that we are talking about when the homeowner discovers. Is that correct?

Mr. Quast:

Yes, it is my understanding the recommendation is to extend the statute of limitations to begin on the date on which the homeowner discovers the violation. However, I would say, there may be circumstances under which it is never discovered by a homeowner because maybe they submit a bid on the job that does not involve a homeowner or something like that. The statute of limitations in that experience—where there is not a homeowner—could either remain the same or could be adjusted as well. This specific statute of limitations in situations where the unlicensed contracting—much like what is described in the document where there is a victim and the victim is a homeowner—the date on which the victim discovers this would start the process, which I believe is the recommendation.

Chair Spearman:

I want to bring the State Contractors' Board to the table. We have already eliminated the tattle tale piece. I would like to keep in place—and I am trying to make this consistent with the statutes we have in place for crimes committed against elderly persons—if the victim is someone who is 60 or above or a member of the vulnerable population. Then, let us extend that statute of limitations, because there may be some things involved that would prohibit them from getting in right away and understanding this is what you can do right away. I am conceding that we will not change it for everybody, but I would like to, at least, make it comparable to the statutes we have in place for seniors and vulnerable people.

Terry Wike, Director, Investigations, State Contractors' Board:

A couple of points you make are worthy of attention. The first one, Counsel indicated the statute of limitations would begin— The discovery rule would begin on the date of the violation, but we would have to establish what a violation is under Section 300 of Chapter 624 of NRS, that only applies to licensed contractors. When we are speaking of discovery in a violation, that would need to be clarified. The statute of limitations under Section 800 of Chapter 624 of NRS currently describes it as within two years after the commission of the offense. The offense in an unlawful contracting situation is the actual contract. The date of the offense is when they enter into that agreement, whether it is oral or written, to do the work. We would need to establish, as Counsel indicated, what a violation is.

In addition, there are senior protections under subsection 4(e) of *Nevada Administrative Code* (NAC) 624.7251, which would enhance penalties—even for an unlicensed contractor—for someone 60 or older. We do impose that additional penalty when seniors are involved. I think the words *violation* and *offense* needs to have some type of definition if your proposal should go forward.

Chair Spearman:

I understand. The concept is someone who 61, there is a contract, and someone has put forth themselves as a licensed contractor—which they are not. At the time the homeowner, who is 60 or 61, finds out that: (1) it is shoddy work; and (2) the person has lied and is not a contractor, those enhanced penalties and the definition of victim or crime—I would like it to be that whenever it is discovered is when the clock starts.

You can say two years, but if it takes someone 18 months to do something and then in month 19, it is discovered that it is shoddy workmanship or the person is not licensed— Those are the people we are trying to go after, the people who are not licensed. Mr. Quast, can you speak to that?

Mr. Quast:

Yes, I can speak to that. As far as discovery, in NRS 171.095 there are already provisions that say if an offense is committed in a secret manner, it starts on the date on which it was discovered. The Nevada Supreme Court has interpreted the word *discovery* in that context to mean when someone knows of the act and of the unlawful nature of the act. It is not that different from the date on the commission of the offense. The discovery would be when the person knows of the act that constitutes a violation, an offense, and knows of the unlawful nature of that. In this scenario, I believe the discovery would be when the person knows that this person has acted as an unlicensed contractor in the context of their dealings with them—whenever they find that out. In any case, I believe the recommendation would be for persons 61 or older, as well as vulnerable populations, when that person discovers this person has acted as an unlicensed contractor—that is the date it would begin.

Chair Spearman:

Can you live with that?

David Behar, Executive Officer, State Contractors' Board:

I think that is language we can work with you on.

Chair Spearman:

The motion we will be taking will be based upon the language Legal Counsel gave us in terms of clarifying when it happens or when the discovery is.

Assemblyman O'Neill:

Mr. Quast, are we talking for civil actions?

Mr. Quast:

No, this is strictly criminal action.

Assemblyman O'Neill:

We are giving—for a construction defect—basically, more freedom to take action for criminal action than we provide for grand theft autos and burglary, because they all have statute of limitations from the time the offense occurred.

Chair Spearman:

This is not with Chapter 40 of NRS. I am not trying to open that up at all, this is completely different. We are talking about unlicensed. I am not talking about Chapter 40 and construction defects.

Assemblyman O'Neill:

Maybe I used the term wrong. We are talking about defective work though, being done by a person who allegedly purported himself or herself to be a licensed contractor, and we have given them unfettered time for the victim to claim this criminal action. To me, I think we are giving too much to it. I appreciate the Board saying they could work with this language. I am not an attorney, but I see legal conflict in here between other criminal acts and this alleged criminal act.

Chair Spearman:

We are going to let Legal sort it out, but that is the concept for the BDR.

Assemblyman O'Neill:

I appreciate that but I will be a no on this.

Chair Spearman:

The motion would be to clarify and if there is any ambiguity in the concept, we talked about, that ambiguity would be sorted out with our Legal team. With that, I will entertain a motion.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION C-1.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

THE MOTION PASSED (ASSEMBLYMAN O'NEILL VOTED NO).

D. CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

Mr. Melgarejo:

Recommendation D-1 is regarding a CRNA, and to request legislation to amend NRS 632.2397 to delete provisions that prohibit a CRNA from ordering or prescribing a controlled substance, poison, dangerous drug, or device outside of a critical access hospital.

Chair Spearman:

Any discussion, questions, or comments?

Assemblyman O'Neill:

Having met with CRNAs recently and the medical boards, I am going to be a no on this. They still need to get together and discuss it. They told me they have not had a chance to talk on this bill at all. I do not see the need for, right now as I read this, the expansion of CRNAs to prescribe some of these drugs.

Chair Spearman:

I appreciate that. It means they will have incentive to talk about it before the next session.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION D-1.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED (SENATOR STONE AND ASSEMBLY MEMBERS KASAMA AND O'NEILL VOTED NO).

E. SERVICE CONTRACTS—HOME WARRANTIES

Mr. Melgarejo:

The next recommendation is relating to service contracts and home warranties, which is to request the drafting of a bill to:

1. Codify in statute subsection 1(d) of NAC 690C.110, which requires that a service contract includes a statement that if the holder is not satisfied with the manner in which the provider is handling the claim on the contract, the holder may contact the Commissioner of Insurance. The statement must include the toll-free telephone number of the Division of Insurance, B&I, and be written in plain language and an appropriately sized font; and

2. Require the Commissioner of Insurance to adopt regulations establishing a system for rating service contract providers doing business in Nevada based on compliance with the requirements in Chapter 690C of NRS and the number of consumer complaints filed with the Division. The Division shall post the final star rating assigned to the provider on its Internet website that is accessible to the public.

Chair Spearman:

These recommendations are a result of the last session when we heard chilling accounts of what home warranty companies were not doing, and how they were not performing. The plain language piece is designed so people understand what they are signing at the time they are signing and the 800 number give everyone access, even if they do not have a computer. Do I have a motion?

SENATOR STONE MOVED TO APPROVE RECOMMENDATION E-1.

VICE CHAIR MARZOLA SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

F. HOMEOWNERS INSURANCE—WILDFIRES

Mr. Melgarejo:

The next recommendations relate to homeowners insurance and wildfires. Recommendation F-1 is to send a letter to the Governor of the State of Nevada expressing support for the Division of Insurance to conduct a feasibility study for the possible creation of a Fair Access to Insurance Requirements (FAIR) Plan related to wildfire property insurance. Further, the letter shall support a Governor's task force of State and local government and industry partners to study certain factors that influence the State's wildfire risk, such as building code, infrastructure mitigation, and zoning and planning statutes and regulations.

Chair Spearman:

Thank you. Assemblyman O'Neill—

Assemblyman O'Neill:

I have been actively involved on this issue. Would it be possible to change in the letter where it says FAIR Plan to add other reasonable possibilities and do not limit it to the FAIR Plan because there have been issues with it.

Chair Spearman:

In our discussions with the Commissioner of Insurance, that is one of the reasons for the task force because we need to make sure it is expansive enough to cover whatever we do not know now and make sure they can come back with a recommendation for the people living in places where their homeowners insurance is in jeopardy.

Assemblyman O'Neill:

That is why I was asking for the expansion, because the way I read this it is just to look at the FAIR Plan.

Chair Spearman:

We can clear up the ambiguity. The discussion I had with the Commissioner of Insurance, the FAIR Plan was one, but they wanted to use it as a template and look at everything that could or would be considered. We can make sure to put in something about it not being exclusive to the FAIR Plan—that will be the wording and what we are voting for right now. Any additional questions? [There were none.] I will entertain a motion.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION F-1.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Mr. Melgarejo:

Recommendation F-2, which is the final recommendation, is to request the drafting of a bill to:

- a. Require the State Forester and Firewarden to adopt regulations designating zones of high fire risk;
- b. Require the governing body of a county or city to disclose to any person who wishes to construct a structure (residential and nonresidential) in an area of the county or city designated as a zone of high fire risk the fact that the structure will be located in such a zone; and
- c. Require the seller of a residence located in a zone of high fire risk to disclose to the purchaser of the residence the fact that the residence is located within such a zone.

Chair Spearman:

We discussed this as well with the Commissioner of Insurance. It is based on similar legislation in Florida when people were building houses on the beach—and even in some parts of Texas. Right now, in your homeowners insurance, there is a question on that asks if you are located in a floodplain. We are trying to make sure people who purchase properties know what they are purchasing, and all those things are disclosed, so in five years they do not they do not discover it. I will entertain a motion.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION F-2.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

G. NEVADA'S OFFICE OF MINORITY HEALTH AND EQUITY, DHHS

[This agenda item was taken out of order.]

Chair Spearman:

Now that we are all assembled here, let us go back to the NOHME presentation. There were a couple of recommendations for this Work Session item. Request legislation to amend NRS 239B.026, 439.259, 439.261, and 433.359 to provide that the reports required by these statutes are also submitted to NOMHE. Further, NOMHE shall analyze and identify gaps in health and human services delivered to minority groups in this State. Is the Committee inclined to support these recommendations or amend them prior to a vote? [There were none.]

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION G-1.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

H. HEALTH NOTES

[This agenda item was taken out of order.]

Chair Spearman:

I would entertain a motion from the Committee to act on the presentation's recommendation, and this is an actionable item. Specifically, the recommendation from the WSD is to request legislation to require health notes for legislative measures explaining how measures could affect issues that strongly influence health and wellness, including education, environment, employment, food security, health care access, and housing.

Is the Committee inclined to support this recommendation or should it be amended prior to the vote?

Assemblyman O'Neill:

As we already discussed, I think it is a duplication and at least worthy for more conversation. For right now, to move forward in that manner, I do not see the need for it. I will be a no respectfully submitted to you, Chair.

Chair Spearman:

My question would be a duplication of what we already have in place?

Assemblyman O'Neill:

The work I regularly ask for, and you also, from our staff—particularly, the Research Division of the LCB. I have gotten this exact information from them when I requested it. To me, even in the presentation, there was an inability to discuss the expansion of needed personnel, what the cost would be, and timelines. He even said on some of the information under the consideration for the Legislature, that he was not able to go into full detail

because of the limited information available. As a bill, as you are recommending right now, I will be a no, respectfully.

Chair Spearman:

One of the things I am aware of, during workshops by the National Conference of State Legislators, there has been a lot of discussion and talks about this. If we use the example of Maryland, at the time the legislation was passed in 2021, Governor Hogan was a Republican. He worked with them, and they passed it with the majority of Democrats in the Legislature. Maryland was bipartisan, and I have several friends there. It may appear to be a duplication because we ask these questions, but we have 63 people who are looking at either presenting legislation or voting on legislation, and for them, this may never occur. This is looking at this in a more standardized way, but I appreciate your hesitancy.

Assemblywoman Kasama:

I am open to all this information, which I think is important. I am concerned with us moving it forward as a proposal for a bill. I would like to see a study so we could answer all these other questions—as far as cost, who is going to do it, and will it only be for health. There are so many unknowns. I would be in favor of supporting a study but go going directly to a bill proposal is difficult for me.

Senator Stone:

I will say ditto to my colleagues, I will be not supporting it at this time—again, not understanding the scope or cost. I do not know if the health notes, in these particular states, identify certain populations having been afflicted with certain diseases are inferring it is because of their race, creed or whatever, and that is why they have these diseases. If it has instigated lawsuits because they are not getting the care they allege not getting because of racial disparities. I am not saying this is not worthy of discussion, but I think a study would be more appropriate at this time. For that reason, I cannot support it at this time, but thank you for bringing it forward.

Chair Spearman:

Let me add another element to our discussion. In 2020, during the Special Session, after much research and discussion, I carried a bill that did pass and declared racism as a health care crisis. In 2021, SB 297 was a bill to create community gardens and urban farms. We explored how the need for fresh food is not tied to someone's ethnicity, such as being of African or Latin descent, but rather to issues like food deserts in the areas where they live. When we look at health care from the standpoint of asthma, many of the low-wealth and marginalized communities live close to the interstate. Many of the schools that children from these communities go, are in communities that have been neglected. When we think about our rural communities, there are rural communities that do not have proper access to health care because they do not have the roads necessary.

Senator Stone, I do not know if it was a question or an assertion, but it is not necessarily because of their ethnicity. It is because the location they are most of the time is due to economics. Economics, in many cases, even though it should not be, people who are of certain ethnicities and linguistic ethnicities are relegated to certain places. It is why I said racism is a health care crisis, because from that flows a lot of the inequities we have within our community and health notes.

I appreciate everyone's opinion. I am stating this because I need everyone to understand why I asked for this. Racism is an overarching problem in our society, and it is one we have refused to look at. Whatever you do not face, I do not think you can fix. I think a study, at some point, may be appropriate. I am of the opinion that we probably have— If we look at the dashboard Ms. Dortch gave us and the information already available, we could probably even look at information from the School of Public Health, to find out that these are the things that we, as Legislators, should be considering because they are already prevalent in our community.

VICE CHAIR MARZOLA MOVED TO APPROVE RECOMMENDATION H-1.

SENATOR LANGE SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY (SENATOR STONE AND ASSEMBLY MEMBERS KASAMA AND O'NEILL VOTED NO).

I. PROTECTING WORKERS IN EXTREME WEATHER CONDITIONS

[This item has been removed.]

AGENDA ITEM X—PUBLIC COMMENT

Chair Spearman:

We are now at public comment. Is there anyone in Las Vegas for public comment? Anyone in Carson City for public comment? BPS, do we have anyone on the phones for public comment? Again, public comment will be limited to two minutes.

BPS:

To provide public comment, please press *9 to take your place in the queue.

Steve Messinger, Policy Director, Nevada Primary Care Association:

I want to thank you Chair Spearman for your compassionate and impactful career of service. We also want to thank the Committee for your vote to advance a bill to protect contract pharmacy access in the 340B Program for your constituents, and to ensure the critical funds the Program provides to Nevada's safety net providers. We represent the State's federally qualified health centers, which use 340B Program revenue to deliver services proven to lower costs for Nevada Medicaid and provide care for more than 35,000 uninsured patients.

We appreciate Dr. Porath and Renown for an excellent presentation describing the threats to the Program. For our health centers, 340B Program revenue is estimated to be about 16 percent larger than their federal grant, about \$27 million in 2023. While we hear this Body's concerns regarding the interest of pharmaceutical manufacturers, we have to emphasize that the continued erosion of 340B Program dollars will need to be replaced by public funds, or we will see services reduced and eliminated for the State's most vulnerable populations in remote communities.

Last session, this Legislature guaranteed that insurers could not tell your constituents where they could buy their medications. This session, you have a chance to ensure that

pharmaceutical manufacturers cannot prevent patients from accessing affordable drugs at the pharmacy that works best for their family. We look forward to working with you and the other stakeholders to protect this Program. It is critical for both patients and Nevada safety net providers.

BPS:

Chair, there are no additional callers in the public comment queue at this time.

Ms. Tanager, Previously Identified:

I know the motion to discuss the outdoor worker bill was pulled, but given public comment earlier, I wanted to talk to you about that legislation. I was involved in the bill to protect people working in extreme conditions last session and, in fact, wrote the provisions outlined in the legislation. I want to talk a little bit about why I did that.

Leading into the last legislative session, I met several people who worked outside and had experienced a health crisis from working in extremely bad air or extremely hot temperatures. I heard stories of people's shoes melting and burning their feet on the job. Stories of people passing out. Stories of people having to be hospitalized for days because they were not getting enough oxygen while doing critical jobs for our State.

I support OSHA beefing up its protection for workers in extreme conditions and cannot state enough how much I appreciate the information they provide to the public and the work they do to protect workers. But the reason legislation was brought last session, and legislation might still be needed, is because OSHA has limited enforcement resources and the workers who have experienced these things, while trying to put food on the table for their families, have asked us to. They believe legislation is needed for their employer to follow regulation, as was pointed out by our robust coalition of union representation last session. I suspect that is the same reason people got up here today and told you they were concerned about their profit should these regulations be put in place.

Let me be clear, the legislation they were so concerned about last session was pretty straightforward. It asked that in extreme temperatures, workers be provided with water, shade, and allowed to take breaks if they want. In extreme air quality, workers would be provided with masks if they wanted, water, and allowed to take breaks. We also ask that employers train their employees working in these conditions—that is all.

I am going to say today, and I hope I do not have to get back up here in a few months and say this again. If your business model depends on not letting your workers have water or take breaks in extreme heat, you should have a different business model. These people are my neighbors. These people are my family. These people are my friends. If you come into an air-conditioned room and attempt to block efforts to protect people working in extreme heat so they can feed their families and keep a roof over your [their] head, maybe you should take a little walk and think about the world you are advocating for. Those people who are working outside right now are people's parents, people's spouses, people's children, and people's loved ones. They deserve to be protected at all levels—from OSHA protection to State legislation to federal regulation.

Matilda Guerrero, Director, Government Relations, Native Voters Alliance Nevada:

My dad is turning 70-years-old this December. He is one of ten kids. He started working when he was 10-years-old to support his siblings after my grandfather died and kept going until six years ago when his body finally gave out. He faced, not one, but two emergency and exploratory surgeries fighting for his life in the emergency room. After that, he spent

over a month in the intensive care unit battling complications from severe internal bleeding caused by ulcers. Those ulcers did not just appear, they were earned day-in and day-out working as a master mechanic in his own auto repair shop. I almost lost my dad six years ago.

My dad worked himself to the bone enduring scorching heat in endless hours to put my brother and I through K through 12 and higher education. He sacrificed everything so I could be sitting here today. Now, he lives on a fixed income of \$1,174.80. His health insurance alone cost about \$100. The mortgage for our four-bedroom, 1,200 square foot home is \$1,690 a month. While my dad is fortunate enough to not face the immediate financial crisis discussed during the Work Session, the reality is clear. Under these circumstances, relying on social security by himself, he would not be able to afford a roof over his head, let alone feed himself, pay for life-saving medications, keep his car running, or simply live with dignity.

To be clear, this is not about numbers or playing my violin for the Committee, this is about someone's ability to survive. My dad has given everything for my brother and I, and now as a society, we must ensure that others like him are not left to fend for themselves in their most vulnerable years.

Most importantly, thank you Chair for your service, and I am looking forward to, hopefully, seeing you more out in public.

Chair Spearman:

Do we have anyone in Carson City? I do not see anyone. BPS, is there anyone on the phones?

BPS:

The public line is open and working and there are no callers at this time.

[Subsequent to the meeting the following written public comment was submitted for the record:

- Azim Jessa, Legislative Chair, Nevada Realtors, and Tiffany Banks, Chief Executive Officer, Nevada Realtors ([Agenda Item X A](#));
- Robin Crawford, Executive Director, Nevada State Apartment Association ([Agenda Item X B](#));
- Steve Cohen, Nevada Resident ([Agenda Item X C](#));
- Jess Molasky, Chief Operating Officer, Ovation Development ([Agenda Item X D](#)); and
- William Brewer, Executive Director, Nevada Rural Housing ([Agenda Item X E](#)).]

Chair Spearman:

This is the last meeting for this Committee, and it is also my last meeting as a Senator. I will still be in office; I do not end until midnight on election night. I think I have caused a lot of good trouble. I want to give space for our Committee Members to say anything you like about our interim Committee.

Assemblywoman Kasama:

Chair, thank you for your service. We all dedicate a lot of time. Public service is hard, and most people do not realize it. We get beat up, all of us, no matter who serve. Thank you for your service in running this Committee.

Vice Chair Marzola:

It has been an honor to be your Vice Chair. You are a wealth of information and a bright light. Thank you for everything you have done for our State. I know you are going to do so much more. I have been honored to serve with you.

Assemblyman O'Neill:

Before I came to the Legislature, in 2013, I assisted you. I remember meeting your sister when dealing with adoption issues. I have to tell you—both outside of the Legislature and now as a Legislator having worked with you on several bills, veterans' bills—it has been an enjoyable experience. The few bills we have disagreed on, it has been respectful and always a discussion of policy, not personality—which, I think, is somewhat of a rarity in other legislative bodies, not ours. I want to congratulate you in speaking specifically on your work here on the interim committees. You have done an outstanding job and thank you for allowing me to be with you. I am sorry you are leaving, and I wish you the very best. As we always said in my old division, God's speed, until we meet again.

Senator Stone:

I want to also congratulate you for many years of public service. I think we probably share that in common. I have witnessed your passion, and I love your passion. We did not agree on a whole lot of things, but looking out for vulnerable populations is something important to you. You have been a champion of these populations. I want to say thank you. You were always courteous with me, allowing me to come in your office and share my concerns with you. You were always responsive. I appreciate that respect. I want to wish you good luck in your personal life with good health. I expect we will see you in another office at another time and maybe we will still continue our short relationship we had together. Thank you for your service to the State of Nevada.

Chair Spearman:

Thank you. I appreciate that. Between the military and as a Senator, I have almost 45 years of public service. It is probably more years than some of you are old. I have enjoyed it. Everybody keeps asking me what I am going to do next? There are people trying to get me to do— I am going to take some time, figure it out, get some rest, and probably go on a couple of cruises. At any rate, I appreciate everybody. For those of you who stayed around to the end and those who are up north, thank you. If there is any success I have had, it has been because of collaboration, and I appreciate that.

AGENDA ITEM XI—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 1:36 p.m.

Respectfully submitted,

Crystal Rowe
Senior Research Policy Assistant

Cesar Melgarejo
Principal Policy Analyst

APPROVED BY:

Senator Pat Spearman, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item IV	Tina Dortch, M.P.A., Program Manager, Office of Minority Health and Equity, Department of Health and Human Services	PowerPoint Presentation This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825
Agenda Item VI	Duana Malone, Project Director, Nevada Help Desk	PowerPoint Presentation This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825
Agenda Item VII	Adam D. Porath, PharmD, Vice President of Pharmacy, Renown Health	PowerPoint Presentation This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825
Agenda Item VIII	Cesar Melgarejo, Principal Policy Analyst, Research Division, Legislative Counsel Bureau (LCB)	PowerPoint Presentation
Agenda Item IX	Cesar Melgarejo, Principal Policy Analyst, Research Division, LCB	Work Session Document
Agenda Item X A	Azim Jessa, Legislative Chair, Nevada Realtors, and Tiffany Banks, Chief Executive Officer, Nevada Realtors	Written Public Comment
Agenda Item X B	Robin Crawford, Executive Director, Nevada State Apartment Association	Written Public Comment
Agenda Item X C	Steve Cohen, Nevada Resident	Written Public Comment

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
<u>Agenda Item X D</u>	Jess Molasky, Chief Operating Officer, Ovation Development	Written Public Comment
<u>Agenda Item X E</u>	William Brewer, Executive Director, Nevada Rural Housing	Written Public Comment

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