

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON COMMERCE AND LABOR**

**Eighty-Second Session
May 5, 2023**

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 12:10 p.m. on Friday, May 5, 2023, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [[Exhibit A](#)], the Attendance Roster [[Exhibit B](#)], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Elaine Marzola, Chair
Assemblywoman Sandra Jauregui, Vice Chair
Assemblywoman Shea Backus
Assemblyman Max Carter
Assemblywoman Bea Duran
Assemblywoman Melissa Hardy
Assemblywoman Heidi Kasama
Assemblywoman Daniele Monroe-Moreno
Assemblyman P.K. O'Neill
Assemblywoman Selena Torres
Assemblyman Steve Yeager
Assemblyman Toby Yurek

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Dallas Harris, Senate District No. 11
Senator Roberta Lange, Senate District No. 7

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Joe Steigmeyer, Committee Counsel

Minutes ID: 1050



Cyndi Latour, Committee Manager
Elizabeth Lepe, Committee Secretary
Garrett Kingen, Committee Assistant

OTHERS PRESENT:

Marc Ellis, President, Communication Workers of America Local 9413
Susie Martinez, Executive Secretary-Treasurer, Nevada State AFL-CIO
Dionne Klug, representing United Food and Commercial Workers International
Union Local 711
Randy Soltero, representing International Alliance of Theatrical Stage Employees
Misty Grimmer, representing Nevada Resort Association
Greg Esposito, representing Nevada State Pipe Trades
Fran Almaraz, representing Teamsters Local 631
Robert Sumlin, Vice President, International Association of Machinists and
Aerospace Workers Local 711
Michael McGovern, Private Citizen, Las Vegas, Nevada
Adam Mack, representing International Association of Theatrical Stage Employees
Local 363
Brett Harris, Labor Commissioner, Department of Business and Industry
Cari Herington, Executive Director, Nevada Cancer Coalition
Chivonne Harrigal, M.D., Radiologist, Reno, Nevada
Paige Barnes, representing Nevada Cancer Coalition
Darcy Phillips, Private Citizen
Amy Thompson, Private Citizen, Reno, Nevada
Kelley Miner, Private Citizen, Reno, Nevada
Conor Sweeney, State Policy and Advocacy Manager, Susan G. Komen
George Ross, representing HCA Healthcare
Sarah Watkins, representing Nevada State Medical Association
Rhonda Johnson, Manager, Nevada Health Centers
Helen Foley, representing Nevada Association of Health Plans
Viki A. Windfeldt, Executive Director, Nevada State Board of Accountancy
Karen Peterson, Legal Counsel, Nevada State Board of Accountancy
Anna Durst, Chief Executive Officer, Nevada Society of Certified Public Accountants

Chair Marzola:

[Roll was taken, and Committee rules and protocol were explained.] Today, we are going to hear four bills: Senate Bill 147 (1st Reprint), Senate Bill 330 (1st Reprint), Senate Bill 381 (1st Reprint), and Senate Bill 437 (1st Reprint). In addition to that, we also have a work session. We will be doing our work session first. We will start our work session with Senate Bill 32.

Senate Bill 32: Exempts persons engaged exclusively in transporting persons between certain states for certain purposes from provisions governing private investigators and related professions. (BDR 54-420)

I will turn the meeting over to our policy analyst. Ms. Thomas, you may begin when you are ready.

Marjorie Paslov-Thomas, Committee Policy Analyst:

[Reviewed the work session document [Exhibit C](#).] Senate Bill 32 exempts persons engaged exclusively in transporting persons between certain states for certain purposes from provisions governing private investigators and related professions. It was sponsored on behalf of the Attorney General and heard on April 19, 2023. There is one proposed amendment from the Office of the Attorney General, and that is to amend subsection 17 of section 1 of the bill to revise the exemption from the provisions governing private investigators and other related professions to include a person, or an employee of such person, who is engaged exclusively in the business of transporting persons: (1) through this state for the purpose of a temporary transfer of custody or extradition; or (2) within this state for the purposes of a temporary or permanent transfer of custody between state, county, or city agencies.

Chair Marzola:

Members, are there any questions? [There were none.] I will entertain a motion to amend and do pass on Senate Bill 32.

ASSEMBLYWOMAN JAUREGUI MOVED TO AMEND AND DO PASS
SENATE BILL 32.

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Torres. Our next bill is Senate Bill 40 (1st Reprint).

Senate Bill 40 (1st Reprint): Revises provisions related to manufactured housing. (BDR 43-270)

Marjorie Paslov-Thomas, Committee Policy Analyst:

[Reviewed the work session document [Exhibit D](#).] Senate Bill 40 (1st Reprint) revises provisions related to manufactured housing. It is sponsored on behalf of the Housing Division of the Department of Business and Industry, and there are no proposed amendments.

Chair Marzola:

Committee members, are there any questions? [There were none.] I will take a motion to do pass on Senate Bill 40 (1st Reprint).

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS
SENATE BILL 40 (1ST REPRINT).

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblyman Carter. Our last bill on work session is Senate Bill 441.

Senate Bill 441: Revises provisions relating to public health. (BDR 40-451)

Marjorie Paslov-Thomas, Committee Policy Analyst:

[Reviewed the work session document [Exhibit E](#).] Senate Bill 441 revises provisions relating to public health. It is sponsored by Senator Dondero Loop, and there are no proposed amendments.

Chair Marzola:

Members, are there any questions on S.B. 441? [There were none.] I will take a motion to do pass.

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS
SENATE BILL 441.

ASSEMBLYMAN YUREK SECONDED THE MOTION.

Is there any discussion on the motion?

THE MOTION PASSED. (ASSEMBLYWOMAN DURAN VOTED NO.)

I will assign that floor statement to Assemblywoman Backus. With that, we will open our first bill hearing. I will be taking the bills out of order today. We will start with Senate Bill 381 (1st Reprint).

Senate Bill 381 (1st Reprint): Prohibits a landlord from requiring a tenant to pay certain charges. (BDR 10-650)

Senator Dallas Harris, Senate District No. 11:

It is my pleasure to be with you all today for my first hearing in your esteemed body. I appreciate you all taking the time to hear this bill. Hopefully, it will be one of the easiest that you hear all session. Senate Bill 381 (1st Reprint) is a simple bill. It states that if the statute says it is the landlord's responsibility to repair something related to habitability, then it is the landlord's responsibility, and we expect that landlords do not pass fees down to their tenants for those repairs. In order to make that intent clear, we adopted an amendment on the Senate side that exempts whenever a tenant or someone they have allowed to be on the property is responsible for the cause of damage. There is nothing that changes when a landlord is responsible for repair, but we are not going to allow them to pass down those home warranty show-up fees or whatever other small ticky-tacky type fees they might have slipped into the lease down to their tenants. With that, that ends my very quick presentation. I am happy to answer any questions the Committee has.

Chair Marzola:

Committee members, are there any questions?

Assemblyman O'Neill:

What you say about the home warranty fees—if I am the landlord and I have already included that in my base rent, are you saying that I cannot include that in my rent fees that I am charging? Could you clarify that for me, please?

Senator Harris:

Absolutely not. There is nothing in this bill that dictates what the rent may be or not be, or what the rent can include or how a landlord decides to calculate what that base rent will be.

Assemblywoman Monroe-Moreno:

If a tenant decides to make the repairs themselves because the landlord is taking too long to make the repairs, would that tenant be reimbursed for those repairs?

Senator Harris:

That is a trickier area of law that currently exists. That is a problem that landlords and tenants deal with every day, and that would not necessarily be created or remedied by this particular bill. Whatever infrastructure is in place to establish reimbursement for any type of repairs that the landlord is responsible for will remain in place.

Chair Marzola:

Committee members, are there any additional questions? I have a quick question that is probably more clarification for me. Say my plumbing goes out and my landlord calls the home warranty company. We know there is a service fee; say it is \$75. What your bill does is this: as long as I did not create the issue, the landlord is now responsible for that \$75, correct?

Senator Harris:

Yes, that is correct. As the statute currently says, whether this bill passes or not, the landlord is responsible to maintain that plumbing.

Chair Marzola:

One more chance for any questions before we go to support testimony. [There were none.] Is there anyone wishing to testify in support to S.B. 381 (R1)?

Marc Ellis, President, Communication Workers of America Local 9413:

We are in support of the bill.

Susie Martinez, Executive Secretary-Treasurer, Nevada State AFL-CIO:

We are in full support of S.B. 381 (R1).

Dionne Klug, representing United Food and Commercial Workers International Union Local 711:

I represent the United Food and Commercial Workers Union in Las Vegas. We strongly urge you to support S.B. 381 (R1).

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] [Exhibit F](#) and [Exhibit G](#) were submitted but not discussed and will become part of the record.] We will move to testimony in opposition to S.B. 381 (R1). Is there anyone wishing to testify in opposition? [There was no one.] Lastly, we will go to neutral testimony. Is there anyone wishing to testify in the neutral position? [There was no one.] Senator Harris, would you like to give any closing remarks? [There were no closing remarks.] I will now close the hearing on S.B. 381 (R1). I will now open the hearing on Senate Bill 147 (1st Reprint).

Senate Bill 147 (1st Reprint): Makes changes relating to employment. (BDR 53-463)

Senator Roberta Lange, Senate District No. 7:

We want to thank you for the opportunity to present Senate Bill 147 (1st Reprint), a bill requiring the payment of certain wages to an employee when an employee is placed on nonworking status. The bill defines "nonworking status" as a "temporary layoff of an employee by the employer whereby the employee remains employed and may be called back to work by the employer at a future date." The term does not include an employee who is an employer, and they could be laid off for the following reasons: placed on suspension pending an investigation relating to employment, placed on suspension pursuant to disciplinary action regarding employment, placed on-call for available work, or approved to take a leave of absence.

As we all know, employees depend on their wages to meet their financial needs and responsibilities. When an employee is placed on nonworking status, it often becomes a sudden change, leaving the individual with little or no time to prepare for financial consequences. According to Mental Health America, 58 percent of those surveyed reported

worrying about the ability to pay for day-to-day living expenses, while 20 percent responded they are very concerned. Additionally, 25 percent of those with anxiety and depression said financial problems were the main factor in contributing to their mental health problems. Unfortunately, many employees live with financial insecurity and live paycheck to paycheck to cover their expenses, pay bills, and support their families. When an employee is terminated or placed on a nonworking status, it can be a difficult and stressful time. Not receiving their final paycheck on time can exacerbate an already stressful situation, leaving the employee struggling to make ends meet. This is especially true for employees who may have been counting on their final paycheck to help them in transition to a new job or to cover their expenses until they find a new income.

This bill is something we have worked on since last session. We passed a bill last session to make this work so that we can get people their pay on time. The former labor commissioner wanted us to make it a bit more in depth so it could have more teeth for her to do the work she needed to do to go after the people that were bad players. That is what our attempt is to do. I will have Mr. Soltero take over and go through the bill with you.

Randy Soltero, representing International Alliance of Theatrical Stage Employees:

I will go through the sections of the bill. Section 1, as Senator Lange talked about, defines what a nonworking status is, pursuant to *Nevada Revised Statutes* (NRS) 608.020. Section 2 goes through what happens when an employee is becoming on nonworking status. This language, you say "laid off," but we found working with stakeholders, this bill has morphed into something that is now working for everyone—both folks who are workers and for employers who employ those workers. I want to make sure everybody understands section 2 has been crafted by many different folks. I think you are going to hear from those folks today in support testimony. Section 3, within three days after the wages of an employee placed on nonworking status, pursuant to NRS Chapter 608, goes on to describe when those compensations are due. Simply, this is to get people paid fairly and on time. That is something that is more codified than in state law.

Senator Lange:

We are happy to answer any questions you may have.

Chair Marzola:

Committee members, are there any questions?

Assemblywoman Duran:

Thank you for your presentation, and I understand it is an issue. I think there is confusion sometimes among people getting their paychecks. I noticed in here, when you do a layoff, are you giving them all their earned vacation and their wages they have accrued? Layoffs can be just for a month or two—or is that when they are coming back to work? Is that the intent of this, to give everything to them, or do they maintain their vacation?

Senator Lange:

You are correct. There are times where people are laid off on a job. Maybe there is a show in town and your show is going for a certain amount of time, then you are going to experience a layoff, and then you are going to go back on. At that time, people would have an option. They could claim all their wages and benefits at that time, or they could let it roll over until the next time they come back so they can maintain those benefits that they had built up prior.

Assemblywoman Duran:

Maybe I do not see that in there. It says that they do not have an option—it says they must pay them, or maybe I am not seeing it. The bill states ". . . due and payable immediately." Do you have a choice in there for them, or am I just not seeing that? I think if you put an option for that—could you clarify that?

Senator Lange:

If you look at section 3, subsection 1, paragraph (b), when an employer lays off an employee and the employee is laid off or is on-call, the wages earned and unpaid at that time, such as a layoff become due and payable immediately, and when they lay off the employee, the unpaid time, such as layoff, shall become due and payable and they have three days from the time of layoff to get that payment.

Assemblywoman Duran:

But I thought you said it was going to be an option if they wanted to use their vacation, or is this making the employee take everything at the time of layoff?

Senator Lange:

If you go down to section 5 [section 3], they give the laid-off employees three days to submit a request, whether they want to have those wages paid or not. It is in the amendment. Do you have the amendment? The amendment passed out of the Senate, and we have not amended it since.

Assemblywoman Hardy:

I am going to relate this to when we had our business, so I am understanding this. In our situation, we did not have on-call employees and things like that. In our case—I am just trying to understand the nonworking status—we would have ten employees on there, and it would depend on how busy we were for a particular day or week. Is that what you are saying with nonworking? Like they are still on the payroll and we could use them every day one week, but maybe none the next. I am trying to understand—they are still on the payroll, so they are not—I am trying to understand how this would apply to a small employer instead of a bigger corporation who has more staff, where it is more specified and has a human resources department, et cetera.

Senator Lange:

You are correct. This is meant to help small businesses that are in those ebb-and-flow times where sometimes they have a lot of jobs and other times they do not, so that they would not

have to lay off their employees. It would just be a slowdown in their work until the next job comes, and it gives the option.

Assemblyman Carter:

My question has to do with collective bargaining. Does this statute supersede conditions in a collective bargaining agreement, or vice versa? Which one takes primacy?

Randy Soltero:

This does not supersede any collective bargaining agreement. The reason why we did this bill is because I can tell you not every collective bargaining agreement has a remedy. This remedy could be applied if there was not one already in a collective bargaining agreement. So it does not supersede it, but it is available to employees who are not subject to a collective bargaining agreement or do not have remedy language in their collective bargaining agreements.

Assemblywoman Backus:

I want to follow up on my colleague's question regarding the option. When I look at this in section 3, which you walked us through, obviously when an employee goes on nonworking status, then the employer has to remit their wages to them. They become due within—it says that if an employer fails to pay within three days after the wages of an employee placed on nonworking status, pursuant to the statute become due—there are penalties under, obviously, section 3. But then when you look at section 2, it seems to us—and this is what I think we are trying to confirm—there is only one option here, that when the person goes on nonworking status, these benefits that would normally become due at termination would also become due and payable to the employee that goes on nonworking status. And it does not leave that other option that you were explaining, or we may be missing it. The draft we have does not have five sections; it only has four sections. And it may have been the amendment that may have gotten submitted.

Randy Soltero:

The intent of this bill is to have those employees—and the employer having the ability to lay off somebody or they become on nonworking status. The example was what was happening in the entertainment industry, where there might be a run of show and then that show might go dark for a couple of weeks. So you do not have to pay out their benefits because then they do not have medical or their compensation would be stopped as far as with their pension or something else. That is why. The hospitality industry sees that as well. We have people who come and are on layoff status with the seasons and everything else. Those persons will be coming, but the employee does not want to lose those benefits or those things they have accrued or have to start all over again with seniority. They want to be able to retain their seniority, so they go on nonworking status, and this bill would allow that to happen.

Chair Marzola:

I am going to have the Legal Division chime in quickly.

Sam Quast, Committee Counsel:

Section 2 does not give an option. It is mandatory that the wages earned and unpaid at the time, for the employee placed on nonworking status, are due and payable immediately. Then section 3 operates as a penalty for if they do not do so, then those wages keep running until paid or until 30 days. However, section 2, subsection 2 applies only to the wages earned, which is defined in NRS 608.012 and in section 1 of the bill. I do not believe that would include a person's benefits, but it is their wages that are due.

Randy Soltero:

We agree with that. As you see in section 1, it does address both wages and compensation. In those sections, the compensation is not included in that three-day part if an employee becomes on nonworking status.

Assemblyman O'Neill:

How long is a temporary layoff? Let me give you an example to better explain my question. Say I have a business and someone is working on the road and cuts the power lines, or in my business of ten employees, the hot water tank explodes, floods the place, and for the next day or two, I will be without power and I have to get the place mopped up, et cetera. My employees now go unpaid. I am curious, What is the time limit in temporary layoff? What is that definition?

Misty Grimmer, representing Nevada Resort Association:

Madam Chair, if it is okay, I can handle that question. We did work a great deal with Senator Lange on the Senate side to really clarify this language. I think we will probably visit it some more because I noticed the same thing. The work session document that we had in the Senate is not necessarily what came out in this bill. To answer your question, Assemblyman O'Neill, we are the ones who worked a lot with Senator Lange about the concept of a temporary layoff. In the gaming resort industry, we have a great deal of fluctuation in our employees, and it is all based on whatever is driving the market today. Wednesday may be really busy and then Thursday is not. Then the weekend explodes. There is something along those lines. We have a lot of employees who will be put in, essentially, a temporary layoff. When we were working on it, we did go back and forth in trying to figure out if there is a time frame or some sort of predictability. Unfortunately, in our business, there is not really any predictability. That is why we left it a bit open-ended like that, but we do have a lot of employees that we will call, and they will come in and work for three days, and then they will not work for the next two days, or they will come and—a lot of them actually like that scenario because they can be in that status with multiple properties if they want to be. It gives them a lot of flexibility to create their own work schedules as well.

That is why we were the ones who brought this concern to Senator Lange, and she and Mr. Soltero have been amazing to work with us on this in figuring out the language that achieves their goal but also provides us the flexibility that we need for our employees. I think we will visit that issue of compensation some more because that is the case, especially for a lot of our employees who have seniority and have accrued vacation time and other

things. That is why we did sort of bifurcate the two things in the original bill, so that the person could be paid their wages immediately, the money that is owed to them, but they may still be able to maintain their seniority, their vacation time, and things along those lines, so that is not necessarily lost every time they are laid off.

Assemblyman O'Neill:

But I am talking about an unforeseen circumstance. As I said, say I have ten employees. My business is making those world-famous widgets, as we may remember from our business classes. NV Energy or somebody cuts the power line, or as I said, my water tank explodes. I have to close down for a few days to restore power and mop the place. I am asking, What is the definition of temporary? It is an unforeseen incident. Do I have to immediately pay those employees? What is my resolution here? Where am I in that situation?

Misty Grimmer:

I think that is where the three days comes in. Even in unforeseen circumstance, I think the goal here is that if a person is laid off, they are due their wages at least within those three days. Even if it is unforeseen, the person still needs their income.

Assemblyman O'Neill:

But I am only closed for 24 hours. You are saying I have to pay them within three days; it is due immediately and I must do it within three days. But I am saying they are only laid off. Am I misreading this in that they have to be laid off or going on unworking status for three days or more before their wages are due?

Misty Grimmer:

I think the intention of the statute is the wages are due immediately, but then they have to be paid within the three days. If it goes beyond the three days, then I think the employer would run into some challenges.

Senator Lange:

Assemblyman O'Neill, I think if you have an instance like the one you are describing, where you could not work one day because of unforeseen circumstances—it is not a layoff, that is just a work stoppage for that moment in time while you can get back up and going. It is not really a layoff. A layoff would be more if the job finished. And as the Assemblywoman explained, if the job finished and you have to wait until the next job was available.

Assemblywoman Hardy:

This came to mind, discussing immediately or within three days. In our case, we paid every two weeks through a payroll company. Would we have to then have just one check issued for that individual? Or am I missing that somewhere in there, that could not be within the next pay period?

Senator Lange:

I think if someone was laid off from their job—and it was a layoff or a work slowdown because the job ended—then you would need to pay them their wages, and they have time to

request that. If they want to be paid—some people—it will be fine not to pay. But you may have to issue one check and if you do not within the three days, then the penalties start to accrue.

Assemblywoman Kasama:

I want to clarify because I hear the different things, but the way I look at this, currently in statute, if we discharge somebody, we have to pay them immediately and the check is due. Then, section 3, which has also been in statute already, says you are supposed to pay them immediately, but if you do not within three days, this is the consequence. It is almost like there is a three-day grace period that has already been in statute. Is that correct?

Randy Soltero:

If you look at section 3, you are correct, Assemblywoman Kasama. It is already in statute, and it is important to look at, number one, if an employer fails to pay. If they do not pay on their regular payday, then that is what triggers that three days. If within three days after the wages or compensation of a discharged employee becomes due—that is already in statute. Then, in section 3, subsection 1(b), "Within 3 days after the wages of an employee placed on nonworking status" If you are nonworking status, then the compensation portion, which would be the benefits and medical care and so on, would not be due, but the wages would be. It is important to look at the first part that is already in NRS 608.040. Number one, if an employer fails to pay, then these things are triggered.

Chair Marzola:

Committee members, are there any additional questions? [There were none.] We will move to support testimony of S.B. 147 (R1). Is there anyone wishing to testify in support?

Misty Grimmer:

I am here for the Nevada Resort Association, and we are in support of this bill. The question from Assemblywoman Kasama is helpful because putting the bill into context is important. That has already been in the law from last session, that when a person is terminated or permanently leaves the job—the three days was already in the statute. I think the goal with this is that a similar sort of situation would apply when a person is laid off. I hope that helps a bit.

Susie Martinez, Executive Secretary-Treasurer, Nevada State AFL-CIO:

On behalf of over 150,000 members in 120 unions, we are in full support of S.B. 147 (R1).

Marc Ellis, President, Communication Workers of America Local 9413:

I am with Communication Workers of America, and for the record, we support this bill.

Greg Esposito, representing Nevada State Pipe Trades:

I have been on both sides of this, where I have worked with good contractors who have come to me and said, Hey, we have a bit of a slowdown. Do you want to take a week off? I am not going to let you off. Do you want to take a week off as a furlough? And you are happy for it because you do not usually get time off on construction projects. I have also been

cheated by contractors, where they have strung me along saying, There will be work tomorrow; there will be work the next day. They were just waiting to not have to pay me right away. It is a burden. It is a hardship. Hourly wage earners are not banking a ton of money; they are living paycheck to paycheck, as a matter of fact. We fully support this bill because it is going to help workers defend their rights.

Fran Almaraz, representing Teamsters Local 631:

In Teamsters Local 631, there are over 3,000 members who work the conventions in Las Vegas. In that industry, they are called for a particular show. They may work seven, eight, ten days setting up that show, and then they are left on call while that show is open. Then they come back to work to tear it down. During that time period, they are not laid off; they are on call. If they are on call for a week or more, they need to get paid for the work they have already done. In that industry, payday is Friday. If they work Tuesday through Friday and they do not come back until the next Friday, they need to get paid for that previous time they worked, even though they are not laid off. Workers being paid on time is a necessity. They need to pay their rent and buy groceries. It is important for Nevadans to get paid on time for work they have done even though they are not laid off. I ask that you support S.B. 147 (R1).

Robert Sumlin, Vice President, International Association of Machinists and Aerospace Workers Local 711:

I strongly urge the Committee to support S.B. 147 (R1).

Michael McGovern, Private Citizen, Las Vegas, Nevada:

I urge the Committee to support S.B. 147 (R1). This legislation is very important because it will ensure that workers receive the wages and compensation that they have earned in a timely fashion.

Dionne Klug, representing United Food and Commercial Workers International Union Local 711:

We strongly urge the Committee to support S.B. 147 (R1).

Adam Mack, representing International Association of Theatrical Stage Employees Local 363:

We stand in support of this bill.

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] We will now move to testimony in opposition. Is there anyone wishing to testify in opposition to S.B. 147 (R1)? [There was no one.] Is there anyone wishing to testify in neutral to S.B. 147 (R1)?

Brett Harris, Labor Commissioner, Department of Business and Industry:

We perform enforcement on the statute, so I wanted to be present to answer any questions.

Chair Marzola:

None of us have any questions, but we appreciate your being here. Is there anyone else wishing to testify in neutral? [There was no one.] Senator Lange, would you like to give closing remarks?

Randy Soltero:

Chair, members of the Committee, most of you have seen me come and talk to you about this bill prior. I will be setting appointments for you. I was not able to get to a couple of you folks because I know your schedules are very busy, but I will be following up in case there are any questions on this in the next few days. I look forward to answering any questions you may have, and thank you for the opportunity to present this bill.

Chair Marzola:

I will now close the hearing on Senate Bill 147 (1st Reprint). I will now open the hearing on Senate Bill 330 (1st Reprint).

Senate Bill 330 (1st Reprint): Revises provisions related to health care. (BDR 57-161)

Senator Roberta Lange, Senate District No. 7:

Thank you for allowing me to present Senate Bill 330 (1st Reprint), which aims to enhance our health care systems' coverage of essential breast cancer screening and diagnostic testing. This bill builds upon past efforts and expands coverage in a way that will positively impact countless lives. Breast cancer is a significant health issue affecting millions of people globally. Early detection of breast cancer is crucial in improving treatment outcomes and reducing mortality rates. As part of our ongoing efforts to combat this devastating disease, our existing statutes mandate that most health insurance plans cover mammograms, a vital tool in early detection of breast cancer. According to the Health Resources and Services Administration (HRSA), in the United States Department of Health and Human Services, screening should occur at least every two years, and as frequently as every year. Women with an increased risk for breast cancer should undergo periodic screening through HRSA's recommendations. The Affordable Care Act (ACA) requires health plans to cover mammogram screenings at least every two years and as frequently as once a year for women between 40 and 74 years of age. Under the ACA, insurers must cover screenings with no cost-sharing to patients. We would like to go through the bill, and I will introduce my copresenters, Dr. Chivonne Harrigal, who is a radiologist, and Cari Herington from the Nevada Cancer Coalition.

Cari Herington, Executive Director, Nevada Cancer Coalition:

I am the executive director with Nevada Cancer Coalition. We are your state's nonprofit that brings together public and private health, Susan G. Komen, American Cancer Society, and other stakeholders to work on reducing the burden of cancer in our state.

The intent of S.B. 330 (R1) is to find breast cancer earlier, when it is easier to treat and, ultimately, to save lives. This bill would eliminate out-of-pocket costs for medically necessary screening and diagnostic breast imaging, providing equitable access to care.

Section 1, subsection 1, paragraph (a), provides the annual mammograms for all insured patients over 40 years of age. Section 1, subsection 1, paragraph (b) provides an imaging test to screen for breast cancer when medically necessary for people who have been deemed to be at high risk for breast cancer. They might have dense breast tissue, family history, breast cancer (BRCA) gene mutations. Such imaging tests may include breast magnetic resonance imaging, an MRI, breast ultrasound, or other clinically indicated testing.

Section 1, subsection 1, paragraph (c) provides a diagnostic imaging test when medically necessary to rule out breast cancer or confirm the need for a biopsy. These diagnostic tests are conducted for people with symptoms of disease, or they might have abnormal results from a mammogram or imaging test. Diagnostic exams include breast MRI, ultrasound, or other clinically indicated testing. Annual mammograms, imaging tests, and these diagnostic tests are to be provided without any deductible, copayment, coinsurance, or any other form of cost-sharing for a patient.

Sections 2 through 7 provide the same changes to different *Nevada Revised Statutes* (NRS) chapters to include all Nevada-regulated private insurance. This bill does not impact federally regulated insurance, including Employee Retirement Income Security Act plans. Sections 7.1 and 7.2 exempt Public Employees' Benefits Program (PEBP) and local government public employee plans from this additional coverage requirement while maintaining the current requirements for mammograms. While we encourage PEBP and local public employee plans to cover breast cancer screening and imaging at no cost to the patient, we wanted to be mindful of the impacts on governmental budgets. It is extremely important to know that Nevada Medicaid as well as Medicare provide these tests at no cost to patients. Therefore, what we are asking with S.B. 330 (R1) is to provide parity for our insured patients.

As of Wednesday [May 3], 11 states have already passed this legislation, including Arkansas, Colorado, Georgia, Illinois, Louisiana, Montana, New Mexico, Oklahoma, Texas, New York, and Vermont. Another three states are currently awaiting governors' signatures. That is Maryland, Tennessee, and Washington. As we speak today, 12 states, including us, are running similar bills.

Breast cancer is expensive. The National Cancer Institute reports the national expenditures associated with cancer have continued to increase in the United States, which is no surprise. Breast cancer, however, remains the costliest of cancers. It is costing the United States almost \$30 billion, which is a statistic from 2020, so I am sure it is even more today. Breast cancer has the highest treatment costs of any cancer and the highest out-of-pocket costs for patients. This cost increases at each stage of diagnosis. Research shows that the cost to treat a stage 4 case of breast cancer can be 60 to 90 percent higher than treating a stage 1 or 2 case of breast cancer. As Senator Lange shared, thanks to the ACA, widespread access to preventative screening mammography is available to millions of people at no cost. However, if you are a patient at high risk for breast cancer or if the results of your mammogram are in question, additional testing is needed to rule out breast cancer or confirm that you need a biopsy. Thanks to advances in health care today, we know we have the technology to

detect breast cancer earlier for these people. Unfortunately, this technology is not easily accessible to everyone, and these additional tests can cost patients hundreds to thousands of dollars in out-of-pocket costs before they are ever diagnosed for breast cancer, and now have to incur many more thousands of dollars for treatment. Patients who are incurring these high expenses before even starting treatment run a much higher risk of financial hardship, and a lot of these patients put off treatment and care altogether.

Here is what we do know: According to the Centers for Disease Control and Prevention, increased access to breast cancer screening and diagnostic imaging would, number one, reduce deaths. Compared to not screening at all, screening reduces breast cancer deaths by 26 percent, or seven deaths averted for every 1,000 people that we screen. We know it decreases the number of people diagnosed with late-stage cancer. Screenings contributed to a 29 percent reduction in the number of people that are diagnosed with cancer that has already spread to other parts of their body. Thirdly, it detects cancer sooner when we know it is easier to treat. Almost 98 percent of people who are diagnosed with breast cancer in the earliest stages live for at least five years or more, compared to only about 31 percent of those who are diagnosed at a later stage.

It was truly our health care partners across the state, including Dr. Harrigal. They were seeing far too many late-stage breast cancer cases in Nevada patients whose outcomes could have been vastly different—lives that could have been saved would we have caught their cancer earlier. The culmination of this bill is thanks to the collaboration of these physicians and organizations across Nevada working together. We have been working on this for three to four years. We want to change the story for Nevadans and truly, number one is we want to save lives.

Chivonne Harrigal, M.D., Radiologist, Reno, Nevada:

Good afternoon, Chair Marzola and members of the Committee. I work at Cancer Care Specialists in Reno, Nevada. I am a radiologist who specializes in breast cancer. My job is to read mammograms and to catch breast cancer. I have lived and worked here in Nevada for more than ten years. When I first started working in Nevada, I was shocked at how many of my patients presented with late-stage breast cancer, including stage 4 breast cancer. Many of these women have not had a mammogram in many years. Some of these women had breast cancers the size of a baseball, which would have been easily caught on a mammogram. Besides skin cancer, breast cancer is the number one cancer diagnosed in Nevada. According to the American Cancer Society, more than 2,620 of our friends, family members, neighbors, and colleagues will be diagnosed with breast cancer by the end of 2023. Four hundred and forty Nevadans will die of breast cancer this year; this includes men as well as women. Further, breast cancer does not affect all racial and ethnic groups equally. While white women are more likely to be diagnosed with breast cancer, Black women are more likely to die of breast cancer than any other group in Nevada: 32.8 deaths per 100,000 versus 23.7 deaths per 100,000 for white women. This is a health disparity that cannot be ignored. Black women are more likely to be diagnosed with triple-negative breast cancer and

inflammatory breast cancer, both of which are more often detected with additional tests like breast ultrasound and/or breast MRI, as these cancers do not show up well on standard mammography.

As I learned about the lower rates of mammograms and the high death rates from breast cancer in Nevada, I wanted to understand the barriers to access. Over and over, I would meet women who could not afford to get a diagnostic mammogram or supplemental imaging. These included many working women who thought they had good health insurance and were shocked to find out that their insurance did not cover tests necessary to catch breast cancer. I met women who delayed getting breast care because they had to choose between paying for their rent and paying for a diagnostic mammogram or ultrasound. The lack of insurance coverage and high copays and out-of-pocket expenses delays care and treatment for many women in our community. I have met countless women who were told they had a higher risk of breast cancer due to a family history or dense breast tissue, but their insurance companies would not cover the tests. These additional tests, like breast MRI, 3D mammogram, and ultrasound, which have been proven to catch more breast cancers in these women.

To give you some background on these tests, a mammogram is a safe, low-dose X-ray picture of the breasts. A screening mammogram is a test done on women who do not have symptoms, like a breast lump. A diagnostic mammogram is a test that is done to address a clinical symptom like a breast lump or breast pain, or an abnormal result from a screening mammogram. A 3D mammogram, also known as tomosynthesis, is a more advanced type of mammogram that has been shown to catch more breast cancers and result in fewer false alarms than a standard mammogram. 3D mammograms help find more breast cancers in women who have dense breast tissue. Dense breast tissue is associated with a higher chance of developing breast cancer and a higher rate of cancers being hidden and missed on a standard 2D mammogram. Breast MRI is a tool without X-rays or radiation, which has the highest cancer detection rate. It is often used to find breast cancers in women who have a greater than 20 percent lifetime risk of developing breast cancer, including women who have a known genetic mutation like the BRCA genetic mutation and women who have a strong family history of breast cancer. Breast ultrasound is an imaging test that has been shown to catch more breast cancers in women with dense breast tissue and in women who have a higher risk of developing breast cancer. It is also done to better evaluate abnormality seen on mammograms, and it is used to evaluate breast lumps and breast pain.

I am going to share with you one thing that I have learned in the past ten years of working here in Nevada: People want their cancers found as early as possible. I have had the unpleasant job of telling hundreds of people in our community that they have breast cancer. No one wants their cancer found when it is too advanced and too late to cure. Earlier detection of breast cancer is the key to saving lives from breast cancer. The bigger a cancer is at the time of diagnosis, the more likely a patient will die from their cancer. Patients with stage 4 breast cancer will die sooner from their disease than patients with stage 1 breast cancer. They will also have to endure expensive treatments which can cost the patient and their family tens of thousands of dollars a year.

Thankfully, there is hope. Right now, we are living in an exciting time in medicine. Every day, there are breakthroughs being made in the fight against cancer. Today, we have many tools in our arsenal to catch breast cancer sooner, when it is smaller and more treatable. We have tools that can detect breast cancers when they are the size of a BB rather than the size of a baseball. But sadly, in Nevada, many of these tests are not covered by insurance companies. The out-of-pocket costs for these tests range from two hundred to a few thousand dollars. You have the ability to save many lives from breast cancer by passing S.B. 330 (R1). You would also be helping thousands of families in Nevada by reducing the financial burden that comes with necessary breast cancer screening and diagnostic imaging. Thank you for your time and for your leadership in our community.

Senator Lange:

With that, Chair, we are happy to answer any questions.

Chair Marzola:

Thank you for your presentation and for bringing this very important bill forward. Committee members, are there any questions?

Assemblywoman Backus:

When I first looked at this, I thought it was just a mammogram bill. I am so grateful that you went into the different types of imaging, especially 3D imaging, because I know some of our providers down south only offer 3D imaging, which I think is amazing, especially for someone like me. In all of the sections, it starts off with a mammogram to screen every year after the insured turns 40 years of age or older. But then section 2, subsection 1, paragraphs (b) and (c) usually follow throughout with—it references an imaging test to screen or a diagnostic imaging test. With this additional language in here, is that the intent—that insurers are to cover these other tests, like 3D imaging? Is that what your intent is?

Chivonne Harrigal:

Yes, absolutely. There are four basic different kinds of tests: in addition to the mammogram, the 3D mammogram, the ultrasound, and the MRI. This is inclusive of these additional tests which are all used to characterize abnormalities and any possible future tests that will be shown to save lives from breast cancer. It is inclusive of all of those tests.

Assemblyman Yurek:

I really like the idea of making sure we have insurance companies providing these tests. With my wife's permission, I will tell you she is a breast cancer survivor. Early detection for her was key. In fact, I remember when she went for her annual physical, they did not want to do it because she had one the year before. She insisted, and thank God she did because she would not be here with us today if she did not get that test. The testing is very important. My concern is not on that part of the policy, but I am wondering why we have excluded our public employees from this. I understand that is because of costs that would be associated that we are apparently willing to push onto the private insurance companies, but we are not willing to do that. Our state employees are so important to us. I am wondering if you could

address the decision to go that route other than just financially it is simply going to cost us too much to take care of them.

Senator Lange:

When meeting with our stakeholders, that is something that they really wanted in the bill to be able to support it. It was to be excluded, but if we had our choice, we would have had everyone in it because we think if it is important to one Nevadan, it is important to all Nevadans.

Assemblyman Yurek:

I really appreciate that as a former public employee. I love those people, and I do think this sort of protection for them would be important as well. I would highlight that I had some folks come in and talk to me about this bill. One of my concerns is, I confess, I am kind of a free market guy, and it seems if the idea—because this is a significant policy shift. We are going from the deterring effect of not charging a higher deductible or copay to not charging one at all. I was asking the folks that were coming and talking to me about that, Are we now interfering with private businesses? I was told that no, it is actually a cost-savings measure in the long run. And if it is a cost-savings measure, it seems like those cost savings would be equally available to us as a state. So I would like us to consider getting these benefits out there. If we are going to do it for one group, I do think it is very important that we provide this. Again, very personal story, very important benefit.

Senator Lange:

I had a bill last year about cancer and step therapy. When I met with all the stakeholders, they told me how expensive it was and how much it was going to cost all the stakeholders to do it. I said, well it is the right thing and I think you should do it. Two years later, I have asked for actuarials, which I have not received, but I have received words where it has not cost us anything more. Sometimes I think insurance companies think something is going to cost them more, when actually, if you do the early detection, you save so much more money than if you are waiting to the stage 4 cancers and they are paying \$1,000 a pill for medicine in a stage 4 cancer. If you can catch it early and treat it early, you save so much more money.

Assemblywoman Hardy:

Thank you for bringing this bill. I remember your previous bill, and I agree with you. The earlier we can treat these things, we are saving money because the longer it goes, the treatment and everything else is going to be more expensive. Plus, you may not be able to save someone the longer it goes. Following up on that, I want to make sure I am understanding correctly. In section 7.2, subsection 5, we are talking about self-insurance plans through a county, school district, et cetera. Also in that subsection 5, it says they may use medical management techniques to determine the frequency of or treatment relating to any benefit required. I want to make sure I am understanding. Could these plan providers deny these mammograms and other imaging, et cetera, and use these medical management techniques instead of allowing these tests? Could they say, no, let us try this first instead of allowing these other diagnostic tests?

Cari Herington:

That is their quality assurance component that is in most NRS. I do not have the exact answer for that. Mammograms, because they are ACA—

Chair Marzola:

We called a friend.

Paige Barnes, representing Nevada Cancer Coalition:

I am said friend. I am here representing the Nevada Cancer Coalition. Yes, you are right. What we did in section 7.2 and section 7.3 was essentially moved current statute, which was in NRS Chapter 689, over to those statutes because we wanted to maintain the status quo for both PEBP plans and also those local government public employee plans. So yes, that is currently what they are allowed to do, is what is in the language that has been copied and pasted there.

Chair Marzola:

Committee members, are there any additional questions? [There were none.] We will move to support testimony. Is there anyone wishing to testify in support of S.B. 330 (R1)?

Darcy Phillips, Private Citizen:

Seven years ago, at 46 years old, I found a lump in my breast only three months after my yearly mammogram. It was nine more months before I was diagnosed with breast cancer and treated. I have to wonder if better diagnostics at my yearly appointment would have caught it at stage 1 instead of stage 2, when the treatment and surgery would have been less invasive. Instead, I was left with lifelong chronic pain and unexpected complications from the surgery that had to be more extensive because it was stage 2. Because I have dense breast tissue and was diagnosed years before menopause, I have increased risk for the cancer to return. I need yearly additional screenings beyond a mammogram, and for an MRI, my private insurance copay is \$1,000 a year. Many women are foregoing these lifesaving tests due to the burden of the costs associated with them. To insurance companies, I would say pay now or pay dearly later, as my insurance company did and continues to do. Please support this bill and save both patients, quality of life, and many lives as well.

Amy Thompson, Private Citizen, Reno, Nevada:

With over ten years of experience as an oncology certified nurse and certified breast cancer nurse navigator, I strongly support this bill, which would eliminate out-of-pocket costs for medically necessary screening and diagnostic breast imaging. I have witnessed countless women experience access barriers to breast cancer screenings and their recommended diagnostic imaging, including for those needing breast MRIs for high risk. Based on out-of-pocket costs, that can be hundreds to thousands of dollars. Delaying necessary supplemental screening and diagnostic imaging means delaying the identification of breast cancer that, when caught early, has the best outcomes for survival. Delaying early detection is never in the best interest of the patient's survival, and one should never have to decide to put off breast imaging based on the cost of their tests. If our system is not set up to facilitate early detection by eliminating out-of-pocket costs for these necessary screening and

diagnostic breast imaging tests, we can expect continued disparities in access and increase in late-stage diagnosis and a higher risk of financial toxicity for those diagnosed that will likely result in even further delayed treatment based on ongoing financial hardship. As Nevadans, I believe we can and should do better. By eliminating the out-of-pocket expenses, we can allow all people equal access to needed screening and diagnostic imaging, which can reduce deaths and reduce costs to Nevada's health care system through a proactive approach. I respectfully ask the Committee to support of S.B. 330 (R1) so those we love can have equal access to lifesaving imaging for early detection of breast cancer. Thank you for your attention and consideration of this critical topic.

Kelley Miner, Private Citizen, Reno, Nevada:

I want to thank you for giving me this opportunity to tell you about my story and consideration of support S.B. 330 (R1). I come to you as a breast cancer survivor, but I prefer to be called a thriver or warrior because you do not just survive this terrible disease. You have to fight it, and sometimes you have to fight the insurance system to continue to live a life after diagnosis with this terrible disease. I might not be here today if I did not get my early diagnosis. I have dense breast tissue, and it is harder to diagnose that. In September 2019, they found something abnormal in my 3D mammogram, and they asked me to come back for another mammogram and ultrasound in a couple of weeks. During the ultrasound, the doctor told me he was 90 percent sure I had cancer. It is never easy to hear, and I was not prepared for this diagnosis. However, I can consider myself one of the lucky ones. I am sure most people would consider themselves not lucky by receiving this diagnosis, but my cancer was early—in stage 1. It was only discovered because I had a 3D mammogram. They said they would not have been able to see it with a regular mammogram. Once I received the results of my ultrasound, I was able to get a biopsy within a week, and it was surgically removed within three weeks. I believe my survival rate was due to the swiftness of the medical attention I received. We all know what happened in 2020 when they shut everything down and all nonessential medical procedures had to wait. If I had to wait for any of that—if I had to wait to afford the copays or insurance approval, it might be a different story and I might not be here today. I might have had to go through more painful, extreme, and expensive procedures. It might have spread throughout my body. I was able to receive these expedient medical services because I had good insurance at the time, but not everyone is as lucky as I was to have medical coverage for these procedures.

When you receive this information from your doctor, it can be crippling and emotionally and mentally hard. Thoughts like, Will I survive this? Will I have to go through debilitating chemotherapy and radiation therapies? Will I lose my hair? All of these thoughts can be devastating. The last thing you want to do is worry about how you are going to pay for these lifesaving procedures and expensive copays. I cannot imagine having to make the decision between buying groceries or paying for my medical bills while worrying whether I will live or die from this disease. I have been on a schedule of mammograms and ultrasounds every six months for the last few years. I had another scare last year when I developed some lumps again. I needed to go in for a mammogram and ultrasound to make sure it was not a recurrence. Unfortunately, I had just changed jobs and had to wait three months for my insurance to kick in. I had many sleepless nights worrying before I was able to get into

further procedures. I was stressed that I may have waited too long and it might have spread throughout my body and I would not be able to recover from it again. I am a lucky one. Once the insurance kicked in, I was able to have these procedures and learned the lumps were benign.

Every time I walk into the procedures, I am anxious and nervous that the doctor will make that life-changing statement again. As projected, almost 300,000 women will be given this gut-wrenching diagnosis this year in this country. Some will lose their lives because they will receive this information too late because they pushed off getting these preventative screenings because they could not afford them. These procedures are essential for women's survival rate to get these in a timely manner. No one should go bankrupt or have to worry about having to pay exorbitant medical bills. No one should ever have to choose between their living expenses and lifesaving procedures. I would like to implore you to pass S.B. 330 (R1) so women can receive the imperative health care they need to be diagnosed in a timely manner without having to worry about medical bills hanging over their heads, or just putting off these important procedures that can diagnose this terrible disease early so lives can be saved. I am extremely thankful I have been cancer free for over three years now due to my amazing team of doctors and ability to afford my procedures, but this will be a lifelong journey. I thank you for listening to me and looking to pass this law to save many more lives of mothers, sisters, grandmothers, daughters, nieces, and aunts out there who may not be as fortunate to have insurance or the financial means to afford to pay for these procedures.

Chair Marzola:

Thank you so much for sharing your story today. I know it is tough, and yes, you are definitely a warrior.

Conor Sweeney, State Policy and Advocacy Manager, Susan G. Komen:

I am a state policy and advocacy manager with the Susan G. Komen foundation. I will keep my comments brief since my colleagues over there have done a really great job of covering all the bases. Cari Herington was mentioning all the other states that are considering this legislation currently. I checked my phone a few minutes ago and am pleased to report the Governor of Maryland signed a similar bill into law just yesterday. We hope Nevada will be next, as Susan G. Komen is a proud supporter of S.B. 330 (R1). We know that screening mammograms are often the first step in the process of diagnosing breast cancer. Early detection would not be possible without medically necessary diagnostic imaging and supplemental follow-ups, which are needed to either rule out breast cancer or confirm the need for a biopsy. Susan G. Komen provides direct financial assistance to qualifying patients in the U.S., and we often hear from individuals who tell us they are unable to afford the out-of-pocket costs just for their recommended breast imaging. Those patients who are delaying or foregoing those imaging sessions run the risk of seeing their cancer spread to other parts of the body, where it becomes more difficult and far more expensive to treat. Given how common breast cancer is, it only makes sense to ensure that all patients have equitable access to the entire screening continuum, not just the first step in the process.

While it is true that widespread access to mammograms has led to significant increases in early detection over the past 30 years, the same is actually not true across all demographics. Evidence shows that commercially insured Black breast cancer patients are still diagnosed at a later stage and have a higher mortality rate when compared to their white counterparts with the same insurance status. We believe that may be due to additional delays in medically necessary follow-ups. Eliminating out-of-pocket costs for these services would eliminate that disparity and increase early detection and save lives. We strongly urge your support of this legislation.

George Ross, representing HCA Healthcare:

I am speaking on behalf of HCA Healthcare, the parent company of Sunrise Hospital, Southern Hills Hospital, and Mountain View Hospital. HCA Healthcare strongly supports S.B. 330 (R1).

Sarah Watkins, representing Nevada State Medical Association:

As a patient and physician advocacy organization, we are in full support of S.B. 330 (R1).

Rhonda Johnson, Manager, Nevada Health Centers:

In 2000, Senator John Ensign and former First Lady of Nevada, Dema Guinn, recognized financial barriers to access for women needing breast cancer screenings. Understanding early detection is the only defense to breast cancer, they quickly jumped into action and Mammovan was born. We are a mobile mammography unit that circulates the state of Nevada, providing breast cancer screenings to all women ages 40 and older, regardless of their ability to pay, and provides access to imaging for women in underserved communities or rural areas. After 23 years, the Mammovan continues to break those barriers. When we look at barriers to breast cancer screening in Nevada, access to facilities and cost of services are among the top reasons women chose or choose not to screen. In 2010 the Affordable Care Act was the catalyst to cutting out-of-pocket expenses for insured women. While the act broke barriers for annual screenings, it did not include costly diagnostic testing. Early detection does not stop at the annual mammogram. In 2022, the Mammovan screened over 2,400 patients, with 421 of those needing further diagnostic testing. Sixteen of those had a positive biopsy for breast cancer. Thirty-one women chose not to follow up for reasons including high deductibles.

Brenda Robinson, an insured African American, was 48 years old when she came to the Mammovan. She was faced with feeding her family or getting screened. Brenda knew that something was wrong with her breasts, but after two false negatives due to density and a \$6,000 deductible, she could not afford another screening for two years. Cancer invaded her body before she received imaging and treatment for triple-negative breast cancer. This bill will greatly impact lives such as Brenda's. It will improve the odds for our caseworkers on the Mammovan to get those 31 women into diagnostic screening and save more lives. The Mammovan fully supports S.B. 330 (R1). We ask that this Committee pass S.B. 330 (R1) to eliminate out-of-pocket costs for diagnostic imaging, whether for diagnosis or follow-up to treatment. Let us stand together in the fight against breast cancer.

Chair Marzola:

Is there anyone else who is wishing to testify in support? [There was no one.] [These exhibits were submitted but not discussed and will become part of the record: [Exhibit H](#), [Exhibit I](#), [Exhibit J](#), [Exhibit K](#), [Exhibit L](#), [Exhibit M](#), [Exhibit N](#), [Exhibit O](#), [Exhibit P](#), and [Exhibit Q](#).] We will move to testimony in opposition. Is there anyone wishing to testify in opposition to [S.B. 330 \(R1\)](#)? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral?

Helen Foley, representing Nevada Association of Health Plans:

I wholeheartedly agree with Senator Lange and her frustration as well as Mr. Yurek's. I would like to point out to you that commercial insurers in Nevada cover less than 18 percent of Nevadans for insurance. That means that 82 percent of the women in Nevada will not be covered by this bill: Medicaid, not covered; state insurance, not covered. I have to ask the question, Why? When Senator Lange spoke about prevention, it would be far less expensive to keep people out of surgery, hopefully help them with early intervention and be able to deal with this, but quite often—and I know this is a fiscal issue; we have a short session—but it is always state employees and Medicaid and saying the State of Nevada cannot afford to cover these things. Local governments also do not want to participate in this. Who are you covering? Less than 18 percent of Nevadans? I think we, if not now, maybe during the interim, need to have a serious discussion on so easily rejecting Medicaid and public employees on issues that are this important and could save lives, and in the long run become very cost-effective. We do not oppose this legislation, but I felt it my obligation to come before you and share with you that you are talking about less than 18 percent of Nevadans that you are covering with this legislation.

Chair Marzola:

Is there anyone else wishing to testify in neutral? [There was no one.] Senator Lange, would you or Ms. Barnes like to give any closing remarks?

Paige Barnes:

We appreciate the remarks from Ms. Foley. Again, pointing back to our presentation, Medicaid and Medicare already cover this, and this bill does not prohibit PEBP and the local government and public employee plans from doing this. We hope that they do. We hope this becomes the norm in the state. Thank you very much for your time today.

Chair Marzola:

I will now close the hearing on [S.B. 330 \(R1\)](#). I will now open the hearing on [Senate Bill 437 \(1st Reprint\)](#).

[Senate Bill 437 \(1st Reprint\)](#): Revises provisions governing accountants. (BDR 54-1079)

Viki A. Windfeldt, Executive Director, Nevada State Board of Accountancy:

I am going to go very quickly through [Senate Bill 437 \(1st Reprint\)](#), and if you have any questions, I will be glad to answer them at the end. With me is Karen Peterson, and she is the Nevada State Board of Accountancy's legal counsel. Section 1 adds firms to the

definition of "practice of public accounting." Section 2 changes the experience requirement to one year in public accounting industry and governmental. This is in line with the Uniform Accountancy Act. I want to note that 45 states and jurisdictions currently have the one-year experience requirement, so we would be falling in line with that language and the requirement as well as the other states. Section 3 moves moral character reference requirements to licensing rather than for the exam, which is following with our procedures and what we do in office.

In section 4, currently, the language requires the Board to have fees associated with our application for the exam. The Board would like to be able to waive fees in certain situations, specifically for the military. That would be active members, spouses, and veterans in the military. They would be able to waive the exam if this section were amended. Section 5 allows the Board to waive certain requirements for individuals who have been working and licensed for four out of the last ten years. Currently, it just allows that waiver for practice of public accounting. This would allow for industry and governmental experience as well. Sections 6 through 21 are conforming changes to remove the requirement for firms to register if they are licensed and active and in good standing in their home jurisdiction. It is referred to as firm mobility or practice privilege. Currently, we have the requirement for out-of-state firms to register a one-page form and pay a fee if they provide audit, review, and full-disclosure compilations to a Nevada client in this state.

We adopted individual mobility, which removes that requirement for licensure in 2009. Now, what this is doing is allowing firms that same privilege of being able to enter the state without having to notice. Also, 54 jurisdictions have individual mobility with active legislation in Hawaii and the Commonwealth of the Northern Mariana Islands, and 33 jurisdictions have firm mobility already, with two states, including ours, with active legislation. I want to add that firms can be verified on the National Licensed Database program, which is called CPAverify, or any firm or individual can be verified of their active license or on the home state's website. Also, firms must be licensed in their home state before entering the state here. I also want to add that practice privilege allows the Board to discipline an individual if for some reason we had to even if they did not require registration with us. We do have that ability if there were harm to the public in Nevada.

Karen Peterson, Legal Counsel, Nevada State Board of Accountancy:

I am the Board's attorney, and I wanted to let you know there was an amendment on the Senate side where we requested a couple of tweaks to some of the language, and the Senate approved that. It was not because there was opposition to the bill from somebody or clarification from somebody else, but those were our amendments.

Chair Marzola:

Thank you for letting us know that. Committee members, are there any questions? [There were none.] We will move to testimony in support. Is there anyone wishing to testify in support of S.B. 437 (R1)?

Anna Durst, Chief Executive Officer, Nevada Society of Certified Public Accountants:

I am the CEO of the Nevada Society of Certified Public Accountants. I am also a Nevada certified public accountant (CPA) myself. We support S.B. 437 (R1), as we feel adopting statute that aligns with the Uniform Accountancy Act and many other states will allow more CPAs to come into the state to perform necessary duties and will make things less confusing. It will also help to eliminate inadvertent noncompliance, which sometimes happens when your home state has one rule and you go into a state with another rule.

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to S.B. 437 (R1). Is there anyone wishing to testify in opposition? [There was no one.] Is there anyone wishing to testify in neutral to S.B. 437 (R1)? [There was no one.] Ms. Windfeldt, would you like to give closing remarks?

Viki Windfeldt:

I want to thank everyone for their time today and hearing our bill. Have a good weekend.

Chair Marzola:

I will now close the hearing on Senate Bill 437 (1st Reprint). I will now open up for public comment. [There was no public comment.] This concludes our meeting for today. Our next meeting will be Monday, May 8, 2023. This meeting is adjourned [at 1:47 p.m.].

RESPECTFULLY SUBMITTED:

Elizabeth Lepe
Committee Secretary

APPROVED BY:

Assemblywoman Elaine Marzola, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is the Work Session Document for [Senate Bill 32](#), presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Senate Bill 40 \(1st Reprint\)](#), presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for [Senate Bill 441](#), presented by Marjorie Paslov-Thomas, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is written testimony dated May 5, 2023, submitted by Amber Flagout, Northern Nevada Manager, Battle Born Progress, in support of [Senate Bill 381 \(1st Reprint\)](#).

[Exhibit G](#) is a letter dated May 5, 2023, submitted by Ben Iness, Coalition Coordinator, Nevada Housing Justice Alliance, on behalf of Nevada Housing Justice Alliance, in support of [Senate Bill 381 \(1st Reprint\)](#).

[Exhibit H](#) is a letter dated May 3, 2023, signed and submitted by Cari Herington, Executive Director, Nevada Cancer Coalition, on behalf of multiple organizations, in support of [Senate Bill 330 \(1st Reprint\)](#).

[Exhibit I](#) is a letter signed and submitted by Briana Escamilla, Director of Regional Organizing, Planned Parenthood Votes Nevada, in support of [Senate Bill 330 \(1st Reprint\)](#).

[Exhibit J](#) is a letter dated May 4, 2023, signed and submitted by Stacey Escalante, Board Member, Nevada Cancer Coalition, in support of [Senate Bill 330 \(1st Reprint\)](#).

[Exhibit K](#) is a letter dated May 5, 2023, signed and submitted by Andrew Cohen, President, Comprehensive Cancer Centers of Nevada, on behalf of Comprehensive Cancer Centers of Nevada, in support of [Senate Bill 330 \(1st Reprint\)](#).

[Exhibit L](#) is a letter signed and submitted by Lori Guidotti, Private Citizen, in support of [Senate Bill 330 \(1st Reprint\)](#).

[Exhibit M](#) is a letter dated May 4, 2023, signed and submitted by Karen Fisicaro, Clinical Dietician, Carson Tahoe Cancer Center, on behalf of multiple organizations, in support of [Senate Bill 330 \(1st Reprint\)](#).

[Exhibit N](#) is a letter dated May 4, 2023, signed and submitted by Georganna Reynolds, BSN, RN, Private Citizen, Reno, Nevada, in support of Senate Bill 330 (1st Reprint).

[Exhibit O](#) is a letter dated May 3, 2023, signed and submitted by Tom McCoy, JD, Executive Director-State Government Affairs, Nevada Chronic Care Collaborative, on behalf of Nevada Chronic Care Collaborative, in support of Senate Bill 330 (1st Reprint).

[Exhibit P](#) is a letter submitted by Laural Larkin, Private Citizen, in support of Senate Bill 330 (1st Reprint).

[Exhibit Q](#) is a letter dated May 3, 2023, signed and submitted by Lisa Whitney, Private Citizen, Reno, Nevada, in support of Senate Bill 330 (1st Reprint).