

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

**Eighty-Second Session  
May 12, 2023**

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 12:04 p.m. on Friday, May 12, 2023, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 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](http://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 Dina Neal, Senate District No. 4  
Senator James Ohrenschall, Senate District No. 21

**STAFF MEMBERS PRESENT:**

Diane C. Thornton, Committee Policy Analyst  
Sam Quast, Committee Counsel  
Joe Steigmeyer, Committee Counsel

Minutes ID: 1110



Cyndi Latour, Committee Manager  
Spencer Wines, Committee Secretary  
Bet Torres, Committee Assistant

**OTHERS PRESENT:**

Elyse Monroy-Marsala, representing Blockchains, Inc.  
Sandy O'Laughlin, Commissioner, Division of Financial Institutions, Department of  
Business and Industry  
Daniel F. Royal, DO, Private Citizen, Las Vegas, Nevada  
Charles K. Green, Secretary/Treasurer, Nevada Board of Homeopathic Medical  
Examiners  
Blayne Osborn, President, Nevada Rural Hospital Partners  
Izack Tenorio, representing Churchill County  
Matthew Walker, Chief Executive Officer, White Pine County Hospital District, Ely,  
Nevada  
Robyn Dunckhorst, Chief Executive Officer, Humboldt General Hospital,  
Winnemucca, Nevada  
Robert Carnahan, Chief Executive Officer, Banner Churchill Community Hospital,  
Fallon, Nevada  
Susan L. Fisher, representing Nevada State Society of Anesthesiologists  
Mari Nakashima Nielsen, representing Nevada State Medical Association

**Chair Marzola:**

[Roll was called and protocol was reviewed.] I will now begin the work session with Senate Bill 210. I will turn the meeting over to our policy analyst today, Ms. Thornton.

**Senate Bill 210: Revises provisions governing state boards and commissions.  
(BDR 18-899)**

**Diane C. Thornton, Committee Policy Analyst:**

[Read from Exhibit C.] Our first bill on work session is Senate Bill 210, which revises provisions governing state boards and commissions. It is sponsored by the Senate Committee on Government Affairs on behalf of the Sunset Subcommittee of the Legislative Commission. It was heard in Committee on April 26, 2023, and there are no proposed amendments to this bill.

**Chair Marzola:**

Are there any questions? I do not see any. I will entertain a motion to do pass Senate Bill 210.

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS  
SENATE BILL 210.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Is there any discussion on the motion?

**Assemblyman O'Neill:**

I am going to be a no on this bill, not because of the value of the bill itself but having been on commissions and having worked with governors who were both Democrats and Republicans, they have had enough trouble in finding volunteers to sit on the commission. Putting this extra burden on it I think is going to make it even more difficult for whoever is Governor to fill some of those commissions. I will be a no on it.

THE MOTION PASSED. (ASSEMBLYMEN HARDY, KASAMA,  
O'NEILL, AND YUREK VOTED NO.)

**Chair Marzola:**

I will assign the floor statement to Assemblywoman Torres. Next is Senate Bill 437 (1st Reprint). Ms. Thornton, you may begin when you are ready.

**Senate Bill 437 (1st Reprint): Revises provisions governing accountants. (BDR 54-1079)**

**Diane C. Thornton, Committee Policy Analyst:**

[Read from Exhibit D.] Senate Bill 437 (1st Reprint) revises provisions governing accountants. It is sponsored by the Senate Committee on Commerce and Labor on behalf of the Office of Finance in the Office of the Governor. It was heard in Committee on May 5, 2023, and there are no proposed amendments to this bill.

**Chair Marzola:**

Members, are there any questions on Senate Bill 437 (1st Reprint)? I do not see any. I will entertain a motion to do pass Senate Bill 437 (1st Reprint).

ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS  
SENATE BILL 437 (1ST REPRINT).

ASSEMBLYWOMAN MONROE-MORENO SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

I will assign the floor statement to Assemblywoman Duran. This concludes our work session. I will now open the hearing on Senate Bill 333 (1st Reprint), which revises provisions relating to virtual currency. Senator Neal, you may begin when you are ready.

**Senate Bill 333 (1st Reprint): Revises provisions relating to virtual currency.  
(BDR 57-18)**

**Senator Dina Neal, Senate District No. 4:**

I have a couple of comments to lay out. Why is this bill here? Why is this public policy that I am seeking to make state law? Cryptocurrency scammers have stolen over \$1 billion from 46,000 people since the start of 2021. According to a new Federal Trade Commission (FTC) report, from October 1, 2019 through March 31, 2020, people submitted 570 cryptocurrency investment scam reports indicating \$7.5 million in total losses. From October 1, 2020 to March 31, 2021, reports skyrocketed with nearly 6,792 people reporting a loss of more than \$80 million on these scams. The average reported median loss was \$1,900 to \$2,600.

About 92 percent of the cryptocurrency investment scam reports were from October 1, 2020 through March 31, 2021, they were classified as miscellaneous investments, and the consumer age range was from 20 to 39 years old. According to the Federal Trade Commission (FTC), 3,581 reports totaling \$35 million were reported in losses related to cryptocurrency as a method of payment. For investment frauds reported under the FTC, investment fraud related to cryptocurrency from January 2021 to March 2022 was \$575 million; for romance scams it was \$185 million; for business imposters, it was \$93 million; and then government imposters were \$40 million.

I looked to FTC and FBI [Federal Bureau of Investigation] in order to create the data that I was using in order to craft the language for S.B. 333 (R1). The Federal Bureau of Investigation's Internet crime report of 2022 reported that business email scams represented general Internet crimes from ages 50 to 59 represented 64,551 people at the price tag of \$1.8 billion. Nationally, ages 60-plus represented 88,632 persons with a price tag of \$3.1 billion.

Why does this happen? The general investments? Typically, there is no bank to flag a suspicious transaction. Because it is crypto, transfers are irreversible. None of those transactions are FDIC [Federal Deposit Insurance Corporation] insured. A fake investment opportunity that was listed under the FBI represented about \$575 million in cryptocurrency losses and it exceeded any other type. However, I am dealing with the romance scams and other types of scams in this bill. The common platforms in which cryptocurrency scams happen, it is reported that 32 percent come from Instagram, 26 percent come from Facebook, 9 percent comes from WhatsApp, and 7 percent come from Telegram. Those are typically the platforms.

When a romance scam happens, someone befriends you on an app and says, hey, I have made this wonderful money in cryptocurrency, and they start building a relationship with the person. After they gain a person's trust, they say, Would you like to invest in this crypto? Would you like to be a part of how I am making money? The person then sends over their money, and then the relationship potentially ends after that and there is no recourse. Typically, they gain trust by befriendng them. It has happened to young people and it has happened to old people, because everyone seems to be under the misconception that

cryptocurrency is going to be this fast money where you are gambling, you are going to be able to do this quick fast investment and get this money back. In some cases that could be true, but typically that is not true. Cryptocurrency can change minute to minute—30 minutes, an hour. It is not a traditional investment where you go through Fidelity Investments and watch your investment grow over a year. It changes quickly over time.

In the reporting I saw for the FBI, it said that people aged 50 and older were far less likely to report losing money on cryptocurrency investment scams. When this group did lose money on these scams, the reported individual losses were about \$3,200. For the population aged 21 to 49, the average loss was about \$1,900 to \$2,600. The reported losses for ages 70 and above were about \$11,708 in terms of the median loss. That is why I have vulnerable populations and seniors in the bill. When a person comes in and tries to lure an individual and create victims in Nevada—the FBI had data that in Nevada we had about 9,990 victims of Internet crimes with a loss of roughly \$127 million. Some of them were business Internet scams which represented about 21,000 people. The romance scams represented 19,021 victims nationally.

A business email compromise or an email account compromise is when someone comes in and they are acting like they are a bank. They are not a Wells Fargo but maybe they are saying, you know, I am the Indigo Bank of the United States. You are thinking it is real because it is coming through your business email, so you engage. That engagement then allows the entity or scammer on the other side to potentially get information from you. Typically, what happens is they end up getting some portion of your driver's license information, then some of your passport information, and some of the victims—because they believe it is a business email—have turned over their bank account information. It opens the door for scams.

Senate Bill 333 (1st Reprint) does a couple of things. Sections 1 through 9.5 are definitions. Section 10 gives you the exclusion as to who is not a part of this bill. Section 11 lays out the registration. If we do not have a registration, with the financial division of our state, then we will not be able to capture them. The idea was to create a registration system, so at least we would have a record of who is doing business and who is doing cryptocurrency. If there is an act of fraud, which is detailed in section 12, then at least we know who we are going after, who we are contacting. In that provision in section 12, if there is a virtual currency business that has committed an act of fraud on an older person, a vulnerable person, or someone under the age of 21, the Commissioner of Financial Institutions will then give the notice, have a hearing, and then impose a civil penalty that will not exceed 5 percent of the gross revenue of the virtual currency business.

In section 13 we are basically creating a virtual currency recovery account fund using up to 5 percent of the gross revenue. In section 14 we have what could be a potential restitution payment. In section 14, subsection 2 is the piece that creates the nexus of this relationship—you are a resident, you are an older person, you are a vulnerable person, or you are under 21 years of age—and the Commissioner has established that you fit the criteria to be eligible.

Then there is a cap on the restitution payments saying that the resident cannot be awarded anything beyond \$10,000.

In section 14, subsection 4 there is simple language that allows the Commissioner to create regulations. Section 15 lays out the written disclosure because we already know cryptocurrency operates in the state. We also know that in 2019 we have allowed for Bitcoin to be treated as money. You have an amendment where I amend the cryptocurrency definition as requested by the Division of Financial Institutions (FID) [[Exhibit E](#)].

In section 15, the provision says that, before engaging in virtual currency—because there are some legitimate businesses—they need to provide a written disclosure about the material risk that a person is going to encounter related to this. I think that is important because we need to start on the consumer fraud piece and appropriate consumer treatment. We need to start being active in this space to prevent abuse. Section 15.5 says that a person shall not engage in any act or practice where they are soliciting a resident in pursuit of a romantic or sexual relationship and using cryptocurrency as a lure.

Section 16 lays out that a virtual currency business shall not engage in advertising or promotions that target a person based on their age, health, economic status, or vulnerability. Section 17 lays out the regulation. Section 17.5 talks about the amounts allocated to any separate account: "except that no amounts allocated to any separate account or any accumulations thereon to provide for life insurance may be invested in virtual currency, as defined in section 7 of this act." I have not had time to deal with the Division of Insurance on this particular provision. There are probably a lot more questions there.

The reason I put in 17.5 is because there has been activity now where cryptocurrency is being used for things such as your retirement and life insurance. I feel like it is a bad bet as you are probably not going to cash out on that life insurance policy at any point because the value of the cryptocurrency will immediately dissipate and there will be no check to be cashed. There are different tools and mechanisms that are now being used saying you can use your cryptocurrency for X, Y, and Z, and I feel like in terms of consumer protection, that is the wrong direction for the state to go. I wanted to send the signal that a life insurance policy is off the table in regard to trying to get someone to put in their hard-earned dollars and then have a cryptocurrency giving them a zero return. With that, Madam Chair, I am open for questions.

**Chair Marzola:**

Committee members, are there any questions?

**Assemblyman Yurek:**

Thank you, Senator Neal, for the presentation. It was an interesting bill, and as I read it I thought I had a grasp on what you are trying to do. Then I got the amendment and I have another question or curiosity there, specifically with the addition of section 7.5. Chair, if you will indulge me, I have a couple questions. I will try to keep it short.

My first question concerns my understanding of this nuanced niche and where there are some abuses with virtual currencies and the scams and things. My question was, Would most of these scams be covered under the current fraud and generic theft statutes where it talks about obtaining money, services, and things under false pretenses? I was curious, is there something unique that is being grabbed here that is lost in those other statutes? That would be my first question.

**Senator Neal:**

Thank you for the question. Cryptocurrency has not been designated in our statutes as a way to fall under those chapters. We need to take special consideration of virtual currency. We have done some definition changes which allowed Bitcoin to be treated as money in our statutes in 2019. That was Senator Ohrenschall's bill. However, I think we have been very limited in how we treat cryptocurrency in the state of Nevada. I wanted to make it especially clear that although we have fraud, typically there has not been a remedy where cryptocurrency is at issue.

**Assemblyman Yurek:**

It seems like a better approach without expanding government and additional regulations—which is always a personal concern of mine—that we could even add into some of the fraud and theft statutes. It would include language like this because again, it is targeted, and I believe it is so new and nuanced that it might be worth mentioning in there. Just a thought.

My other question is in regard to the proposed amendment to section 7.5. I am a little sensitive to this on the heels of Assembly Bill 231, where one of my colleagues and I addressed a concern about this additional language in the Uniform Commercial Code bill that came forward. As I look more closely at it, I do not think I have as much of a concern with that except by defining money in section 7.5, it looks like you are talking about specific centralized digital currency. My guess is it would exclude things like Bitcoin or other issues, correct? It looks like the only place that money is even referenced in the bill throughout the statute that you are creating here is in reference to the reimbursement account. How would this definition align with that account? I hope that makes sense.

**Senator Neal:**

The Financial Institutions Division asked me to add in the definition of money. They felt it was important to distinguish money versus virtual currency or alternate currency. I included Bitcoin in the amendment under section 7, subsection 2, paragraph (c), and our Legal Division will have to finesse that because it includes virtual currency that is now defined as money. That was me drawing in Bitcoin because of the prior statute in 2019 where Bitcoin was defined as money in Nevada.

I wanted to draw a cryptocurrency business that could engage in a scam into the bill to also make sure that they register as well, just in case they harm someone who is in a vulnerable population.

**Assemblyman Yurek:**

I thought that was your intent. I am just curious about this particular definition of money in this section. For example, I look at section 12, subsection 2, where it is talking about, "The money collected by the Commissioner from the civil penalty imposed . . ." That is going to limit money to include this particular definition of money in section 7.5 that is not dealing with hard currency, at least that I see.

**Senator Neal:**

The way I read section 12, subsection 2, lines 6 through 8, is that when the money is collected by the Commissioner from the civil penalty, the Commissioner will not be accepting cryptocurrency as payment, only cold, hard cash with the American dollar.

**Assemblyman Yurek:**

Thank you, I think I see it.

**Assemblyman O'Neill:**

I want to dovetail with my colleague's question. I am a little confused right now. We get the email scams from Nigeria; the Queen of Nigeria or somebody wants me to give them \$2,000 and they will give me \$10 million once they get out of Nigeria or someplace. I am trying to figure out what is the difference between those frauds and this fraud. We have trouble because of the interstate in tracking them. Now we are using a cryptocurrency that is on a blockchain technology that is already challenged when it is being used by various drug cartels to transfer money around because it is so protected in that blockchain technology. I am trying to figure out the enforcement part of this. If you could help me, please.

**Senator Neal:**

If the Federal Trade Commission and the FBI are tracking it, the enforcement side is happening. Although it is recent, they have been engaged in tracking since 2018, if not 2017 forward. I felt comfort adding this into law knowing that the Federal Trade Commission was already reporting and documenting the scams with cryptocurrency. In addition, the FBI was doing the same thing on the other side. It is now an actual legitimate business that we have given a placeholder in the state of Nevada. We need to start looking at cryptocurrency because we are watching it play out, and so is the Commission and FID. It seemed appropriate because of the advancement of it, the use on social media, and regular citizens were purchasing it.

I wanted to take the step of the State of Nevada doing consumer protections for our people who are now engaging in buying cryptocurrency because, from the data that I saw during the Joint Standing Interim Committee on Revenue—where I had a full-on conversation with the Federal Reserve on cryptocurrency and the impact of cryptocurrency in the state of Nevada, it is alive and well and activated in this state. This helped me to frame that I wanted to go deeper and further because, at the time when I had the Federal Reserve come and present to the Interim Revenue Committee, we were talking about using crypto for gaming. I was absolutely against it. I was trying to figure out whether or not the Gaming Control Board



was actually considering accepting cryptocurrency at the table for gambling. That opened our eyes to a lot of things on the growth and development of the market.

**Assemblyman O'Neill:**

You probably do not have the numbers, but you are saying the FBI is tracking this, but the prosecutions have been extremely low because of it all being Internet- and international-based activities. That is what I was looking at, the enforcement side of this, which you did give me information on. I am still a little confused.

**Senator Neal:**

Let me add to that. Having a registration system is going to go a long way in identifying who is playing. That will help the federal/state relationship in regard to—at least the state is taking the initiative to get folks registered and to figure out who is doing what. We are going to find that out in several ways because people have said, How are you going to get them to come in? Hopefully, they are going to come in through the vehicle of the resident who has been scammed. Then we are going to identify who that person or that corporation is and then be able to track them. I felt great comfort in the FBI being involved in this already because I felt our registration system is just going to enhance enforcement to then capture, encapsulate, and identify who is doing business in the state. When an allegation comes forward, then we at least have a benchmark. I thought of the same thing when we dealt with the dollar loans, having a system identify what is going on, and if there was some kind of situation that would happen, we would at least have the registration.

**Assemblyman O'Neill:**

I appreciate that. I am also thinking, a crook is not going to register, he will still do business, and that gets back to the prosecution. I do appreciate it, I truly do and thank you for your time.

**Assemblywoman Kasama:**

I agree, there are so many issues in this area. We have teenagers in their bedrooms thinking they are millionaires in trading and all kinds of crazy things. How would this bill distinguish between an act constituting fraud and just a bad investment, because we have a lot of bad investments out there too. How would you be able to determine that?

**Senator Neal:**

That guidance would come from the FTC. The Federal Trade Commission has laid out in a series of reports exactly how the scams happen and exactly how the luring happens—that initial contact, and those pieces. A person comes in and identifies them saying, This person befriended me, then they lured me into this relationship, they said these things, I have these emails which show that they asked me for X, they told me they had this cryptocurrency investment and this cryptocurrency investment was going to help me make \$5,000 by the end of the week, et cetera.

Romance scams are easier. The business email scams, because they are coming through the business, there is a way to track them through the corporate email; this cryptocurrency

investment scam found its way through your corporation. You then have a record of who engaged and when they engaged because it came through the business. I also noticed when I was reading the FTC and FBI reports that they have spelled out a lot of information on all of the several categories. I figured this is going to help us to frame what that regulation process is on the back end. It is not a myth. It is very calculated, and it falls into several categories. Fraud is going to be treated because it is in the statute, but there is a difference when we talk about the luring.

**Assemblywoman Kasama:**

Are there any other states that have enacted anything like this?

**Senator Neal:**

I did not look to see that. I only looked at the reports from the FBI, and I know that it is just being nationally reported. I did not look to see if another state has done a cryptocurrency scamming policy. Typically, when I come up with a public policy idea it is because I see it happening in the state of Nevada. Then, if it has been on my list for a long time, I try to figure out how to deal with it. I wanted to watch the behavior, and it became more than just an anomaly, and then a day-to-day activity. We are seeing it on Facebook—seeing the actual ads saying, I made this money, see my account, see, this is what I was able to do. It really worried me because I had people who were part of my Facebook groupings—as elected officials, we all have people who befriend us for some random reason or another—I was looking at their story and I am saying, Oh, he is selling cryptocurrency and selling it to other people on Facebook. Poor choice. That made me want to get further and deeper involved in this because I was thinking "somebody is going to lose their money and there is no recourse."

**Assemblyman Yurek:**

For the record, I want to confess. I misread this amendment and I apologize for that earlier question. You clarified it; I feel much better about that.

**Chair Marzola:**

This is a new space for me. I like to be able to touch my money, so cryptocurrency is just very new to me in my brain. In section 12 where you essentially want to tax the bad actors, why not tax everyone in that space instead of just the bad actors?

**Senator Neal:**

It is probably bad public policy.

**Chair Marzola:**

When I say everyone, I mean everyone in the cryptocurrency space.

**Senator Neal:**

I think the challenge would be, them saying, You are going after me and I am a good actor. We have heard arguments that dragging someone into a fight that does not belong to them is probably inappropriate. I always want to stay with who is doing the wrong thing. I have talked to some of the groups, and they understand there are some good players who are just

trying to use the investment; they love it. They like trying to flip the money. I feel like we are setting a bad precedent in law to say, drag everyone in and you are not even doing anything that is hurting someone.

**Chair Marzola:**

That leads to my second question. Is everyone who is selling cryptocurrency in our state being taxed in any way?

**Senator Neal:**

Not that I know of. Do you mean digital currency?

**Chair Marzola:**

Correct.

**Senator Neal:**

No, ma'am.

**Chair Marzola:**

I think maybe I need to learn more about cryptocurrency. I am definitely not investing in it.

**Senator Neal:**

Let me clarify this, because now that Bitcoin is considered money—I have to pull that statute to see if that then drew them in as a regular business entity. It is my understanding that it did. That means in the Bitcoin space, because they were captured, they would still fall under our regular tax policy. I would have to pull that statute up. That could potentially exist in Bitcoin from 2019 when we captured them as a legitimate business. I do not have the answer because my computer is dead. In virtual, no, and the only reason why I know how much is happening in the digital space is because I have had the digital goods bill for three sessions. We are not taxing. I have digital currency in that bill.

**Chair Marzola:**

I will have Legal find those answers for us and submit them to the Committee as well. Committee members, are there any additional questions? [There were none.] We will move to testimony in support of Senate Bill 333 (1st Reprint). [There was none.]

[\[Exhibit F\]](#) was submitted but not discussed and will become part of the record.]

We will move to testimony in opposition to Senate Bill 333 (1st Reprint).

**Elyse Monroy-Marsala, representing Blockchains, Inc.:**

I am here today on behalf of Blockchains, Inc. in opposition to Senate Bill 333 (1st Reprint). We have submitted a letter to Committee staff that we would direct your attention to [\[Exhibit G\]](#). Unfortunately, it got to Committee staff late. I am not sure if you have that yet, but we do have printed copies we can point you to. Senator Neal has met with representatives of Blockchains a few times this legislative session and we really appreciate

her efforts to meet with us. However, Blockchains still has concerns about some of the vague terms and lack of defined processes in Senate Bill 333 (1st Reprint). Blockchains supports the intent to develop a consumer protection program but, again, the concerns around the vagueness leave us in opposition today.

Additionally, I would just like to point the Committee's attention to a story that was posted in the *Nevada Current* yesterday [May 11, 2023] called "State gambling regulators ask feds for help combating illegal offshore betting." The story reports that the Gaming Control Board requested to have the federal regulators' and federal agencies' support in offshore gaming activity intervention. I bring this to your attention today in relation to Senate Bill 333 (1st Reprint) because we know at least some of the people and organizations that are engaged in cryptocurrency businesses are doing their work from other countries.

The Gaming Control Board is a very resourced agency, and the regulatory rules around gaming are very well established. If they are struggling to tamp down on bad actors, we worry about the FID's ability to fully implement Senate Bill 333 (1st Reprint) to its intended extent to capture bad actors and protect Nevadans. For these reasons, we are in opposition of the bill, and we would be happy to answer any questions offline.

**Chair Marzola:**

Is there anyone else wishing to testify in opposition to Senate Bill 333 (1st Reprint)? [There was no one.]

[\[Exhibit H\]](#) was submitted but not discussed and will become part of the record.]

We will move to testimony in neutral to Senate Bill 333 (1st Reprint).

**Sandy O'Laughlin, Commissioner, Division of Financial Institutions, Department of Business and Industry:**

I am just here for questions.

**Chair Marzola:**

I do not believe we have any questions at this time. Thank you, Commissioner. Senator Neal, would you like to give any closing remarks?

**Senator Neal:**

I just need to clarify something really quickly. When I mentioned that the Interim Revenue Committee was having a conversation about gaming using cryptocurrency, gaming has not adopted the policy to use cryptocurrency. We had an informational conversation where I asked the Federal Reserve to come in and have a conversation with the Interim Revenue Committee because I wanted the Interim Revenue Committee to fully understand what was happening on the Federal Reserve side in regard to cryptocurrency and how they were tracking it. As far as I know, gaming has not adopted it. They were entertaining it when we were in the interim, but they have not adopted it. The analogy that it would be hard for FID with gaming does not apply because gaming is not in the space with crypto.

I appreciate you, Chair, and this Committee, hearing S.B. 333 (R1). It is a consumer fraud issue. We need to act in the space even if we are new in the space. We at least need to put a baby toe into the issue to try to figure out who is playing and try to take care of some of the folks who actually are; there are 9,000 people that have been reported from the FBI who have been affected by a cryptocurrency scam. That may not seem like a lot, but that is a lot in terms of the amount of revenue, between \$1,900 and \$11,000 that those families or individuals potentially could have lost. There is no way to recover that money.

For a senior who could potentially lose even \$3,200 or \$9,000 in one transaction, it is a hard problem to solve for them because they are not going to recover it. Even young people think this is a fun new thing and want to have a wallet in the cryptocurrency space. We need to at least start moving in the direction of trying to protect our citizens against this particular kind of fraud.

**Chair Marzola:**

I agree with you one hundred percent. We definitely need to create some protections for our citizens in our state. This is definitely a new space, a lot of money is being lost, and there is a lot of fraud happening like you said. Whether it is \$1,000 or \$9,000, it is too much. Thank you so much for bringing this bill forward. I will now close the hearing on Senate Bill 333 (1st Reprint). I will open the hearing on Senate Bill 336 (1st Reprint), which is a regulation on certain healing arts. Senator Ohrenschall, you may begin when you are ready.

**Senate Bill 336 (1st Reprint): Revises provisions relating to the regulation of certain healing arts. (BDR 54-886)**

**Senator James Ohrenschall, Senate District No. 21:**

Good afternoon, Chair Marzola and members of the Assembly Committee on Commerce and Labor. Chair, I want to thank you for letting me present from Las Vegas. I am proud to present my first bill before the Assembly Commerce and Labor Committee. I am a former member of this Committee from when I represented Assembly District No. 12. For the record, I am proud of all the work that the Committee does.

I appreciate the opportunity to come before you today and present Senate Bill 336 (1st Reprint), which pertains to the expansion of exemptions for certain practitioners of healing arts. It allows them to practice within the scope of their authority without being subject to the provisions governing other health care professionals.

In addition, Senate Bill 336 (1st Reprint), as amended in the Senate, authorizes certified registered nurse anesthetists (CRNAs) to work at their scope of practice in prescribing controlled substances and dangerous drugs which include anesthetics if they are working in a critical access hospital in Nevada. Critical access hospitals are defined in the bill; it is pursuant to a federal statute. Senate Bill 336 (1st Reprint) is essential, as it recognizes the diverse range of health care professionals and their unique expertise, ensuring they are not unfairly constrained by regulations designed for other disciplines.

To provide some context, existing law stipulates that provisions regulating the practice of physicians, physician assistants, perfusionists, and practitioners of respiratory care do not apply to those practicing other healing arts within their scope of authority. This bill aims to extend similar exemptions to other practitioners of the healing arts such as dentists, nurses, osteopathic physicians, physician assistants, podiatrists, and optometrists.

This proposed change to the law in [Senate Bill 336 \(1st Reprint\)](#) is significant, because it acknowledges the importance of allowing health care professionals to practice within the scope of their training and expertise without being subject to regulations that may not be applicable to them or appropriate for their specific disciplines.

The second part of this bill, as I briefly noted, is an amendment that was adopted in the Senate to address a conflict between the nursing practice statute, which allows certified registered nurse anesthetists to select, order, and administer anesthetics; however, certified registered nurse anesthetists are not included in the provisions of statute that list the persons who are able to possess and administer controlled substances. This expansion of the scope of practice reflects the pivotal role of these nurse anesthetists in our health care system.

I have been working with Blayne Osborn, and Susan Fisher from the McDonald Carano law firm. There is an amendment to the bill that should be on the Nevada Electronic Legislative Information System, which is proposed by Ms. Fisher [[Exhibit I](#)]. I had a chance to discuss that with her and with Mr. Osborn, and that is a friendly amendment we would like to accept if the bill moves forward.

Chair, I am happy to give you an overview of the bill. I am very lucky to have Dr. Royal and Mr. Green here, who have a lot of expertise in that area. I will give you a brief overview and then I will turn it over to them, and then I am happy to answer any questions. Sections 1, 2.2, and 3 through 5 detail the exemptions for dentists, nurses, osteopathic physicians, physicians assistants, podiatrists, and optometrists ensuring they can practice within the boundaries of their authority without being subject to the provisions governing other health care professionals. This will enable these practitioners to provide the best possible care for their patients while still adhering to the highest standard of their respective professions.

Section 6 of the bill has important implications for disciplinary actions and investigations involving practitioners of the healing arts. It states that the provisions outlined in sections 1, 2.2, and 3 through 5 apply to any conduct by a practitioner before, on, or after the effective date of this bill, which has not been the subject of a final order from the relevant regulatory boards. In addition, section 6 requires these boards to terminate any investigation or disciplinary proceedings for conduct that falls outside the scope of their jurisdiction.

Section 2.4 requires the State Board of Nursing to issue a certificate of registration to practice as a certified registered nurse anesthetist to a qualified applicant and adopt regulations governing the practice of such nurses. Sections 2.6, 5.1, 5.5, and 5.9, authorize a certified registered nurse anesthetist to order, prescribe, possess, and administer controlled substances,

poisons, dangerous drugs, and devices to treat a person under the care of a licensed physician when working in a critical access hospital before, during, and after surgery or childbirth.

Again, we are open to accepting the amendment proposed by Ms. Fisher regarding the certified registered nurse anesthetists working at critical care hospitals being under the supervision of a licensed physician. However, this broadening authority has not come without its checks and balances. Any CRNA found to unlawfully possess, prescribe, or administer a controlled substance, dangerous drug, or poison would be subject to discipline and criminal and civil penalties, mirroring the stringent laws governing other practitioners of the healing arts.

There is a two-thirds majority vote on Senate Bill 336 (1st Reprint). The two-thirds voting requirement to the bill applies because of the provisions incorporated in its first reprint. Sections 5.1, 5.5, and 5.9 revised the definition of practitioner to include a CRNA, a certified registered nurse anesthetist who "orders, prescribes, possesses, or administers controlled substances, poisons, dangerous drugs, or devices." Because of this new authorization, the CRNAs will have to comply with *Nevada Revised Statutes* (NRS) 453.221, NRS 453.226 and NRS 639.170. The statutes require a practitioner who deals with controlled substances or dangerous drugs to register with the State Board of Pharmacy and pay an initial and renewal fee of \$300 for authorization to dispense controlled substances, dangerous drugs, or both.

Therefore, the bill requires a two-thirds majority vote. Chair, members of the Committee, when working on this bill on the other side, I had to do a double take when I was reading in the bill about administering poisons. That is existing law in the *Nevada Revised Statutes* and that is existing terminology in the statute. With your indulgence, Chair, I will turn it over to Dr. Royal and Mr. Green, and then I would be happy to answer any questions.

**Daniel F. Royal, DO, Private Citizen, Las Vegas, Nevada:**

I am in support of Senate Bill 336 (1st Reprint) as introduced by Senator James Ohrenschall, whose work at the Legislative Counsel Bureau this last year helped to get the phraseology correct. Senate Bill 336 (1st Reprint) introduces the phrase in NRS chapters where prescription rights are at issue. Senate Bill 336 (1st Reprint) says, "Any person permitted to practice any other healing art under this title who does so within the scope of that authority" [Section 1, subsection 1, paragraph (c)]. This phrase already exists in NRS 630.047, subsection 1(e) for the Nevada State Board of Medical Examiners. Senator Ohrenschall has now worked with LCB to have this phrase included in other NRS chapters—of all Nevada health care boards that have some regulatory authority for prescription drugs. This is why it is not being included in NRS Chapter 629 that affects boards where prescription drugs are not at issue.

It should be noted that NRS 629.079 contains in the provision of subsection 1(a) that a jurisdictional analysis is to be made where dual licensure is concerned. The health care licensing board that receives a complaint against a dual licensee shall, ". . . refer the complaint to the other health care licensing board within 5 days after making the determination." *Nevada Revised Statutes* 629.079 is not always sufficient. With respect to

dual licensees, the medical boards have overlapping jurisdiction to regulate the prescribing and administering of drugs by a dual licensed individual unless some other provision of law removes such overlapping jurisdictions.

For example, because homeopathic medicine in the state of Nevada is a separate healing art from allopathic medicine, the provisions of law governing allopathic medicine do not apply to a homeopathic physician when the homeopathic physician is practicing within the authorized scope of his or her practice of homeopathic medicine. In other words, the Board of Medical Examiners is prohibited from taking disciplinary action against the dual licensee who is licensed by both the Board of Medical Examiners and another health care board for actions relating to the prescribing or administering of drugs, so long as such prescribing or administering of drugs falls within the authorized scope of practice of the dual licensee's other health care board.

In NRS Chapter 633 which governs the practice of osteopathic medicine, *Nevada Revised Statutes* 633.171, subsection 1 does not apply to some health care licensees such as dentistry and podiatry. Unlike the provisions governing the Board of Medical Examiners, this statute does not exempt the practice of homeopathic medicine from the provisions of law governing the practice of osteopathic medicine. Consequently, in areas where the practice of osteopathic medicine and the practice of homeopathic medicine overlap such as the prescribing or administering of drugs, a homeopathic dual licensee is subject to the provision of NRS Chapter 633 and the jurisdiction of the Osteopathic Board. Now conversely, the Board of Medical Examiners lacks such authority.

In the Nevada Supreme Court case, *Nevada Mining Association v. Erdoes*, the court stated, "when the Legislature chooses one option and not another, it is presumed that the Legislature did so purposely." An implied removal of the authority of a health care board would occur only if that authority irreconcilably conflicts with the statutes and regulations authorizing a health care licensee to practice or administer drugs.

In summary, because NRS 630.047, subsection 1(e) exempts a health care professional licensed as an allopathic physician but who was also licensed within the scope of practice of a dual licensee's other health care board, the Board of Medical Examiners is not authorized to take disciplinary action against such a dual licensee for prescribing or administering drugs so long as the dual licensee is acting within the scope of practice of his or her other health care board.

In contrast, because such a provision of law does not exist with the other health care boards to provide a similar exemption for a dual license health care professional, a secondary health care board is authorized to take disciplinary action against the dual licensee for prescribing or administering drugs in a manner that the secondary health care board determines to violate its NRS provisions even if such prescribing or administering of drugs is within the scope of practice of the dual licensee's primary health care board. Senate Bill 336 (1st Reprint) remedies this conflict in the law by resolving this patent unfairness to dual licensees that



prevents Nevada patients from exercising their choice of medical treatment options. We feel this is good public policy.

**Charles Green, Secretary/Treasurer, Nevada Board of Homeopathic Medical Examiners:**

Our President, Dr. Sean Devlin, a dual licensed physician with both the State Board of Osteopathic Medicine and the Nevada Board of Homeopathic Medical Examiners, has asked me to represent him in today's hearing. The Homeopathic Board wholeheartedly endorses Senate Bill 336 (1st Reprint). We appreciate Senator James Ohrenschall's work on this important matter. Essentially, we have two competing forms of medical care here: a sick care system where the disease systems are managed, and a health care system where optimal wellness is maximized. This often leads to competing forms of treatment including the administration or prescribing of drugs which are at issue. Homeopathic physicians are allowed to use medications for off-label and/or alternative purposes as permitted, pursuant to *Nevada Administrative Code 630A.014*, subsection 1(e).

For example, last year a homeopathic physician was disciplined by another health care board for practicing as he was trained, educated, and licensed to do. In this case, the homeopathic physician was using a low-dose form of chemotherapy for the treatment of his cancer patients. His particular treatment is known as insulin potentiation therapy, or IPT, where insulin is used to lower blood sugar so that a lesser amount of chemotherapy may be used, such as 10 to 20 percent of the recommended full dose. This is because cancer uses 20 times more sugar than normal cells and lowers the blood sugar making cancer much more vulnerable to chemotherapy. This treatment is safe. It has been used since the 1930s for the treatment of cancer. Patients opt for this treatment because it minimizes the side effects of chemotherapy, such as the loss of hair, anemia, and depression of one's white blood cells needed for immune function.

However, our health care licensing board took exception with this homeopathic licensee's use of this alternative approach to the treatment of cancer. Because the homeopathic physician was not using full-dose chemotherapy, he was found to be practicing below the standards of medical care for the other health care board with which he had a dual license. It should be noted here that we have other physicians in the state of Nevada who are dual licensed with the Homeopathic Board that use similar alternative cancer treatments for their patients. Only if they are dual licensed as an allopathic physician with the medical board, will they be allowed to practice their healing arts as homeopathic physicians where the prescription or administration of drugs are at issue.

Senate Bill 336 (1st Reprint) is simply good public policy. The citizens of the state of Nevada should be allowed to make choices in their medical care. However, the current overlap of jurisdiction over this administering of prescriptions has created a problem to limit these choices by inhibiting homeopathic physicians from practicing as they are fully authorized and licensed to do. This unfairness needs to be remedied. The remedy is found in S.B. 336 (R1) and now needs to be expressed as applicable for this health care board. This is in the best interest of dual licensees and patients alike.

**Senator Ohrenschall:**

Chair Marzola, Mr. Osborn is in Carson City just to speak to the part of the bill dealing with a certified registered nurse anesthetist, and I am happy to answer any questions.

**Blayne Osborn, President, Nevada Rural Hospital Partners:**

I am here to present Senate Bill 336 (1st Reprint). We sincerely thank Senator Ohrenschall for bringing this bill to clarify the scope of practice discrepancies, not only as it relates to the dual licensed providers, but also for certified registered nurse anesthetists. You have heard a lot about this issue so far this session about the existing scope of practice discrepancy between *Nevada Administrative Code* 632.500, which allows CRNAs to select, order, and administer anesthetics, and NRS 453.375. The CRNAs are not listed in NRS 453.375, which list the persons who are able to possess and administer those drugs. Additionally, NAC 449.388 adds that CRNA's can administer anesthesia under the direction of the operating practitioner or anesthesiologist that is immediately available.

What we are doing with this bill, and with the friendly amendment [[Exhibit I](#)] that you will hear about from the anesthesiologists, is we are sending a clear message to the State Board of Nursing and to the State Board of Pharmacy that yes, CRNAs can select, order, and administer these anesthetic agents under the supervision of a physician when they are in a critical access hospital. This will allow CRNAs to get a controlled substance license in the state of Nevada, which they cannot do currently.

In our three critical access hospitals that provide obstetrics (OB) and routine delivery services, CRNAs are the only sources of anesthesia for these patients. This discrepancy puts those services at risk, and we are grateful to get to a good compromise that solves this issue with Senate Bill 336 (1st Reprint). I will stand for any questions.

**Chair Marzola:**

Senator, does that end your presentation?

**Senator Ohrenschall:**

Yes, Chair. Thank you very much, and I am happy to answer any questions from Las Vegas.

**Chair Marzola:**

Committee members, are there any questions?

**Assemblywoman Duran:**

I appreciate the fact that we do need more care. In your last comment you said the CRNAs will start to get a license. Does this mean that they are going to expand out of the rurals, because this is specifically just for the rurals? Your last comment said this is a way that they get a license to prescribe. Can you elaborate on that, please?

**Blayne Osborn:**

This allows them to get a controlled substance license so they are able to order and prescribe those anesthetic agents. That has been the confusion; that is what they cannot get currently.

There is not a mechanism for the Pharmacy Board to be able to issue those licenses to them currently, because they are not listed specifically in NRS 453.375. That is not expanding their scope. They are trained and able to use those drugs. What this does is it gives the Pharmacy Board the ability to issue those licenses to them. Yes, they are limited to just the 13 critical access hospitals in the state. They cannot be doing those things outside of those 13 hospitals with this bill.

**Assemblywoman Duran:**

So, it is just for the nurses who are working in the rural areas. What if they transfer to the city? Are they going to be allowed to utilize that license?

**Blayne Osborn:**

Yes, it is just for those certified registered nurse anesthetists who are in the 13 critical access hospitals. They would not be allowed to order, administer, or prescribe in any other facility.

**Assemblyman Carter:**

You have already answered what I wanted to ask, but I wanted to get it on the record, so to speak, and I have access on every single thing. We have seen a proliferation of nurse anesthetists in surrounding states online or through mail order opening up ketamine clinics. I want to make doubly sure that we are not going to turn Nevada into a home for these pseudo mental health ketamine clinics that just have somebody that has access to the anesthetics.

**Blayne Osborn:**

Yes, Assemblyman Carter, you are absolutely correct. This bill does not change that; it does not allow for CRNAs to come here and open their own ketamine clinics. Specifically, we are limiting it to the setting of the critical access hospital when they are providing those services.

**Chair Marzola:**

Committee members, are there any additional questions? I do not see any. Just for clarification again and so we are all clear, prior to any bill being passed, CRNAs could work under someone, whether it is the hospital or the physician, and whenever they were requesting the medication, they were using the Drug Enforcement Administration (DEA) number of that hospital or physician, correct?

**Blayne Osborn:**

I think it is correct to say that. Currently, they are not allowed to have their own DEA number in the state of Nevada. Yes, they fall under the physician. The physician would have to sign off on those orders or make that order himself.

**Chair Marzola:**

If this bill is passed, it creates an avenue for them to have their own DEA number but, again, not being able to use it for everything, only very specific to certain types of hospitals or facilities, correct?

**Blayne Osborn:**

Absolutely correct.

**Chair Marzola:**

With that, we will move to testimony in support of Senate Bill 336 (1st Reprint).

**Izack Tenorio, representing Churchill County:**

We urge the Committee to pass this bill. We think it is important for rural Nevadans to have the access to health care and this bill does just that. It is important for the people in rural counties, specifically in Churchill County, to have access to controlled substances. This bill has protective measures that will prevent them from administering in other jurisdictions. It is a good bill and it is good policy and we urge you to support this bill.

**Matthew Walker, Chief Executive Officer, White Pine County Hospital District, Ely, Nevada:**

I am calling in support of S.B. 336 (R1), specifically the language pertaining to a CRNA's ability to possess and administer necessary medications for their practice—under the supervision of a physician, of course. As a very rural critical access hospital, and given the enormous shortage of anesthesiologists in the country, our surgical and OB services rely on our nurse anesthetist. Outside of our hospital and clinics, the nearest health care to us is over 200 miles away. Heck, the nearest Walmart to Ely, Nevada, is over 200 miles away. If you need to pick up a gallon of milk and it is a 3.5-hour drive one way, it is annoying. But if you are in labor and you are trying to get to the nearest OB before you have a baby, 3.5 hours is dangerous. Thankfully, we are able to provide OB services in Ely, and a myriad of other surgical services.

The only reason we can provide these services is because of our CRNAs. Our nurse anesthetists work under the supervision of a provider as a collaborative member of the surgical team. We are grateful for your consideration and hope you support this bill and support rural health care.

**Robin Dunckhorst, Chief Executive Officer, Humboldt General Hospital, Winnemucca, Nevada:**

On behalf of our facility and the access to health care for rural residents of Humboldt County, I thank you for this opportunity today to testify in support of Senate Bill 336 (1st Reprint). In order to serve and provide access and care for rural patients in our community, it is very important that we are able to continue providing OB services and emergency surgery within our coverage area. In order to do so, certified registered nurse anesthetists are a very imperative piece of our puzzle.

I personally worked the entirety of my career with CRNAs at my side and there is no one I trust more with airways, critical medications and aesthetic agents, and dangerous drugs more than CRNAs. Their rigorous and competitive schooling process easily rallies against the most advanced graduate-level clinical nursing degrees such as family nurse practitioners. Certified registered nurse anesthetists serve a crucial role in health care and are critical to the

viability of surgical services and OB services in critical access hospitals. Certified registered nurse anesthetists should have the authority to be able to order medications, as they are the experts in anesthesia medications in our critical access hospitals. This, of course, would be under the supervision and with collaboration of a doctor.

Doctors do not have a general issue with supervising CRNAs from a collaborative realm, but they do not feel the current practices are fully safe as they are the ordering provider of medications that the CRNAs are the experts of. This has been an ongoing issue, and our doctors do feel general supervision is appropriate, but that CRNAs should have full prescriptive authority within critical access hospitals.

With Nevada's health care shortage and the impact it has on the rural areas, being able to support CRNAs by allowing prescriptive authority with doctor supervision is a simple ask. Certified registered nurse anesthetists are experts in their nursing field and a bridge to cost-effective, safe delivery of surgical and OB care in critical access hospitals. Please support rural critical access hospitals and pass S.B. 336 (R1).

**Robert Carnahan, Chief Executive Officer, Banner Churchill Community Hospital, Fallon, Nevada:**

Banner Churchill Community Hospital supports S.B. 336 (R1). Our hospital and our physicians support the ability for CRNAs to prescribe and dispense all anesthetic agents that CRNAs are trained to provide. We believe there is a highly collaborative approach to our surgeons and CRNAs. They are highly involved in patient care and the positive outcomes of our patients. Physicians value that delivery of anesthesia care that the CRNAs provide as well as a valued respect for them. Not having CRNAs with the ability to prescribe anesthetic agents will put us at risk for discontinuing services that are important for our Nevada community, Nevadans' access to care, and not to mention that we also support Naval Air Station Fallon.

Obviously, this is most notable in the obstetrics/gynecology area with limited access to OB services in the state, especially in the rural communities. It is imperative that our CRNAs have this prescriptive capacity. Not having these types of surgical services will place a strain on an already burdened health care system in Nevada, as you have heard many times, creating that OB desert. Other states also have adopted this authority for CRNAs. At Banner Churchill Community Hospital, our volumes demonstrate how we contribute to the overall health care delivery in the state. We typically have about 800 general surgical cases per year. We deliver on average about 300 to 325 deliveries per year. And our CRNAs also provide about 100 epidurals per year.

It is essential that CRNAs are able to provide these much needed services in our community and our hospital. Therefore, we are very supportive of S.B. 336 (R1) and for the CRNAs to have the ability to prescribe these anesthetic agents.

**Chair Marzola:**

We will move to testimony in opposition to Senate Bill 336 (R1).

**Susan L. Fisher, representing Nevada State Society of Anesthesiologists:**

We are opposed to Senate Bill 336 (1st Reprint) the way it appears to you at the moment. However, if through the wisdom of this Committee you do accept the friendly amendment [[Exhibit I](#)], we will move to support.

**Mari Nakashima Nielsen, representing Nevada State Medical Association:**

We are opposed to S.B. 336 (R1) as written, but with the amendment, we are in support. No one can give greater testimony to the importance of CRNAs as a part of a collaborative care team than the executives you just heard from. We urge you to adopt the amendment and move the bill forward.

**Chair Marzola:**

We will move to testimony in neutral of Senate Bill 336 (1st Reprint). [There was none.] Senator Ohrenschall, would you like to give any closing remarks?

**Senator Ohrenschall:**

Chair Marzola and members of the Committee, thank you for hearing this bill on this late Friday afternoon. With all the deadlines approaching, I appreciate you making time to hear it. I believe this bill will be better for our dual and multiple-licensed practitioners of the healing arts. I think the amendment [[Exhibit I](#)] in the Assembly and the amendment that I hope would be adopted here in the Senate will help rural health care. I would ask the Committee to consider moving this bill forward. I appreciate your indulgence allowing me to present from Las Vegas.

**Chair Marzola:**

Thank you, Senator Ohrenschall, for being with us this afternoon and taking some time away from your family. I will now close the hearing on Senate Bill 336 (1st Reprint). I will now open for public comment. [There was none.] Are there any comments from the members this afternoon? [There were none.] This will conclude our meeting for today. Our next meeting will be Monday, May 15. This meeting is adjourned [at 1:21 p.m.].

RESPECTFULLY SUBMITTED:

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Spencer Wines  
Committee Secretary

APPROVED BY:

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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 210, presented by Diane C. Thornton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for Senate Bill 437 (1st Reprint), presented by Diane C. Thornton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is a proposed amendment to Senate Bill 333 (1st Reprint), presented by Senator Dina Neal, Senate District No. 4.

[Exhibit F](#) is a letter dated May 11, 2023, submitted by Janay Eyo, Director, Financial Policy, Chamber of Progress, in support of Senate Bill 333 (1st Reprint).

[Exhibit G](#) is a letter dated May 11, 2023, submitted by Sena Loyd, Director, Public Policy, Blockchains Inc., in opposition to Senate Bill 333 (1st Reprint).

[Exhibit H](#) is a letter dated May 11, 2023, submitted by Aviva Gordon, Chair, Legislative Committee, Henderson Chamber of Commerce; and Emily Osterberg, Director, Government Affairs, Henderson Chamber of Commerce, in opposition to Senate Bill 333 (1st Reprint).

[Exhibit I](#) is a proposed amendment to Senate Bill 336 (1st Reprint), dated May 11, 2023, submitted by Susan Fisher, representing Nevada State Society of Anesthesiologists.