

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

**Eighty-second Session  
May 10, 2023**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 8:01 a.m. on Wednesday, May 10, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Pat Spearman, Chair  
Senator Roberta Lange, Vice Chair  
Senator Melanie Scheible  
Senator Skip Daly  
Senator Julie Pazina  
Senator Carrie A. Buck  
Senator Jeff Stone

**COMMITTEE MEMBERS ABSENT:**

Senator Scott Hammond (Excused)

**GUEST LEGISLATORS PRESENT:**

Assemblyman Brian Hibbetts, Assembly District No. 13  
Assemblywoman Sandra Jauregui, Assembly District No. 41  
Assemblyman Gregory Koenig, Assembly District No. 38

**STAFF MEMBERS PRESENT:**

Cesar Melgarejo, Policy Analyst  
Bryan Fernley, Counsel  
Veda Wooley, Counsel  
Kelly K. Clark, Committee Secretary

**OTHERS PRESENT:**

A.J. Delap, Nevada Cannabis Association  
John Jones, Jr., Nevada District Attorneys Association  
Tom Clark, Intellicheck  
Thomas Lopey, Reno Police Protective Association  
Leslie Bell, Reno Police Protective Association  
Todd Ingalsbee, President, Professional Firefighters of Nevada  
Rick McCann, Nevada Association of Public Safety Officers  
Beth Schmidt, Las Vegas Metropolitan Police Department  
Mariah Smith, O.D., President, Nevada State Board of Optometry  
Michael Hillerby, Nevada Optometric Association  
Izack Tenorio, Churchill County  
Joseph Neville, National Association of Retail Optical Companies

CHAIR SPEARMAN:

We will open the hearing with Assembly Bill (A.B.) 342.

**ASSEMBLY BILL 342 (1st Reprint)**: Requires a cannabis establishment agent to take certain actions to verify the age of a consumer before selling cannabis or a cannabis product. (BDR 56-1024)

ASSEMBLYMAN BRIAN HIBBETTS (Assembly District No. 13):

This bill, A.B. 342, codifies a requirement. Before a cannabis establishment agent sells cannabis or a cannabis product to a consumer, the agent must verify the age of the consumer by checking the government-issued identification that contains a photograph using an identification scanner which has been approved by the Cannabis Compliance Board (CCB).

This came about due to A.B. No. 360 of the 81st Session, which required basically the same thing for tobacco. However, looking into the *Nevada Revised Statutes* (NRS), there was no similar requirement for marijuana or marijuana derivatives. The thought was, for kids under 21, it should be just as hard to get a joint as it is to get a cigarette.

SENATOR DALY:

I understand the scanner. Will it be a scanner like they have at the airport to scan IDs, or will it require Real ID? Can people accept regular driver's licenses and tribal identification cards? Would those be accepted or not?

ASSEMBLYMAN HIBBETTS:

The language is purposely vague to allow the CCB to determine what scanners they want used for these purposes. There is no reason to think that a regular or tribal identification would not work if it is government issued.

A.J. DELAP (Nevada Cannabis Association):

On behalf of the Nevada Cannabis Association, we are in full support of this measure. We appreciate the efforts of the bill sponsor and the conversations we have had leading up to it. We think it is good legislation.

JOHN JONES, JR. (Nevada District Attorneys Association):

The Nevada District Attorneys Association supports this bill.

TOM CLARK (Intellicheck):

I am here on behalf of Intellicheck. This legislation is good for public safety.

CHAIR SPEARMAN:

We will close the hearing on [A.B. 342](#) and open the hearing on [A.B. 410](#).

**[ASSEMBLY BILL 410 \(1st Reprint\)](#)**: Revises provisions relating to industrial insurance. (BDR 53-1030)

ASSEMBLYWOMAN SANDRA JAUREGUI (Assembly District No. 41):

I will present [A.B. 410](#). My brother is a 19-year veteran of the Reno Police Department. This bill revises provisions regarding mental health injuries for our first responders. Most workers, including first responders, know they can file a workers' compensation claim if injured on the job.

Still, many workers assume their injuries or illnesses need to be physical to claim compensation. This may be because of how society has historically viewed mental illness, but that is changing.

Post-traumatic stress disorder, also known as PTSD, is a condition that is usually triggered by either experiencing or witnessing a terrifying event. However, it can also result from repeated exposure to trauma. No one knows exposure to trauma more than our first responders. First responders are often the first to arrive at the scene of an emergency or disaster. Without hesitation, they jump into action to save lives and protect our communities.

Police work sometimes involves stressful situations such as the threat of harm, sometimes actual physical harm as well as witnessing the human toll of violence. Dr. John Violanti from the University of Buffalo, a retired New York Police Department officer, wrote an article in the May 2018 issue of U.S. Department of Justice magazine *Dispatch*.

Police officers are often exposed to traumatic events, such as seeing abused children or dead bodies, severe assaults, and involvement in shootings, and are therefore at risk for PTSD. Such exposure can impair the mental well-being of officers and affect their ability to perform duties to the public.

*Nevada Revised Statutes* 616C.180 already covers PTSD for our first responders, but it has a flaw. It only covers benefits for PTSD that are tied to one single event. It exempts PTSD caused by a gradual series of traumatic events related to their careers.

This bill, A.B. 410, will help take care of those who take care of us during the time when they need help the most.

THOMAS LOPEY (Reno Police Protective Association):

Officers are constantly exposed to chaotic and traumatic situations. Exposure to traumatic events can cause and contribute to long-term impacts on mental health. Per the *Journal of Emergency Medical Services*, first responders have a significantly higher risk of experiencing mental health disorders such as PTSD, depression and anxiety compared to the general population.

A study by the *Journal of Occupational Health Psychology* states first responders who experienced traumatic events had a higher risk of developing mental health issues the longer they are exposed to traumatic events.

The *Journal of Emergency Medical Services* states 37 percent of emergency medical service (EMS) personnel reported PTSD-like symptoms compared to 3.5 percent of the general population. That is ten times higher than the general population experiences.

Compared to the general public, nearly 17 percent of firefighters and 15 percent of police officers report PTSD-like symptoms.

Due to the stigmas regarding mental health in the first responder community, many experts believe the actual rates of PTSD are higher due to underreporting. Research suggests more than 50 percent of individuals who develop PTSD experienced delayed onset of symptoms. These symptoms can remain hidden for months and sometimes years.

Even more alarming, the American College of Emergency Physicians conducted a survey indicating 6.6 percent of first responders have attempted suicide and 37 percent have contemplated suicide. This is ten times higher than the general population. Again, it is believed these numbers are underreported.

Per the Ruderman Family Foundation, first responders are more likely to die by suicide than in the line of duty. First responders are more likely to develop symptoms of complex PTSD, which is the cumulative and prolonged exposure to trauma. Often our PTSD symptoms are cumulative and rarely stem from a single defining event.

With changes from this bill, I am hoping we can provide the appropriate resources to our first responders so that they can have longer, healthier careers, as well as healthier interpersonal and family relationships.

When first responders develop these PTSD-like symptoms, they start to engage in poor coping mechanisms, such as drug and alcohol abuse. Their personal relationships are damaged; they miss more work. We are seeing first responders retiring early in their careers, which is a huge loss to each agency that has tenured firefighters, officers and EMS personnel.

With this bill, I am hoping we can provide the appropriate mental health resources to our first responders so we can have a healthier first responder force.

LESLIE BELL (Reno Police Protective Association):

Prior to 2019, there was no coverage for public safety personnel with mental health disorders, PTSD and anxiety disorders. That was fixed in 2019 with A.B. No. 492 of the 80th Session.

However, I often still see these claims denied. They are denied because of this flaw that is now being corrected in A.B. 410.

People often come to me with secondary issues, usually chronic PTSD and anxiety disorders. They result in both heart conditions and sleep disorders. Often these conditions are not easily identified in the early stages. They are therefore denied for late reporting. This bill changes that and corrects the problem, which will result in more of these claims being properly addressed early on.

ASSEMBLYWOMAN JAUREGUI:

The October 1, 2017, mass shooting incident in Las Vegas was the catalyst for the original bill to include first responder coverage for PTSD. We added the coverage for first responders due to the trauma they experienced. We know very well that the trauma does not happen just the one time.

We provided PTSD coverage for those who experienced a traumatic event, but the truth is, they see these traumatic events on a daily basis at work. This bill is meant to correct and expand on A.B. No. 492 of the 80th Session.

SENATOR DALY:

I have two questions. We have a workers' compensation bill, [S.B. 274](#) that is going over to the Assembly. It is kind of a companion bill to this. They complement each other. They address similar things. To me, there do not appear to be conflicts. I am open. What do you think? If both bills pass in both houses, are there any conflicts?

[SENATE BILL 274](#): Revises provisions relating to industrial insurance (BDR 53-946)

MS. BELL:

I see no conflict. The two bills should complement each other. It is rare that these claims rise to the level of [S.B. 274](#), which was originally a bad faith bill. They are denied, they go through the Nevada Department of Administration and they are overturned. I recently assisted someone whose workers' compensation claim was denied after a serious injury involving PTSD in 2019. That denial was overturned in December 2022.

It takes a great deal of time, but there were no errors in law that would create any sort of benefit penalty as a result. These two bills do complement each other and both are very much needed.

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SENATOR DALY:

My second question is whether this bill would apply to industries other than law enforcement.

ASSEMBLYWOMAN JAUREGUI:

It applies to first responders as defined in the bill.

SENATOR DALY:

I know from my previous job there are other people who are greatly affected, such as highway workers, traffic controllers and flaggers. They also experience these tragedies. There are a lot of near misses and accidents on the road. I know a couple of people who did not go back on the road after what happened to them. It may not be as often as law enforcement, but they are affected, too. I understand trauma and the things it can cause. Hopefully, people can get treatment. I was curious if it extended to anybody else other than first responders.

ASSEMBLYWOMAN JAUREGUI:

The bill, A.B. 410, describes first responders who are covered under section 1, subsection 8, paragraph (b). They include a salaried or volunteer firefighter, a police officer, an emergency dispatcher or call taker who is employed by law enforcement or a public safety agency in the State. First responders also include an emergency medical technician or paramedic who is employed by a public safety agency in the State.

SENATOR DALY:

Sorry I missed that. I understand it and support the bill.

MS. BELL:

A matter of clarification, those instances are covered and have always been covered for the general population. This bill just expands coverage to include the gradual stimulus PTSD, which is still not covered in workers' compensation for people in general industry.

CHAIR SPEARMAN:

I am having some flashbacks. I remember my first murder investigation, a homicide investigation in Korea. I still see it.

TODD INGALSBEE (President, Professional Firefighters of Nevada):

We support this bill wholeheartedly. A previous bill established coverage for PTSD. As with all new bills, you find holes and things that do not work as well as planned.

Allowing PTSD workers' compensation to be cumulative is a big part of it. I remember my good calls. I remember all my bad calls. This allows us to file a claim. It still must go through the process to be approved. Hopefully, this will prevent me from having to go to any more funerals for my brothers and sisters.

RICK McCANN (Nevada Association of Public Safety Officers):

I am a member of the Nevada Law Enforcement Coalition, and I am here representing the Nevada Association of Public Safety Officers. This bill creates an opportunity for stress-related claims. It gives first responders an opportunity to submit the claim and proceed through the process.

It allows claims for first responders who witnessed an event or a series of events as proven by clear and convincing medical or psychiatric evidence. There is a burden of proof. Do not forget that is built into the bill.

With all due respect, how many first responders have pulled babies or children from the bottom of the pool and tried to resuscitate them in front of their devastated parents? How many shootings must officers be involved with? How many mangled bodies must be pulled from the sites of crashes and suicides? How many burned bodies must be observed in fires?

If these folks can prove a stress-related claim by clear and convincing medical and psychiatric evidence, so be it. That is all we are asking you to do. Give them that opportunity; they deserve this opportunity.

There are at least two members at the testifier's table who are aware of this bill's significance. One is a former peace officer; one is married to an officer. We ask that you bring this bill forward and let your colleagues know how devastating this can be. The effects of PTSD can accrue gradually. We need to have these workers' compensation claims available to these men and women. We ask for your support of A.B. 410.



BETH SCHMIDT (Las Vegas Metropolitan Police Department):

I am testifying on behalf of the Las Vegas Metropolitan Police Department (LVMPD) and Clark County Sheriff Kevin McMahill.

We support A.B. 410. We support the policy of expanding PTSD to a series of events experienced over the course of a first responders' career. To echo Mr. McCann's testimony, there is a burden of proof to this process.

Our department is committed to prioritizing our employees' mental health specifically, and their wellness, more broadly. To that end, LVMPD officers have access to free, unlimited mental health coverage under our health plan. We do not just rely on last-minute coverage for PTSD at the end of an officer's career.

We encourage our employees to seek mental health care throughout their career. Having that upfront mental health coverage allows our officers to seek care from any mental health provider who accepts our health insurance. This has significantly helped our officers to process the inherent trauma of the job of policing and to address those stressors throughout their career.

We have seen the stigma of seeking mental health care become less and less of an issue in our industry. I am a commissioned sergeant. I am one of those officers who has responded to scenes that no human being should ever have to see, let alone investigate.

Afterwards, I had to look at the photos and conduct those interviews. This bill helps to address that cumulative trauma. That is the job that we sign up for as police officers. We understand that. But the reality is, it is not typical for people who go to the workplace to experience trauma. We support this bill.

ASSEMBLYWOMAN JAUREGUI:

Most of you know my story, that I was at the 1 October Incident in 2017. It took me about four years to recover from the trauma I experienced there. I cannot imagine asking our first responders to do that for 30 years, for 25 years or 20 years, depending on when they started. Asking them to do that—and then not allowing them to claim the benefits for the trauma that they have received over the course of their career—is not right. Chair Spearman, I would be happy to amend the bill to add you and any other Committee members as cosponsors.

CHAIR SPEARMAN:

It has just brought back some memories that I am trying not to remember. Thank you to our first responders. We have some first responders who are also veterans; that complicates things a lot more. We are trying to do something about this.

I remember in 2015 or 2017, we had a heart lung bill, and we would not add a bunch of things to it. For some reason, we could not get it approved. With that, we will close the hearing on A.B. 410 and open the hearing on A.B. 432.

**ASSEMBLY BILL 432 (1st Reprint)**: Revises provisions governing optometry.  
(BDR 54-929)

ASSEMBLYMAN GREGORY KOENIG (Assembly District No. 38):

Assembly District No. 38, which I represent, is the most rural of the rural. I have all of Churchill, most of Lyon, all of Mineral, all of Esmerelda and a big chunk of Nye County. I say I have more jackrabbits than people in my District. In my life outside the State Legislature, I am an optometrist. I am sponsoring A.B. 432 at the request of the Nevada State Board of Optometry.

There is some cleanup, some definitions and a few changes here and there. But the main reason I jumped at the chance of sponsoring this bill has to do with telemedicine with optometry.

If you have heard this before, please bear with me. I have practices in Fallon, Fernley and Yerington, but I have patients from Tonopah and Round Mountain to Fallon and all the little towns in between. My patients from Round Mountain drive about three hours to get to my office.

This bill would allow me to see the patient for the original visit and do a regular eye exam. If they were getting contacts at that initial visit, I would give them a pair of contacts, which would be a trial pair. I would check and make sure the contacts fit well, that they are healthy and seeing well. Then I would send them on their way. I would ask to see them back in a week for a follow-up appointment. At that point, I would finalize that contact prescription.

That follow-up visit is maybe five minutes long, especially if nothing is going wrong. So, I am requiring patients to drive three hours to my office for a five-minute check and then three hours back home.

This bill would allow me to conduct the initial visit in person, but after that, I would be able to conduct the five-minute follow-up appointment over the telephone or via Facebook or FaceTime, one of those, whichever we decide.

I would be able to ask the patient if the contacts are working. Can you see well? Are they comfortable? Do you have any problems? At that point, if they do not have any problems, I would finalize the prescription. If they are having problems, I would ask them to come back for a return visit. This would save my rural patients six hours in the car for a five-minute exam. That kind of excites me. I think it would really benefit my patients.

MARIAH SMITH, O.D. (President, Nevada State Board of Optometry):

I am President of the Nevada State Board of Optometry. I am here in support of A.B. 432. I have provided a support document ([Exhibit C](#)). I will go over clean-up sections of the bill since our 2019 overhaul.

The language in NRS 636 has not been addressed in 30 years. We are defining what a comprehensive eye exam is for optometry. We are limiting these tele-optometric services if the patient has not had a comprehensive eye exam in the previous two years with that doctor. We are outlining the issuance of a prescription for corrective lenses, engaging in synchronous or asynchronous optometric telemedicine and monitoring a patient remotely unless the optometrist has performed a comprehensive exam on the patient in the last two-year period.

For definitions, asynchronous is when it is not in real time. Synchronous is in real time. For example, if I am talking to the patient in real time, we are interacting with each other through synchronous telemedicine. But it might be that I send the patient home with an eye pressure monitoring device. They take measurements and information is sent to me. At some other time I can review it and change treatment if needed. That is asynchronous.

This bill also outlines the parameters of what optometric telemedicine looks like. It restricts optometric telemedicine to procedures and interactions that meet the standard of care currently for optometry. It clarifies the transfer of ownership of an optometric practice upon the death of the owner and offers the heirs a one-year period to sell or dissolve the practice. Currently, our laws allow only an optometrist to own an optometric practice, so that the doctors are in charge of

the quality of care, the number of procedures and referrals they are making and somebody else is then dictating what they need to do.

This bill, A.B. 432, provides standards for the supervision of interns and residents who have not yet obtained a license to practice in Nevada. Unfortunately, we have had a couple issues brought to the Board where an unlicensed student was left in a practice without oversight by the optometrist who was given authority to see patients.

It reduces the initial license fees for veterans by one half. It allows the Board to issue a citation as an additional disciplinary tool as recommended by the Office of the Attorney General.

It reinforces the concept that the doctor must be able to schedule, practice, prescribe and treat as they see fit without overbearing direction from a managed service provider.

It includes optometrists as eligible laboratory directors under the Clinical Laboratory Improvement Amendments (CLIA). As long as I can remember, optometrists can collect samples for certified lab tests, but we are not allowed to be the medical directors to get the CLIA waiver that would allow us to collect those samples at our practices. This makes that available to us.

ASSEMBLYMAN KOENIG:

I want to make a brief reference to an unfriendly amendment ([Exhibit D](#)) I received yesterday. The sponsor never contacted me. They are in Cincinnati, Ohio, where LensCrafters is based. They just sent that amendment out to everybody.

This amendment undermines a couple of things that we want to do. One, it gets rid of the two-year limit. Our bill says that if we are doing telemedicine, we must have a face-to-face visit every two years. Meanwhile, you can have some telemedicine visits. This amendment would remove both that and the requirement to have an in-person initial visit. I assume these changes would allow them to hire a Nevada-licensed doctor to sit in Cincinnati, Ohio, and do a bunch of exams in Nevada. We consider that an unfriendly amendment.

SENATOR DALY:

I have a few questions about A.B. 432. In section 14, a surviving family member can own the optometry operation for up to a year after the original licensed optometrist dies. How can that language be supported if they are not licensed? That needs to be tightened up. It should be made clear that they can own the business, but they cannot perform any of the duties.

Regarding the transfer language, I do not know how long it takes or what education is required for that family member to acquire an optometry license. But it says the family member must transfer the ownership of the practice to a licensee or dissolve it within that year. Is it possible a person could become licensed in one year? Or is that really a moot point because it could not happen?

DR. SMITH:

It would make sense to ensure that the unlicensed person who is temporarily holding the office would not be able to make management decisions.

If the heir holding the practice temporarily wanted to get licensed, they would have to go through optometry school, which is a three- to four-year process. So, no, the education requirement would be a barrier to completing licensure within one year. If the heir already had the degree and had taken national boards, then the licensing process is fairly streamlined.

SENATOR DALY:

My second question is in section 28, subsection 2, where you have the hearing process. You have now added a citation process. Is that supported in other areas of statute? Is there another section that says you can issue a citation, here is the penalty, here is that process?

If this is new and only described here in this section, what happens if you get a citation? Now you have to request a hearing. Is the hearing under NRS 622A, Administrative Procedure? Or is it under NRS 233B? Is there already an internal process? What might the penalty be based on the citations? I was looking for some clarification.

DR. SMITH:

I will answer the best I can. Currently, we do not have any language that allows us to issue a citation. This mirrors something that is in the Board of Medical Examiners (BME) language.

The Office of the Attorney General suggested section 28, subsection 2, on issuing a citation. The only thing outlined in current statute is having a hearing. But issuing that citation first and perhaps coming to an agreement outside of the hearing is something we need to be able to resolve. It is something that could be a more appropriate first step rather than holding an official hearing.

SENATOR DALY:

I am not familiar with this in regard to the BME. I do not know if there is a process behind its citation process. Usually there is a process; a person is given a chance to ask for the hearing and present evidence. I am not seeing that here.

Also, what about the potential penalty that goes along with the citation? Is that open? Can the Board do what it wants? Or perhaps because you do not say, it means you cannot do anything but issue the citation. I think there must be more framework behind it.

DR. SMITH:

I am happy to look at that again and I will talk to our Board's executive director who is more familiar. We do have a hearing process. I was fairly confident that it was outlined somewhere in our language already, although not in this bill.

SENATOR DALY:

I find that a lot. Just because it is not here does not mean it is not somewhere else. If you could, please follow up on that. If you do issue a citation, you do not want to lose the enforcement because due process was not followed or elaborated. Then if you have a penalty structure, you need to say it in section 28, just after subsection 1. It is not more than \$5,000 for each violation, because this is an additional process and an additional citation assuming additional penalty.

DR. SMITH:

Yes. Thank you for the insight. I will make sure we look at that and make sure it is outlined clearly.

ASSEMBLYMAN KOENIG:

We will check to see if that language exists; if it does, we will submit that to staff to distribute. If not, we will address it.

CHAIR SPEARMAN:

I am going to ask our Legislative Counsel Bureau to weigh in on that. Do we have anything in statute? If not, how can we make sure that is included in this bill?

BRYAN FERNLEY (Counsel):

I think there are two things with respect to issuing a citation. *Nevada Revised Statutes* 636.145, which is section 22 of the bill, refers to the citation being issued after an investigation and hearing. That is in accordance with NRS 233B, NRS 622 and NRS 622A.

In my reading, there would need to be either a hearing conducted before the citation is issued or, in section 28, subsection 2, there is the ability to appeal a citation. The person can submit a request to the Board for a hearing not later than 30 days after the date of the issuance of the citation. At that point, the hearing would have to be conducted under the other procedures in statute.

I think either a citation would be issued after the hearing has already been conducted or, if it does happen to be issued before a hearing, there would have to be a process to appeal that. That process is submitting a request to the Board for a hearing within 30 days after the issuance of the citation. Then, the hearing would be governed by NRS 622.

CHAIR SPEARMAN:

Thank you, Senator Daly. Did that answer your question?

SENATOR DALY:

It answers my question. We want to make it clear so people know what to do. A lot of times you can have an investigation and then issue the citation. However, if you decide to make that language clearer, I have confidence our legal staff will lead you in the right direction.

MICHAEL HILLERBY (Nevada Optometric Association):

I am here on behalf of the Nevada Optometric Association to support the bill. I think this bill adds some important definitions and rules around optometric telehealth and other patient protections. We appreciate the hard work the Board does to protect the public.

IZACK TENORIO (Churchill County):

We urge you to support this bill. It is an important bill for rural Nevadans who live a long way from the city. It will ensure that they get proper telemedicine. This is an issue that is near and dear to Churchill County since ours is a large and dispersed County. We urge your support.

JOSEPH NEVILLE (National Association of Retail Optical Companies):

I am with the National Association of Retail Optical Companies and we represent optical firms throughout the U.S. Our members have many forms of business relationships with optometrists. Many of our members are involved with providing services via telehealth or with optometrists who provide such services.

I am not sure exactly what category we fit into because we are generally in support of A.B. 432. We submitted a proposed amendment, which was referred to earlier, [Exhibit D](#), asking to change sections 18 and 19 of the bill relating to the optometrists' ability to practice telehealth protocols.

We recommend that the law allow the optometrist the professional discretion and judgment to decide when and if telehealth is appropriate for the patient, whether it be for a first visit or any subsequent visits.

We would like to clarify that we are not with LensCrafters. We are a national association with many different members. Our long-established telehealth committee recommended that we send this amendment to make this suggestion as a part of a positive change for optometrists in Nevada. We appreciate the opportunity to provide input.

CHAIR SPEARMAN:

You said you have provided the information to the Committee. Did you talk to the sponsor? I am sorry no one informed you of the process here. I do not accept amendments unless the author has already contacted the primary sponsor to give them an opportunity to review it and see whether it is friendly or unfriendly. You are welcome to contact the sponsor and see if there is a way to incorporate your suggestions.

MR. NEVILLE:

I understand and will follow up as you suggest.



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CHAIR SPEARMAN:  
Hearing no public comment, we are adjourned at 8:54 a.m.

RESPECTFULLY SUBMITTED:

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Kelly K. Clark,  
Committee Secretary

APPROVED BY:

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Senator Pat Spearman, Chair

DATE: \_\_\_\_\_

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Introduced on Minute Report Page No.</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
	B	1		Attendance Roster
A.B. 432	C	11	Mariah Smith, O.D. / Nevada State Board of Optometry	Support document
A.B. 432	D	12	Assemblyman Gregory Koenig	Proposed Amendment by Joseph Neville