

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

**Eighty-Second Session
April 17, 2023**

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 1:36 p.m. on Monday, April 17, 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.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

Assemblywoman Melissa Hardy (excused)

GUEST LEGISLATORS PRESENT:

Senator Julie Pazina, Senate District No. 12

STAFF MEMBERS PRESENT:

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

Minutes ID: 839



Elizabeth Lepe, Committee Secretary
Garrett Kingen, Committee Assistant

OTHERS PRESENT:

Elliot Malin, Private Citizen, Reno, Nevada
Paige Barnes, representing Fresenius Medical Care North America
Donna Laffey, representing DaVita Inc.
Jessica Ferrato, Private Citizen, Reno, Nevada
Izack Tenorio, representing Nevada Donor Network
Rick McCann, representing Nevada Association of Public Safety Officers; and
Nevada Law Enforcement Coalition
Treena Smith, Private Citizen, North Las Vegas, Nevada

Chair Marzola:

[Roll was taken and Committee rules and protocol were explained.] Today, we will hear two bills: Senate Bill 132 and Senate Bill 214. We are going to take those out of order. We will start with Senate Bill 214.

**Senate Bill 214: Revises provisions relating to governmental administration.
(BDR 18-898)**

Assemblywoman Sandra Jauregui, Assembly District No. 41:

Today, I am here as the Chair of the Sunset Subcommittee of the Legislative Commission for the 2021-2022 Interim to present Senate Bill 214. This was a bill that was originally carried by my Vice Chair, Senator Spearman, and I am happy to be here to present it on her behalf and on behalf of the Sunset Subcommittee. I have presented a couple of bills in here from the Sunset Subcommittee, so you are familiar with the Subcommittee and what its functions are. To give you a refresher, the Subcommittee is charged with: (1) conducting a review of all boards, commissions, and similar entities in Nevada created by statute. There are over 230 of those, and we determine whether each entity should be continued, modified, consolidated with another entity, or terminated; (2) recommending improvements to the entities that are to be continued, modified, or consolidated; and (3) determining whether any tax exemptions, abatements, or money set aside for an entity should be continued, modified, or terminated. Chair Marzola, with your permission, I would like to walk the Committee through the sections of this bill, which are the direct result of the work that we did during the Sunset Subcommittee.

Sections 1, 9, 15, and 17 of this bill terminate the Advisory Council on Science, Technology, Engineering and Mathematics, and eliminates references to the council in various statutes. The Subcommittee voted to terminate the council after representatives within the Office of the Governor reported several challenges experienced over the years including: (1) obtaining the necessary number of appointments to meet a quorum; (2) scheduling council meetings with science, technology, engineering and mathematics (STEM) teachers who have busy schedules, both during the day and after school, without funding allocated to provide

substitutes for them; (3) difficulty meeting the statutory requirements to hold twice yearly in-person meetings; (4) a lack of clear mission and regulatory authority for the council; and (5) rigid statutory duties of the council, such as holding region-wide recognition events for students in northern and southern Nevada. Sections 2 through 8, and 17, terminate the Commission on Educational Technology within the Department of Education (NDE) and make changes to transfer the duties of the Commission to the Department. During the Subcommittee's review of the Commission, representatives of the Commission recommended repealing the Commission in favor of the State Board of Education's recent work with NDE's Digital Learning Collaborative. According to the representatives from the Department, the Commission has not met since 2018 due to several member vacancies.

Sections 10 and 17 terminate the Competency-Based Education Network within NDE. The Department recommended terminating the Network since the Superintendent of Public Instruction's Blue Ribbon Commission for a Globally Prepared Nevada and relevant NDE programs are currently carrying out the charge of the Network. In addition, representatives notice that the Network has accomplished all of its duties pursuant to Assembly Bill 110 of the 79th Session. The Network's final report was submitted to the Governor and the Legislature on August 23, 2022.

Section 11 amends *Nevada Revised Statutes* (NRS) to remove from statute the specific authority for the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to appoint a subcommittee to study patient-centered medical homes. Staff of the Division of Public and Behavioral Health of the Department of Health and Human Services confirmed that the subcommittee was formally dissolved. Staff further reported that the subcommittee was not effective in conducting a study of the delivery of health care through patient-centered medical homes. This was largely due to its inability to meet the quorum.

Sections 12 through 14, and 17, remove the authority for the Nevada System of Higher Education to establish a Committee on Anatomical Dissection. During the review of the committee, the committee reported its inability in meeting the duties outlined in NRS 415.360 through NRS 415.470, primarily the duty to retain the bodies, and recommended terminating the committee or consolidating it with another entity. The Sunset Subcommittee also learned that the medical schools in the state operate under willed body donor programs pursuant to the revised Uniform Anatomical Gift Act, NRS 451.500, and do not accept unclaimed bodies for medical education or research.

Finally, among the other provisions previously stated, section 17 terminates the Advisory Committee to the Juvenile Justice Oversight Commission. Representatives for the committee reported that all six positions have remained vacant for two years and the committee has not held any separate meetings since its creation. Instead, previous members attended the meetings of the Juvenile Justice Oversight Commission. Madam Chair, we are ready for any questions.

Chair Marzola:

Committee members, are there any questions?

Assemblywoman Kasama:

It was a pleasure serving with Majority Leader Jauregui on this. I echo the sentiments of this. I think sometimes we all have good intentions with creating some of these workgroups or councils, and then if we do not track it for many years, other areas are supplying the needs or the information we want, whether it is other councils or through other state agencies, and then we find these redundancies. I think it is good that we can eliminate them so people can stay focused on the purposes at hand. I certainly agree with this and thank you for your work on this.

Assemblywoman Jauregui:

I could not agree more. It gave me great pleasure to terminate some of these redundancies that existed, and as we saw sitting on the Subcommittee, a lot of the functions from these entities that we are recommending for termination were duplicative and were already being done by the departments.

Assemblywoman Torres:

My question has to do with the term "educational technology." I understand that the term educational technology is used pretty consistently throughout the bill. I am looking at section 4, and I see it referenced a couple of times. I understand this is existing language that is in statute, but currently there is no definition for educational technology in the bill. I did not see one in regulations either, so I am wondering if we could perhaps consider a definition for educational technology, because I believe the intent of the language is to get to, specifically, hardware for schools. I also think educational technology—since this part of the statute was added—has changed so much. This would be inclusive of programs that educators might use in their classrooms. It would also be inclusive of things like smart boards. I wonder if we can get a bit more specific or you could require the department to create the definition for that term too.

Assemblywoman Jauregui:

To clarify, you are not speaking to any of the changes we made; you are speaking to existing statute, right? Something outside of what we are presenting on Senate Bill 214?

Assemblywoman Torres:

It is already an existing statute, but it is referenced, and we are now changing the duties that were under the Commission before, and now we are saying that the Department is required to do that. Although it is an existing statute, it is definitely a part of this language.

Assemblywoman Jauregui:

So I know what it is I am looking at, it is section 4, subsection 2, paragraph (b), correct? Do you just want some further clarification as to what educational technology is?

Assemblywoman Torres:

Yes.

Assemblywoman Jauregui:

Okay.

Chair Marzola:

Committee members, are there any additional questions? [There were none.] We will open up for testimony in support. Is there anyone wishing to testify in support of Senate Bill 214? [There was no one.] We will move to testimony in opposition. Is there anyone here wishing to testify in opposition to Senate Bill 214? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral to Senate Bill 214? [There was no one.] Vice Chair Jauregui, would you like to give any final remarks? [There were no final remarks.] I will now close the hearing on Senate Bill 214. [The Committee recessed at 1:48 p.m. and reconvened at 1:56 p.m.] I will now open the hearing on Senate Bill 132.

Senate Bill 132: Revises provisions relating to insurance coverage for living organ donors. (BDR 57-551)

Senator Julie Pazina, Senate District No. 12:

I am honored to be here before you this afternoon. Thank you for the opportunity to present Senate Bill 132, which seeks to prohibit discrimination against the living organ donor with regard to any policy or contract of life insurance, life annuity, or health insurance. I am pleased to be joined today by Elliot Malin from Alpine Strategies, who is a living organ donor. Organ transplantation is a lifesaving procedure that helps patients suffering from various illnesses. However, organ transplantation is only possible if there are organ donors who are willing to donate. According to Nevada Donor Network, there are 637 Nevadans currently waiting on a transplant. To give you a perspective, that number has gone up since we presented this bill in the Senate. There are more than 104,000 Americans nationwide waiting for a transplant and, regrettably, an average of 20 people die each day while on the waitlist.

Living organ donors are those individuals who volunteer to donate an organ, part of an organ, or tissue to a person in need of a transplant. Living donation reduces the wait times for a recipient and decreases the chances of a possible recipient from passing away while on the transplant list. Living donors are, quite simply, giving the gift of life. When we think of all those people waiting on the list: they are parents, they are children, they are siblings, they are friends. By being a living organ donor, you are giving the gift of life. In Nevada, I look forward to the day where we can say we are not one of those eight states discriminating against living organ donors. I look forward to the day where no states are doing so.

Elliot Malin, Private Citizen, Reno, Nevada:

[Mr. Malin read from prepared text [Exhibit C](#).] Today, I have the honor and privilege of not being here as a lobbyist on behalf of a client. Rather, I am here as a Nevadan with the privilege of being here every day working with you all to make Nevada a better place.

I would like to start by going through an experience that led us to being here today in this hearing on this bill. On February 28, 2021, I received an email that was sent to my entire family stating that my cousin needed a kidney. Without any hesitation, I filled out the paperwork to hopefully be a donor. On March 25, 2021, while I was downstairs in this building, I received a phone call from the hospital in Texas notifying me that I was a potential match. At that moment, we started the process of the preliminary testing. Before I would arrive at the Legislature, almost every day I would have my blood drawn and sent to the medical team in Fort Worth, Texas, confirming that I was a potential match. By June 12, 2021, just days after the Legislature adjourned sine die, I was in Texas going through extensive testing to see if I was healthy enough and when and if my kidney would be a final match. On June 25, 2021, I received a phone call from the hospital informing me that I was a confirmed match and approved to donate my left kidney. Finally, on July 21, 2021, I gave my cousin my kidney.

Throughout this entire process, the donor team at Baylor Scott & White All Saints Medical Center in Fort Worth, Texas, would regularly inform me that Nevada has no laws to protect living organ donors, that I would be disqualified from being able to obtain life insurance, and that my rates could potentially increase for my health insurance. They reminded me for the last time the morning of the surgery and offered me the opportunity to back out. In fact, 42 other states have enacted some form of protection for living organ donors. Nevada is not one of those 42 states. Nevada, alongside Montana, Wyoming, South Dakota, Michigan, Vermont, New Hampshire, and Tennessee, are the last eight states to have not enacted this law, nor any laws protecting living organ donors.

When I brought this up to Senator Pazina, I was and remain grateful for her enthusiasm to change this and make Nevada the forty-third state to enact living donor protections. This will help not just me, but plenty of other Nevadans, both donors and recipients, by promising that living donors will be treated as every other normal, healthy individual within the insurance system. The less a donor has to worry about for the remainder of their life, the more likely they will be to make the gift of life to someone in need. Furthermore, there is little to no evidence that being a living organ donor creates a higher mortality rate or the development of end-stage renal failure. Thus, there should be no actuarial risk for a living organ donor within the insurance process. I would also like to highlight that not all insurance companies assess a higher premium, but that it is still possible for living organ donors. Today, we move the process forward in fixing this and making Nevada the forty-third state to offer these protections.

The language presented to you in S.B. 132 is taken directly from Virginia, one of the last states to pass the Living Donor Protection Act legislation in 2022, being approved by Governor Glenn Youngkin on April 11, 2022. Further, the Virginia law followed Pennsylvania's enactment of the law on June 26, 2021. Alongside state action, federal legislation was introduced in 2021 that would prohibit insurance companies from denying or limiting life, disability, and long-term care insurance to living donors and would prohibit them from charging higher premiums. Often it is this lack of insurance protections and potential for higher premiums that create doubt and potential donor matches from

following through on the donation. Roughly one-third of all donations are through a living organ donor, and this peace of mind can make all the difference in saving another life. Senate Bill 132 aims to prevent medical and life insurance companies from denying coverage or causing a living donor to have a higher premium rate for their coverage, mirroring the language from the other states and federal legislation.

I must thank all of the stakeholders who have engaged in discussions about this bill and the impact it will have. I think it is important to note there are some insurance companies in our state that have been voluntarily participating in this already, but it is not all of them. Finally, I want to also thank you for hearing this today, as well as Senator Pazina for carrying this important legislation. I look forward to passing this out of this hardworking Committee and get another step closer to offering protections to Nevadans impacted by organ donation. Because of this bill, we will offer more opportunities for Nevadans to save lives by reducing the stresses associated with living organ donation. With that, I am happy to answer any questions.

Chair Marzola:

Committee members, are there any questions?

Assemblywoman Monroe-Moreno:

You stated in the presentation there is limited data on the life expectancy of a living donor. Do you know what that data is?

Elliot Malin:

I believe I said there is no actuarial risk they have been able to see where being a living organ donor actually reduces your life expectancy. They have not seen a drop in mortality rates.

Assemblywoman Monroe-Moreno:

If there is no actuarial evidence of that, why are they charging a different premium to those who are living donors? How are they justifying that?

Elliot Malin:

The last question I was asked before I went under that I remember them saying was, Are you sure you want to do this in your state? You can be rejected from getting life insurance. The answer was yes because I happen to like my cousin quite a bit, but I have not been able to find a reason as to why that exists. I mentioned, I know there is federal legislation that they are trying to do to also do this on the other side of this in Congress in Washington, D.C., but I was not able to figure out why this was being assessed. One answer I got was, Well you donated an organ, so that is a major surgery. I am fully healthy. In fact, next month I have to go for my two-year checkup on this and I have not seen any adverse impacts to my health, and I do not know many donors who have. I wish I could answer that more in depth, but I have not been able to get that answer.

Assemblywoman Monroe-Moreno:

Do you know what the average premium increase is that a living donor experiences?

Elliot Malin:

Off the top of my head, no, but I can get you that information. From what I remember, it was a certain percentage increase. I think it is about 15 to 20 percent, but I would have to look that up. I am lucky enough that that has not happened to me, but I am unable to get the life insurance part, unfortunately.

Assemblyman Yurek:

I think this is a great bill and for you, what courage it took to make that donation. Thank you for that. My question is in regard to trying to get an idea of the scope of this. Do you have any idea how many living organ donor transplants occur in a year in Nevada, and potentially how many are deterred because of the existing policy that does not prohibit insurance companies from doing this?

Elliot Malin:

We are hoping to have somebody from Nevada Donor Network here to answer that question. For perspective, Nevada can only do certain limited living donor transplants. I had to go to Texas. If, for example, you want a pancreas, you have to leave the state. To be honest with you, I do not think we can actually get an accurate number because of how many people would have to leave the state to receive or donate.

Assemblyman Yurek:

I am also curious if you have any data that shows how many people are not making donations because of the adverse policy?

Elliot Malin:

What I have learned is a lot of the people who end up donating do it for a loved one. Like myself, who gave to my cousin, there really is not a second thought. The conversations I have had with people who have gone through part of this process have been numerous and many of them being a bit scared off for a lot of reasons. This is a major surgery; you are giving part of yourself up to save another person. From those conversations I have had, there were quite a few who were unwilling to go forward because they were afraid of the consequences.

Assemblywoman Backus:

I want to follow up with respect to the increase in the insurance premiums. I did notice that the flat fee they may arbitrarily charge—that the intent of this bill would be removing that. But it does say that basically, if there was to be a premium increase charged for someone who is seeking a life insurance policy or another type of annuity who had been a living organ donor, the insurance carrier would then have to do an additional actuarial risk to substantiate that rate. Is my understanding of that correct?

Elliot Malin:

Yes. For example, being a living organ donor will not prohibit me from obtaining insurance, but if I take up smoking, that is a higher actuarial risk. I have now taken an affirmative act to

do something that would be a detriment to my health and my remaining kidney, and so the insurance companies would then be allowed to assess a higher rate

Chair Marzola:

Committee members, are there any additional questions? [There were none.] I will now open up for testimony in support of Senate Bill 132.

Paige Barnes, representing Fresenius Medical Care North America:

I am here to express our strong support and gratitude for S.B. 132, which requires long-term insurance policies to provide insurance coverage for living donors, and generally prohibits denial or conditioning of coverage based upon the status of being a living donor. Fresenius Medical Care provides care to thousands of Nevadans who rely on life-sustaining dialysis treatment. At one of our outpatient dialysis clinics in the state, for patients with end-stage renal disease (ESRD) whose kidneys have failed, they either need regular dialysis treatment or a kidney transplant to survive. While dialysis is a lifesaving treatment that continues to improve, an advance kidney transplant is the treatment of choice for patients with ESRD. Unfortunately, access to a transplant is limited to patients for a variety of reasons. Nearly 90,000 people in the United States are waiting for kidney transplants, and about 17,000 people per year actually receive one. Fresenius Medical Care supports efforts to encourage and increase the number of kidney transplants and the number of organ donors. Senate Bill 132 will help reduce the barriers for living organ donation. We ask for your support in this important legislation.

Donna Laffey, representing DaVita Inc.:

DaVita prides itself on providing high-quality care for patients who are in need of the day they can become eligible for a kidney transplant. We are happy to support S.B. 132, which protects individuals who are willing to become living organ donors and make that transplant possible for our patients.

Jessica Ferrato, Private Citizen, Reno, Nevada:

In my personal capacity, I am here in support of S.B. 132. Thank you to Senator Pazina and for the advocates bringing this bill forward. This bill provides support for those who make the incredible choice to give the gift of life. To make a very long story short, I am a living kidney donor. I am also a living kidney recipient. I was a dialysis patient for over two years. My sister is a living kidney recipient two times and was a dialysis patient for the majority of her life. My stepmom is a living kidney donor, and so is my dad. Just by way of perspective on some statistics, every 14 minutes, someone is added to the kidney transplant waitlist. Thirteen people die each day waiting for a kidney transplant. We do not want to create barriers for those willing to donate with the high needs of patients awaiting a transplant. It is important that we pass these types of critical pieces of legislation. I urge your passage of this bill.

Izack Tenorio, representing Nevada Donor Network:

Assemblyman Yurek, I have reached out to them. As soon as I get the answer, I will circle back. Critically ill patients who need an organ must face the financial, physical, and

emotional burdens of waiting for a lifesaving organ transplant. The Nevada Donor Network, Nevada's only Nevada-based organ procurement organization, absolutely supports S.B. 132. If we can eliminate any barrier that might jeopardize the chance of saving a life, it would mean the difference between life and death for an organ recipient. Nevada Donor Network supports S.B. 132 and appreciates the decision Mr. Malin made on behalf of his cousin. We would hate that other heroes and sheroes willing to be living organ donors might be denied insurance coverage after the decision to donate. Our thanks to Senator Pazina for also being a hero to the donor community.

Rick McCann, representing Nevada Association of Public Safety Officers; and Nevada Law Enforcement Coalition:

I have one of the coolest jobs here. I get a chance to represent my heroes: law enforcement. But after I talked with Elliot, I watched social media as he was going through this a couple of years ago. When I saw the bill presented before the Senate, I decided I have new heroes. Those are living organ donors. I did not know any until now; now I know several. I want to thank Senator Pazina and all of you who have cosponsored on the Senate side and on this side. Living organ donors obviously save lives. That is the big key. Discriminating against those people is deplorable and you have a chance to fix that. We would strongly recommend that you support S.B. 132.

Treena Smith, Private Citizen, North Las Vegas, Nevada:

I was not supposed to speak today, but I happened to come in. I was a donor for my mother in 2006. I support S.B. 132. Saving lives sometimes is hard. For families, being a living donor is the best thing that can happen, especially for family members who have a hard time getting a compatible kidney. It is the best thing that can happen.

[[Exhibit D](#) and [Exhibit E](#) were submitted but not discussed and will become part of the record.]

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to Senate Bill 132. Is there anyone wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral? [There was no one.] Senator Pazina, would you like to give some final remarks?

Senator Pazina:

Thank you so much, Chair Marzola and the Committee. This bill is so important to so many of us and we thank you for taking the time to be here and hear Senate Bill 132 today. Living organ donation is a selfless act that truly saves lives. However, it is important to recognize the insurance issues and concerns that living organ donors face. Insurance companies and policymakers must work together to ensure that living organ donors have access to affordable health and life insurance coverage. Only then can we truly support and recognize the valuable contribution of living organ donors. I would again just remind everyone on the Committee of the many people in the state who are currently waiting on an organ donation. Thank you again for hearing this bill.

Elliot Malin:

I want to echo that and say, thank you. I have the privilege to be here every day working with you. I have the privilege to call you all my friends. There are so many Nevadans that do not have this opportunity, that do not have the access to this building, or do not realize that they have the access to this building. I look at this as one of those things that we are really here to do. At the end of the day, we are here to help Nevadans and make Nevada a better place. I look forward to seeing this pass. I thank everybody; I thank you for your kind words. I do not consider myself a hero. I was doing something for my cousin who I grew up with, who I have known my entire life, and I could not imagine him not being here with me. There are plenty of Nevadans who have stepped up who I do think are heroes, and I think of them as well when I think of this bill. Thank you for the time today and I look forward to the work session.

Chair Marzola:

I will now close the hearing on Senate Bill 132. I will now open up for public comment. [There was no public comment.] Committee members, are there any questions or comments? [There were none.] This concludes our meeting for today. Our next meeting will be Wednesday, April 19 at 1:30 p.m. This meeting is adjourned [at 2:20 p.m.].

RESPECTFULLY SUBMITTED:

Elizabeth Lepe
Committee Secretary

APPROVED BY:

Assemblywoman Elaine Marzola, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is written testimony dated April 17, 2023, submitted and presented by Elliot Malin, Private Citizen, Reno, Nevada, regarding Senate Bill 132.

[Exhibit D](#) is a letter submitted by June Monroe, Private Citizen, Las Vegas, Nevada, in support of Senate Bill 132.

[Exhibit E](#) is a letter submitted by Christina Davis, Development Manager, National Kidney Foundation, in support of Senate Bill 132.