

Nevada Statewide Coalition Partnership: End of Session Report

78th Session of the Nevada Legislature

February - June 2015

OVERVIEW

This Session, we saw a myriad of bills pertaining to health care workforce development, changes to laws regarding alcohol and drug offenses, and combating prescription drug abuse. All of these areas are highlighted within this report.

We also want to draw your attention to Initiative Petition 1 (IP1). This is the petition to legalize possession, transport, and cultivation of recreational marijuana for personal use, and to authorize the creation and taxation of marijuana establishments. The petition received enough signatures to go to the ballot in November 2016. The Legislature did not take action on it this session (had they approved the petition, it would have gone into effect on October 1, 2016). Now IP1 must go to the ballot, and if approved by the voters, the new law would go into effect on January 1, 2017.

PART I: SUCCESSFUL LEGISLATION - BILLS PASSED AND SIGNED INTO LAW

A. MARIJUANA/HEMP LEGISLATION

Assembly Bill 70 (Assembly Committee on Taxation): *Provides for the administration and enforcement of various provisions relating to medical marijuana.*

AB 70 updates Nevada Revised Statutes (NRS) to allow the Department of Taxation (DOT) to oversee and enforce sales taxes on marijuana, edible marijuana products and marijuana infused products by medical marijuana establishments. AB 70 is the cleanup bill on implementation of the excise tax on medical marijuana and was presented by the DOT. Because the 2013 bill imposing the tax on medical marijuana passed at such a late time, this clean-up was recommended by DOT. It was drafted to mirror the language in other tax statutes to lay out a framework for collection, disputes, etc.

The bill was amended in the Senate to allow local governmental agencies to recoup their documented costs incurred in any required inspections of medical marijuana facilities. The Senate amendment also expanded the definition of medical marijuana establishment agent to allow for an existing industry of independent contractors that provide labor for marijuana cultivation.

The measure was supported by law enforcement (Las Vegas Metro and Washoe County Sheriff's office, Nevada Sheriffs and Chiefs Association, and the Carson City Fire Chief), Washoe County, and industry members. Will Adler from the Nevada Medical Marijuana Association attempted to amend the measure, to adopt language proposing to standardize education programs. David Marlon from Solutions Recovery spoke in favor of Mr. Adler's amendment and the need for clear education on medical marijuana, but ultimately the amendment did not get adopted.

AB70 was signed by the Governor, and is effective on July 1, 2015.

[Assembly Bill 480](#) (Assembly Ways and Means Committee, On Behalf of the Department of Administration): *Revises provisions relating to mortgage lending.*

Although AB 480 began as a bill pertaining to mortgage lending, late in the legislative session, Senators Segerblom and Farley introduced an amendment to the bill to repeal certain restrictions on “thrift” savings institutions limiting licenses to those issues before 1997, and to allow for the institutions to get private insurance, instead of insurance through the FDIC. The purpose of this amendment was to allow for the possibility of banking institutions willing to work with medical marijuana business owners, as many traditional banks are not accepting deposits from medical marijuana companies. The amendment was adopted on the Assembly floor after the bill had been voted out of committee. AB 480 passed out of the Senate on the final day of the legislative session on a 17-4 vote.

Governor Brian Sandoval signed AB 480, with the amendment by Senators Segerblom and Farley. Sections 101.3 and 101.7 pertaining to the thrift institutions became effective on June 9, 2015.

[Senate Bill 276](#) (Segerblom, Farley): *Revises provisions governing the registration of certain medical marijuana establishments.*

SB 276 was brought by Senators Tick Segerblom and Patricia Farley as a follow-up bill following the 2013 legislation to provide for the distribution and cultivation of medical marijuana in the state.

Specifically, this bill sought to clean up some of the issues presented with the distribution of licenses and permits of medical marijuana facilities per county, and to allow for more public input in the process when a local government is considering locations for the facilities. It also allows transfer of an operator’s ownership interest in a medical marijuana establishment, subject to background checks and approval by the Division of Public and Behavioral Health.

Specifically, regarding the transfer of the facilities and the new approvals:

- Section 1 of the bill provides that if there are no qualified applicants in a county, the Division of Public and Behavioral Health (Division) must reallocate the certificates that were otherwise provided to that county.
- Section 5 requires the Division to reallocate such certificates on or before July 1, 2015, and sets forth the number of certificates that may be allocated to counties, including the unincorporated areas of certain counties, based on population. The Division must issue the

total number of certificates allocated by December 31, 2015, unless it determines an applicant is not qualified.

- Section 3 allows a medical marijuana establishment to move to a new location as long as it remains under the jurisdiction of the same local government as the original location. The local government may only approve this new location after a public hearing is held, and notice of that public hearing must be given to the public at minimum of seven (7) working days before the hearing.

SB 276 was signed by the Governor and has various effective dates based on the timelines set forth above. The bill is largely effective immediately to begin the transfer process and adopting regulations. For all other purposes, the bill becomes effective October 1, 2015.

Senate Bill 305 (Segerblom): *Authorizes industrial hemp farming in this State under certain circumstances.*

SB 305 authorizes an institution of higher education, the State Department of Agriculture or research program to cultivate industrial hemp for research purposes under an agricultural pilot program or for other agriculture or academic research. Several amendments were proposed defining “industrial hemp” and “agricultural pilot program.” The bill passed out of both houses unanimously.

Governor Sandoval signed SB 305, and it became effective June 4, 2015 for the purpose of adopting any regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of the bill. For all other purposes, the bill becomes effective January 1, 2016.

Senate Bill 447 (Committee on the Judiciary): *Makes various changes relating to marijuana.*

SB 447 was introduced to clarify laws relating to medical marijuana. A significant amount of public comment was received from stakeholders, law enforcement and state agencies throughout the process, resulting in the changes summarized below.

SB 447 makes it unlawful to counterfeit, forge, or possess with the intent to use a counterfeit or forged medical marijuana registry letter of approval for any applicant under 10 years of age. Instead, in such cases, in order to receive a letter of approval for a child, the parent or legal guardian must agree to be the child’s primary caregiver, and the Division will issue the caregiver a registry identification card.

The DMV reported that they have seen a significant increase in medical marijuana applicants in the last year. The cards are issued annually and an individual must appear in person to renew. The numbers went from approximately 4,000 cards last year to approximately 9,000 this year. The DMV ultimately proposed an amendment (reflected in the final version of the bill) to charge the Division with issuance of registry identification cards.

There was significant testimony from law enforcement on this bill on the need to define marijuana, as they are facing challenges trying to classify hash oil and other concentrated marijuana products; several amendments were offered on this topic. In its final version, the bill makes “knowingly or intentionally extracting” concentrated cannabis a Category C felony.

The Nevada Department of Agriculture (DOA) and the Division proposed a joint amendment at the hearing in the Assembly Judiciary Committee to allow immunity to Department of Agriculture employees who may handle cannabis for the purpose of testing and pesticide regulation, and to allow the Division of Public and Behavioral Health, via interlocal agreements, to consult with the Department of Agriculture on pesticides, fungicide and growth regulators as they pertain to the cultivation of medical marijuana.

Finally, SB 447 clarifies that a person holding a medical marijuana card is not exempt from policies prohibiting marijuana possession on state property, and enables law enforcement to adopt policies to preclude an employee from using medical marijuana.

SB 447 was signed by the Governor and becomes effective on July 1, 2015.

IP1: *Makes various changes relating to marijuana and marijuana establishments.*

IP1 is the ballot proposal to legalize possession, transfer and cultivation of a limited quantity (one ounce, or 7 plants for cultivation) of marijuana for personal use. The measure also proposes the regulation of “marijuana establishments” in the state and authorizes a 15% excise tax on those establishments. All revenue from that tax must be deposited into the General Fund and must go to the Distributive School Account (DSA).

Under Nevada law, initiative petitions, once qualified after receiving the requisite number of signatures, must go the Legislature for review and possible action. If the Legislature takes no action, the petition goes to the ballot in the following general election.

Initiative Petition 1 will be going to the ballot in 2016 as it was referred to the Assembly Judiciary Committee and no action was taken.

B. TOBACCO AND VAPING LEGISLATION

[Assembly Bill 83](#) (Assembly Committee on Taxation, On Behalf of the Attorney General): *Revises provisions relating to tobacco.*

AB 83 expands the definition of “manufacturer” to include certain persons manufacturing cigarettes using certain cigarette rolling machines, and prohibits a manufacturer from operating a cigarette rolling machine without a license from the Department of Taxation. This bill was supported by the Tobacco Prevention Coalition.

AB 83 was signed by the Governor, and became effective on June 9, 2015.

[Senate Bill 225](#) (Farley): *Revises provisions relating to the sale and distribution of tobacco products, vapor products and alternative nicotine products.*

SB 225 prohibits a person from selling, distributing, or offering to sell vapor products and alternative nicotine products to anyone under 18. The bill requires the owner of a retail establishment to display a notice containing certain information whenever such products are being sold or offered for sale at the establishment, and the Attorney General is required to conduct inspections at locations where such products are sold. The bill imposes certain fines, and civil penalties.

Senate Bill 225 was signed by the Governor, and becomes effective as of October 1, 2015.

[Senate Bill 483](#) (Senate Committee on Revenue & Economic Development): *Revises provisions relating to governmental financial administration.*

SB 483 ultimately became the vehicle for Governor Sandoval’s tax reform package, proposing changes to the business licensing fees in Nevada, extending the “sunset” taxes, and imposing a “commerce tax” on businesses with over \$4 million dollars of annual revenue.

Of particular interest to NSCP is the fact that this measure also included an increase on the excise tax paid by wholesalers on cigarettes. Sections 71 to 73 of the bill increase the excise tax on cigarettes to \$1.80 per pack of 20 cigarettes, and require the additional amount of tax to be deposited in the Account in the State General Fund.

The new tax rate is effective as of July 1, 2015. This is addressed in Section 113 of the bill, requiring a wholesale dealer who purchases a revenue stamp evidencing payment of the tax before July 1, 2015, but who has not affixed that stamp to a pack of cigarettes before that date to pay the additional tax on the stamp.

SB 483 was signed by the Governor and large portions of the bill were effective immediately upon passage and approval to begin administrative and preparatory tasks necessary to implement the new structure. Sections 71 to 73 imposing the new cigarette excise tax becomes effective July 1, 2015.

C. PRESCRIPTION MONITORING PROGRAM LEGISLATION

Senate Bill 459 (Senate Health & Human Services on behalf of the Office of the Governor):
Establishes an opioid overdose prevention policy for Nevada.

SB 459 enacts Governor Sandoval's Opioid Overdose Prevention Policy Act, and has several important sections pertaining to a provider's ability to prescribe an opioid antagonist to one suffering an overdose, Good Samaritan protections for someone who seeks medical assistance for another person is suffering an overdose, and requiring increased utilization of the State's Prescription Monitoring Program (PMP).

It was heard in a joint meeting of the Senate and Assembly Health and Human Services committees, with support from the substance abuse community, law enforcement, and individuals in recovery. The Nevada State Medical Association testified at that hearing with concerns about mandating use of the PMP, as well as implying a duty on providers to prescribe an opioid antagonist, and worked with the Governor's staff thereafter to try to amend those requirements, found in sections 7 and 16 of the bill. Opioid antagonists are defined in section 5 of the bill, and includes, without limitation, naloxone hydrochloride.

This is a detailed measure, and we have provided a section breakdown of the various components:
□ Section 7 (pages 4-5 of the bill) allow a prescriber (physician, physician's assistant, or Advanced Practice Registered Nurse) to prescribe and dispense an opioid antagonist to a family member, friend, or one in the position to help another at risk of an overdose, and provides immunity for doing so, or declining to do so, from criminal and civil liability or any professional misconduct.

- Section 7, subsection 5 specifically states there is no duty to provide an opioid antagonist.
- Section 7 also allows any person, including law enforcement, paramedics or EMTs to dispense an opioid antagonist if they believe in good faith that someone is suffering an opioid-related drug overdose, and provides immunity for any prosecution therefor.
- Section 8 (page 5) allows protection for any "health care provider" (defined in section 4 of the bill as a physician, physician's assistant or APRN) acting under a standing order from another provider, to store an opioid antagonist and dispense it, without being subject to the Pharmacy Board's regulatory authority, if the dispensing is done without compensation.

- Section 9 says that the State Board of Pharmacy may, in consultation with representatives of the Nevada Pharmacist Association, other appropriate professional licensing boards, state agencies and other interested parties, develop standardized procedures or protocols to enable a registered pharmacist and other appropriate entities to furnish an opioid antagonist pursuant to this section.
- Section 10 enables the Department of Health and Human Services (HHS) to gather information about opioid abuse related deaths and to publish an annual report. The report may also identify any possible way to mitigate these incidents, including “without limitation, the use of opioid analgesic drugs that contain abuse deterrent mechanisms and access to such drugs” (page 6).
- Section 11 (page 6) allows HHS, to the extent funds are available, to award grants for educational and training programs on opioid abuse and prevention.
- Section 12 (pages 6-8) contains the “Good Samaritan” civil and criminal immunity provisions to anyone who, in good faith, seeks medical assistance for another person, or for themselves, for a suspected drug or alcohol overdose or other medical emergency, from various drug or alcohol related offenses. This section also allows a court to consider any action to seek medical assistance as a mitigating factor, in cases where the immunity provisions may not specifically apply.
- Section 13 (pages 8-9):
 - Would allow, to the extent funds are available, integration of the PMP with a patient’s electronic health records.
 - Additionally, in Section 13, subsection 1 (e), to the extent possible, would allow a prescriber to “flag” a patient who is believed to be seeking a prescription for an illegal or improper purpose. In turn, “if” the Pharmacy Board reviews that flag/designation, and determines the flag is warranted, the Pharmacy Board “shall inform pharmacies, practitioners and state agencies” that the patient may be seeking a prescription illegally.
 - Requires, in section 13, subsection 2, that the prescriber’s name, address, phone number and e-mail address be entered into the PMP by the following business day (page 9).
- Sections 15.1 to 15.9 (pages 10-21): This section mandates one hour of training in the misuse or abuse of prescription drugs for all prescribers for each period of licensure. The training

satisfies a continuing education requirement. The failure to obtain the training is amended into the statute defining “unprofessional conduct” and would grounds for discipline.

- **Section 16:** This section requires providers to run a patient utilization report when they see a new patient, or begin for an existing patient, a new course of treatment lasting more than 7 days. The Pharmacy Board must promulgate regulations to cover compliance with this section in situations where a practitioner is working in a hospital emergency room, including any possibility that the hospital could designate others to act as delegates to run the patient utilization report. This section also includes provisions protecting a provider in cases where they attempt to access the system, and the PMP is unresponsive, and states that the provider is not responsible for the failure if they document the attempt and failure in the patient’s medical record.

Senate Bill 459 passed both houses and was signed by the Governor in Las Vegas at a meeting of the National Governors Association May 5, 2015. The bill was effective on that date for the purposes of any administrative or regulatory action necessary by the Pharmacy Board and/or agencies and licensing boards to take to implement the bill, and October 1, 2015 for all other purposes.

Senate Bill 114 (Hardy): *Makes changes relating to prescriptions for certain controlled substances.*

SB 114 does two things Senate Bill 459 does not: It grants law enforcement limited access to the PMP to identify possible criminal activity with respect to prescription drug abuse; and it enables licensing boards to access the PMP and to notify prescribers of any suspected abuse activity - to identify any fraudulent or overprescribing activity.

- **Section 1** gives certain law enforcement officers access to the PMP to conduct investigations into potential criminal activity and requires notice (in section 2, subsection 11) if any patient’s information is accessed for an improper purpose.
 - The law enforcement officer must be primarily engaged in investigation of prescription drug abuse, and obtain education and certification from the Pharmacy Board.
 - The law enforcement officer will use a unique identifier to access the database to enable tracking of any activity accessing the database.
 - Law enforcement’s testimony throughout the hearings on this measure established intent that this access is limited, and is not meant to be a fishing expedition. They offered examples wherein law enforcement could access the system, acting on a tip, under a “reasonable suspicion” standard, and that access is meant to enable them to obtain facts sufficient to get a search warrant.

- Section 2 requires that the licensing board be notified of inappropriate use or requests by a patient. If the licensing board determines that an investigation is warranted, the licensing board can identify the prescribers for that patient, and notify them that the patient may be doctor shopping, or to determine whether the prescriber has committed unprofessional conduct.
 - The Board may access the PMP to identify which provider may be prescribing to a patient, and notify the provider of whether they suspect the patient is obtaining the prescription via fraudulent means, or to investigate possible unprofessional conduct by the prescriber.
 - A prescriber is immune from prosecution if they make a good faith effort to comply with the law and regulations.

Though it passed by unanimous vote through the Senate, this was a fairly controversial measure in the Assembly, and was vocally opposed by Assemblywoman Dr. Robin Titus, citing privacy concerns, as well as patient advocates. The Nevada State Medical Association was neutral on this measure. The bill passed the Assembly on a split, party-line vote, 23 to 19.

SB 114 was signed by the Governor, and becomes effective October 1, 2015.

Senate Bill 288 (Denis): *Revises provisions relating to prescribing controlled substances.*

SB 288, as originally introduced, would have required prescribers to register with the Prescription Monitoring Program. The bill was amended through the legislative process, and in its final version, it requires the Board of Pharmacy to provide a course of instruction in the PMP, and offer internet access to any prescriber completing the educational component. It also requires a prescriber to log in to the system every six months, and to verify to the Pharmacy Board that they still have access, to the system and that their contact information is correct, to the extent that the system allows. This bill would make failure to obtain the education and to check the database every six months unprofessional conduct under the various licensing statutes.

Senate Bill 288 passed unanimously through both the Senate and Assembly and was signed by the Governor. The bill was effective May 27, 2015 to allow the Board of Pharmacy to undergo preparatory regulatory action and administrative tasks for implementation, and January 1, 2016 for all other purposes, including the requirement to log in.

D. COMMUNITY PARAMEDICINE, COMMUNITY HEALTH WORKERS AND PEER SUPPORT RECOVERY ORGANIZATIONS

Assembly Bill 305: (Oscarson) *Authorizes and provides for the regulation of community paramedicine services.*

AB 305 provides the framework for development of community paramedicine. The measure was presented by Jared Oscarson and supported by Las Vegas Fire, REMSA, and the Nevada Rural Hospital Association in both the Assembly and Senate Health Committees. The bill:

- Defines community paramedicine services as those services “provided by an emergency medical technician, advanced emergency medical technician, or paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available in the community” (see section 2).
- Requires the State Board of Health to adopt regulations to set up an **endorsement to supply community paramedic services** for any existing emergency medical provider permit holder, limited to EMTs, advanced EMTs or paramedics (see sections 4, 8, 8.5, 9 and 10), and requires that anyone providing these services must not exceed the scope of practice of the provider (see section 4, subsection 4).
- Requires quarterly reporting by the permit holders to the health authority issuing the endorsement on the impact of those services in the community. This information must be reported to the either the Legislature (in odd-numbered years) or to the interim Legislative Committee on Health Care (in even-numbered years) by February 1 of each year (see section 5).

As part of the budget closing process, the Joint Assembly Ways and Means and Senate Finance Committees recommended drafting a letter of intent to urge the Legislature to find a reimbursement mechanism for these services.

AB 305 was signed by the Governor, and is effective May 25, 2015, for the purpose of adopting any regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act. For all other purposes, the bill becomes effective January 1, 2016.

Senate Bill 489 (Senate Committee on Finance): *Provides for the regulation of peer support recovery organizations.*

Governor Sandoval proposed as part of his budget, to allow for the licensing and regulation of peer support recovery organizations by the Division of Public and Behavioral Health (DPBH). The DPBH's Mary Wherry testified before the various committees on this measure. She noted that she was heavily involved in drafting the provisions in the Medicaid State Plan to allow for reimbursement of these services when she was working with Medicaid. However, because individuals had to be overseen by a provider, it was very difficult to implement, and this generally prohibited expanding the use of peer advisors.

Therefore, SB 489 sets up an "agency model," wherein the DPBH will license "peer support recovery organizations" which will then, in turn, employ peer support personnel to provide supportive services related to mental health, addiction or substance abuse. Peer support recovery organizations are defined in section 2 of the bill as "a person or agency which, for compensation, provides peer support services to persons who are 18 years of age or older and who suffer from mental illness or addiction or identify themselves as at risk for mental illness or addiction." Medical facilities or facilities for the dependent who may already be using peer support services are not required to obtain additional licenses as peer support recovery organizations under section 4 of the bill.

It was not clear during this process how volunteer peer models such as Alcoholics Anonymous or Narcotics Anonymous would be treated. Several legislators expressed concern over expanding Medicaid to reimburse for these types of programs. DPBH reported that is working with community providers on this issue and that a regulatory process is planned in the forthcoming biennium.

SB 489 was signed by the Governor, and is effective June 5, 2015 for the purposes of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of the bill. For all other purposes, the bill becomes effective October 1, 2015.

E. HEALTH CARE WORKFORCE/LICENSING/TELEHEALTH

Assembly Bill 89 (Assembly Commerce & Labor, on Behalf of the Governor): *Makes various changes relating to various professions.*

AB 89 was one of Governor Sandoval's package of bills addressing veterans' issues in Nevada. The bill was presented by Caleb Cage, a member of Governor Sandoval's cabinet, overseeing veterans' affairs in Nevada. The bill in its original form attempted to address issues relating to employment for veterans and their spouses.

The bill was amended several times during the legislative process and grew in scope. The final version of the bill makes the following changes to Nevada law:

- Authorizes a private employer to adopt a policy of preference in the hiring of veterans and their spouses, and allows review of such a policy by the Nevada Equal Rights Commission.
- Authorizes a licensure by endorsement process for a military veteran or their spouse from the various licensing boards, including the State Board of Medical Examiners, State Board of Osteopathic Medicine, State Board of Podiatry, State Board of Nursing, State Board of Psychology Examiners. Others include social work and drug, alcohol and problem gambling counselors and massage therapists.
- Allows the license boards to consider programs of license reciprocity with other states.

AB 89 becomes effective July 1, 2015.

[Assembly Bill 292](#) (Oscarson): *Revises provisions relating to providers of healthcare who provide services through telehealth and various other provisions relating to insurance coverage for such services.*

AB 292 stipulates the following:

- A physician may not direct or manage care or render a diagnosis unless licensed in Nevada.
- Adds provisions relating to telehealth to many existing chapters pertaining to the licensing and duties of a practitioner.
- Requires Medicaid to pay the non-federal portion of telehealth expenses and requires telehealth services to generally be on parity with in-person services (Prior Authorization, necessity of care, etc.).
- Allows hospitals to grant staff privileges for telehealth in coordination with federal law.
- Requires workers' compensation insurance to cover telehealth at parity with in-person visits and bars the policies from requiring an in-person visit prior to a telehealth visit.
- Requires the Commissioner of Insurance to consider telehealth services when determining the adequacy of a provider network.
- Requires most types of health insurance to cover telehealth at parity with in-person visits.

The bill had support from several health organizations including the Nevada Hospital Association, the Nevada Rural Hospital Association and the State Board of Medical Examiners. There was no opposition to the bill in either the Assembly or the Senate.

AB 292 become effective July 1, 2015.

Senate Bill 68 (Senate Commerce & Labor, On Behalf of the Governor's Office of Economic Development): *Revises provisions governing professions.*

SB 68 was presented by Vance Farrow, Health Specialist for the Governor's Office of Economic Development. The bill authorizes various health licensing boards (medical, osteopathic, allopathic) to issue expedited licenses (license by endorsement) within 60 days of application. Mr. Farrow cited studies showing that the current pipelines are insufficient to grow these occupations in the numbers we need. It would take approximately 10 years to produce enough physicians to treat the existing population (assuming no further population growth in Nevada).

The bill was supported by several interest groups such as the City of Las Vegas, the Nevada Rural Hospital Association, the Las Vegas Metro Chamber of Commerce and Nevada Heals. While not opposed to the bill, the State Board of Medical Examiners and State Board of Osteopathic Medicine had concerns that the licensure by endorsement process would undermine their authority.

SB 68 was somewhat controversial. There were six amendments offered on SB 68 throughout both chambers, three of which were ultimately adopted. Of particular note are sections 18 and 19, which create a licensure by endorsement program for pharmacists. A pharmacist may receive a license by endorsement by meeting the following requirements:

- Is a registered pharmacist in any state or territory of the United States.
- Is a citizen of or has the legal right to work in the United States.
- Has not been disciplined by a regulatory authority.
- Has not been civilly or criminally liable for malpractice.

SB 68, through the various amendments, was able to get to a form that the State regulatory boards could approve of and it passed both chambers unanimously. SB 68 was signed by the Governor, and became effective June 10 2015.

Senate Bill 84 (Senate Commerce and Labor, On Behalf of Board of Examiners for Alcohol, Drug and Gambling Counselors): *certain alcohol and drug abuse counselors, problem gambling counselors, social workers and medical facilities in the definition of "provider of health care" for purposes of various provisions relating to healing arts and certain other provisions.*

By amending the definition of "provider of health care" across Nevada statute, SB 84 will allow additional health care occupations, including drug abuse and problem gambling counselors, as well

as all licensed social workers, to be recognized in the future as Medicaid and insurance providers, able to bill for their services and to receive reimbursement. The bill was amended to include social workers during the legislative process, after testimony from the Executive Director of the Board of Examiners for Social Work that only licensed *clinical or independent* social workers could bill for their services. The bill was also amended to clarify that these providers were covered when working at any and all “medical facilities.”

Senate Bill 84 was signed by the Governor, and becomes effective on July 1, 2015.

Senate Bill 251 (Hardy): *Ratifies the Interstate Medical Licensure Compact.*

SB 251 puts Nevada in line to participate in the Interstate Medical Licensure Compact, which will take effect once seven states ratify the agreement. During the Legislative Session, when the bill was heard, no state had yet ratified the agreement before Nevada.

The Compact would allow expedited physician licensure if physician sought licensure in a signatory state, by setting up a coordinated information system of a database of all physicians licensed or seeking licensure, to be administered by an Interstate Commission (Article VIII - page 7).

SB 251 was approved by Governor, and becomes effective on October 1, 2015.

Senate Bill 498 (on Behalf of the Department of Administration): *Provides for the regulation of community health worker pools.*

SB 498 expands the use of community health workers (CHW) in the state. The bill authorizes the licensing and regulation of “community health worker pools,” defined as a person or agency which provides, for compensation, and through its employees or by contract with community health workers services of CHWs, to any natural person, medical facility or facility for the dependent.

Typically, a CHW has at least a high school diploma and must complete a brief period of training. In testimony on the matter, the Division of Public and Behavioral Health noted that community health workers are considered an evidence-based model to improve access to health care, increase education, awareness, prevent disease, and improve select health outcomes for the populations in which they reside.

The position is not intended to be a licensed health care professional in the traditional sense, but first-line caregivers providing educational opportunities to the communities in which they reside.

In a companion budget item, the Division of Public and Behavioral Health testified that it anticipates licensing about 40 community health workers in the next biennium.

SB 498 is effective June 5, 2015 for the purposes of adopting regulations and performing any other preparatory administrative tasks that are necessary. For all other purposes, the bill becomes effective October 1, 2015.

F. SUBSTANCE ABUSE WORKING GROUP

Senate Bill 60: (Senate Committee on the Judiciary): *Revises various provisions related to the Office of the Attorney General.*

Section 16 of SB 60 extends the proposed sunset of the Attorney General's Substance Abuse Working Group (SAWG) from June 30, 2015 to June 30, 2019, enabling the group to continue its work for an additional four years. The remaining sections of this bill establish the Office of Military Legal Assistance in the Attorney General's office, and transfers authority over a victim's application for fictitious address applications from the Secretary of State to the Attorney General's office.

SB 60 was signed by the Governor. Section 16 pertaining to the Substance Abuse Working Group became effective June 10, 2015. The remainder of the bill is effective July 1, 2015.

G. MENTAL HEALTH/SUICIDE PREVENTION AND EDUCATION

Assembly Bill 93 (Benitez-Thompson): *Revises provisions relating to the continuing education required to renew certain licenses and certificates.*

AB 93 requires health care providers across the board (physicians, psychiatrists, psychologists, social workers, drug and alcohol counselors, etc.) to take courses of instruction in clinically-based suicide prevention and awareness. Licensees will have to demonstrate compliance with this requirement in order to receive their licenses or certificates. The bill was amended to broaden the list of providers to which it applies, as well as to add a 10-year sunset on the suicide prevention continuing education requirement, to expire on June 30, 2026. The various licensing boards in the state are authorized under AB 93 to further define this requirement via regulation.

AB 93 becomes effective July 1, 2016.

Senate Bill 35 (Senate Health and Human Services, On Behalf of the Division of Public and Behavioral Health): *Ratifies and enacts the Interstate Compact on Mental Health.*

SB 35 would allow states to cooperate regarding transfer of patients or indigent needing institutionalized care to another "receiving" state also signatory to the Compact. Of particular

note, this bill amends Nevada law requiring return of an indigent patient to their county of residence, and allowing transfer out of state to receive needed care.

SB 35 became effective May 27, 2015.

H. HIV TESTING

Assembly Bill 243 (Thompson): *Revises provisions relating to testing for the human immunodeficiency virus (HIV).*

AB 243 requires a county, provider of health care or medical facility to ensure that a person who tests positive on a rapid test for HIV is counseled to receive a second test to confirm the result. The bill was met with unanimous support from agencies statewide, including: Northern Nevada Hopes, Health Care Disparities and the Las Vegas Urban League.

AB243 was signed by the Governor, and will become effective on October 1, 2015.

I. “CRAFT FOOD” LEGISLATION

Senate Bill 441 (Senate Commerce and Labor): *Enacts provisions relating to craft food operations.*

SB 441, affectionately called “the pickle bill,” exempts craft food operations from certain inspections and other rules enforced by certain health authorities, but sets up a registration process through the DHHS for a person to be registered for a period of three years in order to produce and sell acidified foods directly to a consumer. In order to be registered, a person must complete food safety training and pass an exam. Any products produced under the process in the bill must be labeled “Made in a Craft Food Operation Not Subject to Government Safety Inspection” prominently on the label.

The bill was supported by the Food Bank of Northern Nevada and the Health Alliance for Lyon County. The Southern Nevada Health District and the Department of Health and Human Services remained neutral on the measure.

SB 441 became effective on May 22, 2015.

J. ALCOHOL-RELATED LEGISLATION

Senate Bill 464 (Senate Committee on Judiciary): *Provisions Concerning criminal penalties for certain acts.*

SB 464, sponsored by the Nevada Youth Legislature, adopts a “Medical Amnesty” policy for persons under the age of 21, and freedom from criminal liability for the consumption or possession of alcohol if the person requests emergency medical assistance for himself, herself or another person in certain circumstances.

SB 464 also prohibits the sale, distribution, purchase, possession or use of powdered alcohol, and makes any of those activities a misdemeanor offense.

The bill received an immense amount of support, most notably from members of the Nevada Youth Legislature presenting the bill, and from ASUN Reno, who submitted information in the Assembly and Senate regarding a study similar medical amnesty program at Cornell University demonstrating that students were more apt to receive interventions and assistance relating to alcohol abuse after the program was implemented, and a report that 64% of students surveyed had been in a situation in which they needed to help a friend and would take advantage of the Amnesty.

Additional support was offered by the Las Vegas Metro Police Department, Nevada District Attorney’s Association, Nevada Sheriffs and Chiefs Association, the ACLU of Nevada, as well as both the Washoe and Clark County Public Defender Offices.

SB 464 became effective May 29, 2015.

K. SEX TRAFFICKING

Assembly Bill 214 (Sprinkle): *Makes various changes to public safety.*

AB 214 was presented as a follow-up to Attorney General Cortez Masto’s 2013 sex trafficking bill. AB 214 clarifies the level of punishment if one is found guilty of sex trafficking. **Of note for NSCP is the fact that the bill also allows more flexibility for a nonprofit to access funds from the Contingency Account for Victims of Sex Trafficking, a General Fund account administered by the Grants Management Committee within the Department of Health and Human Services.**

Section 1 allows for fundraising and donations to benefit the Contingency Account; this will help to increase funding available.

Section 2 allows the Director of the Contingency Account, in his or her discretion, to make an allocation from the account to a nonprofit in cases of immediate need and emergencies.

AB 214 became effective on May 27, 2015.

L. LEVERAGING FEDERAL FUNDS

The Nevada Community Foundation, supported by the Las Vegas Metro Chamber of Commerce, presented a package of three bills as part of their “Accelerate Nevada” Project, all designed to build on prior legislative efforts to create and expand Nevada’s capacity to attract federal funding to the state, and to track and report on the funds we do receive. Two of the bills described below made it through the process and were signed by the Governor. The third bill, Senate Bill 213, failed to make it out on the last day of the session, and subsequently died.

[Senate Bill 214](#) (Senate Finance Committee): *Creates the Nevada Advisory Council on Federal Assistance.*

The Nevada Advisory Council on Federal Assistance is comprised of:

- One member of the Senate appointed by the Majority Leader of the Senate.
- One Member of the Assembly appointed by the Speaker of the Assembly.
- One member appointed by the Governor who represents a nonprofit organization that provides grants in the State.
- One member appointed by the Governor who represents local government.
- One member appointed by the Governor who represents private business.
- The Chief of the Budget Division of the Department of Administration.
- The Administrator of the Office of Grant Procurement Coordination and Management of the Department of Administration.

Each appointed member of the Council serves a terms of two years, but may not serve more than three years. The goal of this legislation is to build on and expand upon the Grants Management Office created in the 2011 legislative session, and to use the Council as a forum to bring leaders from across the State and multiple sectors together to assist and advice Nevada on how to identify and successfully apply for Federal grants, programs, and funds.

The bill proponents indicated that the Council will leverage, facilitate, and strengthen collaborative partnerships across various stakeholder groups that can support Nevada’s efforts to successfully apply for Federal grants.

As an aside, the Guinn Center for Policy Priorities supported this measure, offering testimony that while the Federal Government annually distributes billions of dollars through domestic assistance grants, Nevada receives only a very small amount of the funding available. For example, they testified while that in fiscal year 2011, federal grants totaled \$514.6 billion, in fiscal year 2014, Nevada only received \$3.6 billion in federal grants.¹

¹ This information was cited from the Nevada Office for Grant Management’s Report to the Legislature for the 2015 biennium.

SB 214 will become effective July 1, 2015.

Senate Bill 473 (Senate Finance): *Revises provisions relating to the Office of Grant Procurement, Coordination and Management of the Department of Administration.*

SB 473 sought to address an issue identified by the Nevada Community Foundation: Nevada agencies often return federal grant funds due to lack of use, and Nevada is losing out on already scarce funding.

This bill authorizes the Office of Grant Procurement and Management to serve as clearinghouse for unused grant funds by compiling, updating and disseminating a list of available unexpended grant funds through that Office's website.

The bill also requires State agencies to notify the Grants Management Office of not only the grants for which they have applied and any award of grant funds, but also "any portion of a grant received by the state agency that the state agency determines will be unexpended by the end of the period for which the grant was made."

SB 473 becomes effective on July 1, 2015.

PART II: KEY MEASURES VETOED OR OTHERWISE UNSUCCESSFUL

Assembly Bill 26 (on behalf of the Division of Public and Behavioral Health): *Revises provisions governing surveys, analyses and evaluations to be administered to pupils in public schools.*

AB 26 would have prohibited a public school from administering a student survey designed to elicit information concerning the personal health and welfare or private family matters of the student, unless the school obtains written consent from the parent or guardian of the student. The bill would have allowed a public school to administer such a survey without written consent if the pupil is allowed to remain anonymous and the participation is voluntary.

AB 26 failed to meet the First House Committee Passage Deadline of April 10, 2015 and no further action was allowed.

Assembly Bill 72 (on behalf of the Attorney General): *Revises provisions governing state professional licensing boards.*

AB 72 would have provided professional licensing boards with the authority to issue citations to a person if the regulatory body has reason to believe that the person has committed an act which

constitutes a violation of any provision of NRS or NAC over which the regulatory body has jurisdiction.

AB 72 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

Assembly Bill 279 (Sprinkle): *Revises provisions concerning controlled substances.*

AB 279 would have required access to the prescription computerized database program for those who prescribe or dispense a controlled substance. This bill was intended to carry out the provisions from last year's Prescription Drug Task Force, but ultimately failed to make it through the process after similar provisions were put into the Governor's bill, SB 459.

AB 279 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

Assembly Bill 289 (Araujo): *Directs the Legislative Commission to appoint a committee to conduct an interim study concerning issues related to the provision of mental health services.*

AB 289 was one of the top priority measures coming out of the Southern Nevada Forum effort and subcommittee on mental health services. The bill was supposed to require the Legislative Commission to set up a committee to study the viability of transitioning mental health service delivery to a regional model, including how regions would be established and governed, revenue sources for services at the regional level, and transition of services from a state to a regional model. The bill set up a structure for the committee, including a basic framework for a 15-member committee of legislators, regulators, providers, academics from the medical school, and consumers of mental health services, and supporting subcommittees as necessary.

Though the measure was co-sponsored by leadership from both parties, and widely supported by Southern Nevada stakeholders, it failed to pass out of the Assembly at the deadline for first house passage.

The Assembly sponsor has indicated that he would like to continue work on this issue. In the meantime, Governor Sandoval's Behavioral Health and Wellness Council will continue in the 2016-2017 interim, and it is anticipated that they will also take up the issue of regionalization.

AB 289 failed to pass the end of session deadline.

Assembly Bill 294 (Thompson): *Enacts provisions relating to suicide prevention for veterans.*

AB 294 would have required DHHS to report information concerning the suicide mortality rate of veterans to the Interagency Council on Veterans Affairs. Additionally, the bill would have required physicians, nurses, dentists, etc., to undergo suicide assessment training. In support of mandating this amount of continuing education, evidence was presented at the hearing that Nevada faces highest rate of suicide in the veterans' community compared to the national average. The VFW and other veterans groups supported the measure, as a way "to increase the sentinels" watching out for the veteran community.

Assemblyman Thompson proposed an amendment to change the bill to require that any continuing education program must be approved by the appropriate licensing board, instead of the original bill language requiring DHHS to approve the program.

AB 294 failed to meet the First House Passage Deadline of April 21, 2015, and no further action was allowed.

[Assembly Bill 322](#) (Sprinkle): *Prohibits the smoking of tobacco inside any motor vehicle in which a child under the age of 18 years is present.*

NSCP was able to get student volunteers to testify in support of the measure, though it was ultimately unsuccessful. The student testimony was well-received by members of the Assembly Judiciary Committee and several legislators voiced their approval.

AB 322 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

[Assembly Bill 331](#) (Kirkpatrick): *Revises provisions governing Medicaid reimbursements for ground emergency medical transportation services.*

AB 331 would have required the Department of Health and Human Services to include in the State Plan for Medicaid a voluntary program of reimbursement through which certain governmental entities and Indian tribes may obtain supplemental reimbursements for costs arising from the provision of ground emergency medical transportation services to recipients of Medicaid. Additionally, the bill would have required a participating governmental entity or Indian tribe to reimburse the Department for the costs of administering the program.

AB 331 failed to meet the First House Committee Passage deadline on April 10, and no further action was allowed.

[Assembly Bill 340](#) (Joiner): *Establishes a health professional workforce liaison program.*

AB 340 would have set forth the duties of the Health Professional Workforce Liaison. Section 2 of this bill would have required the Division to submit a report on the status and effectiveness of the program to the Legislative Committee on Health Care on or before August 1, 2016.

The bill was heard in Assembly Health and Human Services on March 27. It passed unanimously out of committee after a bit of clarifying discussion. Assemblyman Mark Sprinkle and Assemblywoman Dr. Robin Titus both spoke highly of the legislation.

The bulk of testimony was centered on the notion that this legislation would be used as a tool to attract and retain medical professionals to Nevada, especially the rural areas.

AB 340 failed to meet the First House Committee Passage deadline on April 10, 2015, and no further action was allowed.

[Assembly Bill 453](#) (Assembly Commerce & Labor): *Provides for the regulation of the sale of dextromethorphan.*

AB 453 would have required identification for the purchase of medicines containing Dexamethorphan, and that the buyer be older than 18 years of age. The bill was aimed at targeting teens looking to use the medicine in an abusive manner (robo-tripping). While the bill was voted out of committee, there was not support by Democrats or Republicans of the measure and it ultimately failed.

AB 453 failed to meet the First House Passage Deadline of April 21, 2015, and no further action was allowed.

[Senate Bill 32](#) (on behalf of the Division of Public and Behavioral Health): *Revises provisions governing medical marijuana.*

SB 32 would have allowed for a minor to obtain a registry identification card if the parent or legal guardian agrees to serve as the designated primary caregiver for the minor. Additionally, the bill would have provided for the issuance of a letter of approval to minors, allowing them to use marijuana.

SB 32 failed to meet the First House Committee Passage deadline on April 10, but was later amended into SB 447 (described in above section).

[Senate Bill 201](#) (Senate Finance Committee): *Revises provisions relating to smoking in certain places.*

SB 201 applied the restrictions of smoking to electronic devices (also known as vaping). The bill would have prohibited vaping in places such as child care facilities, movie theatres, video arcades, government buildings, malls and retail establishments, grocery stores, and restaurants.

The bill was heard in Senate Judiciary on April 1. There was concern/confusion as to whether vapor from electronic cigarettes was akin to the secondhand smoke created by traditional cigarettes. Both Senators Aaron Ford and Greg Brower expressed worry over vaping and smoking being defined statutorily as one in the same.

SB 201 failed to meet the First House Committee Passage Deadline of April 10, 2015 and no further action was allowed.

[Senate Bill 219](#) (Hardy): *Revises provisions relating to policies of health insurance.*

SB 219 was the legislation proposed to make abuse deterrent formulations of prescription opioids available in Nevada, by providing for a requirement for certain levels of health insurance coverage. This bill, and abuse deterrent formulation technology in general, was discussed in the Prescription Drug Task Force meetings prior to the legislative session. Specifically, SB 219 would have:

- Required insurers to provide coverage for any lawfully prescribed abuse-deterrent opioid analgesic.
- Limited the cost sharing insureds pay for abuse-deterrent opioid analgesics to no more than the cost sharing insureds pay for non-abuse deterrent opioid analgesics.
- Prevented insurers from establishing incentive or disincentive programs that would have the effect of inducing prescribers to write scripts for non-abuse deterrent opioid analgesics over the abuse-deterrent versions, all other things being equal.
- Prevented insurers from using prior authorization, step therapy or other methods to stifle access to abuse-deterrent opioid analgesics.
- Required insurers to disclose any financial programs used to incentivize the use of specific medications and incentivize or dis-incentivize the use of referrals and diagnostic and treatment services.

There was widespread support for the measure at the hearing in the Senate Commerce and Labor committee, most notably from law enforcement as well as First Lady Kathleen Sandoval. The bill was opposed by the Retail Association of Nevada, as well as the insurance lobby, largely on the basis of cost. After the bill hearing the opponents met with Senator Hardy and the bill proponents to discuss their specific issues with the bill. The insurance lobby requested the following:

- Remove language prohibiting the use of prior authorization for abuse-deterrent opioid analgesics if prior authorization is not used for non-abuse deterrent opioid analgesics. The insurance industry contended that prior authorization and utilization review were important tools to prevent the overprescribing and abuse of painkillers and that they needed freedom to construct such programs at their discretion.
- Remove language prohibiting the use of step therapy (requiring a patient to try a medication and fail before being authorized to try a more expensive medication) for abuse-deterrent opioid analgesics.
- Amend the effective date from October 1, 2015 to January 1, 2016. The insurance industry contended that insurance plan formularies were “locked down” for the 2015 plan year and they were unable to make design changes until the 2016 plan year began.

SB 219 was ultimately pulled by Senator Hardy, after the various sides could not come to consensus on a mutually agreeable compromise.

SB 219 failed to meet the First House Committee Passage Deadline of April 10, 2015 and no further action was allowed.

Senate Bill 234 (Parks): Requires certain substances to be included on the list of schedule I controlled substances.

SB 234 would have required the State Board of Pharmacy to include certain substances, chemical compounds and isomers of chemical compounds on the list of schedule I controlled substances. Additionally, the Department of Public Safety would have been required to establish a pilot program for the use of technologies to instantly identify synthetic marijuana, among other substances.

SB 234 failed to meet the First House Committee Passage deadline on April 10, and no further action was allowed.

Senate Bill 275 (Segerblom): *Revises provisions governing certain alcohol and drug abuse programs.*

SB 275, had it been enacted, would have created the Treatment of Substance Abusers Account (TSAA). The money in the TSAA would have been distributed to treatment programs for drug and alcohol abuser. Additionally, the bill would have required the appointment of a Deputy Director for Substance Abuser Programs within the Department of Corrections.

Furthermore, a four-year pilot program established by the Division of Public and Behavioral Health pilot program would have been implemented for purposes of researching and evaluating the effectiveness and potential benefits of heroin-assisted treatment for heroin addicts.

The bill would have required an appropriation of \$65M in fiscal years 2016 and 2017, respectively, from the General Fund to the Account for the Treatment of Substance Abusers. An additional \$10M appropriation from the General Fund to the heroin-assisted treatment pilot program would have been authorized for fiscal years 2016 and 2017, respectively.

Finally, the bill would have increased the taxes imposed on intoxicating liquor, cigarettes and gaming.

SB 275 failed to meet the First House Committee Passage deadline on April 10, and no further action was allowed.

Senate Bill 283 (Segerblom): *Authorizes the establishment of marijuana financial services cooperatives in this State.*

SB 283 would have allowed for the establishment of marijuana financial services cooperatives, a type of financial services entity. Part of the intent of the bill was to independently verify the accounting and collection of taxes, since most medical marijuana businesses are cash-only.

SB 283 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

Senate Bill 301 (Hammond): *Revises provisions relating to courses of instruction concerning acquired immune deficiency syndrome and the human reproductive system.*

SB 301 would have required school district board of trustees to approve instructional materials for a course of instruction concerning AIDS.

SB 301 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

Senate Bill 309 (Kieckhefer): *Enacts the Good Samaritan Drug Overdose Act.*

The Good Samaritan provisions were ultimately incorporated into Governor Sandoval's bill, Senate Bill 459. The Good Samaritan Drug Overdose Act has been enacted either in part or fully in 28 other states.

SB 309 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

[Senate Bill 357](#) (Smith): *Revises provisions relating to pharmacists.*

SB 357, had it been enacted, would have authorized a registered pharmacist or registered intern pharmacist to administer a drug to the body of a patient by certain means. Additionally, it would have authorized a registered pharmacist to administer a vaccine, and to furnish certain drugs to a patient without a prescription. It also would have created a different endorsement category for pharmacists as an “advanced practice pharmacist”

SB 357 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

[Senate Bill 366](#) (Kihuen): *Revises provisions governing the possession of marijuana.*

SB 366 would have removed the criminal penalties for possession of one ounce, or less, of marijuana. Additionally, the bill would have required local authorities to impose, by ordinance, a civil penalty of not more than \$100.

SB 366 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

[Senate Bill 367](#) (Kihuen): *Revises provisions governing controlled substances.*

SB 367 would have allowed for the courts to sentence a person found guilty of possessing scheduled I, II, III, or IV controlled substances to a gross misdemeanor. Existing law states that for a first or second offense, a person who violates the above provision is guilty of a category E felony, which is punishable by imprisonment in the state prison for anywhere between one to four years.

SB 367 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

[Senate Bill 372](#) (Segerblom): *Makes various changes relating to medical marijuana.*

SB 372 related to marijuana in a number of ways:

- Required the Division of Public and Behavioral Health to select a provider of education and training for medical marijuana establishment agents.

- Exempted the medical use of marijuana for animals from state prosecution.
- Required a cultivation facility to sell a certain amount of harvested marijuana within a certain time.
- Prohibited the governing body of a political subdivision from restricting the ability of a medical marijuana dispensary to obtain marijuana from any cultivation facility in this State.
- Revised various provisions relating to registry identification cards.
- Required the Division to issue medical marijuana establishment registration certificates based on population.
- Provided that certain records created by the Division relating to marijuana are not confidential.
- Prohibited retaliation or discrimination by an employer against certain employees for the use of certain marijuana products.
- Revised provisions relating to driving a vehicle or operating watercraft under the influence of a prohibited substance to eliminate the use of the presence of a certain level of marijuana or marijuana metabolite.

This bill did not receive a hearing.

SB 372 failed to meet the First House Committee Passage Deadline of April 10, 2015, and no further action was allowed.

Senate Bill 402 (Denis): *Makes various changes concerning the prevention and treatment of obesity.*

SB 402 would have defined obesity as a chronic disease in Nevada. In an Assembly Health hearing on May 4, Senator Denis said that insurance has already redefined obesity, and that the redefinition will impact employment and businesses. However, the bill failed to pass out of Assembly Health.

SB 402 failed to meet the Second House Committee Passage Deadline of May 22, 2015 deadline, and no further action was allowed.

[Senate Bill 455](#) (Senate Revenue and Economic Development): *Increases the excise tax on cigarettes.*

Senate Bill 455 was introduced, but was never heard. Instead, it was granted a waiver and sat in the Senate Revenue and Economic Development Committee until the very end of session. This was a stand-alone bill proposing to raise the excise tax on cigarettes, with the funds raised to go to the General Fund. Instead, the excise tax on cigarettes was raised in Senate Bill 483, the “compromise” tax package passed by both the Senate and the Assembly at the end of the legislative session.

SB 455 failed to pass the end of session deadline.