Kyla Neese Brooke Tousley MacKenzie Rooney Daniella Bermudez

Hello, Nevada State Assembly and constituents. To start off, we just wanted to thank you for giving us the opportunity to speak with you today on a very important issue that impacts women and families across Nevada. Reproductive rights and allocated services in Nevada are out of reach for most women locally, financially, and educationally. Promoting reproductive justice is prudent to the quality of life for women's reproductive health in Nevada through the accessibility of education, activism, and accountability. The health needs and services for women have come to the forefront of Nevada. Data collected from the Nevada Department of Health Services, (DHHS) concluded that women of color had the least amount of access, and the greatest need for access. Acknowledging the challenges these women face seeking healthcare in Nevada can improve its access to care and effective treatment for all populations.

Patients rely on public funds and assistance programs to meet their basic health needs. A lack of financial assistance has created a barrier for women to seek reproductive health services. According to The Nevada Department of Health and Human Services' (DHHS) in Nevada, the percentage of women aged 18+ who have had a Pap Smear test within the past three years is lower than the national average. (DHHS Handbook) Historically in Nevada, public funding is available for abortion only in cases of life endangerment, rape or incest. According to Governor Sisolak, "Currently, Nevada ranks last in the nation in the number of women who have a dedicated health-care provider". (Sisolak, 2020). The correlation is clear that the fiscal responsibility falls short on insurance policies for their patient's overall care. In Senate Bill No. 94–Committee on Health and Human Services, Existing law requires insurers to cover certain types of contraception. (NRS 689A.0418,)

Expanding the funding for family planning services through Medicaid, and other public assistance programs will advance Nevada's low ranking of reproductive health services and support the well-being of patient care. We also ask that you consider FAFTA, the Fair Access to Fertility Treatment Act which requires that health insurance covers infertility benefits such as family planning. In the state of Nevada, it costs between \$13,000 - \$15,000 dollars to get fertility treatment, and this is not a cost most families can afford. Over 10 other states, including New York, who just enacted FAFTA in January of this year, have helped the women and families who have been unable to have children without this treatment.

These issues mentioned can be overwhelming and complex in finding resolution. However, financing community-based clinics, increasing Medicaid benefits, and enacting FAFTA will help maximize care for patients in Nevada and provide a holistic approach to services that our community would greatly benefit from.

Brooke Tousley Kyla Neese Mackenzie Rooney Daniella Bermudez



Reproductive Health Services and Justice Fact Sheet

The reproductive rights and allocated services for reproductive health services in Nevada are out of reach for most women locally, financially, and educationally.

Medicaid:

According to the center on budget and policy priorities (CBPP) Medicaid finances 75% of all publicly funded family planning services

Things covered under family planning

services: Tubal litigation and birth control services up to 60 days, physician visits, physical exams, pap smears, contraceptives for up to 12 months, up to 80 pills foam and jelly implants, depo shots, vasectomies, and abortion (under certain circumstances).

256,302 257.776

257,240

257,588 256,496 256,042

257,379 257,456

257,626

257,101

DHHS Fact Book, April 2018

Oct

Jan 18 Feb Mar

Apr May

Jun FY18 Avg.

Comments:

Website:

300,000

200,000

150,000

100,000

https://dwss.nv.gov/

Family planning is a mandatory benefit under Medicaid, but each state decides that those

classifications expand to.



Women's Health Statistics in Nevada: 566,250 women aged 15 - 44 years old



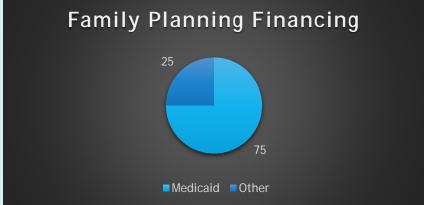
35,861 live birth rates



25.5 teen birth rate



25,000 unintended pregnancies



Pregnant Woman and Child Recipients - Monthly Averages

223,931

SFY15

Children grouped in households under the previous Medicaid criteria are now included in this group

and is driving the growth trend. Also, the woodwork affect may be increasing the recipient caseload it is anticipated this caseload will grow to about 260,000 by mid-2017. Thereafter it will fluctuate with the business cycle and population growth.

246.596

SFY16

SFY17

257,101

SFY18YTD

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FAFTA:

The Fair Access to Fertility Treatment Act gives families with the chance to have the family that they have always wanted. Under FAFTA, it would require health insurance to cover infertility benefits that include things such as vitro fertilization and embryo transfers.¹





¹ https://www.ivfauthority.com/ivf-cost-in-nevada/