

SB 172: Minor to Consent to Certain Health Care Services

Senator Dallas Harris

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Nevada New HIV Diagnoses, 2021



Division of Public and Behavioral Health – HIV Prevention and Surveillance Program Fast Facts									
Nevada New HIV Diagnoses, 2021									
County of Diagnosis	Total			Male			Female		
	N	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
County of Diagnosis									
Clark	441	89.3	18.5	384	89.3	32.3	57	89.1	4.8
Washoe	38	7.7	7.9	35	8.1	14.5	3	4.6	1.2
All Other Counties**	15	3.0	4.2	11	2.6	6.2	4	6.3	2.3
Total	494	100.0	15.4	430	100.0	26.8	64	100.0	4.0
Race/Ethnicity									
White, non-Hispanic	134	27.1	8.5	119	27.7	15.0	15	23.4	1.9
Black, non-Hispanic	148	30	51.0	119	27.7	81.5	29	45.3	20.1
Hispanic	174	35.2	17.6	159	37	31.9	15	23.4	3.1
Asian/Hawaiian/ Pacific Islander	29	5.9	8.9	27	6.3	18.0	2	3.1	1.1
American Indian/ Alaska Native	4	0.8	11.1	4	0.9	22.7	0	0	0.0
Multi-race/Other	5	1	-	2	0.5	-	3	4.7	-
Total	494	100.0	15.4	430	100.0	26.8	64	100.0	4.0
Age Group at Diagnosis									
< 13	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
13 to 14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
15 to 19	12	2.4	5.4	11	2.6	9.7	1	1.6	0.9
20 to 24	62	12.6	28.8	56	13.0	50.3	6	9.4	5.8
25 to 29	85	17.2	36.7	74	17.2	62.7	11	17.2	9.7
30 to 34	104	21.1	45.8	97	22.6	83.5	7	10.9	6.3
35 to 39	66	13.4	31.5	56	13.0	53.2	10	15.6	9.6
40 to 44	46	9.3	21.2	39	9.1	35.7	7	10.9	6.5
45 to 54	68	13.8	16.6	55	12.8	26.4	13	20.3	6.4
55 to 64	40	8.1	10.4	32	7.4	16.8	8	12.5	4.1
65 +	11	2.2	2.3	10	2.3	4.5	1	1.6	0.4
Total	494	100.0	15.4	430	100.0	26.8	64	100.0	4.0
Transmission Category									
Male-to-male sexual contact (MSM)	258	52.2	8.0	258	60.0	16.1	0	0.0	0.0
Injection drug use (IDU)	27	5.5	0.8	18	4.2	1.1	9	14.1	0.6
MSM+IDU	26	5.3	0.8	26	6.0	1.6	0	0.0	0.0
Heterosexual contact	9	1.8	0.3	5	1.2	0.3	4	6.3	0.2
Perinatal exposure	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
Transfusion/Hemophilia	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
No identified risk (NIR)	174	35.2	5.4	123	28.6	7.7	51	79.7	3.2
Total	494	100.0	15.4	430	100.0	26.8	64	100.0	4.0

Source: Division of Public and Behavioral Health, enhanced HIV/AIDS Reporting System (eHARS), (March 2022).

New HIV diagnoses are counted in eHARS surveillance statistics and include HIV and HIV stage 3 (AIDS) cases diagnosed in Nevada, both living and deceased. HIV and HIV stage 3 (AIDS) diagnoses may duplicate case counts if the person was diagnosed with both HIV and HIV stage 3 (AIDS) in the same year. The surveillance data excludes HIV/HIV stage 3 (AIDS) cases diagnosed in other states but currently living in Nevada.

* Rates per 100,000 population were calculated using 2021 population projections from the Nevada State Demographer vintage 2020 data.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.

Due to rounding, percentages may not add up to exactly 100.0% and certain rate categories may not add up to the total rate.

Age Group at Diagnosis									
< 13	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
13 to 14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
15 to 19	12	2.4	5.4	11	2.6	9.7	1	1.6	0.9
20 to 24	62	12.6	28.8	56	13.0	50.3	6	9.4	5.8
25 to 29	85	17.2	36.7	74	17.2	62.7	11	17.2	9.7
30 to 34	104	21.1	45.8	97	22.6	83.5	7	10.9	6.3
35 to 39	66	13.4	31.5	56	13.0	53.2	10	15.6	9.6
40 to 44	46	9.3	21.2	39	9.1	35.7	7	10.9	6.5
45 to 54	68	13.8	16.6	55	12.8	26.4	13	20.3	6.4
55 to 64	40	8.1	10.4	32	7.4	16.8	8	12.5	4.1
65 +	11	2.2	2.3	10	2.3	4.5	1	1.6	0.4
Total	494	100.0	15.4	430	100.0	26.8	64	100.0	4.0

- Nevada ranks 6thth in the US for newly diagnosed HIV case with 12.5 per 100,000 population (2020) for all ages.

Persons Living with HIV in Nevada, 2021

County of Residence	Persons Living with HIV [§] in Nevada, 2021								
	Total			Male			Female		
	N	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
County of Residence									
Clark	11,132	86.5	467.9	9,431	86.5	794.4	1,701	86.9	142.7
Washoe	1,169	9.1	242.5	1,023	9.4	422.7	146	7.5	60.8
All Other Counties**	565	4.4	160.0	455	4.2	256.4	110	5.6	62.6
Total	12,866	100.0	400.3	10,909	100.0	678.9	1,957	100.0	121.7
Race/Ethnicity									
White, non-Hispanic	5,014	39.0	318.2	4,424	40.6	556.6	590	30.1	75.5
Black, non-Hispanic	3,690	28.7	1,271.9	2,763	25.3	1,892.1	927	47.4	643.3
Hispanic	3,313	25.8	335.8	3,001	27.5	602.2	312	15.9	63.9
Asian/Hawaiian/ Pacific Islander	523	4.1	160.6	444	4.1	296.1	79	4.0	45.0
American Indian/Alaska Native	78	0.6	216.0	61	0.6	346.2	17	0.9	91.9
Multi-race/Other	246	1.9	-	215	2.0	-	31	1.6	-
Unknown	2	0.0	-	1	0.0	-	1	0.1	-
Total	12,866	100.0	400.3	10,909	100.0	678.9	1,957	100.0	121.7
Age Group at End of Year									
< 13	5	0.0	1.0	1	0.0	0.4	4	0.2	1.6
13 to 14	3	0.0	3.3	1	0.0	2.2	2	0.1	4.5
15 to 19	33	0.3	15.0	21	0.2	18.6	12	0.6	11.2
20 to 24	263	2.0	122.0	224	2.1	201.1	39	2.0	37.4
25 to 29	902	7.0	389.2	813	7.5	688.7	89	4.5	78.3
30 to 34	1,508	11.7	663.7	1,362	12.5	1,172.5	146	7.5	131.5
35 to 39	1,548	12.0	740.0	1,350	12.4	1,282.6	198	10.1	190.5
40 to 44	1,347	10.5	619.7	1,128	10.3	1,033.0	219	11.2	202.5
45 to 54	2,880	22.4	701.3	2,343	21.5	1,125.7	537	27.4	265.1
55 to 64	3,053	23.7	793.9	2,571	23.6	1,346.0	482	24.6	249.0
65 +	1,324	10.3	272.1	1,095	10.0	493.7	229	11.7	86.5
Total	12,866	100.0	400.3	10,909	100.0	678.9	1,957	100.0	121.7
Transmission Category									
Male-to-male sexual contact (MSM)	8,256	64.2	256.9	8,256	75.7	513.8	0	0.0	-
Injection drug use (IDU)	759	5.9	23.6	485	4.4	30.2	274	14.0	17.0
MSM+IDU	762	5.9	23.7	762	7.0	47.4	0	0.0	-
Heterosexual contact	1,386	10.8	43.1	353	3.2	22.0	1,033	52.8	64.3
Perinatal exposure	87	0.7	2.7	33	0.3	2.1	54	2.8	3.4
Transfusion/Hemophilia	6	0.0	0.2	3	0.0	0.2	3	0.2	0.2
No identified risk (NIR)	1,610	12.5	50.1	1,017	9.3	63.3	593	30.3	36.9
Total	12,866	100.0	400.3	10,909	100.0	678.9	1,957	100.0	121.7

Source: Division of Public and Behavioral Health, enhanced HIV/AIDS Reporting System (eHARS), (March 2022).

Persons living with HIV include data on persons living in Nevada with HIV (not yet HIV Stage 3 (AIDS)) and HIV Stage 3 (AIDS) based on the current address listed in eHARS. These persons may or may not have been diagnosed with HIV or HIV Stage 3 (AIDS) in Nevada.

* Rates per 100,000 population were calculated using 2021 population projections from the Nevada State Demographer vintage 2020 data.

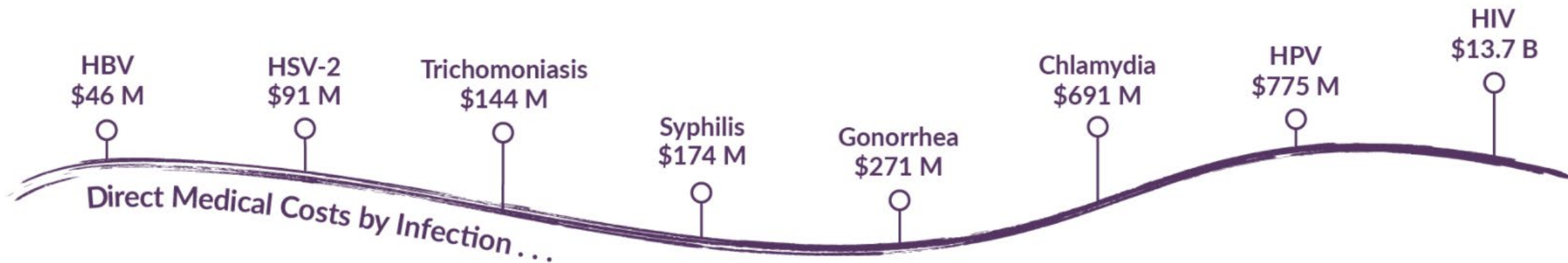
**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.

§Persons Living with HIV indicate any person regardless of HIV staging, including HIV stage 3 (AIDS), living in Nevada in 2021.

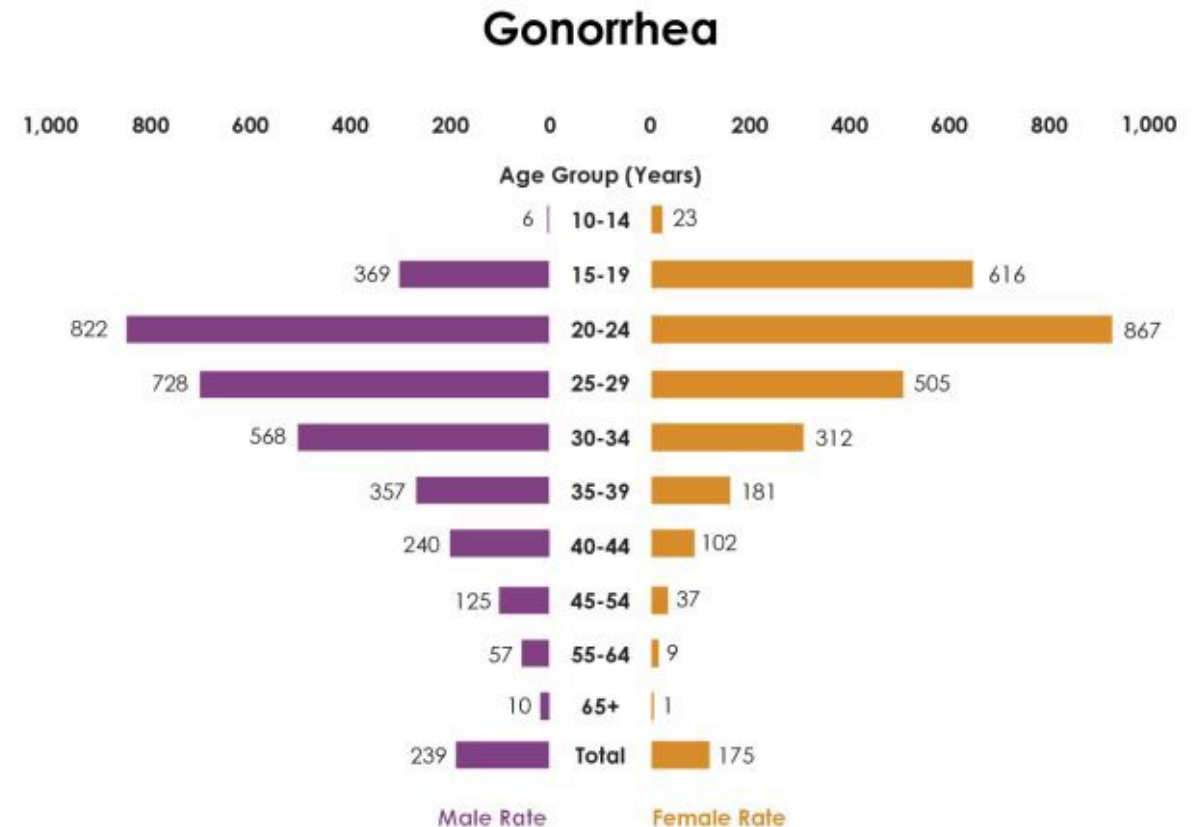
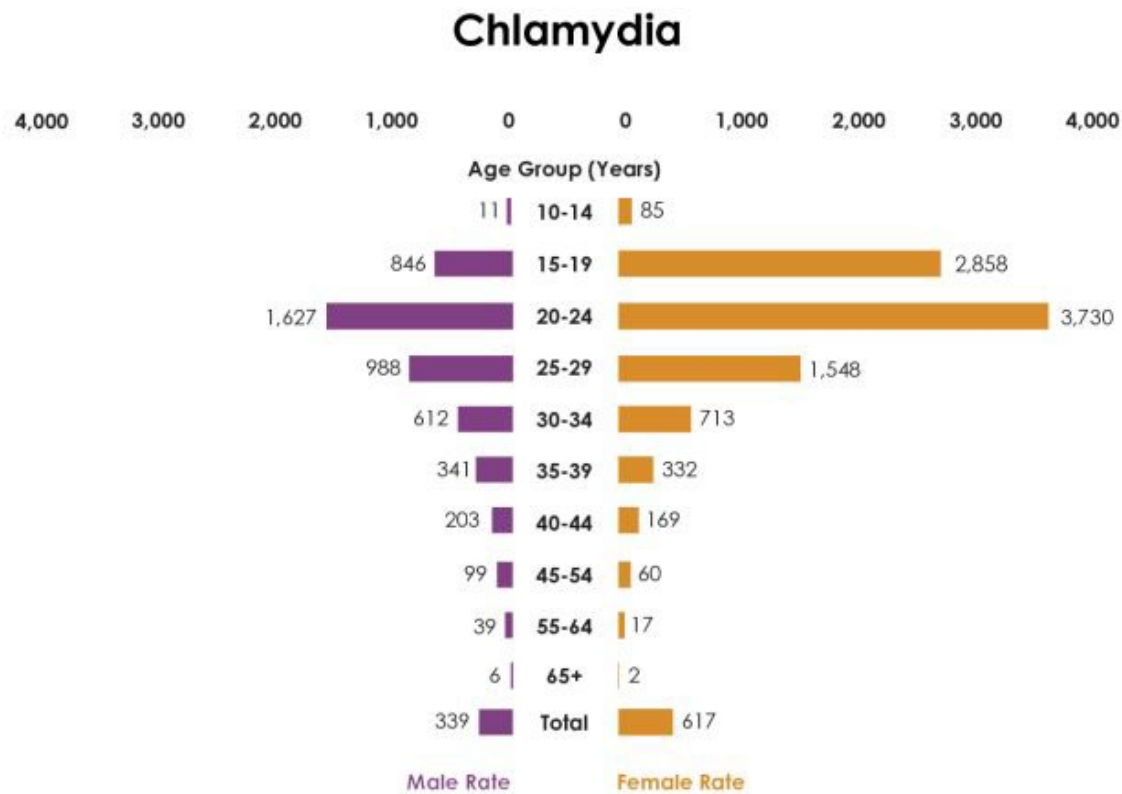
Due to rounding, percentages may not add up to exactly 100.0% and certain rate categories may not add up to the total rate.

Age Group at End of Year	N	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
< 13	5	0.0	1.0	1	0.0	0.4	4	0.2	1.6
13 to 14	3	0.0	3.3	1	0.0	2.2	2	0.1	4.5
15 to 19	33	0.3	15.0	21	0.2	18.6	12	0.6	11.2
20 to 24	263	2.0	122.0	224	2.1	201.1	39	2.0	37.4
25 to 29	902	7.0	389.2	813	7.5	688.7	89	4.5	78.3
30 to 34	1,508	11.7	663.7	1,362	12.5	1,172.5	146	7.5	131.5
35 to 39	1,548	12.0	740.0	1,350	12.4	1,282.6	198	10.1	190.5
40 to 44	1,347	10.5	619.7	1,128	10.3	1,033.0	219	11.2	202.5
45 to 54	2,880	22.4	701.3	2,343	21.5	1,125.7	537	27.4	265.1
55 to 64	3,053	23.7	793.9	2,571	23.6	1,346.0	482	24.6	249.0
65 +	1,324	10.3	272.1	1,095	10.0	493.7	229	11.7	86.5
Total	12,866	100.0	400.3	10,909	100.0	678.9	1,957	100.0	121.7

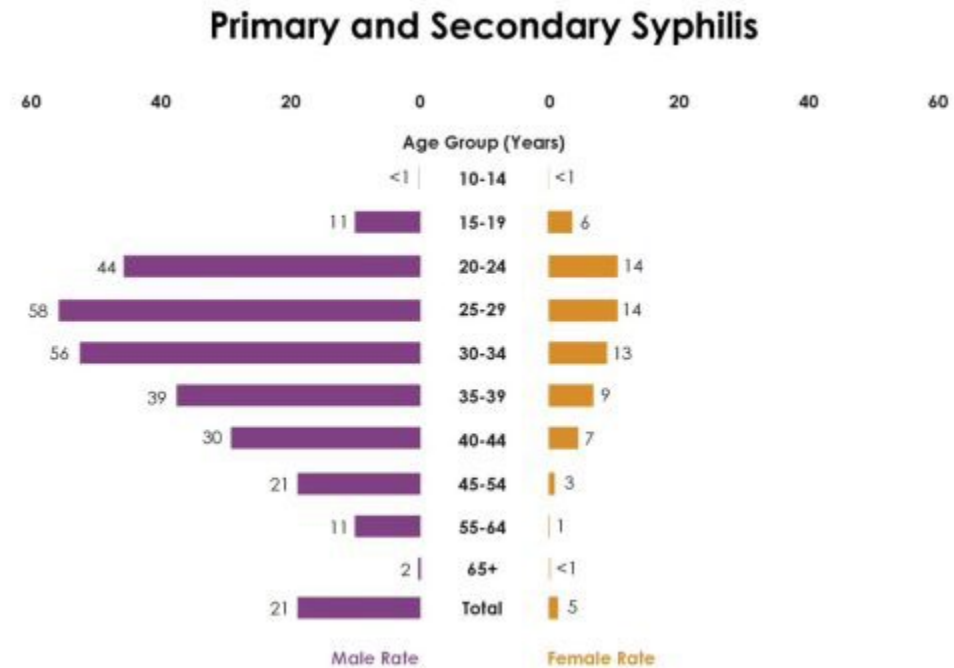
- Ranks 7th in people living with HIV with rate of 352.0 per 100,000 for all ages (2020).
- Burden of disease among people of color living with HIV (2021).
 - 1,454.4 per 100,000 Black, non-Hispanics
 - 178.5 per 100,000 Hispanics/Latinos
 - 93.6 per 100,000 Asian/Hawaiian/Pacific Islander
 - 68.5 per 100,000



STIs in the US: Rates per 100,000 Reported Cases by Age Group and Sex, 2020



STIs in the US: Rates per 100,000 Reported Cases by Age Group and Sex, 2020



Nevada 2020 STD Fast Facts



Percent Change in STD Cases in Nevada (continued), 2019 to 2020

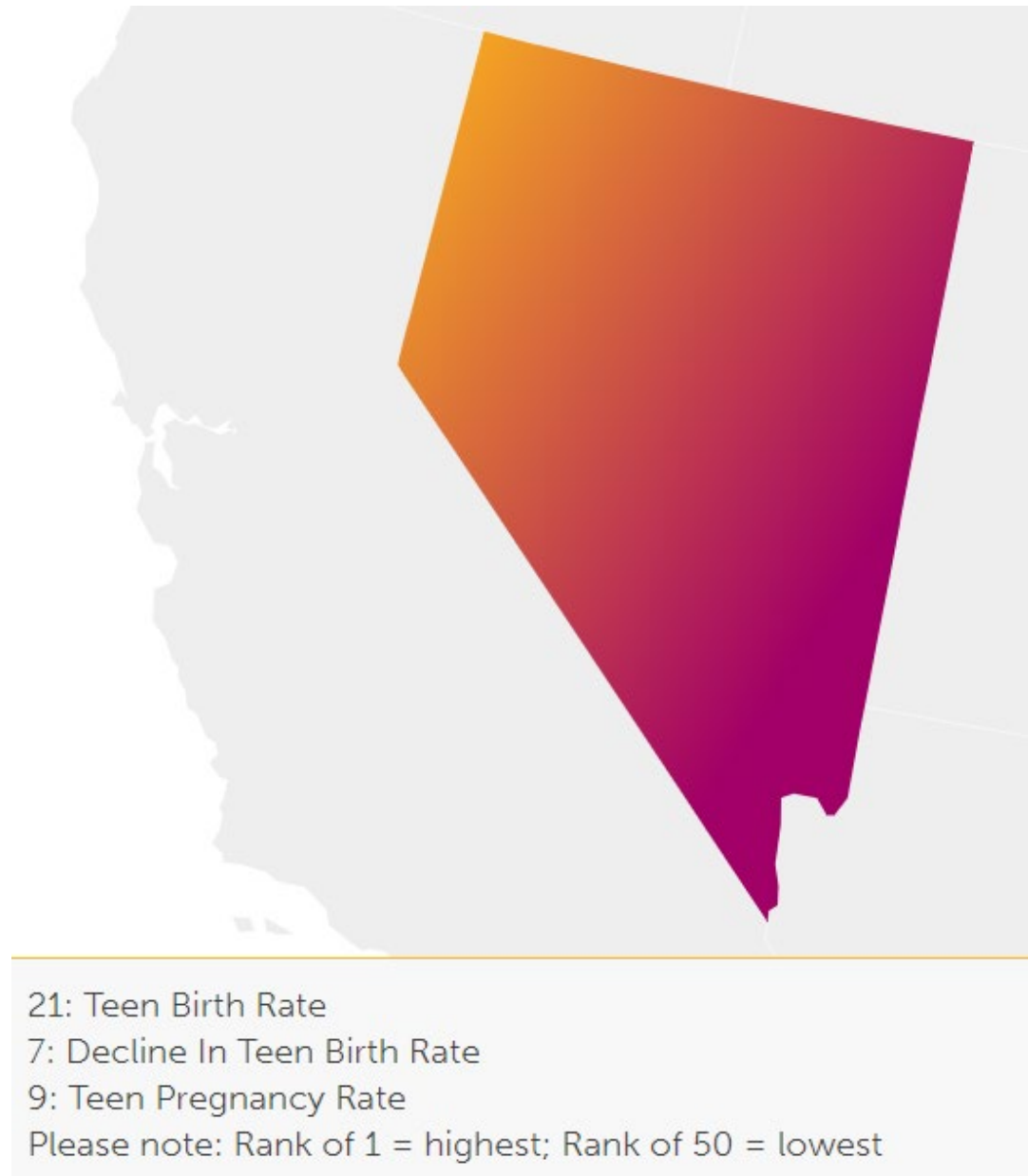
Age	Chlamydia			Gonorrhea			P & S Syphilis ¹			EL Syphilis ²		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
<9	4	3	-25.0%	5	3	-40.0%	0	0	0.0%	0	0	0.0%
10-14	63	64	1.6%	20	17	-15.0%	1	0	-100.0%	0	0	0.0%
15-19	3,967	3,041	-23.3%	928	704	-24.1%	16	23	43.8%	9	10	11.1%
20-24	6,064	4,955	-18.3%	1,412	1,464	3.7%	105	83	-21.0%	58	54	-6.9%
25-29	3,550	3,040	-14.4%	1,381	1,401	1.4%	184	173	-6.0%	100	64	-36.0%
30-34	1,904	1,670	-12.3%	1,026	1,062	3.5%	151	144	-4.6%	105	84	-20.0%
35-39	980	891	-9.1%	659	669	1.5%	107	93	-13.1%	85	77	-9.4%
40-44	550	475	-13.6%	431	447	3.7%	80	69	-13.8%	55	76	38.2%
45-54	552	442	-19.9%	469	417	-11.1%	108	122	13.0%	78	85	9.0%
55-64	167	128	-23.4%	161	148	-8.1%	44	52	18.2%	30	38	26.7%
65+	27	28	3.7%	27	32	18.5%	12	8	-33.3%	3	8	166.7%
Unknown	0	2	N/A	0	0	0.0%	0	0	0.0%	0	0	0.0%
Total	17,828	14,739	-17.3%	6,519	6,364	-2.4%	808	767	-5.1%	523	496	-5.2%

Source: Division of Public and Behavioral Health, NEDSS Based System (NBS), data as of December 2021.

* Percent may not equal 100% due to rounding and unknown counts.

** All other counties include Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.

Nevada Teen Pregnancy & Births, 2020



TEEN BIRTHS IN NEVADA, GIRLS 15-19

2020

1,506

NUMBER OF TEEN BIRTHS

2015

\$29

MILLION SAVED DUE TO
FALLING TEEN BIRTH RATE

TEEN BIRTH RATE

2020

16.8 BIRTHS PER 1,000 GIRLS

-11%

CHANGE IN TEEN BIRTH
RATE FROM 2019

-77%

CHANGE IN TEEN BIRTH
RATE FROM PEAK YEAR 1991

TEEN BIRTH RATE, BY RACE/ETHNICITY	2020	CHANGE, 1991 - 2020
Non-Hispanic White	11	-83%
Non-Hispanic Black	32	-78%
Hispanic	24	-81%

TEEN PREGNANCY IN NEVADA, GIRLS 15-19

NUMBER OF TEEN PREGNANCIES

2013

4,190

TEEN PREGNANCY RATE

2013

49 PREGNANCIES PER 1,000 GIRLS

-21%

CHANGE IN TEEN
PREGNANCY RATE FROM
2011

-66%

CHANGE IN TEEN
PREGNANCY RATE FROM
PEAK YEAR 1988

[No Title]

Nevada Youth Risk Behavior Survey, 2019

- 33% of high school student respondents reported having sexual intercourse
 - 23.1% were currently sexually active
- Of those that have had sexual intercourse 44.1% reported no condom use during their last sexual intercourse
- 54.9 of females reported condoms were not used the last time they had sexual intercourse
- Of male and females respondents who reported being sexually active, 89.75 reported no condom or birth control use during the last sexual intercourse

Loss of Title X, Federal Family Planning, Funds

Federal Title X funds allow minors to seek reproductive healthcare and contraceptives without parental consent.

Nevada Primary Care Association and Southern NV Health District are current recipients

Lost Federal Funding and Minor's Ability to Receive Services Without Parental Consent

- Nevada Division of Public and Behavioral Health,
- Carson City Health and Human Services
- Washoe County Health District

GOAL

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.

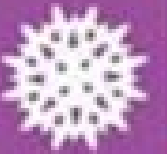


HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



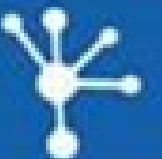
Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





For HIV Prevention

WHAT IS IT?

WHEN SHOULD
IT BE TAKEN?

WHO SHOULD
TAKE IT?

IS IT EFFECTIVE?

HOW LONG DO
YOU TAKE IT?

PREP

Protective
Medication taken
before exposure.

Taken daily prior
to exposure.

Those who are HIV
Negative and are
currently at risk
through sexual
contact or drug
injection use.

Daily use can reduce
the risk of HIV by
99% from sex and at
least 74% from
injection.

PrEP medication
should be taken
daily.

VS

PEP

Emergency
medication taken
after exposure.

Taken only
within 72 hours,
after possible
HIV exposure.

Those who are HIV
negative and have
had high-risk HIV
exposure.

Consistent use can help
prevent HIV but may
not be effective. PEP is
more effective the
sooner it is started.

PEP medication
should be taken
for only 28 days
after a possible
HIV exposure.

Why is this legislation needed?

- To support services that have already been provided and allowed through federal funding that is now lost for the majority of the state.
- To provide preventive services that will help end the HIV epidemic.
- To deliver services to minors that do not have a trusted adult, family, or askable adult in their lives.
- For better health outcomes in all of our communities.
- Prevention is cost effective.