

**MINUTES OF THE  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-ninth Session  
March 8, 2017**

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:32 p.m. on Wednesday, March 8, 2017, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Pat Spearman, Chair  
Senator Julia Ratti, Vice Chair  
Senator Joyce Woodhouse  
Senator Joseph P. Hardy  
Senator Scott Hammond

**GUEST LEGISLATORS PRESENT:**

Senator Yvanna D. Cancela, Senatorial District No. 10  
Senator Mark A. Manendo, Senatorial District No. 21

**STAFF MEMBERS PRESENT:**

Megan Comlossy, Policy Analyst  
Eric Robbins, Counsel  
Debbie Carmichael, Committee Secretary

**OTHERS PRESENT:**

Elisa Cafferata, Nevada Advocates for Planned Parenthood Affiliates, Inc.  
Michael Hackett, Nevada Primary Care Association; Nevada Public Health Association  
Katie Peterson, M.D.  
Joseph P. Iser, M.D., Chief Health Officer, Southern Nevada Health District  
Stacey Shinn, Progressive Leadership Alliance of Nevada  
Christy McGill, Healthy Communities Coalition of Lyon and Storey Counties

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Ashley Jennings

Marlene Lockard, The Nevada Women's Lobby; Human Services Network of Nevada

Jared Busker, Children's Advocacy Alliance

Rocky Finseth, Bayer Corporation

Melissa Clement, Nevada Right to Life

Janine Hansen, Nevada Families for Freedom

Janet Freixas

Virginia Starrett

Trudy Larson, M.D., Director, School of Community Health Sciences, University of Nevada, Reno

CHAIR SPEARMAN:

I will open the hearing on Senate Bill (S.B.) 122.

**SENATE BILL 122**: Establishes a program to provide grants for family planning services. (BDR 40-630)

SENATOR YVANNA D. CANCELA (Senatorial District No. 10):

Under the Centers for Disease Control and Prevention guidelines, family planning services encompass contraceptive services for clients who want to prevent pregnancy and to space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted disease services including HIV aids, and other preconception health services including screening for obesity, smoking and mental health. Sexually transmitted diseases (STD) and HIV and other preconception health services are considered family planning services because they improve women's health and men's health and can influence a person's ability to conceive or to have a healthy birth outcome. I have submitted my testimony ([Exhibit C](#)) and the Guttmacher Policy Review, Fall 2014, Volume 17, Number 4 ([Exhibit D](#)) to the Committee.

Last week a national magazine published an article titled "She's 17 and Needs Birth Control. Do We Turn Our Backs?" The article describes at length why family planning services are necessary. At the end of the article it cites:

The Guttmacher Institute, a research organization that supports abortion rights, estimates that without Title X funding for family planning clinics, there would be, in a year, an additional 900,000 unplanned pregnancies—and 325,000 more abortions.

About two-thirds of the women and girls who come to these clinics don't have any other health care provider. They're people like Amanda Bowden, 33, who comes annually to the Maine Family Planning clinic in Augusta to get birth control pills and a checkup.

I asked her about the effort to cut funding for clinics like these, and she said: "You're not taking away abortion services. You're taking away my health care."

I believe this underlines just how important these health care services are for women as well as to our State.

ELISA CAFFERATA (Nevada Advocates for Planned Parenthood Affiliates, Inc.): Nevada Advocates for Planned Parenthood supports S.B. 122 and I have provided information ([Exhibit E](#)) on why S.B. 122 is needed. The most basic health care that women get for a large part of their lives is family planning. For 30 percent to 50 percent of women it is the only health care that they get from the time they are 15 years old to 50 years old. It is a critical service. Young, low-income and disadvantaged women rely very heavily on the family planning safety-net that is available in the State. Last year, rural Nevada lost two-thirds of the Title X family planning grant, which does not go to Planned Parenthood, instead it goes to safety-net providers. Meeting the needs of 10 percent of the people in rural Nevada dropped 5 percent of the people. Women in rural Nevada have no alternatives if they cannot access the Title X funds. Page 3 of [Exhibit E](#) highlights the cost savings achieved in Nevada as a result of publicly funded services provided in 2010. There are no savings in abortion costs because the State and Medicaid do not pay for abortions. However, women who do not experience unintended pregnancies do not find themselves seeking abortions. One of the arguments we have heard nationally is other health centers could provide these services. Why does the money need to go to the Planned Parenthood health centers? The truth is Planned Parenthood health centers consistently perform better than any other type of health center when it comes to the family planning safety-net. Planned Parenthood is able to provide, in most cases, same-day services or more quickly provide an appointment for women in need and more likely able to accommodate weekend and evening hours. Planned Parenthood meets a substantial portion of the need that other health centers cannot provide. In 2010, when we had two Title X health centers in Nevada, while we only had 10 percent of the health centers providing safety-net services, we were seeing 41 percent of the patients in need because it is what

we specialize in. That is what we are good at, and we are able to step into the safety-net role. In the communities where they have lost Planned Parenthood health centers, they have not seen the patients migrating to community health centers (CHC). For example, in Midland, Texas, where it lost its health center, out of 1,000 active Planned Parenthood patients fewer than 100 went to the CHCs. Planned Parenthood serves a vital role, and the idea that other health centers could step in has not proven to be the case. Nevada has almost no safety-net for family planning. For the rural population it has proven devastating. It is time for the State to step in and invest in women's health care.

SENATOR HARDY:

Planned Parenthood may not perform Medicaid abortions but they do advertise a price range for abortion services. The abortion pill is \$485, ultrasound is \$90 and medication, if you are Rh-negative, is \$67. One of the challenges that is perceived is that Planned Parenthood does medication abortions and/or referral for abortions later into the pregnancy.

MS. CAFFERATA:

Senate Bill 122 addresses family planning. As Senator Cancela stated earlier, abortion is not an FDA approved method of family planning and is not considered a part of the family planning that is envisioned in this bill. Ninety-seven percent of the services that Planned Parenthood provides are preventive health care, annual examinations, cancer screenings, and STD testing and treatment. The 3 percent of the remaining services include providing medication abortions as it is a legal medical procedure in this Country. It is an important legal option for women. We understand that some people have concerns with it, which is why Medicaid does not cover that service except in the case of rape, incest or the life of the mother. We feel that it is an existing adjudicated law and a reasonable approach for people to go forward. We are not looking to change any of that with S.B. 122.

MICHAEL HACKETT (Nevada Primary Care Association; Nevada Public Health Association):

The Nevada Primary Care Association and the Nevada Public Health Association (NPHA) strongly support S.B. 122. The Nevada Primary Care Association (NPCA) is the designated primary care association in Nevada. Its federally qualified health centers or CHCs provide primary, behavioral and dental care to the underserved and Medicaid populations. There are presently 9 CHCs operating through 32 clinics around the State.

Charles Duarte, President of the Board of Directors for the NPCA submitted a letter of support ([Exhibit F](#)) for S.B. 122. I would like to bring to the Committee's attention a couple of points from Mr. Duarte's letter. The CHCs do not have the capacity to serve those who are in need due to age and income for family planning services. Roughly, of the 195,000 women and people who are in need of these services, the CHCs are only able to handle 22,000. In communities without a CHC, the State's Community Health Nursing Program is often the only option for low income residents.

The CHCs are committed to helping women in the State delay pregnancy until they are ready. The NPHA is an organization whose mission is to serve as the voice for public health in Nevada. Senate Bill 122 is in line with the priorities of NPHA regarding evidence-based policies on STDs, HIV testing, reducing and eliminating financial barriers and other social determinates of health, and the safety-net services that are available so they remain available. The NPHA supports promoting and protecting reproductive rights and access to reproductive health services for all females. Investing in family planning is a sound investment in public health infrastructure and programs. It saves money at the State level and with Medicaid.

KATIE PETERSON, M.D.:

I support S.B. 122. I have submitted my written testimony ([Exhibit G](#)) to the Committee. I would not be doing the job I am today if I had not had reliable family planning throughout the course of my early life.

JOSEPH P. ISER, M.D. (Chief Health Officer, Southern Nevada Health District):

I support S.B. 122 and have provided my written testimony ([Exhibit H](#)) to the Committee. My districts see about 4,500 women on an annual basis. We are the safety-net provider. Health districts and health departments are the safety-net for the safety-net. We see people from around the State, such as from Lincoln and Nye counties.

SENATOR RATTI:

Were your Title X funds affected in the last grant cycle?

DR. ISER:

Yes, we did get a cut of 50 percent in our family planning dollars through Title X. We think we will get it back but the uncertainty is what is going to happen under the Affordable Care Act and specifically what is going to happen

for family planning services. There are proposals to cut a lot of the U.S. public health service programs that the State, local and others rely on to provide services. We are hopeful that we will get the other 50 percent back as we get close to the end of the continuing resolution, but there is no guarantee. We do not have another funding source. We do not get enough local dollars to support any of the grant funds that were lost.

STACEY SHINN (Progressive Leadership Alliance of Nevada):

The Progressive Leadership Alliance of Nevada supports S.B. 122. As a young woman directly out of undergrad, I did not have health care services from my employer. I relied on Planned Parenthood for several years as my primary care. I understand the importance of these services.

CHRISTY MCGILL (Healthy Communities Coalition of Lyon and Storey Counties):

The Healthy Communities Coalition supports S.B. 122. The Healthy Communities Coalition determined that communities are dangerously reliant on community health nurses in the rural areas. When Title X funding was lost, other agencies needed to step up, but only the community health nurses did. We were so desperate we started handing out condoms at the food pantries and begged our gas stations to carry some sort of birth control, because there was no other alternative. This is really serious in the rural areas as they are the most at poverty level. Senate Bill 122 is not a silver bullet, but it is one way to increase the capacity for the rural areas so we are not so reliant on the State provider.

SENATOR RATTI:

Ms. McGill invited me to a community coalition health care event. I spent a day in a high school gymnasium watching people get care. They were so grateful that this day happens once, maybe twice a year. They were totally willing to have their dental chairs lined up on the half-court line, sharing the space with everyone. Our rural communities are being as creative as they possibly can to meet the need. They are stretching every penny. I happened to be there a week after the communities found out the Title X funding was no longer available. I was surrounded by the public health nurses. Not one nurse spoke to me about being concerned about losing their job, but spoke to me about their clients and the devastating impacts on the rural communities if they did not have half-time and, in some cases, full-time community health nurses. It was incredibly compelling. Unfortunately, every impact the nurses predicted is coming true. We are seeing more unintended pregnancies and people going without health care.

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The rural communities are being creative and stretching every penny. There really was no one to step up. This is not acceptable.

Ms. MCGILL:

The event Senator Ratti is talking about is the Remote Area Medical event. It brought dental and women health services to the rural areas in Nevada. It is held all across the nation. What made this event unusual was that the bulk of the services provided is usually dental services, but in rural Nevada it was 60 percent women's health services.

ASHLEY JENNINGS:

I will read Dr. Bradford Granath's written testimony ([Exhibit I](#)) in support of S.B. 122.

MARLENE LOCKARD (The Nevada Women's Lobby; Human Services Network of Nevada):

The Nevada Women's Lobby and the Human Services Network of Nevada support S.B. 122.

JARED BUSKER (Children's Advocacy Alliance):

The Children's Advocacy Alliance supports S.B. 122.

ROCKY FINSETH (Bayer Corporation):

Craig M. Swaim submitted a letter ([Exhibit J](#)) of the Bayer Corporation's support of S.B. 122.

SENATOR SPEARMAN:

The Committee received letters of support for S.B. 122 from the Washoe County Health District ([Exhibit K](#)), Community Chest, Inc. ([Exhibit L](#)) and Ann Miles ([Exhibit M](#)).

MELISSA CLEMENT (Nevada Right to Life):

Nevada Right to Life wants to make sure that no State funds go to abortions, abortifacients, or organizations providing or referring abortions.

JANINE HANSEN (Nevada Families for Freedom):

Nevada Families for Freedom is opposed to S.B. 122. I have provided information from the Planned Parenthood Website ([Exhibit N](#)) showing they provide the abortion pill in Las Vegas and abortion referrals in northern Nevada.

The nonprofit section of S.B. 122 is my concern because that money will be targeted toward Planned Parenthood. They are a political advocacy organization and representatives are in this building every day advocating their position. Nationally, they receive \$573 million in federal funds. Nonprofit organizations should raise their own money, like Nevada Families for Freedom raises its own money. We are concerned about Planned Parenthood's advocacy not only for abortions, abortion pills but against parental notification and extreme sex education. Senate Bill 122 sanctions and supports the position of Planned Parenthood and their advocacy for these things that Nevada Families for Freedom finds repugnant to families and life. I understand how hard it is to get healthcare in rural Nevada. I live in Elko and my physician is in Reno. Nevada Families for Freedom is concerned about funding private nonprofit organizations that are politically oriented and advocate for things such as abortion.

JANET FREIXAS:

I am in opposition to S.B. 122. I first learned about Planned Parenthood when I was in high school in the 1970s. I heard through girl talk about a place you could go to get a prescription medication, birth-control, without parental consent or notification. If you put the cart before the horse you could get a medical procedure known as an abortion, again without parental consent or notification. After visiting Planned Parenthood and dealing with the issue, the girls were sent home to their parents who had no idea what had happened. The parents would have to deal with any complications, whether they be medical or emotional, without any idea of what had happened. I do not wish to talk about abortion because that is not the issue today, but I do feel very strongly about it. I would like to point out that while a school nurse is not allowed to hand out an aspirin without parental consent, I find it very disturbing that any agency, let alone one that is funded with taxpayers dollars, is allowed to distribute medication or perform abortions. I strongly urge you not to support S.B. 122.

SENATOR SPEARMAN:

Do you have supporting documentation that girls got prescriptions or had abortions without their parent's consent or notification?

JANET FREIXAS:

No, my story was anecdotal.



VIRGINIA STARRETT:

I am torn by S.B. 122. I am in favor of women's health care and want health care available to people who cannot afford to have it. A large part of the problem today with funding women's health care has been brought about by Planned Parenthood. I have mixed feelings about the participation of Planned Parenthood amongst those considered worthy of funding. Planned Parenthood has become a huge monopoly in the market of providing women's health care. It uses its resources in ways that big box stores do to wipeout small businesses. It sets quotas for the number of women it can talk into abortions in its clinics. I have a huge problem with public funding of abortions altogether. If Planned Parenthood agreed to disconnect itself from the abortion industry and instead concentrated strictly on women's healthcare, I think that would be a huge step forward. We do have problems in our society where religious liberties come in, and the idea of funding for things that are against those religious principles get mixed up. Money cannot be put in one pocket and then taken out of another pocket and say that is not affecting the idea that abortion is being performed. I urge to remove Planned Parenthood from S.B. 122. I do not think they need the money. I think it is the smaller clinics in the smaller towns and areas that could better use the funding to serve their populations.

SENATOR SPEARMAN:

Can you give the Committee the supporting documentation about Planned Parenthood having quotas?

MS. STARRETT:

They are YouTube videos.

SENATOR SPEARMAN:

Are the videos from Planned Parenthood?

MS. STARRETT:

No, Planned Parenthood is not going to put out videos. The videos have been created by women who have worked for Planned Parenthood.

SENATOR SPEARMAN:

What you say in this hearing has to be supported by fact. If it is not supported by facts, then it is anecdotal.

SENATOR RATTI:

My background is in nonprofit management. Well beyond Planned Parenthood there are a wide number of nonprofit organizations that receive a significant number of tax dollars. We have found in the public and private sector that sometimes that is the most efficient way to deliver services. One example is the services delivered to people with disabilities like Washoe Association for Retarded Citizens, High Sierra Industries or Opportunity Village. They receive a significant amount of their funding through government contracts to serve their populations and serve them in the most cost effective manner. That is a normal and significant practice. Many of the nonprofits come to the Legislature to advocate or educate for the populations they serve. They do that because there are so few folks who are advocating for those populations. The low-income women and people with disabilities do not have professional lobbyists to speak for them. Having run multiple nonprofit organizations, the concept that money can come into one pocket and be taken out of the other pocket and can be spent in any way, is absolutely not true. Nonprofit organizations have very specific Generally Accepted Accounting Principles standards or accounting standards that say how to account for every dollar. When it is a designated dollar, it cannot be taken out of the funding stream and put anywhere else. If it is done, there are consequences. It is common for any nonprofit organization to have a fund accounting system that makes sure that dollars go to the services to which were intended. The designation might be from a government agency or from a donor who says this is where I want my money to go. I care deeply about the nonprofit sector because they are responsible for much good in the world, and I want to make sure the facts about how the nonprofit sector operates, including Planned Parenthood, which has been an incredible safety-net provider for low income women, are true.

SENATOR CANCELA:

We just heard that S.B. 122 is tremendously important. From my personal point of view this is not only paramount for young women like me, but it is important for women across the State. We have an opportunity to take action on something that could affect women for decades to come. I urge the Committee to take this seriously and support S.B. 122.

SENATOR SPEARMAN:

I close the hearing on S.B. 122 and open the hearing on S.B. 151.

**SENATE BILL 151**: Provides for the establishment of a public health laboratory in certain counties. (BDR 40-752)

SENATOR MARK A. MANENDO (Senatorial District No. 21):

Senate Bill 151 supports the infrastructure necessary to ensure a more effective and functioning public health system. The resurgence of tuberculosis in a multidrug resistant form, outbreaks of whooping cough, sexually transmitted diseases, and the introduction of new and debilitating diseases, like Zika, are all major threats to southern Nevada's 2.1 million residents and 43 million annual visitors. By advocating for and implementing improvements in public health, testing and surveillance, the health districts are poised to be a positive part of the changing face of public health and to meet the challenges head-on. With 73 percent of Nevada's population, the Southern Nevada Health District is a constant advocate for and protector of southern Nevada residents and the 43 million visitors. This bill codifies the Southern Nevada Health District's ability to have an independent public health lab whose primary focus will be the betterment for all Nevadans. This bill does not minimize the importance or authority of the Nevada State Health Lab. It enhances the health district's ability to meet the growing needs of southern Nevada. Both labs will continue to work together collaboratively for the betterment of Nevadans. A strong State public health lab working hand-in-glove with the public health district makes for a safer southern Nevada and a safer Nevada.

DR. ISER:

The Southern Nevada Health District supports S.B. 151. I will read my written testimony ([Exhibit O](#)). I worry about the 2.1 million residents who I refer to as my patients even though I do not know them individually. I also worry about the 43 million visitors a year. I worry about them primarily because southern Nevada is such an economic driver for the State. If there were a public health threat, public health emergency or a significant food-borne outbreak, the tourist industry would be damaged. In recent years, Clark County has experienced a sharp increase in syphilis cases, with a total of 823 of primary, secondary and early latent cases, in addition to 9 congenital cases reported in 2016. Congenital syphilis is a warning sign that we need to do a much better job in case-finding, case-tracking and treating people who have been exposed to all diseases, but in particular to syphilis. Congenital cases of syphilis come from women who were not seen and treated for their underlying disease, and their babies were born with the disease. This is a devastating outcome as many babies are born with significant birth defects that can require life-long care. We

must continue to be fully prepared for emerging arboviruses as well as Ebola, Zika, H1N1 and avian influenza. I just read in a newspaper about a new strain of avian influenza found in one of the midwestern states, where several flocks of chickens had to be killed in order to contain the disease. The Southern Nevada Public Health Laboratory would like the district public health laboratory designation to be able to go out and seek funding from private donors and other granting organizations, as it has no interest in coming back to the Legislature to ask for money from the General Fund. The Southern Nevada Public Health Laboratory has no interest in taking money away from the Nevada State Public Health Laboratory. I am here to bolster our ability to protect southern Nevada, all of Nevada and surrounding regions.

TRUDY LARSON, MD (Director, School of Community Health Sciences, University of Nevada, Reno):

I am in opposition to S.B. 151 as it mandates the creation of a public health laboratory based on population. I have provided my written testimony ([Exhibit P](#)). There are alternatives to S.B. 151. There is branch lab designation that is already a viable alternative to this bill. The branch lab designation comes from the State Public Health Lab which is designated that by *Nevada Revised Statutes* (NRS) 439.240.

SENATOR RATTI:

Eighty percent of the funding for the State Public Health Lab comes from fees for services. If the public health test that you are running for the Southern Nevada Health District goes away, is the State lab viable?

DR. LARSON:

We do not charge the Southern Nevada Health District for any services the State Public Health Lab provides. That is not a problem. The problem is we all have the same pot of money we use for purchasing expensive equipment or for training. There is a defined pot of money for grants and contracts. Very few states in this Country have more than one state public health lab because it is so expensive. The State Public Health Lab provides the high level testing that is needed. The Southern Nevada Public Health Lab is very well staffed. They do an excellent job. I do not believe that designating them as a public health laboratory is needed to provide the support and level of services they need.

SENATOR MANENDO:

I have had no communication with Dr. Larson. If I had gotten her letter, I would be able to address her concerns. I think we should move the whole State Health Lab to the south.

DR. ISER:

The expense of moving the lab to the south is pretty dramatic, but as you heard in my testimony, the vast majority of diseases of public health significance do occur in the south. I need to be able to test and treat very quickly. Some of the tests are sent out to Quest and we are trying to bring those back in-house. We do not want to be designated as a state public health lab, we only want to be designated as a county public health lab.

SENATOR RATTI:

My concern is we are not doing something for the rural populations, and ten years from now, when you or I are not here, that they are no longer viable and able to do it. I am asking for Dr. Iser and Dr. Larson to work together to see if there is an option. At least so there is clarity about how this would look financially. What would the two budgets look like? What are the funding sources? We need a comfort level.

DR. ISER:

We would be happy to do that. I would like to tell you how we currently fund the lab. It is from grants and local funds.

SENATOR SPEARMAN:

I close the hearing on S.B. 151.

ERIC ROBBINS (Counsel):

Nevada Revised Statute 218E.015 gives the Assembly, the Senate and the committees the power to conduct investigations and hold hearings regarding any matter which is pertinent to their legislative business or possible future legislative action, which is what we are doing here in Committee. Inherent in that power to hold hearings and conduct investigations is the power to request evidence on any testimony that is submitted in order to evaluate the merit of that testimony.

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SENATOR SPEARMAN:  
I adjourn the meeting at 4:43 p.m.

RESPECTFULLY SUBMITTED:

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Debbie Carmichael,  
Committee Secretary

APPROVED BY:

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Senator Pat Spearman, Chair

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

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit / # of pages</b>		<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
	B	5		Attendance Roster
S.B. 122	C	3	Senator Cancela	Written Testimony
S.B. 122	D	1	Senator Cancela	Guttmacher Policy review, Fall 2014, Volume 17, Number 4
S.B. 122	E	4	Elisa Cafferata / Nevada Advocates for Planned Parenthood Affiliates, Inc.	Letter of Support
S.B. 122	F	1	Michael Hackett / Nevada Primary Care Association; Nevada Public Health Association	Letter of Support from Charles Duarte
S.B. 122	G	2	Katherine Peterson	Letter of Support
S.B. 122	H	1	Joseph P. Iser / Southern Nevada Health District	Written Testimony
S.B. 122	I	1	Ashley Jennings	Letter of Support from Bradford Granath M.D.
S.B. 122	J	1	Rocky Finseth / Bayer Corporation	Letter of Support from the Bayer Corporation
S.B. 122	K	1	Senator Spearman	Letter of Support from the Washoe County Health District
S.B. 122	L	1	Senator Spearman	Letter of Support from the Community Chest
S.B. 122	M	1	Senator Spearman	Letter of Support from Ann Miles
S.B. 122	N	5	Janine Hansen / Nevada Families for Freedom	Screen shots of the Planned Parenthood Website
S.B. 151	O	2	Joseph P. Iser / Southern Nevada Health District	Written Testimony
S.B. 151	P	2	Trudy Larson, M.D.	Written Testimony