

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-Second Session
April 10, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 12:34 p.m. on Monday, April 10, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [[Exhibit A](#)], the Attendance Roster [[Exhibit B](#)], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sarah Peters, Chair
Assemblyman David Orentlicher, Vice Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblywoman Selena Torres, Assembly District No. 3



STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Eric Robbins, Committee Counsel
David Nauss, Committee Counsel
Shuruk Ismail, Committee Manager
Terry Horgan, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Caitlin Gatchalian, Government Relations Director, American Heart Association,
Nevada Division
Marco Rauda, representing Americans for Contraception
Carissa Pearce, Health Policy Manager, Children's Advocacy Alliance
Shelbie Swartz, representing Battle Born Progress
Joanna Jacob, Manager, Government Affairs, Clark County
Daela Gibson, representing Planned Parenthood Mar Monte
Tony Ramirez, Government Affairs Manager, Make The Road Nevada
Donna West, Private Citizen, Las Vegas, Nevada
Jollina Simpson, representing Make It Work Nevada
Michael Willoughby, Private Citizen
Victoria Weiss, Private Citizen
Celes Parks, Private Citizen
Leslie Quinn, Private Citizen
Christiane Marsh, Private Citizen
Dora Martinez, Private Citizen, Reno, Nevada
TyJuan Thirdgill, Organizing Manager, NARAL Pro-Choice Nevada
Minerva Martinez, Volunteer, NARAL Pro-Choice Nevada

Chair Peters:

[Roll was taken. Committee rules and protocol were reviewed.] Good afternoon and welcome to the Assembly Committee on Health and Human Services. We will move on to our agenda. We have a couple of bills to hear and three bills on work session. We had four bills for work session on the agenda, but we moved Assembly Bill 155 to another time.

Assembly Bill 155: Establishes provisions relating to biomarker testing. (BDR 40-305)

[This bill was not considered.]

We will start with Assembly Bill 281.

Assembly Bill 281: Revises provisions governing senior living facilities. (BDR 40-457)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 281 was heard on March 24 as indicated in the work session document [[Exhibit C](#)] and sets forth requirements for ventilation and filtration systems in senior living facilities that receive certain federal funding. The bill requires—to the extent of available funding—that a facility administrator ensures a functional ventilation system.

Assemblywoman Gorelow proposed the attached mock-up amendment during the bill hearing. In summary, the mock-up would amend the bill as follows: Items Nos. 1 through 6 of the amendment revise definitions in the bill. In item No. 2, it additionally requires the Division of Public and Behavioral Health (DPBH) within the Department of Health and Human Services (DHHS) to review each new version of the mentioned standard, and unless DPBH issues a formal determination that the new version is not appropriate for the state within 90 days, the new version takes effect. Also, item No. 7 revised subsection 2 of section 10 to require a senior living facility administrator to employ or contract with certain persons to perform a ventilation verification assessment. Item No. 8 replaces sections 11 through 17 with the following provisions as outlined in items "a" through "g" on page 2 of the work session document [[Exhibit C](#)].

Additionally, Nevada HAND proposes the amendments that are also shown on page 2 of the work session document. Item No. 9 revised section 10 and states that assisted living facilities certified by DPBH may utilize federal funding to upgrade and maintain their respective HVAC [heating, ventilation, and air conditioning] systems. Item No. 10 would sunset the bill's provisions for such certified facilities when federal funding is no longer available.

Chair Peters:

Thank you, Mr. Ashton. Are there any questions from the Committee? [There were none.] Seeing none, I would entertain a motion to amend and do pass.

ASSEMBLYWOMAN GONZÁLEZ MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 281.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO.)

I will assign the floor statement to Assemblywoman Gorelow. We will move on to Assembly Bill 338.

Assembly Bill 338: Revises provisions governing health care. (BDR 38-591)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 338 was heard on April 5 as shown in the work session document [[Exhibit D](#)]. It requires an art therapist who desires to receive reimbursement through the Medicaid program for the provisions of art therapy services to a Medicaid recipient to enroll with Nevada Medicaid.

Amendments: Ms. Brooke Brumfield proposed the attached conceptual amendment on behalf of Note-Able Music Therapy Services. In summary, the amendment revises section 1 as follows:

1. Replaces the definition of "art therapy" with "creative arts therapy," and defines it in a certain manner as noted.
2. In subsection 5(b), the definition of "enrolled art therapist" is revised to instead be "enrolled creative arts therapist."

Additionally, Chair Peters proposes the following conceptual amendment as noted on page 1 of the work session document [[Exhibit D](#)]:

3. Add to *Nevada Revised Statutes* 233C.096 authorization for the Nevada Arts Council to expend money from the Nevada Cultural Account to support programs and projects to improve health outcomes through the arts and humanities.

Chair Peters:

Thank you, Mr. Ashton. Are there any questions from the Committee? [There were none.] Seeing none, I would entertain a motion to amend and do pass.

ASSEMBLYWOMAN TAYLOR MADE A MOTION TO AMEND AND DO PASS ASSEMBLY BILL 338.

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, HIBBETTS, AND KOENIG VOTED NO.)

I will take that floor statement.

Assembly Bill 348 is next, Mr. Ashton.

Assembly Bill 348: Creates the Virtual Early Childhood Family Engagement Pilot Program in the Department of Health and Human Services. (BDR S-988)

Patrick Ashton, Committee Policy Analyst:

Assembly Bill 348 was heard on April 7 as shown in the work session document [[Exhibit E](#)]. It establishes the Virtual Early Childhood Family Engagement Pilot Program within the Department of Health and Human Services with the purpose to empower, through training and coaching, parents and guardians of children who are four years of age, and to increase kindergarten readiness across Nevada.

Amendments: Assemblywoman Torres proposed the conceptual amendments attached to the work session document during the bill hearing last Friday. Committee members, the amendment to section 4 in the conceptual amendment will actually apply to section 6, which is item 2 in the bill page. This change was clarified during the bill hearing. This amendment adds a program requirement that, twice during the program and as requested by participating families, the selected organization administering the program shall provide by email and in writing information on certain state services and resources.

Chair Peters:

Thank you, Mr. Ashton. Are there any questions from the Committee? [There were none.] Seeing none, I will entertain a motion to amend and do pass.

ASSEMBLYMAN NGUYEN MADE A MOTION TO AMEND AND DO
PASS ASSEMBLY BILL 348.

ASSEMBLYWOMAN NEWBY SECONDED THE MOTION.

Is there any discussion on the motion?

Assemblyman Koenig:

I would like to vote yes but reserve my right to change my vote on the floor.

Assemblyman Hafen:

I have some concerns over how the appropriation works with some of the other bills that are floating around. I will vote this out of Committee today, but I look forward to seeing how this works with any other bills as it goes through the Ways and Means Committee.

Chair Peters:

Thank you.

Assemblyman Gray:

I am going to vote no today but reserve my right to change it to a yes. I really like it; I just have some questions I need to work through between now and our vote on the floor.

Chair Peters:

This bill will end up going to the Ways and Means Committee based on the appropriation request, so there will be some time. Is there any other discussion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY AND HIBBETTS
VOTED NO.)

I will assign that floor statement to Assemblywoman Torres.

We have two bills on the agenda for today, so we will move into bill hearings. We are going to open the hearing on Assembly Bill 168, which revises provisions governing the Maternal Mortality Review Committee in the Department of Health and Human Services. I want to mention to the Committee that we have an amendment up on the Nevada Electronic Legislation Information System (NELIS).

Assembly Bill 168: Revises provisions governing the Maternal Mortality Review Committee in the Department of Health and Human Services. (BDR 40-64)

Assemblywoman Clara Thomas, Assembly District No. 17:

I think everyone received this conceptual amendment which changes the title from the Maternal Mortality Review Committee [[Exhibit F](#)]. It creates its own program, and I will get to that during my opening. I come before you this afternoon to present Assembly Bill 168 which, through the Department of Health and Human Services (DHHS), shall establish a Fetal and Infant Mortality Review Program. Before I begin, I would like to point out the reference exhibit which you can find on the NELIS System [[Exhibit G](#)]. The exhibit lists three important informational links: "What do we know about infant mortality in the U.S. and comparable countries?" which is data regarding infant mortality from the Peterson-KFF Health System Tracker; "Racial Disparities in Maternal and Infant Health" from KFF [Kaiser Family Foundation]; and the latest 2020 "National Vital Statistics Reports" on infant mortality from the Centers for Disease Control and Prevention (CDC). I will be referring to Table 2 on pages 9 through 12 of the CDC report today [pages 44-47, [Exhibit G](#)].

According to the Centers for Disease Control and Prevention report, infants of non-Hispanic Black women had the highest mortality rate, which is 10.38 per 1,000 live births; followed by infants of non-Hispanic American Indians and Alaskan natives at 7.68; native Hawaiian and other Pacific Islanders at 7.17; Hispanics at 4.69; non-Hispanic whites at 4.40; and non-Hispanic Asian women at 3.14 [page 45]. The CDC noted that infants of non-Hispanic Black women also had the highest neonatal mortality rate in 2020 at 6.55 compared with infants of other races and Hispanic origin groups. The lowest mortality rate was for infants of non-Hispanic Asian women at 2.30. The CDC has determined that there is a direct correlation between the maternal mortality of Black, Brown, and Indigenous women and infant mortality of the same ethnic groups.

In 2019, we gathered significant demographic information. Black women make up 11 percent of Nevada's birthing population, but they account for 33 percent of pregnancy-related deaths. Native American women represent just over 2 percent of the state's birthing population and account for 22 percent of pregnancy-related deaths. Rates of severe maternal morbidity among Black, Asian American Pacific Islander (AAPI), and Native American women are starkly similar at twice the rate of white women. Similar disparities exist for infants of color. Black infants and Native Hawaiian Pacific Islander infants are more than twice as likely to die as white or Hispanic infants. Infant mortality rates for Native American and Native Alaskan infants are not far behind. Based on this very real, grim data, it is essential that the State of Nevada review the racial and ethnic disparities in infant-related death rates. There will not be a fiscal impact, but this is a policy committee, and this is good policy. It is with unabashed optimism that I am proposing Assembly Bill 168 in the hope that the Advisory Committee on Minority Health and Equity will receive and collect data from the Fetal and Infant Mortality Review Program to quantify and measure disparities in the incidence of preventable infant deaths, affecting infants of color in Nevada so we can begin to develop solutions to this regrettable issue.

Chair Peters:

Thank you for the presentation. I am going to start with Assemblyman Nguyen's question.

Assemblyman Nguyen:

Thank you, Assemblywoman Thomas, for bringing this important group together to look at this. The amendment says "to conduct in-depth review" of the records of selected cases of deaths of children, and the change is going to be from 1 to under 18 years of age. I wonder why we started at age 1 versus saying from birth to 18 years of age.

Assemblywoman Thomas:

I believe you are looking at the amendment. *Nevada Revised Statutes* (NRS) 432B.403 looks at children from the age of 1 through 18, but if you look at the initial, it looks at infants from 0 through 1. Part of this is looking at ages 0 through 1, and that is what I am looking for, but when the Department of Health and Human Services reports, it looks at all the deaths until they are 18. Part of this review committee looks at birth through age 1, and the other half looks at ages 1 year through 18.

Chair Peters:

We have our Legal Counsel willing to weigh in on why there is an age difference cut off there.

Eric Robbins, Committee Counsel:

The way I read this amendment, Item 1 creates an entirely new program—a Fetal and Infant Mortality Review Program to conduct a review of the deaths of fetuses and infants who are under 1 year of age. Item 2 is a conforming change to existing provisions governing child death review teams to avoid duplication. The new program is going to review the deaths of children under 1, so to avoid duplication, we say that the existing child death review teams do not have to review those deaths anymore.

Assemblyman Nguyen:

Got it. Thank you for the clarity.

Chair Peters:

I have another question from Assemblywoman Taylor.

Assemblywoman Taylor:

That answered my question, Chair.

Chair Peters:

Assemblyman Hibbetts.

Assemblyman Hibbetts:

Thank you, Chair; and thank you, counsel. That answered most of my questions. For clarification, we are creating a new panel to investigate deaths from fetal to age 1. Why do we need the amendment? Why do that instead of leaving it with the existing review committee? Why not just add it to their duties?

Assemblywoman Thomas:

That was my question in the beginning also. There is not a state that combines adults with children. In the bill I brought forward in 2021, we had to sever the infants from the pregnant women. Even though the CDC sees a direct correlation to Black, Brown, and Indigenous mothers and their babies dying before the age of 1, you cannot equate the numbers with the mothers because there are different things that come into play. The babies have to be in a separate review, and that is why we did it.

Assemblyman Hibbetts:

Is there some sort of mechanism to establish communication between the two different investigating groups so we are not missing something? If, God forbid, a baby dies at 364 days, it is investigated by one panel. If it dies at 365 days, it would be investigated by a different panel. I want to make sure we are not missing anything and there is some sort of connectivity there.

Assemblywoman Thomas:

There is nothing saying we have to do that. I would leave it up to the review committees to look at. I could add an amendment to say that, but they can look at it together, if I am explaining this the way I think that it should work. At the end, if they want to come back to each other and say, "Hey, you know, the CDC says there is a direct correlation, and we should compare notes," then they can do that. Until that time, I do not believe they can or should. Hopefully, that answers your question.

Assemblyman Hibbetts:

It does. Thank you.

Assemblywoman Gorelow:

I have a comment. What Assemblywoman Thomas is trying to do is have a review that looks at the fetal portion and the infant up to 1 year—that is going to include children who were born prematurely. Did they have heart problems? Did they have other birth defects that may have caused an extreme prematurity or extremely low birth weight? That is different than when we are looking at the maternal mortality review where we are looking at whether the mom had gestational diabetes or preeclampsia. Were there other chronic illnesses that may have caused a problem? Was there domestic violence? Those are the things that group looks at. In my bill, Assembly Bill 179, they are going to look at what Assemblywoman Thomas is trying to establish. Plus, the maternal morbidity mortality review law, look at that and then make a recommendation on what we can do to improve birth outcomes so we are not losing a baby—whether in utero or in that first year of life—or look at mom and find ways we can improve her health outcomes.

Assemblywoman Thomas:

There is another key to this: Are the babies of minority women receiving adequate health care from doctors and from the health industry? We are finding that Black, Brown, and Indigenous women are not receiving the same health care from their doctors as white or Hispanic women, and it could be, as the CDC has stated, their higher mortality has a direct correlation to their care. Perhaps our health care providers need to look at the health care of Black, Brown, and Indigenous babies, also. There are disparities in receiving health care. We heard that Black, non-Hispanic women represent only 12 percent of live births in Nevada but are 33 percent of Nevada's maternal mortalities. Those Black women are dying. So, if there is a direct correlation, maybe their babies are dying at that high rate also. Two percent of Nevada's live births are to Native American women who account for 22 percent of Nevada's maternal mortalities. And their babies could be the same. Providers are not looking at them in the way they should be looking at them. So, this committee would look at everything Assemblywoman Gorelow said to see if the health care providers are providing good health care for all our babies.

Chair Peters:

It has been 11 years since I got pregnant with my first child, and in doing research, I remember being shocked at the disparities of maternal mortality and infant deaths between white women and our counterparts in the Black, Indigenous, People of Color (BIPOC) community. That has been a decade, so I think it is a great idea to set up a commission to try and quantify what is going wrong since it is not fixing itself. That is disturbing. Are there any other questions from the Committee?

Assemblywoman Newby:

Thank you for bringing this bill. I agree it is something we need to shine a light on. That said, I am concerned about the amendment and the way it interacts with NRS Chapter 432B because that section is on child neglect and abuse. I am concerned about removing children under the age of one from the review panel that currently reviews the deaths of children in that age bracket. That would be in No. 2 of your amendment, where it limits it from 1 to 18 years of age. At the end, it says that the NRS 432B.403 committee will not review it if the

new Fetal and Infant Mortality Review Program reviews it. In my mind, the two programs are looking at different things with a different outlook. Could you speak to that and whether you think the same things would be caught or reviewed in this new committee. Is that why you took it out, or might you rethink that?

Chair Peters:

Assemblywoman Thomas, before you begin, I am going to ask our Legal Counsel to weigh in on this because the way I am reading it, it appears to have already carved out children under the age of 1. I am not sure that this addition of children aged 1 to 18 affects that continued review of abuse and neglect of children. The cause of death for a child under 1 year of age looks like it remains in the language.

Eric Robbins:

The way the statute is currently worded, if the death of a child results from abuse or neglect of a child who is under 1 year of age, then that is not subject to review of a child death review team under NRS Chapter 432B.

Chair Peters:

So, the review of death from abuse and neglect of a child under age 1 is reviewed by what currently?

Eric Robbins:

I would have to look at that and get back to you.

Chair Peters:

I want to clarify, that it is not carving out the portion where we are looking at abuse and neglect as the cause of death for a child under one, right? It would be just for those outside of abuse and neglect.

Assemblywoman Thomas:

The way I look at it is, if a child dies violently from abuse or neglect, another agency needs to look at that. That would not come under what this bill or what this review committee needs to do. If the pregnant mom died from abuse, the Maternal Mortality Review Committee would not look at her death. It is separate and not equal; let us put it that way.

Chair Peters:

Yes, so we look at these things in a bifurcated manner already, but please go ahead and follow up.

Assemblywoman Newby:

I am confused because the original language is review records of selected cases of children under 18 years of age, which means in my mind from 0 to 18. Then the amendment adds from age 1, so now it is not from 0 to 1, it is from 1 to 18. So, where do the infants aged 0 to 1 fit, because we know infants under 1 year old die of abuse and neglect sometimes.

Eric Robbins:

I apologize for earlier. I was confused by the words of the amendment but looking at the actual provisions of NRS 432B.403, it says that the purpose of organizing multidisciplinary teams to review the deaths of children is to review the records of selected cases of deaths of children under 18 years of age in the state with no modification, so Assemblywoman Newby is correct. Currently, the child death review teams do review deaths of children who are under 1 year of age, the way I read the statute, and this amendment would get rid of that.

Chair Peters:

And it would pull it into a new review committee that was strictly for those infants under age 1. We would be defining infants as age 1 and under, and children would be aged 1 to 18. We would continue to review the cause of death for children under 1 from abuse and neglect under a different section of NRS.

Eric Robbins:

That is correct. The deaths of the children under 1 year of age would be reviewed by this new Fetal and Infant Mortality Review Program.

Chair Peters:

Under the existing law, that is already carved out unless abuse and neglect of a child is the cause of death for a child aged 0 to 1. In which case, where would it go?

Eric Robbins:

That is incorrect and misleading. I do not think it is intentionally misleading, I do not mean to infer that, but that language should appear in green in the amendment, but it appears in black because that is not in the current statute.

Chair Peters:

So, we would continue to look at non-health-related deaths, or specifically domestic violence deaths, of children under age 1 under this team to review the death of children. Then we would specifically call out the new infant mortality review team for all deaths outside of that for children under age 1. Okay, I am clear now. Does anyone else have questions?

Assemblywoman Taylor:

I am close to being clear. I am going to tell you what I think we have. There is currently a team that looks at the deaths of children up to the age of 18, but not enough attention is being paid to the infants from age 0 to 1. The intention of this legislation would be to set up a different team specific to that group to make sure attention is being paid to that group in terms of their mortality rate, and so on. We are losing some of the statistics, and that is why we need a separate team to make sure those statistics are not lost.

Assemblywoman Thomas:

Exactly. That was the premise of this bill. They already do a fetal review of deaths of all children here in Nevada, but they do not carve out Black children.

Assemblywoman Taylor:

They do not disaggregate the data.

Assemblywoman Thomas:

Exactly. To me, that is important because of the record we get from CDC that says it is necessary for us to carve out those things. In order for us to be a society that considers everything in the society, we have to look at the racial makeup because for so many reasons, we are not getting the same health care our white counterparts are receiving.

Assemblywoman Taylor:

Thank you for bringing this forward. The data is being collected but it is not being collected in such a way that it can be disaggregated, so the intention is to collect it in an aggregated manner, or should we mandate that it be collected in that manner from the group doing the collecting? Does that get to the intention of the bill? I believe in disaggregating data because it can be skewed one way or another if we do not look at how different populations are being impacted.

Assemblywoman Thomas:

The whole premise of establishing the Fetal and Infant Mortality Review Committee is for it to look at why our babies are dying at a higher rate than any other race of people. It is not convoluted. It is supposed to be simple. We did the same thing for the maternal mortality of Black, Brown, and Indigenous women. It stands to reason that we should do the same thing for our Black, Brown, and Indigenous babies.

Assemblywoman Taylor:

I appreciate the simplification of it.

Chair Peters:

Thank you all for the questions. We were all very supportive of the prospect and desire of the bill. Are there other questions from the Committee before we move into testimony? [There were none.]

We will move into support testimony in our physical locations and then move to the phones. Is there anybody who would like to provide support testimony on Assembly Bill 168?

Caitlin Gatchalian, Government Relations Director, American Heart Association, Nevada Division:

I would like to thank Assemblywomen Thomas and Gorelow for supporting this bill. On behalf of the American Heart Association, I would like to express our support for A.B. 168. The American Heart Association supports this bill in hopes of identifying trends, rates, or disparities in infant deaths, especially for our BIPOC community. Almost 20,000 infants died in the United States in 2020. The five leading causes of infant deaths in 2020 were birth defects, preterm birth and low birth weight, sudden infant death syndrome, injuries, and maternal pregnancy complications. This bill would show that Nevada is committed to

improving birth outcomes. We hope that in supporting A.B. 168, we can direct more attention to this problem. The American Heart Association urges you to support A.B. 168.

Marco Rauda, representing Americans for Contraception:

I am with El Faro Consulting and just want to say "Ditto" to the Assemblywoman and the last speaker as well.

Chair Peters:

Seeing no one else approach the desk in Carson City, is there anyone in Las Vegas who would like to provide support testimony? [There was no one.] Is there anyone on the public line to testify in support of Assembly Bill 168?

Carissa Pearce, Health Policy Manager, Children's Advocacy Alliance:

We at the Children's Advocacy Alliance would like to thank you for bringing forth this bill. We urge your support for this bill. We see this as a strong step for future change to understand the challenges that are impacting Nevada infants and ultimately leading to preventable deaths. We believe in equitable health care for all Nevada families and children, and this bill promotes equity by investigating the details of infant mortality disparities. It is important for us to start somewhere to create adequate recommendations for future health care services. We want to ensure we are providing the best care for our pregnant parents and infants, especially given the racial disparities that are disproportionately affecting infant and maternal mortality rates. We urge you to support this.

Shelbie Swartz, representing Battle Born Progress:

We are here today in support of A.B. 168. This week is Black Maternal Mortality Week, which marks a week to bring awareness to Black maternal health. Each year in the United States, hundreds of people die during pregnancy or in the year after. Black women are three times more likely to die from pregnancy-related causes than white women. As for their children, infants born to Black, AAPI [Asian American Pacific Islander], and Indigenous people have shockingly higher mortality rates than those born to white women. We are doing a disservice to these women and their children by not investigating the causes of these preventable deaths, and we are grateful to Assemblywoman Thomas for bringing this necessary bill.

Chair Peters:

Are there more callers on the line in support? [There were none.] We will move into opposition testimony on Assembly Bill 168. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony? [There was no one.] We will go to the phones. Is there anyone on the public line to testify in opposition to Assembly Bill 168? [There was no one.] We will move on to neutral testimony. Is there anyone in Carson City who would like to supply neutral testimony on Assembly Bill 168?

Joanna Jacob, Manager, Government Affairs, Clark County:

We were neutral on the original bill as written, so I am testifying neutral here. I spoke very quickly with Assemblywoman Thomas. I have a great deal of respect for the work she does on this issue, and in light of the testimony today, we are coming up in neutral just to say we will work with her from the Clark County Department of Family Services and Child Welfare angle. There is some federal reporting required with some of this data that will be collected by this proposed committee, and we will make sure it aligns with those rules, and we will work very quickly with her knowing this is deadline week. I just told her we were on it, and we want to put on record that we will work with the Assemblywoman on this bill and let you know if there are any changes we need to make.

Chair Peters:

Seeing no one else come to the desk in Carson City and still seeing nobody in Las Vegas, we will go to the public line. Is there anyone on the public line today to testify in neutral on Assembly Bill 168? [There was no one.] I will invite the bill sponsor back for closing remarks.

Assemblywoman Thomas:

Thank you, Madam Chair, and thank you, Committee, for listening. This is a good bill whether or not we want to clean up the language, and we can do that before Friday. This is an important issue. There are babies in the state of Nevada who are dying, and we do not know why. We think we know why—because they are not receiving correct health care—and we need to discover that. This is a study. Unfortunately, it is not something we can sink our teeth in and say, "This is the cause of the babies dying." There are a lot of reasons our babies are dying, but I believe health care might be one of the biggest issues, just as the Maternal Mortality Review Committee discovered. We are not receiving the same health care as we should and as our white counterparts receive. This is a good bill.

Chair Peters:

We are going to close the hearing on Assembly Bill 168 and move on to the hearing of Assembly Bill 383.

Assembly Bill 383: Revises provisions relating to health care. (BDR 40-116)

Assemblywoman Selena Torres, Assembly District No. 3:

Thank you for the opportunity to present Assembly Bill 383 today, which preserves the right to reproductive health care and makes various changes to ensure working class Nevadans have more affordable and accessible reproductive health care coverage. I will note to the Committee, and I apologize for the tardiness of this, there is an amendment that should have been posted on NELIS [Nevada Electronic Legislative Information System] and was emailed to you earlier today as well [[Exhibit H](#)].

I am honored to be here presenting this bill but recognize that it is under unfortunate circumstances. Nearly 60 years ago, the Supreme Court, in *Griswold v. Connecticut*, established a woman's right to privacy and birth control, and it was the beginning of the

modern era of contraceptive care. Five years later, the Title X Family Planning program was established to provide federal dollars for family planning services to low-income and uninsured Americans. Our state received more than \$4 million of those funds in fiscal year 2022, serving thousands of women. In 2010, the Patient Protection and Affordable Care Act (ACA) guaranteed that for the first time, nearly all health insurance plans had to recognize and cover birth control as a preventive health care service. Here in Nevada, we have also been hard at work to guarantee all Nevadans have easy access to contraception. In 2017, we authorized health care providers to prescribe a 12-month supply of birth control at a time to make it more convenient for Nevadans to access consistent care. Last session, we allowed our neighborhood pharmacists to prescribe and administer birth control.

Today, we find ourselves at a tumultuous and uncertain point in the progress we have come so far in making. As we approach a year after the overturning of *Roe*, Nevadans are frustrated, confused, and anxious that just one more judicial decision can overturn the health care services they use daily. The December ruling of *Deanda v. Becerra et al.* drastically reduced the ability for minors to access contraceptive care in Texas, and last week, an additional case struck down the ACA's requirement for preventive care coverage with petitioners requesting in the same case to strike all birth control coverage as well. Amid this confusion, we must provide clarity and assurance to all Nevadans that their reproductive care decisions are protected and that their access to contraception is guaranteed now and forever in the state of Nevada. In addition to preserving this right, we must continue building on our work to make contraception more accessible and affordable as possible. We know that about 57 percent of young women aged 18 to 34 struggle to afford birth control, and it is women of color, in particular, shouldering the economic or social burden of accessing care. This bill makes a very curtailed effort to tackle accessibility for women by empowering community-based solutions and putting necessary care within closer reach of Nevadans. We know that one in five women who are uninsured typically obtain birth control through a pharmacy, and over two-thirds of women report feeling comfortable accessing their medication at their neighborhood pharmacy. We gave pharmacists the ability to prescribe contraceptives in 2021. We can expand the number of providers by ensuring pharmacists are reimbursed at the same rates.

I am going to do a section-by-section breakdown of the bill as amended, so I will be walking through this document [[Exhibit H](#)]. Section 2 establishes the Right to Contraception Act. Sections 3 to 5 provide key definitions of proposed changes. Section 6 provides a new definition of "reproductive health services" to broaden the types of care Nevadans receive today and must continue to receive in the future. Section 7 prohibits future state or local entities from enacting any substantial burden to health care providers prescribing or individuals seeking any type of reproductive health care. Section 8 establishes the legal framework to review any restrictive changes to reproductive health care and codifies the process by which a person or provider of health care may initiate court proceedings challenging accessibility [page 2, [Exhibit H](#)]. Section 8 of this bill as amended outlines changes to the State Plan for Medicaid. Section 8, subsection 6 establishes the rate the State Plan for Medicaid is expected to pay for translation services upon receiving federal matching funding. This section of the bill directs the State Plan for Medicaid to reimburse the

dispensing administration monitoring of contraception including in an outpatient setting. It is important to note that the match noted by Medicaid is a federal match we are not getting right now, so this would allow us to receive those funds. Sections 10 through 19 have been eliminated with the amendment [page 3]. Section 20 clarifies the financial impact on local governments, and section 21 outlines the effective date of this bill. At this time, I am open for any additional questions from the Committee.

Chair Peters:

Thank you for the presentation. Are there questions from the Committee?

Assemblywoman Taylor:

Looking at the amendment, it looks like many of the changes you were recommending before, now you are no longer recommending. Can you talk about the rationale behind that?

Assemblywoman Torres:

Yes. I am still supportive of the measures that have been stricken. My understanding is there is a bill in the Senate that is going to do something very similar. Recognizing that this bill had parts that are not in the Senate bill, I thought it would be wiser for me to spend my time pushing this bill.

Chair Peters:

I recently had a conversation about birth control over the counter, and it sounds as though by the end of this year we will have several more options other than just Costco.

Assemblyman Orentlicher:

I have a question about section 6, subsection 3, paragraph (b) on page 3—having to do with sterilization and needing the voluntary informed consent of the patient. And I understand how we need to protect against the abuses we have had in the past against involuntary sterilization. I wonder, though, if it should be absolute. Could there be times where you have somebody who lacks decision-making capacity but has a medical indication for sterilization? Would this preclude the sterilization if there is a medical reason for it because they cannot give voluntary informed consent?

Assemblywoman Torres:

I would probably defer that question to Legal Counsel.

Eric Robbins, Committee Counsel:

Generally, this would not change any existing law about consent to sterilization procedures. The provisions of this bill do not affirmatively authorize or sanction sterilization without the voluntary and informed consent of the patient.

Assemblywoman Torres:

Thank you. For the record, sterilization as we use it here often applies to hysterectomies and vasectomies, making sure there would be no law that would prevent an individual's access to those.

Assemblyman Hafen:

Would this also cover mifepristone?

Assemblywoman Torres:

For the record, there is nothing in this bill that specifically deals with any medication. To clarify, it is only preventing local governments from creating any laws that would prevent an individual's access to reproductive health care services. There is nothing in here that deals with access to miscarriage medication, like the one noted earlier. This piece of legislation does not have anything to do with anything else that is protected. It is preventive—to make sure local governments do not institute legislation that prevents an individual's access to reproductive health care services.

Assemblyman Hafen:

I am slightly confused by the answer. May I ask for clarification? Also, are we asking insurance to cover?

Assemblywoman Torres:

No, as you noted, in the amendment and in my presentation, I did strike sections 9 through 19 because my understanding is that there is a bill similar to that in the Senate. With those changes, this is preventing local governments from doing anything that would burden an individual's access to reproductive health care services.

Assemblyman Hafen:

Thank you for the clarification. Would this apply to minors, or would parents have to be either notified or give consent?

Assemblywoman Torres:

This has nothing to do with consent laws on any access to reproductive health care services. This is to prevent local governments from burdening access to reproductive health care services; to keep local governments from saying you cannot access contraception or making it difficult for patients to access contraception in our communities; from making it hard for people to access *in vitro* fertilization, which is a concern with the recent changes to the right to privacy with the Supreme Court's case; or making sure there is nothing preventing or giving any barriers to access to miscarriage that would be implemented by local governments. Right now, Nevadans have access to these things. These are preventive measures to ensure these rights are codified here in the state of Nevada.

Chair Peters:

Are there any other questions before we move into testimony?

Assemblywoman Newby:

I appreciate this new section where you define "reproductive health services" and also the other sections where you struck the phrase "contraceptive services" and replaced it with "reproductive health services," understanding that there is so much more to the choices our families make. My question is around the definition of "reproductive health services."

I know there are a number of other bills dealing with that right now, and I want to make sure they all encompass the same thing. Could you talk about the definition you have in your amendment, please?

Assemblywoman Torres:

The definition adopted in the amendment is the same language as what I believe is used in some of the other legislation I have seen this cycle.

Chair Peters:

Are there other questions? [There were none.] We will move into testimony. We are going to start support testimony in our physical location in Carson City.

Daela Gibson, representing Planned Parenthood Mar Monte:

I am here today on behalf of Planned Parenthood Mar Monte. We are here to support Assembly Bill 383. Birth control is a crucial part of a person's overall health and reproductive freedom and autonomy. In a post-*Roe* world, it is vitally important that access to birth control remains free from unnecessary restrictions or barriers. I urge you to support A.B. 383.

Marco Rauda, representing Americans for Contraception:

I am with El Faro Consulting representing Americans for Contraception. Assembly Bill 383 will allow Nevadans to continue to use contraception and contraceptives without fear. It will also make it easier for Nevadans to obtain reproductive health care; therefore, I urge this Committee to please pass it.

Tony Ramirez, Government Affairs Manager, Make The Road Nevada:

We are in support of this bill.

Chair Peters:

Is anyone else coming up today in support? [There was no one.] All right, we will move to the phones. Is there anyone on the phone line for support testimony on Assembly Bill 383?

Donna West, Private Citizen, Las Vegas, Nevada:

I support A.B. 383 because in these uncertain times, we must protect the access to our reproductive choices. This bill protects the right to contraception for all Nevadans by preventing any state or local governments from enacting any restrictive measures on contraceptive access. Nevadans support reproductive freedom. These decisions are between a person and their provider. I urge your support on A.B. 383.

Shelbie Swartz, representing Battle Born Progress:

I am here in support of A.B. 383. Thank you so much, Chair and Committee, for considering this bill. This bill is crucial to protect access to birth control and contraceptives and ensure that undue burdens or restrictions are not placed on Nevadans seeking to protect their bodily autonomy. This is not simply about birth control pills. This is about expanding opportunities for Nevadans who can become pregnant and ensure that no Nevadans are robbed of their

ability to make decisions about their proactive reproductive care. We support A.B. 383 because the right to access birth control is and should remain a decision between Nevadans and their doctors. They should have every protection and legal assurance that they will be able to do so without interference. We urge your support for this bill.

Jollina Simpson, representing Make It Work Nevada:

We support A.B. 383 to provide additional and unfettered access to our communities to make reproductive health choices that will allow their families to live and thrive in a way that each Nevadan sees fit. We want to thank Assemblywoman Torres for bringing this forward. We appreciate this bill and hope you will support it.

Michael Willoughby, Private Citizen:

Thank you to the Chair, Members of the Committee, and Assemblywoman Torres for bringing this important bill. The ability to access affordable, reliable contraception is critical for individuals and families to make decisions about their own lives and future. Access to contraception has been under threat with attempts to restrict it through policies and regulations that would limit access and undermine the reproductive rights of individuals. In Nevada, we believe people should have the right to make their own decisions about their bodies, their health, and their lives. We believe access to contraception is a critical part of that right and it should be protected and expanded. Studies have shown that access to contraception reduces unintended pregnancies, lowers the incidence of abortion, and improves maternal and child health outcomes. It also empowers families to achieve their educational and career goals as well as plans for their future. That is why I urge you to prioritize protecting access to contraception for all Nevada families. Let us work together to ensure that our state remains a place where families can make their own choices about their health and well-being, and where they can plan and when they can choose to have their families and choose their futures with absolute confidence.

Victoria Weiss, Private Citizen:

I am testifying to express my support of A.B. 383, a bill that seeks to further protections for birth control which is essential in ensuring everyone has access to the care they need. Access to birth control is a fundamental part of a person's reproductive autonomy. It is a vital tool that enables people to plan their families and control their own bodies. Unfortunately, access to this care has been under attack nationwide for far too long. With the passage of A.B. 383 we have an opportunity to push back against these efforts and ensure everyone has access to the care they need here in Nevada. One of the most significant impacts of access to birth control is its impact on Latino women and other women of color. These communities have historically faced greater barriers to accessing reproductive health care due to systemic barriers and discrimination which have led to significant disparities in health outcomes. By reducing barriers and restrictions to birth control, we can help close these gaps and ensure everyone has access to the care they need. I urge you to support A.B. 383 and support reproductive autonomy.

Chair Peters:

Next caller, please. [There was no one.]

[[Exhibit I](#) and [Exhibit J](#) in support of [Assembly Bill 383](#) were submitted but not discussed and will become part of the record.]

All right, we will come to Carson City for opposition testimony on [Assembly Bill 383](#). Seeing no one coming up to the desk, we will move to the phones. Are there callers in opposition on the public line?

Celes Parks, Private Citizen:

I am a registered nurse in Nevada, and I oppose [A.B. 383](#). Pharmaceuticals and manufacturing companies have deceived the public by using the word "contraception" when they are actually talking about abortifacients. Just like the term "reproductive health services" is very much deceiving terminology when it is brutally slaughtering the baby in the womb. But being consistent with the bill, please be mindful, Committee members, that this word "contraception" also includes RU-486, which is the abortion pill, also methotrexate, when using in combination with misoprostol, and also the morning-after pill. Also, would use of the word "person" in the bill allow a child to receive an abortifacient without parental consent? This is very concerning, so I oppose [A.B. 383](#).

Leslie Quinn, Private Citizen:

I oppose [A.B. 383](#). Abortifacients are not contraceptives. They cause abortion, and abortifacients will cause a miscarriage. It comes from two Latin words—aborted, meaning miscarriage, and facient which is making. The definition of contraceptive is for the prevention of ovulation, fertilization of an egg, or implantation of a fertilized egg in the uterine wall through the use of various drugs, devices, sexual practices, or surgical practices. On page 6, section 9, items 1 and 2 would force insurance companies to pay for family planning, also known as contraceptives and/or abortion pills at pharmacies. This bill would also force insurance companies to pay for voluntary male and female sterilization. That is shown on page 4, section 8, 1(g). Throughout [A.B. 383](#) it stipulates FDA approval; however, the U.S. district judge recently revoked FDA approval of the abortion pill. Please oppose [A.B. 383](#). Respect the sanctity of life. *Roe v. Wade* was not taking away anybody's ability to have an abortion. It was correcting what the judicial branch did in error. It is the responsibility of each state to vote for abortion. It was not something at the federal level. It is at a state level, so please learn your *U.S. Constitution* correctly.

Christiane Marsh, Private Citizen:

I live in Nevada, I am an immigrant here, and I was born in Brazil. There were a lot of people saying this bill is going to protect minorities like me, but I am here to testify against. We Latinos do not want more abortion. We Latino women come here to work and to provide and protect our families, so I am using my voice today to oppose. I do not want this bill facilitating abortion pills that can be sold in pharmacies. This is a dangerous way for our kids. They do not follow instructions well. We witnessed many teenagers dying from abortion pills, and the media is not saying anything about it. This bill is very dangerous. I am asking you to oppose [A.B. 383](#). Thank you.

Chair Peters:

Next caller, please. [There was no one.] At this time, we will move into neutral testimony in our physical location, Carson City. I am not seeing anybody come up to the table for neutral testimony, so we will move to the phones. Could you add callers for neutral testimony, please? [There were none.] I would invite the bill sponsor back up. Although we are not going to reopen the hearing portion, we have one clarifying question from a Committee member based on some of the testimony.

Assemblyman Hafen:

We heard testimony both in support and opposition discussing various medications, whether it is birth control pills or mifepristone. I was hoping we could get clarification. Based on your amendment, you stated no medications are being included. I want to touch on the section that requires Medicaid to reimburse for some of this stuff. Could you clarify? Everybody on the phone and in person knows that we are talking about medications. Are we not talking about birth control? Exactly what are we talking about, because both support and opposition seem to have heard something different than what you said.

Assemblywoman Torres:

Thank you for that question. Some clarification for those listening online: Anything that has to do with Medicaid, except for the language translation portion of this bill, has been stricken. That is sections 9 through 19. A lot of the concerns I heard over the phone today were about sections 9 through 19. I understand that the amendment was posted pretty late, but with the amendment, that is no longer impacted. What this bill strives to do is ensure that governments are not burdening our access to reproductive health care. Every family should be able to make the decision of when to have their family. That includes individuals who might be seeking *in vitro* fertilization. That might be individuals looking to have access to birth control. This is saying local governments cannot do that.

I think this is also good law making because we do not want different local municipalities within our state to have different laws regarding our access to contraception. I should not be able to have access to birth control in southern Nevada and not the same access in northern Nevada. This makes it consistent, and those ordinances would not be able to be enacted. I hope that clarifies the question.

Assemblyman Hafen:

I appreciate it. Thank you.

Chair Peters:

Thank you, Assemblywoman Torres. Do you have any closing remarks?

Assemblywoman Torres:

I do not know that I have any further points to make. I want to reiterate how critical it is that every family has a decision to choose how, and when, and if they expand their family. With the court decision from last summer, it is not that we are having a conversation about abortion right now. We are having a conversation about making sure other protections that

were put into place continue. We have consistently had access to contraception in the state of Nevada. Right now, there are no barriers to access to contraception, and we should continue to have access. This is saying here in the state of Nevada, we can have access to those things, and I look forward to continuing this conversation. I urge your support of A.B. 383.

Chair Peters:

Thank you. We will close the hearing on Assembly Bill 383. We will move on to our final agenda item, public comment. Is there anyone in Carson City who would like to provide public comment today? Seeing no one, is there anyone on the public line to provide public comment today?

Dora Martinez, Private Citizen, Reno, Nevada:

I raised my hand to testify in support of Assembly Bill 383, but I was late to get in. Can I please? I will be really quick.

Chair Peters:

Yes. Would you clarify whether you are in support, opposition, or neutral on that bill?

Dora Martinez:

I am a hundred percent in support of Assembly Bill 383. It is a commonsense bill, and as a person with a disability, it is one of the tools in my toolbox. Birth control is also used to slow down menstrual flow as well. I appreciate Assemblywoman Selena Torres for all her hard work, and thank you so much, Madam Chair.

Chair Peters:

We will classify that as support testimony on Assembly Bill 383. We apologize for that technical difficulty. Next caller, please.

[Public comment was heard.]

TyJuan Thirdgill, Organizing Manager, NARAL Pro-Choice America:

I am testifying in support of A.B. 383 [[Exhibit K](#)]. Thank you for holding this hearing on Assembly Bill 383. This legislation by Assemblywoman Torres aims to establish a right to contraception and expand access to contraception for all. I am an organizing manager with NARAL Pro Choice America, working here in Las Vegas to mobilize our Nevada members this session. I am here to register our support for A.B. 383.

Chair Peters:

I am sorry, we are in public comment at the moment. The support testimony has occurred. If you were not in the waiting room and missed the time to raise your hand, as our previous caller did, I would encourage you to send your testimony in writing. We will accept that up to 24 hours after the hearing today. Right now, we are in public comment, which is outside of the hearings we had today.

TyJuan Thirdgill:

We were in the waiting room, and they did not stream the hearing to our Grant Sawyer room.

Chair Peters:

Thank you for letting me know that. We did not see anybody in that room and had to give it up to the Commerce and Labor Committee that had a hearing for another bill. I will let you proceed, and we can classify this as support testimony on that bill. We apologize for that technical inconvenience. Please, go ahead.

TyJuan Thirdgill:

NARAL Pro Choice Nevada is a nonprofit organization dedicated to advancing reproductive freedom through legislative, political, and community organizing. NARAL has organizers in Nevada, like me, allowing us to organize directly in the community. NARAL has been operating on the ground in Nevada since 2016 when we began with 900 members. Through door-to-door outreach, phone banking, online actions, and community events, we have recruited more than 48,000 members in that time, and we are growing every day.

NARAL believes everybody should have access to contraception no matter where they live, where they work, or how much money they make, so we can plan our families and our futures. Last year, the Supreme Courts anti-choice supermajority overturned *Roe v. Wade*, causing untold harm to millions of Americans who lost the freedom to make decisions about their lives, bodies, and futures.

In a concurring opinion, Justice Clarence Thomas wrote that the court should reconsider the Supreme Court precedent that guaranteed the right to contraception. Some anti-choice lawmakers have refused to rule out the possibility of banning some forms of contraception in their state, even though the public almost overwhelmingly supports access to contraception. Make no mistake, overturning *Roe* was part of a decades-long campaign waged by the anti-choice movement to end the legal right to abortion and decimate reproductive freedom, which includes the right to contraception. The threat to reproductive freedom has never been more real and the stakes have never been higher. That is why we are proud to support A.B. 383 and appreciate Assemblywoman Torres for bringing this legislation forward. We urge this Committee to vote in favor of A.B. 383 without delay.

Chair Peters:

Thank you for your testimony, and again, we apologize for the miscommunication about the room in Las Vegas. We will take the next caller, please, and let us check in with them on where their testimony should lie today.

Minerva Martinez, Volunteer, NARAL Pro-Choice Nevada:

I am an activist from Las Vegas, Nevada. I am here with Pro Choice Nevada to support the bill both as a Latina woman and an Indigenous woman. I believe it is very important to provide help to women, so all colors and nationalities are able to have access to prescription and anti-conception programs, especially the more marginalized communities in the country, the United States. I am asking you to support this bill.

Chair Peters:

We are going to reclassify that as support testimony on Assembly Bill 383. Again, I apologize for that technical confusion. Is there anyone else on the public comment line? [There was no one.] That is the end of our day today. We are adjourned [at 2:02 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is the Work Session Document for [Assembly Bill 281](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit D](#) is the Work Session Document for [Assembly Bill 338](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit E](#) is the Work Session Document for [Assembly Bill 348](#), presented by Patrick Ashton, Committee Policy Analyst, Research Division, Legislative Counsel Bureau.

[Exhibit F](#) is a proposed conceptual amendment to [Assembly Bill 168](#), presented by Assemblywoman Clara Thomas, Assembly District No. 17.

[Exhibit G](#) is supplemental information presented by Assemblywoman Clara Thomas, Assembly District No. 17, in support of [Assembly Bill 168](#).

[Exhibit H](#) is a proposed amendment to [Assembly Bill 383](#), dated April 10, 2023, presented by Assemblywoman Selena Torres, Assembly District No. 3.

[Exhibit I](#) is a letter dated April 10, 2023, submitted by Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada, in support of [Assembly Bill 383](#).

[Exhibit J](#) is a copy of an email dated April 6, 2023, submitted by Kileen Kapri-Kohn, Private Citizen, in support of [Assembly Bill 383](#).

[Exhibit K](#) is written testimony dated April 10, 2023, presented by TyJuan Thirdgill, Organizing Manager, NARAL Pro-Choice America, in support of [Assembly Bill 383](#).