

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

**Seventy-Fourth Session  
April 25, 2007**

The Committee on Health and Human Services was called to order by Chair Sheila Leslie at 1:37 p.m., on Wednesday, April 25, 2007, 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/74th/committees/](http://www.leg.state.nv.us/74th/committees/). In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT:**

Assemblywoman Sheila Leslie, Chair  
Assemblywoman Susan I. Gerhardt, Vice Chair  
Assemblyman Bob L. Beers  
Assemblyman Joseph P. (Joe) Hardy  
Assemblywoman Ellen Koivisto  
Assemblywoman Kathy McClain  
Assemblywoman Bonnie Parnell  
Assemblywoman Peggy Pierce  
Assemblyman Lynn D. Stewart  
Assemblywoman Valerie E. Weber  
Assemblywoman RoseMary Womack

**GUEST LEGISLATORS PRESENT:**

Senator Barbara K. Cegavske, Clark County Senatorial District No. 8  
Senator Steven A. Horsford, Clark County Senatorial District No. 4  
Assemblyman David R. Parks, Clark County Assembly District No. 41



**STAFF MEMBERS PRESENT:**

Sarah J. Lutter, Committee Policy Analyst  
Katrina Zach, Committee Secretary  
Olivia Lloyd, Committee Assistant

**OTHERS PRESENT:**

Dr. Renee Coffman, Dean, University of Southern Nevada College of Pharmacy  
Lawrence Matheis, Executive Director, Nevada State Medical Association  
Denise Selleck Davis, Executive Director, Nevada Osteopathic Medical Association  
Fred Hillerby, representing the State Board of Pharmacy  
Graham Galloway, representing the Nevada Trials Lawyers Association and Citizens for Justice  
Nikki Peterson, Intern for Senator Steven A. Horsford  
Mary Guinan, Dean, University of Nevada, Las Vegas, School of Public Health  
Denise Tanata Ashby, Executive Director, University of Nevada, Las Vegas, School of Public Health, Nevada Institute for Children's Research and Policy  
Dan Musgrove, Associate Administrator, University Medical Center  
Russell Rowe, representing Aid for AIDS of Nevada  
Jack H. Kim, Director of Legislative Programs, Sierra Health Services, Inc.  
Mary Ellen Harrell, Public Health Nurse Manager, Southern Nevada Health District  
Janine Hansen, representing Nevada Eagle Forum  
Lynn Chapman, representing Nevada Families, Nevada Eagle Forum  
Mary C. Walker, President, Walker & Associates  
Daniel C. Holler, Douglas County Manager, Douglas County  
Jason Frierson, Attorney, Clark County Office of the Public Defender  
Jim Litchfield, Private Citizen, Reno

**Chair Leslie:**

This meeting of the Committee on Health and Human Services will come to order. [Roll called.] Let us finish matters concerning last week's work session. We will consider Senate Bill 150.

**Senate Bill 150:** Expands the jurisdiction of advocates for residents of facilities for long-term care. (BDR 38-596)

**Sarah J. Lutter, Committee Policy Analyst:**

[Summarized Assembly Bill 150 ([Exhibit C](#)).]

**Chair Leslie:**

There was no opposition to this bill. Are there any questions or concerns? [There was no response.]

ASSEMBLYWOMAN MCCLAIN MOVED TO DO PASS  
SENATE BILL 150.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Leslie:**

Let us move to Senate Bill 220.

**Senate Bill 220:** Revises provisions relating to programs and services for persons with disabilities. (BDR 38-594)

**Sarah J. Lutter:**

[Summarized Senate Bill 220 ([Exhibit C](#)).]

**Chair Leslie:**

As I recall, there was no opposition to the bill during the hearing.

ASSEMBLYWOMAN KOIVISTO MOVED TO DO PASS  
SENATE BILL 220.

ASSEMBLYMAN HARDY SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Chair Leslie:**

Today we have three bills on our agenda. Let us move to Senate Bill 5 (1st Reprint).

**Senate Bill 5 (1st Reprint): Requires the establishment of the Cancer Drug Donation Program. (BDR 40-19)**

**Senator Barbara K. Cegavske, Clark County Senatorial District No. 8:**

I appreciate the opportunity to speak about a good program.

[Read the first page of Senate Bill 5 (1st Reprint).]

According to the American Cancer Society, cancer is the second leading cause of death in the United States. They report a continued decline in overall cancer death rates for all races and both sexes combined. The study contributes the decrease in death rates to increased efforts to reduce exposure to tobacco, earlier detection from screenings, and more effective treatments.

Many uninsured or underinsured Nevadans cannot afford cancer treatment. According to the National Institute of Health, the medical cost for cancer treatment was an estimated \$78.2 billion in 2006. By the same token, the amount of drugs wasted annually is unknown, but it is potentially enormous. It is possible that 1 billion or more drugs are wasted. The cancer drug donation program helps to make drugs available that would otherwise go to waste. Drug recycling and reuse programs are more prevalent than some might think. According to the Health Program of the National Conference of State Legislatures (NCSL) of 2006, legislation that allows the reuse of certain prescription drugs was adopted by 23 state legislatures. The possibility of reusing certain unused medications has come to the attention of major federal health care programs. For example, the Senate required Medicaid programs in nursing homes to return unused medications to pharmacies. The cancer drug donation program provides access to life saving drugs for individuals that cannot afford private insurance, and may not be eligible for State and federal health insurance.

**Assemblywoman Koivisto:**

I understand the State Board of Pharmacy is responsible for establishing the program. Is there anyone from the State Board of Pharmacy here to testify?

**Senator Cegavske:**

Yes, they are here.

**Dr. Renee Coffman, Dean, University of Southern Nevada College of Pharmacy:**  
[Read prepared testimony ([Exhibit D](#)).]

**Chair Leslie:**

How many states have done this program?

**Senator Cegavske:**

Twenty three states have done this program.

**Chair Leslie:**

I noticed in the amendment from the Senate that the immunity provision was added. Did all 23 states implement that provision?

**Senator Cegavske:**

I do not know. That was a request.

**Lawrence Matheis, Executive Director, Nevada State Medical Association:**  
[Submitted ([Exhibit E](#)).]

We support the bill for the reasons the Committee has already heard. I will be happy to answer any questions.

**Denise Selleck Davis, Executive Director, Nevada Osteopathic Medical Association:**

I would like to speak as a daughter of a cancer victim. When my father was treated for cancer, he received three months worth of medication, and it cost \$5,400 per month. He had to change the prescription because it did not work for him. He found out many cancer victims could not afford treatment, and he had three months worth of unused medication. It broke his heart that the medicine had to be destroyed. We urge the Committee to pass this bill, particularly with the safeguards in place.

**Chair Leslie:**

I have not had time to study this bill, but could you explain the safeguards?

**Denise Selleck Davis:**

The safeguards mean that the patients must go back to a licensed professional. Also, the expiration dates on the drugs must be carefully noted.

**Chair Leslie:**

Who is responsible for that? Is it the State Board of Pharmacy?

**Denise Selleck Davis:**

Yes.

**Assemblywoman Pierce:**

I am having trouble understanding how this works. For instance, I have a drug I am not using. Who do I give it to? How will it get to someone who needs it?

**Senator Cegavske:**

The State Board of Pharmacy will set up the program and regulations.

**Chair Leslie:**

The drugs can be donated to a pharmacy. Can you tell us how someone can get access to these donated drugs?

**Senator Cegavske:**

One needs to apply to be on the program, and the patient's doctor must write a prescription. The State Board of Pharmacy will establish the policies and regulations.

**Chair Leslie:**

Who holds the drugs? Is it the pharmacies or the State Board of Pharmacy?

**Senator Cegavske:**

I do not know how they are going to do that. We left that up to the State Board of Pharmacy.

**Chair Leslie:**

Are representatives from the State Board of Pharmacy here? Perhaps they can testify.

**Fred Hillerby, representing the State Board of Pharmacy:**

As we understand this bill, the responsibilities were assigned to the Health Division. The State Board of Pharmacy will set up regulations for participating entities such as pharmacies, hospitals, and so on. The regulations will explain what they need to do to meet the standards. We can put information on our website so people can learn about the program, and know what pharmacies and hospitals participate in the program. That is how I understood Senator Cegavske's intent. Originally, the bill had a healthy fiscal note, and we do not think it will create an additional burden.

**Senator Cegavske:**

The State Board of Pharmacy will establish a cancer drug donation program, and they will adopt the regulations to carry out the program. I hope that answers your questions.

**Assemblyman Stewart:**

I can see why there is a greater demand than a greater supply of cancer drugs. Perhaps a priority system could be set up so those that need it most could get the medicine first.

**Senator Cegavske:**

The State Board of Pharmacy will deal with that issue when they establish the program. I agree, they probably should create a priority system. One of the main reasons for the bill is to provide cancer drugs to those who cannot afford them.

**Assemblywoman Gerhardt:**

Since we removed the fiscal note, I am worried that a fee will be charged to the patient using this program.

**Senator Cegavske:**

Section 6 states "may charge." It does not say "must" or "shall." The charge refers to the handling fees. It might be two or three dollars. The language is in there to offset the handling fees.

**Fred Hillerby:**

There will be a cost for pharmacies and other participating facilities to receive, store, and dispense the drugs. By regulation, we will set parameters for that issue. We are not sure what that would be, but we know it should not defeat the purpose of the program. The patient will not be charged for the program, but there will be a fee for the handling of the drugs. As we get into the regulatory process, we will have more information.

**Chair Leslie:**

Is there a sense that pharmacists are eager to participate in this program?

**Fred Hillerby:**

The State Board of Pharmacy got involved in this bill late. I have no idea what the demand will be. Senator Cegavske might know that, but we do not.

**Senator Cegavske:**

The State Board of Pharmacy said they would look at what other states are doing, and I have not heard the results of their research.

**Assemblywoman McClain:**

Explain why we would want the manufacturer immune from any kind of liability.

**Senator Cegavske:**

I do not know the answer.

**Assemblywoman McClain:**

It is essentially the same form from the pharmacy. I do not see why we need added immunity in the bill.

**Senator Cegavske:**

It was a requested amendment, and the Senate committee accepted it.

**Chair Leslie:**

It is my understanding that you did not request it, but someone else did?

**Senator Cegavske:**

Correct. Someone else brought it to our attention.

**Chair Leslie:**

We will have more testimony on that issue later.

**Assemblywoman Weber:**

Section 6 states, "Any person may donate cancer drugs to the program . . ."  
I am concerned about the document trail. In the pharmaceutical community, there is a term called "purported quality," which means one does not know where the drug has been from the time it left the pharmacy until it is turned back in. Would this program be available to Medicaid recipients or prisoners? How would we deal with recalls?

**Senator Cegavske:**

The adoption of the regulations will be done by the State Board of Pharmacy. We are giving the State Board of Pharmacy the ability to establish those regulations. I think these are good questions and comments, but the State Board of Pharmacy will consider them. Perhaps they will establish another program for Medicaid and Medicare recipients. There was no mention of prisoners in the testimony, and we did not discuss that.

**Chair Leslie:**

One would hope prisoners are getting the medical care they need.



**Assemblywoman Womack:**

Senator Cegavske, thank you for bringing this bill forward. I work with the American Cancer Society, so I know there is a need for a program like this. It is my concern that since this is a donated program, someone will get donated medicine one month, but may not get a donation the next month.

**Senator Cegavske:**

That was not brought up during the original hearing, but I think everyone going through the program will be aware of that. Every month that a cancer patient does not have to pay for medication counts. A one-month supply is better than no supply at all. We are trying to help as best we can.

**Assemblywoman Womack:**

I agree with you. I am concerned people will be under the illusion that they will be getting medication on a regular basis. It is cumbersome, but I agree that one month is better than nothing.

**Assemblyman Hardy:**

One of the ways you can approach this is by looking at it as a sample. As a practitioner, I give the patient medicine to see how it works for them. I think this is a huge cost saver. Regarding the handling fee, most pharmacies have figured out their routine costs for handling medication.

**Fred Hillerby:**

Section 9 states that it is the State Board of Pharmacy's responsibility to set the maximum fee.

**Chair Leslie:**

It is my understanding there will not be a fiscal note.

**Fred Hillerby:**

We looked at it closely, and we think it is something worth doing.

**Chair Leslie:**

That is refreshing to hear.

**Graham Galloway, representing the Nevada Trial Lawyers Association and Citizens for Justice:**

While the program and goal of this bill is good, we oppose it because of the limitation of the liability and immunity provisions. We do not believe it is appropriate. Our organization stands for accountability and responsibility by imposing limits on liability and immunity, and this bill passively fosters negligence, malfeasance, and lack of responsibility. We do not believe it is

appropriate to saddle a good program with an improper immunity provision. In addition, it is inappropriate that the drug manufacturer receives immunity. It is my understanding that if a drug manufacturer sells a defective or improperly manufactured drug, they should be held accountable. It does not make sense that a drug manufacturer is not liable simply because the drug is donated. We are opposed to this because of the language.

**Chair Leslie:**

Subsection 1 of Section 10 was in the original bill, and you were talking about subsection 2. Are you opposed to both?

**Graham Galloway:**

We are opposed to both subsection 1 and 2 of Section 10. We think everyone should be accountable and responsible for their acts. By implementing limitations, the manufacturers are given a free ride with immunity. Again, the bill is encouraging . . .

**Chair Leslie:**

I totally understand, and I think you made a very good point. What about subsection 1? Is it standard immunity for people who are participating in a voluntary program? Can you give us specifics on why you object to subsection 1?

**Graham Galloway:**

The language in subsection 1 absolves anyone of an act or admission, unless the act or admission amounts to gross negligence. That is a wanton and willful standard, but in reality, it is an ambiguous standard. It is short of an intentional act. In the area of cancer drugs, one would want to encourage a stricter use of the product, instead of loosening the standards, so the drugs are appropriately dispensed, used, and manufactured. By using a gross negligent standard, it almost makes individuals in this situation immune. It is a high burden for an individual to pass the gross negligent standard.

**Chair Leslie:**

How does this compare to the Good Samaritan language that we sometimes see in volunteer medical situations?

**Graham Galloway:**

Unfortunately, I have not looked at the Good Samaritan statute in years, but it is my recollection that there is a gross negligent standard. I am hesitant to state this, but I believe it is similar to the Good Samaritan statute.

**Assemblywoman McClain:**

If someone tampered with the drug before they turned it in, is it considered gross negligence?

**Graham Galloway:**

Yes. If someone tampered with the drug, it would be an intentional act.

**Chair Leslie:**

Senator Cegavske, I am interested in knowing what the negligence standards are in other states that have implemented this program. If you could research that, that would be helpful for the Committee.

**Senator Cegavske:**

I would be more than happy to provide that information.

**Chair Leslie:**

I sense the provision on the manufacturers will be problematic. You may want to provide a better argument on that issue.

**Senator Cegavske:**

Thank you.

**Chair Leslie:**

We will close the hearing on Senate Bill 5 (1st Reprint), and open the hearing on Senate Bill 266 (1st Reprint).

**Senate Bill 266 (1st Reprint): Requires the performance of tests for the human immunodeficiency virus for pregnant women and newborn children. (BDR 40-1063)**

**Senator Steven A. Horsford, Clark County Senatorial District No. 4:**

I am here with a cadre of supporters in favor of Senate Bill 266 (1st Reprint). I will turn it over to Nikki Peterson, a legislative intern and a student at Western Nevada Community College. She will introduce the bill.

**Nikki Peterson, Intern for Senator Steven A. Horsford:**

I spent many hours working with charities that help people who have the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Senator Horsford was a member of a panel organized by the Center for Disease Control (CDC) and the University of Nevada, Las Vegas School of Public Health. During the panel discussion, disturbing facts on pregnant women and HIV were shared. Representatives from the CDC announced that 40 percent of mothers that gave birth to the estimated 280 to 370 HIV infected infants did not know

that they were infected with HIV prior to delivery. The CDC and the health care industry are recommending the use of a rapid HIV test to increase the rate of testing. Currently, traditional HIV testing requires two visits: the first visit to take the test and the second visit to receive the results. According to the CDC, about 31 percent of those who test positive for HIV at a CDC facility never return to receive their results. Therefore, they do not access counseling, treatment, and other supportive services. There are experts here today that can discuss the rationale of this legislation. The goal of this bill is to reduce the rate of transmission of HIV and AIDS, and to give children who are exposed to the virus a chance to live disease-free.

**Senator Horsford:**

Representatives from the CDC were unable to attend this hearing, but they provided written testimony ([Exhibit F](#)). I will go through the provisions of the bill, and then I will turn it over to the other presenters.

Pregnant women who have insurance receive a routine set of screenings, which may include HIV testing. Subsection 1 of Section 6 merely codifies that into the law. Subsection 2 of Section 6 states that if a woman has not received pre-natal care in the first two trimesters, or has a higher risk for infection of HIV, a rapid test will be administered. Subsection 3 of Section 6 states that if a woman did not receive pre-natal care or could not prove that she received pre-natal care at the time of delivery, a rapid test will be administered. If the test shows positive results, an anti-retrovirus will be administered in order to reduce transmission. Subsection 4 of Section 6 lists the CDC protocols for defining at-risk women. In the event that a child is born but the mother did not get tested for HIV, or the results were positive, Section 7 states a rapid test will be administered to the child. Section 8 deals with the distribution of a pamphlet, which will inform women of their right to take or refuse the test. Section 9 was added after the original hearing, and deals with civil or criminal liability for those that administer the test.

The primary issue is the rate of increased infections among women. The figures are astronomical in Nevada and across the country. The bill's protocols have been approved by the CDC, and some of the protocols are utilized by obstetrical-gynecologists. However, some hospitals utilize the rapid test while others do not. The test costs \$21, which is much cheaper than some traditional testing.

**Assemblyman David R. Parks, Clark County Assembly District No. 41:**

It is estimated that 25 percent of all people infected with HIV and AIDS in the United States do not know they are infected. The potential for these people to unknowingly spread HIV to others, particularly women of child bearing age, is

truly significant. Given Nevada's population size, Senate Bill 266 (1st Reprint) is very important. Nevada has the 35th largest population in the nation, and the AIDS rate is disproportionately high. Nevada ranks 14th in the nation for the number of HIV positive adolescents and adults, and 20th in the nation for the number of HIV cases per 100,000 people of the total population. Senate Bill 266 (1st Reprint) is good public health policy, and it will go a long way toward eliminating the incidence of pediatric infection.

**Assemblywoman Weber:**

Is the rapid test a blood test? What does the "incidence of false positives" mean?

**Senator Horsford:**

I will defer that question to the experts.

**Chair Leslie:**

We can save the technical questions for the other presenters. I was looking for standards of confidentiality in the bill, but I assume they are already in the CDC protocols.

**Senator Horsford:**

All the recommendations presented by the CDC were worked out by medical professionals and advocates of public health. The recommendations were also adopted by national associations and health care policy, and this legislation was brought forward in many other states.

**Chair Leslie:**

There is some interesting information in the CDC presentation ([Exhibit F](#)). Nevada stands out as a deficient state once again. Some questions the Committee members may have are addressed in the material provided by the CDC.

**Assemblyman Stewart:**

Is the State responsible for the rapid test fee and the follow-up medication for the newborn?

**Senator Horsford:**

Sierra Health Services administers the majority of the Medicaid contracts for children and pregnant women. It is something that is already covered. It would not be an additional expense; it is a part of what is already required.

**Assemblyman Stewart:**

What is the fiscal note?

**Senator Horsford:**

There is no fiscal note; it is a different type of test. The rapid test provides results in 20 minutes, and it addresses the problem of pregnant women who do not get tested before delivery. Standard HIV testing is still the primary recommendation of the CDC in the first trimester of pregnancy.

**Chair Leslie:**

I noticed Section 9 was not in the original bill, and it states that anyone who violates any provision of the bill is not subject to civil or criminal liability. The section makes me pause because what is the point? Do you have any thoughts on that?

**Senator Horsford:**

Again, that provision was brought forward by one of the members of the Senate Committee on Human Resources and Education, and we did not want to lose the other provisions of the bill. After speaking with some health care professionals, they did not understand the liability aspect. There is another presenter that can speak about this issue, and we will try to address the concerns of that provision.

**Chair Leslie:**

We do not want you to lose the bill, but we want a bill that is appropriate. We will take a look at that.

**Mary Guinan, Dean, University of Nevada, Las Vegas, School of Public Health:**

I am member of the AIDS Task Force and the Public Health Commission.

[Read prepared testimony ([Exhibit G](#)).]

**Chair Leslie:**

Did you review Section 9 of the amended version of the bill?

**Mary Guinan:**

I am not sure about Section 9. I will ask Denise Tanata Ashby to answer that question.

**Assemblywoman Parnell:**

My daughter-in-law is pregnant. When she had initial blood work done, they had to find out if there were problems with the blood test. Is that being done in Nevada? If she lived in Nevada and had the same blood work done, do we know if that is part of the testing routine?

**Mary Guinan:**

We do not know what everyone in Nevada does, but we think the general practice is that all pregnant women are tested during the first trimester. It is a part of the routine testing in some places, while other places require an additional consent form for HIV testing. The bill will make blood testing a part of the routine pre-natal care.

**Denise Tanata Ashby, Executive Director, University of Nevada, Las Vegas,  
School of Public Health, Nevada Institute for Children's  
Research and Policy:**

[Submitted ([Exhibit H](#)).]

We did not receive comments on Section 9, but we did receive comments on Section 8, which would allow the distribution of pamphlets that informs women they have the right to refuse the test. People would also like to see a pamphlet that informs women of the importance of getting tested for HIV.

**Chair Leslie:**

Are you suggesting that the bill should be amended? Are you saying there should be another subsection to Section 8?

**Denise Tanata Ashby:**

Ideally, it would be nice to have that information. I would hate to see this bill get lost in the last days of the session because of additional amendments.

**Chair Leslie:**

We have the right to further amend the bill, and of course, we will consult with Senator Horsford. Do not think the bill will be gone forever just because we amend it. We will ask our staff to take note of that concern, and when we get to the work session, we will discuss it.

**Denise Tanata Ashby:**

There are other people that will be testifying on that particular provision.

[Submitted ([Exhibit I](#)).]

We want to highlight the cost effectiveness of the HIV screenings. The discounted lifetime treatment cost for perinatally infected children is \$113,476 for nine years of survival, and \$228,155 for 25 years of survival. As years of survival for HIV infected children increase, the lifetime costs are also likely to increase.

In September 2006, the CDC provided revised recommendations. They recommended the universal opt-out screening provision, which emphasizes that testing is voluntary and free from coercion. The CDC also recommended that women receive an oral explanation of HIV infection, a description of interventions that can reduce HIV transmission, and meanings of positive and negative test results. Counseling should be provided for women who decline the test, and they should be advised to take the test later in the pregnancy.

In addition to the first trimester test, it was recommended that a second test be administered during the third trimester for certain women. It is cost effective for all women to get tested during the third trimester, but it is strongly recommended that women who meet certain criteria get tested a second time. The CDC also recommends the rapid testing during labor, so antiretroviral therapy can be immediately initiated. A test should be also administered to newborns in the event the mother's HIV status is unknown, and it is best administered 12 hours after birth.

**Assemblyman Hardy:**

Does the midwife or practitioner need a United States approved laboratory to do a rapid test?

**Mary Guinan:**

Representatives from the CDC said that an approved laboratory is needed.

**Chair Leslie:**

Do you think that is needed in Section 5? It states, ". . . approved by the United States Food and Drug Administration." Does that not cover it?

**Assemblyman Hardy:**

No, it does not. The test is covered, but the tester is not covered.

**Chair Leslie:**

We will look into that.

**Assemblyman Hardy:**

Do you know how many HIV positive women there are per 1,000 women? That is referenced on page 3, line 40 of the bill.

**Mary Guinan:**

We do not have that information, but there are various studies that looked at HIV and pregnant women. The Southern Nevada Health District might have that figure, but we do not have a reliable measure.



In 2004, the CDC designated Nevada as a high-rate state. I do not know the figures for 2005, 2006, and so on.

**Assemblyman Hardy:**

Thank you. The CDC might not take into account that rural Nevada is different from urban Nevada. Also, I do not know if the bill captures vulnerable women who get pregnant. There are women who are institutionalized, and we need to make sure that language is captured. Also, information must be provided before the test is administered.

**Denise Tanata Ashby:**

The CDC recommended the information be provided orally or in writing. A separate form is used to increase the rate of testing for HIV among pregnant women, and reduce the stigma associated with HIV. Making HIV testing a part of routine pre-natal care increased the testing rate to 94 percent.

**Assemblywoman Weber:**

I am looking at the CDC website, and I see there are four different rapid tests. Some require licensures and some do not. The specific sensitivity issues are different on all four tests. I am concerned about Section 3. If results from the rapid test are positive, antiretroviral therapy will be implemented without a confirmatory test. Is this a CDC policy or have other states used this provision?

**Denise Tanata Ashby:**

That is a CDC recommendation. The recommendations state that therapy must be provided without confirmation of the rapid test results.

**Chair Leslie:**

We will have our staff follow-up on that, and we will get the answers to those questions before the work session.

**Assemblywoman Pierce:**

Are there pamphlets for other routine tests that inform pregnant women that taking the test is voluntary?

**Denise Tanata Ashby:**

I can speak from personal experience. I have a 15 month old child. Generally, during the woman's first pre-natal care visit, she is given a lot of written information on a variety of topics. I remember receiving a separate consent form for HIV testing. There are mandatory tests. For instance, a woman must get tested for syphilis.

**Chair Leslie:**

Can you refuse that test?

**Denise Tanata Ashby:**

No, I do not believe one can.

**Graham Galloway, representing the Nevada Trial Lawyers Association and Citizens for Justice:**

Overall, our organization believes this is a great bill, and it advocates a worthy program. It is good public health policy. We support Sections 1 through 8, and reluctantly oppose Section 9, which is an amendment. Again, this is a grant of immunity, and we are opposed to any legislation that does not hold people accountable and responsible. Allowing people to ignore the requirement of the bill undercuts the whole program. The amendment essentially states that one could ignore the requirements of the statute. I do not understand why this body would pass a law that includes a provision that allows someone to ignore the requirements of the law. It does not make sense. If the Committee wants to encourage rapid testing, which we believe is a worthy cause, then why would the Committee put this provision in the bill?

**Chair Leslie:**

I agree with you, and it is unusual that we would do that.

**Graham Galloway:**

I have never seen a statute that has this kind of language.

**Dan Musgrove, Associate Administrator, University Medical Center:**

I am a poor substitute for Dr. Jerry Kaide. He was able to testify for the original hearing, and he supports this bill.

**Russell Rowe, representing Aid for AIDS of Nevada:**

We support this legislation, and we encourage working out concerns so this bill can pass.

**Jack H. Kim, Director of Legislative Programs, Sierra Health Services, Inc.:**

I am representing the Nevada Association of Health Plans, Sierra Health Services, and Southwest Medical Associates. We are supportive of this bill, and we already do the testing in our facilities. It is good public policy, and is beneficial to our patients.

**Chair Leslie:**

[Submitted ([Exhibit J](#)).]

Representatives from the Washoe County District Health Department recommended that Section 8 be removed from the bill.

[Submitted ([Exhibit K](#)).]

**Mary Ellen Harrell, Public Health Nurse Manager, Southern Nevada Health District:**

[Read prepared testimony ([Exhibit L](#)).]

**Janine Hansen, representing Nevada Eagle Forum:**

There were changes to Section 8 since the original hearing. We oppose the amendment brought forward by the Washoe County District Health Department. If people are not informed that they can refuse to get tested, then they do not know they have the right to refuse. We favor medical freedom and opportunity for choice. When my daughter delivered her baby, she refused to get tested for Hepatitis B because she had a serious reaction to an immunization shot, but the test was administered against her wishes. People are not aware that they have an option, but most people choose to do it anyway. If people do not know that they have the right to opt-out, then they will not exercise that right. We are certainly not opposed to pamphlets that explain why one should get tested.

[Submitted ([Exhibit M](#)).]

We support Section 8, the intent of the bill, and the right for women to refuse the test.

**Lynn Chapman, representing Nevada Families, Nevada Eagle Forum:**

I support the provision that provides pamphlets informing women of their right to refuse a test.

**Senator Horsford:**

Thank you for your questions and your attention on this matter. I hope we will work out the concerns so we can pass the bill. The bill will save lives and reduce transmission of HIV.

**Chair Leslie:**

This is important legislation, and we will consult with you as we move forward. We close the hearing on Senate Bill 266 (1st Reprint), and open the hearing on Senate Bill 195 (1st Reprint).

**Senate Bill 195 (1st Reprint): Enacts provisions governing the operation and use of a recreation area. (BDR 40-492)**

**Mary C. Walker, President, Walker & Associates:**

I am representing Carson City, Lyon County, Douglas County, and Storey County. This bill was brought forward by Douglas County, and all the rural counties. I support this legislation.

[Read prepared testimony ([Exhibit N](#)).]

**Chair Leslie:**

Why did this bill come before the Committee on Health and Human Services?

**Mary C. Walker:**

We have no idea. The bill went to a similar committee in the Senate, and they referred it to the Judiciary Committee.

**Chair Leslie:**

It is in the right chapter. We have similar legislation for skateboard parks and snow recreation areas. Essentially, we will be adding trailheads and water access areas with similar statutes.

**Mary C. Walker:**

Yes, that is correct. We worked with the Nevada Trial Lawyers Association, and we agree on the amendments. This legislation is not intended for non-recreational properties. For example, there are wells close to the river in Carson City, and the wells are surrounded by property owned by Carson City. We are not talking about government land; we are talking about designated recreation areas.

**Chair Leslie:**

How are they designated?

**Mary C. Walker:**

We designate them and provide improvements to the area.

**Assemblywoman Pierce:**

I am confused about the definition of recreation area. Land is either privately or publicly owned.

**Chair Leslie:**

The definition of recreation area is in Section 4.

**Daniel C. Holler, Douglas County Manager, Douglas County:**

We are trying to establish an access area to Carson River so people have legal access instead of trespass access. We want to designate an area for parking, picnicking, and a sanitation facility. The ranchers close to the designated area were concerned that people will climb the fence and pet the cows. The ranchers would be liable. This gave impetus to the bill, and we had a lot of contentious public hearings. We want to designate an area for people to access the Carson River, but we also want to provide protection for the ranchers near the area.

**Graham Galloway, representing Nevada Trial Lawyers Association and Citizens for Justice:**

After extensive and cordial negotiations with the representatives from Douglas County, we support the language of the bill.

**Jason Frierson, Attorney, Clark County Office of the Public Defender:**

Clark County has concerns with Senate Bill 195 (1st Reprint). We have no interest in affecting Douglas County's ability to deal with the areas around the Carson River. However, we are concerned with how the legislation might impact recreation areas in Clark County. There is a massive wetlands project with trailheads, and passing this bill in its current form will create additional requirements, and will make Clark County liable for changes in conditions. I spoke with the sponsors of the bill, and we are willing to work on something that would not adversely impact a massive project. We want to make sure they can achieve their needs in a way that does not impact Clark County.

**Chair Leslie:**

Did you raise this issue in the Senate?

**Jason Frierson:**

I do not believe the issue was raised in the Senate. Clark County is concerned with the amended version.

**Chair Leslie:**

Please submit your concerns in writing to the Committee, and if you can, work with the sponsors. I am a little uneasy about some of things you said, but we will talk about that later.

**Jim Litchfield, Private Citizen, Reno:**

I am speaking in support of Senate Bill 195 (1st Reprint). This legislation will go far in absolving and mitigating existing conflicts between municipal governments, private land owners, and private facilities. This legislation will

allow municipal governments to better utilize natural resources adjacent to private properties for recreational enjoyment.

**Chair Leslie:**

Mr. Litchfield is the primary architect of the White Water Park in Reno, Nevada. How would this effect the White Water Park?

**Jim Litchfield:**

The legislation would not affect the park because it is surrounded by public land owned by Reno. In Douglas County, however, there was a private diversion structure around that facility. While it is on state property, the ranchers were concerned about liability. The legislation will absolve and mitigate liability, and it is a laudable effort.

**Chair Leslie:**

Regarding your project in Sparks, are you dealing with public land?

**Jim Litchfield:**

Yes, it is owned by Sparks. Some of it is owned by the Airport Authority, but this bill will mitigate the concerns that the Airport Authority might have.

**Chair Leslie:**

It places responsibility on the user, and it seems appropriate. Is there anyone else that would like testify? [There was no response.] We will close the hearing on Senate Bill 195 (1st Reprint). This meeting is adjourned. [3:22 p.m.]

RESPECTFULLY SUBMITTED:

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Katrina Zach  
Committee Secretary

APPROVED BY:

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Assemblywoman Sheila Leslie, Chair

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

**EXHIBITS**

**Committee Name:** Committee on Health and Human Services

**Date:** April 25, 2007

**Time of Meeting:** 1:37 p.m.

<b>Bill</b>	<b>Exhibit</b>	<b>Witness / Agency</b>	<b>Description</b>
	A	Committee on Health and Human Services	Agenda
	B	Committee on Health and Human Services	Attendance Roster
SB 220	C	Sarah J. Lutter, Committee Policy Analyst	Work Session Document
SB 5	D	Dr. Renee Coffman, University of Nevada College of Pharmacy	Prepared Testimony
SB 5	E	Lawrence Matheis, Nevada State Medical Association	Prepared Testimony from Michael Hackett, American Cancer Society
SB 266 (R1)	F	Senator Steven Horsford	Prepared Testimony from Sean David Griffiths and Margaret Lampe of the Center for Disease Control and Prevention
SB 266 (R1)	G	Mary Guinan, University of Nevada, Las Vegas, School of Public Health	Prepared Testimony
SB 266 (R1)	H	Denise Tanata Ashby, University of Nevada, Las Vegas, School of Public Health	Prepared Testimony from Melva Thompson-Robinson, University of Nevada, Las Vegas, School of Public Health
SB 266 (R1)	I	Denise Tanata Ashby, University of Nevada, Las Vegas, School of Public Health	<i>UNLV School of Public Health Policy Brief</i>
SB 266 (R1)	J	Chair Sheila Leslie, Committee on Health and Human Services	Prepared Testimony from Jennifer Stoll-Hadaya, Washoe County District Health Department
SB 266 (R1)	K	Chair Sheila Leslie, Committee on Health and Human Services	Prepared Testimony from Michelle Gorelow, March of Dimes
SB 266 (R1)	L	Mary Ellen Harrell, Southern Nevada Health District	Prepared Testimony



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SB 266 (R1)	M	Janine Hansen, Nevada Eagle Forum	<i>Constitution of the State of Nevada</i>
SB 195 (R1)	N	Mary C. Walker, Walker & Associates	Prepared Testimony

