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

Seventy-Seventh Session
March 11, 2013

The Committee on Health and Human Services was called to order by Chair Marilyn Dondero Loop at 1:36 p.m. on Monday, March 11, 2013, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 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 nelis.leg.state.nv.us/77th2013. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman Marilyn Dondero Loop, Chair
Assemblywoman Ellen B. Spiegel, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Wesley Duncan
Assemblyman Andy Eisen
Assemblywoman Michele Fiore
Assemblyman John Hambrick
Assemblyman Pat Hickey
Assemblyman Joseph M. Hogan
Assemblyman Andrew Martin
Assemblyman James Oscarson
Assemblywoman Peggy Pierce

COMMITTEE MEMBERS ABSENT:

Assemblyman Steven Brooks (excused)
Assemblyman Michael Sprinkle (excused)

GUEST LEGISLATORS PRESENT:

Assemblyman James Ohrenschall, Clark County Assembly District No. 12
Assemblyman Randy Kirner, Washoe County Assembly District No. 26

STAFF MEMBERS PRESENT:

Kirsten Bugenig, Committee Policy Analyst
Terry Horgan, Committee Secretary
Macy Young, Committee Assistant

OTHERS PRESENT:

Nancy M. Cappello, Ph.D., President and Founder, Are You Dense Advocacy, Incorporated
Richard Reitherman, M.D., Ph.D., Member, Board of Directors, American Society of Breast Disease
Jane Kakkis, M.D., M.P.H., Member, Board of Directors, American Society of Breast Disease; Chair, Best Practice Team for Breast Cancer, Memorial Care Hospitals, California
Elana T. Graham, Private Citizen, Las Vegas
Wendy Damonte, Health Watch Reporter and Evening News Anchor, KTVN Television Station, Reno
Theresa Cox, Private Citizen, Reno
Cindy Lain, Private Citizen, Reno
Beatrice Razor, representing the Nevada Nurses Association
Elisa P. Cafferata, President & CEO, Nevada Advocates for Planned Parenthood Affiliates
Tracey Delaplain, M.D., Member and representing the American Congress of Obstetricians and Gynecologists, Nevada Section; Member, Clinical Faculty, University of Nevada School of Medicine
Michael Hackett, representing the Nevada State Medical Association
Rebecca Gasca, representing the Cancer Prevention and Treatment Fund, National Research Center for Women & Families

Chair Dondero Loop:
[Roll was taken. Committee rules and protocol were explained.] Another reminder, we need to have any documents you are planning to present at our meetings in by 5 p.m. on the preceding business day. It is quite difficult for staff to upload your exhibits to the Nevada Electronic Legislative Information System (NELIS), so if you could please adhere to that, we would be very appreciative.

If you are here for Assembly Bill 144, my apologies. The sponsor has asked us to delay hearing that bill, so we will not be hearing A.B. 144 today.

Assembly Bill 144: Revises certain provisions pertaining to anatomical gifts. (BDR 40-141)

[This bill was not heard.]

We will now open the hearing on Assembly Bill 147.

Assembly Bill 147: Requires the notification to certain patients regarding supplementary mammographic screening tests. (BDR 40-172)

Assemblyman James Ohrenschall, Clark County Assembly District No. 12:
With me is my colleague Assemblyman Kirner, who represents Reno. I first learned about the issue of dense breast tissue during the summer of 2012. I did not know it was such a great risk factor; I did not know that women with high-density breast tissue were so much more likely to contract breast cancer. I did not know that the mammograms for women with dense breast tissue were so much more likely to give a false negative; not a false positive, but a false negative. I did not know that someone could go home and be told that everything was okay when, in reality, it was not. I have learned that five jurisdictions have passed this law. When I read about this situation, I was astounded that we did not have a law like that in Nevada and that so much of the country also did not. That is why I decided to work on this legislation.

If you look at Assembly Bill 147, I want to point out lines 31 through 38 on page 2. Those are 63 words, but they are 63 words that have tremendous potential to save lives and also to increase the time many of us can spend with our loved ones. Assembly Bill 147 is a great encouragement to patients to communicate with their doctors and talk about this issue. Most of us realize that each day is precious; each day is a gift. That is why I started this work on A.B. 147.

I requested this bill draft in August 2012, and since then I have spoken to many women about this issue—some of them breast cancer survivors. I have not had one person tell me that they would not want to know or that the status quo was all right. I am not a scientist; however, I am lucky to have some very qualified expert witnesses joining me today. I will try to sum up the bill as best I can in layman's language. Right now, federal law prescribes that when someone gets a mammogram, two reports are sent. One report is sent to the physician who ordered the mammogram and one is sent to the patient. So a report is already being sent out. Assembly Bill 147 does not send out a new

letter. It would just add those 63 words to the report that is already mandated by federal law. Those words do not mandate that a test be taken, but they do encourage that the patient talk to the physician about the situation and about having high density breast tissue. Obviously, having high density breast tissue does not mean that you automatically have cancer. It does not mean that the mammogram automatically was incorrect, but it does mean that you should talk to your doctor and that you should consider additional tests.

Assemblyman Randy Kirner, Washoe County Assembly District No. 26:
I signed on to this bill for a number of reasons. The first and foremost is that my wife is a survivor. We have Wendy Damonte with us today who also has experienced breast cancer in her life. She will be testifying later. We have discussed the story of her mother, having watched it evolve on TV over the year. I was very happy when my colleague approached me about this bill, and will do whatever I can to help support the bill.

Chair Dondero Loop:
Thank you for sharing that, Assemblyman. I know it is not always easy for us to share our personal stories. Would you like to call forward your next witnesses?

Assemblyman Ohrenschall:
I have Dr. Nancy Cappello who flew in from Connecticut. She is head of an organization called "Are You Dense?" I have Dr. Richard Reitherman from Dallas, Texas, a breast radiology specialist and Board Member of the American Society of Breast Disease. I have a number of other witnesses as well.

Chair Dondero Loop:
Let us hear from the doctors first and then ask questions. It would be good for us to have a little more information about this.

Nancy M. Cappello, Ph.D., President and Founder, Are You Dense Advocacy, Incorporated
I have traveled here from Connecticut because your action today has the potential to save lives. I hope to illustrate through my story, and the scientific data, that your support of A.B. 147 will lead to a reduction in later stage breast cancers, less aggressive treatments, and better life outcomes for the women of your state. [Dr. Cappello provided written testimony (Exhibit C).]

I know you have a packet of information (Exhibit D), but I want to call your attention to just one piece [(Exhibit D) page 4]. This is why this bill is so critically important. At the top of the page it says, "Mammograms: How Tumors Display in Different Tissue Types." If you look at this page, there is

a fatty breast on the top left. On the top right is a fatty breast with cancer. You do not have to go to medical school to figure that out; it is very easy to find. Now let us go to the bottom left picture. That is an extremely dense breast. That looks like my breast and like the breasts of thousands of other women. There is a cancer in that breast. How would you know it? You would not, for the most part, using standard digital mammography. Now, go to the picture on the right. This is the same breast scanned with an additional tool. Do you see the cancer, the white spot? There is the cancer.

I never knew this. I never knew that I had dense breasts until 2004 when I was diagnosed with advanced-stage breast cancer—stage 3C. I had just had a normal mammogram and my report said, "Dear Ms. Cappello, thank you for your visit to our facility. We are pleased to inform you that the results of your mammogram are normal." I call this letter the "happy-gram." All it told me was that my mammogram results were normal. It did not tell me about the likelihood of having a hidden intruder lurking in my breast because of my dense breast tissue. I never knew that and here I was with a normal mammogram. Little did I know that the same report, because the radiologist writes a report about my breast to the referring doctor, had information about my dense tissue. So my referring doctor knew it, the radiologist who wrote the report knew it. The only one who did not know it was the woman who had it—me.

When I was diagnosed with advanced-stage breast cancer, I went to my doctors and asked what had happened. I had just had a normal mammogram, and I could not understand it. My diagnosis did not make any sense. After all, that is why women go for screening; to find the cancer early. Two of my doctors said, on two separate occasions, "Well, Nancy, you have dense breast tissue." That was the first time I had heard those terms. Here I find out that I have something about me, about my tissue composition, that no one ever bothered to tell me.

Here is the issue. Mammography misses every other cancer in dense breasts, and most women do not know it. Doctors have known this for years. Fewer than one in ten women find out about their dense breast tissue from their doctors. At the time, and this was nearly a decade ago, I found that there were 10-year-old studies that said mammograms miss every other cancer in dense breasts and that 40 percent of women have dense breasts. I found that dense breast tissue is a well-established predictor of risk, and that most women do not know it. That information prompted me to act and get this information to women. I ended up going to my doctors and telling them, "Look what I uncovered. Now can you start telling women about their dense tissue?" They both said no, that it was not the standard of care. It was not the protocol.

Armed with this knowledge, I began working with the Connecticut Legislature. Since 2004, we passed two pieces of legislation. The first was for ultrasound screening coverage for women with dense tissue. I figured once that occurred I was done, but unfortunately, even though we had legislation, doctors were still not informing women. I went back to the Connecticut Legislature, and after three sessions we passed the first bill in the nation to inform women of their dense breast tissue through the mammography report.

I figured I was finished. I had a website called "Are You Dense?" I started two organizations named Are You Dense? and Are You Dense Advocacy, Inc., but I never thought that my action in Connecticut, and champion legislators who supported it, would result in women from all over the country and the globe finding me. Women are as shocked as I was. They find out they have advanced-stage cancer. If you have dense breasts, you have a 17-times greater risk of having your cancer missed between your annual mammogram reports. And, again, most women do not know it.

Women started emailing me telling me that they wanted to do the same thing I had done in Connecticut. Since then four additional states have passed similar legislation: New York, Virginia, Texas, and California. We have 12 bills currently being introduced to inform women of their dense breast tissue.

In Connecticut, when we first started out, we had a lot of opposition from cancer organizations and medical groups. One of the great benefits of this work is that women are having their cancers found early. There are doctors in Connecticut who have made 360-degree turns. They are now supporters of this work. They are going around the country looking at scientific data and helping us get legislation passed in other states. I want to quote Dr. Regina Hooley, Assistant Professor of Diagnostic Radiology at Yale School of Medicine reporting on Connecticut data, ". . . can aid detection of small mammographically occult cancers." That means cancers not seen on mammogram. Picture this, year after year you go for your mammogram—why? To find your cancer early. And year after year, if you have dense breast tissue, you could have this hidden intruder and you would never know it because no one is telling you. This bill is about education; getting the information to women in this state so they can have educated conversations and be advocates for their own breast health. I commend the leadership of Assemblyman Ohrenschall for bringing this critical women's health issue to this Committee, to you, to the other legislators in the state, and to women.

There is a study just published by the National Institute of Health (NIH) talking about dense breast tissue and the risk of dying. They looked at women with dense breast tissue of the same age with the same stage cancers and the same

tumor characteristics. What the scientists found was that it does not matter whether you have dense breasts as far as dying sooner is concerned. What matters is the stage of diagnosis. Women with dense breast tissue have a greater likelihood of having their cancers found at the later stage.

Chair Dondero Loop:
Thank you very much for your information. It is always a little humbling to hear personal stories of people who have taken something so tragic and made a mission out of it to help others. Are there any questions or clarifications, Committee?

Assemblyman Hambrick:
As with my colleague from the north, my wife is also a survivor. When you found out about your cancer you went back to your primary physician. That individual told you they do not talk about this, but did you press it? I find it amazing that a primary care physician would have the gall not to share information like this if he or she had it. I am trying to wrap my head around the idea that once you found out, your doctor had the temerity to tell you it just is not talked about. Could you expand on that a little, please?

Nancy Cappello:
I was outraged that there was something she knew about my breasts that she was not sharing. Later, I found out that the entrenched medical organizations are waiting for more-perfect studies before telling women about a fact like this one. This is about education; we are not mandating medicine. I was shocked but my breast surgeon said the same thing. It was not as though there was something wrong with my gynecologist. That is the protocol; that is what was suggested. So, trying to protect the women in my state, my colleagues and family, I decided, with my husband, to do it on our own with no other organization helping us. I knew about the power of personal tragedies and the science behind it. I had the science and I had the evidence. If this had just been one sad story about me, that would have been one thing. Cancers are missed; there is no perfect tool. But it was not just about me. It was about many women. There is no shortage of women like me, and you will hear from them today. Unfortunately, they are shocked when they find out their cancers are detected late because of their dense breast tissue.

Chair Dondero Loop:
Never underestimate the power of a woman.

Assemblywoman Spiegel:
I was horrified by the whole circumstance you went through, but I was especially shocked to hear that there are cancer organizations and physicians who have been resisting your efforts. Could you speak a bit to the opposition you have come up against and why you believe it has even been there?

Nancy Cappello:
I am sure you will find opposition to this bill, but it still baffles me. I was a member of the teacher's union because I was a teacher. I paid union dues. I know from being a member of a union that the job of a union is to protect its members. The job of the teacher's union is not about protecting children, it is about protecting members. These are entrenched organizations with a lot of bureaucracy and it is very hard to turn them around. Using our evidence, we are trying to do that and I think we will eventually; however, while we wait, there are women who end up with later-stage cancers than cannot be treated that should have been treated earlier.

A lot of what we have done is happening in every state. When legislators and women come to me, I tell them to be prepared. This really could be a Broadway play. I can write the script because I can predict what will happen when we go to each state. Most folks are shocked. Governor Jodi Rell from Connecticut said to me that this was a "no-brainer." When I first discussed the bill with Assemblyman Ohrenschall, I asked him how long he had been in the Legislature and whether he had met legislators and others who really do not understand it. I think this is pretty simple, but sure enough, it was tough to get consensus. We are reasonable; I think we can come to consensus because it is about the greater good and about putting women first.

Chair Dondero Loop:
Are there additional questions?

Assemblyman Hickey:
For my understanding, even though the fact of this different condition you have is known, doctors or practitioners are not required to tell you about the likelihood, but could they if you asked? The intent of this bill is educational so that women know to ask when they go in. Is one of the reasons they do not tell women because they perceive it will require extra screening and more costs to them or to insurance companies? I do not understand why they would not tell you.

Nancy Cappello:
You need to ask that question to the folks who are in opposition, but I will tell you that it is very challenging to fight for something or to advocate on behalf of

your own breast health when you do not even know about dense breast tissue. I speak all over this country and I speak to educated audiences. Still, in 2013 even though we have decades of research, in every audience I speak with, 80 percent of these women have no idea what I am talking about unless they are in a state that has the mandate to inform and educate. Their first response is to say that they should get the results of their mammogram reports and find out if they have dense breast tissue.

Assemblyman Ohrenschall:
I have received a lot of pushback on this bill. People have told me that the government should not tell physicians how to practice medicine. I could not agree more, but this bill is not telling a physician how to practice medicine. This bill is trying to make sure that patients who could be at risk have that conversation with their physicians. Right now, the majority of these patients who are not being told that they have dense breast tissue do not realize the potential danger they are in.

Assemblyman Oscarson:
Mr. Ohrenschall, would you characterize this as a quality-of-care issue and a standard-of-care issue? It would seem to me, after talking to various people and to the radiologists who work at the hospital I am at that this is a standard of care. It should be followed up with an additional examination.

Assemblyman Ohrenschall:
I have discussed this bill over and over and I have not found one person yet who said they would not want to know, so I agree with you. I do think it is a quality-of-care and a standard-of-care issue. I am waiting for the first person to tell me she or he is fine with the status quo; fine with not knowing.

Chair Dondero Loop:
Are there additional questions from the Committee? [There were none.]

Assemblyman Ohrenschall:
Next, I would like to call Dr. Richard Reitherman and Dr. Jane Kakkis.

Richard Reitherman, M.D., Ph.D, Member, Board of Directors, American Society of Breast Disease:
[Dr. Reitherman presented written testimony in support of A.B. 147 (Exhibit E).] For the past 15 to 18 years I have dedicated my life to breast radiology. Practices that I currently supervise screen approximately 50,000 women a year. I have personally diagnosed over 2,000 specimens of breast cancer. I have looked into the eyes of those 2,000 patients and told them that they have breast cancer. It is clear from my experience and the science that dense breast

tissue decreases our ability to see breast cancers. The evidence is there; there is no question.

What we are talking about today is the patient notification letter. Since October of 1992, this letter has been mandated by the federal government to be given to every woman who has a mammogram in the United States. Currently, approximately 30 percent of the women in the United States are covered by state laws which now include dense breast notification. The fundamental principle and legal mandate at the heart of the bill is really informed consent. In order to have informed consent, parties need to have the proper information to make proper decisions.

Since 1992, the federal government has required two letters. One goes to the referring, or ordering, physician. It has the patient's results; what should be done or recommended; whether they need a biopsy, and so forth. Included in that letter is the issue of a disclaimer which says, essentially, that this woman has mammographically dense breast tissue and we cannot find cancers as easily. That has been standard of practice. During the same period of time, the letter women get has two features. It says their mammogram was normal or that their mammogram was abnormal. The federal law, which is a quality assurance act, the Mammography Quality Standards Act of 1992, specifically included a letter to the patients because they realized that there was a significant possibility of the patients never being notified of their results. All we are asking for in this bill is to support that information that is now given to the woman as an educational piece so they will be better informed when they have conversations with their doctors.

Informed consent, according to the American Medical Association, requires that the risks and benefits of any proposed treatment or test be discussed with the patient. In the particular issue of screening mammography with dense-breasted women, we are talking about the risk of under-diagnosing the disease, and that is not happening. The alternatives, regardless of their cost and the extent to which the treatment options are available or covered by insurance, are not part of the informed consent. The physician is obligated to give the patient all the information that is there and the risks or benefits of not undergoing additional tests.

A quick note on the difference between standard-of-care recommendations and guidelines and informed consent: standard of care is defined as what the average conscientious physician would do in the same situation. This is defined by the local community of physicians. It is not mandated by state or federal law. Nothing in this bill has been deemed to create a duty of care or legal

obligation beyond the duty for the facility to provide notice. It does not relate to the standard of practice of physicians.

Recommendations, on the other hand, are issued by professional societies, like the American Cancer Society and the American College of Radiology. All those organizations state that a practice guideline is not intended to substitute for the independent professional judgment of the treating physician. Guidelines do not account for individual variation among patients and may not reflect the most recent evidence; therefore, the guideline does not recommend any particular product or course of medical treatment or standard of practice. That is up to the physician. Again, this bill has nothing to do with the standard of practice.

Regarding informed consent, one can argue that one fundamental purpose of a law is to protect the public. The new Affordable Care Act was approved by the Supreme Court in June 2012. The full name of the legislation is actually the Patient Protection and Affordable Care Act. It has provisions in it for information and disclosure of information so people get proper medical care.

For many years we had a system in which physicians get information but the patient does not, so there is information asymmetry. Without symmetry of information, you cannot make proper decisions. This bill is basically about adding to federal law the state recommendation that women be advised of breast density and the potential consequences to their lives.

Chair Dondero Loop:
Are there any questions or comments from the Committee at this time?

Assemblyman Duncan:
If 40 percent of women have dense breasts, is that very apparent when you see a mammogram? Are only parts of it dense? Also, are the incidences of death higher among women who have dense breasts?

Dr. Reitherman:
The American College of Radiology has a gradational system for assessing the degree of breast density. Breast density is a continuum from 0 to 100 percent and involves the surface area or volume of the breast that is fat versus glandular tissue. The American College of Radiology has divided them into quartiles—25 percent, 50 percent, and 75 percent breast densities. The general status is that if more than 50 percent of the breast volume is dense, that categorizes as dense breast, so there is a criteria to categorizing them as having dense breasts or not having dense breasts.

Regarding the issue of mortality, it is clear that early screening decreases mortality, and the issue we have is that dense breasts obscure the opportunity of many women to do early diagnosis for invasive breast cancer. The risk of death is more about the stage or about the size of the tumor at the time of diagnosis. It is not particularly related to breast density in terms of mortality, but it is related in terms of early diagnosis, which will translate to decreased mortality.

Assemblyman Eisen:
As I am a pediatrician, this is not an area in which I practice; however, I have found a fair amount of evolving data. In 1996, there was an article in the *Journal of the American Medical Association* that showed that, for younger women, there was no difference in sensitivity based on breast density. Is this knowledge that continues to evolve? Are we continuing to develop our understanding of exactly what is going on? What is the difference, what specific characteristics of dense breast tissue have the effect on your ability to read these mammograms and find these abnormalities?

Dr. Reitherman:
Medicine, being part science and part art, evolves with information. The most recent information on breast density and decreased sensitivity on a mammography comes from two studies. One was in the *Journal of the American Medical Association* in 2010 and the other was in the *New England Journal of Medicine* in 2012. Both studies took women who had dense breast tissue and provided screening with mammography, ultrasound, and magnetic resonance imaging (MRI) as appropriate. It was clear that the addition of ultrasound to mammography detected at least 20 to 30 percent more breast cancers in women with dense breasts. Our knowledge is evolving and the large-scale studies being done now are very conclusive to the issue.

Jane Kakkis, M.D., M.P.H., Member, Board of Directors, American Society of Breast Disease; Chair, Best Practice Team for Breast Cancer, Memorial Care Hospitals, California:
Thank you for the opportunity to speak in support of this dense-breast notification bill. I have limited my surgical practice to breast diseases for 12 years. The Best Practice Team is responsible for using evidence-based medicine to ensure optimal quality of care for patients with breast disease. Optimal quality of care is not always standard of care. Optimal quality of care means we use the evidence to try to advance standard of care to a more optimal situation for patients for better outcomes.

I agree with the comments my colleagues have made, and I would like to expand further on the topic in a different direction. As a treating physician, it is

very clear that early detection of breast cancer saves lives. In addition, it decreases the serious consequences and side effects caused by the more intensive therapy required by later-stage disease. These consequences, not only psychological but physical alterations, can last a lifetime for these patients if the person survives the disease.

As a research investigator and a team leader for best practices, I am well versed on the ethical protection of human beings in regards to National Institutes of Health and Department of Health and Human Services regulations for research and subsequently produced evidence that the research discovers. We have an ethical obligation to treat patients with respect, beneficence and justice as defined in the Belmont Report in the NIH. The Belmont Report says that respect for persons dictates that individuals be treated with autonomy. An autonomous person is capable of making their own decisions. To show a lack of respect for autonomy is to withhold information necessary to make a considered judgment when there are no compelling reasons to do so. The NIH report further states that a patient should be allowed to consider the potential harms and benefits of a situation, analyze those risks and benefits related to his or her personal goals and values, and take action based on that analysis.

The principle of beneficence demands that people be treated in an ethical manner, not only by respecting their decision and protecting them from harm, but also by making efforts to secure their well-being. An injustice occurs when some benefit to a person is denied without good reason. The principle of justice requires that individuals and groups be treated fairly and equitably in terms of bearing the burdens and receiving the benefits of research.

In the long history of medicine and research, there have been conflicts and competing interests that have required legislation be created specifically to protect the people. There is already significant knowledge in the practice of breast cancer medicine and significant research that supports the findings of increased risk of breast cancer in patients with dense breast tissue as well as findings that mammography screening is compromised in this population. That knowledge has not, in fact, resulted in patient education about those risks and potential benefits of alternative screening methods currently available.

I believe that we have the ethical obligation to treat patients with respect, beneficence and justice and to allow them autonomy and to make their own health-care decisions. As a physician I have taken the Hippocratic Oath, and I swore to benefit my patients according to my best judgment. It is in my best judgment that this legislation is crucial to improving the delivery of health care to the people of Nevada.

Chair Dondero Loop:
Are there any questions or comments from the Committee?

Assemblyman Hogan:
I want to express my appreciation for what you are doing. It is not quite in time for my wife, who died of breast cancer many years ago. The children she left have now accumulated four young girls, and maybe they have a better chance.

Chair Dondero Loop:
Are there any additional comments from the Committee? I, too, am the mother of three daughters and grandmother of two granddaughters. It is very important that we have this information.

Assemblyman Ohrenschall:
That concludes my expert witnesses. Next I have family members of those who have valiantly fought breast cancer.

Elana T. Graham, Private Citizen, Las Vegas:
I am testifying in support of A.B. 147 as a mom. My husband and I had four children. Right after her 26th birthday, one of our children, Caroline Ellen Graham-Lamberts, found a lump in her breast. She had a mammogram and was told that her breast tissue was dense and that she was fine and to go home and relax. Carrie believed she needed an MRI. With the MRI, two tumors were found. Carrie was a brave young medical student who knew what to do, but most of us would need advice to know how to proceed. Carrie's medical school boyfriend, Remy Lamberts, immediately proposed, and Carrie began aggressive treatment even before her wedding. Carrie had three surgeries, several surgical procedures, three rounds of chemo, two rounds of radiation, and lots of meds. Her five years were rough, but she accomplished much. She and her husband spent a year doing medical research, and in a competition were ranked No. 1 in the nation. They got great recognition for our medical school in Nevada. Carrie gave permission for her face to be used on the American Cancer Society brochure. Carrie and her husband Remy graduated with honors from medical school. She loved helping with patients.

Caroline researched and wrote on human sexual trafficking and wrote an article that received accolades. Carrie and Remy entered their residencies. Carrie dearly loved her husband, family, and friends. She always said, "I could not be happier." Caroline Ellen Graham-Lamberts passed away October 28, 2012.

I believe without the MRI Caroline would not have lived for very long, since her cancer was so advanced. With the MRI, her tumors were detected and Carrie was swiftly and aggressively treated while she was making a difference in the

world. The MRI gave Caroline, her family and friends, and especially her husband, five years. I enthusiastically and vehemently support A.B. 147.

Chair Dondero Loop:
Thank you, Mrs. Graham. We all lived that with you, and really appreciate your sharing your personal story. Are there any comments from the Committee? [There were none.]

Assemblyman Ohrenschall:
I want to thank Elana Graham and Wendy Damonte. These stories are so painful, and I am so impressed with the bravery and willingness to come forward and tell them. I knew Carrie, although not very well, but I knew that she was a wonderful young woman, a brilliant medical student, and I had no idea that there was a breast density issue until I spoke with her mother after I introduced the bill. Now, I will turn the testimony over to Wendy Damonte.

Wendy Damonte, Health Watch Reporter and Evening News Anchor, KTVN Television Station, Reno:
I really appreciate being here. Over the past two years I have had the honor as well as the gut-wrenching sorrow of telling my mother's story. I went to every single appointment she went to. She believed in awareness and in telling her story. A lot of the story that I put together was shot with my iPhone because she was adamant that so many things be covered. My station aired a 30-minute segment in December. I have cut it down for you to four minutes that I would like to show you.

[Ms. Damonte played a DVD (Exhibit F).] I am sharing a story with you I wish I never had to write. It is a story about my mom battling breast cancer. She was diagnosed in December of 2010. She died one year later. We begin as she headed into surgery to have both breasts removed. The surgery was successful; seeing her chest for the first time was a blow. Her body was held together by staples but it was about to be ripped apart by chemotherapy. It started with her hair falling out. She decided to shave her head to have control over something in her life. After four months, the chemotherapy made her almost completely bedbound.

In May, I ran my first marathon honoring my mom's battle, and on this day, she officially ended chemotherapy. A positron emission tomography (PET) scan showed that, while on chemo, her cancer had spread. It was now in her spine. It would eventually end up on her liver, lungs, and in her bones. Fighting the disease was no longer an option; the focus switched to keeping her comfortable. By the middle of December it was time to call hospice, and while we all prepared to say our final goodbyes, she revealed to us that she was

preparing to say hello to loved ones who are waiting for her on the other side. The hospice nurse thought we had four more weeks with my mom. That was not the case.

Six months prior to that whole ordeal beginning, she had a clean mammogram. We were so dumb. We really were just so uninformed about breast cancer. We thought the cancer grew that quickly. We said, "Oh, my gosh. What are the chances that you had a mammogram, and the next day a tumor started to grow. How weird is that?"

My mom has been gone a year. Just last Thursday I picked up the phone and called her surgeon and asked, "Explain something to me. I am doing research on something called dense breast tissue." I had never heard of it before until Assemblyman Ohrenschall and I started discussing this bill and I started doing more research about why my mom really died. The surgeon looked at my mom's reports and told me that she had heterogeneously dense breasts. That is extremely dense breast tissue. I asked what the chances were that my mom had that clean mammogram six months prior to being diagnosed with cancer and that a tumor had grown that quickly in six months. He replied that anything was possible; but in his medical opinion, that did not happen. I then asked how long the tumor had been there. He replied that for a cancer cell to multiply, they go from one to two to four to eight and keep multiplying that way, it takes from five to nine years for a tumor to get to one centimeter. My mom had yearly mammograms and that tumor was hiding in there but we had no idea. By the time she was diagnosed, she had tumors in her breast and one in her neck. During surgery they removed 58 lymph nodes; 38 were positive for cancer.

I truly believe that my mom did not die of breast cancer. She died because she had dense breast tissue and she did not know it. I can almost guarantee a lot of you in this room do not know what kind of tissue you have. You do not know what kind of tissue your wives or children have, but I guarantee you, because you are here today, you are going to find out. If you find out that you or a loved one has dense breast tissue, you have the option to have added screenings. We are all in this room together, but how many tens of thousands of women are not in this room today? They will not have that luxury. They will not know because right now, doctors do not have to tell them. That is why I am in support of A.B. 147, because I believe my mom died of dense breast tissue.

Chair Dondero Loop:
Thank you for sharing your story. Are there any questions or comments from the Committee? [There was no response.]

I think your story said it all.

Assemblyman Ohrenschall, do you want to call someone else up?

Assemblyman Ohrenschall:
Here in Carson City I have Theresa Cox and Cindy Lain who are both cancer survivors.

Theresa Cox, Private Citizen, Reno:
I am a breast cancer survivor. Nineteen years ago today I was in Ely, Nevada, giving birth to my daughter. Either on or close to March 11, I began breast-feeding. My husband and I have four children and I breast-fed all four of them over the span of five years. That should have afforded me some protection against breast cancer. It did not. My husband, a Desert Storm veteran, is with me today. I, too, am a veteran, but on a medical front. [Ms. Cox read her testimony from prepared text (Exhibit G).]

My surgery was scheduled for September 28. It was a four-hour procedure performed by two surgeons. I had reconstruction and both breasts removed. According to all the tests I was given, the MRI, the ultrasounds, and the mammograms, my right breast was healthy. Because of my age—I was 42 years old when I found my tumor—I decided I did not want to go through this again and had both breasts removed. I looked at my surgery not as having my breasts removed but that they were getting the cancer out. That was my primary objective for being in the hospital that day.

Since then, I have had six rounds of chemo and four more surgeries. I found my tumor myself at stage 1B. I attribute that to me being mindful of what was in my breasts and also because I had small breasts. However, the day after my surgery, my primary surgeon told me that both breasts had been completely full of fibroid tumors. Not one had been visible on the MRI, the mammogram, or in the ultrasound.

The whole purpose of a mammogram is to find the tumors. If you cannot see them, what is the point? That is why I am backing A.B. 147. I have two daughters and my mother is also a breast cancer survivor, although a test for the BRCA 1 and 2 genes was negative. It is ironic. I breast fed, I was not overweight, I was underage, yet I still got breast cancer. I hope that this bill passes. I am deeply humbled and grateful to be here and to speak to you as a survivor.

Cindy Lain, Private Citizen, Reno:
[Ms. Lain read her testimony from prepared text (Exhibit H).] Our focus needs to be on finding breast cancer early and developing ways to do that effectively and accurately. Is that not the least you would want for your daughter, or your wife, or you? Why would you not?

Chair Dondero Loop:
Are there any questions or comments from the Committee? [There were none.] Thank you very much. We are so appreciative that both of you are here today to share your stories.

Are there any additional members of the audience in support of this bill?

Beatrice Razor, representing the Nevada Nurses Association:
I am here representing 27,000 nurses in Nevada. The majority of them are women. I have received numerous phone calls and communications from our members requesting that I come today to inform you that, as nurses, we see a huge advantage to this bill creating an environment where women become knowledgeable and can provide themselves the next step that they may need to take.

Chair Dondero Loop:
I believe we have finished hearing from supporters of A.B. 147. If there are no more questions from the Committee, we will go to those in opposition to the bill.

Elisa P. Cafferata, President & CEO, Nevada Advocates for Planned Parenthood Affiliates:
[Ms. Cafferata presented a letter in opposition to the bill (Exhibit I).] As we are sharing personal stories, I will add mine. I agree that all of us have been touched by cancer, and particularly by breast cancer. My grandmother is a breast cancer survivor. I had an aunt who was not a survivor. I also have two daughters ages 22 and 25, so this is an issue of great importance to me and to our family, as it is to all Nevada families.

It is on behalf of my daughters that I raise our concerns. Unfortunately, by your rules we must say that we are opposed to the bill. Of course we support education; of course we support women having better understanding of their health and own personal health issues. But my daughters are 22 and 25. I know what kind of breast tissue I have; I do not know what kind of breast tissue they have or their risk levels. My concern is that this bill adds some language to a mammogram letter which you would only get if you had a mammogram. If we developed a blood test this summer, for instance, that gave

you a definitive diagnosis of cancer—and I know people are working on that—we would still have to follow a protocol that was being set in law today because our Legislature only meets every two years. You would be putting in place a letter that would have to be complied with for everyone who had a mammogram—women in their 40s and 50s—and meanwhile there might be much better science and much better protocols that would protect women like my daughters that would not be mandated.

Our major concern with A.B. 147 is that it sets a procedure into law that you would not be able to update no matter what scientific information came out during the interim. Adding a paragraph to a letter that goes out to women who have mammograms is not the best way to make sure patients get the care and information they need.

I met with Assemblyman Ohrenschall, and even though I did not have a recommended amendment for him, I promised I would continue to look for something. The state of Maryland has adopted a bill which is somewhat similar to this one and deals with the issue of dense breast tissue. Their law, and this would be the amendment I hope we could discuss with the Assemblyman, authorizes the Department of Health to adopt certain regulations to change the content of specific health notices. It ensures that those notices would not be inconsistent with federal mammography standards, but would use the best and most updated science. If you made an amendment that this could be something that the Department of Health recommended, then it could be updated as the science changes over time.

We certainly hope that the science does continue to evolve. Most of the survivors you heard from today found their cancers on their own. Whether they would have benefitted from this law is not necessarily clear, because they had to take action. Our mission is always to make sure that women get the information they need to be empowered to make the health choices that will keep them safe and be responsible. So we would ask you to consider empowering the Nevada State Health Division of the Department of Health and Human Services (DHHS) to make sure that the information, the education, is as up to date as science allows.

Tracey Delaplain, M.D., Member and representing the American Congress of Obstetricians and Gynecologists, Nevada Section; Member, Clinical Faculty, University of Nevada School of Medicine:

[Dr. Delaplain presented written testimony on the bill (Exhibit J).] I am a practicing gynecologist in Reno. I do not disagree with much of what the colleagues who came before me talking about the science behind this bill said. Whenever we talk about breast cancer, or cancer in general, we need to start

from a place of compassion. The truth is that the majority of women who are dying of breast cancer never got any screening test done. So we have to remember that group of women and not get lost in the dense breast tissue concern and forget that those women are underserved. That is one of the places where organized medicine can actually help. The American Congress of Obstetricians and Gynecologists (ACOG) has been one of the best supporters of preventative services for women. You might get the impression that organized medicine is the bad guys but we are not. I have spent my whole career advocating for women, although never in this setting. I have spent 22 years supporting women, advocating for preventative services, and finding breast cancers. In my office, I find one to two breast cancers every month, so I am talking about dense breasts, I am talking about procedures. There was also an implication that somehow organized medicine puts a gag order on physicians to not give patients information, and that could not be any further from the truth. I just wanted to correct those points.

On my way here today, I had to stop at my office. My sister, who is a breast cancer survivor, was at my office seeing my nurse practitioner. She asked me what I was doing today and I told her. She asked me why I was against people having information about breast cancer. I replied that I am not against people having information about breast cancer. In fact, I want them to have that information. She is my biggest critic and I figure if I can give her the information to help her understand where the potential opposition comes from, then I might have a shot convincing you.

The American Congress of Obstetricians and Gynecologists has specific information we would like to see in this bill if you go forward with it [(Exhibit J) page 2]. The ACOG would like to see a scientifically accurate statement about breast density added to the result of all mammograms. That way not just half of the women in this room will get this information, everyone who gets a mammogram will get information about breast density. I think that is critical. A women who has a completely fatty breast would not be getting the density notification. She will believe that she is fine, and that she does not have to have any other testing because she is in this low-risk group. That could be entirely not true, because a woman whose breast is completely replaced with fat is in one of the highest risk groups for finding breast cancers. We do not want to alienate anyone with information that is incorrect or that excludes anyone. That is our first point: Make it accurate and make it available to all women who have mammograms.

We would like to see a provision that allows DHHS to modify the language as the medicine catches up with the legislation. I must have read 80 articles this past weekend, and I could not find consensus on any of the things we talked

about today. For a law to go into effect that is not flexible and able to keep up with the data is wrong. So we would like to see flexibility and some oversight by DHHS to modify that language going forward.

The American Congress of Obstetricians and Gynecologists' ideal bill would be to have a provision that authorizes and appropriates funds to review the costs and outcomes of legislation like this. We would like to know. What are our false-positive rates? What are the biopsy rates? What is the cost to Nevadans of the additional testing that will come out of changing this language? Have we improved the mortality for women in Nevada? Those are noble goals. I realize this is not an economy where there is a lot of money for a review like that, but it would be an ideal place for us to look and would make this bill make sense if we can see some data after we enact it, if that is the case.

We can all agree that access to accurate health information is a patient's right and that reducing deaths from breast cancer is a common goal. The American Congress of Obstetricians and Gynecologists is dedicated to improving women's health. We are in a position to assist you in formulating policies, in making scientific sense in the education of physicians and patients, and in disseminating the best practice information once we have the data. We welcome a partnership with you in improving the health care of Nevada women, and I, personally, would love to help the language make sense to the patients I serve.

Michael Hackett, representing the Nevada State Medical Association:
It is with great difficulty that we oppose this bill, and I am speaking as a husband with a granddaughter. I hope neither woman has to go through what these courageous people who testified in support of this bill had to endure.

We share a lot of the same concerns that have been presented both by ACOG and by the Nevada Advocates of Planned Parenthood. We certainly support any efforts to educate, to inform, and to provide for means of early detection of not only breast cancer, but of any kind of cancer.

We think the possible conceptual amendments to this bill as put forward by ACOG and by Planned Parenthood are something we could agree with. Specifically, we feel that in our research of what other states are doing in regard to this, we find it is occurring through the regulatory process and not through the legislative process. If that is possible, that is the direction we would like to go in as well.

The testimony ACOG just provided is something we agree with as well because of the lack of a clinical consensus within the scientific community on this.

We believe that there are no reliable standardized methods for assessing breast density. Also, there are no clinical guidelines recommending additional screening solely on the basis of high breast density.

I do want to address a point ACOG made in their testimony concerning a perceived gag order that primary care physicians have in discussing this with their patients. I cannot speak on behalf of the Nevada Medical Association because this is an issue we have not surveyed among our members, but I can speak from personal experience with my wife. Whenever my wife has her annual mammogram, when she consults with her primary care physician, everything and anything pertaining to that mammogram is on the table. My wife has been diagnosed with dense breast tissue and has had the opportunity to discuss that in detail and at length with her primary care physician.

Again, we do oppose this bill, but would be very open to working with the bill's sponsor and the other parties here at the table on any amendments that he may be interested in entertaining.

Assemblywoman Spiegel:
My question is for Dr. Delaplain. I understand that right now it is discretionary whether you discuss with your patients whether they have dense breast tissue when you get mammogram results back. Roughly what percentage of the time do you tell a patient who has dense breast tissue that she has this issue and discuss what that means relative to the mammogram results that individual received?

Tracey Delaplain:
When I have a patient in for an annual exam and have the opportunity to have her mammogram at the visit, we always talk about exactly what the mammogram said and what that implication to her is. I also have the ability at that time to ask about her other risk factors for breast cancer. In that exam room I have more information because I have a history. We have a relationship and we can make a decision together about what the next test would be.

Assemblywoman Spiegel:
What percentage of the time do you have this conversation proactively?

Tracey Delaplain:
When I am with a patient and I have a mammogram, in the same room at the same time, I talk about it 100 percent of the time. There are lots of women who have mammograms who do not see doctors. There are lots of women who have their mammograms and then only see me every two or three years.

So the mammograms are coming across my desk. Could we do a better job at calling everyone about their mammograms? Yes, I think we could.

If we could modify the language in the bill so it made sense and we would be notifying all of the women, then those notifications should say, "You should always discuss your mammogram results with your provider, physician, nurse practitioner, physician assistant, or whoever it is so that he or she can put that into the context of your personal history."

I am not against telling women about their mammograms, I just want the language to make sense and get to all women. In some of our testimony today, these women found their breast cancers and insisted that they have additional testing. Again, the mammogram and the ultrasound were a small part of their whole story because they actually found their breast cancers. As we are educating the women in this room, if you feel a lump in your breast, you get an answer for that. Does that make sense?

Assemblywoman Benitez-Thompson:
My question is more for Elisa and Michael because I am contemplating the different amendments you are talking about. You talked about sending this through the health departments such as the Southern Nevada Health District or do you mean the state's DHHS?

Michael Hackett:
Our intention was to do something through DHHS.

Assemblywoman Benitez-Thompson:
In that case, would we see the regulations that would be promulgated? I sit on the Legislative Commission's Subcommittee to Review Regulations. A lot of the different regulations that come out of the Department of Health and Human Services we actually do not see. As I sit on that Subcommittee, I would be interested in actually seeing what is contemplated and how those regulations come out. I did not know if one of you could tell me if those would be regulations that this legislative body would end up seeing.

Michael Hackett:
I have no idea how that process works in terms of what regulations you are privy to and which ones that come out of DHHS you are not privy to. If that is what it would take, then we would do our best to make sure you have access to these regulations so you can see them and see what the effect of them might be.

Assemblywoman Benitez-Thompson:
I just do not want there to be the disillusion. I am not saying the regulation process is any easier or more nimble or more agile than our legislative process at times. I have learned that sitting on that subcommittee.

Michael Hackett:
Because we do not feel that the science has really caught up to a point where you have a consensus to bring this forward as legislation, we do feel that the regulatory process would be nimble in terms of being able to adapt an amendment based on where the science is taking us at that particular time. That was one of the concerns we had about this. By putting it into legislation, it would be counter to existing national standards regarding mammography. We felt that could be an impediment to really doing what the proponents of this bill would like to see done.

Elisa Cafferata:
I agree, the regulatory process in this state is a public process. It has some timelines that can be lengthy. Our concern is the interim period between sessions. If something new were developed this summer, we would have to wait until you met again to make a change. If it goes through the regulatory process, we can immediately start making a change.

I do not think regulations come to you; I think they go to a legislative committee. It is a public process. The entities that sort of own the regulations, such as the Department of Health and Human Services, have a process where they are reviewed. Statutes do not have that built-in review and updating process, so that would be an additional concern about putting medical procedure into statute. It is our philosophy that it should be a very rare occurrence and that there are other places that it is best that these sorts of recommendations live such as in standards of care and best practices.

Assemblyman Hickey:
My question is to the physician. We have heard that standard mammograms frequently do not identify cancers in women. With the evolving technologies, are we apt to get to the point that tumors and cancers are going to be more readily identified? How are we doing on that?

Tracey Delaplain:
We have to recall that mammogram is a very good test. It is sensitive and it is specific. We do not have any perfect screening test for breast cancer, which is why we have to pull in so many different areas including physical exam. There are some new technologies on the horizon such as magnetic resonance imaging, which we use when we cannot figure out what to do with a mammogram.

We already use those additional diagnostic tests, and that is some of the confusion when we talk about screening tests versus diagnostic tests. The women in this room who had a lump immediately went into a diagnostic group, so the way they were treated was different by definition than screening everyone in this room.

A screening test should be economical; it should be sensitive, and it should be specific. The newer tests coming down will be adjuncts to mammogram but they are not able to replace mammogram, which is our gold standard. One of the national recommendations is that women with dense breasts always get digital mammograms, so we are already talking about dense breasts and moving those women toward the best types of mammograms.

Assemblyman Oscarson:
Several times it has been mentioned new technology that would do a better job of diagnosing these cancers might be developed. There is nothing that precludes a physician from utilizing that test to diagnose breast cancer. This bill would be a tool to ensure that there is some additional testing. This additional language, these 63 words, might make a difference in what these folks are saying and doing. Why has it been brought up three different times that we would be precluded from using that new technology or that it would not be able to be utilized?

Tracey Delaplain:
None of us said that we could not use new testing or that we could not use new data. What we said was that the information that is put on a report that goes to every woman in the State of Nevada who has had a mammogram, if that is incorrect information about what is available to her or what the science is behind the test she is having, then the language of the bill cannot change quickly.

You are absolutely correct. Physicians make decisions in their exam rooms with the patients and the data they have to do what is best for that patient in that moment. No, this legislation would not prevent me from ordering any test that is approved for diagnosis and screening of breast cancer. It is a problem in the language. We want to be really clear that the information is accurate and that it can be changed as the science changes.

Assemblyman Oscarson:
I do not see any language that precludes you, the physician, utilizing an additional test if that is necessary.

Tracey Delaplain:
I agree with you. The language did not prevent me from doing anything.

Chair Dondero Loop:
Are there any additional questions or comments? [There was no response.] Are there any others in opposition?

Rebecca Gasca, representing the Cancer Prevention and Treatment Fund, National Research Center for Women & Families:
[Ms. Gasca supplied a letter in opposition to the bill (Exhibit K).]

In particular I am representing their Cancer Prevention and Treatment Fund. The National Research Center for Women & Families is a nonprofit, nonpartisan research, education, and advocacy organization that promotes the health and safety of adults and children. Our cancer fund is a new program that specifically helps children and adults reduce their risks of getting all types of cancers and assist them in choosing the safest and most effective treatments. We are one of those organizations referred to earlier by proponents of the bill that are particularly focused on cancer prevention and who are against this bill.

It can best be summed up by saying it is the unintended consequences of this bill that really concern our cancer prevention fund and our national research center. I would like to examine the fact that dense breasts are common and non-life threatening, but most importantly, there are many, many traits that affect a woman's likelihood to develop breast cancer. Those range from the age at which she has children to how long she breast feeds and whether she takes menopausal hormone therapy.

When information is provided to women, we need to consider how that information is processed. In the form of the letter she currently gets, those generally come in the mail. If a woman gets a letter that says she is at risk, or one containing language that is not completely clear, that can often be alarming. We all know from people who have experienced breast cancer in their lives that it is a very difficult thing to deal with. We heard the emotional testimony of several women here today. Because of that, we believe the best time to process that information is with a doctor. We believe it is best that explanations concerning what dense breasts really mean should occur during personal interactions.

What concerns us the most, and we have seen it in Connecticut, is that this type of language really scares women. What has happened in the state of Connecticut is that women have pressured their doctors to order additional tests. Keep in mind that mammograms are X-rays which means exposure to

radiation. Studies have shown that the more radiation you are exposed to, the more likely you are to develop breast cancer or any other type of cancer. As women in Connecticut have been pressuring their doctors to order additional screenings, we are concerned about the overall effect of that.

I realize this is not a money committee, but Assemblyman Oscarson noted that what will happen in these circumstances is that women will want additional screenings. It is not clear from the bill language who is going to be covering the costs of those screenings. We are also concerned because, as the representative from ACOG noted, many women who receive mammograms do not actually see doctors. When that letter tells women to follow up with their doctors, those women really do not have a place to go.

Chair Dondero Loop:
Let us remember that this is a policy committee and not a money committee and that is not what we are talking about. Also, someone had to have issued the order for that woman to get that mammogram. They do not just walk in off the street.

Rebecca Gasca:
We expect that Nevada physicians know when to have these conversations with their patients, and we certainly understand and support the intention of this bill which is to educate. We also appreciate all the work Ms. Damonte has put in toward educating Nevada women. Decreasing cancer in women and in families is the sole purpose of our organization, and we are just here to highlight any unintended consequences. We really believe that education over regulation is the best way to go in this circumstance.

Chair Dondero Loop:
I agree that education is important, but I also would caution that the unintended consequence on the other side is more important than those you are describing. That is just my personal opinion.

Does anyone else have additional questions or concerns? [There was no response.] Is anyone in the neutral category? [There was no response.] Mr. Ohrenschall, would you like to join us for one final comment?

Assemblyman Ohrenschall:
I am no doctor, so I am not sure that I can address all the medical issues; however, since I learned about this issue last summer, I have done a lot of research. Everywhere I have looked, Harvard Medical School, Case Western Reserve, I see the same data: Dense breast tissue puts you at a higher risk and

also makes the mammogram more likely to give you a false negative. That is the danger.

This bill is not meant to scare anyone, but I did want to address some of the issues that were brought up. I have the greatest respect for everyone who testified—the proponents as well as the opponents. However, I do feel that the opponents are seriously misguided. Today you heard testimony that this bill could cause problems to women if suddenly there was a new discovery. However, if you read the language from lines 31 to 38 it is in plain English. You do not have to be a lawyer or a doctor to understand what it says. It says that we recommend you talk to your doctor and that you might benefit from individual screening tests. We have great scientists like Dr. Reitherman and others looking for cures to cancer. If they came up with a cure for cancer in two months, this cautionary language would still be good advice. This bill is urging women to communicate with their doctors. Yes, Ms. Gasca brought up the issue that there are many uninsured women, and that is a problem we are trying to fix both at the state and federal levels, but does keeping women in the dark cure that problem? I do not think so.

There was the issue that mammograms emit radiation. That is true. A lot of additional screening tests, however, are in the form of ultrasounds and MRIs which are not sources of radiation. I am not one who favors increasing the tentacles of government, but I think there is a tremendous amount of clear evidence here that these 63 words have the chance to save someone's life and keep loved ones among the land of the living. It is rare that we see that in this Legislature. I am lucky to be in my fourth term now. Obviously, when a bill comes before us, we do not know what the possible side effects might be. This is one of those rare bills where I think the possible side effect can be extending people's time with their loved ones.

There were a lot of tears shed earlier when we heard those stories, but when I heard Ms. Damonte's story, I got angry. It made me angry to feel that there was a misdiagnosis and that it could still happen. Obviously, I am willing to work with all the parties, but I would urge your consideration.

Many years ago there was a dangerous intersection in Las Vegas. A young girl was hit by a car and killed. I spoke to a representative of the local government in that area. Off the record she told me that, yes, a traffic control device was needed at that intersection and that one had been needed for a long time. But she added that it would take another child being killed before there would be enough support for it. Here I see a lot of similarities and I hope we will not wait for regulations to make that happen. This is a public process; this is why our constituents sent us up here. I urge your support.

Chair Dondero Loop:
Does anyone else wish to testify on A.B. 147? [There was no response.] I will close the hearing on Assembly Bill 147. Is there any public comment or comment from Committee members?

Cindy Lain:
It was brought up in testimony that we found our own lumps. To me, the wording in this bill is something that would definitely have made me more aware. I think I would have found it a lot earlier. As Wendy said, the cancer in my body was probably growing for eight years. I definitely would have loved the opportunity to know that I had dense breasts and that the density could contribute to hiding cancer in my breast. Yes I did find it, and I feel very lucky for that, but knowing that my breasts were dense would have been that much more knowledge and would have enabled me to make a better decision—possibly catching it earlier. I might not have had to go through chemotherapy and lose my breast.

Chair Dondero Loop:
Any additional comments from Committee members before we adjourn? [There were none.] This meeting is adjourned [at 3:32 p.m.].

RESPECTFULLY SUBMITTED:

_____
Terry Horgan
Committee Secretary

APPROVED BY:

_____
Assemblywoman Marilyn Dondero Loop, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 11, 2013 **Time of Meeting: 1:36 p.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 147	C	Dr. Nancy Cappello	Written testimony in support
A.B. 147	D	Dr. Nancy Cappello	Packet of information
A.B. 147	E	Richard Reitherman, M.D.	Written testimony in support
A.B. 147	F	Wendy Damonte, News Anchor, KTVN Television Station, Reno	DVD of her mom's story
A.B. 147	G	Theresa Cox, Private Citizen, Reno	Written testimony in support
A.B. 147	H	Cindy Lain, Private Citizen, Reno	Written testimony in support
A.B. 147	I	Elisa Cafferata, Pres. & CEO, Planned Parenthood of NV Affiliates	Letter in opposition
A.B. 147	J	Tracey Delaplain, M.D.	Letter in opposition
A.B. 147	K	Rebecca Gasca, rep. the Cancer Prevention & Treatment Fund, Nat'l Research Center for Women & Families	Letter in opposition