

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

**Seventy-Ninth Session
February 27, 2017**

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 1:06 p.m. on Monday, February 27, 2017, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/79th2017.

COMMITTEE MEMBERS PRESENT:

Assemblyman Michael C. Sprinkle, Chairman
Assemblywoman Amber Joiner, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblyman Richard Carrillo
Assemblyman Chris Edwards
Assemblyman John Hambrick
Assemblyman William McCurdy II
Assemblywoman Brittney Miller
Assemblyman James Oscarson
Assemblyman Tyrone Thompson
Assemblywoman Robin L. Titus
Assemblyman Steve Yeager

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblywoman Ellen Spiegel, Assembly District No. 20

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Mike Morton, Committee Counsel
Kailey Taylor, Committee Secretary
Trinity Thom, Committee Assistant

Minutes ID: 340



OTHERS PRESENT:

Shelley D. Blotter, Deputy Administrator, Division of Human Resource Management,
Department of Administration
Ryan Beaman, President, Clark County Firefighters, Union Local 1908
Suzie Owens, Lead Lactation Consultant, Dignity Health-St. Rose Dominican
Hospitals
Meghan Trahan, Private Citizen, Las Vegas, Nevada
Autumn Wake, President, Southern Nevada Breastfeeding Coalition
Rosemarie Casillas, Vice President, Southern Nevada Breastfeeding Coalition
Tray Abney, Director of Government Relations, The Chamber, Reno-Sparks-
Northern Nevada
Paul Moradkhan, representing Las Vegas Metro Chamber of Commerce
Jared Moser, Private Citizen, Reno, Nevada
Marlene Lockard, representing Nevada Women's Lobby, Human Services Network,
and Service Employees International Union Nevada 1107
Bryan Wachter, representing Retail Association of Nevada
Lauren Klein, Private Citizen, Reno, Nevada
Alexis Motarex, Government Affairs Coordinator, Associated General Contractors of
America, Nevada Chapter
Natha Anderson, President, Washoe Education Association and Nevada State
Education Association
Chris Daly, Deputy Executive Director of Government Relations, Nevada State
Education Association
Alanna Bondy, Intern, American Civil Liberties Union of Nevada
Jared Busker, Policy Analyst, Children's Advocacy Alliance
Randi Thompson, representing National Federation of Independent Business
Craig M. Stevens, Director of Intergovernmental Relations, Government Affairs,
Clark County School District
Ed Gonzalez, Lobbyist and Policy Analyst, Clark County Education Association
Lindsey Dermid-Gray, Statewide Breastfeeding Coordinator, Division of Public and
Behavioral Health, Department of Health and Human Services
Michael Hackett, representing the Nevada Public Health Association
Mary Pierczynski, representing Nevada Association of School Superintendents and
Nevada Association of School Administrators
Dena Schmidt, Deputy Director, Director's Office, Department of Health and Human
Services
Janise Wiggins, Governor's Consumer Health Advocate, Office of Minority Health
and Office for Consumer Health Assistance, Department of Health and
Human Services
Brenda Hernandez, Member, the Nevada Minority Health and Equity Coalition
Will Rucker, Member, the Nevada Minority Health and Equity Coalition
Delia Oliveri, Member, the Nevada Minority Health and Equity Coalition
Erik Jimenez, representing Southern Nevada Health District

Tom McCoy, Nevada Government Relations Director, American Cancer Society
Cancer Action Network
Tyson Falk, representing Aetna
Eli Thompson, Private Citizen, Las Vegas, Nevada
Micajah Daniels, Health and Education Committee Chair, National Association for
the Advancement of Colored People Unit 1765, University of Nevada Las
Vegas College Chapter
Vilma Garre, Private Citizen, Las Vegas, Nevada
Holly Welborn, Policy Director, American Civil Liberties Union of Nevada
Steve Jimenez, Extern, Nevada Hispanic Legislative Caucus
Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned
Parenthood Affiliates
José Melendrez, Executive Director of Community Partnerships, School of
Community Health Sciences, University of Nevada, Las Vegas
Katie Ryan, Director, Communications and Public Policy, Dignity Health-St. Rose
Dominican
Monique Normand, representing Progressive Leadership Alliance in Nevada

Chairman Sprinkle:

[Roll was called. Committee rules and protocol were explained.] I am going to mention this for a third time. It is our Committee policy that whenever amendments are going to be brought for any bill, you must first talk to the sponsor to see what they can do to work it out. I am not tolerant of amendments showing up without having first spoken with the sponsor. I am going to ask everyone from this point forward to work with the sponsor before making a change to the sponsor's bill.

Is there any public comment here or in southern Nevada before we get started? [There was none.] We will open the hearing for Assembly Bill 113.

Assembly Bill 113: Requires an employer to make certain accommodations for a nursing mother. (BDR 40-7)

Assemblywoman Ellen Spiegel, Assembly District No. 20:

I have had the pleasure of serving on our Maternal and Child Health Advisory Board during most of the past four years. In this capacity, I learned about a number of health issues, including breastfeeding. Through committee work and conference participation, I learned more about many health benefits associated with breast milk. For example, I have learned how a mother's milk provides a baby with its immune system's first benefits and offers additional benefits to both the child and the mother.

Unfortunately, not all lactating employees are given breaks, and/or a clean place to express breast milk so that they can provide for their babies. The more I speak with hardworking Nevadans, the more I know how important this bill is to the health and welfare of our constituents. I am sharing the text of an email I received late last week from a Las Vegas

twelfth grader whose mom was not able to breastfeed because there were no accommodations in her workplace.

Dear Assemblywoman Spiegel, I am writing to you in regards to A.B. 113. This is a personal topic to me because my mother had me when she was 21 years old. She was a single mother who did not have support from anyone while raising me. That meant she had to work very hard to provide me with anything that I needed. She even returned to work only one week after giving birth and was unable to breastfeed me. Breast milk is essential to the development of babies. However, only 18.8 percent of babies in Nevada are breastfed for the recommended six months due to the mother's fear of being publicly criticized. Employers should provide nursing mothers with safe environments and conditions so that they can do so. This bill is necessary in order to improve the next generation's health by allowing working mothers to breastfeed their babies for at least six months. I ask that you vote yes on A.B. 113, not only because it is the right thing to do, but also because no woman should ever be afraid of feeding her baby. Sincerely, Nina.

While there are now provisions in federal law that apply to private sector workers, those employees need to be covered by state law in case the federal law changes. It is my understanding that public sector employees have no such protections. It is up to us. I have had many public and private sector employees tell me that they have had to pump their milk in makeshift spots, often places that are lacking privacy or comfort, as well as in bathrooms. One teacher told me that her principal told her that she needed to pump her milk in the janitor's closet, and then she faced retaliation when she refused.

I know you have the bill in front of you. I have some amendments ([Exhibit C](#)) that I have spoken about with folks. I just got the mock-up five minutes ago. With your indulgence, I will explain to the Committee what those amendments are, and then I will get the mock-up to everyone. The first is in section 2, subsection 3, paragraph (a). We changed it so that the complaints filed are done with the Employee-Management Committee instead of the Personnel Commission. In section 2, subsection 3, paragraph (d) we propose to change it so that instead of going to the Local Government Employee-Management Relations Board, it would go to the Local Board of Health. Additionally, in section 4, subsection 1, we are going to delete paragraph (h) that we originally added. In section 5, we will be adding an exemption for employees who work for rural contractors. If there is no building within three miles, there would be an exemption for those employees. I am putting forth those three changes in a mock-up amendment. I will get the completed mock-up to everyone with a cover note explaining a little better.

To wrap up this portion of my presentation, I wanted to share some excerpts with you all from an article that I read in the *Las Vegas Review-Journal* on September 14, 2015, about the U.S. Army setting up a breastfeeding room at Fort Bliss:

There were no lactation rooms or dedicated spaces for breastfeeding mothers when Tara Ruby was on active duty in the Air Force from 1997 to 2001. After her first son was born, Ruby remembers ducking into empty offices and bathrooms—anywhere she could find privacy for 20 to 30 minutes at a time to pump. That is why she was thrilled to learn about a new nursing room in the headquarters of Fort Bliss, the Army post in El Paso, Texas. It has comfortable chairs, a refrigerator for storing milk, and a sink—these small things make a big difference when you need to expel breast milk every few hours. An Army spokesperson commented, "Through the guidance of my military friends, the Fort Bliss P3T Program and Breastfeeding in Combat Boots, our Garrison command and our Public Affairs, we were able to show that even our mommies in uniform can provide for their babies. Breastfeeding their babies did not make them less of a soldier, I believe it makes them a better one. Juggling the tasks and expectations of a soldier, plus providing for their own in the best way they possibly can, makes these ladies even stronger for it." " Practically speaking it is a matter of retention," Ruby said: "Mothers need support so that they do not have to choose between family and service."

Ms. Ruby is right; mothers need support so that they do not have to choose between their family and their job. The bottom line is that nursing moms need a clean and private place to pump milk at work. Very simple concessions make all of the difference to provide a comfortable environment for a nursing mom at work.

Chairman Sprinkle:

Thank you for the overview of the bill.

Assemblyman Thompson:

Thank you for bringing this forth. As a public employee, I understand and know that there have been challenges where a mother had to pump, and it has been difficult to work out the logistics. I have a question on section 5, subsection 1. Where did you arrive at the age of the child? I know that maybe based on religious values or other circumstances, that child could be more than one year old. Could we possibly make a change for mothers with children over the age of one to keep breastfeeding?

Assemblywoman Spiegel:

This was arrived at because the bill was based on provisions that were put in to federal statute. This mirrors that.

Assemblyman Thompson:

I know it is federal statute, but I do not want to exclude a mom who, for whatever reason, has to breastfeed beyond one year. Thank you for the consideration.

Assemblywoman Spiegel:

I am happy to consider that.

Assemblywoman Titus:

Thank you for bringing this forward. I have a few questions that came about because of the amendments that you are proposing. You mentioned that you were going to add that a complaint would be filed at the local boards of health. Have the local boards of health agreed to this, and do they have a process to handle such a complaint? Regarding the rural areas, did you really say if there is no building within three miles or do you have language that is more specific?

Assemblywoman Spiegel:

When I agreed to that piece of the amendment, my understanding was that the health districts do, in fact, have places where people could go to make complaints. I did not go back to double-check with them. I actually heard today that some health districts might have some concerns about this. They actually thought that complaints should go to the Office of the Labor Commissioner, which I would be okay with. However, they also thought that the health departments should not be making recommendations and setting regulations. I asked them if they really wanted the Office of the Labor Commissioner coming up with standards for what defines cleanliness. There does need to be a little more conversation on that area. In regard to your second question; yes, it actually does say that an employer who is a contractor licensed pursuant to Chapter 624 of *Nevada Revised Statutes* (NRS) is not subject to the requirements of this section with regard to an employee who is performing work at a construction job site that is located at least three miles from the regular place of business of the employer.

Assemblywoman Titus:

I thought you had said if there was not a building within three miles, but you meant within three miles of their regular place of business. If they are on a job site, it has to be three miles away from their regular place of employment, is that correct?

Assemblywoman Spiegel:

Yes, that is correct.

Assemblywoman Miller:

Thank you for bringing this forward. I know I cannot wait to tell my former principal how ahead he was in always ensuring that our teachers had offices, privacy, and clean rooms for them to use. It shocks me that other people do not have the same accessibility and accommodations made to them. When I look at section 2, subsection 4, it says that these requirements do not apply to the Department of Corrections.

Assemblywoman Spiegel:

Yes. This is actually my second time bringing this bill forward. Two years ago, when we had the hearings for this bill, the Department of Corrections came to me and told me that there were a number of times that they did not have enough staff in some of their facilities to be able to ensure both employee and inmate safety. They showed me the actual locations and staffing levels they had for different shifts. Because of that, I agreed to exempt them.

Assemblywoman Miller:

What is a female officer who is pumping milk supposed to do? What is that expectation if she is working in the Department of Corrections and she is in a prisoner jail? What happens for her?

Assemblywoman Spiegel:

It is my hope that she is able to work it out with her supervisor to come up with some scheduling that can accommodate her. There would be a fiscal impact resulting from bringing on an additional staffer to provide relief in one or more facilities, and the State cannot afford that. Again, it is my hope that supervisors would be able to figure out some mechanism to make that work. All of our Nevada women deserve to have accommodations. Sometimes, on a practical note, we cannot have a bill in the exact format we would like.

Assemblywoman Miller:

I agree, and I would like to think that our state would want to protect our own employees.

Assemblywoman Joiner:

It is so great to see this bill again. I was so disappointed last session when it did not pass. I want to thank you for bringing it back. From my own personal experience, having very different work places with each of my kids, I have spent many hours in a car trying to pump enough milk for my child. It is unfortunate to me that this is even a problem. I know that the federal law currently covers certain workplaces; I think you touched on this, but I want to be very clear for the record why we need this in state law. There are currently places that are not covered. How does this bill fill that need?

Assemblywoman Spiegel:

This bill and federal statute only apply to workplaces that have 50 or more employees. It can provide a hardship to smaller companies. Again, it is my hope that even employers of smaller firms will accommodate their employees. This does mirror federal law in most regards. The place where it differs is that it expands to include public employees who, to my understanding, are not covered by these federal statutes. It also requires that the employees have a clean place to express their milk.

Coming back to the local boards of health and my thought that they should be setting the regulations, I recognize that in different work environments, "clean" can have a different meaning. What is clean in a hospital, clean in an office, clean in a stable, and clean in a car shop are not necessarily the same. I am certainly not qualified to define "clean," but I think that somebody who is qualified should be looking at that. Again, the thought of having a mom essentially preparing food in a dirty place such as a janitor's closet with a pail of dirty water and chemicals, I certainly would not want that for a child, and I would not want that for a mom who has to go through that.

Chairman Sprinkle:

My first question was how to define clean, but you just answered that. Along those lines, is there a definition for a "private place?"

Assemblywoman Spiegel:

I do not have a definition for that. In my mind, it is a place not visible to others.

Chairman Sprinkle:

You had spoken about the mediation process. Could you explain some of the concerns that were brought to you and what is being fixed with the amendment that is going to contain a different mediation process?

Assemblywoman Spiegel:

Would it be okay with you if I bring up the people who came to me with those amendments?

Chairman Sprinkle:

Yes, as long as they are friendly amendments to you.

**Shelley Blotter, Deputy Administrator, Division of Human Resource Management,
Department of Administration:**

The Division is proposing a friendly amendment in section 2, subsection 3, paragraph (a). It currently states in part,

An employee who is aggrieved by the failure of a public body to comply with provisions of this section may:

(a) If the employee is employed by the Executive Department of the State Government and is not an employee of any entity described in NRS 284.013, file a complaint with the Personnel Commission in accordance with the procedures pursuant to NRS 284.384.

Our request ([Exhibit D](#)) is simply to replace "Personnel Commission" with "Employee-Management Committee," which is the body that hears employee grievances. If there were a complaint, it would go to this body. This statutory reference, NRS 284.384, is actually referencing the grievance process. It is matching those two terms.

Chairman Sprinkle:

It is my understanding that most employee grievance situations go through that process.

Shelley Blotter:

That is correct.

Ryan Beaman, President, Clark County Firefighters, Union Local 1908:

We support this bill. We did go to Assemblywoman Spiegel to have some discussions that if the employee had to go through the local Employee-Management Relations Board (EMRB), the process does take a lot of time to get through and to be scheduled for a hearing. There is also an additional cost; usually the employee has to have an attorney to represent them in the process. We were looking at different ways to address those types of concerns that would come from the members instead of going through the EMRB. I did not come up with the local board of health portion, but we had concerns with it going through the EMRB,

including the time and cost it. In the fire service, we do provide a clean workplace, a break for the employee, and we do comply with that.

Chairman Sprinkle:

I will now open this up to testimony in support of this bill. We will start in southern Nevada.

Suzie Owens, Lead Lactation Consultant, Dignity Health-St. Rose Dominican Hospitals:

We have submitted copies of our letter in support of this legislation ([Exhibit E](#)) to the Committee staff for the record. Instead of reading that letter verbatim, I wanted to highlight a few points. The Sienna and San Martin campuses of St. Rose Dominican Hospitals are the only hospitals in southern Nevada to be designated as Baby-Friendly by the World Health Organization and United Nations International Children's Emergency Fund (UNICEF). We have board-certified lactation consultants at both hospital campuses and at our WomensCare Centers of Excellence to help new moms with their process, along with education on why breastfeeding is so important. We are also the only hospital system in southern Nevada that offers banked donor human milk to our premature babies in our neonatal intensive care units. There is nothing healthier that a mother can do for her baby than breastfeed.

Breastfeeding offers an unmatched beginning for children. Providing infants with human milk gives them the most complete nutrition possible. Human milk provides the optimal mix of nutrients and antibodies necessary for each baby to thrive. Scientific studies have shown that breastfed children have far fewer and less serious illnesses than those who have never received breast milk. This includes a reduced risk of sudden infant death syndrome (SIDS), childhood cancers, and diabetes.

Similarly, mothers are healthier when they breastfeed. Recent studies show that women who breastfeed enjoy decreased risks of breast and ovarian cancer, anemia, and osteoporosis. They are empowered by their ability to provide complete nourishment for their babies. Both mother and baby enjoy the emotional benefits of the very special and close relationship formed through breastfeeding.

There is a reason that employers should care about breastfeeding too. According to Loving Support [the U.S. Department of Agriculture's national breastfeeding and support program], when employees continue breastfeeding after returning to work, there are many benefits to the employer:

- Financial value: 3 to 1 return on investment, primarily due to reduced cost of health care. Parental absenteeism is three times higher for formula-fed infants as compared to breastfed babies.
- Retain employees: Employees who feel supported in their decision to breastfeed report higher job satisfaction – resulting in less turnover of skilled employees and higher morale.

- Enhanced recruitment: Employers who support breastfeeding have added recruitment incentives for families as well as a positive image in the community.
- Healthier babies: Breastfed babies are less likely to get ear infections, diarrhea, respiratory diseases, asthma, and other common childhood illnesses. Breastfed babies have reduced risk of obesity and diabetes as children and adults. In addition, health care costs are significantly lower for breastfed infants.

Once again, we feel very strongly that employers should give the staff the proper breaks and safe atmosphere to allow them to do the best thing for their babies and themselves.

Meghan Trahan, Private Citizen, Las Vegas, Nevada:

I wanted to explain some of my own personal experiences breastfeeding in the workplace that were not exactly positive. I had no problems breastfeeding my first child at all. All of my experiences have been at my same place of employment. Management was not as supportive with the second baby as they had been in the past. I breastfed my first baby until he was two and a half years old. I work in a children's hospital, so you would think that would be supported. If you are not hindering your patient care workload, I do not see why there should be any issues utilizing breaks that align with the union contract. With my last baby, I had the same director in the same department, but I did not receive the same support. It bothered me that she was a mother. You think that you will get more support because they have been in the same place as you, trying to provide for their child.

I was asked to use a bathroom when I was coming back from my maternity leave. I responded that I did not feel as though that was an appropriate place to express milk, just as I did not feel like that was an appropriate place for her to eat her lunch. I was lucky enough to find a clean utility room that was not being used. It was clear across the opposite side of my work area. I was pulled into the office because they claimed I was taking extended breaks. They noted an extra three minutes of me walking from one area to another. They wanted to proceed with disciplinary action because of these three minutes. They told me I could use a shower stall filled with all of the janitorial equipment with no lock on the door and no electricity.

When I went to my human resources office for support, the director of human resources told me that when she raised her children, most employers were not accommodating, even though that was 50 years ago. Women have to go to work to provide for a family. I cannot stay at home; I have to go to work so that we can afford our house and food, and I am trying to provide food for my brand-new baby. I am not asking for anything extra, just a clean place to be able to express milk in a timely manner.

I work in an emergency room, so it is hard to do 12-hour shifts without taking a break. I am not asking for extra breaks; I am asking to utilize my own breaks in order to do that and to do it in a clean place. This is something that should be important to both employees and employers.

Autumn Wake, President, Southern Nevada Breastfeeding Coalition:

I am the president of the Southern Nevada Breastfeeding Coalition. We are in support of passing this law for obvious reasons. I am also here to bring my friend Meghan who has dealt with so many issues, as well as many other women.

Rosemarie Casillas, Vice President, Southern Nevada Breastfeeding Coalition:

I am the vice president of the Southern Nevada Breastfeeding Coalition. We do hear many stories similar to Meghan's. We are constantly doing what we can to support women. We showed up today to support A.B. 113.

Tray Abney, Director of Government Relations, The Chamber, Reno Sparks-Northern Nevada:

I cannot speak highly enough of Assemblywoman Spiegel and the process we have gone through to work on this bill and others. We worked tirelessly on this bill last session to get it to the language that you see today. We appreciate that this is not a one-size-fits-all solution. It takes into account the struggles that small businesses could have with this. It meets federal law. We were informed of the construction industry language, and that makes sense to us. Again, I want to thank Assemblywoman Spiegel for being so wonderful to work with on this and other issues. We support this bill.

Paul Moradkhan, representing Las Vegas Metro Chamber of Commerce:

As Nevada's largest and broadest business association, the Las Vegas Metro Chamber of Commerce is pleased to offer its support of this bill. In addition to the comments by my colleague, the Chamber would like to thank Assemblywoman Spiegel for her engagement and collaboration. The bill you see today is a great balance between the policy need and the practicality with some exemptions for small businesses to ensure that there is a balanced approach. The Chamber is happy to support this bill.

Jared Moser, Private Citizen, Reno, Nevada:

I come to you today as the younger brother of a woman who works for the Washoe County School District and is a mother of two, a three-year-old and an eight-month-old. Her previous employers did not provide any accommodations for her to pump or to breastfeed. She was dissatisfied with her workplace, her administration was very unsupportive, and her commute was about a 45-minute commute. She was missing time from work so that she could go home to pump and provide for her daughters. She is now at a new school where she does have these accommodations. She is very excited, and I am glad that she has the accommodations. I would beg the Committee to consider this bill.

Marlene Lockard, representing Nevada Women's Lobby, Human Services Network, and Service Employees International Union Nevada 1107:

We are in strong support of this measure, and we commend the sponsor and thank her very much.

Bryan Wachter, representing Retail Association of Nevada:

We, too, are in support of A.B. 113. We have been following the federal guidelines regarding retailers larger than 50 employees. This is something that we are happy to continue doing with our members. To provide more of the retail industry's perspective, we strive to provide a positive work environment and recognize the benefits of breastfeeding for their employees, families, and society. We would like to echo the two people following me as well as those who went before us.

Lauren Klein, Private Citizen, Reno, Nevada:

I am a business strategist, consultant, and coach. I also own an organization named Girlmade, where we train future lady bosses. I was recruited here to share a few insights as an executive who has breastfed my two baby girls. I am actually here on three points. I think this is a great state. If we are looking at talent acquisition strategies for all sized organizations, this should be a nonissue. Certainly, there are plenty of nuances such as how we are going to be looking at the fiduciary aspects of this and the impacts. As a woman who breastfed in California for several years, this was a nonissue. I look forward to our looking to our sister states, and their legislation nuances, to ensure that women in the workplace can have a necessary time to feed their children, which is a human-based requirement.

From a fiduciary standpoint, do we know how much it costs to acquire new talent, the churn and burn that are associated with any change in organizations? The senior human resources organizations and human resource management organizations have plenty of statistics. In essence, there is a significant cost for those of us who are salaried or contracted. If you hire individuals through a talent agency or you spend on media buys to acquire new talent, there is a significant cost to that. There is also a cultural impact when you think about the cultural change with organizations. For example, you may have someone such as a leader or executive that needs to leave because their organization is not going to support them.

I wanted to highlight that I think this is a great opportunity to look at acquiring talent outside of the state. I was not familiar with the fact that we did not have these programs in place. I told my daughters this morning about what I was going to be doing today on their behalf and on behalf of other young women. I think of it as a future investment to retain talent and acquiring talent from individuals inside and outside of the state.

Alexis Motarex, Government Affairs Coordinator, Associated General Contractors of America, Nevada Chapter:

We want to thank the sponsor for her willingness to accommodate the unique needs of our members when they are working offsite on construction projects and might not necessarily have the ability to create a clean, private environment. We appreciate that exemption ([Exhibit F](#)) under those circumstances. We are in full support of the bill.

Natha Anderson, President, Washoe Education Association and Nevada State Education Association:

We are in support of this bill. I would like to thank Assemblywoman Spiegel for bringing this forward. Over 70 percent of our members are females. Many friends of mine have been

teaching in schools where they had a principal say to close their door, lock it, and shut the blinds. That is not okay. I really appreciate the fact that the school district is part of this. Washoe County School District does a good job of accommodating teachers and staff. I spoke with Mr. Moser and got his sister's name so that I can speak with her about which school she was at. What we find in Washoe County is that when our principals respect our teachers and other staff, they want to stay because they feel that the principal cares about them as people. This is one way to respect the fact that we are balancing not just our students, but also our children. When a location is given to us to help in this fashion, it shows that we are cared for as people in addition to being cared for as professionals. I ask that you support this bill.

Chris Daly, Deputy Executive Director of Government Relations, Nevada State Education Association:

We represent 40,000 teachers and education support professionals across the state ([Exhibit G](#)). We are committed to ensuring a high quality public education for every Nevada student. Nevada State Education Association understands that supporting educators in their workplace is a critical part of meeting this vision. This includes supporting new mothers who are returning to work while still breastfeeding. Therefore, we support A.B. 113. We appreciate that this bill amends NRS Chapter 281 to extend accommodations for nursing mothers to public employers including school districts.

As you are probably aware, educators are disproportionately women, and women's workplace issues definitely extend to Nevada schools. An investment in our school employees' needs goes way beyond pay and benefits. It has to do with respect towards educators as individuals as well. We want to thank Assemblywoman Spiegel for sponsoring this proposal.

Chairman Sprinkle:

We will take the last two in support of this bill. If anyone else here is wishing to put your name on the record in support of this bill, feel free to do that by signing in.

Alanna Bondy, Intern, American Civil Liberties Union of Nevada:

The American Civil Liberties Union would like to offer its support for A.B. 113. Here are a few facts to get started ([Exhibit H](#)). In 2014, over 35,000 women gave birth in Nevada. Approximately 37 percent of Nevada mothers are the sole or primary breadwinners of their families. Another 24 percent are co-breadwinners, contributing 25 to 49 percent of the income to their households. Many mothers return to work within weeks of giving birth due to lack of adequate paid maternity leave. Breastfeeding mothers that are back at work must pump milk roughly on the same schedule as the baby feeds or risk losing their milk supply and/or developing engorgement pain and infection. Thus, without the ability to pump on the job, women are forced to choose between breastfeeding their child or working to financially support their families.

Further, women of color are disproportionately confronted with this dilemma because women of color disproportionately work in low-wage jobs with rigid schedules and less progressive policies. This dilemma can easily be resolved by making simple accommodations for

breastfeeding mothers. Nevada law protects women's rights to breastfeed in public, and this law will simply reinforce these legal protections. As some of you may have seen in last week's Equal Rights Amendment testimony, a shocking number of Nevadans do not acknowledge a woman's right to participate equally within society. This law counters those harmful attitudes by acknowledging that mothers are a valuable and necessary population within Nevada's workforce, and they must be afforded the same opportunities as their male counterparts to participate equally in gainful employment. For these reasons, we urge your support of A.B. 113.

Jared Busker, Policy Analyst, Children's Advocacy Alliance:

I have submitted a public testimony ([Exhibit I](#)) online, so you should have that. I want to say that we are in support. You can read my full testimony on Nevada Electronic Legislative Information System (NELIS).

Chairman Sprinkle:

We will now switch to testimony in opposition.

Randi Thompson, representing National Federation of Independent Business:

We do not oppose the idea of what Assemblywoman Spiegel is trying to do. I am violating your rule that says we should talk to the sponsor prior to offering an amendment. I apologize for that. I will be making an appointment this afternoon. I represent over 2,000 small businesses across the state. Once again, you have very different operations. Jimmy John's at the University of Nevada, Reno is 1,500 square feet with 63 employees. Twenty of those employees do not even walk into the building. They are drivers. One clarification I would like to have is 50 full-time employees instead of just 50 employees. I think just adding "full-time" will help small businesses. I think that is something that can be easily accommodated. The federal law also says 50 employees. The other issue is defining a clean and private space, to which you have already alluded. I think we can work with the health departments on helping to define that. Jimmy John's has a health department that comes to visit them all of the time. Working with them to define that kind of a space is better to do in regulation than legislation. Those are our concerns, but I will definitely meet with the sponsor to discuss that.

Chairman Sprinkle:

Is there anyone else in opposition to this bill here or in southern Nevada? [There was no one.] Is there anyone wishing to speak in neutral on this bill?

Craig M. Stevens, Director of Intergovernmental Relations, Government Affairs, Clark County School District:

Clark County School District (CCSD) is neutral on A.B. 113. While we do think this bill is a great opportunity to ensure the health, safety, and privacy of nursing mothers across the Clark County School District, I sit here in neutral for the hope that the Committee will consider just a few challenges ([Exhibit J](#)) that we hope can eventually be resolved by the bill. First, CCSD does agree that the definition of cleanliness is broad, and we would like to work with the Committee and the bill sponsor on how we can figure that out.

As to your question regarding privacy, we believe the federal law does address the Chairman's question. I will read to you what it says: "... a place other than a bathroom that is shielded from view and free from intrusion from coworkers and the public." The federal law does address the privacy concern, so that is one suggestion. Schools do require someone to be in front of their classroom at all times.

We would also consider an exemption for those public entities, such as a school, that require breaks which would be difficult to cover because we must have someone in front of students at all times. These breaks can be reasonably adjusted by the employer, but only through the consultation agreement of the employees. The two would come together to figure out the exact schedule and where this would take place. Those are concerns, but again, we are neutral. We think this is an important bill, and we hope that it does move forward with some of these concerns addressed.

Ed Gonzalez, Lobbyist and Policy Analyst, Clark County Education Association:

We, too, are testifying in neutral. We have been working with the Clark County School District on this bill. I want to thank Assemblywoman Spiegel for this. We believe this is a good bill; we just have some concerns. One thing I want to highlight on the amendment proposed by the Clark County School District ([Exhibit J](#)) is in section 2, subsection 5. We believe that amendment makes this bill stronger. We believe the proposed amendment is written in a way that the school district has to consult with the employee to find alternative times that will work to the employee's advantage as well. We will be going to the sponsor to work with her on that. I do apologize for not speaking to her prior to this.

Lindsey Dermid-Gray, Statewide Breastfeeding Coordinator, Division of Public and Behavioral Health, Department of Health and Human Services:

I have overseen Nevada's breastfeeding support program since 2013. There are a few points that I wanted to highlight regarding the importance of this bill. The American Academy of Pediatrics recommends six months of exclusive breastfeeding followed by the addition of complimentary solids for one year and beyond. The recommendation stems from research demonstrating protection from numerous acute and chronic illnesses for both mother and child. A 2007 study found that if 90 percent of women in the United States were able to meet these recommendations for breastfeeding duration, the United States would save 900 infant lives and \$13 billion per year. However, research shows that one out of every four women returns to work less than two weeks following the birth of their child, and half of those women return to work less than one week after she delivers a child. These women are disproportionately women of color and women in low-wage jobs who stand to benefit the most from the protections conferred by breastfeeding.

The Women Infant and Children (WIC) program, which employees me, informally serves as a resource for moms being denied current federally mandated workplace accommodations. This program receives an average of ten calls per month from mothers being denied these accommodations from their employers, requesting education be provided on their behalf to

enable them to meet personal and stated public health goals. These women are commonly in low-wage positions and find it challenging to request adequate time and space in the absence of the support afforded by our mediation efforts.

The current federal provision guarantees breastfeeding women adequate time and space to express milk for one year. However, this provision does not include a penalty for employers who fail to comply with providing these protections, nor does it protect women who request or use said time to express milk from retaliation.

In absence of federal paid leave assurances in the United States, there is a documented necessity to combine work and breastfeeding. In addition to the federal provision, 28 states, Washington, D.C., and Puerto Rico have laws related to breastfeeding in the workplace to address this need.

Michael Hackett, representing the Nevada Public Health Association:

I would like to thank the bill sponsor, Assemblywoman Spiegel, for her last-minute indulgence of this, particularly regarding the issue that was raised by Assemblywoman Titus and others regarding how to define what a clean, private place is. I would also request of the Committee that a letter ([Exhibit K](#)) submitted by Kevin Dick, the District Health Officer for the Washoe County Health District, be officially entered in the record for this particular hearing. Having said that, I would like to point out a couple of pieces from that letter which I think indicate our overall support for this bill, with the exception of that one particular concern.

Certainly, the health benefits of breastfeeding for a child are very well documented. They include reduced ear infections, respiratory illnesses, and decreased rates of asthma and allergies. It also may serve to lower the mother's risk of breast and ovarian cancer. According to the Centers for Disease Control and Prevention (CDC), 54 percent of all mothers with children younger than 12 months are employed. Research has shown that employed women are less likely to start breastfeeding and may breastfeed for shorter lengths of time than women who are not employed. Most employed, lactating mothers must express milk at work, and they should be provided with the accommodations to do so.

Our concern is with the issue regarding establishing, through regulation, a mediation process. We feel, on behalf of the health districts—Washoe County Health District, Southern Nevada Health District, and Carson City Health and Human Services, as well as the public health association—that the issue being addressed is an employee/management issue and is the purview of the Office of the Labor Commissioner. Our preference would be to see this process established with them.

However, in meeting with the bill sponsor this morning, we understand very clearly, as others have stated already, the issue of a clean, private place. We think that there can be a work-around to resolve that issue and still have the authority of a mediation process lie with the Office of the Labor Commissioner. Whether the work-around is through an existing federal definition, or whether it is something that we can come up with in terms of the

definition specific to the provisions of this bill, we are very happy to continue to work with the bill sponsor and others to make sure that this particular issue is addressed appropriately.

Mary Pierczynski, representing Nevada Association of School Superintendents and Nevada Association of School Administrators:

We are neutral on the bill at this point. We hope that the issues that Mr. Stevens from the Clark County School District has brought forward can be placed into consideration. He has brought out the issue of the definition of clean and private, as well as the issues that you face in a school district where, hopefully, the teachers and the administrator can come together to arrive at an amount of time the teacher needs to express milk.

Chairman Sprinkle:

Is there anyone else neutral to this bill here or in southern Nevada? [There was no one.] Assemblywoman Spiegel, you may come back for closing remarks.

Assemblywoman Spiegel:

I will be happy to meet with all of the individuals wishing to speak about this bill. I first submitted this bill draft request in July 2014, but the first I have heard from some folks was between Friday night and this morning, and I still have not heard from some other folks. It is not as if there had not been ample time. I will work with them in good faith to try to come up with something that works for all of Nevada.

One piece I did not mention in my testimony, because I thought it would come out during other testimonies, is that the average woman who uses formula instead of breastfeeding spends between \$1,500 and \$2,000 per year on formula. Having the ability to express milk and breastfeed is something that has a profound economic impact on families, particularly those of lower incomes, not to mention the health benefits, the job benefits, and everything else regarding families' budgets. I look forward to coming back to you with some of these issues resolved. Thank you for your consideration.

[[\(Exhibit L\)](#), [\(Exhibit M\)](#), [\(Exhibit N\)](#), [\(Exhibit O\)](#), [\(Exhibit P\)](#), [\(Exhibit Q\)](#), [\(Exhibit R\)](#), [\(Exhibit S\)](#), [\(Exhibit T\)](#), and [\(Exhibit U\)](#) were submitted but not discussed.]

Chairman Sprinkle:

I will now close the hearing on A.B. 113. We will now open the hearing on Assembly Bill 141.

Assembly Bill 141: Revises the organizational structure and purposes of the Office of Minority Health. (BDR 18-214)

Assemblyman Tyrone Thompson, Assembly District No. 17:

Thank you for allowing our team to present Assembly Bill 141. This bill would revise the organizational structure and purpose of the Office of Minority Health, which is proposed to be renamed the Office of Minority Health and Equity in order to be more inclusive in addressing health disparities in Nevada. It is a collaborative effort of the Department of

Health and Human Services, the University of Nevada, Las Vegas (UNLV), Strategic Progress, LLC, the Minority Health and Equity Coalition, fellow legislators, and many dedicated service providers and organizations.

In 2005, the State Legislature approved Assembly Bill 53 of the 73rd Session to create the Office of Minority Health, which had permission to improve the quality of health care services for members of minority groups. It also had permission to increase access to health care services for members of minority groups and to disseminate information and educate the public on matters concerning health issues of members of minority groups. That is specifically on the State website. The Office has had its difficulties throughout the years and, unfortunately, it is at a standstill due to the loss of a federal grant which served as its main funding source. When that happened, members of the Black and Hispanic Caucuses here at the Legislature had meetings with the Department of Health and Human Services to discuss how to get the Office back on track and, most importantly, how to sustain it. It has been twelve years; we need to get this right.

I want to publicly thank the Director, Richard Whitley, and Deputy Director, Dena Schmidt, for having that open ear and being accommodating for us to work together. We were able to bring some stakeholders together. Their whole charge was how to look at this and figure out the needs of this Office. They were able to develop the Minority Health and Equity Coalition.

Dena Schmidt, Deputy Director, Director's Office, Department of Health and Human Services:

I will walk you through the proposed changes to A.B. 141. Sections 1, 3, 4, and 8 simply change the title from the Office of Minority Health to the Office of Minority Health and Equity as Assembly Thompson had mentioned. In section 2, the change is to expand the definition of minority groups beyond the original racial and ethnic minority groups. It is now more reflective of additional populations that we know are also affected by health disparities. In section 4, we add a purpose to the Office to develop recommendations for policy changes on behalf of minority groups. Section 5 changes the manager of the Office to an unclassified position from a classified position. In section 7, we are making changes to the appointment process to those members that serve on the advisory committee.

We do have an Advisory Committee on Minority Health. We are making changes that require the director of the Department of Health and Human Services, as well as the State Board of Health to appoint nine voting members to a new advisory committee as well as the Legislative Commission to appoint a legislator to serve on the advisory committee as a nonvoting member.

In section 9, we are making changes to the initial terms of the advisory committee because of the problems mentioned and the history of the program. Our advisory group has not been well-coalesced; we would like to restart that process with some new membership that is more representative of those we intend to serve through the Office of Minority Health and Equity. There is no fiscal impact to this; it is an effort we have been working on closely with

Assemblyman Thompson to figure out a way to sustain this program. We have included funding for this position, as well as support for the coalition efforts for this position. We want to publicly thank Assemblyman Thompson and all of the members of the coalition for all of their hard work as we try to move this effort forward and address the health disparities in Nevada.

Assemblywoman Titus:

I always appreciate your passion for Nevadans. I need a better explanation of the addition of the term "equity," and what that defines. There is financial equity, equity in access, and there is equity in care and treatment. What is your definition of equity? Is it equity in access to health care? There are many disparities.

Assemblyman Thompson:

The reason why it was established in 2005 was that there were disparities in our minority communities. We did our research. We have our Committee, and we have the Department of Health and Human Services. If you look at the trending of the names of offices of minority health nationwide, they have either dropped the name or kept the name with the addition of "equity" because they are trying to raise up that level playing field.

In section 2, we expanded the definition of the minority groups. This is where part of that equity and inclusion is, because we have added those with disabilities and the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community because of the disparities seen in those communities. That is how we made this even more inclusive. We have the research that shows these are the groups that we are seeing a higher disproportionality. I hear what you are saying; we could really summarize everyone, but this is where there are some inequities. This is where this Office can bridge those gaps. There have been a number of federal dollars that our state has been missing out on for many years. This Office is going to serve as that catalyst to make sure that our state can draw in these dollars and make sure that we can distribute them appropriately to those service providers.

Assemblywoman Titus:

Along those lines, the terminology, "manager" means the manager of the Office of Minority Health and Equity, is that correct? Is that mirrored in other states' offices?

Janise Wiggins, Governor's Consumer Health Advocate, Office of Minority Health and Office for Consumer Health Assistance, Department of Health and Human Services:

Yes, there is an office of minority health in almost every state, as well as in the U.S. territories, including Guam, Puerto Rico, and the Marshall Islands. Throughout the United States, many offices of minority health have transitioned to rename their offices: office of minority health and equity or the office of equity and inclusion. They are simply moving away from the word "minority" because historically the term "minority" references solely racial and ethnic minorities, but as the Assemblyman spoke of previously, the move is

to include other groups who are experiencing large disparities. This includes those with disabilities, seniors, or those in the LGBTQ community. This name change is happening in many other states.

Assemblywoman Joiner:

I am excited to see this bill. I think this is a perfect example of how when we lose federal funding, it is often devastating; the programs go away. This is a perfect opportunity to retain and revive an entity that I am very familiar with having formerly been in Dena's position as its supervisor. I saw the great work that they were doing out in the communities with Ms. Wiggins. I am thrilled to see this, and I commend you for bringing it forward. I saw such a need in the community.

My question relates to the purpose of moving it into the Department of Health and Human Services rather than having it under the Office of the Governor, Office of Consumer Health Assistance. I know that it was important that they all be integrated, because one of the main purposes was to help people navigate how to get on to the new health insurance exchange at the time. I imagine that purpose has morphed a little bit. I am curious what that new vision is and how moving it into the Department will elevate it. I think it is a positive thing; I would just love to hear the rationale.

Dena Schmidt:

You are right. The original office was very focused. Our grant was focused on getting people enrolled in health care and access to health care. After the implementation of the Affordable Care Act (ACA), we learned that we are dropping the silos within our department. By bringing this new position to the Director's Office at the Department of Health and Human Services, it really elevates it. We also have a tribal liaison in the Director's Office. These two positions would work together on looking at statewide health disparities and how all of our programs can do a better job of addressing those needs. We have grant units in each of our divisions: some are focused on aging, and some are focused on disabilities. They help address the known disparities through our funding streams. The purpose is to elevate it and make it a broader focus.

Assemblyman Thompson:

The vision for this Office is for it to be policy-driven, not a "program." That is the whole purpose of the elevation. You said it quite naturally: it was doing ACA work, which was important, but we had many community navigators already out there. The office needed to be policy-driven, bringing in dollars, knowing where the trending is, and working with the coalitions. That is the opportunity that we have right now.

Assemblyman Oscarson:

You talked about the opportunity for additional funding and additional grants. Have you identified any of those grants, and how much additional funding would be available and where it would be?

Dena Schmidt:

One of the issues we had with our previous grant was that many times, we had not generally invested state dollars or had community partnerships. This bill will make us much more competitive for future grants. There is one grant we are looking at that the state is not eligible to apply for, but the Nevada Minority Health and Equity Coalition may be eligible. We are working with those partners to identify the appropriate applicant. We have a group of people that are continually looking for funding opportunities and how we can bring in additional federal dollars.

Assemblyman Oscarson:

Would you envision that this, at some point in time, would be self-funded through the grant process?

Dena Schmidt:

I cannot say that it would be 100 percent self-funded. My concern with that is exactly where we are at today. We have always funded this strictly through federal dollars and have not invested any state dollars. As we have all learned, when those federal dollars go away, the program goes away. We would like to be able to sustain this with a combination of the two in order to make sure that these efforts are not lost at some point in the future.

Janise Wiggins:

In addition, many federal programs require some type of match. This would make the Office much more competitive in those federal application processes because we could demonstrate a non-federal match.

Chairman Sprinkle:

Is there any kind of clarification as to why there is a change in the board appointment process?

Assemblyman Thompson:

We wanted to be able to add members from the coalition. Section 7, subsection 2, talks about the Director appointing three members. We are trying to work with the language being that the minority health coalition is not in statute. It is an ad hoc group, and we could not be that specific there. The Director and Ms. Schmidt know that is the purpose of this change. We have a variety of service providers who would be great on this Committee. In addition, this was dormant and has not been moving along, which is why we decided to revisit this.

Chairman Sprinkle:

Is there anyone here that is in support of this bill? I will begin in southern Nevada.

Brenda Hernandez, Member, the Nevada Minority Health and Equity Coalition:

We are in support of A.B. 141. In 2015, local and statewide leaders throughout Nevada were inspired to reestablish the priority of addressing the health disparities among Nevada residents. The general consensus among the leadership was that the minority health initiative in Nevada needed one statewide entity that could serve as a focal point and a unified voice

for the concerns of racial and ethnic minorities, as well as other groups experiencing health disparities in the state. In 2016, the Nevada Minority Health and Equity Coalition was created to be that unified voice.

The Nevada Minority Health and Equity Coalition is dedicated to providing access to research data along with information about financial resources to ensure all Nevadans can have a healthy, productive life. Our goal is to eliminate health disparities through research, education, advocacy, and access to health care services for minority and other populations experiencing inequities in Nevada.

Assembly Bill 141 is the first step in reestablishing the efforts to help all of Nevada's minority groups with their health-related needs, access to care, and health literacy. Minor revisions and additions have been made to existing *Nevada Revised Statutes* and have a minimal fiscal impact in order to achieve the greater good for our communities.

Full support of these efforts is needed to ensure a safe and healthy Nevada and to help all of those who may be disenfranchised or disconnected from care. This legislative effort has the full support of the agencies on this list ([Exhibit V](#)). Individual citizens as well as coalition members are also here in the audience today in support of A.B. 141.

We would like to give a special thanks to Assemblyman Tyrone Thompson and Assemblywoman Dina Neal, who both helped to initiate the conversation for this bill and who are both co-sponsors in supporting the efforts to improve health for all Nevadans.

Will Rucker, Member, the Nevada Minority Health and Equity Coalition:

I support the previous testimony and the bill.

Delia Oliveri, Member, the Nevada Minority Health and Equity Coalition:

I am a member of the Nevada Minority Health and Equity Coalition and the Diversity Outreach Ambassador for the American Cancer Society Cancer Action Network (ACS CAN) in Nevada. In my role as a volunteer, I have seen first-hand the health disparities of the minority communities. I am in support of A.B. 141 and respectfully request your support.

Chairman Sprinkle:

We will now move to testimonies in Carson City. If there is anyone else in the south, make your way to the front of the room.

Erik Jimenez, representing Southern Nevada Health District:

I want to echo all of the comments from the previous speakers. We firmly believe that this bill strengthens the long-term sustainability of this office and will ultimately improve health outcomes for the most vulnerable population of folks. We are wholeheartedly in support of A.B. 141 and commend Assemblyman Thompson for his work on this issue.

Tom McCoy, Nevada Government Relations Director, American Cancer Society Cancer Action Network:

Aside from my role as Government Relations Director for the American Cancer Society Cancer Action Network in Nevada (ACS/CAN), I am also the cochair of the Advisory Council to the State Program for Wellness and the Prevention of Chronic Disease. I am proud to say that I am also a member of the Nevada Minority and Health Equity Coalition. I really appreciate the efforts of Mr. Melendrez and my fellow coalition members who have been working with Assemblyman Thompson on this project for the past year. The interest of ACS/CAN is to advocate for the mission of the American Cancer Society. Access to care is something that is important to all of us, but the health equity aspects of that access needs to be addressed. We have opportunities to address cancer but, unfortunately, in some areas of Nevada, screening does not take place. In the LGBTQ community, we have a higher smoking rate than we have in the average population. That in large measure is because they have been targeted. This needs to be addressed. We feel that the Office has expanded and has identified into its new role as something that will benefit our state and the populations that we are discussing. We are in full support of A.B. 141.

Tyson Falk, representing Aetna:

We would like to thank Assemblyman Thompson for all of his hard work on this worthy piece of legislation. As Aetna enters the Nevada Medicaid market and begins the development of a delivery network to become a Medicaid managed-care organization, our team has met a number of community-based health care providers with ties to and experience in serving minority populations. As one of the new managed-care providers selected by the State, we look forward to working with the Office to better understand the strengths that these entities can bring to the managed health care delivery system.

Chairman Sprinkle:

At this point, we will go back to southern Nevada.

Eli Thompson, Private Citizen, Las Vegas, Nevada:

I am here to testify to my support of A.B. 141, both on behalf of myself and on behalf of Service Learning Initiatives for Community Engagement in Sociology (SLICES), an undergraduate research program within the University of Nevada, Las Vegas, Department of Sociology. Our program collaborates with community partners to identify and address issues in a local social community and apply sociological theory to reflect and learn from our service ([Exhibit W](#)). Our aim in working in these communities is to break down the barriers of privilege. In our context, it is educational privilege, but the same principles of privilege and marginalization can be found within the field of public health.

In the spring of 2016, our program partnered with Dr. José Melendrez to create a project called Community Based Initiative (CBI). The goal of the project was to identify and examine the relationships between multiple government and nonprofit organizations (shown on [Exhibit X](#)) that served the public. Some of the relevant organizations that are part of this project include: Planned Parenthood for sexual health; Nevada Childhood Cancer Foundation; the Kara Foundation for pediatric oncology; the Huntridge Teen Clinic for

medical and dental assistance; and the suicide, grief, and support organizations for mental health. All of these organizations are wonderful, and we have found that connecting these groups promotes a co-learning process that helps attend to social inequalities. The issue when it comes to its relationship with the state is that all of these organizations exist externally.

Re-funding the Office means providing a central direct line for the community to receive direct support and express its public health needs to the State. One of the primary benefits for this office reflects the benefits of our CBI. Providing this central space recognizes the community as a unit and can help facilitate the translation between community needs and comprehensive programs and policy changes.

Micajah Daniels, Health and Education Committee Chair, National Association for the Advancement of Colored People Unit 1765, University of Nevada, Las Vegas College Chapter:

The mission of the National Association for the Advancement of Colored People (NAACP) is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination ([Exhibit Y](#)). An improvement to the equality of, and access to, health care and services for members of minority groups, which includes members of racial and ethnic minority groups, is essential to this process. The NAACP is committed to eliminating the racial and ethnic inequities that exist within our health care system that undermine life opportunities and the ability to contribute fully to the common good of communities of color.

We support the revisions of the Office of Minority Health seen in [A.B. 141](#), which will give the Office of Minority Health and Equity a broader scope to work towards increasing access to health care services for members of minority groups; disseminating information to the public and educating the public on matters concerning health care issues of interest to members of minority groups; and developing recommendations for changes in policy and advocating on behalf of minority groups to carry out the provisions of improving the quality of health care services; and increasing access to quality health care services for members of minority groups. The National Association for the Advancement of Colored People Unit 1765 stands with proactive efforts such as [A.B.141](#) to elevate the lives of the most vulnerable populations.

Vilma Garre, Private Citizen, Las Vegas, Nevada:

I come here to you as a constituent and as someone who works as a community health worker and as someone who works with the Asian Pacific Community. There are three points that I wanted to echo. When the question came up regarding equal versus equity, what it means to us is that equal is no longer enough. I noticed this while serving the low-income communities, the HIV population, and the mental health community. What I have found is that the needs vary. Many people fall in this hole because of the resources that are available and the standards of care that are provided. I was discussing this with some of my community partners. It seems as though we have a lost population within our community. Equity really says that we have to customize the support that we provide. With this

strategical cooperation, we will be able to streamline resources and services to our community according to their needs. Therefore, perhaps looking into this program and looking at policy, we will also be able to hold those service agencies accountable by making sure that services and resources are delivered appropriately. I am in support of A.B. 141.

Chairman Sprinkle:

We will bring it back to Carson City.

Holly Welborn, Policy Director, American Civil Liberties Union of Nevada:

I am testifying in support of A.B. 141. Many of the points that I wanted to make have already been made, but I do want to repeat for some more clarity why the term "equity" is so important in this legislation. We are talking about principles of equal protection, but in order to meet those principles of equal protection, we have to take the unique characteristics of everyone into consideration before we make and design these policies.

There is a study by the Centers for Disease Control and Prevention (CDC), which I can get to the Committee that has some specificity on the specific needs, which vary across communities. Some of this was said before, but really, what it ends up affecting is the long-term health of that human being depending on what inequities exist. The LGBTQ population experiences significant disparities because of their lack of access and being ostracized from their parents. There are a large number of LGBTQ individuals who go into the foster care system or who do not have a community or family attachment and end up becoming dependent on community services. That is why this type of change is necessary.

Steve Jimenez, Extern, Nevada Hispanic Legislative Caucus:

I am here to show support for Assemblyman Thompson's bill A.B. 141. We believe in anything that helps improve the quality of health care services for the community as well as educates our communities on the health care services available to them. This is something that should be supported. Everything else has been covered, but we support Assemblyman Thompson.

Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates:

We have three health centers in Nevada focused on delivering health care for everyone. Every day we see the impact of disparate access and outcomes, which is why we urge your support of A.B. 141.

Chairman Sprinkle:

We will now take the last two testifying in support down in southern Nevada.

José Melendrez, Executive Director of Community Partnerships, School of Community Health Sciences, University of Nevada, Las Vegas:

I wanted to bring to your attention the policy brief ([Exhibit Z](#)) which we submitted. It is an example of the opportunity to continue to move Nevada forward and the opportunities to work with the State of Nevada and with the Department of Health and Human Services to

bring these issues forward and to identify solid data that can move forward and help us go after some of those funding opportunities also in southern Nevada. You will see the data and information about multiple groups that need to be served. The coalition is hoping to bring forward these issues and collaborate with the State.

As far as identifying other resources, right now there are multiple grants at the federal level through the National Institutes of Health Science, Technology, Engineering, and Math (STEM) opportunities, and more. I know that in my role at UNLV, I support the coalition, work with the legislators, work with the coalition members, and community members to identify those grants and go after resources and bring those greatly needed resources into the community. We need to make our public health initiatives in Nevada much stronger and continue to move forward. I want to thank Assemblyman Thompson, Assemblywoman Dina Neal, and all of you who serve in our Legislature to look at these important matters and help move them forward. We ask for your support with A.B. 141, as we move this forward.

Katie Ryan, Director, Communications and Public Policy, Dignity Health-St. Rose Dominican:

We just wanted to add our support, as a member of the coalition, to this legislation.

Chairman Sprinkle:

We will come back to the last two in Carson City in support of this bill.

Monique Normand, representing Progressive Leadership Alliance in Nevada:

We stand in support of this bill.

Jared Busker, Policy Analyst, Children's Advocacy Alliance:

We are also in support.

Chairman Sprinkle:

Is there anyone in opposition to this bill, here or in southern Nevada? [There was no one.]
Is there anyone in neutral to this bill? [There was no one.]

Assemblyman Thompson:

I just want to thank everyone for your time and attention. As you have seen and heard, there is a dire need to get the Office of Minority Health and Equity back in operation. There is a plethora of disparities that need to be addressed. We really need to get to work on them. I want to give an extra special thanks to José Melendrez. He is very humble, but he is with UNLV. He has served as the facilitator for this coalition, and we have a lot of love for him. He pushes all of this forward and keeps it moving, so I wanted to publicly acknowledge him.

In closing, I wanted to acknowledge the late Dr. Larry Gamell Sr., who was one of the initial program managers back in 2005 or 2006 for this program. He actually came to the table with the coalition last year and, unfortunately, we lost him in July. I just wanted to acknowledge him for his great work, his passion, and always pushing forward. Thank you so much for your time.

Chairman Sprinkle:

Thank you for your presentation. We will close the hearing on A.B. 141. Does anyone in southern or northern Nevada have public comment? [There was no one.] This meeting is adjourned [at 2:45 p.m.].

[([Exhibit AA](#)) was submitted, but not discussed.]

RESPECTFULLY SUBMITTED:

Kailey Taylor
Committee Secretary

APPROVED BY:

Assemblyman Michael C. Sprinkle, Chairman

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a proposed amendment to Assembly Bill 113, presented by Assemblywoman Ellen Spiegel, Assembly District No. 20.

[Exhibit D](#) is written testimony presented by Shelley Blotter, Deputy Administrator, Division of Human Resource Management, Department of Administration, regarding an amendment to Assembly Bill 113.

[Exhibit E](#) is written testimony presented by Suzie Owens, Lead Lactation Consultant, Dignity Health-St. Rose Dominican Hospitals, regarding Assembly Bill 113.

[Exhibit F](#) is a proposed amendment to Assembly Bill 113 presented by Alexis Motarax, Government Affairs Coordinator, Associated General Contractors of America Nevada Chapter.

[Exhibit G](#) is written testimony presented by Chris Daly, Deputy Executive Director of Government Relations, Nevada State Education Association, regarding Assembly Bill 113.

[Exhibit H](#) is written testimony presented by Alanna Bondy, Intern, American Civil Liberties Union of Nevada, regarding Assembly Bill 113.

[Exhibit I](#) is written testimony presented by Jared Busker, Policy Analyst, Children's Advocacy Alliance, regarding Assembly Bill 113.

[Exhibit J](#) is a proposed amendment to Assembly Bill 113 presented by Craig M. Stevens, Director of Intergovernmental Relations, Government Affairs, Clark County School District.

[Exhibit K](#) is written testimony authored by Kevin Dick, District Health Officer, Washoe County Health District, dated February 27, 2017, regarding Assembly Bill 113, presented by Michael Hackett, representing the Nevada Public Health Association.

[Exhibit L](#) is a document titled, "The Business Case for Breastfeeding Promotion," submitted by Michelle Gorelow, Vice President of Program Services, Foundation for Positively Kids.

[Exhibit M](#) is written testimony submitted by submitted by Michelle Gorelow, Vice President of Program Services, Foundation for Positively Kids, regarding Assembly Bill 113.

[Exhibit N](#) is written testimony submitted by Aviva Gordon, Legislative Committee Chairwoman, Henderson Chamber of Commerce, and Amber Stidham, Director of

Government Affairs, Henderson Chamber of Commerce, dated February 23, 2017, regarding Assembly Bill 113.

[Exhibit O](#) is written testimony submitted by Stefanie A. Wardell, dated February 21, 2017, regarding Assembly Bill 113.

[Exhibit P](#) is written testimony submitted by Sierra Visser, regarding Assembly Bill 113.

[Exhibit Q](#) is written testimony submitted by Melinda Hoskins, regarding Assembly Bill 113.

[Exhibit R](#) is written testimony submitted by Heidi Parker, Executive Director, Immunize Nevada, regarding Assembly Bill 113.

[Exhibit S](#) is written testimony submitted by Kristina Nelson, dated February 27, 2017, regarding Assembly Bill 113.

[Exhibit T](#) is written testimony submitted by Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, dated February 27, 2017, regarding Assembly Bill 113.

[Exhibit U](#) is written testimony submitted by Sarah McCallum, regarding Assembly Bill 113.

[Exhibit V](#) is written testimony presented by Brenda Hernandez, Member, the Nevada Minority Health and Equity Coalition, dated February 27, 2017, regarding Assembly Bill 141.

[Exhibit W](#) is written testimony submitted by Eli Thompson, regarding Assembly Bill 141.

[Exhibit X](#) is a flow chart titled, "UNLV Community Based Initiative (CBI)" presented by Eli Thompson, regarding Assembly Bill 141.

[Exhibit Y](#) is written testimony presented by Micajah Daniels, regarding Assembly Bill 141.

[Exhibit Z](#) is a policy brief titled "Nevada Office of Minority Health," by the Nevada Office of Minority Health, presented by José Melendrez, Executive Director of Community Partnerships, School of Community Health Sciences, University of Nevada, Las Vegas.

[Exhibit AA](#) is written testimony submitted by Assemblywoman Oliva Diaz, Assembly District No. 11 on behalf of the Nevada Hispanic Legislative Caucus, dated February 27, 2017, regarding Assembly Bill 141.