

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

**Seventy-Ninth Session
March 6, 2017**

The Committee on Health and Human Services was called to order by Chairman Michael C. Sprinkle at 1:16 p.m. on Monday, March 6, 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:

None



STAFF MEMBERS PRESENT:

Susan E. Scholley, Committee Policy Analyst
Mike Morton, Committee Counsel
Terry Horgan, Committee Secretary
Trinity Thom, Committee Assistant
Cheryl Williams, Committee Assistant
Melissa Loomis, Committee Assistant

OTHERS PRESENT:

Teena Parduhn, Private Citizen, Reno, Nevada
Vivian Leal, Private Citizen, Reno, Nevada
James Dunbar, Private Citizen, Las Vegas, Nevada
Jennifer Knight, Private Citizen, Las Vegas, Nevada
Sarah Mahler, Private Citizen, Sparks, Nevada
Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Toby Frescholtz, Private Citizen, Reno, Nevada
Elizabeth Castillo, Private Citizen, Sparks, Nevada
Meg Neidert, Private Citizen, Reno, Nevada
Stacey Shinn, Policy Director, Progressive Leadership Alliance of Nevada
Alanna Bundy, Intern, American Civil Liberties Union of Nevada
Marlene Lockard, representing Nevada Women's Lobby
Shannon Hess, M.D., Vice Chair, Nevada Section, American Congress of
Obstetricians and Gynecologists
Janine Hansen, State President, Nevada Families for Freedom
Lynn Chapman, State Vice President, Nevada Eagle Forum
Vicky Maltman, Auxiliary Director, CD 2, Veterans in Politics
Bonnie McDaniel, Private Citizen, Las Vegas, Nevada
Kathleen Rossi, Private Citizen, Reno, Nevada
Melissa Clement, President, Nevada Right to Life, Reno, Nevada
Shannon Sprout, Chief, Policy Development and Program Management, Division of
Health Care Financing and Policy, Department of Health and Human Services
Keith Lee, representing Nevada Association of Health Plans
Chelsea Capurro, representing Health Services Coalition
Candace Wheeler, Executive Director, Comstock Cemetery Foundation
John W. Muran, Private Citizen, Reno, Nevada
Frances Tryon, President, Hillside Cemetery Preservation Foundation
Jay Carter, Private Citizen, Sparks, Nevada
Michon R. Eben, Cultural Resource Manager, Tribal Historic Preservation Office,
Reno-Sparks Indian Colony
John Griffin, representing City of Reno
Calvin D. Dillon, Director, Comstock Cemetery Foundation

Mike Cathcart, Business Operations Manager, Finance Department, City of Henderson

Alex Ortiz, representing Clark County

Jennifer Budge, Director, Carson City Parks, Recreation, and Open Space

Garrett Gordon, representing City View Terrace, LLC.

Steve Polikalas, representing City View Terrace, LLC.

Neil Brooks, Private Citizen, Reno, Nevada

Judy Allen, Vice Chair, Catholic Director, Comstock Cemetery Foundation

Bradley Carlson, Private Citizen, Reno, Nevada

Chairman Sprinkle:

[Roll was taken. Committee rules and protocol were explained.] We will be taking the two bills out of order. Before we begin, is there anything from the Committee? [There was no response.] I will be taking public comment twice today, a shorter version at the beginning and then again at the end of both hearings. Is there anyone who wishes to make public comment?

Teena Parduhn, Private Citizen, Reno, Nevada:

I want to talk about Assembly Bill 249 and the reasons we would want accessibility for birth control medication for young women. When my daughter was in second grade, she started developing cluster migraines. By the time she was in high school, birth control helped alleviate some of her hormonal issues. She also had a problem with cysts. She went to college in Oregon, so it became a conflict every time she tried to get her medication. It was a simple problem with a simple solution—accessibility. For the state of Nevada, which is striving to be a leader in women's health issues, I hope this is one story that helps you move in the right direction.

Vivian Leal, Private Citizen, Reno, Nevada:

We all have stories about the medical need for contraceptives, how difficult that can be, and how interruption of care causes surgical situations later. If you poll your own families, you will hear those stories, so I want to address a different aspect that my husband and I found changed our lives.

Affordable, accessible, dependable contraception gives women control over their lives and careers. This is obvious, irrefutable, and most critical for young and low-income women. Contraception is not just a women's issue, nor is it just about avoiding unintended pregnancy or medical issues. Accessible and affordable contraception enables all of us to be responsible and independent citizens. It is a financial necessity for Nevada as we go into our future. What is remarkable about our family's story is how unremarkable it is. In 1987, my husband and I were married at 21 years of age. We had little money and crushing student loans with 9 percent interest rates. We were lucky to have access to affordable, dependable contraception through a local clinic whose mission it was to provide that.

We had our first child when I was 29. We had spent the prior decade working hard, getting graduate degrees, and saving so that when we had children, we could support and educate them. We had three daughters: one is a Harvard graduate working at Boston Children's Hospital in neurobiology research; another is a college sophomore at the University of San Diego studying international relations; and our youngest is an eighth grader here who is an accomplished archer and whose college money is in the bank waiting for her. For our children's generation of two-career families, affordable and dependable contraception will be even more essential. They face an uncertain job market and a global economy in flux. The contentious debate about access to contraception through health care leaves many vulnerable to an interruption of care. We need to legislate dependable access with 12-month prescriptions to ensure that as changes happen, Nevada women and families are independent, responsible, and successful.

Chairman Sprinkle:

Go ahead, please, in southern Nevada.

James Dunbar, Private Citizen, Las Vegas, Nevada:

I would like to read an abstract from the Brookings Institution, July 2011 entitled "The High Cost of Unintended Pregnancy."

The high incidence of unintended pregnancy imposes costs on American society that range from increased rates of crime and welfare participation to reduced levels of high school completion and labor-force participation. We focus on one of the most policy-relevant aspects of this problem by estimating the amount spent by the government each year on medical care that is directly associated with unintended pregnancies. We find that taxpayers spend about \$12 billion annually on publicly financed medical care for women who experience unintended pregnancies and on infants who were conceived unintentionally. After accounting for the fact that some of these pregnancies are merely mistimed while others were altogether unwanted, we also estimate that taxpayers would save about half of this amount if all unintended pregnancies could be prevented. With state and federal budgets being scoured for potential savings—and in light of the mounting evidence showing that there are a number of cost-effective policy options for reducing unintended pregnancies—our results suggest that policymakers should increase their investments in proven pregnancy-prevention strategies.

Pregnancy-prevention strategies include no copayments for birth control and allowing people to fill their prescriptions in 12-month supplies. Because of the Affordable Care Act (ACA), over 55 million people now have access to birth control. Collectively, this saved people \$1.4 billion out of pocket in 2013. The reduction of even one unintended pregnancy saves an insurance company a minimum of \$17,400—enough to pay for 29 years of birth control. This bill will not only save the state money and the insurance companies money, but it will save the citizens their hard-earned dollars, too.

My wife had a conversation with our State Senator, Mark Manendo, last month about the importance of having a 12-month supply of birth control rather than the needless 3-month cap our laws currently dictate. His initial response was that people have a lot of bills and other monthly responsibilities and need to take care of them. There are no laws governing how early I can pay my sewer bill. There are no caps on how many air filters I can stock up on to properly maintain my home. The biggest difference is, if I am late making my monthly car payment, I am not at risk for an unintended pregnancy. My wife and I have, at times, had to plan our lives around obtaining birth control. We have waited another three days into a vacation to get a refill for her prescription. She has had to wait another month to get an appointment with her gynecologist to refill her prescription.

We are doing all right financially; it was more of an inconvenience for us. But to someone who is not lucky or privileged enough to be in our tax bracket, have our flexible schedules, or have our transportation options, inconvenience becomes impossibility. Impossibility becomes unwanted pregnancies, and unwanted pregnancies become welfare checks and abortions.

I am in favor of legal, safe, and rare abortions. I am all right with my tax dollars going to help people who need it due to unwanted pregnancies, but how many of your constituents have the same mindset I do? If you do not support this bill, how will you explain to them that you could have saved all this money, pain, and suffering with just a little prevention that costs the state nothing to implement?

Chairman Sprinkle:

Sir, please wrap it up.

James Dunbar:

A University of California, San Francisco, study said that a one-year supply of birth control decreased unplanned pregnancies by 30 percent over either a one- or three-month supply. They say that an ounce of prevention is worth a pound of cure. You can make one vote for prevention that will be worth millions of dollars and countless tears of cure.

Jennifer Knight, Private Citizen, Las Vegas, Nevada:

In my teens, I had to have surgery because of ovarian cysts that grew out of control. Hormonal contraceptives are what keep me from having to go through surgery again. I also have major depressive disorder and have been hospitalized twice for suicidal ideation. Pregnancy would risk my life and that of the child I might carry. I have heard the arguments about why other people should have to pay for me to have sex, and I believe those statements are made in profound ignorance. I was not sexually active when I started taking the pill. Based on what data I can find for the cost of that surgery versus the yearly cost for the birth control I am on, it would take over 27 years of birth control to balance out the cost of that surgery. It makes good fiscal sense when what I pay for my insurance premiums or in state taxes covers my birth control. No one has to worry about paying for my birth control

through their premiums or tax dollars. They would, however, have to worry about paying for my surgery. These factors are all before the actual birth control aspect is taken into consideration.

I have not been sexually active in months, but I still take my birth control. I take it to control my cysts and also to control pregnancy. Set aside the fact that allowing women and men access to family planning reduces poverty and the number of unplanned pregnancies, if I am raped and I become pregnant as the result of a crime, I should not be punished with the additional risk to my life or that of an unborn child's. Hospitalization is more expensive than birth control. I struggle with my mood regulation and to keep my suicidal ideation in check enough as it is. I was hospitalized as recently as 2015. If hormonal changes of pregnancy were piled on top of my body's erratic hormonal and mood regulation, there is a very real risk that I might lose that struggle. If I were to succeed, then I and an unborn child would be lost to my suicide. If I attempted and failed, there is a very real possibility that I might survive, but the baby would not. And even through some serendipity, if I were able to make it to term without a mental breakdown, mental health medications are not kind to fetuses.

For fiscal reasons, covering my hormonal birth control makes sense from all sides. For ethical and moral reasons, it also makes sense. It should never be the right thing to put a person's life at risk by using her fertility as a political pawn. My ovaries and their cysts and my uterus are not common property. They are mine, not the state's. The consequence of failing to help cover my preventative care, however, is a common burden. The *Nevada Constitution* declares that my right of enjoying and defending life and liberty is inalienable. The *United States Constitution* states that I shall not be deprived of life, liberty, or property without due process of the law, nor shall private property be taken for public use without just compensation. I have an inalienable right to life. The ACA expanded the scope of the protection of my life. Passage of Assembly Bill 249 would reinforce that protection within Nevada's law. If the passage of this protection fails because my uterus is used as a political football, then I should be given just compensation for control of my private property—my body being taken for public use.

Sarah Mahler, Private Citizen, Sparks, Nevada:

My two daughters are now young adults. When they were young, they had to start on contraceptives due to medical necessity and not because they were sexually active. At that time, our insurance required a copay after the deductible for the medication was reached. The added expense was unexpected for my family, and the extra responsibility to get the medication from the pharmacy added to my busy life. Our pediatrician prescribed the medications for the first couple of years, and then I was required to take them to the gynecologist where I had another copay and appointments to juggle along with my other family obligations. In comparison, families with boys would not have these expenses or responsibilities. We had other logistical challenges as both daughters had to find the right contraceptive, and the pharmacist had to look up which contraceptive brands were covered and sometimes order the medication if it was not in stock. Other families without insurance

would have had even more problems than my family did. We had three family members on birth control for years. I was thrilled when the coverage changed and I could get all our contraceptives without any charge.

We know access to contraception reduces unintended pregnancies, and that requiring insurance companies to cover up to 12 months of contraception dispensed at one time increases the consistent and correct usage. I want to stress that this coverage makes a difference for Nevada families with young girls like mine who need this medication at an early age and have to pay for multiple family members on contraception. That is why I urge you to support A.B. 249.

Chairman Sprinkle:

I am going to close public comment and open up the hearing on Assembly Bill 249.

Assembly Bill 249: Requires the State Plan for Medicaid and all health insurance plans to provide certain benefits relating to contraception. (BDR 38-858)

Assemblywoman Teresa Benitez-Thompson, Assembly District No. 27:

Assembly Bill 249 seeks to have this body consider a very important question—access to contraceptives for women. I imagine most of the opposition today will center around one particular piece of this policy—removing the religious exemptions different organizations might be able to claim in order not to provide contraceptives as part of their health care plans.

The first time the Legislature contemplated adding contraceptives to health care plans was 1999. At that time, there was not consistent and uniform policy on whether contraceptives were in or out, whether they involved deductibles or copays, or how they would be managed. At that time, Assemblywoman Chris Giunchigliani introduced Assembly Bill 60 of the 70th Session which enshrined into public policy that contraceptives had to be provided in health care insurance plans. In 1999, it was stated that there was only one organization in the state that took an exemption under the religious freedom statute we put in place. In research and preparation for today's hearing, we could not identify any organization claiming to the insurance examiner that it wanted to preclude contraceptives and hormone replacement therapy from being offered through its health care plan because of religious exemption.

Sections 1 and 2 of the bill deal with Chapter 422 of the *Nevada Revised Statutes* (NRS) and add a new section dealing with Medicaid. Although there is a lot of new language here, many concepts we are talking about were put in place in 1999, and we will be expanding on them. In 1999, we put into place that contraceptives had to be covered. Now, we are adding language that would allow a 12-month supply to be filled. We are also adding language involving education and counseling related to contraceptives, management of side effects related to contraceptives, and also voluntary sterilization for men and women who believe that is most appropriate for them and their families.

Sections 3 and 4 deal with local governments and local government insurance plans for employees of local and state governments and agencies. We add into these sections the language regarding a 12-month prescription, education, and management of side effects. Section 5 deals with pharmacies and what a pharmacist will dispense. On page 7 of the bill, section 5, subsection 3, addresses the issue of a prescription written in a different time frame than 12 months. It will allow for the initial prescription and its refills to be dispensed not to exceed a 12-month supply. Sections 7, 8, and 9 deal with individual health insurance programs. This is where you see the removal of the religious exemption that can be claimed by individual health insurance programs.

Sections 11, 12, and 13 are group health insurance programs and involve the religious exemption contemplated to be removed. Sections 14 and 15 are health insurance programs for small employers. Section 16 affects fraternal benefit societies, which means any incorporated society, order, or supreme lodge without capital stock, including one exempted under the provisions of NRS Chapter 695A. Section 17 amends NRS Chapter 695B and deals with nonprofit corporations. Section 20 amends NRS Chapter 695C dealing with health maintenance organizations, and section 25 amends NRS Chapter 695G dealing with managed care. We are seeking to go through all the different types of insurance plans that would be offered, who they would be offered by, and where they live in the statutes. We want to make sure the 12-month prescriptions for contraceptives are offered to individual employees as well as the education components going along with this.

I want to make sure that this does not become a referendum on a couple of things. I do not believe we are here to discuss whether contraceptives are proven science. Conversations along those lines would be in vain. Since 1999, there has been a public policy statement that contraceptives are useful and helpful and should be covered by health care plans. We should not go into whether this is a state forcing itself onto businesses. We have had this mandate to have contraceptives be part of health care plans since 1999. We already have mandates for coverage by insurance companies for a host of issues. There is coverage for colorectal cancer, coverage for prescription drugs for previous conditions, coverage relating to mastectomies, coverage relating to obstetrical and gynecological services, and coverage relating to pregnancies. We need to focus on the bigger issue: the benefit that would come from a 12-month written prescription; and restoring the right, especially to women, to decide whether they want to use a contraceptive and not have an employer or boss make that decision for her because of that employer's desire to take a religious exemption.

Chairman Sprinkle:

Are there any questions from the Committee?

Assemblyman Carrillo:

Does the Affordable Care Act (ACA) have anything to do with this or is it just the state?

Assemblywoman Benitez-Thompson:

The State of Nevada complies with the requirements of the ACA. This piece of legislation eases the transition because of the mandate under the ACA that applies to what is covered by

health care insurance plans offered by the different companies. A lot of the costs are already absorbed since right now people do not have a deductible or copay in order to access contraceptives or get their prescriptions filled.

Assemblyman Yeager:

I noticed there is an amendment ([Exhibit C](#)) from NARAL on the Nevada Electronic Legislative Information System (NELIS). Is that a friendly amendment? Could we get an explanation about what it seeks to do?

Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America:

We have two friendly amendments—largely technical. The intent of the first amendment is to make sure we are covering all contraception options available. Anywhere in the bill where it says "any," we want it to read "all."

The other amendment was related to therapeutic equivalents and what it is. A therapeutic equivalent is essentially a generic. There were some places in the bill where a therapeutic equivalent was being substituted for a therapeutic equivalent, which did not make much sense, because they are the same thing. We wanted to clarify that in language. These are largely technical changes and do not change the intent of the bill, which we are in support of.

Assemblyman Edwards:

Does switching from "any" to "all" open the door, and correct me if I am wrong, to the "morning-after" pill?

Caroline Mello Roberson:

All contraceptive methods approved by the U.S. Food and Drug Administration (FDA).

Assemblyman Edwards:

Would the morning-after pill be included?

Caroline Mello Roberson:

It is not a contraceptive method; it is emergency contraception, which is technically different. The intent of the amendment is to cover all forms of contraception.

Assemblyman Edwards:

I am wondering about the liability the state takes on if we authorize a pharmacist to extend a 3-month prescription to a 12-month prescription. If the doctor was prescribing for only 3 months, it might be for medical reasons the pharmacist would not know about. If the pharmacist follows the law and something happens to the patient, what kind of liability are we opening ourselves up to?

Caroline Mello Roberson:

It was important that the language in the bill is permissive.

Assemblywoman Benitez-Thompson:

The pharmacists' section reads that the initial amount, if for less than 12 months, can be filled using the refills. The assumption is that there is probably a refill option. If the prescription allows for refills, you can follow doctor's orders up to 12 months. If your concern is that there is just one prescription with no refills for a very specific time frame and you want that to be considered, we would want to have a conversation about that very specific usage. I have not heard of an instance in which there is such a limitation on that kind of prescription without any refills, but we could look into that. As it is written, it would be to refill the initial prescription with the refills up to 12 months.

Assemblyman Edwards:

What will be the cost? That will influence whether we want to follow this policy.

Assemblywoman Benitez-Thompson:

The only impact to the state would come out of sections 1 and 2—those the state covers through Medicaid. Right now, we absorb the cost for contraceptives, so we do not anticipate a heavy fiscal impact.

Assemblyman Thompson:

Section 1, subsection 1(d) talks about education and counseling related to contraception. What would be the extent of that? Will that education be inclusive for couples, for men and women?

Assemblywoman Benitez-Thompson:

There is voluntary sterilization for men and women for those who believe it is most appropriate, and I will let Caroline Mello Roberson address the rest of your question.

Caroline Mello Roberson:

The initial intent was to ensure counseling around the best family planning method would be included as part of this proposal. As an organization, we trust women to make that decision about who would be in the room with them. We are not going to require people to be there. The intent is to make sure people are covering what methods they need to use as well as the actual services.

Assemblyman Thompson:

Should a couple want to come in for these services, of course you would be open to that, correct?

Caroline Mello Roberson:

Yes.

Assemblywoman Titus:

I need some clarification. In section 5, subsection 3, it says, "A pharmacist shall, upon the request of a patient and pursuant to a valid prescription for a drug to be used for contraception . . . initial amount of less than a 12-month supply followed by periodic refills." What is the intent? I am a family practice doctor, so I see patients of all ages and needs and not just for birth control, per se. I will write prescriptions for contraception, but I also write prescriptions for contraceptive hormones for other reasons, acne for one. I have no problem with a 12-month prescription, because I agree with the testimony we heard earlier. We do not want an interruption of birth control. If a young woman misses just 12 hours with these low-dose pills, she could ovulate and potentially become pregnant. However, the way I read this line that a pharmacist shall upon the request of a patient give a 12-month supply makes me very anxious. Will the pharmacist know that a prescription for an oral contraceptive is actually being prescribed for juvenile acne? Are they going to give that patient a 12-month supply when I want that patient to come back to me in 3 months to make sure it is working? I am very confused about that language.

Assemblywoman Benitez-Thompson:

We are willing to work with you to get at the intent. The intent is if there is a valid prescription for contraceptives written for less than 12 months, that the person could request that original prescription be filled along with any refills. Essentially, if it was not written right, the patient could still walk out with a 12-month supply. That is the intent, but we are willing to work with you to make sure we are not getting unintended consequences on other types of use and that the patient circles back to the physician as appropriate.

Assemblywoman Titus:

I would appreciate that. I hear your intent, but that is not how this reads. It could really be a problem if you are interfering with what the physician's intent was in a patient-doctor relationship.

Assemblyman Hambrick:

With my background as a cop, what is the street value of a 12-month supply?

Assemblywoman Benitez-Thompson:

You are asking whether these could be sold and turned into a black market commodity. To compare a contraceptive to a narcotic where you traditionally see these underground markets pop up would be a very unfair comparison. So many prescriptions in these underground markets, these illegal markets, have addictive natures or produce highs. I know of no scenario, academic or anecdotally, in which this has played out. I would certainly be willing to hear more about it if you have something academic that would point us to an underground market popping up.

Assemblyman Hambrick:

Let us say a young woman gets a prescription from her physician and a pharmacist fills it. She goes to school, a classmate mentions a weekend date, and the girl says, "Hey, I have just the thing for you. It will help you."

Assemblywoman Benitez-Thompson:

Built into this bill is an educational piece to talk about the proper and effective use of contraceptives. I think there are other venues, or other vehicles, where you could talk more broadly about sex education to our youth and how important that is. I would agree with you that it is vitally important for our youth to understand the proper use of contraceptives and what is medically and scientifically relevant. I do not know if that conversation fits into this bill today.

Chairman Sprinkle:

I have one question about section 7, subsection 3. It says "An insurer that offers or issues a policy of health insurance shall not" What are the consequences if they violate that?

Assemblywoman Benitez-Thompson:

That is the language as it currently exists from A.B. 60 of the 70th Session. It also states that there cannot be higher deductibles, coinsurance, or long waiting periods. It also states that an insurance company cannot offer a benefit for people to opt out of the program, and that those who give reimbursements cannot be penalized. A lot of this language is the boilerplate language that exists right now. Health insurance companies are not allowed to engage in these behaviors presently.

Chairman Sprinkle:

I appreciate that. I am asking because I am very supportive and especially of the language in this bill. Even in the previous statute, do you know if there are any consequences, or is it just strongly worded language?

Assemblywoman Benitez-Thompson:

We could ask the Commissioner of Insurance if there are known insurance providers in violation, but I have not heard of any. It has been in statute since 1999, so if it is problematic, we should be able to find out.

Chairman Sprinkle:

Are there any other questions from the Committee?

Assemblyman Edwards:

I have been getting a number of emails from my constituents. They are asking if there was only one religious organization that came forward saying that they would like a carve-out, why not just give it to them? That would neuter a lot of the opposition.

Assemblywoman Benitez-Thompson:

In 1999, that was a hospital with a religious affiliation. That hospital has since been sold and is now a private corporation that does not claim that religious exemption. It comes down to a matter of principle. I feel compelled to argue that we ought not have a path by which companies, corporations, and nonprofits can exclude their employees from having contraceptives built into their health care plans.

Assemblyman Edwards:

There is another principle: people want to have their religious freedom to exercise as they want. They do not want to participate in some of these things. In balancing those principles, I think we need a better balance at the moment.

Assemblywoman Benitez-Thompson:

I disagree. It ought to be the prerogative of the person versus that of their employer.

Assemblywoman Joiner:

We know one of the leading causes of unintended pregnancies is noncompliance. I remember how difficult it was to get to the pharmacy for renewals even though I had a vehicle, the means, and the copay. It is essential for people who choose to be on contraceptives to have access to them and have a supply at hand and ready whenever they need it. I heard other places are passing this law as well. Do we have any information about where else this might be happening? I am shocked we can only get three months at a time. What are some other places and what are the outcomes, if it has been long enough?

Caroline Mello Roberson:

There are a number of places: California, Oregon, and Washington have 12-month supplies available, and Virginia just passed a law to allow that as well. The copay pieces of the bill are currently being pursued in Massachusetts and New York. Illinois has these proposals as well, so a number of states have taken proactive measures to ensure that women have access to safe and affordable contraception. Nevada would be joining those states, which is something we should do.

Chairman Sprinkle:

We will open up the hearing to testimony in support of [A.B. 249](#).

Catherine M. O'Mara, Executive Director, Nevada State Medical Association:

We are here on behalf of [A.B. 249](#). We believe this policy is positive for women's health and public health. The Nevada State Medical Association supports 12-month contraception with no copay. It has been stated by others already, but 12-month contraception is important for continuity of care, and we believe this policy goes a long way in supporting that. There were questions about medical requirements restricted to 90 days. As far as it relates to birth control, that has largely been dispelled. I would like to point out a letter from Keith Brill ([Exhibit D](#)), an obstetrician/gynecologist (OB/GYN) practicing in southern Nevada. He is cochair of the Nevada State Medical Association's Commission on Governmental Affairs and a member of the American Congress of Obstetricians and Gynecologists (ACOG). He talks about how there were unfounded concerns about oral contraceptive pills causing hypertension, but balanced with the efficacy of the 12-month supply, that should not prevent this bill from passing.

Thank you to Assemblywoman Titus for voicing her concern with section 5, subsection 3. We would like to offer our help to the sponsor of the bill to clarify that. When we read this, we read it to allow physicians to fill a 3-month prescription as long as it was clear that there

was no refill allowed and the pharmacist would not be able to refill that prescription if it said no refills. That looks like an area we may want to clarify, so we would offer our assistance with that to the sponsor. We support the bill.

Caroline Mello Roberson:

[Caroline Roberson spoke from prepared text ([Exhibit E](#)).] I want to briefly mention our support of A.B. 249, and thank the sponsor and members of the Legislature who have signed onto it. NARAL Pro-Choice Nevada is a nonprofit advocacy organization dedicated to advancing reproductive freedom for all through legislative, political, and community organizing. We opened up shop in Nevada last summer, and we have nearly 10,000 new NARAL members signed up through door-to-door and phone bank outreach. This is a grassroots-driven organization. Our members represent Nevadans. Of our new members, 60 percent are Democrats, 40 percent are Republican, 52 percent are women, and 48 percent are men. There are people of all ages from 18 to 92. We are a nonpartisan organization. We believe these issues are nonpartisan and that everyone can be in support of affordable and accessible contraception. There are two main reasons we are supporting A.B. 249, and they get at two of the biggest hurdles to women accessing contraception regularly: cost and accessibility.

By codifying the no-copay provisions of our national health care law into Nevada state law, we ensure that women will not see birth control costs rise. Before we had that provision in place, 1 in 5 women cited cost as the main reason they postponed or went without health care, so we know cost is a vital element. Since the ACA went into effect, an estimated 55 million women have been able to receive care and saved \$1.4 billion in birth control costs. These are not small figures when we are talking about families being able to provide for themselves and not having to choose between paying their rent or being able to afford their birth control. For some people, that is reality.

The other reason we support this is because we believe access to contraception is central to a woman's autonomy and equality. The average woman will spend five years pregnant or trying to get pregnant and nearly three decades trying to avoid pregnancy. For birth control to be effective, it needs to be consistent. For many women, especially those who are low income or in rural areas, receiving only a limited supply of contraception can impede their ability to use birth control on a consistent basis. We strongly believe women should not have to face unplanned pregnancies because they could not make it to the pharmacy on time. That is why the 12-month component is so important to this bill. We know that giving people a 12-month supply of birth control reduces the rate of unplanned pregnancy and also abortion. A study in the *American Journal of Obstetrics & Gynecology* of 85,000 low-income women states that of those who received a 12-month supply of birth control pills compared with a similar group who received a 1- to 3-month supply, there were 46 percent fewer unplanned pregnancies and 30 percent fewer abortions. We know this is good for Nevada and for Nevada women.

Overall, we believe this is a proposal that will be strongly supported by nearly everyone you represent. We know 7 in 10 voters support making contraception affordable and accessible. We think this is something you can be proud to support, and we look forward to all of you voting in favor.

Toby Frescholtz, Private Citizen, Reno, Nevada:

[Toby Frescholtz spoke from prepared text ([Exhibit F](#)).] I am an obstetrics and gynecology physician practicing in Reno. I am here today in support of A.B. 249 and as an advocate for the many underserved and underinsured women in our community. This bill would guarantee access to contraception free of any copay. For many of my patients, even a small copay can be a significant barrier to access. We have all heard stories about people making hard choices between paying for medications and paying their other expenses. I want to help keep Nevada women out of that difficult situation.

Contraceptive medications, whether they are oral or otherwise, often have indications other than prevention of unplanned pregnancy. Young women with heavy menses or pelvic pain may need contraception to prevent them from missing school or work. Older women use contraception to manage debilitating hormonal changes. In the United States, approximately 10 percent of the population has polycystic ovarian syndrome and uses contraceptive medications to prevent potentially deadly endometrial cancer. These medications should be viewed as vital treatments for ailments far beyond that of just preventing pregnancy.

This bill would also allow women to access 12 months of medication if appropriate. This is especially important to my rural patients. Getting in the car and going to the pharmacy is a luxury many of us take for granted; however, for some of my patients, transportation alone can be a barrier to access. Moreover, for some, the local pharmacy can be hours away. I have witnessed firsthand how access to contraception can make the difference between a young woman finishing her studies and getting a well-paying job or ending up in a never-ending cycle of poverty. The costs of these unplanned pregnancies are not limited to the families who experience them, but rather are shared by our community as a whole. For instance, many women with little resources, when faced with an unplanned pregnancy, do not seek appropriate prenatal care, but instead, utilize taxpayer-funded emergency departments and labor and delivery units for their care. Additionally, these patients are at increased risk of preterm birth, and the subsequent infants may need admission to neonatal intensive care units at a cost of upwards of \$3,000 a day.

In summary, access to copay-free contraception for all Nevada women is a vital part of moving our state forward and guaranteeing that women have the resources they need to make decisions on behalf of themselves, their families, and their communities.

Elizabeth Castillo, Private Citizen, Sparks, Nevada:

[Elizabeth Castillo spoke from prepared text ([Exhibit G](#)).] I am here today to voice my support for A.B. 249. I want to share my experience and highlight why access to birth control could also mean access to lifesaving medication. I, along with 1 out of every 10 women in the nation, have polycystic ovarian syndrome (PCOS), which is due to a hormonal

imbalance and causes a range of symptoms from irregular menstrual cycles to missed ovulations. The genuinely scary health risks associated with untreated PCOS are loss of future fertility and endometrial cancer. The critical treatment in preventing PCOS is hormonal birth control, because it regulates the cycle.

Some have asked me whether copays would not apply in my case because the birth control is being used to treat a medical condition. If the no-copay regulations went away, I am sure that would vary depending on the individual insurance policy as it did in the past. However, in my experience dealing with insurance companies and pharmacists, it has been treated just like any other prescription for birth control in regards to accessibility, copay, and how many months I was able to pick up at a time. In fact, some years ago, my dosage was changed from one pill a day to something stronger. That created a huge problem, because my insurance company would only allow me to pick up one pill packet a month. At the time, I was a college student without a car, so I had to take a bus, schedule a time between my classes and other commitments, and hope there was no inclement weather and that everything went according to plan. For all the times things did not go perfectly and the pharmacist had to spend hours on the phone trying to reach my doctor and the insurance company, it ended up being a multiday ordeal. Those days could make a huge difference in the efficacy of the medication.

Things do not always turn out perfectly, and in those cases, a 12-month supply of birth control would have been a huge timesaver. Opponents to this bill might claim that birth control is a lifestyle choice. I hope my experience and the stories of others can shed light on why that is an oversimplification of the magnitude of impact it has on people's lives, health, well-being, career attainment, and so much more. I urge you to vote yes on this bill and continue to help save lives, prevent cancer, ensure future fertility for women with PCOS, and help keep Nevadans healthy.

Meg Neidert, Private Citizen, Reno, Nevada:

I served on active duty in the Army for 20 years, including 16 months as a rear detachment commander where I was responsible for preparing soldiers to deploy, among other things. In the military, active duty women receive all their medical care through the military medical system including contraception; however, reservists and National Guard members only receive military medical care when they are on orders. When a woman receives deployment orders, she might have a few months at home to prepare for her deployment before she travels to a military installation for her final preparations. During most deployments, sexual relations are a violation of General Order Number 1, and therefore, contraception is not normally considered necessary by the military. However since some women use contraception for reasons besides preventing pregnancy, such as to help with painful or irregular menstrual cycles, reservists or National Guard members could have a difficult time establishing a relationship with a military primary care physician and getting the same contraception from a military pharmacy that she was prescribed by her civilian doctor. If she was able to leave Nevada with a 12-month supply, she would not have to worry about her

medicine. In addition, deployment is often a financial burden on reservists and National Guard members. Removing the copay for that supply helps them financially at a time of stress.

Stacey Shinn, Policy Director, Progressive Leadership Alliance of Nevada:

I want to put us on the record as being in support. As a woman who has spent the majority of my adult life going to the pharmacy every three weeks, paying \$30 to fill my prescription, this would make me very happy. At this point, I can only get nine weeks at a time. At one time I lived in Scotland where I was just handed a bag containing a 12-months' supply, no questions asked. I also lived in Santiago, Chile, where I could go to the pharmacy and buy them over the counter, so having to fill my prescription every three weeks was no problem there. I believe this is good public policy, and as a woman who has gone through this ordeal for most of my adult life, I urge you to pass this bill.

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

The American Civil Liberties Union (ACLU) of Nevada supports A.B. 249. As a society, we encourage residents to obtain health insurance because adequate access to health care leads to a healthier citizenry that is able to contribute to society. Women have consistently endured sex discrimination accessing and obtaining health care, and it is time to rectify that. Despite the fact that the U.S. Supreme Court has ruled that women have a fundamental right to access and use contraceptives, various methods have been used to attempt to block women from accessing contraception. These discriminatory practices negatively affect all women and do not promote a healthy society. The bottom line is that women require reproductive care in various forms throughout their lives, and this proposed bill increases access to this care and ensures that women in our society are being treated equally under the law.

Marlene Lockard, representing Nevada Women's Lobby:

We are in strong support of this bill. On a personal note, just last week I found out that someone very close to our family, a straight-A student finishing her second year at the University of Nevada, Reno, has found herself pregnant at age 18 because of travel and a few other issues. Even the most well-educated and informed young women have run into trouble because an adequate supply of birth control pills was not available.

Shannon Hess, M.D., Vice Chair, Nevada Section, American Congress of Obstetricians and Gynecologists :

[Shannon Hess spoke from prepared text ([Exhibit H](#)).] I am an OB/GYN in Carson City, and we want to go on the record as supporting this bill. What I was going to talk about, most people today have already stated. To reiterate, 52 percent of pregnancies in the state of Nevada are unplanned. In 2010, that was 29,000 unintended pregnancies at a cost to the state and federal governments of \$102.9 million. That year, family planning services saved the government \$13.6 billion nationwide. This is a no-brainer.

This bill would help with contraception, giving 12 months of birth control pills. It would also give them access to Depo Provera, a 3-month contraceptive shot; Nexplanon, a rod implanted in the arm that is a 3-year contraceptive; and intrauterine devices (IUDs) that are

7- to 10-year devices which can be safely left in place and have the lowest rates of unintended pregnancies. Without insurance coverage, an IUD costs up to \$1,000. While many women in our state could not afford that expense without insurance, one unintended pregnancy costs the state seven times that much in one year. In my practice, I have about a pregnancy a month involving a woman on birth control pills who did not get her prescription refilled.

I want to clarify one thing: This bill also covers ella as well as the morning-after pill. This is important because it is a critical tool for people who have been traumatized by rape or other experiences that were not intentional. It is not an abortive agent; instead, it works by preventing fertilization by temporarily preventing ovulation. If taken within the first 24 hours of intercourse, it is 95 percent effective. Again, it is not an abortive agent.

To reiterate, access to contraception helps people space pregnancies, reducing the risk of low birth weight and preterm labor. It also helps people plan a pregnancy. Just by taking folic acid prior to pregnancy, you prevent birth defects by as much as 50 percent, as well as brain, spine, and spinal cord malformations. We in the ACOG would really like you to support this bill with us.

Chairman Sprinkle:

In there anyone in southern Nevada who would like to speak in support of this bill? [There was no response.] I will now ask anyone in opposition to please come forward.

Janine Hansen, State President, Nevada Families for Freedom:

[Janine Hansen provided a copy of a Syllabus from the Supreme Court of the United States, *Burwell, Secretary of Health and Human Services, et al. v. Hobby Lobby Stores, Inc., et al.*, 573 U.S.____ (2014) ([Exhibit I](#)).] Our concern is with the religious liberty issues. I believe this is of great concern because over the last several sessions, I have seen one bill after another that threatens our religious liberties. By eliminating the religious liberty exemption, even though no one is taking advantage of it now, it enshrines religious discrimination as a tenet of state public policy. As a matter of principle, we ought not to take that path. In the *Nevada Constitution*, in the Ordinance, it says "That perfect toleration of religious sentiment shall be secured, and no inhabitant of said state shall ever be molested, in person or property, on account of his or her mode of religious worship."

In Article 1, Section 4, Liberty of conscience, under the Declaration of Rights it says, "The free exercise and enjoyment of religious profession and worship without discrimination" That is an important word. We often hear about discrimination in this building, but as these religious exemptions are removed by this bill, then another bill, and another bill, religious discrimination becomes part of state policy. ". . . without discrimination or preference shall forever be allowed in this State . . . but the liberty of conscience [conscience] hereby secured." This is a fundamental issue of maintaining religious liberty. The United States Supreme Court said in *Hobby Lobby* that companies, especially closely held companies, are composed of individuals whose rights should be protected and whose religious liberty should be

protected. We are very concerned about the slippery slope we are now on in this state and of the erosion of religious liberty, and we are placing these concerns on the record.

Lynn Chapman, State Vice President, Nevada Eagle Forum:

Assemblyman Edwards already asked about something I was concerned with: Why would you remove the religious exemption? The answer came back that no one was using it. Just because it is not being used at this time, what about in the future? Someone might need that exemption in the future. We want to make sure people have an option open. It is about the principles.

Vicky Maltman, Auxiliary Director, CD 2, Veterans in Politics:

I am against this for several different reasons. In this country, I wish we had no parties, no separation. Whether you are from Clark County or Elko, no matter what decision you make, you affect all Nevadans. As a woman who was a single parent, I raised my son. I am a retired police officer; I earned everything I had. No one helped me with my child, no one helped me with my pregnancy. I chose to have a child. I chose to make that decision. Had that been the wrong decision for me, with my background and morals, I would have still gone through with the pregnancy.

I hope you will put people before politics when you consider this. If someone wants to have birth control provided for them through their insurance, they should have. They need to know, if they are going to work for a company like Hobby Lobby, that insurance is not offered for religious reasons. We all have our religions and our choices. If you want to have that insurance coverage, go to work for someone who provides it.

Chairman Sprinkle:

At this point, we will go to southern Nevada.

Bonnie McDaniel, Private Citizen, Las Vegas, Nevada:

God's accuracy is awesome. When God solves our problems, we have faith in His abilities. When God does not solve our problems, He has faith in ours. One may observe God's accuracies in the hatching of eggs. The canary in 14 days; the hen in 21 days; ducks and geese in 28 days, the mallard in 35 days, and the eggs of a parrot and an ostrich in 42 days. If you notice, all these are divisible by seven, the number of days in a week.

Chairman Sprinkle:

Excuse me, may I interrupt? We will have public comment at the end of the meeting, so please keep your comments to this bill.

Bonnie McDaniel:

God has made many animals that are awesome. Life without God is like an unsharpened pencil—it has no point. Please read what I just said many times before you vote on either A.B. 249 or Senate Bill 233. Only God can make the perfect human being, and only God can take that soul and body away. To pass this bill is to commit murder, and not only to the fetus, which is a human at conception. You will be putting yourselves above God if you vote

for either of these bills, and you will take that to your grave. It can never be undone once that life is gone. Think what you are doing before you vote today, or any other day, and what you are going to have to live with. Politics has no place in this situation. This is not the place to decide who can take a life or who should pay for it. This bill is a companion bill to S.B. 233.

Chairman Sprinkle:

Madam, please speak to this bill.

Bonnie McDaniel:

This bill forces private insurance to cover contraceptives and services—which means abortions. Assembly Bill 249 forces private religious organizations to pay for abortions by removing the current exception in state law for religious organizations. In addition, it removes the exemption for small employer plans, fraternal plans, and plans by government agencies. This bill enforces Obamacare. This bill insidiously erodes our religious liberties. I urge you to vote no on A.B. 249. Do not take our religious freedoms away. No tax-funded abortions through Medicaid. Do not force private religious organizations to pay for abortions. First it is their liberties; then it is yours. If you take away these existing laws, then you are the ones who will have blood on your hands at the end. Do not deny our religious liberties.

Chairman Sprinkle:

We will bring this back up to Carson City and whoever wants to go next.

Kathleen Rossi, Private Citizen, Reno, Nevada:

I have been a registered nurse in the state of Nevada for 30 years. I am here to speak about the conscience rights. As was stated, there are no insurance companies in Nevada that are denying this right now, so I question the proponents' reasons for removing that exemption. As I saw her outline the progression of this issue, it started 20 years ago with whether we were going to cover birth control. Now it will be free. As a nurse, I want to make sure my conscience rights are protected. I do not see anything in the bill that would make me be involved in an abortion, but I do see a precedent. I think the proponents could have what they want with this bill if they would leave the religious exemption. The state has a big interest in protecting minority rights, so I see that as a win-win situation.

Melissa Clement, President, Nevada Right to Life, Reno, Nevada:

Within this bill are a lot of good things that help women such as mammograms and cervical cancer screenings, and those are all very important. Yet they are thrown in with removing the carve-out for religious liberty. Perhaps that has not been used since 1999, but that does not mean that there is no situation in the future where a religious institution, regardless of what faith it is, may want to exercise religious freedom and conscience rights, which have been guaranteed to us in the state since the beginning. Nevada Right to Life agrees with Janine Hansen and her concerns with the violation of religious liberty.

Chairman Sprinkle:

Is there anyone else who wishes to speak in opposition to this bill? [There was no reply.] Seeing no one, I will open up the hearing to those wishing to testify as neutral.

Shannon Sprout, Chief, Policy Development and Program Management, Division of Health Care Financing and Policy, Department of Health and Human Services:

For your information, a provision of this bill would require changes to the coverage of contraceptives and allow them to be dispensed within a 12-month limit. We currently allow for up to a 100-day supply, so we can make the system changes to accommodate a 12-month supply. However, with the regulation, it also limits Medicaid's ability to impose prior authorizations on contraceptives. The Drug Use Review Board that sets the prior authorization requirements for Medicaid is federally mandated by Section 1927 of the Social Security Act. The provisions would limit the ability for the Drug Use Review Board to apply the safety and precautionary measures required as part of their oversight. We ask that you look at that. At this time, we are reaching out to the Centers for Medicare and Medicaid Services to determine the total impact and whether that impact will be to the rebates for Medicaid as a whole, or if it would impact the rebates specifically identified to contraceptives. In addition, there is a problem with the provisions of the bill on sterilization that limit the allowable waiting periods. The Division of Health Care Financing and Policy of the Department of Health and Human Services is required to meet the federal regulation at *Code of Federal Regulations*, Title 42, Section 441.258 that mandates at least a 30-day waiting period prior to the date of sterilization. The Division is happy to work with the sponsor on this bill to identify language that would maintain federal regulation.

Keith Lee, representing Nevada Association of Health Plans:

We are a six-member organization primarily made up of the large writers of health insurance in this state. We cover about 35 to 40 percent of the insured. The rest are covered under Employee Retirement Income Security Act (ERISA) plans and Medicaid. The ERISA plans particularly are not affected by this legislation, and we always mention that.

It is our desire to work with all interested parties on this bill to address both unintended and intended consequences—the unintended consequences so we can identify them and try to mitigate them; the intended consequences so we can put them in a form that will allow what is intended to be accomplished by this bill to be accomplished. I would like to call your attention to one consequence. I am not sure if it is intended or unintended. Health plans are valid for a year. If a drug is in a formulary that we cover, as are contraception drugs, we cover them for a year. Under this bill, if an insured requests a 12-month supply, the pharmacist would give it to the insured and we would pay for it. If the insured lost or misplaced those pills, or something else happened to them and she needed to have another prescription for them filled, that would have to be at her expense. We only cover a 12-month plan year, and that benefit would have been exhausted.

Chelsea Capurro, representing Health Services Coalition:

I wanted to bring to your attention the same thing Keith Lee just said, and also point out that our plans offer mail-order prescriptions. That means every three months these prescriptions

can be delivered to their door, so in the case of loss or damage, the insured would not be responsible for the entire 12-month supply. Sometimes patients change their preference. They may not like the birth control they are on or want to change, so that 12-month supply does limit patient choice. We plan on working with the sponsors of the bill.

Chairman Sprinkle:

Does anyone else wish to speak as neutral? [There was no reply.] Will the bill's sponsor please come forward.

Assemblywoman Benitez-Thompson:

We look forward to working with those who testified in neutral and the very valid points they made. There would have to be education and awareness around this, and particularly about responsibility in case contraceptives are lost and the out-of-pocket costs that would come with getting a new prescription and having it filled. Those are all things we can work with and talk about and that will be constructive toward this public policy conversation.

I am sensitive to the conversation about religious liberties, and about the fact that the state preserved in all ways our commitment to mandating people who want to live with religion or live free from religion as the framers of our *Constitution* and Declaration of Rights intended in our own state *Constitution*. I am a practicing Lutheran. I was raised by my grandparents; my grandfather was in the Navy for 20 years. The last end of his service was as a chaplain. He had a degree in divinity. I was born and raised in the church, spent summers at church camp, Wednesday nights at church with kids' Bible studies, and attended Sunday schools. I am steeped in and have an appreciation. No place in this bill does it mandate that anyone has to seek out contraceptives from their provider. Nowhere does it mandate that you have to use a contraceptive. That choice is up to the individual. This legislation goes further to reaffirming that, because it takes it out of the hands of an employer who might want to make that decision for you. Not every person employed by a religious organization holds to that religious faith or practices their liturgy. Everyone is different. This is the ultimate way to preserve that individual choice and preserve the individual religious freedoms you express. This means you, with your health care provider, can make the personal decision about what is best for you and for your family and for what you plan for your future; and not an employer setting up a health plan who does not have your specific situation in mind.

This is about contraceptives. There was testimony and concern that this legislation might open the door for other things. For the record, the legislative intent, it does not—it is contraceptives only. It does not open the door to anything after the fact. Let there not be those concerns, because they are red herrings and unfounded in A.B. 249.

Chairman Sprinkle:

At this point, I am going to close the hearing on A.B. 249.

[([Exhibit J](#)) and ([Exhibit K](#)) were presented but not discussed and are included as exhibits for the meeting.]

I will now open the hearing on Assembly Bill 203.

Assembly Bill 203: Revises provisions governing cemeteries. (BDR 40-723)

Assemblywoman Amber Joiner, Assembly District No. 24:

Assembly Bill 203 was requested by my constituents and would specifically address a problem being experienced in a cemetery. You have a packet with additional information ([Exhibit L](#)). Some of you may have seen stories in the media relating to Hillside Cemetery, a cemetery very close to the University of Nevada, Reno (UNR). It is behind some of the fraternity houses and near the university campus. For many of us who grew up in Reno, it is a part of that neighborhood and a huge part of Reno's history. Part of the reason I was compelled to bring this to you today is that I appreciate the history we have in Reno. What we found is that a lot of Reno's founders are buried in this cemetery, so the historical significance of this cannot be underestimated. In the future, telling these stories and allowing our children to understand the true history of our city is a great opportunity for us. It is also important to point out that this bill would apply to all historic cemeteries in the same situation. With me today are a number of descendants of the folks who are buried there. I found their stories incredibly compelling, and I hope you will agree with me that they deserve to be respected and protected from development—which is what is currently proposed for that site.

On the Nevada Electronic Legislative Information System (NELIS), is a packet of letters of support ([Exhibit M](#)). This is an urgent situation, which is why the bill is effective upon passage and approval. There was a notice of disinterment posted on the cemetery so for those in the audience who have relatives in the cemetery, it is an imminent situation and we need clarification in the law.

I can tell you the main provisions of the bill. Section 1 on page 2 is the key provision. The individual plots in Hillside Cemetery are fee-simple deeds. They actually have assessor's parcel numbers (APNs) from the county, as does any other piece of property. This is not like modern cemeteries where one might lease a plot for a certain amount of time, and where the cemetery authority or the owner of the cemetery keeps that ownership. These are actually plots of land that were deeded in the 1800s. These families own these plots of land, but there is a cemetery authority there, another owner of another piece in that cemetery, that is trying to develop that land. This bill does what we think is already in law, which is to honor property and honor a deed, but we want this clarification because somehow they are able to say that they are going to develop the land these families own. Sections 2 and 3 are definitions. In section 4, we really believe there should be a third party determining when bodies can be disinterred. Currently, the cemetery authority, the other property owner, is determining that they can disinter the bodies. It makes sense to us that there should be a third-party evaluator, which is why you see that language in section 4, subsection 1. Someone other than the cemetery authority should decide when this should happen. We added paragraphs (b) and (c) in subsection 1, which are additional provisions to make sure that all other options are exhausted before anyone is exhumed. For example, they should

make sure that it cannot be restored and that it cannot be sold. We should exhaust all other possibilities before a cemetery of such historic significance is developed.

At line 44 on page 3, they should be giving a one-year notice if they are going to disinter any bodies. We find that a one-year notice was not given to these families. Even if you believe this person has the authority to do it, they did not give a one-year notice. We understand that they think there is a loophole, and we want to clean that up, so on page 4, line 2, it says "a portion of the existing cemetery" We hear they think they can disinter the bodies with less than a year's notice because the bodies will be moved into another part of the same cemetery. That is just a loophole. If they were moving the bodies to another cemetery across the street, they would have to give a one-year notice, so we think that statute needs to be cleaned up.

Section 7 is also key, and we found this language in another state. A district attorney of a county in which a cemetery is located or a relative of any person interred in the cemetery may bring an action to a court. If certain other provisions are met, that cemetery can be taken over by the city or county. We do not have that provision in Nevada, and we thought it was a good idea as a further protection for such a historic site. I have been in touch with some local governments that have some pretty big fiscal notes on this bill, and we are in negotiations trying to figure out how to make sure those entities that receive the property—either the cities or the counties—either agree to take on the property or maybe a nonprofit would get involved. We are working on language for an amendment on that. It was not our intent in this provision to have cities and counties inherit a bunch of cemeteries. We had heard it might be possible for local governments to turn such historic cemeteries into historic sites or parks or places students go to learn about the history of the town. I will now call up my five key people who will give you the full story.

Candace Wheeler, Executive Director, Comstock Cemetery Foundation:

I am a historic geographer and executive director for the Comstock Cemetery Foundation, which is a nonprofit that protects the cemeteries in the Comstock. I also was married to a mortician and comanaged a 350-acre cemetery. I am here to support the bill for three primary reasons. It is always nice when a bill reflects the morals and values of the society for which that bill is written. In this case, I have worked with many people across Nevada, supporting them in their efforts to protect their cemeteries. These people value family, our history, and our common roots. Second, there are a number of cities and states with amazing historic cemetery legislation such as Boston, New York, Florida, Washington State, and Oregon. Nevada is not even up there with some countries we would consider third-world as far as what we do to protect our historic landscapes. This may be a small step, but it is a step in a positive direction.

The other reason I support it is because it completes a 54-year historic circle. In August 1962, the Nevada Legislature heard a report it had paid for that sent a committee throughout the state to look at our historic cemeteries and come back with recommendations. One recommendation was that appropriate laws and statutes should be enacted to protect those sites. Ownership should not be questioned. When these people got their deeds, the thinking

at the time was that, if they owned the property, they would care for it more. As we got closer to the 1900s, that was not working, so most cemeteries today in the United States sell you the right to be interred in their property and no longer deed it. However, that does not mean we can say there is no legal claim anymore without working that out.

We work for the Comstock cemeteries. For nine years in a row, the Comstock cemeteries were listed by the National Park Service as the most endangered historic resource in the United States. Five years in a row they were listed on the Preserve Nevada's Eleven Most Endangered Places list. Fifteen years later, we have done about \$5 million in restoration projects. This can be done with small nonprofit groups, the federal government, et cetera, but these people need some legislation to help them.

Finally, I support the bill because it indicates that there should be a process for disinterment. We do not have a legal process around disinterment. Contractors can steal wedding rings, artifacts, and skulls. They can smash human bones and put them in little boxes so they fit better. The bill might not be perfect, but it is a step in the right direction, and 54 years is probably long enough to wait.

John W. Muran, Private Citizen, Reno, Nevada:

I own my home in Reno, Nevada. I am here in support of A.B. 203. This bill addresses several issues, but I will focus on only one—property rights. Assembly Bill 203 would add a new section to *Nevada Revised Statutes* (NRS) Chapter 451. The proposed new section would prohibit a cemetery authority from removing bodies from or selling land that does not belong to them. Most cemeteries will not be affected by this statute. Most cemeteries do not sell little pieces of land in fee simple, so it would not apply. If a cemetery authority does not own the land, they should get the landowner's permission before they remove anything or sell it. The concept of ownership implies that someone else cannot sell it without your permission. My great-great-grandfather, W. H. Gould, and his wife are buried in Hillside Cemetery. I also have approximately 12 other relatives buried in Hillside under the names of Hymers and Muran. My family in Reno goes back to the 1870s.

Hillside is the oldest cemetery in Reno. It was established in 1875. When my great-great-grandfather's wife died, he purchased a burial plot from Wiltshire Saunders. He purchased land. He purchased a piece of real property. The Gould plot is fee simple. It has a unique Washoe County APN. The other burial plots in Hillside Cemetery are also real property and have APNs. Over the years, several entities have owned the common areas and the unsold plots of Hillside. The quitclaim deed transferring ownership of the common areas to Sierra Memorial Gardens specifically excludes the lots sold by Mr. Saunders. Sierra Memorial Gardens does not own the grave lots. I assume they know they do not own them; it is in their deed. The Washoe County Health District has issued a permit for disinterment. The scope of work states that the cemetery is privately owned. That is true; however, the scope fails to clarify that there are actually over 150 landowners of Hillside. Sierra Memorial Gardens contends that, as the cemetery authority, they have the right to remove the bodies from the southern section, move them to the northern section, and then sell the southern section for a profit. Does anyone here own property in the state of Nevada? What would your reaction be

if you found out that your neighbor had declared himself a cemetery authority, and as such, had the right to come onto your property, dig up something that is very important to you, take your property, and then sell it. The power of a cemetery authority cannot supersede the rights of a property owner.

Frances Tryon, President, Hillside Cemetery Preservation Foundation:

I am president of Hillside Cemetery Preservation Foundation. We are a newly formed nonprofit organization. Our mission is to preserve and protect Hillside Cemetery, Reno's oldest cemetery. I am here in support of A.B. 203. This bill will offer a much-needed level of protection to Nevada's historical cemeteries. Why are the historical cemeteries so important? Our state cemeteries are filled with the history of families, communities, states, and nations. They are our connection with our past—not just personal, but societal. I am an amateur genealogist and researcher. I have been researching Hillside Cemetery for four years and cleaning the cemetery for three years; therefore, it will be my example of why this bill is so important. The cemetery is one of a kind; it does not have one owner. As stated, it has over 250 landowners and each is important. Sierra Memorial Gardens owns the avenues, walking lanes, and open spaces. However, because of a 1921 Reno ordinance, they are prohibited from selling new burial sites. The families, on the other hand, are free to bury in their plots. The families need this bill to become law to help protect their property and burial rights.

As you have heard, Hillside Cemetery is threatened. Exhumation signs have been posted on this over 145-year-old cemetery. The plan to remove about 1,176 sets of remains from the two south sections and reinter them in the north section will have an impact on the entire neighborhood. Their reasoning is, and I quote, "The cemetery has suffered and remains subject to countless acts of trespassing, vandalism, desecration, and despoliation of gravesites and dumping of trash." Some of that statement I have to agree with. For the past 40 years, due diligence has not been done, and there has been vandalism, desecration, despoliation, and dumping of trash. As for trespassing, show me one cemetery in this world that does not deal with trespassers—people who are interested and want to read the history. After being in the cemetery every week for the past three years, vandalism has stopped, trash is no longer being dumped, and despoliation—plundering—does not happen. As a matter of information, headstones are being returned, and the families are making arrangements for stones and curbing to be replaced. As for desecration, that is happening outside the fence. That is where you will find 144 burial sites in potter's field and 12 burial sites on the south end of the cemetery. Sadly, 11 of those south end burials are babies and toddlers. One hundred and fifty-six sets of human remains are driven over and parked on every day with no attempt to stop the desecration. Assembly Bill 203, if passed into law, will offer one more level of accountability for individuals who want to dismantle our historical cemeteries. Where does that leave us? I would love for my state to be the champion of history and no longer the state that implodes its history. Our historical cemeteries could be brought back into grace like the Sacramento Old City Cemetery. They could become historical destinations with amazing gardens filled with native plants and monuments celebrating our state's diversity. When passed, Assembly Bill 203 will bring our cemetery law into balance.

Jay Carter, Private Citizen, Sparks, Nevada:

I am a great-great-grandson of early Nevada pioneers Peleg and Elizabeth Brown, owners of plot 177 in Hillside Cemetery. I have a copy of the original deed from the Washoe County Recorder's property deed books dated 1885. I also have a copy of the county assessor's parcel number assigned to plot 177, and it is under the name of Elizabeth Brown. I am here to talk about section 1 that protects our family's private property. Section 1, subsection 1, protects my six family members from being disinterred on our private property. No one should be allowed to disinter bodies on private property without a court order or a family member's approval. Section 1, subsection 2 helps define our Fifth Amendment rights to protect our property from being taken without due process.

I would like to talk about Hillside Cemetery and cemetery authorities. Hillside has not operated as a cemetery since 1921, when the City of Reno stopped the sale of grave lots. I contacted the Nevada State Funeral Board, and no one has applied under NRS 452.590, the acquisition of existing cemetery authority, nor has anyone applied under NRS 452.310 for a certificate of authority for Hillside Cemetery. This leads me to believe that the Hillside Cemetery is owned by many private property owners, and we should maintain our own property. Hillside does not have a cemetery authority. It is now a historic cemetery within the city limits of Reno. I like the changes in A.B. 203 and that a governmental authority other than the cemetery authority would make determinations. Without the changes in this bill, they could do anything they wanted without outside approval. I want to thank Assemblywoman Joiner and Senator Ratti for the work they did to protect our family members and the people in the state of Nevada who have their family members in cemeteries in the state. Please do the right thing and pass A.B. 203.

Michon R. Eben, Cultural Resource Manager, Tribal Historic Preservation Office, Reno-Sparks Indian Colony:

I am a lifelong resident of the state of Nevada, a UNR graduate, and an enrolled member of the Reno-Sparks Indian Colony. I manage the cultural resource program for the Reno-Sparks Indian Colony, located in the Reno and Sparks vicinity. The Reno-Sparks Indian Colony is in support of A.B. 203. As the cultural resource manager, my duties include the protection, the preservation, and the respectful management of Native American ancestral remains, funerary objects, cultural resources, and traditional cultural properties. Our rich history and heritage have been passed down from our ancestors for thousands of years, many of whom are buried throughout the state of Nevada, including in historic cemeteries. In the Native American culture, when an individual dies, there are several significant aspects to the transition from the physical world to the spiritual world. First, there are certain rites and traditions that take place at the time of death, during the dead's journey to the spirit world and at the place of burial. In addition, the relatives who are left behind partake in important ceremonies for the loss of their dead relative. When the dead are laid to their eternal resting places here on Earth, that is where they are to remain and to remain undisturbed. Disinterment is not part of any consideration in the Native American tradition. Any disinterment or disturbance of a burial plot is disrespectful to our ancestors, the spirit world, and the living relatives who are left behind. There are several Native Americans buried in the Reno Hillside Cemetery. In the Hillside Cemetery potter's field are several Native

Americans who contributed to the Reno-Sparks Indian Colony and its surrounding communities. For example, Mr. O. C. Wheeler, whose great-granddaughter is in the audience today, was a poor, proud, and spiritual Native American man. Mr. Johnson Sides, a fine Native American elder, was buried in the Hillside Cemetery. Johnson Sides was noted as the peacemaker. He spoke English and the Paiute language, and during the 1880s, his skill provided valuable interpretation to the early settlers and Indian tribes in Nevada, Utah, and Idaho. He facilitated a number of discussions that contributed to the peaceful settlement of northern Nevada. Today he has several relatives living in Nevada, all of whom are against removing him from the Hillside Cemetery.

I, as the cultural resource manager, am part of a team invited by the City of Reno to identify and celebrate those individuals who have made significant contributions to the development of the City of Reno. This historic recognition is called the Reno People Project for the 2018 sesquicentennial celebration. It would be very unfortunate that, as the City of Reno is celebrating the contributions of these individuals to the development of the City of Reno, without this Legislature, developers may be allowed to disinter and dig up historical ancestors like Plumb; Peckham; Gould; Mayberry; Marsh; and for Native Americans, Johnson Sides, the peacemaker; and Mr. O. C. Wheeler. As Nevadans, we must continue to respect and honor our history, set guidelines to keep our historic cemeteries properly maintained, and not allow disinterment for a few people's benefit. Nevada's notable cemeteries are historic destinations; let them continue to educate our own Nevadans, tourists, students, scholars, and the world on the lives and stories of our dead who lived fascinating lives and who helped shape our beautiful state. Please support A.B. 203. It can only make us all proud to be a part of Nevada's rich history.

Now, I would like to talk from my Native American heart and from our community. For far too long, our Native American dead ancestors have been looted and dug up to be studied for the curiosity of archeologists and science. They have been misinterpreted, misrepresented, and stories were told that may have been untrue. It is time that we tell our own stories. By keeping our dead relatives where they are, that is the most important story of all.

Chairman Sprinkle:

Are there questions from the Committee?

Assemblyman Carrillo:

I have a question about section 7 where it talks about a legal taking without just compensation. Since the cemetery can be taken by the city, even though the plots are owned by individuals and have APNs, how would that play out? What would be the process?

Assemblywoman Joiner:

It would be in the rarest of circumstances, and only where it was found that the cemetery authority was not doing its job and keeping it orderly. It would be through a court process. There are similar proceedings right now in the taking of any property that is dilapidated.

The district attorney would initiate it, it would go through a court hearing, and only as a last resort would that happen. I believe this follows what we currently have in law for neglected property.

Assemblyman Yeager:

I have a question about section 4, subsection 1 where the existing phrase refers to "A governmental authority." You removed "cemetery authority" from that language. If this bill were to pass, what kind of government authority would you contemplate being involved in the decisions that are to be made in section 4 of the bill?

Assemblywoman Joiner:

I asked that question of our legal counsel before the hearing today. On page 4, line 19, you will notice that a governmental authority is already in statute, so we are not creating anything new. My understanding is that it would be whichever governmental entity currently has jurisdiction over it—a county or a city—just as current law is. We wanted this to be very clear in statute, because what is happening right now is a sort of self-determined situation. The cemetery authority could have the property meet any of these criteria—let it be neglected to the point where it would not be fit for the human dead and would not be in accordance with the health and safety—and then self-determine that they could develop it. It makes sense to have a third-party evaluator make that determination. That is why the change is being made.

Chairman Sprinkle:

I have a question about section 4, subsection 1 under paragraphs (b) and (c). How would we know if they were not able to find anyone? What kind of efforts would need to be shown that they could no longer maintain the cemetery or that they could not sell it?

Assemblywoman Joiner:

The governmental entity would determine whether all the prerequisites were met. It is similar to how we determine right now "in accordance with the health, safety, comfort" To some degree, that would be determined case by case by the governmental entity. On its face value, we go to dictionary definitions in the absence of a legislative or statutory definition. If you are the cemetery authority, you could easily show that you attempted to advertise the property, for example, and did not receive any bids at market rate. There are ways to document that you have made an effort to try to sell it, and that is in paragraph (c). The language in paragraph (b), that you were "unable to restore . . . to a condition," again, just show a good-faith effort. That would be my intent, but it would depend on the case.

Chairman Sprinkle:

Are there any other questions from the Committee? [There was no response.] All right, we will open up testimony in support of this bill.

John Griffin, representing City of Reno:

We are in support of the bill and have been working with Assemblywoman Joiner with regard to her comment on the last section which has some fiscal notes. We have been working with her and will continue to work with her on that section; otherwise, we are in support of the bill.

Calvin D. Dillon, Director, Comstock Cemetery Foundation:

I am part of the Comstock Cemetery Foundation. I fix the headstones and graves. I support this bill and want to say that every gravesite has a possibility of some type of rehabilitation.

Chairman Sprinkle:

Is there anyone else in support of this bill? [There was no reply.] Is there anyone in opposition to A.B. 203?

Mike Cathcart, Business Operations Manager, Finance Department, City of Henderson:

We are in opposition because of the mandate in section 7, and we did file a fiscal note. We have been in contact with the bill's sponsor, and want to continue working with her on a solution to section 7. That is the only piece of the legislation at this time that we are opposed to.

Alex Ortiz, representing Clark County:

We, too, are in opposition for the same reason—section 7. We would like to have a say-so if a transfer of title occurs. We will continue to work with the sponsor on this piece of legislation and hope we come up with a compromise.

Jennifer Budge, Director Carson City Parks, Recreation and Open Space:

Carson City operates and maintains three historic cemeteries and one active cemetery where burials still occur. Cemeteries are very important to our local cultural history. Those buried there and their families deserve a safe and well maintained area for interpretation and reflection. We have no opposition to the disinterment process as written in the bill, but rather the unfunded mandate mentioned by the other agencies that it puts onto the city or the county. We recommend a mechanism for consent along with the ability for the local agency to fund it, whether that is through an endowment, an assessment district, or any other method. "Orderly condition" we also feel is very vague and is a subjective term. It would be great to have a more clearly defined maintenance standard. Carson City is a cemetery authority as defined in NRS, and it is not clear if only the cemetery authority would be required to perform maintenance, or if we would be allowed to have a third party or other creative way to make that happen. The assignment of the endowment in the bill's language, and any other funding mechanism that would be sustainable, is a question, as well as whether it could be assigned if there were to be a transfer of property.

Garrett Gordon, representing City View Terrace, LLC:

I have been legal counsel on this project for the last one or two years. At the end of last year, the noticing process commenced. After numerous phone calls and emails, we suspended

efforts last fall in order to work with many of the folks here today. We met with the bill's sponsor, and she understands our concerns. We told her we would appreciate a seat at the table to work with her and her constituents to come up with a solution that would work for everyone.

Steve Polikalas, representing City View Terrace, LLC:

We were brought in to see how the law might be executed under NRS Chapter 451 in a circumstance like this with a cemetery that had been defunct for a number of decades—in fact, for nearly 100 years. We appreciate the sensitivity of this topic and topics like it. In our research regarding historic cemeteries in general, we found that the idea of restorations or relocations or changes to cemeteries is not new. Many cities have dealt with these issues and will continue to do so in the future. Chief among the cities we looked at is San Francisco which, at one point, outlawed crematoriums and cemeteries. For the most part, most cemeteries were moved to the town of Colma, California. Those facts have influenced our thinking. We understand that this is a situation that has been dealt with before. We looked at Lincoln Park in Chicago and other instances in Chicago where these things had occurred. As was testified by the bill's sponsor and the supporters of the bill, in 1920, the City of Reno determined a moratorium on burials in this cemetery should take place.

We looked at the law to see how to proceed in this sensitive area and to try to understand what concerns might be out there. *Nevada Revised Statutes* Chapter 451 provided for a noticing mechanism that Mr. Gordon referred to that was given. That really was an effort, and that fact was well communicated in the *Reno Gazette-Journal* and in other media outlets. It was a way to get information about heirs and relatives so we could communicate with them and understand what their thoughts and concerns were regarding a project like this. Those efforts were suspended, although the effort to be in touch with heirs and relatives continues to go on. We have been in communication with the bill's sponsor, understand her concerns, and certainly understand why, at first blush, the bill might be written as it is. We think there might be unintended consequences if this bill makes a situation permanent that creates a problem to be dealt with by others moving forward. That is not to say there is one solution to this; there may be myriad solutions.

Restoration was contemplated by legislation adopted by the City of Reno in 1973. That concept of a restoration did entail relocating certain of the burials to the northern portion of the cemetery to release a piece of property that could fund the perpetual care of the cemetery, which is the ultimate problem with Hillside. There is no perpetual care, and it has fallen into disrepair since the 1920s.

City View Terrace, LLC's, goal was to bring forward a multidisciplinary team of experts on these types of circumstances—genealogy, archeology, historical resources, architectural design resources, including the same folks who dealt with the cemetery in Sacramento, and technological and educational resources. Using modern technology, they would bring forward an ability for visitors to the cemetery in the future to understand the history and the people who are buried there. These would not just be the famous people, but all the people.

Technology might be able to do that these days in a Wikipedia sort of way, so people would be able to augment their family's histories and biographies.

This bill came up pretty suddenly, although there was obviously an outcry to the noticing, and we understand that. In the interim, since the two years this effort has been ongoing, many tens of thousands of dollars have been spent to try to come forward with a plan that could make everyone happy. No one knows whether it can make anyone happy. It does not sound as though it can make everyone happy, but maybe there is something that could make most everyone happy or make the people who are really concerned happy and still move forward with a plan that can help Hillside. The disrepair is decades long. Many of the headstones are gone and have been gone for years. Some might be regained, but it is not simply a matter of headstones and those things. A cemetery like this is a much harder thing to solve for than what has been happening to date. We look forward to working with the sponsor of the bill and any of the stakeholders and any of the heirs or relatives to try to come to a common ground on what might be able to be done up there.

Chairman Sprinkle:

I think everyone appreciates that offer to work toward a consensus. Because you are the representative of the actual area we are talking about, I am going to open this up to any questions from the Committee.

Assemblywoman Benitez-Thompson:

Concerning section 7, we heard from some southern Nevada cities, and Clark County testified. We did not hear from our own local city or county. I would like to know what our own folks in our own backyard are thinking, because it is pertinent and relevant to this conversation. I do not think we should pretend that we are having this conversation in a vacuum. Is the problem just with noticing? Once that gets figured out, will everything be okay?

Steve Polikalas:

No, I am not saying that. The noticing created a universe of people who were very interested and passionate about this—heirs and relatives. It is a large piece of property. None of the northern burials were to be disinterred. There was a website set up and information to be sought from that. Some people wrote in. Certain people thought it might have been a different cemetery, and we were able to clarify for those people. Never was it the intent to notify just to check a box and continue to move forward. It was really an effort as prescribed by NRS Chapter 451, the law itself, but it was also an effort to have meaningful dialogue and communications with these folks and understand what the concerns are and what the geography might be. There are probably many issues to deal with. We were in touch with some of those folks before noticing, including a representative of the Reno-Sparks Indian Colony on behalf of Mr. Sides. Everyone is as sensitive to this as everybody else. By no means is this a simple project. Restoration and relocation, or whatever might work for that effort, was always, despite what others might think, going to have to come first before understanding what could happen after.

Chairman Sprinkle:

If I understand this correctly, the current thought is, in essence, splitting the cemetery in half. Half would remain as is and the other half would ultimately be disinterred and relocated to the part that is remaining a cemetery. If that is the case, are you going to move forward with that idea if you do not get 100 percent buy-in from the families who have loved ones in the area that would be disinterred?

Steve Polikalas:

I do not think we would know. All options are on the table in terms of trying to figure out what can best be done up there. The notion of the southern portion being basically relocated to the northern portion was one that was set forth in the City of Reno's resolutions back in the early 1970s. We have had engineers and others ensure that there is adequate land and that it is feasible to do that. The final notion of a development plan subsequent to that is separate and secondary to the relocation or restoration effort, however that is acceptably defined or understood.

Chairman Sprinkle:

Are there any other questions? Does anyone else wish to come forward in opposition to A.B. 203? Seeing none, is anyone neutral on A.B. 203? [There was no response.]

Assemblywoman Joiner:

I want to clarify something. The City of Reno testified in favor, with an amendment, and I assure you that we are working on that local government amendment for section 7. I believe we can come to some sort of understanding there.

Sometimes, the benefit of legislation like this is that it gets everyone in the same room. To those who oppose the bill, I definitely have an open door and want to try to figure out if there are specific issues where we might be able to find common ground. In closing, I would like to emphasize that the first portion of the bill that really respects property ownership is key. At any point, if Sierra Memorial Gardens were able to get the consent of some of the families, and it is my understanding that some of them may be willing, then, absolutely, any development on those pieces where either property is purchased or consent is given, is a completely separate issue. I am not saying that we are trying to stop all development entirely. We are trying to make sure that the private property is respected, that the remains of ancestors are respected and kept where they are, overlooking the City of Reno where they were intended to be.

Chairman Sprinkle:

With that, I will close the hearing on A.B. 203 and open up for a second round of public comment.

Neil Brooks, Private Citizen, Reno, Nevada:

I am seeking your support for A.B. 203. I am a fifth-generation Nevadan. My ancestors came from Fall River, Massachusetts, in September 1854. A cholera epidemic took the lives of several family members. Caroline Sherman Peckham and her son George E. Peckham

survived and later moved to San Francisco. In April 1864, Caroline Peckham was offered a job as a cook in a lumbering operation in Galena, Nevada. Her rate of pay would be \$50 a month—double the amount she was receiving in California. Once in Galena, George Peckham earned his way by delivering mail over a daily route of some 25 miles on foot. In December 1865, Caroline Peckham married T. W. Norcross, a widower with two children, and from this marriage, two sons, Charles and Frank, were born. T. W. Norcross was particularly impressed with George and his work ethic. When George reached majority age, Mr. Norcross awarded him 80 acres of farmland in the southeast Truckee Meadows. Soon thereafter, George acquired additional land and thus, Peckham Ranch was established and Peckham Lane was named in his behalf. George Peckham married Emma Shephard on February 10, 1876, and from this union, Harriet Peckham was born on January 26, 1880, the fourth of seven children. Harriet Peckham married C. W. Brooks, and together they founded Model Dairy in 1906. That name still exists in the dairy business in Reno and the surrounding areas. In 1897, George E. Peckham purchased a plat in the Hillside Cemetery for use as a burial lot. Caroline Peckham Norcross, George E. Peckham, Emma Peckham, and other relatives now reside in that plat. Caroline Peckham Norcross is my great-great-grandmother; George E. Peckham and Emma Peckham are great-grandparents. I am hopeful that the Hillside Cemetery will be preserved as a historical site for future generations.

When they came here, they did not come from wealth. They worked in farming; they worked very hard. I think we need to be just a little bit more thoughtful and save this cemetery. Give us a chance to get that done.

Judy Allen, Vice Chair, Catholic Director, Comstock Cemetery Foundation:

I am vice chair of the Comstock Cemetery Foundation and director of the Catholic Cemetery in Virginia City. I want to make a general comment. The history of an area, town, culture, and families is in their local cemeteries. The desecration of these cemeteries by purposeful neglect is an abomination to that history and to the state of Nevada.

Jay Carter:

I would like to clarify a couple of things. I emailed Sierra Memorial Gardens over two years ago asking them to inform me about anything that was going on with Hillside Cemetery. I never received an email back. The only email I received from them was recently when they said they were going to disinter our family and move them to the northern portion of the cemetery. The upper part of the cemetery where all the APNs are is where they want to move everyone. There are over 1,200 people in the part they want moved. They want to move those people into the spare spots in the upper part of the cemetery. That would also take part of the easements that we walk on to view the graves. People would have to walk over the bodies that would be put into that area. I do not feel there is enough area to properly move the family members. Also, I do not think you can do away with our plots unless you use eminent domain, which must be done by a city, county, or other government entity. This is a group that is stating it is a cemetery authority and that they own the cemetery. They only own the pathways, and they are not the cemetery authority, by the statutes I cited earlier. They are just a property owner that is saying it is the cemetery authority. Sierra Memorial

Gardens is the cemetery authority on the property they own on North Virginia Street. They are not the cemetery authority on Hillside Cemetery; they are just a property owner.

John Muran:

This is not the first time Sierra Memorial Gardens has made the suggestion to disinter everyone from Hillside. In 2003, this same issue came up. At that time, I contacted my family lawyer, Mr. Louis Test. I had Mr. Test write a letter ([Exhibit N](#)) to Sierra Memorial Gardens stating that I was an heir on three different names, Gould, Hymers, and Muran, and that I wanted to be notified of anything pertaining to that cemetery. I never received anything from them, and I want that on the record.

Frances Tryon:

It is not going to take tons and tons of money to preserve this cemetery. There is a workforce of people in the community of Reno who want to step forward and clean the cemetery and bring it back into grace. It has been mentioned that the City of Reno came up with a plan to disinter and move people into the north section. The community said No. Sierra Memorial Gardens tried it again in 2002; once again, families and the community said No. Now they are trying it again in 2016 and 2017. Once again, our community is saying No. There are plenty of open spaces around Reno for development. I am not against development; I am against taking away the rights of families.

This is emotional; it is hurtful when you open a grave against the family's wishes. You take the remains of their family member. I do not care if they are great-great-grandparents. My great-great-grandparents were moved without our permission. It was devastating; it was disgusting. My family is still hurting, and that was over 50 years ago, and my family still talks about it. This is a hurt that has to be addressed. I am very tied to the cemetery even though I do not have family there. I have researched probably 5,000 people in connection with Hillside Cemetery. Granted, there are only probably 1,400 buried there, but every person has a mother and a father. They also have brothers and sisters, and in order to track who these people are and where they are buried, you have to do the research. You have to be a genealogist. It is not known where about 190 people are buried, and the only way to find them is to do research. Those families need protection too because they do not know where their families are, and several of them are very upset about that fact. They do not want them disturbed; they just want them left alone.

Bradley Carlson, Private Citizen, Reno, Nevada:

I am an architect. My third-generation great-grandmother is buried at Hillside, so I count six generations, with a seventh on the way, in Reno. I support the bill and the clarifications it makes. I want to add that cemeteries are not just collections of headstones. These are important and sacred spaces; they are historical and cultural resources to a community. The place and the context is all very important, and not just for Hillside, but for all historical cemeteries. By nature, all the cemeteries in the state will become historical, or are in fact just by their nature. Out of respect for the people who are interred there and for the families' past, present, and future generations, all efforts to preserve and keep these important cultural and sacred resources intact should be considered.

Candace Wheeler:

I want to clarify something. There are times when disinterment is appropriate, and there have been many times in other states and cities where this has happened. Almost 100 percent of the time, it is for the public good. No one would use San Francisco as a good prototype. First, they had the community vote on it, and it took 20 years to actually do it. It took another ten years to sort everything out, and they are still finding bones, so San Francisco is not a good example of a successful community effort in relocation of a cemetery. Chicago is again not a good disinterment example. It was a community effort; however, less than three years ago, Chicago spent \$5 million in order to avert the relocation of a cemetery. I think communities grow and learn what is important and what is not. On the Comstock, the Catholic cemetery moved itself five times. Every time it was for a community purpose. Between 1890 and 1910, we learned that dead bodies and drinking water were not a good idea, so cemeteries were pushed out of the city limits. In a place like Virginia City, there was not much city planning. It was like a Goldilocks thing: it was really good, but now it is too far away, but now it is too close, and now it is not far enough. Every relocation was done for community benefit. Rarely will one person, or a small group that wants to make a profit, get the okay to relocate a historic cemetery.

Chairman Sprinkle:

With that, I will close public comment for the day. This meeting is adjourned [at 3:53 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblyman Michael C. Sprinkle, Chairman

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) are proposed amendments to [Assembly Bill 249](#) submitted by Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America.

[Exhibit D](#) is a copy of a letter dated March 3, 2017, addressed to the Committee from Keith Brill, M.D., Section and Legislative Chair, Nevada Section, American Congress of Obstetricians and Gynecologists, in support of [Assembly Bill 249](#) referenced by Catherine M. O'Mara, Executive Director Nevada State Medical Association.

[Exhibit E](#) is written testimony dated March 6, 2017, by Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice Nevada, in support of [Assembly Bill 249](#).

[Exhibit F](#) is written testimony, presented by Toby Frescholtz, Private Citizen, in support of [Assembly Bill 249](#).

[Exhibit G](#) is written testimony, presented by Elizabeth Castillo, in support of [Assembly Bill 249](#).

[Exhibit H](#) is a copy of a letter to the Committee, dated March 6, 2017, by Shannon Hess, M.D., Vice Chair, Nevada, American Congress of Obstetricians and Gynecologists, in support of [Assembly Bill 249](#).

[Exhibit I](#) is a copy of a U.S. Supreme Court dated October Term, 2013, titled *Burwell, Secretary of Health and Human Services, et. al. v. Hobby Lobby Stores, Inc., et. al.*, provided by Janine Hansen, State President, Nevada Families for Freedom.

[Exhibit J](#) is a copy of a letter dated March 2, 2017, to the Committee from Elisa Cafferata, Director of Government Relations, Nevada Advocates for Planned Parenthood Affiliates, Inc., in support of [Assembly Bill 249](#).

[Exhibit K](#) is written testimony from Lisa Perryman, Private Citizen, Reno, Nevada, in support of [Assembly Bill 249](#).

[Exhibit L](#) is a packet of information on Hillside Cemetery, Reno, Nevada, provided by Assemblywoman Amber Joiner, Assembly District No. 24.

[Exhibit M](#) is a packet of letters provided by Assemblywoman Amber Joiner, Assembly District No. 24, in support of [Assembly Bill 203](#).

[Exhibit N](#) is a copy of a letter dated June 30, 2003, addressed to Mr. John Lawton, Hillside Cemetery, Reno, Nevada from Louis S. Test, Esq., on behalf of client John Muran, provided by John W. Muran, Private Citizen, Reno, Nevada.