MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Seventy-ninth Session
March 6, 2017

The Senate Committee on Health and Human Services was called to order by Chair Pat Spearman at 3:48 p.m. on Monday, March 6, 2017, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Pat Spearman, Chair
Senator Julia Ratti, Vice Chair
Senator Joyce Woodhouse
Senator Joseph P. Hardy
Senator Scott Hammond

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Eric Robbins, Counsel
Rocky Cooper, Legislative Auditor
Jane Giovacchini, Audit Supervisor
Martha Barnes, Committee Secretary

OTHERS PRESENT:

Joseph L. Pollock, Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services
Laurel Stadler, Rural Coordinator, Northern Nevada DUI Task Force
Jared Busker, Children's Advocacy Alliance
Paul Shubert, Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services
Elisa Cafferata, Nevada Advocates for Planned Parenthood Affiliates, Inc.
Toby Frescholtz, M.D.
Elizabeth Castillo

Nnedi Stephens
Jennifer Knight
Heidi Parker, Executive Director, Immunize Nevada
Vivian Leal
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Ireri Bravo
Sandra Koch, M.D., American College of Obstetrics and Gynecology
Lisa Perryman
Meg Neidert
Michael Hackett, Nevada Public Health Association
Alanna Bondy, Intern, American Civil Liberties Union of Nevada
Shaun Griffin, Executive Director, Community Chest
Kimberly Mull, Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence
Stacy Shinn, Policy Director, Progressive Leadership Alliance of Nevada
Caroline Mello Roberson, Director, NARAL Pro-Choice Nevada
Tess Opferman, Nevada Women's Lobby
Shannon Sprout, Chief, Policy Development and Program Management, Division of Health Care Financing and Policy, Department of Health and Human Services
Regan J. Comis, Nevada Association of Health Plans
Chelsea Capurro, Health Services Coalition
Lynn Chapman, State Vice President, Nevada Eagle Forum
Janine Hansen, State President, Nevada Families for Freedom
Melissa Clement, President, Nevada Right to Life
Bonnie McDaniel
Joy Trushinski
William P. Tarbell
Juanita Clark, Charleston Neighborhood Preservation
Sally Zamora

CHAIR SPEARMAN:
I will open the work session with Senate Bill (S.B.) 71.

SENATE BILL 71: Revises provisions relating to medical facilities and facilities for the dependent. (BDR 40-183)

MEGAN COMLOSSY (Policy Analyst):
Senate Bill 71, addressed in my work session document (Exhibit C), was requested on behalf of the Division of Public and Behavioral Health of the Department of Health and Human Services. The Committee heard the bill on February 27. Senate Bill 71 makes various changes to Chapter 449 of the *Nevada Revised Statutes* (NRS) relating to medical facilities and other related entities.

The bill includes a program of hospice in the definition of medical facility and revises the definition of psychiatric hospital by eliminating the requirement that residential care be provided at such a facility.

The bill requires a person who is employed at or applies for a license to operate a psychiatric hospital that provides inpatient services to children to undergo a criminal background check and prohibits a person who has been convicted of certain crimes from being licensed to operate or be employed at such a facility.

The bill also revises the administrative and civil penalties the Division of Public and Behavioral Health, Department of Health and Human Services may impose against a medical facility or facility for the dependent that violates certain provisions of its licensure. There were no amendments proposed for this bill.

SENATOR HARDY:
Referencing the language "employed at a psychiatric hospital," how long does it take for a fingerprint and background check before an individual can be employed? Is there a time period when the individual can be working while waiting for the results?

JOSEPH L. POLLOCK (Deputy Administrator, Regulatory and Planning Services, Division of Public and Behavioral Health, Department of Health and Human Services):
It takes about two weeks to receive the results of a background check.

CHAIR SPEARMAN:
I will close the work session on S.B. 71 and entertain a motion.

SENATOR WOODHOUSE MOVED TO DO PASS S.B. 71.

SENATOR RATTI SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR SPEARMAN:
I will open the work session on S.B. 120.

SENATE BILL 120: Revises provisions relating to problem gambling. (BDR 40-810)

MS. COMLOSSY:
As shown in the work session document (Exhibit D), S.B. 120 was sponsored by Senator Yvanna D. Cancela, and heard by the Committee on February 22. This bill revises the membership and duties of the Advisory Committee on Problem Gambling within the Department of Health and Human Services.

The bill also revises the funding mechanism for the Revolving Account to Support Programs for the Prevention and Treatment of Problem Gambling. It requires the Nevada Gaming Commission to deposit $722,500 on a quarterly basis rather than an amount equal to $2 for each slot machine subject to certain gaming licensing fees. There were no amendments proposed for this measure.

During the bill hearing, Committee members expressed concerns regarding the source of the additional funds that would be required for the Account. Because funding would come from the General Fund, other programs may receive less funding. Members indicated this issue might better be addressed by the Senate Committee on Finance.

CHAIR SPEARMAN:
As you heard, this bill has some financial implications. The Senate Committee on Finance would further review the bill. It does not appear the Senate Committee on Health and Human Services is prepared to take final action on S.B. 120 so I will close the work session and entertain a motion.

SENATOR HARDY MOVED TO REREFER S.B. 120 TO THE SENATE COMMITTEE ON FINANCE.

SENATOR HAMMOND SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR SPEARMAN:
Earlier this year, we each received a copy of the Legislative Auditor's "Summary of Reviews of Governmental and Private Facilities for Children" (Exhibit E). This report contains some disturbing findings about the facilities in which children are placed pursuant to an order of a court. As some of the most vulnerable members of our society, it is unacceptable that children be placed in any environment that does not protect their health, safety and well-being, and uphold their civil rights at a minimum. I was made aware of the systematic failures highlighted in the Legislative Auditor's review and believe it is our duty as Legislators to ensure these issues are addressed. We will hear more about these failures during the presentation. It is deplorable to have facilities giving children psychotropic medication without the appropriate consent.

ROCKY COOPER (Legislative Auditor):
I would like to provide some background information on the Reviews of Governmental and Private Facilities for Children, Exhibit E, conducted pursuant to NRS 218G.575. We began conducting reviews based on initial legislation passed in 2007 which then became a permanent responsibility of the Audit Division based on legislation passed in 2009.

The need for these reviews arose from several incidents occurring at a State juvenile detention facility in 2001. Our role is to review facilities for children to provide information in order to assist the Legislature in its oversight. Without our reviews, the Legislature may not be aware of problems occurring at children's facilities.

Ultimately, our goal is to help ensure adequate protection of children in these facilities. We present our reviews to the Legislative Commission Audit Subcommittee, and the licensing agency or other representatives are typically present to answer questions. If we determine the youth at a facility are in

immediate danger, we will immediately contact the licensing agency or protective services.

I am fortunate to have the same two auditors working on the reviews since the legislation passed in 2007. These auditors have been instrumental in developing the review process.

JANE GIOVACCHINI (Audit Supervisor):
I will present the most significant findings from our reviews of children's facilities during the past biennium. These findings are summarized in a document titled, "Summary of Reviews of Governmental and Private Facilities for Children."

Beginning on page 1 of Exhibit E, this summary includes the results of our reviews of 9 children's facilities, unannounced site visits to 15 children's facilities and surveys of 61 facilities.

Nevada Revised Statutes, 218G requires the Legislative Auditor to review both government and private facilities for children that have physical custody of children pursuant to the order of a court. Statutes also authorize the Legislative Auditor to conduct audits and unannounced site visits of the facilities.

As of June 30, 2016, we had identified a total of 56 governmental and private facilities for children. On page 2 of Exhibit E, the types of facilities located within Nevada are listed with the total capacity of each type of facility.

Continuing on page 4 of Exhibit E, the purpose of our review was to determine if the facilities adequately protect the health, safety and welfare of the children in each facility and whether the facilities respect the civil and other rights of the children. Reviews included an examination of policies, procedures, processes, documents and complaints. In addition, we discussed issues with staff and management and observed facility processes during our visits. We concluded the policies, procedures and processes were in place at seven of the nine facilities and were provided reasonable assurance they adequately protected the health, safety, welfare and civil and other rights of the children.

We did not note anything that caused us to question the health, safety, welfare or protection of the rights of the children in the 15 facilities where we conducted unannounced visits.

On Page 5 of Exhibit E, we provided additional information on the two facilities that did not provide reasonable assurance they protected the children in their care. We found Northwest Academy, a residential center, had not developed a comprehensive and complete set of policies and procedures related to the administration of medications as required by NRS 432A. In addition, the Academy did not adequately document consent to administer psychotropic medication from the person legally responsible for the psychiatric care of each youth as required by NRS 432B. Five of the eight youth files reviewed indicated they were prescribed at least one psychotropic medication after admission to the Academy, and none of the five files contained an adequate consent from the person legally responsible.

Other incomplete or missing policies and procedures included medical emergencies, mental health screenings at intake, treatment plans, suicide prevention, mental health and substance abuse treatment, complaints, the youths' civil rights and other rights.

In addition, our observations found the youth's dormitories did not contain first aid kits. Some marked exits were locked and did not allow for staff or youth to exit, and staff did not have keys to unlock the exits. There were also unsupervised youths in the kitchen and outdoors. Policies and procedures did not establish minimum staff-to-youth ratios or include a training program for staff with direct contact with youths in order to comply with NRS 432A. This statute requires training on the use of force and restraints, the rights of the children, suicide awareness and prevention, and the administration of medication to children.

The second facility, ART Homes, was a foster care agency. Its policies and procedures needed improvement in the following areas: developing medication administration and documentation, ensuring treatment plans are complete and accurate, maintaining comprehensive personnel records related to background investigations and training, and ensuring the safety of youths in its foster homes. We found three of the ten youths reviewed were taking psychotropic medications while in ART Homes' foster home. There was no document of consent by the person legally responsible for any of the psychotropic medications administered to the three youths. While at ART Homes' office, we also observed a filing cabinet filled with expired and unexpired psychotropic medications and expired nonpsychotropic prescription medications, including

physician samples. This office was not locked, and only one out of four file cabinet drawers was locked.

Policies and procedures were missing several medication policies required by NRS 424, including documenting the orders of the treating physician; storing, handling and disposing of unused wasted or expired medications; documenting the administration of medication and errors; and minimizing and addressing errors in the administration of medication.

Furthermore, staff did not comply with the policies for treatment plans. All of the nine treatment plans reviewed were missing signatures, dates and the number of approved hours of Medicaid treatment services. Four youths' files were missing at least one updated treatment plan, and two of the nine intake assessments contained mathematical errors. ART Homes did not comply with NRS 424 which requires comprehensive personnel records. The facility was also unable to provide eight of eleven clearance letters upon our request, although the facility obtained copies from the licensing agency.

Clearance letters provide evidence that employees or potential employees have satisfactorily completed the background investigation process. Finally, ART Homes has not developed policies and procedures addressing suicide prevention or crisis and other nonmedical emergencies.

Moving to page 7, Exhibit E, we summarized the 6 most common weaknesses found in our reviews of the nine facilities. The first issue relates to obtaining consent to administer psychotropic medications. Six of the nine facilities did not always have adequate consent to administer psychotropic medications.

CHAIR SPEARMAN:
Did you say facilities are giving children psychotropic medications without authorization?

MS. GIOVACCHINI:
In some cases, there was a consent form, but it was missing certain required information. In other cases, we could not locate a form or other type of consent.

Some of the specific issues relating to psychotropic drugs and the consent form include: three of the facilities forms did not contain the information required by

statute; the policy of one facility required the youth to sign the consent form rather than the person legally responsible; and two facilities were missing signed consent forms for one or more children whose files indicated they had received psychotropic medication.

At least quarterly, NRS 432B requires child welfare facilities to review the records of each child in their custody who was administered a psychotropic medication to determine if the medication is being administered in accordance with laws which includes written consent.

Medication administration policies at three of the facilities were not adequate and did not comply with State law requiring certain medication policies. In addition, the statutes require facilities to ensure each employee who comes into direct contact with a child, and who will administer medication to a child, receives a copy of and understands the policies.

Four facilities did not have the needed evidence to prove the employees had completed the statutorily required medication administration training. Most facilities are required to provide each employee who comes into direct contact with children specific types of training within 30 days of employment and annually thereafter. This includes training on the administration of medication to children. At three facilities, there was no evidence in half of the employee files that those who were required to have medication training, had received the training in the time frame required.

CHAIR SPEARMAN:
You stated there was no training on the administration of medication, but psychotropic medications were still being administered.

MS. GIOVACCHINI:
There was no documentation staff had received this training. It is possible the training was received, but no documentation was contained in the file. There was no proof of the training, and complete personnel files are required by statute.

Eight out of nine facilities needed to improve their policies and procedures for the disposal of expired, unused or wasted medications, or better ensure staff followed the processes contained in the policies and procedures. For example, two facilities had no policies and procedures for the disposal of medications.

Three facilities had incomplete policies and procedures which did not address the current practice, did not address documenting the disposal or did not include acceptable methods for disposing of medications. Staff at one facility did not follow the procedures for disposing of medications.

Seven facilities either did not complete youths' treatment plans timely or the treatment plans were incomplete. In addition, three facilities did not always periodically review or update these treatment plans. At one facility, all nine of the treatment plans reviewed were incomplete, missing signatures, date and the number of hours of approved Medicaid treatment services. At another facility, 2 out of 10 plans were missing from the youths' files, and 7 of the 8 plans that we found were completed an average of 16 days late. Five of the 10 youths' files were missing evidence of updated treatment plans for anywhere from 2 to 6 months even though the policies required updates every 30 days.

For some facilities, State law or facility policies and procedures were not adequate to ensure proper screening of employees or potential employees for criminal convictions. Some mental health treatment facilities have not been able to obtain fingerprint-based background checks of current or potential employees using the requirements found in NRS 449. These facilities are licensed by the Bureau of Health Care Quality and Compliance. At least four mental health treatment facilities subject to our review which provide acute psychiatric services to children have not completed fingerprint-based background checks on employees.

You heard S.B. 71 in your work session today, and that bill is meant to correct the problem with the definition of inpatient services of treatment facilities that provide residential services to children. In addition, three facilities did not have policies and procedures to ensure adequate screening of employees or potential employees. Two of these facilities are correctional facilities operated by the Division of Child and Family Services (DCFS). The human resources office within DCFS could not provide evidence employees were screened under NRS 62B. Instead, DCFS processed the background checks under NRS 179A and NRS 449. While all three statutes will provide background check results, the results received may be different under each statute.

Appendix B on page 16, Exhibit E, contains a list of the most frequent and significant issues found during the nine reviews conducted during the biennium.

Pages 17 through 19, Exhibit E, list the facilities by type along with their locations, average population and average staffing levels.

Appendix D on page 20, Exhibit E, lists the facilities reviewed during this biennium and Appendix E on page 21 lists the facilities where we conducted unannounced site visits during the biennium.

CHAIR SPEARMAN:
Disturbing is the kindest way I can describe this issue. It is our responsibility to ensure the systematic issues outlined in this report are addressed. Having heard the report again, I will be proposing a couple of friendly amendments to S.B. 189 today.

SENATE BILL 189: Revises provisions relating to child care facilities. (BDR 38-61)

SENATOR WOODHOUSE:
I looked at both of the conceptual amendments and consider them friendly amendments that will address some of the issues uncovered in this report. When we hear S.B. 189, I am more than happy to entertain these two amendments.

SENATOR RATTI:
If you knew S.B. 71 came forward because of this report, are you aware of any additional legislation that addresses these issues?

MS. GIOVACCHINI:
I am not aware of any other legislation specifically addressing issues in this report. There has been legislation in the past regarding background checks and medication administration.

SENATOR RATTI:
If facilities are disregarding the current laws we can always pass more laws, but we will still have a number of facilities that will disregard them. In some of the cases you provided, eight out of nine facilities were out of compliance. Is there a management and leadership problem, or is there an oversight and licensing problem? Are there other solutions we should be reviewing to ensure this does not happen again?

MR. COOPER:
Some of the solutions will most likely be in the amendment today. We have been looking at this area full time since 2009, and I have one dedicated staff member. We need to make better progress in this area. It is unacceptable.

SENATOR RATTI:
Do we have adequate staffing in the body that provides regulatory oversight over these facilities?

MR. COOPER:
The regulatory agency would be better equipped to answer that question.

CHAIR SPEARMAN:
I will open the hearing on S.B. 189.

SENATOR JOYCE WOODHOUSE (Senatorial District No. 5):
A similar measure passed this Committee and the full Senate in 2015, S.B. No. 257 of the 78th Session. The bill failed in the Assembly. As you heard in the presentation from the legislative auditors, this is an area needing some serious consideration.

Senate Bill 189 has two main provisions: it revises training requirements for employees and requires additional background checks for certain employees, residents and participants of child care facilities. Research shows the importance of both training and education for child care providers. High quality continuing training and education is essential to protecting children's health and safety while promoting their growth and development. In fact, studies show the quality of care improves as training and education increases.

According to a 2012 report from Child Care Aware of America, 22 percent of the child care workforce does not have a high school degree compared to 18 percent of the general population. Slightly more than 20 percent have taken some college courses, but have not completed a degree, compared to 27 percent of the general population. In addition, less than 20 percent have a college degree compared to 30 percent of adults overall.

Currently, individuals employed in a child care facility in Nevada, other than facilities that provide care for ill children, are required to: 1) complete 15 hours of training annually if the facility provides care for more than 5 children but less

than 12 children, 2) complete at least 24 hours of training annually if the facility cares for more than 12 children. At least two hours of this training must be devoted to lifelong wellness, health and the safety of children.

Senate Bill 189 revises these provisions to require every employee of a child care facility, except facilities that provide care for ill children, to complete 24 hours of training annually regardless of the number of children in their care if the facility receives compensation for any of those children. At least 12 hours of the training must be devoted to the care, education and safety of the children. This must first be specific to the age group served by the child care facility for which the person is employed and second be approved by regulation by the State Board of Health.

In addition, every employee of a child care facility is required to complete an additional two hours of training on recognizing and reporting child abuse and neglect. When we addressed this measure two years ago, we were leaning toward three hours of training and found most of the training in this area is at the level of two hours. Much of this training is available online.

The second major portion of S.B. 189 revises provisions related to background checks for licensed child care facilities, their employees and adult residents. The bill requires the Division of Public and Behavioral Health of the Department of Health and Human Services to request additional background checks for individuals who work with or have access to children in child care facilities. It expands the list of offenses identified in background checks to include, for example, domestic violence and driving under the influence.

The bill also requires background checks to be conducted more frequently and requires the employee to undergo an initial background check before having direct contact with a child at a child care facility.

Finally, the bill requires an employee of a child care facility to be present whenever an independent contractor is performing services at a child care facility and a child is present.

In conclusion, S.B. 189 takes another step forward to ensure children who are being cared for in a child care facility have well-trained and qualified individuals providing care. Every mother, father, grandparent or guardian deserves to know that their children are safe when leaving them in the care of others. I know

there are amendments for consideration, and I will entertain these friendly changes to the bill that provide safety for our children. If we had more time we may have had more amendments, but I have taken copious notes from people who have contacted me regarding this bill. We will see what needs to be included and address the most egregious issues.

SENATOR PAT SPEARMAN (Senatorial District No. 1):
I am here to present two friendly amendments to S.B. 189. These amendments aim to address some of the issues identified in the Legislative Auditor's Reviews of Governmental and Private Facilities for Children which we just heard.

Proposed Conceptual Amendment No. 1 (Exhibit F) will ensure entities that license child care facilities, pursuant to NRS 432A, Services and Facilities for Care of Children, have the authority to administer penalties and other sanctions commensurate with licensure violations.

Currently, the Division of Public and Behavioral Health (DPBH) within the Department of Health and Human Services has authority to issue only minimal $100 administrative fines to the facilities it licenses and only for violations such as those resulting in injury to a child as a result of neglect, failing to conduct appropriate background checks and failure to ensure appropriate staff-to-children ratio and staff training. The only other recourse that DPBH has is to deny, suspend or revoke a license. However, it does not have the authority to impose any sanctions or penalties in between these two extremes. This amendment will give DPBH the tools needed to help keep children placed at child care facilities safe and healthy.

Proposed Conceptual Amendment No. 2 (Exhibit G) proposes a few additional changes to better protect the health, safety, well-being and rights of children in facilities in Nevada.

The amended language requires the Legislative Auditor to notify licensing entities, regarding deficiencies it finds at governmental and private facilities for children if they impact the youth health, safety, welfare or rights.

The amended language also establishes a process and time line in which deficiencies identified by the Legislative Auditor must be reported and addressed by licensing entities.

The amendment improves transparency around child care facilities and increases the information made available to the public. It requires DPBH to establish a rating system and to assign a letter grade to each facility it licenses. This information must be posted conspicuously near the entrance of the facility and posted on the DPBH Website.

These amendments provide much-needed commonsense changes to protect some of the most vulnerable Nevadans. I urge your support of this bill and these amendments.

VICE CHAIR RATTI:
To provide clarification, S.B. 189 targets child care facilities. Does this pertain to a parent dropping off their child for daytime or evening care, but it is not an overnight residential treatment facility? There is also the education component to ensure children have the highest quality care.

SENATOR WOODHOUSE:
Yes.

VICE CHAIR RATTI:
Are the amendments identifying residential treatment facilities that are under the wing of the DPBH to add some similar and expanded protections?

SENATOR SPEARMAN:
Yes. After reading the report, looking at the egregious deficiencies and being informed DPBH did not have the proper remedies to address the deficiencies, I wanted to ensure these changes were included in S.B. 189.

SENATOR HAMMOND:
You mentioned ratios when referencing staffing. Could you explain the ratios you are leaning toward? Do the ratios reference the day care or the residential care or both?

SENATOR SPEARMAN:
Senator Woodhouse addressed the day care portion of the bill. The amended language is addressing the residential treatment facilities. Referencing the report used during the presentation of Exhibit E, one of the deficiencies was not having enough supervision of staff. Yes, that is part of the recommendation.

SENATOR HAMMOND:
Are you presenting any specific numbers?

SENATOR SPEARMAN:
No. That should be left up to the licensing agency because they are more familiar with the policies and procedures that will help to protect the health, safety and well-being of the children.

SENATOR HAMMOND:
Are you leaving it up to the regulating agency?

SENATOR SPEARMAN:
Yes.

LAUREL STADLER (Rural Coordinator, Northern Nevada DUI Task Force):
I am here to support S.B. 189, particularly for the proposed language being added in section 5, subsection 2, paragraph (j). I am appreciative that driving under the influence (DUI) convictions are going to be reviewed during the background check process for those who will be caring for children. A DUI citation is a serious offense, and a conviction indicates the individual has a blatant disregard for the law.

We hope people caring for children are upstanding citizens because of the responsibility they have of caring for our precious small lives.

I appreciate the DUI convictions being added to the language as a consideration for employment. Referencing section 3 of the bill in regard to training where the language states a person employed in a child care facility needs 2 hours of training in the recognition and reporting of child abuse and neglect, I would like to have the words "child endangerment" added.

I brought a brochure with me today (Exhibit H) regarding drunk and drugged driving. Drunk and drugged driving are an unacknowledged form of child endangerment. For all ages from 3 to 14, motor vehicle crashes are the leading cause of death for that age group. For the children killed in drunk driving crashes, according to the National Highway Traffic Safety Administration, at least half of those children are riding with the drunk driver. This is a terrible reflection on our society that responsible adults and other drivers would put

children in the dangerous and deadly position of being in the car with a drunk driver.

While we address the training of staff in child care facilities, we also need to provide awareness of this endangerment to children by intercepting parents or other people who pick up and deliver children to these day care facilities. Driving drunk with a child in the vehicle is a form of child endangerment or abuse. If staff at the facilities could report these drivers, the proper legal action could be taken to keep the person from perpetuating that crime.

Drunk driving is such a deadly event for children who do not know any different. When the parent, caretaker or older sibling tells a child to get into the vehicle, he or she will get into the vehicle not knowing the driver is drunk. We need others who are watching for the welfare of our children to be aware of this crime and report it as needed.

SENATOR HARDY:
If a staff member reports a drunk driver who may or not be drunk at the time, how will it affect the staff member?

MS. STADLER:
Anyone can report a suspected drunk driver by calling 911. The contact used to be *NHP. There are ways currently in effect now where general citizens can call and report a suspected drunk driver. The call goes out to law enforcement, and the vehicle can be intercepted if it is found on the roadway.

SENATOR HARDY:
Is there something in the statutes establishing an obligation to report a child who has been abused or neglected like there is for endangerment?

VICE CHAIR RATTI:
We will ask our legal counsel to respond to that question.

ERIC ROBBINS (Counsel):
There is mandatory reporting of child abuse and neglect. The statutes do not currently include child endangerment.

MS. STADLER:
In the realm of drunk driving, sometimes the child endangerment and child abuse title are used interchangeably. The DUI statute does say that anyone caught and convicted of drunk driving with a child 15 years of age or younger in the vehicle is an aggravating circumstance for the DUI conviction and following sanctions.

MR. ROBBINS:
One additional item, NRS 432B.020 defines abuse or neglect of a child to include negligent treatment or maltreatment of a child, so it could conceivably include if a child is being subjected to harmful behavior or is being abandoned. Certainly the harmful negligent treatment could include habitual drunk driving with the child in the vehicle.

JARED BUSKER (Children's Advocacy Alliance):
We are neutral in regard to S.B. 189. We agree every parent and guardian should know when they are dropping off a child that the child is safe in the care of others. We do have concerns about how the language will be implemented by the providers. Also, we are concerned about the high cost of some of the regulations for the employees.

SENATOR HARDY:
Could you please elaborate?

MR. BUSKER:
Senate Bill 189 has some provisions for additional background checks. Going from the initial check being every five years and adding another one every two years will increase the cost for the employee. There is a regulation that states employees cannot be left alone, watch, care or work in a child care facility until the background check is complete. We would like the regulation to state an employee cannot be left alone with the child but must be supervised until the background check is complete. If the background check takes a couple of weeks to complete, it may be a potential barrier.

MR. POLLOCK:
There was a question earlier as to whether or not we had enough staff to take on the additional duties outlined in this bill. We have a fiscal note that has not made it to the Committee. We anticipate needing additional staff to permit and

check on the educational piece of the currently unlicensed facilities. We are neutral on the bill.

SENATOR HARDY:
What is the cost, and who is paying for the background check?

PAUL SHUBERT (Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services):
Background checks are generally paid for by the employees. The facility has the ability to push that cost to the employee or pay for it themselves. In most cases, it is paid for by the employee.

SENATOR HARDY:
Would the cost be pushed to the employees even though they have been working in the facility for a year? Is that standard practice?

MR. SHUBERT:
Yes. There are some facilities that may incur the cost themselves, but for most facilities, it is paid for by the employee.

VICE CHAIR RATTI:
What is the typical cost of a background check?

MR. SCHUBERT:
It is between $40 and $50.

VICE CHAIR RATTI:
I will close the hearing on S.B. 189.

CHAIR SPEARMAN:
I will open the hearing on S.B. 233.

SENATE BILL 233: Requires the State Plan for Medicaid and health insurance plans to provide certain benefits. (BDR 38-817)

SENATOR JULIA RATTI (Senatorial District No. 13):
Senate Bill 233 is a comprehensive act assuring women in Nevada remain able to receive the health care so critical to their well-being. Nevada has made huge strides when it comes to improving access to health care for women.

Legislators have been on a leading edge in making sure women in Nevada have access to services. In the past 8 years with the expansion of Medicaid, we have been able to add 400,000 people who now have insurance and access to health care.

We are protecting women from copayments for cervical and breast cancer screenings, birth control, prenatal care, domestic violence screenings, hormone replacement therapy and all other services critical to women. It is essential for us to ensure women continue to have access to health care. We have also added some additional services by taking a comprehensive look at what is covered.

One of the issues brought forward was the dispensing of 12 months of birth control pills. We found many cases where women are receiving only a 3-month supply of their birth control prescription. Oftentimes, folks do not get back to pick up the next month of birth control and end up with an unintended pregnancy. There is data showing a decrease in unintended pregnancies when dispensing 12 months of birth control.

We added vasectomies. There are situations where a woman does not tolerate the current birth control method, and her male partner is willing to have the vasectomy. The vasectomy is not covered under insurance where the birth control prescription is covered. The less preferred health care method prevails due to the cost.

Insurance covers the insertion of an intrauterine device (IUD), but when the woman loses insurance coverage, she is not able to get the IUD removed. This causes some significant health challenges. Most of the issues we are talking about today have been covered in health plans for many years. There are a handful of items added in order to ensure comprehensive health care is available.

With an uncertain future at the federal level, we want to ensure women in Nevada have the lifespan of services they need from an human papillomavirus (HPV) vaccination at the age of 12 or 13 to birth control and prenatal care to hormone replacement therapy needed during menopause. This is a full range of preventive health services.

This is good for women, and it is also good for taxpayers. When we invest in prevention, it saves money in the future. We would much rather have an individual have a preventive cancer screening early on rather than to learn of the problem late in the process with a bad outcome and a very expensive level of service. In the case of Medicaid, the taxpayer would foot the bill.

It is perfect we are hearing this bill on March 6 during Cancer Prevention and Early Detection Day at the Nevada Legislature. Much of what we are talking about in S.B. 233 is ensuring women have preventative screenings available.

This will improve Nevadans' overall health by ensuring as many women and families as possible can access the basic health care services they need. Despite recognition of the benefits of preventative health services such as improved long-term health care outcomes and more efficient utilization of health services, we know disparities still persist in the use of screening procedures among racial and ethnic minorities, those with lower health literacy and the poor. I am not willing to allow this condition to exist. There should be no differences in health outcome based on health literacy, race, ethnicity or income level.

In the United States, one in five women postponed or skipped preventive screenings due to the cost, especially low-income women and uninsured women. Over half of those who are uninsured put off care.

How does S.B. 233 solve the problem? We support healthy moms and healthy babies by giving women the consistent access to birth control, allowing them to plan their families and space their children. It helps Nevadans plan their families by ensuring access to birth control, counseling and voluntary sterilization without added copayment.

It helps women achieve their education and career goals by giving them access to safe and reliable contraception. It also protects women's health throughout their lives by guaranteeing them access to recommended preventative health care, including breast and cervical cancer screenings, checks for depression or domestic violence, smoking cessation, vaccines, well-woman visits and the list of services outlined in S.B. 233.

CHAIR SPEARMAN:
I am turning the gavel over to Senator Woodhouse to preside over this hearing as I will be testifying on S.B. 233.

ELISA CAFFERATA (Nevada Advocates for Planned Parenthood Affiliates, Inc.):
Since it is Cancer Prevention Day I wanted to begin by talking about my grandmother who was diagnosed with breast cancer when she got to Congress. Her staff insisted that she go in for an annual exam although she had never had a mammogram and was 61 years old. The exam identified a cancerous lump, and she was able to have a mastectomy in the same month. She caught it early and lived another 30 years. She had a very full life. After that experience, my grandmother spent the rest of her time in Congress working to pass bills to extend Medicare coverage for women to receive those lifesaving screenings and to ensure there was money for research and treatment so women could receive the early care needed. She was a champion for early detection because she knew it saved lives. One of her proudest accomplishments was to be able to pass bills and policies to address this issue. I continue her work by ensuring women have access to preventive health care.

Senate Bill 233 requires Medicaid and all insurance plans subject to State mandates to cover a set of services under the description of contraception, a set of services under the description of women's preventive services and reproductive health screenings without barriers or penalties. Much of this is in existing law, but the bill standardizes the list across the NRS.

Sections 1 through 6 deal with Medicaid coverage. Sections 1 and 2 deal with contraception. The language matches what is currently in the Medicaid State Plan with the addition of a 12-month supply of any type of U.S. Food and Drug Administration (FDA) contraceptive drug or device the removal of a contraceptive device and the voluntary sterilization for men.

Section 3 outlines a list of services included in women's health care. Section 4 requires a change to the State Plan for Medicaid to cover reproductive health screenings, such as annual cervical cancer exams, mammograms and HPV vaccines. Section 6 prohibits Medicaid from using step therapies when covering contraception. Step therapy is an approach to prescriptions that begin with the lowest-price version of a drug and moves them forward. This would be up to the doctor to prescribe the most effective strategy for contraceptive.

Section 7 repeats the list of services, and contraception for women in preventative health services apply to insurance for local government if local government offers insurance. Section 8 applies to insurance for State employees if there is a managed care product at the State level. Section 9

speaks specifically to pharmacists, where the language allows the pharmacist to dispense a 12-month prescription of contraceptive drug at the request of the patient with a valid prescription.

Section 10 removes the prior authorization requirement for all these different types of insurance policies covered in the sections of individual health plans, group health plans and nonprofit health plans.

Sections 11 through 18 repeat contraception, women's preventive services and screenings for individual insurance companies. This is the first place where we note the removal of the religious exemption for insurers affiliated with religious organizations. The goal of the legislation is to cover the greatest number of women in our State without regard to who they work for and ensure they receive basic health care.

Section 19 through 25 cover group and blanket health insurance policies with the same list of requirements as the individual health insurance coverage.

Section 26 through 31 cover health insurance for small employers with the same list of requirements.

Sections 32 through 36 cover fraternal benefit societies.

Sections 37 through 43 cover nonprofit corporations for hospitals, medical and dental service.

Sections 44 through 52 cover health maintenance organizations.

Sections 53 through 57 cover managed care organizations.

Sections 58 states a requirement cannot be passed to a local government if it involves a financial cost to that local government.

Section 59 is the effective date of the legislation, January 1, 2018.

I have also provided a fact sheet for the Committee to review providing support for S.B. 233 (Exhibit I).

SENATOR RATTI:
There is nothing in this bill that speaks to the issue of abortion. There is nothing in this bill that mandates any insurance plan to pay for abortion, nor is there anything in this bill that mandates Medicaid to pay for abortions. Somehow that information was circulated, and it is not accurate.

When I began working with the Legislative Counsel Bureau staff, my intent was to be as expansive as possible. I wanted to provide the largest number of women in Nevada access to preventive health care services possible. It is because of this communication the services are listed and the religious exemption is removed. These services are so critical to the health care for women that all women should have access to these services.

SENATOR HARDY:
You said nothing in the bill speaks to abortion. Some people might feel emergency contraception could be related to abortion. Some people might feel removing an IUD when pregnant may lead to an abortion. Even though there is no language addressing abortion, the word service could become problematic regarding the definition of abortion.

SENATOR RATTI:
My legislative intent does not include abortion.

SENATOR HARDY:
What about emergency contraception?

SENATOR RATTI:
Since you are a physician and I am not, I guess it would depend on the emergency contraception.

SENATOR HARDY:
Can you define it?

SENATOR RATTI:
We have a list.

MS. CAFFERATA:
As you are aware, current State and federal laws cover the recommendation of all FDA-approved contraceptive methods. There are 18 approved contraceptive

methods. There are two listed under FDA-approved contraceptives, emergency contraceptive levonorgestrel and ulipristal acetate. One of these drugs can cause abortion and one cannot. This bill does not recognize the distinction you recognize. The language in this bill covers all Centers for Disease Control and Prevention FDA-approved methods of contraception.

SENATOR SPEARMAN:
I want to reflect the religion I ascribe to as the Christian faith. As such, the person who heads that faith is Jesus. Jesus opened health care clinics wherever he went, whether he intended to do it or by default, he helped blind people, lame people, the woman who would issue blood who was once rich and became poor. It is with that understanding to make sure health care should not be determined by income.

I am here to provide strong support for S.B. 233. The bill does two things; it empowers women across Nevada to decide whether and when to have a child, enabling them to make key decisions about their lives, education and employment.

Senate Bill 233 also ensures women and men have access to key preventive health care services without cost sharing. Birth control is strongly associated with women's educational achievement, professional opportunities, increased lifetime earnings and economic security. Research shows access to contraceptives leads to improved maternal and child health, improved family well-being and reduced public spending. This requires all public and private health insurance plans in Nevada to cover up to a 12-month supply of contraceptive drugs as well as education and services to provide women the ability to determine when to have a child, resulting in fewer unplanned pregnancies, fewer abortions and greater education and economic opportunities.

In addition to the desirable benefits, certain contraceptive drugs can provide noncontraceptive health benefits to women, such as treatment for endometriosis, acne and alopecia. They can also help reduce the risk of ovarian and uterine cancer.

Senate Bill 233 requires coverage of certain preventive health care services without cost sharing. Research clearly demonstrates that benefits of evidence-based preventive health care helps identify risk factors for and

facilitates early detection of a disease, enabling more effective disease management and treatment.

Americans who go without needed preventive care often do so because of financial barriers such as copayments, coinsurance or high deductibles. According to the FDA, eliminating cost-sharing increases the likelihood that preventive services are used. Making key preventive health services available without cost sharing presents an opportunity to increase the use of covered preventive health services, improving the health of Nevadans overall.

No matter what happens at the federal level, this bill ensures Nevadans will have access to critical preventive health care without cost sharing.

Senate Bill 233 will enhance the health and lives of women, men and their families in communities throughout Nevada. I urge your support for S.B. 233.

TOBY FRESCHOLTZ, M.D.
I am an obstetrics and gynecology physician practicing in Reno. I am here as an advocate for the many underserved and underinsured women in our community in support of S.B. 233.

This bill would guarantee access to contraception free of any copayment. For many of my patients, even a small copayment can be a significant barrier to access. Keep in mind that contraceptive medications, whether they be oral or otherwise, often have indications other than prevention of unplanned pregnancy. These medications should be viewed as vital treatments for ailments far beyond that of preventing pregnancy.

This bill would also allow women to access 12 months of medication if appropriate. This would be especially important to my rural patients. Getting into the car and driving to a local pharmacy is a luxury many of us take for granted, but for some patients, transportation alone can act as a significant barrier to access. The local pharmacy can sometimes 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 good-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 for 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 contraception free from copayments 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.

Addressing some previous comments, the emergency contraceptives that are listed in this bill are thought to delay or prevent ovulation and are not considered abortive agents. Similarly, when a pregnant woman is found to be pregnant and has an IUD in place, the standard of care is to actually remove the IUD if possible.

ELIZABETH CASTILLO:
I am from Sparks and representing myself to support S.B. 233. I have submitted my written testimony (Exhibit J). I want to share my own experiences and highlight why access to birth control could also mean access to lifesaving medication. I, along with about one out of every ten women in the Nation, have polycystic ovary syndrome (PCOS), which is due to a hormonal imbalance. The PCOS causes a range of systems from irregular menstrual cycles to missed ovulations. However, the truly scary health risks associated with untreated PCOS are loss of future fertility and endometrial cancer.

The crucial treatment in preventing this disease is hormonal birth control which regulates cycles. Some have asked me if copayments would not apply in my case because the birth control is being used to treat a medical condition. If the no-copayment regulations were removed, it would probably vary based on the insurance policy as it did in the past.

However, my personal experience dealing with insurance companies and pharmacists is that the issue has been treated like any other birth control prescription in terms of accessibility and in terms of copayments and how many pill packets I could pick up at a time.

Some years ago, my doctor changed my dosage of birth control from the regular one pill a day to something stronger that ended up creating a huge mess between my pharmacist and the insurance company because they were only allowing me to get one pill packet per month. At the time, I was a college student without a car, so I had to take the bus to get around. I could not take a quick trip to the pharmacy. I had to schedule time between classes and other commitments where I could take the bus and get back, assuming there was no inclement weather and I was able to pick up the prescription and leave right away. For the times when things did not go perfectly, such as when my pharmacist had to spend hours trying to reach my doctor, it becomes an ordeal. In those cases, receiving 12 months of a prescription would be great. I urge you to vote yes on the bill and continue to help save lives, prevent cancer, ensure future fertility for women with PCOS and help keep Nevadans healthy.

SENATOR HARDY:
The drug misoprostol is listed under pregnancy termination on the Internet.

NNEDI STEPHENS:
I am a student at University of Nevada, Reno, double-majoring in Spanish and chemical engineering with a biomedical emphasis, minoring in mathematics and in Spanish translation. I have primary dysmenorrhea, and that means I experience heavy menstrual flow to heavy cramping. For me, my menstrual cramps were debilitating. I would have very sharp, severe cramps that lasted for two to three days with back pain that felt as though every single muscle in my lower back was contracting at the exact same time. For me, it was not feasible to continue without birth control. I am currently on birth control which is thanks to Obamacare. I would not be able to afford the prescription without it.

I recognize there are people who have religious objections to birth control, but I do not believe a young woman should have to choose between food for the week and birth control. Money can be tight for college students.

I also wanted to talk about the breast cancer and other cancer screenings. My mother and my aunt were diagnosed with breast cancer. Two of my Dad's sisters died from breast cancer. This is a very important issue for me. Without Obamacare, I would not have access to screenings or birth control that I really need. I would say to those people who have religious objections and are not supportive of this bill, I do not believe these religious objections outweigh my right to have a less painful existence or my right to obtain preventative care.

JENNIFER KNIGHT:
It has been brought up several times about the instances of taking hormonal contraceptives for reasons other than birth control. I had to have surgery due to ovarian cysts. Based on the information I could find on the cost of my surgery versus the cost of my birth control prescription, it would take 27 years of birth control to pay for the cost of the surgery.

I take birth control pills for birth control also. I have a major depressive disorder and have been in the hospital twice for suicidal ideation as recently as 2015. I have not been sexually active in months, but I still take the birth control pills because if I should become pregnant, it would be a high risk to my life and to the life of an unborn child. I struggle enough to keep my mood regulated with my mental health medication and with birth control to keep my hormones regulated. If I were to become pregnant and have that flood of hormones, there is a very real chance that I would attempt suicide again and be successful. If I were unsuccessful, then I could potentially lose an unborn child.

If I was able to make it to a term pregnancy, mental health medication is not kind to a fetus. I want it to be understood, it is not just that I am not ready to have children or my periods are really heavy, it is a profound issue that covers many things. I know there are religious objections and I respect a person who has convictions, but I have to ask, do I get to live too? Having this access helps to prevent my loss of life and a situation where I would have to worry about making a decision to have an abortion. This is not just to pay for my sex life. If I became a victim of a violent crime such as rape, I should not have that burden of decision. I should be able to have access and take my birth control.

HEIDI PARKER (Executive Director, Immunize Nevada):
We are a statewide 501(c)(3) nonprofit coalition of individual, business and organization partners working together to impact Nevada's communities by connecting the public with information and resources to solve an immediate health need of getting vaccinated. I have submitted my written testimony (Exhibit K) in support of S.B. 233 as it includes vaccines as a preventative health care benefit.

We have also submitted a recommendation for a friendly amendment to make the language around vaccines consistent in the bill. Nevada's immunization rates are the highest they have been in over a decade, posting double-digit increases since 2007. During that same period, the number of uninsured children and

adults has been substantially reduced. There is a clear connection between having health insurance and getting vaccinated. We cannot afford to lose this positive momentum. Many of our coalition partners agree and have also submitted testimony, the Washoe County Health District (Exhibit L) and Planned Parenthood, Exhibit I.

To become a healthier state, we must invest in policies that support prevention and wellness. Thanks to the Prevention and Public Health Fund under the Affordable Care Act, hundreds of thousands of Nevadans benefit from increased access to vaccines and other preventative health services through funding provided to local organizations and State programs. Quite simply we are a heathier State because of this Fund. Whatever we can do to improve and strengthen preventative and public health in Nevada will positively affect and benefit all Nevadans. Since the future of the Affordable Care Act and the Prevention and Public Health Fund is uncertain, it is imperative we ensure our preventative health programs and services are funded and continue to be accessible for all. This bill is a crucial step to creating a healthy future for all Nevadans.

VIVIAN LEAL:
Accessible, affordable and dependable contraception gives women control over their lives and careers across age groups and medical situations. 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. Accessible and affordable contraception enables all of us to be responsible and independent citizens.

What's remarkable about our family story is how unremarkable it is. My husband and I married at the age of 21 in 1987. We had little money and crushing student loans at a rate of 9 percent, which was the going rate at the time. We were lucky to have access to affordable dependable contraception through a local clinic that made it their mission among the university students.

We had our first child much later when I was 29. We spent that decade working hard, getting graduate degrees and saving so that when we had children, we could support and educate them. We had three awesome daughters. One is a Harvard graduate working at the 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 a gutsy eighth grader who is an accomplished archer 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 in a global economy in flux. The contentious debate about access to contraception through health care leaves many vulnerable to an interruption of care. This is where accidents happen. We need to legislate dependable access with 12-month prescriptions to ensure Nevada women and families are independent, responsible and successful.

CATHERINE M. O'MARA (Executive Director, Nevada State Medical Association):
I am here in support of S.B. 233. Particularly with the 12-month contraception provision in the bill, we believe this legislation will promote public health and women's health. The 12-month contraception provision promotes continuity of care.

A letter of support was submitted by Keith R. Brill, M.D., who is a practicing physician in obstetrics and gynecology in Las Vegas (Exhibit M). Dr. Brill referred in his letter to a friendly amendment, Exhibit K, proposed by Ms. Parker, representing Immunize Nevada in previous testimony. The Nevada State Medical Association supports S.B. 233 and the proposed amendment.

IRERI BRAVO:
I am speaking in support of S.B. 233. It is very important for women to have access to birth control and not be a burden on their finances. I have chronic migraine headaches and was lucky enough to have birth control in order to get the migraine headaches under control. Now, I have a healthy 9-month-old baby. I had the proper care during my pregnancy because I had several years to plan and prepare for the illness I have and care for a child. Now that I have my baby, I still have the migraine headaches, but they are under control. I know I do not have to worry about an unplanned pregnancy, and I can care for my child and myself. I urge you to please pass this bill. I want every woman in Nevada to have assisted birth control just like I did, and I want my daughter to have it in the future.

SANDRA KOCH, M.D. (American College of Obstetrics and Gynecology):
I have been practicing in Carson City for almost 30 years. I support S.B. 233 because it is important to recognize how big a difference it makes to have the

barriers for preventative services removed. In our office at Carson Medical Group, we saw a significant influx of women who had not been seen in years for preventative services. By taking care of these women, we were able to prevent life-threatening illnesses, unplanned pregnancies and the spread of communicable diseases.

Over the same period of time, we have seen a significant drop in unplanned pregnancies, across the Country as well as in Nevada, to levels never before recorded. These are the lowest levels of unplanned pregnancies seen in this Country.

In 2010, Nevada had a 52 percent unplanned pregnancy rate, which is an unacceptably high number. We are all happy to see the rate decreasing. The group of people most prominently affected are the women within 200 percent of the Federal Poverty Level as noted on the graph located in my submitted written testimony (Exhibit N). There has also been a dramatic drop in unplanned pregnancies because barriers have been removed.

This has happened because there is a significant increase in the use of long acting reversible contraceptives. These include the Progesterone shot, the Nexicon implant and the intrauterine progesterone devices, all of which work by plugging the mucus, preventing sperm from penetrating the cervix.

In addition, it includes the copper IUD which works by creating a hostile environment inside the uterus as copper is toxic to sperm, and the sperm is basically eaten when it enters the uterus. Whenever we find a woman who becomes pregnant with an IUD—it happens on rare occasions, we remove the IUD as quickly as possible to give that pregnancy the greatest chance of survival.

Since I have been in practice, we seem to get an increase in phone calls on Saturday nights of women in a panic because they do not have their next package of birth control pills. To the surprise of many of my patients, the first pill in the package is the most important one not to miss. Women who have the least resources have the most difficult time getting themselves to a pharmacy to pick up those contraceptives.

Data from studies have been able to demonstrate that women who receive greater than seven months of birth control pills are able to continue those pills

at a higher rate of consistency than women who only receive a three-month supply. I have a great many patients who only receive one month of birth control pills at a time. I am in favor of the 12-month supply.

A vasectomy is much less expensive than a tubal ligation. I was happy to see that method of birth control added to the list.

Ulipristal acetate, not Misoprostol, is considered the most effective morning-after pill and requires a prescription. This type of prescription delays ovulation. We do not always understand the mystery behind how these medications work all of the time. All FDA methods of contraception need to be made available because there are contraindications to every one of them, depending on the medical condition. A yes vote on this bill protects the health and welfare of Nevada's women, but it will also benefit our society and our budget.

SENATOR HARDY:
Is it Mifepristone followed by the prostaglandin analogue Misoprostol for first and second trimester medical abortions?

DR. KOCH:
Those are the medical abortifacients. These medications are known to cause abortion and can be used both individually or together.

SENATOR HARDY:
Are they sometimes listed as emergency contraception?

DR. KOCH:
No. We do not list these medications as emergency contraceptives but do use the medication ulipristal.

DR. HARDY:
I understand what you are using, but S.B. 233 does not specify medications for emergency contraceptives.

DR. KOCH:
When the morning-after pill is listed, there are two, Plan B and Ella. I believe these are the only two approved by the FDA.

LISA PERRYMAN:
I am a single mother of an amazing little boy. I decided to return to school for civil engineering about a year ago to provide a better life for my son and get us out of the cycle of poverty. I wanted to provide a role model so he can see the importance of education firsthand. Deciding to pursue my education was not an easy choice, knowing that any unexpected cost can stop me in my tracks. Between working two jobs and taking 15 credits, it is extremely difficult to make it to the pharmacy to pick up my birth control prescription every month. Long-term forms of contraception, like the IUD, have worked out much better for me.

In the past, the copayment was too expensive. Our current health insurance plan made the cost more affordable. This makes it possible for me to pursue my education and my financial future. I am asking you to approve this bill to ensure Nevada women, like me, can continue to receive the birth control we all need without having to decide whether to pay for a birth control copayment or groceries. Without the peace of mind affordable birth control provides, I could not give up my low-paying job as a pharmacy technician to pursue a more financially stable career as a civil engineer. Please continue to give Nevada women that same peace of mind.

MEG NEIDERT:
I served on active duty in the U.S. Army for 20 years, including 16 months as a rear detachment commander where I was responsible for preparing soldiers to deploy.

In the military, active duty women receive all of their medical care through the military medical system, including contraception. I can tell you from personal experience that even when the medical care is free, the pharmacy is free, and the pharmacy is located on the installation where I happened to work, getting to the pharmacy within that window of every two or three months to pick up that prescription is still a challenge. Getting the prescription for 12 months is an improvement.

Reservists and national guardsmen only receive military medical care when they are on orders. When a woman receives deployment orders, she might have a few months to prepare for deployment at her home in Nevada. During most deployments, sexual relations are a violation of General Order 1. Contraception is, therefore, not normally considered necessary by the military. However, those

women who use contraception to treat medical conditions besides the prevention of pregnancy, need to continue taking the contraception.

Establishing a relationship with a military medical provider and continuing to receive the same type of contraception from the military pharmacy as she was getting from her private doctor will be a barrier for her. If she was allowed to leave her home in Nevada with a 12-month supply of contraceptives, she would not have to worry about her medicine.

In addition, deployment is often a financial burden on reservists and national guardsmen. Removing the copayment for that supply helps them financially at a time of stress. I encourage you to pass all provisions of S.B. 233.

MICHAEL HACKETT (Nevada Public Health Association):
We support S.B. 233. Among our advocacy priorities for 2017, the following speaks directly to and in support of many of the provisions contained in this bill. In advocating for tobacco and e-cigarette prevention and cessation policies, diseases caused by tobacco use are the most preventable. Requiring coverage for smoking cessation programs will help support tobacco control efforts at the State and local level.

By protecting and promoting maternal child and adolescent health, the Nevada Public Health Association supports evidence-based programs and policies to prevent sexually transmitted diseases, including rapid HIV testing and prevention of STD risk behaviors. We also support State and local teen pregnancy prevention as well as immunization as recommended by the Centers for Disease Control and Prevention and the United States Department of Health and Human Services.

Improving access to clinical and preventive health services, reducing or eliminating financial barriers to accessing health care will improve access to clinical and preventive services. This includes the services and programs specifically stated in S.B. 233.

We fully support evidence-based injury and violence prevention efforts to detect and reduce incidents of domestic violence.

In advocating for policy measures that address health equity and the social determinates of health, social determinates of health encompass a wide array of

considerations, including those that have already been mentioned: educational, geographic, racial, ethnic and economic. Ensuring the provisions identified in this bill are enacted will help to reduce the impact of certain social determinates of health that will improve health equity for all populations.

The final provision is advocating for local, state and federal investment in public health infrastructure and programs. Efforts by this Legislature to safeguard health insurance coverage gains seen by Nevadans including essential benefits covered by public and private plans is an investment by the State in the programs and services described in this bill.

ALANNA BONDY (Intern, American Civil Liberties Union of Nevada):
I echo the sentiments of previous speakers and emphasize that women have consistently endured sex discrimination in accessing and obtaining health care. Senate Bill 233 attempts to rectify this inequity. Despite the fact that the Supreme Court of the United States has ruled that women have a fundamental right to access and use contraceptives, various methods have been used in an attempt to block women from exercising this right.

These discriminatory practices negatively affect all women and do not promote a healthy society. Women require reproductive care in various forms throughout their lives, and they have a right to access this care. The proposed language ensures access to reproductive care and equal protection under the law.

SHAUN GRIFFIN (Executive Director, Community Chest):
I lead several coalitions across the State and one in northern Nye County, specifically Tonopah. I am here to speak about the dire health care situation in the rural counties. Public health services in rural Nevada were cut by two-thirds when funding was no longer available.

After the hospital closed, the only place providing health care services to residents was the Tonopah Community Health Nurse. When the Community Health Nurse lost funding, there was virtually nothing. Many people told us there was insurance, local providers, managed care and fee-for-service services in the area. That is not true. There was no way to transport individuals who were in an accident. The nearest hospital is 100 miles in either direction. I wrote a proposal for funding so the Community Health Nurse could provide immunizations, birth control, women's health and other school-based health services in Tonopah. The funding of $35,000 was put up to fund these

services. This is because the Title X of the Public Health Services Act grant was not funded fully in Nevada. This is wrong.

Renown has taken over the hospital. They offer a nurse on-site four days a week, but they do not take the insurance covering most city and county employees. We are basically back where we started. Without the Tonopah Community Health Nurse in this community providing women's health services, they would have nothing. When you need help, it is radical. I hope you can pass S.B. 233.

KIMBERLY MULL (Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence):
We represent the domestic and sexual violence programs around the State. We support S.B. 233. We believe it is unconscionable that prior to national health care reform, domestic and sexual violence victims and the result of the victimization was considered a preexisting condition and denied coverage by insurance providers. Interpersonal and domestic violence screenings are considered a preventative measure and should be included for everyone. We want women, children and men who find themselves in these situations to rely on the preventative measure a doctor can choose for them. We strongly support S.B. 233.

STACY SHINN (Policy Director, Progressive Leadership Alliance of Nevada):
We support S.B. 233.

CAROLINE MELLO ROBERSON (Director, NARAL Pro-Choice Nevada):
We support S.B. 233. I have submitted my written testimony (Exhibit O). Some amended language (Exhibit P) has been submitted to ensure the bill covers all forms of contraception and articulates the definition of therapeutic equivalent. We believe these issues are popular for Nevadans and everyone should have access to affordable and accessible contraception.

TESS OPFERMAN (Nevada Women's Lobby):
We support S.B. 233.

SHANNON SPROUT (Chief, Policy Development and Program Management, Division of Health Care Financing and Policy, Department of Health and Human Services):
The Division of Health Care Financing and Policy is neutral and would like to provide the following information. For provisions of this bill that require changes in coverage of contraceptives to be dispensed in quantities of up to 12 months, the Division currently covers up to a 100-day supply. If S.B. 233 passes, the Division can make changes through a policy change and system to accommodate the 12-month supply.

The proposed provisions on sterilization limit the allowable waiting period. This would put the Division in violation of federal regulations. Pursuant to regulation 42 CFR section 441.258, the Division is mandated for at least a 30-day waiting period prior to the date of the sterilization.

In addition, the proposed regulation limits the ability of Medicaid to impose prior authorization on contraceptives. Currently, the Division does not have any prior authorization on contraceptives, but the drug used by the Social Security Act is required to conduct prospective and retrospective reviews. The provisions of this bill would limit the ability for the precaution and safety to review the drugs. This would put the Division at risk for losing significant federal drug rebates.

The provisions of the bill would require Medicaid to cover breast pumps and prenatal genetic testing. The Division does not cover these services but can look at implementing them through a State Plan amendment, policy changes and system changes that would have a significant impact.

REGAN J. COMIS (Nevada Association of Health Plans):
We are neutral on S.B.233. We did want to bring forward a possible unintended consequence to the attention of the Committee. If an insured chooses to obtain their 12-month supply of contraceptives at once, we as the insurer would pay for it, but it would exhaust her insurance benefit for that period. Should the individual lose or damage her birth control, she would be responsible for supplying her pills until the new benefit begins.

CHELSEA CAPURRO (Health Services Coalition):
We share the same concern as the previous speaker. There could be a damaged pill, and the woman would have to pay for a new package. Also, the prescription may not work for the individual and if she wants to get a different

prescription, she may have to pay for it herself. We want to ensure some of these issues are addressed. Some of the step therapy and prior authorization services are not always a cost-saving measure. We are neutral on the bill but wanted to put some of our concerns on the record.

LYNN CHAPMAN (State Vice President, Nevada Eagle Forum):
Nothing is free. Someone has to pay for services. The State government and the insurance companies do not have any money since they receive their money from taxes and premiums that keep increasing. Why would you remove the religious exemptions from S.B. 233? I heard people are not using the exemption, but that does not mean people in the future will not use it. Why remove it? This bill is very inclusive except for the people who would like to use a religious exemption. Taking the religious exemptions out of the law is the wrong thing to do.

JANINE HANSEN (State President, Nevada Families for Freedom):
We have concerns that this bill contains an unfunded mandate. That does not mean that nobody has to pay for contraception, it means someone has to pay for it. It is inappropriate for the State to mandate to the counties things that they are unwilling to fund. We object to the unfunded mandate.

Secondly, the summary references reproductive health care. In the real world, we all know that covers abortions. Whether S.B. 233 covers abortions has not been established, although it does lay the foundation for the future.

Another serious concern is outlined in the Legislative Counsel Bureau's Digest that removes the religious exemption currently in the law. The Nevada Constitution Ordinance states, "the 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." Article 1, section 4 of the Nevada Constitution, reads "Liberty of conscious. The free exercise and enjoyment of religious profession and worship without discrimination." This bill certainly discriminates against those of us who have a religious preference, shall it ever be allowed in this State, but liberty of conscious is hereby secured.

It is important to note we are losing our religious liberties. The United States Supreme Court has said that companies comprised of individuals, in the *Burwell v. Hobby Lobby Stores, Inc.* (Exhibit Q), should have their individual liberties protected. This is an erosion of our religious liberties, and it is

unfortunate that we are now on a slippery slope and setting a state policy that denies religious liberty.

MELISSA CLEMENT (President, Nevada Right to Life):
We are in opposition of the bill, and I agree with the remarks from the past two speakers. Nevada Right to Life is concerned this bill may lead to coverage of abortion or abortifacient drugs. Also, we are concerned about the hostility toward religion and the faithful. The intent of this bill is to offer some very important screenings. The cervical cancer screenings, mammograms and other preventative screenings. This bill has some positive services being offered, so I question why ruin the bill by removing religious liberty?

BONNIE MCDANIEL:
Only God can make the perfect human being, and only God can take that soul and body away. To pass S.B. 233 is to commit murder not only to the fetus, that is a human at conception, but to put yourselves higher than God. You will take that to your grave if you vote for this bill, taking away the religious liberties that we all have. It can never be undone once that life is gone. Think before you vote today 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 for that matter who will pay for it. Please vote no on S.B. 233 as it violates everyone's religious liberties; yours, mine and everyone else's, including the unborn child.

JOY TRUSHINSKI:
I oppose S.B. 233 on religious grounds. Those individuals and organizations who do not support abortion should not have to pay for the service. If this bill does not include abortion as a method of contraception, it needs to say so in the language of the bill. I do agree with the previous testifiers who oppose this bill.

WILLIAM P. TARBELL
I am a retired Presbyterian minister, and I have heard a great deal recently about mirroring federal law and federal decisions in other locations besides the Legislature. The provision dropping religious conscience in the decision-making process does not mirror recent decisions on the federal level. Why does the language in S.B. 233 not mirror the Supreme Court decision?

There is a common misunderstanding about religious beliefs. Many people regard them as an individual's choice to listen to religious teachings. All of the world's major religions of Christianity, Islam, Buddhism, Hinduism, and Judaism

have developed their doctrines and beliefs over time after watching what is best for the human community and for the human individual. It is important to remember that when we talk about deeply held religious beliefs, they are grounded not only in some revelation but in vast human experience. To dismiss any deeply held religious belief on the part of the State, on the part of the Nation or any other group is a mistake. It sets precedence.

There is an old saying that the devil is in the detail. I would suggest the devil in this case is in the principle of deleting religious belief.

Why use the force of law to accomplish this? There are a great many details in this law that are worth defending and supporting. I lost my first wife to breast cancer. Even though we took steps to watch out for the disease, I am keenly aware of the importance of defending the rights and health of women.

JUANITA CLARK (Charleston Neighborhood Preservation):
I will focus on the religious aspect which is in the Constitution. There are no insignificant factors in our Constitution. It sounds as if a part of the language is being ignored because the Committee favors other parts of the bill. That is not wise.

SALLY ZAMORA:
I am a Christian and very concerned about S.B. 233. Much of what I believe has been stated by previous speakers. I feel this bill is a door opener to deny my religious liberty. My opponents would argue that it does not do that; yet, many people perceive that it does The vague language, such as reproductive health care, has always been interpreted to mean abortion. This vagueness seems to be intentional, making us wonder what the real intention is. More government interference and more religious interference seems to be the rule of the day. I would like to see that door closed in regard to religion. I am above all else a Christian.

I am sure we agree we would like to see more people involved in politics. Well, maybe this is one way to get it done. Some may want to get involved in politics if they feel insecure about their religious beliefs. A no vote on S.B. 233 will assure me and other Christian constituents that your intention to secure our religious rights is protected. Please protect the religious rights of Americans.

SENATOR RATTI:
I want to thank everyone who participated in the dialogue today. I know there are some issues in our society where it is difficult to find common ground. I heard some common ground on a handful of issues. Everyone in the room today cares deeply about making sure that women receive the preventive screenings and health care they need.

In bringing forth this bill, it is not my intent to disrespect any person's religion. In attempting to be as expansive as possible and cover all women, particularly in disparity people of color, people with low-financial literacy and people living in lower-income levels, I do not think it is fair for an employer to be able to insist its religion should have an effect on an employee. We should all have freedom from religious persecution.

Maybe you are a low-income woman who is no longer able to access the preventive health care needed, such as the contraception to plan your family, to pull yourself up by the bootstraps and make it to the next level because your employer has a specific religious belief. I am willing to continue the dialogue to find the space for a small number of people who have a challenge with implementing this law, but we are not forcing one religion or another on anyone through our policies. This comes from the most sincere space of trying to make sure all women have access to the health care they need.

There is no intent to include abortion. If the language is vague, I am happy to consider an amendment to make it clear. The intent of the bill is to provide all women a lifespan of care with vaccinations, contraception, prenatal care, cancer screenings, hormone therapy and a range of services in between.

SENATOR SPEARMAN:
After reading this bill, I did not take offense to the language regarding religious freedom. It is important to acknowledge our religious beliefs. I am Christian, but I have friends who are Jewish. I also have friends who are of various faiths; some are of the Sikh faith, some are Agnostic, some are still seeking their religion. If we allow one person to use their religion as an excuse not to provide health care, then it must be allowed for all religions. It is not a matter of limiting religious freedom as much as it is protecting religious freedom.

When I served in the U.S. Army, every place I went as an ordained minister and a graduate of the Episcopal Seminary of the Southwest, I always worked with

chaplains. We prepared people to go into unknown situations. As a company commander, I covered several different religions and respected all of them. Individuals put their lives on the line for our freedom. It is not so much about the religion but more about the faith of who and what people believe.

I heard the words of the college student who was majoring in Spanish and engineering. She asked about her rights and beliefs. There are many employees who work for employers who are not Christian. We need to respect the rights of the people who need the preventative screenings offered in this bill. It should not be about whether an individual can afford preventative medicine or screenings. It should be about equality under the law.

SENATOR HAMMOND:
The conversation we have had on S.B. 233 has been long but very useful. I respect the comments about religion, and this is where we have to untangle our thoughts and come up with the compromised language. Religion is near and dear to most Americans. If we did not have the right to observe our religion, we would not have Mohammed Ali saying he objected to fighting in a war. I agree with his ability to make that statement. We are also talking about rights, and we have a Supreme Court decision regarding this issue. We will really have to dissect this bill to come up with language suitable for everyone. We do need to keep religion on the table as we discuss S.B. 233.

SENATOR WOODHOUSE:
I will close the hearing on S.B. 233.

CHAIR SPEARMAN:
This was a meaningful discussion. Since we have concluded our business for the day. I will adjourn the meeting at 6:16 p.m.

RESPECTFULLY SUBMITTED:

_____
Martha Barnes,
Committee Secretary

APPROVED BY:

_____
Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	**Exhibit / # of pages**		**Witness / Entity**	**Description**
	A	2		Agenda
	B	8		Attendance Roster
S.B. 71	C	1	Megan Comlossy	Work session document
S.B. 120	D	1	Megan Comlossy	Work session document
	E	23	Senator Pat Spearman	Summary of Reviews of Governmental and Private Facilities for Children 2015-2016
S.B. 189	F	2	Senator Pat Spearman	Proposed Conceptual Amendment No. 1
S.B. 189	G	2	Senator Pat Spearman,	Proposed Conceptual Amendment No. 2
S.B. 189	H	2	Laurel Stadler/Northern Nevada DUI Task Force	Drunk and Drugged Driving brochure
S.B. 233	I	2	Elisa Cafferata/Nevada Advocates for Planned Parenthood Affiliates, Inc.	Letter of support
S.B. 233	J	2	Elizabeth Castillo	Written testimony in support
S.B. 233	K	2	Heidi Parker/Immunize Nevada	Written testimony in support
S.B. 233	L	1	Washoe County Health District	Letter of support
S.B. 233	M	3	Catherine M. O'Mara	Written testimony in support From Keith R. Brill
S.B. 233	N	4	Sandra Koch	Written testimony in support
S.B. 233	O	2	Caroline Mello Roberson/NARAL Pro-Choice Nevada	Written testimony in support
S.B. 233	P	1	Caroline Mello Roberson/NARAL Pro-Choice Nevada	Proposed amendment

S.B. 233	Q	56	Janine Hansen/Nevada Families for Freedom	Copy of U.S. Supreme Court Decision