

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

**Eightieth Session
May 8, 2019**

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 12:55 p.m. on Wednesday, May 8, 2019, in Room 1214 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/80th2019.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Lesley E. Cohen, Chairwoman
Assemblyman Richard Carrillo, Vice Chairman
Assemblyman Alex Assefa
Assemblywoman Bea Duran
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblywoman Connie Munk
Assemblywoman Rochelle T. Nguyen
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

Assemblyman John Hambrick (excused)

GUEST LEGISLATORS PRESENT:

Senator Julia Ratti, Senate District No. 13
Senator Joyce Woodhouse, Senate District No. 5
Senator Yvanna D. Cancela, Senate District No. 10

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Christian Thauer, Committee Manager
Terry Horgan, Committee Secretary

Alejandra Medina, Committee Assistant
Sandro Figueroa, Data Information Technician

OTHERS PRESENT:

Chelsea Capurro, representing Nevada Advanced Practice Nurses Association
Jeanine Packham, Immediate Past-President, Nevada Advanced Practice Nurses Association
Joan Hall, President, Nevada Rural Hospital Partners
Catherine M. O'Mara, Executive Director, Nevada State Medical Association
Paige Barnes, representing Nevada Nurses Association
Marty Elzy, Management Analyst, Central Services and Records Division, Department of Motor Vehicles
Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America
Stephanie Ball, Private Citizen, Reno, Nevada
Laura Fitzsimmons, Private Citizen, Carson City, Nevada
Mary W. Richardson, Private Citizen, Reno, Nevada
Vivian Leal, Private Citizen, Reno, Nevada
Joe Casey, Private Citizen, Reno, Nevada
Karina Provost, Southern Nevada Organizing Coordinator, NARAL Pro-Choice America
Elisa Cafferata, representing Planned Parenthood Votes Nevada
Megan Ortiz, representing American Civil Liberties Union of Nevada
Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada
Crystal Allen, Private Citizen, Las Vegas, Nevada
Jean Melby-Mauer, Legislative Representative, Paradise Las Vegas Indivisible
Lonny Rimel, representing Indivisible Northern Nevada
Brie d'Ayr, Private Citizen, Reno, Nevada
Bill Sims, Private Citizen, Reno, Nevada
Alex Camberos, Private Citizen, Las Vegas, Nevada
Cassandra Charles, Private Citizen, Las Vegas, Nevada
Victoria Ruiz-Marin, Private Citizen, Las Vegas, Nevada
Izzy Youngs, representing Nevada Women's Lobby
Janet Serial, Chair, Black Caucus of the Democratic Party of Washoe County
Paul Lenart, Private Citizen, Reno, Nevada
Donna West, Private Citizen, Las Vegas, Nevada
Marla Turner, Private Citizen, North Las Vegas, Nevada
Tracy Puckett, Private Citizen, Las Vegas, Nevada
Donald Gallimore Sr., Private Citizen, Reno, Nevada
Sarah Mahler, Private Citizen, Sparks, Nevada
Madison Johnson, Private Citizen, Reno, Nevada
Melissa Clement, representing Nevada Right to Life
Kathleen Rossi, Private Citizen, Reno, Nevada
Stacy Mellum, M.D., representing Nevada Right to Life
Beverly Ozmun, Private Citizen, Las Vegas, Nevada

Erin Phillips, President, Power2Parent
Anna M. Serra-Radford, Private Citizen, Las Vegas, Nevada
Nick Emery, Executive Director, Life Choices Community Pregnancy Clinic, Carson City, Nevada
Laura Brown, Private Citizen, Reno, Nevada
Yolanda Knaak, Private Citizen, Incline Village, Nevada
Claire M. Trébaol-Clark, Private Citizen, Las Vegas, Nevada
Shana Gotthardt, Private Citizen, Las Vegas, Nevada
Deborah Earl, Vice President, Power2Parent
Lynn Chapman, State Treasurer, Independent American Party
Karen England, Executive Director, Nevada Family Alliance
Bob Russo, Private Citizen, Gardnerville, Nevada
Michelle Caven, Private Citizen, Boulder City, Nevada
Gary Sayre, Private Citizen, Henderson, Nevada
Evelyn Sayre, Private Citizen, Henderson, Nevada
Mike Dyer, Director, Nevada Catholic Conference
Janine Hansen, State President, Nevada Families for Freedom
Don Nelson, representing Pro-Life League of Nevada
Concetta Tedesco, Private Citizen, Las Vegas, Nevada
Mayeli Ontiveros, Private Citizen, Las Vegas, Nevada
James Koury, Private Citizen, Las Vegas, Nevada
Molly Rose Lewis, Northern Nevada Organizing Coordinator, NARAL Pro-Choice Nevada
Brittany Kincheloe, Private Citizen, Minden, Nevada
DeeEdrah White, representing Power2Parent
Monica Bermender, Private Citizen, Reno, Nevada
Darryl Bermender, Private Citizen, Reno, Nevada
Jeany Carroll, Private Citizen, Las Vegas, Nevada
David Walker, Private Citizen, Las Vegas, Nevada
Debra Winn, Private Citizen, Las Vegas, Nevada
Madeleine Bydalek, Private Citizen, Reno, Nevada
Sharon Williams, Private Citizen, Reno, Nevada
Bruce Fong, Private Citizen, Reno, Nevada
Yvette Berry, Private Citizen, Reno, Nevada
Diane Nohr, Private Citizen, Reno, Nevada
Penny Brock, Private Citizen, Reno, Nevada
Lenni DePaoli, Private Citizen, Reno, Nevada
Patty Gurries, Private Citizen, Reno, Nevada

Chairwoman Cohen:

[Roll was taken. Committee rules and protocol were explained.] We will take the bills out of order today and begin with Senate Bill 456 (1st Reprint).

Senate Bill 456 (1st Reprint): Revises provisions relating to staff privileges for advanced practice registered nurses at hospitals. (BDR 40-786)

Senator Julia Ratti, Senate District No. 13:

Nevada faces a severe shortage of health care providers. Two out of every three Nevadans live in an area designated by the federal government as having a shortage of primary care medical providers. More than nine in ten Nevadans—95 percent of the state's population—live in a federally designated mental health professional shortage area. These statistics are even more sobering in rural Nevada. One approach to improving access to care is to rely on mid-level health providers such as advanced practice registered nurses (APRNs) for more services. In Nevada, APRNs, including certified nurse midwives, can currently practice independently, which reduces the need to rely solely on physicians, and can help residents throughout the state obtain medical care. However, these mid-level medical providers are often reimbursed at a lower rate than physicians who are providing the same services. The 2010 federal [Patient Protection and] Affordable Care Act aimed to address a piece of this problem by increasing reimbursement rates for certified nurse midwives to 100 percent of the amount paid to physicians for the same procedures.

While a higher reimbursement rate is available and solved part of the problem, very few nurse midwives are licensed in the state of Nevada, partly because without hospital privileges they cannot admit patients or practice independently in a hospital setting. Senate Bill 456 (1st Reprint) addresses this problem by authorizing hospitals to grant APRNs privileges to work in their facilities. The bill does nothing to change the scope of practice for an APRN and, in fact, it clarifies that the services provided by an APRN who has been granted privileges must be within the APRN's scope of practice. That is language in the bill. Our hope is that this change will encourage more certified nurse midwives to practice in Nevada.

It is a pretty straightforward bill, but there is an amendment to the bill that adds five words, "as a licensed independent practitioner" ([Exhibit C](#)). If they were granted privileges within a hospital, those privileges did not have to be under the supervision of or in a cooperative agreement with a physician, so the physician would not have to take on that liability or any other issues. It really is an independent practitioner operating within his or her scope of practice. If you are a nurse midwife, it adds that hospitals may grant privileges.

Assemblywoman Titus:

This is enabling language. You are not mandating that a hospital give privileges to APRNs, but they may do so, correct?

Senator Ratti:

If you look at section 1, subsections 1 and 2 of the bill, it reads that "A hospital shall not automatically admit" nor shall they automatically "deny admission," and that is very specific. The hospital still has the ability to decide to whom they are granting privileges.

Assemblywoman Titus:

I was referring to [section 1, line 3]: "A hospital may admit an advanced practice registered nurse," and I just wanted to have on record that this is not a mandate. Thank you also for the clarification that not all nurse practitioners are licensed independent practitioners. There is a

requirement of time, licensure, insurance, et cetera, for independent nurse practitioners. Not all nurse practitioners feel they need to do that, so thank you for that clarification.

Also for clarification, there are a lot of things within my scope of practice that I may do—for example, deliver babies. I have been trained to do that, but I have not done that for a number of years. There is a difference between something that is within my scope of practice, but one still must be able to document competency within that skill set. After one gets into practice, the person may narrow down what he or she feels comfortable doing. The hospitals—and I want to put this on the record—have the right to say, as they would for me or for any professional applying, that it may be within my scope, but they can still require documents of competency before giving hospital privileges to a health care professional.

Senator Ratti:

Those are all excellent points. There is no intent in this bill to give APRNs an elevated status or to have them treated any differently than any other professional who would be getting privileges at a hospital. They would still be expected to go through the normal process that any practitioner would to get their privileges at a hospital. What the bill was addressing was the fact that they could not get those privileges, so to be very clear and on the record, they still have to go through the hospital's process. They still have to be operating within their scope, and they still have to provide the documentation that gives that facility the comfort level that they have the skill set to be operating on the things they have been given privileges for.

Chelsea Capurro, representing Nevada Advanced Practice Nurses Association:

I was here to provide support should the Senator need it, but she obviously did not need it and did a great job answering all those questions. We are just here in support.

Assemblyman Carrillo:

I have a question regarding the APRN. I know what a registered nurse (RN) is, but what is the definition of advanced practice?

Senator Ratti:

There are multiple levels of mid-level providers within the medical profession, from medical assistant to physician, and lots of things in between. I think we have an expert here who can shed some clarity on this.

Jeanine Packham, Immediate Past-President, Nevada Advanced Practice Nurses Association:

[Jeanine Packham supplied a letter in support of the bill ([Exhibit D](#)) and supplemental documents ([Exhibit E](#)).] That is a very good question, and we hear it all the time. An APRN is a registered nurse with an advanced scope of practice. First, we are all RNs, and then we have a minimum of a master's degree in our respective specialty—for example, nurse practitioner—in which there are various specialties, certified nurse midwives, nurse anesthetists, and clinical nurse specialists. There are four types of APRNs. We have

advanced didactic and clinical training to do more medical things, but the basis of our practice is still nursing.

Chairwoman Cohen:

Have hospitals indicated why they might be denying privileges for advanced practice nurses or for other professionals?

Senator Ratti:

I do not know that I can speak for the facilities except to say that I do not think it has been enabled by legislation. The evolution of the mid-level practitioner has been a series of steps. We had to get mid-level practitioners set up in the *Nevada Revised Statutes*, then they had to be able to bill for their services, and finally, we had to have a conversation about their operating independently. Each time we peel away a layer, we figure out that there may be another barrier. You have seen several bills this session to allow mid-level providers to sign off on certain documentation. As we are integrating mid-level providers into the overall system of care, we keep figuring out places where clarity in the law would be helpful to allow them to practice at the full extent of their scope, thereby meeting the needs of Nevadans experiencing shortages of highly qualified health care professionals.

Chelsea Capurro:

As Senator Ratti said, we have seen a progression toward this. In 2012, the Veterans Administration started allowing APRNs to do this, but it was very specific to states that allowed them to have independent practice authority, which Nevada did not implement until the 2013 Session. Since that bill [Assembly Bill 170 of the 77th Session] was passed in 2013, it has been a progression to get these APRNs to their full scope of practice and cut back on some of the limitations—whether intentional or not.

Chairwoman Cohen:

If we pass this, will this be the last hurdle to get privileges, or do you see any other issues on the horizon?

Senator Ratti:

Every session we find a little something based on their practice in the field. I would love to say that this bill, and others this session, will clear all those hurdles, but we seem to always find a little something else.

Assemblywoman Titus:

Our little hospital has nurse practitioners who have privileges. The issue is that they do not have independent privileges. They do rounds on my long-term care patients, but there is a requirement that I see those patients about every third month. It is not that we are denying them; there was just not a segue to give them independent privileges to see their own patients at the hospital without a physician also having to see that patient.

Chairwoman Cohen:

Seeing no other questions, we will move to support. Is there anyone who wishes to testify in support of S.B. 456 (R1)?

Chelsea Capurro:

I want to officially put support for this by the Nevada Advanced Practice Nurses Association on the record. Assemblywoman Titus already mentioned this is not a requirement; this is just a great recruitment and retention tool for hospitals and a great way to start integrating APRNs in new and different ways, and we want to thank the sponsor for her work on this. As I mentioned earlier, this is something the VA hospitals have already implemented, and we are excited to see how this plays out in Nevada. We really appreciate Senator Ratti's work on this.

Joan Hall, President, Nevada Rural Hospital Partners:

Nevada Rural Hospital Partners are the 12 critical access hospitals in Nevada. As was stated, this is enabling legislation so we would go through the normal credentialing process. The evolution of health care is an impetus for this bill. Because of a lack of health care providers, we are now trying to allow everyone to practice at the top of their scope, and this bill promotes that. I can remember when osteopathic physicians or dentists were not allowed on hospital staffs. This is just another step in the process.

In rural Nevada, only three critical access hospitals have obstetrical units—so there are only three rural hospitals that deliver babies. They are really looking at this for the certified midwife process, and this bill would be very beneficial for that. For that reason, I urge your support.

Chairwoman Cohen:

Have you heard from your hospitals? Is this something they are interested in and looking forward to including?

Joan Hall:

Yes, the three hospitals that deliver babies are very interested in this. Finding obstetrical physicians who want to live in Winnemucca or Ely is difficult, but there are certified midwives who are willing to go to those locations and assist with delivering babies.

Chairwoman Cohen:

Seeing no other questions and no one else in support, we will move to opposition. Anyone in Las Vegas or in Carson City, please come forward. [There was no response.] Seeing no one, anyone in neutral in Las Vegas or Carson City, please come forward. [There was no response.] Seeing no one, do you want to make any closing remarks, Senator? Senator Ratti has waived closing remarks, so we will close the hearing on S.B. 456 (R1) and open the hearing on Senate Bill 134 (1st Reprint).

Senate Bill 134 (1st Reprint): Makes various changes relating to advanced practice registered nurses. (BDR 43-63)

Senator Joyce Woodhouse, Senate District No. 5:

I am here today to introduce Senate Bill 134 (1st Reprint). This bill authorizes an advanced practice registered nurse, or APRN, to make certain certifications, diagnoses, and determinations in lieu of a physician or other health care provider. Every day in Nevada, APRNs care for thousands of patients—from newborns to nursing home residents—in hospitals, community-based clinics, and schools. All APRNs have advanced clinical training and graduate educations that expand their scope of practice beyond that of a registered nurse. These include advanced practice competencies such as clinical nurse specialists and nurse practitioners. They work with other health care professionals to manage patients' health needs and are central to the functioning of our health system.

Last session I sponsored Senate Bill 227 of the 79th Session which authorized a qualified APRN to endorse certain documents requiring the endorsement of a physician. An APRN is also authorized to make certain qualifications, diagnoses, and determinations required to be made by a physician or other provider of health care. The Senate passed this measure without a dissenting vote and the Governor signed it into law. The provisions in S.B. 227 of the 79th Session improved health care access and delivery by preventing delays caused by waiting for a physician's signature, which could involve another doctor's visit and result in additional cost to the patient. Eliminating the delay in care created by requiring a physician's signature improves the efficiency of the health care system.

Similarly, S.B. 134 (R1) recognizes the value that an APRN workforce can play in providing health care to all our residents. In an effort to provide increased availability of health care providers, I am proposing S.B. 134 (R1). These are some of the key provisions of this bill:

1. In sections 1 through 7, we authorize an APRN to sign certain statements and forms for submission to the Department of Motor Vehicles for certain designations on a person's driver's license.
2. Sections 8, 16, and 17 authorize an APRN to sign a statement attesting to a person's inability to wear a safety belt or a child restraint system for medical or physical reasons.
3. Sections 38 and 39 authorize an APRN to sign a statement verifying a physical or mental disability for the purpose of making the person with the disability eligible for free or reduced-rate public transportation.

In certain circumstances, APRNs are authorized to make certifications, diagnoses, and determinations required to be made by a physician or other provider of health care. For example, section 9 expands the list of persons who are authorized to determine whether a person has hemophilia or a heart condition requiring the use of an anticoagulant and therefore is exempt from a blood test intended to measure the concentration of alcohol in his or her blood. Section 15 authorizes an APRN to certify whether a person is exempt from a breath test intended to measure the concentration of alcohol in his or her breath due to an inability to provide a deep lung breath sample, and sections 10 through 14 authorize an APRN who is certified by the State Board of Nursing to evaluate certain offenders to determine if the offender is an abuser of alcohol or drugs and whether the offender can be treated

successfully. The State Board of Nursing must adopt regulations for the psychiatric training and experience necessary for an APRN to make such an evaluation. Additionally in sections 28 through 34, this measure authorizes an APRN to make certain determinations and certifications regarding power of attorney and custodial trusts.

I would like to note the provisions authorizing an APRN to make certain determinations on certifications regarding guardianships were deleted, and those were in the prior sections 18 through 27.

We thought the bill from last session had covered all the circumstances so that APRNs would have the authority to do what we were trying to make available to them. Shortly after the session was over, I got a panicked email from an individual in the Medicare field who said, Yikes, we missed one! This bill is legislation to add the other pieces we have found that were missed in the bill from last session, so I urge your support.

On a personal note, my deceased sister was an APRN. She had a medical clinic in Oregon and had always wanted to have her own medical clinic in southern Nevada but never could because Nevada did not have as open a system as Oregon did. When I was first elected to the Nevada Legislature, she said to me, "Joyce, whatever you do in legislation in Carson City, I want you to do good things for the nursing profession." That is one of the reasons we want to make some of the changes in the medical care field—especially for APRNs. I am doing this in memory of my beloved sister who is no longer with us.

Chelsea Capurro, representing Nevada Advanced Practice Nurses Association:

You asked Senator Ratti, who was speaking on the previous bill, if this will fix all the issues. This bill is an example of how we thought we fixed the issue but during the interim we noticed some things we still needed to clean up, and that is what this bill does. The Nevada Advanced Practice Nurses Association supports this bill.

Jeanine Packham, Immediate Past-President, Nevada Advanced Practice Nurses Association:

[Jeanine Packham supplied a letter of support for the bill ([Exhibit F](#)).] I would like to express gratitude to Senator Woodhouse and joint sponsor Assemblywoman Carlton for their continued support and perseverance on this issue to improve health care access for Nevadans.

Chairwoman Cohen:

Can you answer Assemblyman Carrillo's question concerning what an APRN can do and the education you receive?

Jeanine Packham:

Advanced practice registered nurses are registered nurses, and we have a minimum of a master's degree. We have specialized training in our specialty which could be family nurse practitioner, adult geriatric acute care, or mental health. There are lots of areas we can specialize in. We get clinical and didactic training. We also have to be nationally board

certified to be able to be licensed. I work for the Veterans Administration (VA) in Reno. We are required to be nationally certified to be employed by the VA.

Assemblywoman Krasner:

Exactly which ailments will you be able to make diagnoses for?

Chelsea Capurro:

This bill does nothing to expand the scope of what APRNs are currently doing in this state. This bill allows us to sign forms that previously in statute just said that a physician could sign. This is not expanding any scope of practice; this is about signing forms—the technical side of things. Last session we made changes related to birth certificates, death certificates, and handicap placards from the Department of Motor Vehicles (DMV). This is just an extension of other forms that APRNs can sign. Anything an APRN was able to do ten years ago, the APRN can do today. They still have to do what is within their scope of practice and what the State Board of Nursing regulates and allows them to do within the state.

Jeanine Packham:

I want to emphasize that there is nothing in this bill to expand the scope of practice for APRNs. As an example, I am an acute care nurse practitioner. I treat adults, so if someone came to me with a form to complete for their sick child, it is not within my scope of practice, education, or training to treat, diagnose, or sign any form for that child.

Assemblywoman Krasner:

I thought I read something in the bill about diagnosing something regarding hemophilia.

Chelsea Capurro:

Yes, that is something we are already allowed to do. The difference is that the statute specifically said that only a physician could sign a particular form, when it actually is within our scope of practice to also sign that form. Some states are using language that it requires the person's "health care provider's signature." Nevada was very specific, and our statute says a "physician's signature" is required; however, this is already something we do. If it is within the APRN's scope of practice and the nurse is seeing a patient who has hemophilia and there is some form needed—possibly for school or the DMV—it would be an APRN certifying that the person has this condition.

Assemblywoman Krasner:

Are they also diagnosing that the person has this condition and then certifying it?

Jeanine Packham:

Yes, APRNs diagnose all kinds of things, including hemophilia. There are APRNs who specialize in blood or hematologic disorders.

Assemblywoman Krasner:

If an APRN makes a diagnosis of hemophilia and that person is wrong and the patient is harmed or dies, are people able to sue APRNs for malpractice like they can a medical doctor?

Jeanine Packham:

Yes, we are upheld to the same standards and evidenced-based practices as a physician would be.

Assemblywoman Titus:

For clarification, in order to have privileges, APRNs have to have their own liability insurance and they are held to the same standards on treatment.

I wish we could say that this will be the last time we will see bills for physician assistants and nurse practitioners come before us in the Committee and in this body; I hope it is true, but I doubt it. As I have stated in testimony on bills I have presented in support of this subject, when the *Nevada Revised Statutes* were first established and Nevada became a state in 1864, there was no such entity as a nurse practitioner or a physician assistant. As medicine has advanced and specialties have advanced, the professions have advanced, and we will be dealing with these issues. There may still be other signature authorities we need to clarify as we see them come up.

As Assemblywoman Krasner was asking, you are already diagnosing diseases. There is not any limit to what disease you might diagnose because your scope of practice does not say that you can only diagnose so many things. We hope all medical professionals are open to the thought of diagnosing a disease and then referring to the appropriate provider if that disease is not within their scope of practice. I would assume that is what you would do also, to clarify Assemblywoman Krasner's questions.

Chelsea Capurro:

Absolutely. We answer to the State Board of Nursing. While it does not specifically lay out everything we can and cannot do, they actually have a tool they have created called the decision-making tree. The tree lays out the steps any nurse would go through to determine whether something was within his or her scope of practice. Those decision-making trees ask questions such as: Have you been trained in this, and is this normally the population you treat? There is a whole layer of questions it asks and if there is something to which you answer "No," it immediately says, "Stop." You do not treat this patient anymore; you need to refer that patient out. Should there be complaints or issues, the State Board of Nursing is there to handle them just as we see with other regulatory boards in the state that oversee providers.

Jeanine Packham:

There is definitely an expectation that we refer out. I work for the VA in a readmission-prevention clinic. I get consults from the inpatient team, so I get my own referrals, but I also refer out to many different services—cardiology, oncology, gastrointestinal, things that are not within my range of expertise or are not services I can personally provide. It is definitely a professional expectation.

Assemblyman Carrillo:

My question is about some of the duties APRNs can do. Assemblywoman Krasner mentioned hemophilia, but can they sign off on death certificates?

Chelsea Capurro:

Yes, that was something that was put into statute last session and passed unanimously.

Assemblyman Carrillo:

Assemblywoman Titus mentioned physician assistants (PAs). Where are they in the pecking order?

Chelsea Capurro:

It is not black or white—not super clear. The APRNs in Nevada now do not have to fall under the scope of an overseeing physician, but physician assistants do. I do not speak on behalf of the PAs and I do not know everything in terms of their level of training. I would point out that an APRN's basic education starts as a registered nurse and they advance from there. This bill does not address PAs.

Assemblyman Carrillo:

Senator Woodhouse mentioned this was left out of a previous bill from last session. It seems as though there was a lot left out. Can you give me the backstory about why we are changing so much for something we forgot to put in last session?

Chelsea Capurro:

A lot of it was in section 2 of S.B. 227 of the 79th Session. We put in a clause we thought would be a catchall phrase that said APRNs can sign any form that a physician can as long as it is within their scope of practice. During the interim when different APRNs were trying to sign forms, the state agencies felt it did not hit everything. A lot of this comes down to regulations. While this looks like a lot of sections, the bill from last session was 150 pages because there are so many areas in statute that reference physicians. We found as many as we could. We met with Assemblywoman Titus in the interim, and she found some we had missed. We also asked the Legislative Counsel Bureau to look. As Assemblywoman Titus said, we thought we got everything but there were so many more areas where we did not expect this to happen. We thought our catchall phrase would capture those items we did not find, but it did not. Yes, you are right. There are a lot of areas, and as Assemblywoman Titus said, there will probably be more, unfortunately.

Chairwoman Cohen:

Thank you for that answer, because in reading the bill, I wondered if this was some sort of random combination of practice areas.

Chelsea Capurro:

There were actually a few areas we removed—and Senator Woodhouse mentioned them—relating to power of attorney and guardianship. In talking with legal aid and other stakeholders, we thought that needed a little more vetting. We are never going to have a

perfect option because there are so many areas in statute that reference physicians. As Assemblywoman Titus and others have mentioned, we are in a changing world when it comes to health care providers. We are just trying to find as many as possible, but understand that this is a process that takes time.

Chairwoman Cohen:

We will move on to support. If you are in support in Las Vegas or Carson City, please come forward.

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

We are in support of S.B. 134 (R1). We also supported S.B. 227 of the 79th Session which passed out of this house unanimously. The matter of whether APRNs may act independently was determined a few sessions ago. It is a settled matter of law. While the Nevada State Medical Association was opposed to that at the time, and there are still some in the Association who have some concerns, there is no reason to artificially prevent APRNs from working to the top of their scope when the laws allow them to do so. This bill cleans up some of the issues, allows them to sign the necessary paperwork, and gives them the authority to do what this body has already determined they can do.

We are all in this together as we try to address patient needs in the state of Nevada. The physicians care most about impacts to the patients. We will be part of the conversation every time these types of bills come forward. We do support this bill, and we also want to acknowledge the APRNs as important partners in providing patient care. As a side note, I want to make sure that everyone is aware that this is National Nurses Week. On behalf of Nevada physicians, we want to wish all Nevada nurses a happy Nurses Week.

Paige Barnes, representing Nevada Nurses Association:

We are here in support of S.B. 134 (R1). We believe that this is a clean-up bill for signing authority within the APRN's scope of practice. This bill will enable APRNs to provide critical services to their patients, which is especially important for our rural areas. We urge your support for this bill.

Joan Hall, President, Nevada Rural Hospital Partners:

I am the author of the email Senator Woodhouse referenced earlier when we recognized that there was a problem with forms. Actually, this bill is just about forms; it is not about the scope of practice. There were forms we thought would be changed that did not get changed. Under the signature line, it still read "Physician." Nurse practitioners know they are not physicians, so they would call the State Board of Nursing to inquire whether they could sign the forms. The State Board replied that the nurses could do the assessment, but if the forms said they had to be signed by physicians, nurses are not physicians, so they cannot sign those forms; the same applies with some of the physician assistants. We started working on this, and there were a lot of places on forms in the *Nevada Revised Statutes* we had not realized needed to be changed. There were also a lot of places we thought the DMV would change. When this bill was heard in the Senate Committee on Commerce and Labor, DMV was

present and testified that changing their form was a simple matter of a keystroke on a computer and would not be an issue.

We urge passage of this bill. In rural Nevada we rely heavily on nurse practitioners and PAs to provide primary care. If you are in Austin or Smith Valley, and you need your handicap placard form signed for the DMV and you have to wait for a physician to do that, it is an inconvenience and a disservice to the patient. That person has been assessed and needs that service, but if the form does not allow that [APRN] provider to sign it, that is not good practice. We urge you to pass this bill.

Chairwoman Cohen:

Seeing no one else in support, we will move to opposition. Is there anyone in opposition in Las Vegas or in Carson City? [There was no response.] Is there anyone neutral?

Marty Elzy, Management Analyst, Central Services and Records Division, Department of Motor Vehicles:

As previously stated, the Department is neutral on this bill. We testified to the fact that changing the forms would be a very simple process. These forms are printed on demand, so we do not have stockpiles of them that would have to be destroyed. We would just have to change the format uploaded to the website and it would then be available. The recommendation we made previously was to change the name "physician" to "medical personnel" or "certified medical X," and add whatever terminology would be appropriate.

Chairwoman Cohen:

Seeing no one else in neutral, I will call the presenters back up for any final statements. Those statements are waived, so I will close the hearing on S.B. 134 (R1) and open the hearing on Senate Bill 179 (1st Reprint).

Before Senator Cancela introduces the bill, I wish to do some housekeeping. This is a bill that stirs a lot of passions in people. We respect that and understand that everyone wants his or her turn to testify. The Senator is going to testify first, then I will call up some set names of people who are going to follow her. Everyone who speaks after the Senator will have two minutes to speak. We will hear about 45 minutes of testimony in support, and then we will switch to those who wish to speak in opposition. I have the names of some people in opposition who are planning to testify. Once I am done calling up people who I have been informed want to testify, others who want to testify can fill in the chairs at the witness tables.

We expect everyone to be polite and respectful of the process. In your testimony, please stick to the bill. If you want us to have your written testimony, everyone is welcome to provide their written testimony to us. There were some people who provided exhibits to the Committee that had copyright issues, so we were not able to make those public; however, we did make sure everyone on the Committee had copies of those documents.

Senate Bill 179 (1st Reprint): Revises provisions relating to abortions. (BDR 40-567)

Senator Yvanna D. Cancela, Senate District No. 10:

It is my honor to bring forward today Senate Bill 179 (1st Reprint). I will start by giving some history about the bill and then go through the sections of the bill. In 1973 after *Roe v. Wade* [410 U.S. 113, 93 S.Ct. 705 (1973)] was decided in the U.S. Supreme Court, the Nevada Legislature met and enacted Assembly Bill 319 of the 57th Session. I want to read part of the bill's preamble:

In view of the decisions of the Supreme Court of the United States in *Roe v. Wade* [93 S.Ct. 705] and *Doe v. Bolton* [93 S.Ct 739][both decided on January 22, 1973], it is the intent of the legislature of Nevada to enact a statute that recognizes the deep concern the people of Nevada have to protect the health, well-being and welfare of each pregnant female and of the child whereof she is pregnant, without interfering with the constitutional rights of any pregnant woman or any person licensed to practice medicine, surgery or obstetrics

The bill codified the protections of *Roe v. Wade* in *Nevada Revised Statutes* (NRS) 442.250. In 1990, that provision of statute was submitted and approved by referendum of the voters at the general election. That means because the majority of voters approved the measure, the law was upheld. Unlike other state laws, it cannot be amended; it cannot be annulled; it cannot be repealed; it cannot be set aside, suspended, or in any way made inoperative unless there is a direct vote of the people. As a point of personal gratitude, there are many women who were involved in that campaign who are here in the room today, and I would like to put my gratitude to them on the record. That group was the Campaign for Choice. They successfully submitted petitions, and as a result, NRS 442.250 was codified.

This bill changes some of the language surrounding places in the NRS that deal with abortion. Abortion is legal in Nevada; that is not a question to be debated today and that is not a question the bill addresses. In fact, the bill could not address that point because of the work that was done in 1990 to codify that in statute.

What the bill does is change language on informed consent and repeal criminal penalties that are attached to the link to NRS 442.250 where abortion is codified and ensure that there are no criminal penalties surrounding that statute.

Section 1 changes some of the language in terms of what information must be provided before performing an abortion. It eliminates the provision that a doctor must ask a woman her marital status and her age before performing an abortion. Throughout the language, you will see the word "written" is stricken. That is not meant to say that there will not be signed forms; it is meant to accommodate changes in medical consent that have now moved to electronic formats, so we do not want to use the word "written" before the word "form." It does not prevent written forms, but it does not mandate written forms.

Section 2 speaks to what a doctor must orally explain before the procedure. This conversation is important, which is why the word "orally" was inserted—to ensure that there is a conversation between the patient and the doctor. First, a doctor must explain that the woman is pregnant. Second, the woman must be informed of the estimated gestational age—the time of pregnancy. We chose that language to align with standard medical language as opposed to weeks of pregnancy. Gestational age is the correct medical term of art.

We removed language that says that the physical and emotional implications of the abortion must be described. Let us be clear, a doctor uses his or her best judgment and uses a medical standard of care to have this conversation. The bill does not prevent that conversation, but it does not mandate it. In fact, the bill brings the rest of the language in line with medical standards of care. It explains that the doctor must explain the procedure itself and the aftercare. The doctor must explain discomforts and risks; and in the event that a woman does not have the same primary language as the doctor she is seeing, the language says that an interpreter may be made available to her to ensure that she is receiving thorough and complete information in a language she understands.

Finally, it goes on to talk about answering any questions related to the procedure and outlines the provisions of what will go on the final form that is signed by the woman and her doctor to ensure that consent has been given. The form must clearly describe the nature and consequences of the procedure to be used. That is in section 2, subsection 2. Language in section 2, subsection 3 also describes that the woman, the interpreter used, and the doctor sign the form.

In section 3, redundant language has been deleted; section 4 was deleted; section 5 makes conforming changes; and section 6 deletes three different provisions of NRS Chapter 201 as shown. *Nevada Revised Statutes* 201.120 is where I suspect a lot of the opposition will want to direct today's conversation. This language deals with what happens if a woman undergoes a process that would lead to an abortion. This kind of act would be punishable under our fetal homicide laws which are in NRS 200.120. Removing this from NRS 442.250 simply says that there should not be criminal language attached to a legal procedure. We do not want any sort of criminal penalties for a legal procedure in statute. Additionally, it is important to note that women perform self-abortions and women seek underground abortions when abortion is not legal and regulated. Historically, underground abortions happen when laws are passed that make it harder for women to seek legal abortions. That should not be the case in Nevada.

Nevada Revised Statutes 201.130 removes criminal penalties around selling drugs to produce a miscarriage. You will hear this means that there will be wide distribution of RU-486, a drug that allows for an abortion to take place. It requires a prescription. Additionally, this kind of act is punishable by battery, among other criminal measures.

Finally, it deletes NRS 201.140—you do not need to have evidence of these issues if they are not criminally punishable.

Chairwoman Cohen:

Are there any questions?

Assemblywoman Titus:

As a physician, for me to do any procedure on a patient, I must have informed consent. When a patient checks in, that patient signs electronically and that becomes a permanent record. I need clarification on the intent of this because the written component has been stricken. Where is the documentation? Is it kept in the medical record? If the patient wants a copy and it is written, is it scanned into the medical record? What is the intent? For any procedure I do on a patient, I must inform that patient what I am doing. I sign it, the patient signs it, we date it, and that is part of the permanent record which we must be able to produce and document.

Senator Cancela:

The intent is not to change current procedure. It is to ensure that in statute it is not mandated that the form be a written one. A doctor may perform other sorts of procedures, but because statute says it is written for an abortion, they would have to keep a paper copy of an informed consent form for this procedure. It is to allow for broader use of whatever emerging technologies are being used to gather informed consent, but it would in no way change the operating procedure of how a doctor collects informed consent.

Assemblywoman Titus:

Currently in Nevada statute there are age provisions for whom we can perform an abortion. To be clear, I do not perform abortions nor do I prescribe any medication that would. However, I am a physician and I believe in a person's right to self-determination, so I would go on record saying that a woman has a right to choose her path. However, it is different as a provider who takes care of all ages—from zero to a current patient who is 102. Not being able to ask the age is different. I cannot treat an 8-year-old or a 10-year-old in the emergency room without parental permission unless it is life-threatening. If I cannot ask the patient's age, for me it becomes more of a concern.

Senator Cancela:

The intent is to not have it in statute. There are things that could be used to prevent a woman from accessing the procedure. Because the doctor will evaluate the patient as a whole, as doctors do, it does not seem necessary to have to have a woman disclose her age, especially since our laws do not prevent a woman—regardless of her age—from accessing an abortion.

Assemblywoman Titus:

Is there a definition of what a woman is versus what a child is in statute somewhere? Is it when she reaches menarche? Where is the definition of a "woman"?

Senator Cancela:

I do not know if it is somewhere in statute; it is not in this chapter.

Assemblywoman Titus:

For clarification, as our health has improved with decades of better nutrition, women are reaching menarche—when we start our menstrual cycles—earlier, so technically we could bear a child. I have seen women as young as 8. Would you consider a 10-year-old to be a woman?

Senator Cancela:

I am not a physician. If a girl at 8 has had her period and is able to conceive, I do not know if that changes whether she is considered a child or a woman. It just means there has been a biological change in her body.

Assemblywoman Titus:

In health care we obtain data for a lot of reasons. We have seen the rate of abortions go down, which is a wonderful thing. I do not think there is a person in this room who would not be excited by that fact, and part of it is due to improved education and prevention. It would be the ultimate goal of everyone in this room not to have to have an abortion. To improve access to information and birth control, part of what we do is use data. We find out who are seeking abortions, what age group they are, and then reach out to them and ask how we can better educate them about prevention and other options. By not being able to know the age as part of medical records, are you concerned that will interfere with future health care and information that could be used to help prevent the need for abortions?

Senator Cancela:

The information that is collected is not part of a public record, nor is it reported to the Department of Health and Human Services (DHHS). That data is private information kept with the physician who performs the procedure. There is no data extracted today and no reason why the bill would prevent data from being abstracted.

Assemblywoman Titus:

There is data collected. You can go on the Centers for Disease Control and Prevention's website and look at how many abortions are being performed, the age group, causes, et cetera. We know the number has dropped. I would say there is information being collected, and I am concerned about what is really happening out there so we can improve health care access today.

Chairwoman Cohen:

Doctors are still going to be mandatory reporters, so if a 10-year-old showed up pregnant at a facility, they would have to report that and there would be an investigation, correct?

Senator Cancela:

Yes, none of that is changed by the bill. Whatever is part of a doctor's standard procedure today in terms of being a mandated reporter, using their standard of care, and following through with their Hippocratic Oath—all of that is still in place.

Assemblyman Hafen:

This is clearly a very tough subject for a number of people in this room. Under current law in Nevada, how late in a pregnancy can an abortion be legally performed?

Senator Cancela:

The bill does nothing to change when abortions can or cannot be performed. It does nothing to change whether an abortion is legal. I believe that 24 weeks is the last point at which a doctor can perform an abortion in Nevada. That is not changed or addressed by the bill.

Assemblyman Hafen:

Time and time again, this Committee has seen mental health issues. I have seen women in their 40s who have mental health issues now because they had abortions when they were minors. It has ruined their lives, their marriages. I have serious concerns with the removal of the explanation of the emotional implications that are possible. Do not get me wrong; this has not affected all women. Not all women have those side effects, but with all the mental health issues we are hearing about, I am wondering why we are removing that from statute when in many other instances we are trying to promote better mental health.

Senator Cancela:

Certainly, mental health is a priority for all of us in this building. The bill does not prevent a physician from having a conversation about mental health side effects—it simply does not mandate it. A doctor who is an ob-gyn should not be forced to have a conversation about mental health if that is not that doctor's area of practice. Additionally, I did my research on this because it is a serious concern. The American Psychological Association did a study in 2009 looking at abortion and mental health efforts. I will read a bit from the summary ["Abortion and Mental Health: Evaluating the Evidence," Brenda Major, et alia, *American Psychologist*, December 2009]:

The most rigorous studies indicated that within the United States, the relative risk of mental health problems among adult women who have a single, legal, first-trimester abortion of an unwanted pregnancy is no greater than the risk among women who deliver an unwanted pregnancy.

Forcing a conversation that may or may not be necessary or within that doctor's area of expertise does not seem appropriate to me. If a doctor does feel he or she wants to or should have that conversation, the bill does not prevent that person from doing so.

Assemblyman Hafen:

I am going to respectfully disagree, as I have seen it firsthand. I have seen the effects.

I want to touch on repealing the section about drugs—NRS 201.130. It even talks about going as far as manufacturing drugs. If a boyfriend were to slip this drug into his pregnant girlfriend's drink to unknowingly kill her unborn child, would this bill strip some of the penalties away from an action like that? I would hate to see such an action become a gross misdemeanor, because I personally believe it to be much worse.

Senator Cancela:

Because the RU-486 pill is considered an abortion drug, before the boyfriend would be able to access that drug, he would have to undergo the same procedures a woman would if she wanted to access that drug. She would have to see a physician, have this conversation, and get informed consent. A man who is not pregnant would not have access to an RU-486 drug after seeing a doctor. If that person were to use some other sort of instrument and charges were to be pressed, there are other areas in criminal law that would allow for that person to be prosecuted—particularly battery. These three sections that are being repealed have not been used in Nevada's history to criminally prosecute an individual.

Assemblyman Carrillo:

I have been receiving a lot of emails that claim this bill will be making home abortions legal. I want to get it on the record that this is a false assertion. Senate Bill 179 (1st Reprint) is repealing NRS 201.120 to NRS 201.140. When reading NRS 442.250, which remains in law, it seems very clear that only a physician can perform an abortion in the state of Nevada. I am concerned about false and inflammatory information that is being sent to people around the state. I want to make sure that it is very clear that women have the right to determine what is right for themselves in the state of Nevada; however, there are still laws that prohibit who may perform and prescribe for the purpose of abortion. Could our legal counsel clarify that for the record?

Karly O'Krent, Committee Counsel:

That is correct. *Nevada Revised Statutes* 442.250, which is not included in this bill but remains law, provides that no abortion may be performed in this state unless the abortion is performed by a licensed physician.

Assemblywoman Gorelow:

My question is similar to my colleague's regarding in-home abortion. Doing research last night, I was finding information saying that a doctor would not be able to tell the difference between an in-home abortion and a miscarriage. Theoretically, if this law remained in place, a woman could have a miscarriage at home and if someone thought it was an in-home abortion, that person could be prosecuted. Is that correct?

Karly O'Krent:

In its original form, this bill repealed the provision that made it a gross misdemeanor to conceal the birth of a child by any disposition of the body whether the child died before or after its birth. The amendment in the Senate removed this provision so it leaves in place the existing law which makes concealing the birth of a child a gross misdemeanor.

Assemblywoman Gorelow:

I bring this up because I know in other countries and in other states women have been prosecuted when they claimed to have had miscarriages and others felt those were in-home abortions. Women have ended up in jail because of that confusion. I, too, was concerned with that and that repealing this would not make it criminal because we cannot tell the difference medically if someone has had a miscarriage versus a home abortion.

Karly O'Krent:

That is correct.

Assemblyman Carrillo:

I have a question for the Senator. Would I be able to add myself on as a sponsor?

Senator Cancela:

I would welcome the addition of Assemblyman Carrillo as a cosponsor.

Assemblyman Hafen:

Going back to NRS 442.250, I see only a licensed physician can perform the abortion, but in this bill we are repealing the penalty and not the actual provision. However, I am not seeing the penalty in NRS 442.250, and I believe what we are repealing is the penalty. Could you clarify?

Senator Cancela:

In NRS 442.250 it says that if a person violates NRS 442.252 to 442.256 inclusive, they are guilty of a misdemeanor. If a person performs an abortion on themselves and does not go see a doctor, and there is some sort of criminal action, then, theoretically, that person could be found to have violated a provision in statute that says only a doctor may perform an abortion.

Karly O'Krent:

For your reference, that is NRS 442.257.

Senator Cancela:

The intention, Assemblyman Hafen, is to make sure there are no criminal penalties attached to the provisions in law that legalize an abortion to ensure that there are no provisions in statute that allow for a woman to be criminally penalized for making the choice to undergo an abortion. As it is in statute today, we have provisions in law that are antiquated and have never been used that attach those penalties. It is because we have legal abortion in the state that we have providers and safe and clean places. We have not seen some sort of rise in home abortions or self-abortions. That is not something that has been criminally penalized, because we have legal abortion that is safe in the state.

Assemblyman Hafen:

Nevada Revised Statutes 442.257 makes it a misdemeanor, but the portion we are removing in NRS 201.120 is a category B felony. So we are going from a category B felony to just a misdemeanor for unlicensed procedures. Am I understanding that correctly?

Karly O'Krent:

It is correct that NRS 442.257 makes a person guilty of a misdemeanor if that person performs an abortion and is not a licensed physician. The provisions that are being repealed in section 6 of the bill were criminalizing abortion, which is legal in the state.

Chairwoman Cohen:

Seeing no other questions, I will move on to support. As I mentioned, we are going to be timing both support and opposition—two minutes for every person. There is an order of testifiers we will start with for support, and likewise for opposition, with the goal of getting everyone heard today.

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

I am here to testify in support of S.B. 179 (R1), or the "Trust Nevada Women Act." NARAL Pro-Choice Nevada is a nonprofit, nonpartisan organization dedicated to protecting reproductive freedom for all Nevadans through legislative, political, and grassroots organizing. We have more than 45,000 Battle Born, feminist-strong members—many of whom are here today in both Carson City and Las Vegas—who are dedicated to protecting our right to choose.

The majority of Nevadans—more than 8 in 10—agree that the decision about if, when, and how to have a child is deeply personal and should be respected as a private matter. For many, the decision when and if to become a parent is one of the biggest choices they will make in their lives. Women and their families have the right to determine their own decisions, and we must defend that right. The freedom to decide if and when to have a child is fundamental to ensuring women are equal and full participants of society. The decision to become a parent affects a woman's ability to continue her education, rise in her career, care for the family she already has, and plan for her future.

We call S.B. 179 (R1) the Trust Nevada Women Act because that is the core of what we believe and what this legislation will ultimately affirm. We need to trust that women are capable of making their own decisions about what is best for them without politicians interfering. Senate Bill 179 (1st Reprint) will finally remove criminal penalties still on the books for abortion in Nevada. There are only five other states that currently criminalize abortions. Our laws share some of the harshest penalties in the country.

NARAL believes that abortion is not a criminal act for which women should be prosecuted, and the good news is, Nevadans agree with us. A recent survey found that 64 percent of Nevadans support legislation to ensure that Nevada women are not criminalized for having an abortion. This crosses all party lines: the majority—of Independents, 76 percent; Democrats, 67 percent; and Republicans, 56 percent—support removing this outdated law that says women can be jailed for ending a pregnancy, ensuring that Nevada women are not criminalized.

Chairwoman Cohen:

Your two minutes are up.

Caroline Robinson:

I would like to note that in the Nevada Electronic Legislative Information System, there are two letters of support. One from the Attorney General ([Exhibit G](#)) and another from the Lieutenant Governor ([Exhibit H](#)).

Stephanie Ball, Private Citizen, Reno, Nevada:

[Stephanie Ball spoke from prepared text ([Exhibit I](#)).] I am a physician, board certified in internal medicine. I was educated in Reno at Reno High School, at the University of Nevada, Reno, and at the University of Nevada, School of Medicine. I am licensed to practice medicine in the state of Nevada, and I am strongly in support of the Trust Nevada Women Act. It protects the rights of women to make the choices that are best for them and protects medical providers from outdated and unconstitutional penalties for giving current, evidence-based information and care to all their patients.

Senate Bill 179 (1st Reprint) makes important changes including removing criminal penalties for abortion and updating our informed consent law to 2019 medical standards. I share some confusion Assemblywoman Titus has. I do not know how you see a patient without collecting that patient's date of birth. It is part of seeing patients. With that aside, as a physician, I strongly support making the changes in this law. It is essential that women are given information about their reproductive health care in language they understand, and it is vital that the information the provider gives to the patient is based on latest medical standards.

Now, more than ever, Nevadans need lawmakers to fight back and stand up for women and medical providers by ensuring we are never criminalized for accessing health care or for giving it. In other states they are pursuing dangerous legislation that bans legal abortion and criminalizes doctors for providing basic health care. We are fortunate in Nevada that these conversations are not being had currently, but the threat is always there. That is why acting now to pass the Trust Nevada Women Act is so important.

Laura Fitzsimmons, Private Citizen, Carson City, Nevada:

I was born in 1953 and during my youth, before *Roe v. Wade* was decided, I knew women—mostly in my sister's generation—who were turned into criminals or suffered self-harm, and one even passed away—because abortion was not available. When I was 35 and a small-town lawyer in Carson City with two young children and a very forgiving husband, *Webster* [*Webster v. Reproductive Health Services*, 492 U.S. 490 (1989)] was decided. A group of women and men spontaneously arose. We were led by State Senator Sue Wagner and we started the Campaign for Choice. It was an incredible experience seeing women from all walks of life quietly support us and seeing people one might not have expected standing up for the right of a woman and her doctor to make their own self-determination. We put a lot on the line with that referendum. If we had lost, it would have been thrown to the politicians. We passed Question 7 by 62 percent of the voters. Nevada is a pro-choice state. We have seen that consistently and in the most recent election. This bill only takes away provisions of law that have existed since 1911 and are totally inconsistent with the overriding law in Nevada, so I support this bill.

Mary W. Richardson, Private Citizen, Reno, Nevada:

[Mary Richardson spoke from prepared text ([Exhibit J](#)).] Thank you for inviting me to testify today on a matter that is critical to me as a resident of Nevada, as a woman, and as a member of the clergy. I give my testimony today as a member of the clergy in the United Church of Christ.

As a member of the clergy, I have listened to and prayed with women facing unplanned pregnancies and I know firsthand how deeply personal the decision is to end an unwanted pregnancy. I also know that every story is different and unique. It is critical that we do not try to legislate faith and morality. My faith tradition celebrates the gift that is the diversity of creation. However, because this is my faith tradition, I do not believe it is right for me to demand that it is also your faith tradition. I do not believe it is right for anyone to legislate what is a moral decision, forcing your moral point of view on me or mine on yours. This is a place where the decision rests on the person it affects most—the woman. That is why I am proud to speak in support of S.B. 179 (R1) today. This legislation affirms the long history Nevadans have of protecting our right to choose if, when, and how to become a parent.

Trusting Nevada Women is the slogan for this legislation and it is rightly put. We should trust women to make their own choices about what is best for them and their future. Our country was founded on the idea that no individual will be persecuted for practicing his or her own religion and no individual should be allowed to impose his or her religion on others. This balance is critical to affording religious freedom to every American. As a member of the clergy and a person of faith, I believe it is paramount that people choose freely the choices that are best for them.

Vivian Leal, Private Citizen, Reno, Nevada:

[Vivian Leal first testified in her native language.] If you had a hard time understanding that in my native tongue, imagine a woman trying to understand a very technical procedure in a most personal way. I am a chronic illness patient, so I am often at medical offices and clinics. There I often also become a translator. In this situation so full of anxiety for a patient trying to understand technical explanations about their condition and treatment, it is difficult for anyone, but especially in a second language. This is why I completely support modernizing medical consent procedures as included in S.B. 179 (R1) to provide translation efforts to the patient about the details involved in the treatment to end their pregnancy.

I am also here to affirm, in my native language, that women have been strong not just in delivering our babies, but also in raising the children who are born. It is past time to dissolve archaic remnants that deny us our independence over our bodies and when to have children or not. Here, S.B. 179 (R1) presents you with the opportunity to affirm that Nevada trusts women.

Joe Casey, Private Citizen, Reno, Nevada:

I am here today as a strong supporter of reproductive freedom, a woman's right to choose, and S.B. 179 (R1). Some might be surprised to see a man testifying on what is traditionally a women's issue; however, making decisions about your health raises issues of autonomy,

agency, and dignity. These concepts demonstrate that access to reproductive health care impacts us all and ripples throughout society. This is not only a women's rights issue; it is a human rights issue and it explains why 8 in 10 Nevadans support access to legal abortion. The Trust Nevada Women Act will enhance informed consent by providing language translators and will remove the vile statute that labels women as felons for getting an abortion. There is nothing controversial here, and it is why this commonsense legislation has bipartisan support. Women deserve the same liberties and peace of mind that I, and men in general, have always had when making decisions about our health. My deepest thanks to Senator Cancela for bringing this bill forward, and I urge the Committee to trust Nevada women and pass S.B. 179 (R1).

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

The Nevada State Medical Association supports this bill. We want to thank Senator Cancela for addressing some of the medical language we asked her to include in the bill, which she did. I want to put a few matters on the record related primarily to the role of the physician. The principles of medical ethics do not prohibit a physician from performing an abortion in accordance with good medical practice and under circumstances that do not violate the law; so in addition to Nevada law, physicians follow the standard of care and the Code of Ethics. That plays out in both informed consent and in the way the patient is treated. Informed consent is given orally and, under the Code of Ethics, is either documented or it is in writing. If it is in writing, it is included in the medical record. It is a really important piece of patient treatment. If it is not spoken to in the law, it will be followed in the Code of Ethics.

We do not have the same heartburn, but we are certainly willing to look at the issue of whether we should be asking the age, because physicians will ask the age. I do not read this bill as preventing physicians from asking the age; I read this bill as removing a mandate that physicians certify in writing a pregnant woman's marital status and age based upon proof of age offered by her. Just because we are removing that mandate does not mean physicians will not follow the standard of care in the Code of Ethics and put the age into the medical record. I just wanted to clarify that for the record.

Also, the Nevada State Medical Association and the American Medical Association have a policy on abortion that it should be up to individual physicians to determine whether that will be part of their practice when treating their patients. We would be concerned about a law that would mandate us to share inaccurate information or that would prevent us from sharing accurate information. I do not see that in the bill; I see this bill as cleaning up and removing some mandates, most of which, if the physician believes it is within the standard of care, they will do anyway.

Chairwoman Cohen:

Are there any questions for Ms. O'Mara? [There was no response.] Seeing no questions, I would invite the Committee to reach out to Ms. O'Mara as they would to any other person testifying, but she does have the unique perspective of representing the Nevada State Medical Association.

Karina Provost, Southern Nevada Organizing Coordinator, NARAL Pro-Choice America:

[Karina Provost spoke from prepared text ([Exhibit K](#)).] I am here to testify in support of S.B. 179 (R1), the Trust Nevada Women Act. I stand here before you as a proud Latinx millennial. I am here for a reason that may sound familiar at this point. I believe women should be the final decision makers on what makes sense for their bodies and their families. My mother is from Brazil, and to this day, abortion is illegal there. A woman who has an abortion can face up to three years in prison. When my mother had her illegal abortion in 1975 there was a military dictatorship. Who could even guess how much longer she would have been in prison if officials had known what she had done.

I am very fortunate that my parents, both of whom are seniors, instilled in me and gave me the freedom to make those kinds of decisions for myself at 16 years of age. It is very clear why they did. Beyond what my mother went through, she already had my brother at 17 years old and wanted me to have better opportunities—not just better economic opportunities, but opportunities for my future so that I could make the decision when and if to have children when I am ready.

I refuse to let any Nevadan face the same legal consequences that my mother did. We have to do better for the vulnerable people in our state, many of whom may not know what their options are. Some live too far from a doctor to be able to fully exercise their rights, which is why I am asking you to support S.B. 179 (R1). It is time to show Nevadans that the slogan "Trust Nevada Women" is more than just a phrase, it is an actuality.

Elisa Cafferata, representing Planned Parenthood Votes Nevada:

I just want to reiterate several things. A lot of the opposition is looking at this bill as though it were going to change all of *Nevada Revised Statutes*. In reality, most of the state statutes that will govern medical procedures will stay the same, so it will still be illegal to practice medicine without a license in the state of Nevada. Nothing in this law changes that. It will still be assault and battery to put a drug in somebody else's drink. That is still illegal.

In terms of the penalties, you have to remember the sequence of events. It was a felony to provide an abortion before *Roe v. Wade* in many states, but then we had that decision which legalized the performance of abortion in all states. Question 7 [1990 General Election] provided an updated procedure and penalty in our state, and this bill is updating our statutes to reflect the current law regarding performing these procedures. Specifically, there is going to be a lot of discussion about informed consent.

What we are doing with this bill is saying that we should not have a set-aside, individualized version of consent for every different medical procedure. Every doctor will still get informed consent before any medical procedure. I agree with Catherine O'Mara's assessment that there is nothing in the bill that prevents a doctor from getting the same information from a patient which goes far beyond age and marital status. Your medical records are going to stay the same, it just does not require a special checkbox for this one particular procedure. In terms

of the idea of do-it-yourself abortion, a third of all abortions done these days are medication abortions.

Megan Ortiz, representing American Civil Liberties Union of Nevada:

We are here today in support of S.B. 179 (R1). I would like to echo some of the sentiments of my colleagues. Repealing sanctions on criminal penalties for abortions induced by drugs would assure that no woman would have to be her own enemy. From a criminal justice standpoint, if someone is harming herself, we do not believe that person should be going to prison for it. That goes against the fundamental ideas of mental health assistance and rehabilitation so often found with women who endure abortions. It also does not deny the rightful criminalization of the act of unlawfully or surreptitiously drugging a person. That is already a crime; that is battery in its most basic form. Additionally, the American Civil Liberties Union of Nevada believes women should be allowed the option to look at what questions they can discuss with their practitioners however they see fit.

Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada:

The Progressive Leadership Alliance of Nevada has been organizing for social justice the past 25 years and we came on the heels of Question 7. Nevada was a leader for reproductive freedom then, but now we are one of only a few remaining states with antiquated laws still on the books. We believe that in this current environment it is more important than ever to pass S.B. 179 (R1) and affirm the state's commitment to reproductive freedom.

Chairwoman Cohen:

We are going on to general support for the bill, but before we do, we are going to ask Karly O'Krent to discuss a couple of issues with us.

Karly O'Krent:

I was going to touch on two things the bill did in its original form that it no longer does as a result of changes that were made in the Senate. In its original form, the bill repealed parental notification requirements for abortion performed on a pregnant minor, making it so a minor could access abortion services in the same manner in which a pregnant woman who was over the age of 18 was authorized to access those services. The amendment that was adopted by the Senate removed those provisions, leaving in place the existing parental notification requirements for abortions performed on pregnant minors.

As I mentioned earlier, in its original form this bill additionally also repealed a provision of law which made it a gross misdemeanor to conceal the birth of a child by any disposition of its body. The amendment in the Senate removed this provision leaving in place the existing law which makes concealing the birth of a child a gross misdemeanor.

Chairwoman Cohen:

We will move on to general support in both Carson City and in Las Vegas.

Crystal Allen, Private Citizen, Las Vegas, Nevada:

[Crystal Allen spoke from prepared text ([Exhibit L](#)).] I am a Las Vegas local. My family has been here since 1962. I am very proud to be a Nevada citizen. Nevada is one of the most progressive states in the nation, especially when I look at the trends other states are taking. For instance, in Texas, an Evangelical Christian just submitted a bill that would make abortion be regarded as premeditated murder with punishment as severe as the death penalty. As this is coming from the religious right, is this something Jesus would applaud? The man who stood between a so-called adulteress and a stoning mob and said, Let he who is without sin cast the first stone.

Speaking of so-called adulteresses, a recent survey showed that 2 out of 3 women in the United States who get abortions are Christian women; in fact, 1 in 5 self-identify as born-again or Evangelical Christian women. This begs the question, if the Christians in Texas got their way on this issue, are they really going to put their own daughters on death row after cornering them into illegal abortions?

As we have known for quite some time, outlawing abortion does not make it go away. Rather, it just leads to horrific situations that can destroy families. I beseech the Nevada Assembly to please support the Trust Nevada Women Act and close the door on abusing and throwing away young women and girls for exercising their right to abortions.

[Chairwoman Cohen turned the meeting over to Assemblyman Carrillo.]

Vice Chairman Carrillo:

I will call up whoever is next in support. Also, I would greatly appreciate it if we could keep to the points in the bill.

Jean Melby-Mauer, Legislative Representative, Paradise Las Vegas Indivisible:

[Jean Melby-Mauer spoke from prepared text ([Exhibit M](#)).] I am testifying today on behalf of over 300 members of Paradise Las Vegas Indivisible, a nonpartisan activist organization situated in the Las Vegas Valley. Our organization strongly supports the passage of S.B. 179 (R1), the Trust Nevada Women Act.

The existing provisions relating to informed consent are unnecessarily burdensome and intrusive to a woman seeking an abortion in Nevada and inhibit a woman's right to choose. Not only do they require an attending physician to certify a pregnant woman's marital status and age—an invasion of a woman's privacy—but they also require unnecessary paperwork and questioning related to informed consent. Existing law also criminalizes certain actions relating to the termination of a pregnancy and prohibits a person from refusing to testify as a witness relating to a termination, thereby tending to incriminate the witness. The bill would repeal these provisions and allow a woman to make her own choices related to the termination of a pregnancy without adhering to burdensome and criminalizing statutes. For this reason, Paradise Las Vegas Indivisible supports the passage of this bill.

Lonny Rimel, representing Indivisible Northern Nevada:

I am here in support of S.B. 179 (R1). Indivisible Northern Nevada, which includes Washoe County, Douglas County, and Lake Tahoe, believes that women should be free to make their health care and reproductive choices without fear of penalties or reprisals of any kind. Any law not conformant with this freedom has no place in Nevada law. Moreover, women deserve to be provided with full, accurate, and intelligible information about any medical procedure they are offered. We trust women to make the best decisions for themselves, their families, and their futures. Let us not put politics above policy—that is really important.

[Assemblywoman Cohen reassumed the Chair.]

Brie d'Ayr, Private Citizen, Reno, Nevada:

I am in support of this bill and I urge your support as well. It seems ludicrous that if abortions are legal in this state that there are laws on the books that will criminalize women for exercising their rights. That just does not make a lot of sense, and I am sure the Committee will see that and support this bill.

Bill Sims, Private Citizen, Reno, Nevada:

As a man, I never fully understood the mental, physical, and emotional effects of being pregnant or deciding to end that pregnancy. I have a personal story about a good friend of mine whom I will refer to as Stephanie. She had an abortion in the late 2000s. Thankfully, she did not have to pay a penalty or do any jail time for doing what was best for her health. Personally knowing someone who had an abortion, I understand what some people may not—abortion is never just about convenience. It is about knowing whether one is physically, mentally, and emotionally ready to go through everything that comes with a pregnancy—giving birth and becoming a parent or carrying the pregnancy to term, giving birth, and giving up the baby for adoption, which could raise even more issues.

I know I will never have to choose whether to have an abortion, but I know that a woman should never have criminal charges filed against her for exercising her rights and knowing what is best for her body and uterus. She should never be shamed by anyone for doing what is best for her just because someone else does not agree. This is why the state of Nevada should no longer have it be law to criminalize anyone who has an abortion. Please vote yes on S.B. 179 (R1).

Alex Camberos, Private Citizen, Las Vegas, Nevada:

I am in support of S.B. 179 (R1). We should do everything we can in the state of Nevada to make sure that women's access to abortions is fully protected.

Cassandra Charles, Private Citizen, Las Vegas, Nevada:

I am an organizer with Planned Parenthood in southern Nevada. I am one of those friends everyone reaches out to when they need support because they are seeking an abortion. I know firsthand what it is like. I have seen what my friends are going through and needing access to safe and legal abortion in the state. I am here to support S.B. 179 (R1) and Trust Nevada Women.

Victoria Ruiz-Marin, Private Citizen, Las Vegas, Nevada:

I am here to testify in support of S.B. 179 (R1). Nevada voters have already shown overwhelming support for a medical procedure that is one of the safest in the country. We must do everything we can to decriminalize a procedure that has already been codified into our state *Constitution*.

Izzy Youngs, representing Nevada Women's Lobby:

We believe this bill will bring Nevada's laws in line with modern medicine and we support the bill.

Janet Serial, Chair, Black Caucus of the Democratic Party of Washoe County:

I am here to testify in support of the Trust Nevada Women Act. The Black Caucus is of the belief that informed consent is an essential component of this law, and the Act is an essential component of that as well.

Paul Lenart, Private Citizen, Reno, Nevada:

I am a resident of Reno and am speaking on my own behalf. However, I do believe I am relatively representative of those working class guys talked about so much in the last Presidential election. Having seen it firsthand, the rich can always obtain whatever medical procedure they want without fear of any penalty whatsoever. For the rest of us, it is another matter. I welcome this bill.

Donna West, Private Citizen, Las Vegas, Nevada:

I am here to testify in favor of S.B. 179 (R1). As someone who worked on the original Question 7, we codified a woman's right to choose into our Nevada statutes. It is important that we have all our statutes in alignment to support Nevada women. Please, trust Nevada women and pass this bill.

Marla Turner, Private Citizen, North Las Vegas, Nevada:

I also worked on the original Question 7. I would like to say "Ditto" to what the other testifiers have already said and urge your support for S.B. 179 (R1).

Tracy Puckett, Private Citizen, Las Vegas, Nevada:

I am testifying as a citizen of Las Vegas. I am also a registered nurse, and I believe that the informed consent piece is very important. To have any medical procedure have a different informed consent procedure does not make any sense at all. I urge you to please pass S.B. 179 (R1).

Donald Gallimore Sr., Private Citizen, Reno, Nevada:

I have had personal experiences with abortion. It is a very, very difficult decision by all involved. However, there should not be intrusion into a woman's decision, and that is why I support this bill.

Sarah Mahler, Private Citizen, Sparks, Nevada:

I am a proud Nevadan and a mom. All eyes are on Nevada. We are setting the example; we have elected a female-majority Legislature. We are changing the political landscape and stepping up for the people who have no voice and who do not have the financial ability, as Paul Lenart said, to buy any procedure that is necessary. We want all Nevadans, all women, to be treated equally, and I strongly urge your support for S.B. 179 (R1).

Madison Johnson, Private Citizen, Reno, Nevada:

I want to stand in support of this bill and urge you all to support it.

Chairwoman Cohen:

We are going to switch now to opposition testimony. I have a list of people who will start, and then we will open it up to general testimony in opposition. After about 45 minutes, we will switch again to support.

Melissa Clement, representing Nevada Right to Life:

I am here today in opposition to S.B. 179 (R1). Senate Bill 179 (1st Reprint) seeks to update antiquated abortion law. I share the sponsor's desire to achieve this purpose, but after reading this bill countless times, the solution provided causes irreparable harm to Nevada's women and leaves the law even more outdated than it currently is. I realize we probably do not agree about the sanctity of life, and that is not what I am talking about today.

I think you, like me, feel that the safety of Nevada women should be paramount. Last Friday [May 3, 2019], I attended the Governor's signing of Assembly Bill 169 creating the Maternal Mortality Review Committee. Like all of you, I am shocked and concerned that Nevada's pregnant women face such risks. This Legislature with its historic majority cares deeply about women's health and safety. I find it disturbing, however, that S.B. 179 (R1), as written, protects everyone but women. By passing this bill you may unintentionally increase maternal mortality and morbidity because it eliminates important safeguards for women.

Section 1 eliminates the age verification and coercion screening which protects against child predators, sex traffickers, and abusers. It should be noted that in 2017 in our state, 14 children under the age of 14 had abortions. There is no good reason for that; that is abuse. Sections 1, 2, and 3 will water down any informed consent requirements currently in law and trust women less by giving them less information. Withholding information does nothing to protect her. In other medical decisions, more information is better. Why do we not trust women by giving them all the medically and scientifically accurate information available? Instead, it protects the bottom line of those who profit from abortion.

Section 6 is the most concerning section of the bill. It eliminates from law the penalties associated with providing illegal abortions outside of NRS 442.250. That was voted on by the people. Specifically, that section requires all abortions to be done by licensed physicians. Eliminating penalties decriminalizes, and in essence, legalizes actions outside those parameters. *Nevada Revised Statutes* 442.257, referred to earlier, only deals with abortion

law. I urge each of you to read this. There are some issues with this bill that you are not thinking about.

Chairwoman Cohen:

Anyone else who has testimony they were not able to get to, or anyone who does not want to speak publicly, feel free to provide it in writing to the Committee.

Kathleen Rossi, Private Citizen, Reno, Nevada:

[Kathleen Rossi spoke from prepared text ([Exhibit N](#)).] I am a registered nurse who has practiced in the state of Nevada for over 30 years. I am opposed to this bill for reasons Melissa Clement has already stated. Contrary to what many supporters stated, this bill does not have an impact on access to abortion at all. Abortion is legal in Nevada. I would respectfully like to correct Senator Cancela—you can get an abortion in Nevada up until the birth. After 24 weeks, however, it needs to be done in a hospital.

Regarding do-it-yourself home abortions, this is a dangerous underground industry that is taking off and become more prevalent, especially among the poor and disadvantaged. No one wants to prosecute a woman for attempting an abortion, and I would like proof that we have ever done so in the state of Nevada. Why would we want to encourage the industry that is making it possible and supplying these things online for these women? It would also decriminalize the act for someone causing an abortion without the knowledge of the woman. There are documented cases of this, and we are submitting them for you to view. An assault and battery charge for this is not enough. If a woman is pregnant and loses her child against her wishes, there needs to be prosecution for that.

This bill would weaken informed consent. As a registered nurse, this is really important to me. Any ethical medical professional wants it done correctly. Any law that would make it easier for a woman to not know her options and be coerced into an abortion is unethical, wrong, and not pro-women. I am concerned that it takes out physical and emotional implications and substitutes discomfort and risks that could mean a million different things to a million different people. We need to have that be consistent.

Remember, you are not writing these laws for physicians like Dr. Stacy Mellum and his colleagues, but for an abortionist like Pennsylvania's Kermit Gosnell whose abortion clinic was named the "house of horrors." The Pennsylvania Department of Health chose to overlook the years of complaints regarding this clinic until a woman died. I urge you as lawmakers to take seriously the obligation to protect women from the likes of Gosnell in our state of Nevada. This bill would also remove the requirement to document the age of a woman seeking an abortion. Women as young as ten are getting pregnant.

Stacy Mellum, M.D., representing Nevada Right to Life:

I am Dr. Stacy Mellum and I have been practicing obstetrics and gynecology for 28 years. I have delivered several thousand babies. I am blessed to have such a great job; it has been an honor. My No. 1 concern with this bill is informed consent. There sometimes is dishonesty, and it may be on both sides. There can be a minimizing of the effects of abortion

but the other side can inflame potential complications. The big thing I see here is striking out the physical/emotional implications of having an abortion. When I give consent to women I think I am very honest. Sometimes abortion is your easiest decision financially and socially, but what is often minimized are the emotional impacts, and I have seen it hundreds of times. Women who have been staunch pro-choice have an unwanted pregnancy, difficult circumstances, they have an abortion, they come back to me later, and they have flipped: "If I had known what I am going to feel now, I never would have done it." I think doctors are sloppy in giving informed consent. When they talk about that study by the American Psychological Association, I can tell you anecdotally, I do not buy it. When you look at the study, they eliminate quality studies and include weak studies with no explanation.

I do not see the point in removing the physical and emotional implications of having an abortion, because they are real. I admit a lot of the physical implications are very minimal in the trained hands of a physician, but my other concern is that I do not understand the decriminalization. If a non-doctor is performing abortions, are his penalties minimized? If they are not, I think that is a huge mistake.

Chairwoman Cohen:

Thank you. Are there any questions? [There were none.]

Beverly Ozmun, Private Citizen, Las Vegas, Nevada:

[Beverly Ozmun spoke from prepared text and provided a list of documents in support of her testimony ([Exhibit O](#)).] Senate Bill 179 (1st Reprint) is a bad bill and here is why. Abortion has been legal, clean, and safe in Nevada for so long that we are becoming confused about criminal abortion. This is not about women seeking an abortion legally. This is about criminals. Initially, criminal abortion decreased by legalizing abortion, but now we are shocked to learn emerging news that it is increasing and flourishing.

Senate Bill 179 (1st Reprint) removes Nevada women's valuable and hard-won criminal justice rights and protections at a time women need them again. The document links in my exhibit educate you to everything you never wanted to know about increasing criminal abortion and they document my statements. What investigative reports are showing and describing are life-threatening, illegal, criminal, back-alley, black market, self-appointed abortionists with no degrees and no training except how-to videos on YouTube using unapproved, illegally obtained drugs and instruments to prey on women and to profit from them.

The University of Washington's Allison Ojanen-Goldsmith who studied this reported there are now potentially thousands of these abortions happening every year in her state, with similar numbers referenced in Arizona and western states like ours. The criminal abortion business is flourishing for multiple reasons, but especially because illegal abortions are cheaper and always will be. Cheaper and life-threatening. Under S.B. 179 (R1), if the endoscopy case in Las Vegas had occurred in a legal or not-legal abortion clinic, the women who got hepatitis C from dirty equipment could not have gotten justice by not being able to require witnesses to testify.

Abortionists also teach each other how to escape detection and which states have criminal statutes because they want to prey on women in states with none—which we will become. Again, this is not about women getting legal abortions; this is about criminals increasingly preying on women for profit. You must not repeal any of Nevada's criminal abortion codes: NRS 201.120, NRS 210.130, or NRS 210.140—which give all Nevada women the necessary tools. I was told to ask if you could add my comments to the minutes of the meeting to explain the exhibits.

Chairwoman Cohen:

All testimony is part of the minutes, but if you want us to specifically have your testimony, please feel free to leave it with staff in Las Vegas, or you can email it.

Erin Phillips, President, Power2Parent:

[Erin Phillips spoke from prepared text ([Exhibit P](#)) and provided a copy of Assembly Bill 405 of the 78th Session ([Exhibit Q](#)).] Section 1 of this bill removes the reporting requirement that would verify a woman's age at the time she is seeking an abortion as well as verifying that she is not under coercion. As a parent myself and an advocate for parental rights, I want to point out a couple of issues. The age of consent for sex in Nevada is 16 years of age, meaning if an under 16-year-old presents pregnant, there has been a crime. Also, 13 years old is the average age of entry into prostitution in Nevada. It is estimated that there are 100,000 to 150,000 underage child sex workers in the United States right now.

I want to read a couple of pieces out of the *Annals of Health Law [The Health Policy and Law Review of Loyola University Chicago School of Law]*: "Health Consequences of Sex Trafficking [and Their Implications for Identifying Victims in Healthcare Facilities]" study [Laura J. Lederer and Christopher A. Wetzel, Beazley Institute for Health Law and Policy, Vol. 23, Issue 1, Winter 2014]:

The prevalence of forced abortion is an especially disturbing trend in sex trafficking. The survivors in this study similarly reported that they often did not freely choose the abortions they had while being trafficked.

...

Survivors also had significant contact with clinical treatment facilities, most commonly Planned Parenthood clinics, which more than a quarter of survivors [29.6%] visited.

...

... pregnancy, miscarriage, and abortion were all experienced by half or more of survivors. Healthcare providers who specialize in these types of care are therefore particularly likely to have opportunities for identification and intervention. Clinics that perform abortions must be especially vigilant in efforts to recognize possible trafficking victims.

Today I am asking the Committee to add an amendment to this bill that adds language back into section 1 to require the physician to certify that the woman is giving her informed consent freely and without coercion and also to certify her age. Second, I would ask the Committee to add an amendment that adds language for an expedited judicial review to address the concerns surrounding the age that a girl can obtain an abortion, as was brought up earlier by Assemblywoman Titus.

Anna M. Serra-Radford, Private Citizen, Las Vegas, Nevada:

I am here to speak on the emotional aspects of abortion. As a post-abortive woman, I can testify to my experience. It is very interesting to be here today. I do not feel very comfortable about giving my entire testimony, so I will submit it in writing to you. [Nothing was submitted.] I just want to say that it is very concerning to see that we are considering removing explaining in detail the issues that could have an effect on some women. Not all women have negative effects—physically, emotionally, or spiritually—but please, help protect those of us who have experienced physical, emotional, and spiritual issues because of the abortion choices we made. Dealing with fear is what drove some of us to that.

I have spent a lot of time in the last 20 years working and supporting women who have had abortions and who feel the same way as I do. We do not feel represented by either side, nor do they understand the position some of us are in. I ask this Committee to reconsider and give more information and not less, and to help protect the youth.

Nick Emery, Executive Director, Life Choices Community Pregnancy Clinic, Carson City, Nevada:

[Nick Emery spoke from prepared text ([Exhibit R](#)).] I am a father, husband, and a pastor as well as the executive director of Life Choices Community Pregnancy Clinic—a free resource in Carson City that helps hundreds of women every year with unplanned pregnancies. I am here to urge you to vote no on S.B. 179 (R1).

Regarding section 2, the bill seeks to eliminate informing the women from law, and the words being struck out concern the number of weeks that have elapsed from probable time of conception. Pregnancy tests do not simply give everything we need to understand, and I want to share with you why it is dangerous if we take that information away from Nevada women, whom we seek to trust and equip to make decisions regarding their pregnancies. We want to empower women, and providing ultrasounds does this in a highly effective way. Four out of five women we see who choose to carry their babies do so because they saw an ultrasound. They were able to see the viability of the pregnancy and that the child was developing correctly. Many people we work with every day are seeking abortions and may already have abortion appointments made at clinics who will not get an ultrasound. We have had clients who travel from California because an abortion clinic will not give them an ultrasound when they asked for one. They want to see it as well.

Whether on our main campus or in our mobile unit, following a positive pregnancy test women receive that ultrasound from a trained professional. They also receive medically accurate information that does let them know exactly how far along they are and what is

happening so they can actually make an informed decision. Earlier this year, within the span of ten days, we had seven abortion-determined clients enter our facility. Six of them tested pregnant. None of them had received an ultrasound. It was not until they had an ultrasound with us and saw the image and received medically accurate information regarding development that they were truly informed to make the right decision regarding their pregnancy. Ultrasounds were used to determine their choice and all six of those clients left, choosing to keep their babies because they had been equipped correctly with accurate information.

Laura Brown, Private Citizen, Reno, Nevada:

I am representing myself and all the women whose statistics are not collected or analyzed. I am a registered nurse and have a bachelor's of science degree in nursing. I am evidence. Everything I remember is in blips: Fifteen years old; Vinnie, my one and only; no drugs; no alcohol; happy; doing good in school. I am pregnant. I was 15. I do not know, except I am really, really sick.

Blip: My 22-year-old brother driving me. Where are we going? I do not know; no one explained to me or asked me anything; no words; no eye contact. No Laura; 15 years old.

Blip: On a table; no eye contact; no "How are you?" No explanations. Oh yes, Put your feet up and open your legs; spoken like a mother—we wash our hands before we eat. Put your feet up and open your legs. She had a task she was accomplishing; I do not know; I am numb. No Laura; 15 years old. Anvil on my chest; isolation; out a different door; dumpster on the left; car in front of me; brother waiting. Are we in a different place? I do not know. No explanations; no eye contact. No Laura. Who was that 22-year-old man who brought me in? Was that my brother, a pimp, a rapist, a concerned friend? They do not know. They do not have to know; they have a task to accomplish; no questions; no explanations. No Laura; 15 years old.

Blip: Back to school; an anvil on my chest. A thorough explanation of how to cut a line of cocaine—here is how you do it, Laura, and here is another way. Now there is a choice, an option and there is an explanation and there is my name. That feels good; no anvil on my chest. Sex; that feels good; no anvil on my chest. I want more; no anvil on my chest; no questions; no worries; no convictions; no beliefs. No Laura.

Blip: Working two jobs, weekends and evenings, and nursing school. Got to survive; good grades but no friends; isolation. I think well about myself though because I do not have to feel; I just think. Doing well. The anvil is not as heavy, but it is still there though. Semester starts for ob-gyn. I am sweating, anxious, and extremely nauseated. I cannot think straight; I cannot think about placentas and uteruses and embryos. I cannot pass a test. I cannot go to class; I cut class. The anvil is getting heavier again.

Blip: Nursing professor: What is going on in your life, Laura? You are a good student and you are not passing this class.

Chairwoman Cohen:

Your two minutes are up, but please feel free to leave us your testimony.

Yolanda Knaak, Private Citizen, Incline Village, Nevada:

I have been a registered nurse for many years. I want to ask you to please oppose this bill. It is not about being pro-choice. This bill does not do anything to change women's choices. Instead, it eliminates full disclosure of informed consent, which is the loophole so abortions can be given to minors. Minors will not be required to give their ages. This will only further promote pedophilia and human trafficking—both of which are big problems in Nevada. Taking away financial penalties for illegal practitioners performing abortions will only encourage those illegal practitioners. Please oppose S.B. 179 (R1). This bill will only harm women, especially minors.

Claire M. Trébaol-Clark, Private Citizen, Las Vegas, Nevada:

I am a 25-year-plus resident of Nevada. I am a registered nurse and I am also a mother. I am blessed to be able to share my parenting with the father, which brings me to the first point in my opposition to S.B. 179 (R1). Taking the marriage-status question out of it completely excludes the reality that a lot of the preborn babies being considered here who might be aborted have a father. If a woman is married and they do not know she is married, there is no possibility that the legal father of that baby would know that his child might be terminated. It takes two parents to create a new human, and this bill would absolutely exclude the male parent from any information on the pending termination of his potential offspring.

Relating to not getting the age information of the individual seeking an abortion, there is nothing that can be done to a minor without parental consent in this state. A child cannot even get a Tylenol at school; they cannot see an R-rated movie, even one about the very thing they are trying to seek—an abortion—without getting parental approval. So, to say they can come in there under 18 and have this done without their parents ever knowing about it is really detrimental to the psychology of that child. They might be so nonchalant that it never affects their lives, which might be a blessing, or maybe down the road it bothers them for the rest of their lives. The parent would never know or be able to help them out or reach out and help them through the struggle with such a big surgery in their lives—something that involves life and death.

This procedure is a surgery, and there is always a risk with surgery. There is a risk of damage to the person's future fertility and even to life. Women have died after undergoing abortion procedures, so to put a child in there without their parent with them is a huge risk to their life.

Shana Gotthardt, Private Citizen, Las Vegas, Nevada:

I am representing the opposition to this bill. I am 16 years old and I attend a public high school here in Clark County. I am here to represent the rights of women—specifically those under the age of 18. I am told that the changes in this bill will be able to help protect my rights. As a 16-year-old, I cannot go to a tanning bed, get my ears pierced, take Tylenol at school, or seek any medical treatment without parental consent. Yet if S.B. 179 (R1) is

passed, I can obtain a surgical, chemical, or do-it-yourself—as in ordering medication online—abortion to terminate a pregnancy without my parent's knowledge. How does that protect me? The decision to abort is major and a life-defining decision. It is a decision that I would have to live with for the rest of my life. Should not those closest to me be able to be informed to help me make this decision?

Section 1 eliminates age-verification requirements that help fight against statutory rape, abuse, and sex trafficking. If I found myself at the hands of an abuser or trafficker, my opportunity to be protected by those who work in a clinic would now be squandered. How does that protect me? Section 1 also eliminates the coercion screenings that can protect young women from being forced into abortive procedures. Some of these women have abortions because they were threatened. Others are physically harmed to induce one, and still others are exploited at an incredibly vulnerable time. How does that protect me?

The choice to abort your child institutes seen and unseen consequences. All women should be equipped with the facts to help them make informed decisions, yet sections 1, 2, and 3 eliminate the need for a patient's written consent. That written consent is intended to make sure all women have been fully informed about the emotional and physical consequences of having an abortion. If written consent is required for every other medical or surgical procedure, how does eliminating written consent for abortion protect me? Senate Bill 179 (1st Reprint) is not supporting and protecting women. It removes some of the necessary protection we still possess. If your 16-year-old daughter found herself with an unplanned pregnancy, would you be comfortable with this level of protection?

Deborah Earl, Vice President, Power2Parent:

[Deborah Earl spoke from prepared text ([Exhibit S](#)).] I have some serious concerns with this bill: Section 6 removes the penalty for non-doctors to perform abortion; it eliminates the requirement for doctors to verify the age of the patient, making child sex trafficking much easier, and also protects the traffickers. Section 1, line 5, eliminates screening for coercion; therefore, it again protects their abusers. It eliminates the requirement to get written consent from women that they receive the information concerning the abortion procedure—including the potential physical and emotional impacts. This is not the standard of medicine. It decriminalizes providing drugs and tools for do-it-yourself home abortions, and also it would decriminalize the actions of Sikander Imran who laced his girlfriend's tea with an abortive agent and caused the death of her 17-week-old unborn baby. I believe Senator Cancela said that men are not able to get this drug; this doctor did. We are very much weakening laws and protections for women in this bill. I ask you to please oppose it or add language about expedited judicial review to help fix the problems with parental notification.

Lynn Chapman, State Treasurer, Independent American Party:

The Independent American Party supports life, and that is in our state platform. I am a parent and I know what is best for my children. I am wearing black in mourning for the millions of children missing among us; I am wearing red to symbolize the blood spilled—both mother and child. I am wearing heart earrings which symbolize the silencing of millions of beating hearts at the altar of convenience.

The most important job of parents is the protection of our children no matter what their age. Keeping our children from harm is getting harder when at every turn the laws to protect our children and our families are eliminated or ignored. We are here to try to help and protect our children and our families from this type of bill. Vote no on S.B. 179 (R1).

Karen England, Executive Director, Nevada Family Alliance:

We are here to oppose S.B. 179 (R1). In listening to the supporters of the bill, you would think that abortion is illegal and that our prisons are full of women who had abortions. There was a lot of hysteria about abortion being legal. It is currently legal. That is not what this bill does. In addition, several times the sponsor of the bill stated the provisions have never been used against a woman, so there has never been a woman in Nevada who had a miscarriage who was accused and charged with a misdemeanor. I wonder why we are really here if this provision we are getting rid of is never used.

I believe S.B. 179 (R1) is not about helping women, but it eliminates current protections for women, calling those protections antiquated. Coercion screening, which this bill will eliminate, helps abusive men and sex traffickers, and it hurts women. When you eliminate age verification, the only person who benefits is some sort of predator—maybe an abusive father. It is not the woman or the minor who benefits. I agree that we should trust Nevada's women and that we need to protect our minors. I loved the testimony from Las Vegas [Shana Gotthardt], and kudos to her at 16 for being willing to come before a committee and testify.

Withholding important information from women by limiting informed consent hurts women. One of the supporters of the bill testified and used the words full information. She said that we need women to have full information and that she trusted women. I agree; I trust women. Trusting women means giving them all the information. That includes the 80-10-10 rule where 80 percent of women who have an abortion will have some negative aftermath. Ten percent will have no aftermath. Trust women; make sure they have all the information.

Bob Russo, Private Citizen, Gardnerville, Nevada:

[Bob Russo spoke from prepared text ([Exhibit T](#)).] I am opposed to S.B. 179 (R1). I went on the opinion page yesterday afternoon and counted the opinions "for" and "against" on this bill. I did it by hand, so there is some error, but I think I came out pretty close. Fourteen hundred forty are against; 300 are for the bill—so that is about a 5 to 1 ratio against this bill.

A primary reason I oppose this bill is that I believe it does not give written information on the potential harm this can do to a woman—the physical effects of an abortion as well as the emotional ramifications of having an abortion and the long-term effects. I have known women who have had abortions 30 or 40 years ago, and they think about those abortions almost every day. They regret their decisions because they did not have clear information; they were too young to really understand what they were getting involved with. They need to be clearly informed because this decision is going to affect them for the rest of their lives.

The other thing that baffles me is the fact that you do not have to show your age when you go in to get an abortion in this bill. A 16-year-old could go in and get an abortion; they do not

have to tell their age and it keeps their parents out of the loop. Another thing I find odd is that you can go in and get an abortion at 16 but you need your parent's consent to go to an R-rated movie if you are under 17.

Then there is the coercion factor. This has been eliminated in the bill, so coercion could be a factor and it should not be involved in the decision that a young mother is going to make when it comes to having an abortion. Besides undermining the sanctity of life, I cannot in my heart support a bill that promotes the death of an unborn child and endangers both the physical and emotional health of the mother. In my opinion, this bill is the antithesis of health, harmony, and balance.

Michelle Caven, Private Citizen, Boulder City, Nevada:

So many great arguments against this bill have been articulated, and I concur with them. As a parent talking about the age notification, it took me 25 years to deal with my abortion. There are many women like myself. I ask you to use common sense in some of these notifications. It is not outlawing abortion, but what is being removed does a disservice to women and families, and I thank you for your time.

Gary Sayre, Private Citizen, Henderson, Nevada:

I am a retired police officer—30 years with the Las Vegas Metropolitan Police Department. During this time I was assigned to juvenile and also missing persons and abuse and neglect. I can tell you that what you are doing to the statutes and the law is going to create a bigger problem and cause more abortions and more problems throughout families. Bear in mind that the human is the only animal species that aborts its young before birth. It is a bad bill.

Evelyn Sayre, Private Citizen, Henderson, Nevada:

I represent the discriminated member in this bill—the mother, the grandmother. I am also a clinical laboratory scientist and a health inspector here in Nevada. Historically, Nevada is very dear to my heart. Leave the law alone. What already has been done in the past is a lot better than what we are going to do in the future. The elimination of the most important aspect—the age of the patient—is very endearing to us. We had a daughter who at 15 years of age, without our knowledge or consent, had an abortion. She was a daughter who had a 4.3 grade point average and who never missed a day in school. She had her first abortion at age 15 and we did not know about it. Then she had another one at age 17 by the same man who was three years older than she was. Had we been involved in the decision-making, the second one would have been avoided, because she was just afraid and ashamed and was fearful of not being able to pursue a four-year college degree. The emotional and psychological trauma is indescribable. She was suicidal. She spoke in this room in 1990 for the bill; she spoke on our local TV to no avail, and I was seated in the back dumbfounded. Please, do not change what has already been.

Mike Dyer, Director, Nevada Catholic Conference:

I am speaking on behalf of the Catholic Church. The Church's position is known by everyone, so I am not going to take time with that. I do want to note that the parental notification requirements are critical, and I want to give thanks to Senator Cancela for

agreeing to leave those in, because at one time she had taken those out. The *Nevada Revised Statutes* need to be amended at some point in time to make those parental notification requirements truly meaningful. This bill is obviously not the time to do that, but that is something that needs to be done. The last thing I want to note relates to the gentleman who referenced the poll you can take. Only 16 percent are in favor of this bill.

Janine Hansen, State President, Nevada Families for Freedom:

I did participate in the 1990 campaign on the opposite side—in favor of life. Two things happened as a result of that campaign that were life-changing to me. One was that I heard from dozens of women who had had abortions—in fact, one had four abortions—and listening to their regrets changed my understanding. Women were now the second victims of abortion. That has continued to change my view of all of this. The second thing that happened was that during that time my daughter was often in my office and saw the materials and information about the development of an unborn baby. Later on, she made some poor choices. She became involved with someone, got on drugs, and became pregnant outside of wedlock. In fact, she was being abused. She called me at one point and asked me to come and pull her out of that situation—which I did. If anyone had an excuse to have an abortion, it was my daughter. However, she made the right choice; she chose life. Here is the little girl who is the result of that—my little granddaughter. I am so thankful for the knowledge that my daughter had about what an abortion really causes. All women deserve to have that information, and through an ultrasound, we now have that scientifically and medically accurate information.

My daughter made the right choice. Now she is married, has a wonderful husband, and she has her beautiful 13-year-old daughter. I can say that out of the 1990 campaign many people's lives were changed because they came to understand the devastating effects of abortion in the lives of women. This bill says to women, Do not confuse me with the facts; we do not want to give you all the information. We will just trust you with part of the information, but do not confuse me with the real information that will show that the baby is a baby and what happens when that abortion takes place. We encourage you to truly protect women and girls in our state by voting no on this bill.

Chairwoman Cohen:

We are going to finish with the folks at the tables in Carson City and Las Vegas, and then we will switch back to support.

Don Nelson, representing Pro-Life League of Nevada:

[Don Nelson provided additional written testimony ([Exhibit U](#)).] I just want to point out a few things. One, RU-486 is available and easy to get. Self-managed, abortion-supporting groups like Women Help Women say: "Our data indicate that obtaining mifepristone and misoprostol pills from on-line pharmaceutical websites without a prescription is feasible in the United States. Numerous such sites exist and are easily found using straightforward search terms." ["Exploring the feasibility of obtaining mifepristone and misoprostol from the internet," Chloe Murtagh, et alia, *ScienceDirect*, Contraception, Volume 97, Issue 4, April 2018, Pages 287-291.] A group called Plan C has a web page titled "Report Card for

Online Abortion Pill Suppliers" that says this: "None of the websites listed asks for a prescription."

Second, NRS 442.257 says it applies to NRS 442.252 through NRS 442.256 inclusive. We need to know how that would cover the prohibition in NRS 442.250 that only abortionists can perform abortions. We need to know how we can trust that removing NRS 201.120 and NRS 201.130 will still make it criminal to do nonmedical abortions or provide drugs, medicine, and other substances—not prescription drugs or instruments. How will that still be illegal? If doing abortions without a medical license is illegal, will it be illegal to supply the means of self-abortion—things like herbal recipes and other concoctions or devices for the abortion? What would be the prohibition and where would it come from?

Third, abortion does have complications for many women. Priscilla Coleman is probably the most published researcher and author on psychological/mental complications for abortion. She says that overall, the results reveal: "Women who had undergone an abortion experienced an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be attributable to abortion." ["Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009," Priscilla K. Coleman, *The British Journal of Psychiatry*, Volume 199, Issue 3, September 2011.] We oppose this bill and we also ask you to oppose S.B. 179 (R1).

Concetta Tedesco, Private Citizen, Las Vegas, Nevada:

I am a retired crisis pregnancy counselor and retired doctor's assistant. I am strongly opposing S.B. 179 (R1). I really support the testimony of Assemblyman Hafen, Assemblywoman Titus, and Erin Phillips. How many people are aware of the fact, as I am, that in many clinics around the country, Planned Parenthood does not ask the age of women coming in for an abortion—particularly when it is an older gentleman, someone who could be the woman's pimp or trafficker? When people try to tell them the age of the girl who was brought in—and I have footage I will send you—someone is holding up a hand saying, "I do not want to know." The girl was sent back to her pedophile. This is unconscionable. I do not like any of this. It is not going to do any good service for women of any age. I want to thank State Senator Cancela for leaving in the parental consent portion of the bill, because that is going to save many lives.

Chairwoman Cohen:

As a note, this is the time during session where legislators' bills are being heard in other committees, so if you see Committee members leaving and then returning to this hearing, it is because we are going to other committees to present our bills. Please do not take that as a sign of disrespect, and please feel free to provide us with any written testimony you have if you feel as though you want to make sure something does not get missed.

Mayeli Ontiveros, Private Citizen, Las Vegas, Nevada:

I am here in opposition to this bill. I have a 12-year-old niece, and it is just crazy to think that she would be able to go and have an abortion—perhaps because she was pimped out.

Las Vegas has the highest statistics for child sex trafficking and for human trafficking, and this bill would just make it easier for those predators to prey on the children.

I used to work at a spa where you could not get waxed or get your eyebrows done without having a parent come in and sign a form, but now you can go ahead and have an abortion done? It is unthinkable.

I ask everyone to oppose this bill. Think of the children—because in reality this is who it is affecting—our future generations. Look through this bill and consider the ramifications of what it will do to many women. I know they say to trust the women, but not with all the information, and that is not correct. This will just be giving power to the predators, pedophiles, pimps, and anyone else who preys on women, but it will not give power to women themselves.

James Koury, Private Citizen, Las Vegas, Nevada:

I share the concerns about language in section 1 of the bill in regard to not being required to ask the person her age. That presents an issue for people who have to do mandated reporting, because they will not know for certain.

In section 2, people have already mentioned the merits of showing the woman an ultrasound. There is evidence that once a woman sees her child, she is much more reluctant to have an abortion. That is something in line with making more information available to the woman so she can be fully informed when making her decision. In addition, there should be language in the bill that the abortion provider should also present adoption as an option rather than abortion. The general flow of this bill seems to be streamlining abortions and allowing abortion mills to come into the state and push people through quickly. That is not in the best interest of the woman; she should be making a fully informed decision.

Chairwoman Cohen:

Now, we will switch to additional testimony in support of the bill in either Carson City or in Las Vegas.

Molly Rose Lewis, Northern Nevada Organizing Coordinator, NARAL Pro-Choice Nevada:

I was not intending to speak today, but I am disgusted by what I am hearing from the opposition on many levels. We have started a Twitter thread called "Thread of Lies" to call them out on their patently false statements. This bill does not change parental notification laws. That was amended out, so this bill has nothing now to do with parental notification.

As an organizer I spend most of my waking hours talking to people about this issue. It comes down to not criminalizing women for making choices about their own bodies. That is what this bill is about—making sure women are able to make those choices for themselves—and nothing else is particularly relevant to this bill.

Brittany Kincheloe, Private Citizen, Minden, Nevada:

I want to share my personal testimony. I am married. I have decided not to have children because I suffer from very severe depression and anxiety. My depression renders me unable to take care of myself properly some days. This bill protects me and would not criminalize me if I were to have an abortion. I am taking all measures to not get pregnant, but as we know, birth control is not 100 percent effective. I need to have the option to have an abortion if I were to get pregnant, because the medications I am on would be detrimental to a fetus. If I were to get off my medications, it would be detrimental to me. It is an option for me, it is safe and I would be protected, and I need that option if I ever were to get pregnant. Because pregnancy is not an option for me, I need it to be safe, legal, and protected.

Chairwoman Cohen:

Last call for testimony in support in Las Vegas or in Carson City. [There was no response.] Seeing none, we are going to go back to opposition in Las Vegas or in Carson City.

DeeEdrah White, representing Power2Parent:

I agree with what has been said about the fact that this bill will leave a loophole for sex traffickers. Sex traffickers could be men; could be women. It does not matter who it is. If someone brings an underage person in for an abortion, if the doctor is not required to ask the age, this leaves a loophole. Please vote "no."

Monica Bermender, Private Citizen, Reno, Nevada:

I apologize to you that you had to listen to a lot of issues that had nothing to do with the issues at hand. I would also like to ask, Madam Chairwoman, that this gentleman not take my picture.

I am opposed to this bill because I am so in favor of protecting children and protecting the innocent. I do not know if any of you have ever had a procedure in your life; I have had a few procedures in my life, and what was very important to me was that I had all the information regarding that procedure so I knew how to care for myself and what to do to help myself get better. If all the information is not given to women who have procedures regarding abortion, they suffer from mental difficulties for the rest of their lives. This is not a one-time thing that goes away on the day of the abortion. When birthdays come around, when triggers come around, there could be emotional effects because the correct and full information was not given to these women. That is a disadvantage to them.

I stand here for the innocent, whether they are the young people who are trafficked or those in the womb. I strongly urge you to reject the new proposals to S.B. 179 (R1).

Chairwoman Cohen:

Are there any questions?

Assemblyman Carrillo:

I see we are recording, so you are on record and your picture is public.

Monica Bermender:

I just noticed that he took pictures of women without their consent. I did not want him to take my picture.

Assemblyman Carrillo:

I took pictures of my friends.

Chairwoman Cohen:

This is a public forum, and when you testify you are being recorded. I do not think it was the Assemblyman's intent to take pictures of anyone but his friends, and I am sure he will be judicious with them.

Darryl Bermender, Private Citizen, Reno, Nevada:

Thank you for this opportunity to address you on this issue. I have listened to arguments both pro and con on this issue. It is clear that the bill, if it were to pass, would remove the protections women currently have. The Legislature that passed the current law obviously passed that law with the intention of protecting women. The question remains, who would benefit from the passage of this law? It is not the woman. The ones who will benefit will be the ones in the business of providing the service the women would be seeking. For that reason, I think the protection should remain in place, and I would ask you not to support S.B. 179 (R1).

Jeany Carroll, Private Citizen, Las Vegas, Nevada:

I am representing the body of Christ and my Lord and Savior Jesus Christ by speaking to you, and I am asking that you please oppose S.B. 179 (R1). In regard to the first section, it does make the girl, if she is underage, a victim. If you do not require consent, you would be protecting criminals like pedophiles, rapists, and incestuous parents. Referring to section 2, during this very emotional time I believe a woman should be informed of all the consequences of an operation which could lead to depression or suicidal tendencies. It could lead to the breakup of her relationship. She may not be able to conceive a child in the future if the abortion goes wrong. If you have a full-term pregnancy, your breasts produce a hormone that actually protects that woman from breast cancer, and in section 3, I believe that the felony criminal repercussions of providing abortions if you are not a doctor, or even if you are a doctor, should be in place. If the abortion is botched, it would not be a felony whether the provider was a doctor or not. There is also the fact that the RU-486 pill is so easily obtainable, it can be slipped into someone's beverage. That person could receive an abortion without having consented to it, so I ask you to please not support S.B. 179 (R1).

David Walker, Private Citizen, Las Vegas, Nevada:

I do not support S.B. 179 (R1). I think we should trust the women to make their decisions by being fully informed. I do not think we gain anything by withholding any information from them, and I do not think we can trust any physicians to voluntarily discuss any of it with them. I think that the changes in the decriminalization are a way to shelter abortion providers to ensure their profitability and also to shelter them from any liability. I am not sure that the changes do not offer increased shelter for pedophiles, human traffickers, and abusers. With

abortion, we are already ruining a child's life; and I do not think we should take the liberty to ruin the mom's life, too.

Debra Winn, Private Citizen, Las Vegas, Nevada:

I am against abortion for many reasons and there are many facets to it. Our family life is broken down repeatedly in many ways, and abortion is not just a one-time thing like an injury to one's hand or leg. An abortion is a lifetime event; it does not just go away. What I wanted to focus on is the subject of being underage. A girl at 10 years of age who starts her menses is not a mature, adult woman in any way. We have age requirements for so many things. If I were to speak criminally, sexual assault against a 16-year-old has a certain penalty. Sexual assault against a child 14 or younger carries a stronger penalty; and it is because the younger the person, the less life experience they have, and the less knowledge and experience they have to make mature decisions. The underage part of this bill is so wrong on so many levels, but we are only looking at it in one way. The age of a girl starting menses has nothing to do with her emotional maturity or mental maturity or ability to make sound decisions.

Madeleine Bydalek, Private Citizen, Reno, Nevada:

I am here today in opposition to S.B. 179 (R1). You recently voted to make it illegal for women under the age of 18 to marry regardless of parental consent and regardless of judicial review. Yet abortion law in Nevada allows a girl as young as 9 or 10 to choose to get an abortion without a parent knowing or a judge reviewing. This bill is dangerous for the young women of our state. This would be a state-sanctioned direct threat to pregnant women's health and safety. This bill protects the child sex trafficker by eliminating age verification and thus circumventing mandatory reporting. A 9-year-old getting an abortion is a 9-year-old girl who has been victimized. Providing her with an abortion and sending her right back to her abuser is not protection.

Senate Bill 179 (1st Reprint) protects abusive sex traffickers, husbands, and boyfriends by eliminating coercion screening. Senate Bill 179 (1st Reprint) protects the growing underground black market purveyors of equipment, drugs, and herbs that make up the burgeoning home abortion industry. Senate Bill 179 (1st Reprint) protects the abuser who can acquire and perform the abortion surreptitiously or coercively. Senate Bill 179 (1st Reprint) creates and protects the back alley abortionist whose training is just a YouTube video. This bill seeks to remove important protection under the guise of wanting what is best for women. Women are the only ones not protected by S.B. 179 (R1).

I am recommending two amendments. One would provide women the opportunity to view an ultrasound if the performing doctor uses ultrasound. A person would not consent to any other medical procedure without being given the opportunity to see the imaging related to a tumor or bone break. Yet with an abortion, they hide this from women. More information is better, and women need to be trusted with information to make their own decisions during this process. The second amendment I propose would fix NRS 442.255—parental notification for minor girls seeking an abortion. Our statute has never been enforced, and we

have lost 34 years of parental involvement in preteens and teens in crisis. It is time to change that.

Sharon Williams, Private Citizen, Reno, Nevada:

It was not too many generations ago when truths espoused in the Declaration of Independence were denied to those who looked like me. Fortunately, righteousness prevailed; unfortunately, we, the people, do not seem to learn from history.

Today it is all about choice. Any language that expands that choice, as far as I am concerned, is taking a step back. Regarding the mental and emotional well-being, I firmly believe that relaxed abortion laws weigh heavily on the collective psyche of our entire culture, especially on us women who are executing our babies. In spite of all the freedom and choice we have today, the suicide rate for women is skyrocketing. I want to quote Nadine Kaslow [a past president of the American Psychological Association], quoted in the *Washington Post*, June 2018: "Historically, men had higher death rates than women. That's equalizing not because men are [committing suicide] less but women are doing it more." ["Suicide rates rise sharply across the United States, new report shows," Amy Ellis Nutt, *The Washington Post*, June 7, 2008.] That should give us cause to pause and think about what has changed. Additionally, as an educator who sees the impact of permissive behavior on teens, weakening laws will invariably lead to more teens who are on antianxiety drugs—not to mention the spike in suicide rates among those who are young adults.

Life cheapened at one end of the spectrum is cheapened throughout the spectrum, so why do you think loosening abortion standards will enhance the lives of women? Each Jew who Hitler and his minions murdered, each slave who was held in bondage or lynched, each unborn baby has something in common—each has a distinct DNA with 23 corresponding chromosomes. That makes an individual person—a life.

Today, I am seeking to do something along with all who seek to be a voice for the voiceless. We appeal to you to do that which is right and not expand that which denies nature's law and nature's God. Regarding some of the comments I heard here today, as a descendant of slaves, I am thankful that Christians such as Harriet Beecher Stowe imposed their values on others.

Bruce Fong, Private Citizen, Reno, Nevada:

[Bruce Fong spoke from prepared text ([Exhibit V](#)).] I am a licensed osteopathic and homeopathic physician in this state. Although I serve as president of a certain licensing board and of a certain medical association in this state, along with being a medical director of a county I cannot name, I speak to you as an individual. I want to point out something to you. I stand in opposition to this bill because of a public health issue.

I applaud all the comments that have been made so far, and I agree with the comments made by Dr. Mellum about the changes to NRS 442.253, which talk about informed consent. You are weakening the language, and I hate to say it, but we do have doctors who are sloppy. They are not going to talk about things thoroughly. I also agree with Dr. Mellum that the psychosocial and emotional impacts, as have been pointed out, can affect the woman and

even the man who is involved in these abortions. More importantly are the physical things you may not know about. Informed consent means that you are supposed to know what you are getting into. You will not know in case something is going wrong. Even in the best of situations, a woman could bleed after a procedure, have a horrible infection that could spread throughout her body, and even become sterile even if she was healthy prior to this procedure. If you do not know what to look for, you are going to delay your medical treatment. That could result in further bad outcomes and, potentially, even death for certain people.

Beyond that, the decriminalizing changes to NRS 201.120 and striking that law is a big mistake. As has already been pointed out, we are trying to prevent folks who are not licensed from providing these services.

Chairwoman Cohen:

I will do a last call for opposition testimony in Carson City or in Las Vegas.

Yvette Berry, Private Citizen, Reno, Nevada:

I am in opposition to S.B. 179 (R1). As a mother and elementary school educator, I have seen firsthand how children need to be informed. They are not capable of thinking quite that critically when talking about the life and death of a human being and human dignity. As a parent, I have deep concerns that a child might be able to get this procedure and have severe regret that could possibly lead to detrimental health ramifications and suicidal thoughts. I strongly recommend that you oppose S.B. 179 (R1) and think critically about what this means for society in general, human dignity, life, and love of life. I have concerns about not allowing a parent to be with his or her child or the fact that somebody who considers himself to be an adult might be with the child and be able to influence that child to do something that child might horribly regret for the rest of his or her life.

Diane Nohr, Private Citizen, Reno, Nevada:

I am here to oppose S.B. 179 (R1). It is very important to all of us to make sure everyone has all the information he or she needs to make a truly informed consent, especially when you are fearful, or afraid, or very young. We all know that when we were young we all made decisions that we regret later.

It is also important to realize that this is not addressing the problem of increasing child sexual abuse in our society. There are sex trafficking problems, especially in Nevada, and none of us can act as though we are not aware of them. We need to stand up for the young people who need us to stand up for them, who do not have a voice, and who might need to get out of a bad situation.

Penny Brock, Private Citizen, Reno, Nevada:

I am in opposition to S.B. 179 (R1). I believe women should be fully informed before they make that decision—including having an ultrasound. I will read what Kevin McCullough wrote [in a Townhall opinion titled "ALIVE From New York: The Day Abortion Died," dated May 5, 2019].

On May 4th, 2019 . . . in the middle of Times Square, in New York City, from three sound stages blasting . . . into the surrounding neighborhoods, the final speaker of the day said that, "Soon . . . Abortion will become . . . unthinkable."

This was a public celebration of life. Kevin McCulloch continues:

Not content to believe the organizers, protestors attempted to disrupt the proceedings. But those protests, which began with profane chants, obscene signs, and thundering drums, ended with nary a whimper, and dispersed far more mysteriously than they had appeared.

The reason why the 2,000 protestors evaporated wasn't because the 20,000 life supporters had shouted them down. In fact the very opposite was what occurred.

It was their Planned Parenthood supporters chanting, "pro-life . . . is . . . a . . . lie . . ." "because all they want is . . . women . . . to die."

Chairwoman Cohen:

I have to ask you to keep your testimony to the bill.

Penny Brock:

This has to do with ultrasound.

Chairwoman Cohen:

Please keep to the bill as it is written.

Penny Brock:

Women should be fully informed, because once women see the 4-D ultrasound, they choose life. They see a sleepy little baby's face in a beautiful 4-D picture staring out at them. They see that this little tiny baby is having his picture taken for the very first time. When women see and understand what moms feel and know, they see their own baby's face.

Lenni DePaoli, Private Citizen, Reno, Nevada:

I am here to put on the record that I am in opposition to S.B. 179 (R1). I say "Ditto" to the other opposition testimony, and I am here as a former female fetus.

Patty Gurries, Private Citizen, Reno, Nevada:

I am here to oppose S.B. 179 (R1). I am here for pro-life and for babies. I feel very strongly about this bill. Our kids are young, fearful, and if they get pregnant they do not know what to do. I also say, "Ditto."

Chairwoman Cohen:

Seeing no one else in opposition, we are going to move to neutral. Neutral means not taking a position on the bill, but just providing information. Do we have anyone neutral? [There was no response.] Seeing no one, Senator Cancela, do you want to make any closing remarks?

Senator Cancela:

For what is a really important and difficult subject to talk about, I want to clarify some things and make sure they are clear for the record. Something I misspoke about relates to NRS 442.260 which does have reporting requirements, so information is gathered by the Division of Public and Behavioral Health within the Department of Health and Human Services. The Division decides what information is reported and required. There is no reason why the bill as written would change the way they are able to gather information.

The language in the bill that has been stricken around age and marital status ensures that doctors are not mandated to verify the age and marital status themselves. Doctors can gather information that they deem medically necessary. The bill does not prevent them from doing that, and I want to make sure that is clear for the record.

The language around informed consent has been changed to give women more information. It creates a provision that allows for doctors to give information orally. This forces a conversation between a doctor and a woman in order to make sure that the woman gets all the information she needs before undergoing the procedure. It also goes further than language does today in ensuring women can get information in the language they understand and so they have access to a translator. Before they sign any form they are given information in the language they understand. It also ensures that the language in statute reflects medical best practice language. All of that is designed so that before a woman undergoes the procedure she has the information she needs and she does not give consent until she is given that information.

This is the last time I will get to speak on the record on this bill, so I want to put in the minutes and in the record just how grateful I am for all the women on both sides of the debate who have come forward and shared their stories. These stories are deeply personal, they are difficult to tell, and to say it before a body of strangers is challenging. I have gotten to work with so many women who have been brave enough to share their stories, tell other people their stories, show up, and express their opinions on this bill. I owe them a debt of gratitude.

Chairwoman Cohen:

I appreciate the courtesy and respect we have seen during this hearing.

[[\(Exhibit W\)](#) in support of the bill was submitted but not discussed and is included as an exhibit for this meeting. [\(Exhibit X\)](#), [\(Exhibit Y\)](#), [\(Exhibit Z\)](#), [\(Exhibit AA\)](#), and [\(Exhibit BB\)](#) in opposition to the bill were submitted but not discussed and are included as exhibits for this meeting.]

I will close the hearing on S.B. 179 (R1) and open the hearing for public comment. As a reminder, public comment is not about the bill.

Melissa Clement, representing Nevada Right to Life:

I want to thank the Chairwoman and members of the Committee. I have been so impressed all session long with the fairness in the way committees have been run. This, today, was a great example of it, so thank you, Madam Chair.

Chairwoman Cohen:

Thank you. Our next hearing will be in our usual room. We are adjourned [at 4:15 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Lesley E. Cohen, Chairwoman

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a proposed conceptual amendment to Senate Bill 456 (1st Reprint), dated May 8, 2019, submitted by Senator Julia Ratti, Senate District No. 13.

[Exhibit D](#) is written testimony, dated May 8, 2019, authored and presented by Jeanine Packham, Immediate Past-President, Nevada Advanced Practice Nurses Association, in support of Senate Bill 456 (1st Reprint).

[Exhibit E](#) is supplemental information from the *Federal Register*, Vol. 81, No. 240, pages 90198-90207, and Department of Veterans Affairs VHA Directive 1350, dated September 13, 2017, provided by Jeanine Packham, Immediate Past-President, Nevada Advanced Practice Nurses Association, in relation to Senate Bill 456 (1st Reprint).

[Exhibit F](#) is written testimony, dated May 8, 2019, submitted by Jeanine Packham, Immediate Past-President, Nevada Advanced Practice Nurses Association, in support of Senate Bill 134 (1st Reprint).

[Exhibit G](#) is written testimony in support of Senate Bill 179 (1st Reprint), authored by Aaron D. Ford, Attorney General, [referenced by Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America].

[Exhibit H](#) is a letter addressed to Chairwoman Lesley Cohen and members of the Assembly Committee on Health and Human Services authored by Kate Marshall, Lieutenant Governor, in support of Senate Bill 179 (1st Reprint) [referenced by Caroline Mello Roberson, Nevada State Director, NARAL Pro-Choice America].

[Exhibit I](#) is written testimony, dated May 8, 2019, authored and presented by Stephanie Ball, Private Citizen, Reno, Nevada, in support of Senate Bill 179 (1st Reprint).

[Exhibit J](#) is written testimony authored and presented by Mary W. Richardson, Private Citizen, Reno, Nevada, in support of Senate Bill 179 (1st Reprint).

[Exhibit K](#) is written testimony, dated May 8, 2019, authored and presented by Karina Provost, Southern Nevada Organizing Coordinator, NARAL Pro-Choice America, in support of Senate Bill 179 (1st Reprint).

[Exhibit L](#) is written testimony authored and presented by Crystal Allen, Private Citizen, Las Vegas, Nevada, in support of Senate Bill 179 (1st Reprint).

[Exhibit M](#) is a letter addressed to Chairwoman Cohen and members of the Assembly Committee on Health and Human Services, authored and presented by Jean Melby-Mauer, Legislative Representative, Paradise Las Vegas Indivisible, in support of [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit N](#) is a letter addressed to Chairwoman Cohen and members of the Assembly Committee on Health and Human Services, dated May 7, 2019, authored and presented by Kathleen Rossi, Private Citizen, Reno, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit O](#) is written testimony and a list of documents presented by Beverly Ozmun, Private Citizen, Las Vegas, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit P](#) is written testimony addressed to Chairwoman Cohen and members of the Assembly Committee on Health and Human Services, presented by Erin Phillips, President, Power2Parent, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit Q](#) is a copy of [Assembly Bill 405 of the 78th Session](#), supplied by Erin Phillips, President, Power2Parent, in relation to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit R](#) is written testimony authored and presented by Nick Emery, Executive Director, Life Choices Community Pregnancy Clinic, Carson City, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit S](#) is an email, dated May 8, 2019, addressed to the Assembly Committee on Health and Human Services, submitted by Deborah Earl, Vice President, Power2Parent, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit T](#) is written testimony, dated May 8, 2019, authored and presented by Bob Russo, Private Citizen, Gardnerville, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit U](#) is written testimony, dated May 7, 2019, addressed to the Assembly Committee on Health and Human Services, authored and presented by Don Nelson, representing Pro-Life League of Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit V](#) is written testimony addressed to Chairwoman Cohen and members of the Assembly Committee on Health and Human Services, dated May 8, 2019, authored and presented by Bruce Fong, Private Citizen, Reno, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit W](#) is a letter addressed to the Chairwoman and members of the Assembly Committee on Health and Human Services, submitted by Mackenzie Baysinger, representing Human Services Network, Reno, Nevada, in support of [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit X](#) is a letter addressed to Chairwoman Cohen and members of the Assembly Committee on Health and Human Services, dated May 8, 2019, submitted by Adia Lancaster, Director, Awareness and Prevention on Human Trafficking, New Hope Foundation International, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit Y](#) is an email, dated May 6, 2019, addressed to the Assembly Committee on Health and Human Services, submitted by Barbara Decker, Private Citizen, Gardnerville, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit Z](#) is an email, dated May 7, 2019, addressed to the Assembly Committee on Health and Human Services, submitted by Karen Mowry, Private Citizen, Reno, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit AA](#) is an email, dated May 6, 2019, addressed to the Assembly Committee on Health and Human Services, submitted by Madelaine Durand, Private Citizen, Reno, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).

[Exhibit BB](#) is a letter addressed to the members of the Assembly Committee on Health and Human Services, submitted by Ricardo Garcia, M.D., Private Citizen, Reno, Nevada, in opposition to [Senate Bill 179 \(1st Reprint\)](#).