

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

**Eightieth Session  
May 20, 2019**

The Committee on Health and Human Services was called to order by Chairwoman Lesley E. Cohen at 1:57 p.m. on Monday, May 20, 2019, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [www.leg.state.nv.us/App/NELIS/REL/80th2019](http://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:**

None

**STAFF MEMBERS PRESENT:**

Marsheilah Lyons, Committee Policy Analyst  
Karly O'Krent, Committee Counsel  
Terry Horgan, Committee Secretary  
Alejandra Medina, Committee Assistant

Minutes ID: 1267



**OTHERS PRESENT:**

Elisa Cafferata, representing Planned Parenthood Votes Nevada  
Heidi S. Parker, Executive Director, Immunize Nevada  
Michael Hackett, representing Nevada Primary Care Association; and Nevada Public Health Association  
Julia Peek, Deputy Director, Programs, Department of Health and Human Services  
Catherine M. O'Mara, Executive Director, Nevada State Medical Association  
Joelle Gutman, Government Affairs Liaison, Washoe County Health District

**Chairwoman Cohen:**

[Roll was taken. Committee rules and protocol were explained.] We have one bill on the agenda today, Senate Bill 94 (3rd Reprint). Ms. Elisa Cafferata is assisting Senator Ratti in presenting this bill today.

**Senate Bill 94 (3rd Reprint): Revises provisions governing the Account for Family Planning. (BDR 40-446)**

**Elisa Cafferata, representing Planned Parenthood Votes Nevada:**

I am here today on behalf of Senator Julia Ratti, the interim Legislative Committee on Health Care, as well as Planned Parenthood Votes Nevada. I am joined by Heidi Parker of Immunize Nevada as well as Michael Hackett, so we can give you the full background and answer any questions you might have.

Nevada used to provide family planning to people who needed safety net services. In 2001, we were serving almost half of the women who needed these services. By 2010, we were only seeing about 10 percent of the women who needed these services. In the last legislative session, rural Nevada specifically had lost over \$1 million in federal Title X family planning funding. Last session, we set up the Account for Family Planning [Senate Bill 122 of the 79th Session] to provide grants to nonprofits and local governments to help provide a safety net for these services. The Legislature allocated \$1 million over the biennium last session.

As is often the case, as many of you know, you put some legislation in place and then you find out that you need to fine-tune some of the details that may have not worked out exactly as you needed them to be implemented. We need S.B. 94 (R3) specifically because we are seeing continued cuts to federal funding for these basic health care services. We have also seen some fairly dramatic cuts to the funding for our immunizations and vaccines. Last session, there were two bills dealing with the appropriation and the Account, but we did not specifically connect the money between the two. So, one thing this bill does is take the appropriation and put it into this Account specifically. The second issue we need to address is making sure we can get this funding to community health nurses who provide these services in rural Nevada.

Those are the items S.B. 94 (R3) is designed to address—connecting the allocation to the Account, making sure we can cover community health nurses, and making sure we can cover

vaccines. Also, while we are having this conversation, we wanted to expand the forms of family planning that are available.

In section 1, we are putting this account under the Director of the Department of Health and Human Services (DHHS) so that it is directly administered from DHHS, which will ensure that this is made a priority, and also so the fund will be administered in the most efficient way. In section 1.2, subsections 2 and 5, the word "all" is added before the word "persons" to strengthen the nondiscrimination protections for patients.

Existing language in section 1.2, subsection 2, paragraph (a), reads that the grants can be awarded to local governments and nonprofits—which has mostly been health departments and nonprofit organizations. Section 1.2, subsection 2, paragraph (b), adds language stating that the funds can pay for family planning services which are provided by or contracted for through the state. This is language that allows the community health nurses in rural Nevada to be paid for through this Account. Normally, the state cannot make a grant to itself, and these community health nurses typically work for the state, so we wanted to make sure they could access this funding.

Section 1.2, subsection 3, includes a long list of what the money can be used for: education, distribution of information about family planning, appropriate referrals, et cetera. Then, you will see a list approved by the U.S. Food and Drug Administration (FDA). This is a restrictive list; the money in the account can only be used for the contraception listed in the bill. These are all FDA-approved forms of contraception. The edits you see do two things, and one adds contraception for men. Those of us in the family planning world think this is a wonderful development. We think this is important for access and family planning health care. Covering male and female condoms was another addition we made. The rest of this fine-tuning is designed to make this list match the list of FDA-approved contraceptives, contraception devices, and procedures that we require Medicaid and private insurance in Nevada to cover. This money can also be used to cover preconception health services and sexually transmitted infection testing and treatment.

If you go to section 1.2, subsection 3, paragraph (g), this is where we are adding coverage for any vaccines that are recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. This does not require patients to get any vaccines, but they would be available if they are part of what your health care provider recommends in terms of having a healthy pregnancy. If you are considering getting pregnant, it is important to be current on your vaccines. So if, as part of your family planning visit, that is recommended, this grant will now cover that service.

Section 1.2, subsection 5, covers how grantees provide family planning services—specifically not discriminating, following nationally recognized standards of care, and protecting the dignity of patients. If you are a mandated reporter of child abuse or neglect, you are still a mandated reporter of child abuse and neglect.

There is a change in section 1.2, subsection 6, which allows the Director of DHHS to use up to 5 percent of the money in the Account for administration. Since these funds are mostly distributed through grants, we need to at least provide some staff time to handle the grant process—setting it up, monitoring it, and reporting back on it.

Section 1.2, subsection 8, is new language that strengthens the nondiscrimination protections for family planning providers. Specifically, you cannot refuse to let a provider offer one of the services that is listed in this grant. The rest of the changes throughout the bill make conforming changes.

That is a walk-through of the bill. I can answer questions or have the people at the table with me provide their comments.

**Chairwoman Cohen:**

Go ahead and continue with your comments.

**Heidi S. Parker, Executive Director, Immunize Nevada:**

We are a statewide nonprofit that saves lives by preventing disease and promoting health. We are in support of S.B. 94 (R3), as immunizations are an integral part of family planning. Experts advise being up to date on all recommended vaccines before becoming pregnant, as this helps protect both mom and baby from serious diseases that can have severe consequences during pregnancy. The CDC has guidelines for vaccines needed before, during, and after pregnancy, and many of these vaccines are routinely administered during childhood and their protection is carried throughout the lifespan. Vaccines like tetanus, diphtheria, pertussis (Tdap) are recommended for each pregnancy because it not only protects mom, but it also helps protect the baby from whooping cough, which can be deadly for young infants. The human papillomavirus (HPV) vaccine helps avoid the need for procedures on the cervix because of abnormalities and cancers caused by HPV, and can help decrease the proportion of pregnancies that end in preterm birth related to cervical incompetence during pregnancy.

Another example is the measles, mumps, and rubella (MMR) vaccine. A rubella infection during pregnancy can cause serious problems, including severe birth defects; and contracting measles while pregnant can lead to hospitalization and premature birth. The MMR vaccine must be administered at least a month before pregnancy, but if the two recommended doses were received in childhood, protection is provided throughout adulthood. Including vaccines under this family planning grant program also allows expanded access, which is desperately needed in Nevada where we have a continued shortage of providers and challenges with access to preventative health care. These challenges are especially prevalent in rural Nevada where residents may not be eligible for federally funded vaccines, may struggle to find care, and may travel hundreds of miles to utilize their health coverage. Community health nurses may be the only vaccinator, or just one of a few in their county; and they, unfortunately, are limited in billing certain insurance carriers which causes additional access barriers in these medically underserved areas. So, thank you to Senator Ratti for championing this bill and the program.

**Michael Hackett, representing Nevada Primary Care Association; and Nevada Public Health Association:**

Both Associations I represent are in support of this bill. I am also Board Chair for Planned Parenthood Votes Nevada, and I would like to take this opportunity to express my appreciation to Ms. Cafferata and the work she has done on this bill on our behalf.

My testimony is specific to the Nevada Primary Care Association and what the two health centers that received funding through an appropriation from the 2017 Session have been able to do with that funding. From Assembly Bill 397 of the 79th Session, Nevada Health Centers and the Community Health Alliance were the two federally qualified health centers that received money pursuant to that grant. Through this grant, Nevada Health Centers has been able to expand its offering of family planning services. These efforts focused on education programs and services that focused on preventing pregnancies, preconception health services, cancer screenings, sexually transmitted disease screenings and treatment, pregnancy testing, discontinuation of contraception, follow-up services, planning and spacing births, and counseling referral services. They also included efforts targeting the Las Vegas metropolitan area as well as training providers and residents on long-acting, reversible contraceptives in order to expand this particular offering.

The Community Health Alliance has also been able to increase the number of individuals receiving family planning services in Washoe County. Their efforts have been focused on promoting long-acting, reversible contraceptives, providing other forms of contraception on a sliding-fee scale, providing emergency contraceptive pills free of charge, and hosting quarterly seminars through the Teen Pregnancy Prevention Program. After a slow start, the Community Health Alliance is also seeing a greater number of patients. Providers within the Community Health Alliance have also created a contraceptive basket for patients to be able to see and touch the particular devices in order to help them be more comfortable with the choices they are making regarding their contraception decisions. Therefore, on behalf of both these organizations, we are here in support of this bill.

**Chairwoman Cohen:**

Are there any questions?

**Assemblywoman Gorelow:**

I have a question regarding the vaccines. Would this also include family members and cocooning for the Tdap?

**Heidi Parker:**

I believe that the community health nurses and the other grant recipients would be able to work that out with their program. At this point, I do not know that the bill actually outlines who the exact recipients would be.

**Elisa Cafferata:**

Because these are grant programs, we need to go through a regulatory process to set up the framework. Whoever is applying for the grants or the program dollars would specify how they would be using the money. That would have to be approved through the process.

**Chairwoman Cohen:**

Getting back to the immunizations, if I have a teenaged daughter and I want to make sure she has a healthy pregnancy in the future when she chooses to become a mother by birth, can I get her the HPV vaccination during her teen years through this program?

**Elisa Cafferata:**

Yes. One of the reasons we included vaccines and immunizations in this program is that many of the diseases we are protecting young men and young women against do have an impact on their fertility in the future. The human papillomavirus for certain can have an impact, so we do foresee making that available as a protection which keeps the option open for young people to start a family should they want to.

**Chairwoman Cohen:**

In section 1, "Administrator" is being changed to "Director." Can you explain their responsibilities and why this change will be effective for the program?

**Julia Peek, Deputy Director, Programs, Department of Health and Human Services:**

The amendment was made so that we could oversee this out of our grant management unit. A good portion of this is going to be doing the sub-awarding process, as was mentioned earlier, and that is what our grant management unit does. We also enjoined the language that says, "or designee," so if, at any point, it makes sense to put it into one of the DHHS agencies, the language that is in front of you would allow us to do that. For now, however, we would like it to sit in the Director's office.

**Chairwoman Cohen:**

Are there any other questions?

**Assemblyman Hafen:**

I have a question about section 1.2, subsection 3, paragraph (d), subparagraph (1), where the language reads "voluntary sterilization." Could there be an unintended consequence? I think the Governor signed Assembly Bill 91 (1st Reprint) which would, in certain circumstances, allow a court to authorize someone's sterilization. "Voluntary" is contemplated in relation to S.B. 94 (R3) and these funds can be used for that, so I wanted to bring that to your attention. Has that been contemplated?

**Julia Peek:**

I do not think it was contemplated. As we work through the regulations that were mentioned earlier, it does make sense to define "voluntary."

**Elisa Cafferata:**

We were aware of that bill and we did support the final version of the language. I do not think we are trying to provide any additional clarity here about what "voluntary" means in relation to that particular group of patients. That would be the language governing those particular patients who had a different process of what a voluntary sterilization might mean. In the traditional sense, there is the fully informed consent that any health care provider would provide in this case. There is other state law around sterilization that does provide some clarity about what "voluntary" means.

**Chairwoman Cohen:**

For the Committee's information, A.B. 91 (R1) was a bill from the interim Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs having to do with our laws on forced sterilization of people who were under guardianships—because we had very antiquated law around that—and making sure that their rights were being protected. To Assemblyman Hafen's point, there was a concern around whether a guardian was suggesting the sterilization. We did address that fact; we wanted to make sure it was not being forced by a guardian if it was not in the best interest of the protected person.

**Karly O'Krent, Committee Counsel:**

Is the question about what the definition of "voluntary" is for purposes of this bill?

**Assemblyman Hafen:**

Because A.B. 91 (R1) is now enrolled, would the funds being proposed in this bill's language be allowed to be used for such a court-ordered procedure? Does adding the word "voluntary," as proposed, prohibit these funds from being used for a court-ordered sterilization?

**Karly O'Krent:**

To clarify, when you say, "adding the word 'voluntary,' as proposed," are you talking about in this bill or in A.B. 91 (R1)?

**Assemblyman Hafen:**

In this bill.

**Karly O'Krent:**

"Voluntary" for purposes of this bill would be given its plain meaning, which would mean that in the event someone did not want to be subject to a procedure, that individual would not be. To the extent that A.B. 91 (R1) was referring to something a person did not concede to have done to him or her, this would not apply.

**Chairwoman Cohen:**

Are there any other questions? [There was no reply.] Seeing none, we will open up for testimony in support. Anyone in support in Las Vegas or Carson City, please come forward.

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

We are here in support of S.B. 94 (R3) because of the positive impact on public health. Nevada physicians support the efforts to get these resources to Nevadans who need them.

**Joelle Gutman, Government Affairs Liaison, Washoe County Health District:**

We were already on record in the Senate as being in support of this bill, and we support it as amended.

**Chairwoman Cohen:**

Seeing no one else in support, we will move to opposition. Is there anyone in opposition in either Las Vegas or Carson City? [There was no response.] Anyone who is neutral, please come forward. Ms. Peek, are you neutral on this bill?

**Julia Peek:**

Neutral.

**Chairwoman Cohen:**

For the record, Ms. Peek is neutral. Seeing no one else neutral, I will ask the presenters if they have any final statements.

**Elisa Cafferata:**

Thank you for hearing the bill.

**Chairwoman Cohen:**

Thank you, Ms. Cafferata, and thank you for taking over the bill presentation while Senator Ratti was on the Senate floor.

With that, I will bring the hearing on S.B. 94 (R3) to an end and open the floor for public comment. [There was no response.] Seeing none, I will close public comment. Right now, Committee, we do not have any bills for Wednesday, but we will keep you apprised and let you know when we have more bills from the Senate. We are adjourned [at 2:25 p.m.].

RESPECTFULLY SUBMITTED:

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Terry Horgan  
Committee Secretary

APPROVED BY:

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Assemblywoman Lesley E. Cohen, Chairwoman

DATE: \_\_\_\_\_



## **EXHIBITS**

[Exhibit A](#) is the Agenda.

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