

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eightieth Session
March 18, 2019**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 2:49 p.m. on Monday, March 18, 2019, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

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

GUEST LEGISLATORS PRESENT:

Senator Yvanna D. Cancela, Senatorial District No. 10

STAFF MEMBERS PRESENT:

Megan Comlossy, Committee Policy Analyst
Eric Robbins, Committee Counsel
Vickie Polzien, Committee Secretary

OTHERS PRESENT:

Elisa Cafferata, Planned Parenthood Votes Nevada
Kathleen Teipner, Planned Parenthood Mar Monte
Heidi Parker, Executive Director, Immunize Nevada
Michael Hackett, Nevada Primary Care Association; Nevada Public Health Association
Skyylar Jordan, Planned Parenthood
Jazz Sheffer
Janine Hansen, Nevada Families for Freedom

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Lynn Chapman, Nevada Families Eagle Forum
Don Nelson, Pro-Life League of Nevada
Joelle Gutman, Washoe County Health District
Mark Clemmer
Caroline Mello Roberson, State Director, NARAL Pro-Choice Nevada
Laura Fitzsimmons, Nevadans For Choice
Catherine O'Mara, Executive Director, Nevada State Medical Association
Toby Frescholtz
Megan Ortiz, American Civil Liberties Union of Nevada
Rabbi Sara Zober
Beatriz Uribe
Ashley Bowman, NARAL Pro-Choice Nevada
Molly Rose Lewis, NARAL Pro-Choice Nevada
Jean Melby-Mauer, Paradise Las Vegas Indivisible
Linda Gallant
Melissa Clement, Nevada Right to Life
Tracy Muscari
Deborah Earl, Vice President, Power2Parent
Kathleen Miller, Nevada Right to Life
Maria Cassidy
Ellie Stankus
Nick Emery, Executive Director, Friends of Life Choices Community Pregnancy
Clinic
Keith Shonnard
Erin Phillips, President, Power2Parent
Julie Smith-Gagen, Ph.D.
Elaine Patrello
Julianna Lucas
Andrew Poh
Dr. Peter Fenwick
Bob Russo
Nichole Mason
Rebecca Rasmussen, Research and Community Outreach, Power2Parent
Ed Bills, Calvary Chapel Lone Mountain
Michael Dyer, Nevada Catholic Conference
Beverly Ozmid
Cyrus Hojjaty
Lisa Huffman
Juanita Cox, Citizens in Action

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Barbara Jones
Gale Struble
April Zampirro

CHAIR RATTI:

I will open the hearing on Senate Bill (S.B.) 94.

SENATE BILL 94: Revises provisions governing the Account for Family Planning.
(BDR 40-446)

ELISA CAFFERATA (Planned Parenthood Votes Nevada):

I am here on behalf of the coalition of family planning healthcare providers, many of whom received this grant in the last two years. I have provided background information for your review ([Exhibit C](#), [Exhibit D](#) and [Exhibit E](#)). I will go over the highlights of why we are here to revisit the bill passed in 2017.

The safety net for providing family planning for low-income women in Nevada has been eroding for years and is especially problematic in rural Nevada. In 2017, S.B. No. 122 of the 79th Session was passed establishing a program to provide grants for family planning services, resulting in direct health care benefits to the people who need it the most.

There are advantages to having a State funded family planning grant program; it can be responsive to specific needs in our community. The needs of rural Nevada might be slightly different from those in Las Vegas or Washoe County. It is structured in a way that supports increased access to health care for Nevada families. It also allows us to offer a slightly broader range of health care services, such as immunizations and pre-pregnancy counseling so we can help young people start a family when they are ready.

The proposed amendment ([Exhibit F](#)) fine-tunes the legislation passed in 2017 and builds on the lessons we learned.

The Account for Family Planning in the State General Fund is created in section 1 of the bill. Per the proposed amendment, we added the word "all" in section 1, subsection 2, paragraph (a) line 9 and again in subsection 5, line 16. This clarifies when grantees are applying for grants, they need to consider those

who would have difficulty obtaining family planning services, reinforcing the nondiscrimination protections in the bill.

Section 1, subsection 2, paragraph (b), of the proposed amendment provides clarifying language ensuring funds are used to pay for community health nurses, particularly in rural Nevada. The State cannot grant money to itself, but our community health nurses are those who provide this health care in rural Nevada and they work for the State.

Section 1, subsection 3 of the proposed amendment adds language stating grant money can be requested by the Advisory Committee on Immunization Practices to fund required vaccinations recommended by the United States Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC).

This does not require anyone to have additional immunizations or be immunized if they choose not to. This grant can be used to pay for immunizations if their health care provider recommends them in the course of education. This grant can also be used for maintaining the ability to someday start a family.

The proposed amendment deletes section 1, subsection 8; language that was based on the idea of nondiscrimination. We are leaving the language in the bill in a way that allows the State Administrator to give preference for one type of contraception over another. A benefit of having State control is long-acting, reversible contraception, for example, if a particular population has a specific need for that. This amendment clarifies the Administrator can give preference to certain contraception over others when awarding grant money in response to specific needs, as long as the contraceptive methods meet the criteria currently outlined in statute.

Section 1, paragraph (d) of the proposed amendment proposes a new subsection to add language ensuring the State is not discriminating against any specific family planning provider. Other states have tried to exclude this. In this case, it will not exclude Planned Parenthood health centers from getting family planning money simply because they offer abortion care outside of these grants. There are so few family planning providers in our State and we cannot afford to exclude any. This will strengthen the nondiscrimination in the State grant program.

Planned Parenthood believes this amendment should state that the State Administrator cannot discriminate against a provider of family planning services because the provider offers any legal medical service, not because the provider offers family planning service. In 2017, we were very careful to distinguish when we were talking about family planning. We are talking about contraception, we are not talking in code about abortion, and nothing in this bill would change that approach. This is a family planning grant program; this is its intention. Nothing changes the covered age and it is still a list of methods the Food and Drug Administration (FDA) have approved for contraception.

Finally, section 2, subsection 1 of the proposed amendment proposes to add an additional section to reduce the amount of the appropriation from \$12 million to \$6 million over the biennium, which reflects the change the Governor has allocated.

CHAIR RATTI:

Senate Bill 94 directs the money into the account for family planning, which was a piece that even though in the last Session we created an account for family planning and there was a \$1 million allocation, those two dots were never connected. This bill cleans this up and ensures this new allocation goes into the account for family planning.

This bill clarifies that money can also be spent on community health nurses in rural Nevada since they are the primary providers there. The State was not allowed to grant money to itself. This will allow for those community health nurses to perform the services paid by the grant.

This bill will align the appropriation request to what is in the Governor's budget.

The amendment adds the word "all" to reinforce and strengthen discriminatory practices if you need these family planning services. When people qualify, they can achieve those services regardless of their gender, and without any discriminatory language.

In the amendment, we also include immunizations ensuring there is no discrimination against any specific type of provider providing any legal medical service.

MS. CAFFERATA:

I would add that I am learning more about the State budget and the funds to which they are applied. We are in a conversation with the Department of Health and Human Services (DHHS) to ensure the money goes to the appropriate fund and accomplishes the right goal. There may be additional fine-tuning needed, but that is the intention of the bill.

KATHLEEN TEIPNER (Planned Parenthood Mar Monte):

Throughout my work in Nevada in the health care nonprofit sector as the Associate Vice President of External Affairs for Nevada Planned Parenthood Mar Monte, I have consistently heard from people throughout Nevada that they want access to affordable, quality health care, including reproductive care. Reproductive care is health care, and it has never been more important to invest in this care than it is today. With federal restrictions and taxes increasing, it is urgent we ensure health centers serving Nevada's communities are able to provide that vital care at an affordable cost.

Planned Parenthood health centers in Nevada offer high quality, non-judgmental health care on a sliding fee scale. Our staff members mirror the diversity of the communities they serve. Together, the Mar Monte and Rocky Mountain affiliates run three health centers, one in northern Nevada and two in Southern Nevada. In total, they provide over 17,000 patients each year with access to preventive health care, cancer screenings, sexually transmitted infection testing and educational programs.

Last Session the Legislature created a State grant program and budgeted \$1 million to fund it. As Nevada Associate Vice President, I see the impact of this grant every day. Our Reno health center used this specific grant to hire the healthcare staff they needed to keep their doors open five days a week. This allowed them to see 36 percent more patients than without the grant. They saw 81.5 percent women, and 18.5 percent men. Almost 40 percent of the patients they saw fell below the poverty level. Fifty-three percent were self-pay as they either did not have insurance or did not qualify for Medicaid. The center in Reno is just one of the health center providers that received this family planning grant. Grant funds were also used to expand the services available in Clark County, Washoe County and rural Nevada.

By funding \$6 million over the biennium through the State funded family planning grant, Nevada is making sure the most vulnerable patients in our State

receive the care they need. Nevada is fortunate to be led by Governor Sisolak who believes in increasing access to health care. During his State of the State address in January, he demonstrated his commitment to reproductive health care in Nevada when he announced he had included \$6 million in his budget for family planning. We are appreciative of the Governor and the Legislators' commitment to healthy women and families. This bill is an important step for the health of our State and we encourage you to pass S.B. 94.

HEIDI PARKER (Executive Director, Immunize Nevada):

Immunize Nevada supports S.B. 94 and Senator Ratti's submitted amendment 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 both protect the mom and baby from a number of diseases causing serious consequences during pregnancy.

The CDC has guidelines for vaccines needed before, during, and after pregnancy. Many of these vaccines are routinely administered during childhood and their protection is carried through adulthood. For example, the human papillomavirus (HPV) vaccine helps avoid the need for procedures on the cervix because of abnormalities and cancers caused by HPV. It can help decrease the proportion of pregnancies that end in pre-term birth related to cervical incompetence during pregnancy.

Including vaccines under a family planning grant program would allow expanded access to immunizations 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 and who struggle to find care.

SENATOR HARDY:

On page 3 of the bill, line 36, does the word "any" refer to the 13 items listed in the bill as those to which we are limited? Does it include Mifepristone, the chemical abortion drug (RU486), or just the 13 listed?

MS. CAFFERATA:

Section 1, subsection 3, paragraph (a) states, "Money in the Account may only be used to pay for: The provision of ..." and there begins the list of 18 approved

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FDA methods of birth control, which does not include RU486. It only includes items to be used as contraceptives.

SENATOR HARDY:

My reason for asking is you have listed 13 and not 18 items.

MS. CAFFERATA:

We have them listed slightly different from the FDA.

SENATOR HARDY:

Is it just these 13 listed in the bill that are included in the "any?"

MS. CAFFERATA:

This may be a question for your legal team. As we went through this several times last Session, it was these contraceptive devices and drugs as approved by the FDA.

SENATOR HARDY:

There are some medicines approved by the FDA to be used for interruption of pregnancy. Are you saying only these 13 of the 18 on this list are approved by the FDA?

CHAIR RATTI:

Senator Hardy, I understand the list of 18 you and I were able to get consensus on last Session. We are going to need to get back to you and compare this list to the one from last Session. Our intent is for it to be as exact to the agreed upon list from last Session.

MICHAEL HACKETT (Nevada Primary Care Association; Nevada Public Health Association):

The Nevada Public Health Association supports S.B. 94, as we did last Session in support of the family planning bill. The written testimony provided is specific to the Nevada Primary Care Association ([Exhibit G](#)).

SKYYLAR JORDAN (Planned Parenthood):

I am a 15 year-old volunteer with Planned Parenthood. I have been on birth control for approximately a year and it has changed my life completely. Before being on the pill I was miserable, felt frequent pain, and missed time from school and work. This hindered my education and disrupted my health and life

as a whole. Going to a local health center to see a doctor helped me achieve the stability I needed. Having access to safe, affordable care is a human necessity. Everyone deserves the type of access I have.

JAZZ SHEFFER:

When I was 21 years old, my mother was employed in a job where I had benefits under her insurance. I was able to seek long-acting, reversible birth control. The private clinic I went to in Las Vegas informed me it would cost \$500 to receive an intrauterine device (IUD). I visited Planned Parenthood and they provided the IUD for closer to \$50 with my insurance coverage. This birth control will last five years before it must be removed. At 26, I will no longer be covered under my mother's insurance. Please support S.B. 94 so I may continue to have access to the reproductive health care I need.

JANINE HANSEN (Nevada Families for Freedom):

Nevada Families for Freedom is concerned about any tax dollars going to fund Planned Parenthood in any way. In Las Vegas they offer services for abortion referral, RU486, and in-clinic abortion procedures.

Section 1, subsection 8, page 3, attempts to avoid discriminating against Planned Parenthood. The new subsection in the amendment replaces subsection 8 discriminating against any provider in any other manner. We disagree to any support going to Planned Parenthood, whether for contraceptives or contraceptive procedures promoted, or paid for by taxpayers in the State.

Ms. Cafferata identified the definition of family planning as not including RU486, abortion or abortion referrals. We are opposed to these taxpayer dollars going to fund Planned Parenthood. It is almost impossible for these things to be separated.

We encourage you to allow the State to discriminate in the way that it provides funds, and not to support organizations that promote not only abortion, but oppose parental education and consent.

LYNN CHAPMAN (Nevada Families Eagle Forum):

The American Center for Law and Justice stated the Sixth Circuit Court of Appeals had an 11 to 6 decision, ruling states can choose to cut funding to Planned Parenthood. An amicus brief was filed supporting state's rights to defund Planned Parenthood and any abortion providers, and choose to direct the

funds to actual family planning services. It overturned the lower court's decision which had blocked the State of Ohio from defunding Planned Parenthood. The overwhelming majority of the appellate court agreed the state had no obligation to fund the abortion industry.

How much do we spend on sex education? Currently, we pay for feminine products; how much is spent on that? Now taxpayers are going to be asked to fund other people's sex lives. This is asking too much of the taxpayer. We need to start teaching responsibility.

DON NELSON (Pro-Life League of Nevada):

Pro-Life League of Nevada believes S.B. 94 should be abortion neutral by excluding abortion as a method of family planning and excluding any funds going to counseling for, or referral to abortion.

Although the CDC and the Health and Human Services Office of Population Affairs does not include abortion in their definition, it is regarded as a method of family planning by abortion advocates and other areas of law and policy.

The Mexico City policy denies funding to foreign organizations that "perform or actively promote abortion as a method of family planning in other Nations." The meaning of family planning includes abortion to these groups and is indicated by Planned Parenthood's refusal to agree to this provision and enable them to receive these funds.

Abortion as a method of family planning is also seen in the abortion industry's opposition to the policy on these grounds. Senate Bill 94 needs to be abortion neutral by excluding abortion as a method of family planning. Drugs such as ulipristal, an emergency contraceptive closely related to RU486, should also be excluded.

JOELLE GUTMAN (Washoe County Health District):

The Washoe County Health District has provided Title X funded family planning services for over 40 years and understands the important positive impact these services provide to our community. The health benefits and positive economic impact of being able to plan one's family are numerous and include higher graduation rates, lower use of State and federal assistance programs, and overall better health outcomes.

Unintended pregnancy remains a tremendous social and economic burden nationally and locally, with an annual cost of \$9.4 billion nationally. It is estimated that \$68 million was spent on teen childbearing in Nevada. Overall, women in Nevada have reported that 52 percent of pregnancies were unplanned. Public spending totaled \$103 million for unplanned pregnancies in Nevada in 2010.

Local health authorities are often the safety net for family planning services in their community, as is the case in Washoe County where we rely on Title X funding. The health district's recent Title X funding grant awards were reduced, and Nevada's overall award was reduced by \$140,000, making S.B. 94 much more important. The Washoe County Health district supports S.B. 94.

MARK CLEMMER:

I oppose S.B. 94. The first line of the legislation, *Nevada Revised Statutes* (NRS) 442.725, creates an account for family planning in the State General Fund. I feel those services can be covered under the Division of Welfare and Supportive Services. I agree with the comment on the Sixth Circuit Court opinion. I oppose having abortion be created as a revenue.

I am opposed to making Nevada a sanctuary State. The \$12 million for family planning does not include any funding for people in opposition to these positions. This violates my Constitutional rights for equal protection under the law. Males have no representation or say in any of these bills if they are paying child support for either the mother or their child under 18. This excludes them from any participation.

CHAIR RATTI:

I will close the hearing on S.B. 94 and open the hearing on S.B. 179.

SENATE BILL 179: Revises provisions relating to abortions. (BDR 40-567)

SENATOR YVANNA D. CANCELA (Senatorial District No. 10):

Today I have the privilege of bringing S.B. 179 before the Committee. I will speak about the history bringing us to this point, the problem it aims to address, and review the conceptual amendment ([Exhibit H](#)) as I go through each section.

As we talk about the background of the bill and the foundation for women's reproductive freedom in Nevada, we talk about years 1973 and 1990.

Roe v. Wade was voted on in 1973 at the United States Supreme Court. Within a year it was enacted into State law. It was passed in the 1973 Legislature codifying *Roe v. Wade* protections. In part the preamble states:

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 whereas she is pregnant, without interfering with the Constitutional rights of any pregnant woman, or any person licensed to practice medicine, surgery or obstetrics.

In 1990, through a referendum process, the Nevada Campaign For Choice worked hard to get 10 percent of the vote from the previous election, ensuring the measure would go to a vote of the people. Because it was a referendum and not an initiative petition process, it enshrined that piece of statute into NRS. As a result of the support of the Question 7 Nevada Abortion Statute Referendum, the law under NRS 442.250 stands and cannot be modified or undone by the Legislature. In the 1990 general election, it was approved with 200,645 votes in favor, only 115,495 against and an overwhelming majority of Nevadans codified those protections in our statute.

This is the foundation of how we came to this moment. It means that in Nevada, unlike in most states, should *Roe v. Wade* be overturned by the Supreme Court, those protections will remain in statute. We need to ensure, as a State, abortion procedures are medical procedures with the utmost medical protection surrounding them. There should be nowhere in statute where abortion procedures are criminalized; S.B. 179 aims to address this.

Section 1 of the bill deals with a statute requiring a physician to obtain informed consent. Today, there are provisions in statute requiring language that is not in line with medical standards. These revisions bring informed consent laws on abortion in line with proper medical standards of care.

The conceptual amendment proposes section 2, subsection 1, paragraphs (a) and (b) of NRS 442.253 remain in the bill. This means the attending physician, or other qualified office person, must explain to the patient that, in their professional judgement, she is pregnant. This must be done in an accurate and thorough manner to be reasonably understood by the pregnant woman and a copy of her pregnancy test should be available to her. The amendment proposes

the confirmation of the gestational age of the fetus to be explained to the patient. This language reflects language from the American College of Obstetricians and Gynecologists Committee on Obstetric Practice. The gestational age is included as it reflects medical language.

The next provision in S.B.179 deletes subsection 1, paragraph (c) in section 2 striking out the provision that a physician must talk about the physical and emotional implications of having an abortion. It requires a physician only explain orally the procedure, its associated discomfort and the risks, much like a doctor would around any other medical procedure. It indicates, but does not mandate, a physician to provide information about emotional side effects. They are not barred from doing so, and it does not affect the ability of a physician to discuss those side effects.

The American Psychological Association (APA) did a study on this precise question and found there are no mental disorders or mental health repercussions associated with abortion, any more than there are with a first term pregnancy. Although a person who undergoes repeated or multiple abortions could be found to have mental health issues, these would likely surround broader issues not necessarily tied directly to the abortion. I have concerns with the word "emotional" being in statute as it is not a direct mental health term. We want to ensure all language surrounding an abortion is medically in line.

The informed consent language in section 2 deals with the ability of a physician to obtain informed consent from a woman in language she understands. It is important the physician receives fully informed consent when a woman is making the personal and medical decision to undergo an abortion. This often means a translator must be in attendance in order for the woman to fully understand the procedure and give informed consent. Senate Bill 179 provides for this.

Senate Bill 179 strikes language from three sections of NRS. The first section is NRS 201.120 which deals with fetal homicide covered in NRS 200.210, punishable as a Class B felony. By removing this from NRS, we remove the ability for this language to be used against a woman as a result of a miscarriage and then penalized for a very personal decision. Unfortunately, language such as this has been stretched by prosecutors when women are in situations like a miscarriage, in order to have test cases making their way to the Supreme Court

dealing with abortion rights. We want to ensure this language is not available in Nevada statute.

The second section is NRS 201.130 which deals with the distribution of drugs potentially leading to a miscarriage, such as the RU486 drug, which is an abortion pill. It would fall under the same informed consent standards as any other abortion procedure. The risk that this will lead to mass distribution of RU486 is a misnomer.

Finally, NRS 201.140 deals with whether or not a person could be criminalized for testifying as part of an abortion procedure. We want to ensure that we cover a woman undergoing an abortion is not penalized for testifying.

If this were a bill on any other subject but abortion, we would have an empty room with only me testifying. Due to the nature of the bill, abortion is an issue which brings out a lot of sentiment. Look to the premise of the bill and not to a broader discussion. This is about bringing a medical procedure and our statute in line with medical language, ensuring our informed consent laws are in line with medical best practices.

CAROLINE MELLO ROBERSON (State Director, NARAL Pro-Choice Nevada):
I support S.B. 179 and will summarize with my written testimony ([Exhibit I](#)).

The decision to have an abortion should be respected as a deeply personal decision; S.B. 179 affirms that right. You will hear testimony from the women who came before us. I say we stand on the shoulders of giants, particularly when it comes to protecting our reproductive freedom. You will hear from women who worked on the ballot measure in 1990 affirming that right.

The content of this legislation is broadly supported by all Nevadans from all different backgrounds. Removing criminal penalties for abortion has 66 percent support among Nevadans, regardless of their political affiliation. We believe abortion is not a crime and should not be treated as such.

Two things this legislation addresses are to clean up existing statutes updating our informed consent to 2019 medical standards, and ensuring the State has the most accurate information when women are determining whether they want to terminate a pregnancy.

LAURA FITZSIMMONS (Nevadans for Choice):

Thirty years ago, the United States Supreme Court issued a decision that stated states should have more leeway in deciding what their citizens want to do about the issue of choice. Sue Wagner called women together, Republicans and Democrats alike, who spent a year discussing Question 7 at extreme personal and emotional cost. It passed by 62 percent of the vote.

As Senator Cancela stated, the word abortion is generating the kind of controversy we are seeing today. It is established that Nevada is a pro-choice State. The voters have spoken and this bill simply cleans up remnant laws from the past. This bill cleans up antiquated words and ensures the views of the physician do not interfere with a woman's rights to make her decision.

SENATOR HAMMOND:

Language has been stricken from section 3, subsection 1. The word "written" was stricken. If you are a physician and you are recording everything in the patient's record, if it is not "written" it is not done. If a physician has obtained oral consent, and it is challenged, where is the safe harbor for that physician?

SENATOR CANCELA:

The language does not prohibit written consent, rather, it changes it. This is the only way to capture the different ways consent is given today, including an electronic form of consent. It would not change the way in which a physician receives consent.

SENATOR HAMMOND:

Talking about language to be stricken, we have marital status. Given the laws and the way they are written, potential fathers require the opportunity to claim their fatherly right. If you take out the question of marital status, how does this impact legal proceedings when someone else, for example the father has a legal right to the child?

SENATOR CANCELLA:

It is not the physician's duty to inform a partner of a woman's decision. That conversation should be had between the two individuals who conceived and is not medically pertinent information. Only medically pertinent information is to be captured.

SENATOR HAMMOND:

We want to ensure we are asking the question about marital status to make the woman think about the consequences she is undergoing. It may not be medically relevant, but this is a very highly charged event that is happening in someone's life.

SENATOR CANCELLA:

Because it is a deeply personal decision for a woman, she should not be burdened with any external pressures not medically related as she is making the decision. The same kind of requirement is not put into statute in any other procedure. A man is not asked if he is married when he requests a vasectomy; there is no reason why it should be asked prior to a woman requesting an abortion.

SENATOR HARDY:

You referenced NRS 201.110, 201.120 etc., but your conceptual amendment only speaks to NRS 201.150, the misdemeanor concealing of birth. Did you mean to include all the other sections?

SENATOR CANCELLA:

The amendment continues to repeal certain sections with the exception of NRS 201.150, which would remain in statute. NRS 201.120, 201.130 and 201.140 are repealed.

SENATOR HARDY:

I am confused as to what stays in the bill and what is repealed.

SENATOR CANCELLA:

Everything related to parental notification, NRS 442.255, 442.2555 and 442.268, will stay in statute. The intent of the conceptual amendment is to address informed consent and outdated laws that punish abortion.

SENATOR HARDY:

If a woman is under age 18, unmarried, and unemancipated, does parental notification stay in statute? Does it change the court authorizations or parental notifications?

SENATOR CANCELA:

The bill does nothing to change the status quo on parental notification. That was struck down by the Ninth Circuit Court of Appeals.

SENATOR HARDY:

Section 1, paragraphs (b) and (c) of NRS 442.250 speaks to abortion procedures before and after 24 weeks gestation. We know right now it is at 19 weeks for resuscitation if they are born. Is this meant to stay at 19 weeks instead of the traditional 24 weeks?

SENATOR CANCELA:

The bill does not address that section of statute and does not change anything about the way abortion procedures are currently done in the State.

SENATOR HAMMOND:

We are striking the first sentence in section 2, subsection 2. If we are trying to ensure we are obtaining the best medical information, who is the person allowed to gather the information in place of an attending physician?

SENATOR CANCELA:

Senate Bill 94 will not change the way any doctor's office currently operates when a nurse practitioner could obtain consent. It does not change the way informed consent is gathered. It is intended to tighten the language around informed consent. We have letters of support from both the Society for Maternal-Fetal Medicine and the American College of Obstetricians and Gynecologists. We have medical practitioners here today who can possibly speak more to how that plays out on a day-to-day basis.

The intent is to tightly bring our informed consent laws on abortion in line with the laws that exist elsewhere in statute.

CATHERINE O'MARA (Executive Director, Nevada State Medical Association):

The Nevada State Medical Association supports S.B. 179 as amended and with the conceptual amendment Exhibit H. In 1994, the Nevada State Medical Association passed a resolution supporting the right for physicians to include pregnancy termination as part of their practice. That would condemn any illegal, physical and mental harassment and intimidation directed at such physicians.

The American Medical Association Code of Medical Ethics does not prohibit a physician from performing an abortion in accordance with good medical practice and under the circumstances, which do not violate law. We look to the law and the Code of Medical Ethics when determining how to proceed.

To Senator Hammond's comment on whether written consent is required, it is not. Under the Code of Medical Ethics it must be documented, either in the medical record or the patient may sign a written informed consent. In that case, we put the informed consent into the medical record. The patient is not required to sign it in every case.

In section 2, subsection 1, paragraph (c) of S.B. 179, the requirement for a physician to describe physical and emotional implications of having an abortion is stricken. Physicians will use this law as a baseline and apply the standard of care on top of that. The standard of care includes speaking with patients about emotions. We would oppose any kind of legislation restricting a physician from having accurate conversations with their patients. We do not see this bill as prohibiting a physician from discussing any type of emotion with their patients. We would proceed in accordance with the law, the Code of Medical Ethics and the standard of care.

TOBY FRESCHOLTZ:

I support S.B. 179, the Trust Nevada Woman Act. As a physician and surgeon, I have the conversations around informed consent with my patients before every procedure I perform. This legislation ensures that medically necessary information is reviewed between provider and patient, and updates informed consent to current medical standards. It affirms the commitment of protecting and respecting reproductive freedom.

MEGAN ORTIZ (American Civil Liberties Union of Nevada):

The American Civil Liberties Union (ACLU) of Nevada supports S.B. 179 with the conceptual amendment, [Exhibit H](#).

Repealing sanctions on criminal penalties for abortions induced by drugs would ensure no woman would have to be her own enemy. It does not deny the rightful criminalization of the act of unlawfully and surreptitiously drugging an individual. That is battery at its most basic concept.

The ACLU of Nevada believes women should be allowed the option to look at what questions they can discuss with their practitioner, rather than having them forced upon them when it comes to emotions.

RABBI SARA ZOBEL:

I support S.B. 179 and will read from my written testimony ([Exhibit J](#)).

BEATRIZ URIBE:

Seven years ago, I was in need of a mitral valve repair and had open heart surgery. My cardiologist was unable to explain my procedures in Spanish, my first language. I tried to explain to my physician I needed someone to explain my procedures in Spanish; he said it was not his problem. I support the necessity for translators in a patient's primary language as it is important to our lives and survival.

ASHLEY BOWMAN (NARAL Pro-Choice Nevada):

I am the Vice President of Community Outreach for the National Organization for Women and represent NARAL which support S.B. 179.

My mother was raped at the age of 16 and had a child. She did not get an abortion because of the lack of access and provisions due to her age. There are aspects of the bill that protect the human rights of women. We are headed in the right direction updating and increasing communication between health care providers and the patients receiving services. It provides interpreters so people can understand the services they need, and takes away the inhumane, harsh punishment of women choosing to seek out the services of their choice.

MOLLY ROSE LEWIS (NARAL, Pro-Choice Nevada):

I represent the 45,000 NARAL members across the State in support of S.B. 179. With our female majority legislature, the first in the Country, this is a step forward for women's rights as across the Country this is not happening.

I would also like to mention many of the other organizations that stand in support of the bill, including Planned Parenthood Votes Nevada, the ACLU of Nevada, Nevada Women's Lobby, the Progressive Leadership Alliance of Nevada, Battleborn Progress, the Transgender Allies Group, Indivisible Northern Nevada, the Libertarian Party of Nevada and the Human Services Network.

JEAN MELBY-MAUER (Paradise Las Vegas Indivisible):

The 300 members of Paradise Las Vegas Indivisible located in Paradise Township in Henderson, Nevada, support S.B. 179, decriminalizing abortion and updating consent to 21st Century medical procedures.

As a former English Language Learner specialist, adding the provision for translation for those who do not speak English is essential.

LINDA GALLANT:

As a long-time resident and woman, I feel privileged to live in a State where we have laws to protect us. I support S.B. 179 and the changes made as a clean-up to the original bill.

MR. NELSON:

Pro-Life League of Nevada opposes S.B. 179. This bill removes the provision that informed consent for an abortion has been given freely and without coercion. This provision is not antiquated as there is no procedure that kills a human being.

The Lozier Institute says the best estimates indicate somewhere between 30 to 60 percent of all women seeking abortions in the United States do so under pressure.

Due to the number of coerced abortions and the life changing consequences for many aborting women, as well as many women who say they have regretted their abortions, the provision needs to be retained to protect women from further victimization. This is necessary in Nevada with our parental notification statute being enjoined.

Pro-Life League opposes eliminating the provision removing penalties with regard to selling or giving away "any instrument, drug, medicine or other substance to produce miscarriage." Nevada has a very weak unborn victims of violence act which penalizes people harming the unborn in an attack on the mother with up to 10 years in jail and a \$10,000 fine. This only applies to a "quick child", the time when motion is felt by the mother. A person could slip an abortion drug into an unsuspecting pregnant mother's drink. It would seem prior to quickening, there would be no penalty.

MELISSA CLEMENT (Nevada Right to Life):

Senate Bill 179 improves a bad bill; unfortunately, not enough for Nevada Right to Life to support it. There are 3 major goals in this bill: first, weaken the informed consent, second, decriminalize abortion and third, update laws to erase parental notification from NRS.

Section 1 of this bill eliminates the requirement that a physician certify consent in writing, and replaces it with obtains the informed consent. This appears to transfer the burden from the physician, who has the knowledge and is generally objective, to the woman who may not know what to ask and is in crisis. A form is referenced, but not exhibited in the bill questioning who creates this form. The information it should contain needs to be consistent.

Section 1 also eliminates the requirement for physicians to certify in writing, the woman's marital status and age. Statistics are imperative to policymaking. They provide insight into trends identifying problems, and lead to solutions.

Friday I received current statistics from the Office of Analytics of the Department of Health and Human Services. The slow walking of abortion trends, as well as the proposed removal of age verification in this bill, is troubling. In 2017, there were 14 abortions performed on minor girls under the age of 15. Our mandatory provider abortion report was instituted due to the number of children receiving an abortion at 12 to 14 years of age, or perhaps younger, and is a warning sign of abuse.

TRACY MUSCARI:

As a physician and a mother, I oppose S.B. 179. Section 1 removes the coercion requirement. Autonomy to make your own decisions without being coerced into decision-making is important for a woman or young lady to determine their own course of treatment. Not assessing for coercion is to further victimize them, to force the decision possibly coerced by human traffickers, rapists, boyfriends or parents.

A woman should be able to make her own decision and not have her parents push her into a decision they chose. Abortion is not a typical procedure, nor is assisted suicide a typical procedure. Asking the person not be coerced into that decision is key.

DEBORAH EARL (Vice President, Power2Parent):

Senate Bill 179 strikes the language found in section 2, paragraph (c), explaining the physical and emotional implications of having the abortion. Our family has dealt extensively with breast cancer, which includes the removal of one or both breasts. Caring surgeons explain the procedure and the risks, and importantly, the physical and emotional implications of the removal of a breast. Best medical practice and standards should include the physical and emotional implications of having an abortion, as women need the information to make informed decisions about their bodies.

KATHLEEN MILLER (Nevada Right to Life):

I am a marriage and family therapist, and have counseled men and women who have been affected by abortion.

Senator Cancela's statement that the APA states there are no mental health effects from abortion is a misstatement, both by the APA and those who quote it. I have researched Dr. David Reardon regarding mental health issues for abortion, as well as what I have seen first-hand. We tend to have confirmation bias on both sides. Those who do not think there are mental health problems with abortion are going to read the same data differently than those of us who believe there are. There are many areas where we can come to an agreement, both for us to be more open-minded in terms of what the mental health effects are and ensure it is included in the informed consent.

I have counseled women who have been institutionalized as a result of their abortion. Perhaps they had previous mental health issues, but those have been controlled, in different studies, such as the Fergusson Study out of Christchurch, New Zealand. This study was instigated by a gentleman who did not believe there were mental health issues and set out to prove the reports we had were incorrect.

Counseling can be done before performing an abortion so providers can look for risk factors ensuring a woman is not at a higher risk of mental health disorders as a result of an abortion.

MARIA CASSIDY:

Uninformed decisions are always bad decisions. I am here as a mother of teenagers and oppose S.B. 179. My children would not come to me if they were on the road to abortion. They would see a doctor who I would expect to ask

questions ensuring they are making the right decision. No one can tell me there are no emotional consequences from abortion; I am testimony to that.

ELLIE STANKUS:

I oppose S.B. 179. James Wilson, a United States Supreme Court Justice appointed by George Washington, once said, "Human law must rest its authority, ultimately, upon the authority of the law which is divine."

Why should we in the United States condemn the practice of child brides in another nation that deems it proper? Why can I stand before you today and tell you with absolute certainty that to continue to allow the slaughter of nearly 3,500 unborn children every day in this nation is to propagate the highest form of murder? Because there is an authority greater than I who says, "You shall not murder."

It is currently illegal in 20 states to impose capital punishment on the most heinous criminals and yet, in these very states, a mother can look her newborn child in the eye and say, "you do not deserve to live," and the child will be made comfortable as a doctor administers a lethal injection. In five, maybe ten or twenty years, an underage child will be able to go to a Planned Parenthood office with a three-year-old on her hip and come out alone.

Because we have determined that a life was only valuable if it was wanted, or that it was only sacred once it could fend for itself, we determined a mother who no longer wants to feed, clothe or nurture her toddler has the right to end its life.

Romans, Chapter 13, tells us God has appointed our leaders, and He calls them to uphold justice. It is with the highest respect and the greatest urgency, I ask you to fight legalized infanticide in Nevada. The blood of millions of innocents is in our hands, but God, in His mercy, would hear the groaning of the contrite hearts which yearn to restore justice in this Nation.

NICK EMERY (Executive Director, Friends of Life Choices Community Pregnancy Clinic):

I am a community leader in Carson City, an advocate and Pastor, serving as the Executive Director of Friends of Life Choices Community Pregnancy Clinic in Carson City. I fight every day for the rights of women and families.

I am grateful for the amendments to S.B. 179, but we must vote no. Women will always need to be given accurate information regarding any medical procedure. To be informed with accurate information about physical and emotional consequences regarding an abortion, empowers women and families so an informed decision can be made, demonstrating we trust Nevada women.

Life Choices saw over 400 first-time clients in 2018 for pregnancy tests and ultrasounds. Over and over again they share with us, not only how serious and immediate the physical issues regarding abortion are, but the emotional and psychological aspects of abortion which are serious and long-lasting.

Post-abortion stress is real. Women report to us that even hearing the sound of a vacuum after an abortion can bring on post-traumatic stress disorder (PTSD) for them. Post-abortion women have a higher risk of drug and alcohol abuse. We want to empower them at their moment of choice to understand this, along with PTSD, suicide attempts, clinical depression and anxiety.

We must trust Nevada women through strong written laws, correcting anything outdated and antiquated. We must empower women to make an informed decision.

KEITH SHONNARD:

I am a practicing physician and radiologist in Carson City and volunteer at the Life Choices Community Pregnancy Clinic. Many young women come to the center seeking information for an abortion. Some decide to carry and others decide to have an abortion. The young women and their young families who decide to carry often benefit from external support such, as a forum of parenting classes. We are now finding the young women who decide to abort may later regret their decision and often find themselves isolated. Life Choices offers support groups for these young women so they do not feel isolated or ostracized.

The informed consent provisions currently in the law, or in the proposed legislation, should include the most comprehensive informed consent language including the physical and emotional implications. I support leaving in place section 2, subsection 3, so women can make the most informed decision about abortion.

ERIN PHILLIPS (President, Power2Parent):

I am the President of Power2Parent in Nevada, representing thousands of parents throughout the State. I would like to thank the Senator for the amendment she proposed; it is a good start. I do not think many people realize that we have notification requirements on the books that are not being enforced.

Power2Parent has concerns with S.B. 179. We would like to address NRS 201.120, the section that removes the penalty for abortive drugs. A woman can be given an abortive drug and there will be no penalty. There should be no external pressures for a deeply personal decision. However, it does allow coercion and additional external pressures on a woman. We should trust Nevada women to make these decisions for themselves, not under coercion with a physician verifying there is no coercion.

Senate Bill 179 removes the requirement to report the marital status and age of the woman. If we do not know the age of the woman, how can we verify this is not an underage young woman?

Parental involvement still receives widespread bi-partisan support in Nevada. Instead of adding information to a bill that is essentially still dangerous for young women, the Committee should adopt an amendment requiring an expedited judicial bypass for a parental notification section allowing us to address the sex-trafficking problem in Nevada. We need to ensure we are protecting young women in Nevada, which this bill does not do.

JULIE SMITH-GAGEN, PH.D.:

I am representing myself as a Professor in Public Health at the University of Nevada, Reno. I would like to address some misleading statements with regard to mandated language of mental health being addressed by the provider, specifically the family and marriage counselor. Anecdotal stories about abortion causing mental harm is just that, a story, not the norm.

Peer-reviewed literature shows women who receive abortions have no more mental health issues than those who go through normal pregnancies, or women in general. Peer review means the validity of the research has gone through multiple review steps by people unknown to the scientists and have the skills to evaluate the science, methodology and statistics. This research strongly suggests that women who have mental health issues after abortion are most

likely experiencing them due to preexisting mental health or other issues. Women having a specific risk factor is a private matter between herself and her physician.

I deal with statistics daily and the only time the reason to know both abortion and marital status together is judgement, harassment and discrimination.

ELAINE PATRELLO:

My first encounter with the issue of young women who needed counseling due to unwanted pregnancies was in the early 1970s when abortions were illegal. Counseling these young women took place in a Lutheran Church as part of their social justice ministry. Interns from the medical school from the University of Miami performed illegal abortions on the second floor of the church once a week in the evening hours. It was frightening to go to the church and help young women in trouble. They were helpless and frightened, their families and the fathers of the babies knew nothing of their plight. The need for healthy and safe abortions was a national emergency.

Today we are still facing the same issues; health and safety for young women in need of counseling and help. Our society has made progress, but much remains. Senate Bill 179 will be another step toward the goal of unfinished work.

JULIANNA LUCAS:

I was raised in a Catholic family and very pro-life growing up. My education in scientific knowledge and research, as well as my experience working in health care, has changed my views on reproductive rights and abortion. I support S.B.179.

I currently work in St. Mary's emergency room as a medical scribe. Prior to this I worked at Willow Springs Rehabilitation and Healthcare Center in Reno. These experiences have exposed me to the irrefutable need for access to abortion, family planning and other reproductive services.

In the emergency room, on a daily basis, I provide documentation services of verbal consent and conversations between a provider and patient, versus non-consent. Dilation and evacuation, or abortion, is a medical service and our right, as women and Americans, to have access to this life-changing, and at times life-saving procedure.

ANDREW POH:

I have two primary areas of concern with the legislation as put forward. Physicians will no longer be required to ensure the woman gives her informed consent freely and without coercion, as that line has been struck from the language. Those such as boyfriends, pimps and sexual predators will like that this line has been stricken. My second concern is physicians will no longer be required to explain the emotional implications of having an abortion.

The Planned Parenthood website has an affirmation stating after an abortion a woman may feel "sadness, guilt or regret." If Planned Parenthood is willing to admit this, physicians should be able to tell patients this is a possibility. A woman will feel regret unless her conscience has been seered, or she has lost her moral compass.

Scientifically speaking, abortion is the taking of a human life; our conscience tells us this is wrong. Today, abortion has become a commodity, something we do out of convenience. Convenience does not make something right. It is not right for us to promote abortion because it is convenient.

DR. PETER FENWICK:

I am a family physician and have young ladies as patients who have asked for abortions. My discussion with these young ladies includes getting rid of the word fetus and calling it a baby, the words abort and getting killed. Eight to nine of the young ladies I have counseled changed their minds and had their babies. Not one came back and said they were unhappy. Many women who have had an abortion do have post-abortion guilt and depression.

A young lady I saw who was 18 years old, in the Air Force and wanted an abortion. She explained she would be asked to leave the service. She returned 18 months later with her baby. Her boyfriend had left and her parents had let her down, but she was the happiest girl in the world.

BOB RUSSO:

I oppose S.B. 179. When my wife was 19 years old she gave birth to a baby girl. Having just arrived from the United Kingdom, being young and not particularly wise, she got involved in a short-term relationship and got pregnant. Fortunately, she was given enough information to make a clear and positive decision to have the baby and give her up for adoption. After 27 years, my wife was able to reach out and meet the young adult she had given up for adoption.

She had dedicated her life to serving other people. Looking back, my wife is grateful she made the decision she did, to have her baby and give her up for adoption.

Sadly, I have known several other women who were not as fortunate. Instead of choosing life, they chose abortion and many years later they still feel the regret and emotional pain of that decision.

I oppose this bill. It does not give the mother adequate information on the consequences of an abortion decision, the potential physical pain involved and most definitely, the emotional pain. Without this understanding, it is nearly impossible for a young woman to envision the consequences of the decision affecting the rest of her life. There should be no coercion to encourage abortion.

NICHOLE MASON:

Senate Bill 179 is a dangerous bill that goes against the principles of what science says is good for our society. Behavioral scientists say we need more dialogue to make good decisions. Children need parents to help them achieve their full potential. Parents have been scientifically proven over and over again to be the greatest influence in their children's lives. No matter the issue, the key to helping a child is more parental involvement, not less.

Research from a behavioral scientist will give you the example of Lawnchair Larry. Lawnchair Larry took 42 weather balloons, filled them with helium and attached them to his lawn chair. It drifted across the Pacific Ocean and into Los Angeles Airport airspace. The reason this is significant to this hearing is what it represents to behavioral scientists, what people do when they do not have enough information about a topic. Lawnchair Larry made this decision between himself, his girlfriend and another friend, who did not have expert information on what would happen.

You are putting patients in this position if you pass this bill. Even with the amendment, it does not allow physicians to give full disclosure of the emotional implications of their decision. Lawnchair Larry, I am sure, did not understand the emotional implications of drifting up to 16,000 feet.

Scientists will tell you that adolescents do not have fully developed brains. Their prefrontal cortex, which is responsible for rational decision-making, is not

developed until their mid-twenties. They are incapable of making an informed decision and need more information, not less, in order to make a decision.

REBECCA RASMUSSEN (Research and Community Outreach, Power2Parent):
Every year the National Center on Sexual Exploitation publishes what is called the Dirty Dozen List. It names 12 mainstream contributors to sexual exploitation in America. The companies named make positive changes in their policies to stop promoting sexploitation. This list is a powerful force for change in our Country. In 2019, Nevada made history. Not only are we listed as one of the Dirty Dozen, we are the only non-corporation on that list. We can all agree this is not something to be proud of.

Senate Bill 179 solidifies our well-earned placement on this list. What is the number one influence determining whether or not a child will succeed in life? It is the parent. I am the mother of adopted children. How grateful I am their young birth mothers had the support of their parents. With this support our birth mothers made informed choices regarding their pregnancies.

Performing an abortion on a minor, without her parent's knowledge, puts her at a disadvantage. A recent study polled just under 1,000 women with an abortion past. Nearly 74 percent reported being coerced into having an abortion. The people who stand to benefit from this bill are the abortion clinics, the brothel owners, the pimps and the human traffickers. Power2Parent opposes S.B. 179.

ED BILLS (Calvary Chapel Lone Mountain):
I oppose S.B. 179. The issue of abortion is a sad one. I respect the right of those who choose to see it differently than I do. I am opposed to any law that interferes with the natural order of parenting God grants all humans. Every one of you sitting on the panel more than likely had a father or a mother to guide and lead you through life's decisions. Maybe some of you have not, but those who have, I wish you would think about who raised you and why you make your decisions. It is the basic right of parents to guide and nurture their children. This must not be circumvented.

In the name of compassion for women's rights which need to be protected and strengthened, our society has abandoned complete compassion for the unborn. How did we get to the point where we have to sacrifice one in the defense of the other? We are human beings. God gives us the intellect and ability to reason.

Ms. CHAPMAN:

I am State Vice President of Nevada Eagle Forum and oppose S.B. 179. When we purchase a house or car, or choose a college to attend, we want all of the information we can gather about that house, car or college to make good decisions.

Maryland has a new bill, The Woman's Right to Know Act. The bill will require women seeking an abortion to be informed about alternatives and the procedure itself, including adverse effects.

As the Supreme Court stated in *Planned Parenthood v. Casey*, what abortion laws serve to protect is the woman's right to make the ultimate decision, not a right to be insulated from all other decisions in doing so. We have to remember the abortion procedure is irreversible. The Supreme Court has previously and repeatedly recognized abortion as inherently different from other medical procedures, because no other procedure involves the purposeful termination of a potential life; this was *Harris v. McCray* in 1980. This is important to note as it highlights the significance of ensuring women are fully informed about abortion procedures and its consequences. Full and complete disclosure of all options and facts is what creates choice.

Ms. HANSEN:

I am the State President of the Nevada Families for Freedom and we oppose S.B. 179. We are concerned about the informed consent portion being diminished. How can someone make a true choice without accurate information regarding the consequences of abortion? If we wanted scientific and technological information, we should be asking women to receive an ultrasound. Those are the real facts about what is going on when a woman is pregnant and we are denying this. If we take out the information they should have the right to receive on making a choice, it is because we do not want them to have the choice.

I have a picture of a little girl who was almost a victim of abortion. Her mother and father were on drugs and the father was abusing the mother. By all rights and reasonable circumstances, she should have been a candidate for abortion. Thank goodness she was brought up to have the information to be informed about what was happening. To see the growth of the fetus, to know it was a real baby and not something just named a fetus or a blob of tissue. Because she knew that, my granddaughter is here today. She made the right decision to give

her life and she is the delight of her mother, her new father and grandmother. My daughter understood the real consequences of what an abortion would be and even in her dreadfully difficult circumstance, made the right choice.

MICHAEL DYER (Nevada Catholic Conference):

I am speaking in my capacity with the Nevada Catholic Conference. It is important the language stay in the bill providing for parental notification and the bypass process if that is not practical. This language, initially going to be taken out, will remain. This language is what enables the parents to have input with the child. One of the tenants of the Catholic faith is that parents have an obligation to interact and guide their children when they are young. Put in perspective, we are talking about people who are under 18 years of age.

Assembly Bill 139 before the Legislature this year is going to, if passed, change the age of marriage for all people to 18, no exceptions. Notification to parents for people under 18, with a bypass process to ensure no one is put in danger, is not an unreasonable position. This language should be included in the bill.

ASSEMBLY BILL (A.B.) 139: Requires a person to be at least 18 years of age to marry. (BDR 11-1)

BEVERLY OZMID:

I oppose S.B. 179. I sat on Attorney General Catherine Cortez-Mastos' trafficking group to help with trafficking legislation.

Senate Bill 179 is not decriminalizing abortion, which is legal in Nevada. This bill decriminalizes criminally illegal abortion, which is dramatically on the rise. You are taking a medical, surgical procedure and replacing it with an unregulated black hole for people to perform and administer abortion.

You are doing this with the repeal of NRS 201.120 through NRS 201.150. Even the Las Vegas criminal defense attorneys list the criteria to be prosecuted for illegal abortion. This will be blank when you repeal this bill.

This is a physically invasive medical procedure requiring anesthetic and the dispensing of drugs which cause pain and bleeding. There are people that title themselves practitioners, whose names and locations are unknown, teaching themselves and one another. They have no schooling, degrees, training, requirements, regulations, tests, licenses, standards, professional organization

or convention for updated information, State Board oversight, registration, fees or business or sales taxes.

CYRUS HOJJATY:

This will end transparency and consent so the medical provider does not disclose the emotional aspect of an abortion. Senate Bill 179 will decriminalize the policies we have. There is human trafficking happening today and this will encourage the traffickers to commit a serious abortion. Drug lords will benefit from this as you can see in the border crisis we have today. NARAL is funded by a billionaire who has funded campaigns in the Legislature. Large pharmaceutical companies are behind this. The National Council of La Raza has connections with drug cartels and is an organization based on race. It wants open borders and focuses on Latinos and feminism, which is what abortion is about. It is connected to multiculturalism.

MS. CAFFERATA:

This bill does not reflect the entirety of all of our laws regarding health care practice. It goes into and fine-tunes our existing laws about medical practice, informed consent and activities that are criminal.

As the State Medical Association pointed out, under informed consent, abortion is a slightly different kind of medical procedure than others. It has some additional informed consent requirements. Physicians are health care professionals who are licensed in our State and use the standard of care to respond to the needs of the patients providing them with the information they need. Informed consent is a professional standard to which professionals will adhere.

There has been discussion about people putting drugs in women's drinks and not being prosecuted. We have criminal statutes in our State and putting drugs in people's food or drinks is an assault and illegal, regardless of whether we remove these antiquated criminalization statutes. Because the entirety of State law covers the concerns addressed here, this bill should go forward to protect women.

LISA HUFFMAN:

I support S.B. 179.

MR. CLEMMER:

I would ask the Legislators to strike some of the language from public testimony in reference to the word "her" being used continuously, and the antiquated language. The United States and Nevada Constitutions are written in English, and are not antiquated. They also spoke to evidence of abortion as being true, that is prejudice and discriminates against males, non-childbearing aged people and all others legally participating in the voting process.

The proponents of this bill have received money from outside Nevada. It has been reported that a billionaire submitted \$6 million and S.B. 179 proposes an additional \$6 million. Males, non-childbearing women and voters opposed to these practices are not represented in the Legislature or this bill.

JUANITA COX (Citizens in Action):

I am the President of the Nevada Republican Assembly and represent Citizens in Action today. I helped put Question 7, the Nevada Abortion Statute Referendum, through in 1990 because of antiquated laws. I have broadened my view on abortion and believe it is becoming too easy for people. You are lessening things that should be helpful for a person, sometimes victims in making a decision.

Parental notification remains in the bill; however, we should not weaken the laws around informed consent. Physicians should continue to obtain consent.

BARBARA JONES:

I appreciate any changes made, but because this involves abortion I stand in opposition to S.B. 179. The woman behind *Roe v. Wade* has changed her mind and has been speaking for the pro-life movement around the Country.

There is a movie entitled "Unplanned" coming out this week based on the story of a woman involved in Planned Parenthood. She had five abortions and has since changed her views on abortion. It was redemptive for her and changed her life.

GAIL STRUBLE:

When our younger daughter joined our family at age six, she was happy to wrap a birthday present for her older sister. Even at this young age she showed strong musical ability. She sang a song she made up when she wrapped that

present showing she was happy to be in the world. Please speak up for the children.

APRIL ZAMPIRRO:

I am currently eight months pregnant. It would be a great opportunity for informed consent to include an ultrasound or fetal heart rate monitor. I am amazed by what I see each time I go for an ultrasound and the information contained in the ultrasound. The heart begins to beat at 21 days after conception. Often, a pregnant woman does not know she is pregnant before the heart is beating.

SENATOR CANCELA:

This is an important bill for anyone who engages in the process, regardless of what side they are on.

I would ask the Committee to ensure decisions on this bill are made based on science and data. Unfortunately, there is a bulk of literature on the topic of abortion that has been debunked as anecdotal, and should not be given the same weight as evidence from something such as the American Psychological Association (APA). This evidence is peer-reviewed and the APA has done extensive work to ensure definitive evidence on the question of mental health and abortion in particular.

One overarching argument we heard today was about coercion. Certainly that is a concern for all physicians regardless of procedure. The second is around the standard of care which leads to physicians ensuring patients are at a procedure voluntarily. The patient's bill of rights, which is enshrined in Nevada statute in NRS 449A, specifically speaks to the question of coercion, ensuring the patient has the right to speak to a physician and is not coerced into a procedure. The American Medical Association (AMA) has language speaking directly to this question. Their ethics code in chapter two summarizes what we have in Nevada statute, where a physician must assess the patient's ability to understand relevant medical information and the implications of treatment alternatives to make an independent voluntary decision.

Removing coercion from the language surrounding abortion procedures does not remove the ability for physicians to continue to follow the patient's bill of rights, the AMA guidelines or standard of practice. All of this remains in place. The bill does remove vague and outdated language which puts a burden on physicians

to achieve a standard they may or may not be able to properly assess. We should default to their standard of care as opposed to an arbitrary word in statute.

An abortion is a personal decision a woman makes and should be able to make freely with medical information. Physicians are in no way prevented from giving that information today. The difference is, today a physician must discuss emotional repercussions before a procedure. Emotional is neither a medical term of art nor a mental health term of art. The bill allows physicians to follow the standard of care without prescribing to a term that is not encapsulated in mental health practice.

The APA study cites the most rigorous studies indicated within the United States. The relative risk of mental health problems among adult women who have a single, legal, first term abortion of an unwanted pregnancy, is no greater than the risk among women who deliver an unwanted pregnancy. That is not to say women will not undergo a roller coaster of emotions following this procedure. There is no specific mental health condition that can be pointed to as a result of the procedure. It is because abortions are personal decisions and all information given to a patient needs to be based on science.

These laws have not been used to prosecute a woman today or since their enactment in 1911. It is important these laws not be exploited and it is important to remove them from law. Behaviors such as a man putting a drug in a woman's drink as a way to induce a miscarriage is punishable under our fetal homicide code. There is no reason to have this language tied to an abortion procedure.

Senate Bill 179 cleans up the language to ensure informed consent around abortion is in line with medical standards which already have additional tenants of informed consent. It does no more and no less. It does not change the ability for a woman to access an abortion, and does not change the standards around abortion. It allows for physicians to give correct medical information in extracting informed consent from a woman. That is important, not only for us today, but for generations to come.

SENATOR HAMMOND:

Section 3, subsection 1, the words "written" and "of the woman" are struck from the language. Can you describe how the woman will actually be the one

giving consent orally or written? I want to ensure we are not allowing someone else to give consent, perhaps a parent or boyfriend.

SENATOR CANCELA:

Again, the "written" strike-out is not to delete the ability for a physician to gain written consent; they can use a written form. This change allows for electronic means of obtaining consent. Many offices use an iPad which is still written, though not on paper. Written may seem to indicate this.

SENATOR HAMMOND:

The woman still needs to add her signature somewhere.

SENATOR CANCELA:

There is a signature required which is part of the patient rights language in NRS 449A that speaks to a broader informed consent. This allows for the form to also be kept in electronic form. The intent is to have the informed consent of the patient. No one else would be able to give that informed consent.

SENATOR HAMMOND:

Why strike out "of the woman?"

SENATOR CANCELA:

I will check with legal. The thought behind striking "of the woman" language was because it was superfluous based on the rest of the language in statute where it refers to a woman throughout.

SENATOR HARDY:

Physicians use scientific terms for the abortion procedure. Those terms include dilation and evacuation, vacuum curettage and other euphemistic words. It is important for a physician to express the consequences and risks of the procedure to the patient, including emotional feelings.

I do not find the definition of woman in statute. I have heard a woman is someone who has entered into puberty. What age do you consider a woman, one who is in puberty or reached a certain age? How are you determining at what age the notification for parental consent must be obtained? Does the woman's age come into play or the gestational age of the fetus?

SENATOR CANCELA:

The bill does not address anything related to parental notification. What is in statute today will stay in statute.

SENATOR HARDY:

How are you determining who will receive the abortion, and at what gestational age for a woman who has requested an abortion?

SENATOR CANCELA:

Senate Bill 179 does not address what is permissive today around when a woman can or cannot get an abortion. It does not address whether a woman must discuss with her parents, or any other person involved, about whether or not she will get an abortion. The bill only speaks to what happens when a woman has made the decision to seek an abortion and what information her physician should provide to her during the consultation regarding the procedure.

SENATOR SPEARMAN:

We have heard testimony about consequences to a woman having an abortion and happy testimony from those who decided against it. Before *Roe v. Wade* there were abortions. The problem was many of them were not performed in sanitary and sterile locations, often only for those who could not afford to go to a physician for the procedure. Those with money left the country for an abortion or paid someone to do the procedure.

Senate Bill 179 does not address the 11 year old; it clarifies language. There are many times when we will have an opportunity in this body to do the right thing for children. We will have several opportunities before this Session is over to vote on equal pay for the mothers of these children who are now born and will need to feed and clothe them. The Southern Nevada Health District stated, more likely than not single parents, particularly women, are making less than their male counterparts, and this is putting a tremendous burden on them as parents. We will have an opportunity to talk about how much we respect life when we start talking about paid family leave, about whether or not to pass legislation for affordable child care and for a living wage.

It does not stop the abortion process. It takes it underground and makes it unsafe. Whatever your definition of poor is, poor women are the ones who are dying and will die. In Ireland, they tried the same thing. It is very restrictive and

it did not stop anything. Women are still doing what they think is necessary and putting their lives at risk.

There was a five year experiment about children who are born to women who have been denied an abortion. This study compared the health, development, maternal bonding and poverty of 182 children; 146 children were born after denial of abortion. Higher proportions of children born after denial of abortion experience poor maternal bonding and live in subjective poverty. The study findings suggest access to abortion enables women to choose to have children at a time when they have more financial and emotional resources to devote to their children.

What happens to these children once they are born? Why do we argue about paying for breakfast after the bill? About not paying public school teachers, putting money aside for affordable housing or making sure we have enough money in Medicaid so we can continue to expand the Affordable Care Act? All of those things are relevant to children once they are born. We do not have those conversations; maybe we should.

SENATOR HAMMOND:

Dr. Nathanson, one of the original drivers of NARAL, stated we cannot put the horse back in the barn. He has since changed his mind on abortion, realizes it is out there and there is nothing we can do about it. He said science is on the side of those who want to prevent abortion. If you take an ultrasound and you listen to it, you will understand a baby is a baby at a very early time in pregnancy.

I am not suggesting we put the genie back in the bottle, as he said. It is important we talk about what will happen during this Legislative Session. I applaud those who say we need to do something. My wife and I are adoptive parents and respect those who make the decision to adopt. The mothers who have to make the tough decision to put up their children for adoption are the heroes here.

We should be strengthening this decision. There is no better health and human services division than the family unit; people who make choices every day to help a child. It is important to discuss this, and we have listened to both sides and created amendments to the bill. There will be those who do not believe we have gone far enough in the amendment process.

CHAIR RATTI:

My challenge with this hearing is the lack of focus on what is actually in the bill, versus what is not in the bill. I appreciate the work Senator Cancela did in advance of this hearing, bringing forward a narrowly focused bill that does a couple of things. It is important when we get to work session that we are focused on what is actually in the amended version of the bill, which is quite reasonable.

The legalization of abortion is not up for debate, it is the law in Nevada. There is nothing in this bill that changes the law regarding parental consent. Nothing changes who can and cannot get a legal abortion at this time. This bill does a nice job of tightening up consent to ensure it aligns with current medical practice. We are not putting nonmedical terms about a medical procedure in the law, and that is appropriate.

CHAIR RATTI:

I will close the hearing on S.B. 179 and take public comment.

MR. HOJJATY:

I have seen many foreign workers cleaning hotels. Nearly all were speaking Tagalog. Why is it we have so many foreign-born non-English speaking workers cleaning cafés? It is not the case in the Silver Nugget Hotel in Las Vegas. Are they filling a gap or is it corporations wanting to have a lower wage labor force? These people do not speak English, schools are overcrowded and many of our neighborhoods look like a third world country. Many wire money across the world.

MELISSA CLEMENT:

This was an extremely fair hearing and I appreciate a well-run meeting.

CHAIR RATTI:

The Committee has received letters of support from Progressive Leadership Alliance of Nevada ([Exhibit K](#)), Transgender Allies Group ([Exhibit L](#)), Mylan Hawkins ([Exhibit M](#)), Lawyering for Reproductive Justice ([Exhibit N](#)), the Society for Maternal-Fetal Medicine ([Exhibit O](#)), Joy Viselli ([Exhibit P](#)) and Mary W. Richardson ([Exhibit Q](#)).

We also received one letter of opposition from Jessi Bridges ([Exhibit R](#)).

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CHAIR RATTI:

Seeing no further comment we are adjourned at 7:04 p.m.

RESPECTFULLY SUBMITTED:

Vickie Polzien,
Committee Secretary

APPROVED BY:

Senator Julia Ratti, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	30		Attendance Roster
S.B.94	C	4	Elisa Cafferata / Planned Parenthood Votes Nevada	Background Information
S.B. 94	D	1	Elisa Cafferata / Planned Parenthood Votes Nevada	Family Planning in Nevada Graphic
S.B. 94	E	4	Elisa Cafferata / Planned Parenthood Votes Nevada	Testimony of Support
S.B. 94	F	1	Senator Julia Ratti	Proposed Amendment
S.B. 94	G	2	Michael Hackett / Nevada Primary Care Association	Testimony of Support
S.B. 179	H	1	Senator Yvanna Cancela	Conceptual Amendment
S.B. 179	I	3	Caroline Mello Roberson / NARAL Pro Choice Nevada	Testimony of Support
S.B. 179	J	1	Rabbi Sara Zober	Testimony of Support
S.B. 179	K	1	Progressive Leadership Alliance of Nevada	Testimony in Support
S.B. 179	L	1	Transgender Allies Group	Letter of Support
S.B. 179	M	1	Mylan B Hawkins	Testimony of Support
S.B. 179	N	2	Lawyering for Reproductive Justice	Letter of Support
S.B. 179	O	2	Society for Maternal-Fetal Medicine	Letter of Support
S.B. 179	P	2	Joy Viselli	Testimony of Support
S.B. 179	Q	3	Mary W. Richardson	Testimony of Support
S.B. 179	R	1	Jessi Bridges	Testimony of Opposition