

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON GOVERNMENT AFFAIRS**

**Eighty-First Session
March 22, 2021**

The Committee on Government Affairs was called to order by Chair Edgar Flores at 9:10 a.m. on Monday, March 22, 2021, Online. 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/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblyman Edgar Flores, Chair
Assemblywoman Selena Torres, Vice Chair
Assemblywoman Natha C. Anderson
Assemblywoman Annie Black
Assemblywoman Tracy Brown-May
Assemblywoman Venicia Considine
Assemblywoman Jill Dickman
Assemblywoman Bea Duran
Assemblyman John Ellison
Assemblywoman Susie Martinez
Assemblyman Andy Matthews
Assemblyman Richard McArthur
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblyman Jason Frierson, Assembly District No. 8

STAFF MEMBERS PRESENT:

Jered McDonald, Committee Policy Analyst
Judith Bishop, Committee Manager
Lindsey Howell, Committee Secretary
Cheryl Williams, Committee Assistant



OTHERS PRESENT:

Alex Garza, Private Citizen, Henderson, Nevada
Bob Miller, Private Citizen, Henderson, Nevada
Anthony Nguyen, Medical Oncologist, Comprehensive Cancer Centers of Nevada
Mike Patterson, Private Citizen, Sparks, Nevada
Helen O'Hanlan, Private Citizen, Henderson, Nevada
Jon Bilstein, Executive Director, Comprehensive Cancer Centers of Nevada
Susan Fisher, representing American Cancer Society Cancer Action Network
Lisa Sherych, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services
Cari Herington, Executive Director, Nevada Cancer Coalition
Jaron Hildebrand, Executive Director, Nevada State Medical Association
Annemarie Grant, Private Citizen, Quincy, Massachusetts

Chair Flores:

We have one item on the agenda today. Assembly Bill 187, which will be presented by our very own Speaker Frierson, designates the month of September each year as Ovarian and Prostate Cancer Prevention and Awareness Month. I will take this quick point of privilege to welcome Speaker Frierson back. I appreciate your taking this opportunity to utilize your own story, your own healing, and your own strength to give all Nevadans the opportunity to realize how important it is for us to check up on ourselves.

At this time, we will open the hearing on Assembly Bill 187.

Assembly Bill 187: Designates the month of September of each year as “Ovarian and Prostate Cancer Prevention and Awareness Month” in Nevada. (BDR 19-917)

Assemblyman Jason Frierson, Assembly District No. 8:

I am proud to present Assembly Bill 187 for your consideration. Assembly Bill 187 would designate the month of the September as Ovarian and Prostate Cancer Prevention and Awareness Month. September is already Ovarian and Prostate Cancer Prevention and Awareness Month nationally, and this bill would align our state efforts with our national efforts.

Based on an analysis from our own state biostatistician, Kyra Morgan, prostate cancer is the most common cancer among men here in Nevada and across the country—and the second leading cause of cancer-related deaths for men. Black men in particular are disproportionately affected by prostate cancer, with diagnoses and mortality rates significantly higher than any other race or ethnicity. Additionally, ovarian cancer is the fifth most common cause of female cancer mortality in Nevada and in the United States. In Nevada, ovarian cancer diagnosis is the highest amongst Asian women, though mortality rates are still highest for Black and white women.

The American Cancer Society estimates that across the country, this year alone, over 248,500 men will be diagnosed with prostate cancer and over 34,100 men will lose their lives to prostate cancer. Additionally, the American Cancer Society estimates that in 2021, over 21,400 women will be diagnosed with ovarian cancer, and over 13,700 women will lose their lives to ovarian cancer. Based on data from our state biostatistician, 26 percent of prostate cancer and 73 percent of ovarian cancer are diagnosed late. Unfortunately, early detection and screening for ovarian cancer is rather difficult and has led to increased late diagnosis. Prostate cancer testing has fortunately become less invasive and has led to much earlier diagnosis.

It is critical that we continue to bring awareness and advocacy to the cancers that impact our lives and the lives of our loved ones. It is critical that we normalize seeking medical attention and promote early detection. I chose to bring A.B. 187 forward this session because of a personal story that I am sure most of you are aware of by now. I just returned from an outpatient procedure last week to remove cancer tumors from my own prostate.

This is my story: In late 2018, I was diagnosed with trace amounts of prostate cancer. I want to tell the full story to emphasize the importance of catching it early and how easy it is. I have a wonderful general family physician who suspected there were trace levels of blood in my urine and asked me to follow up and get further tests. Then there was the prostate-specific antigen (PSA) test—the blood test—that tests a protein in your blood that is associated with cancer. That came back high for my age; I was 48 at the time. We had subsequent testing and monitoring. It was decided that we would actively watch it. Many people may be surprised to learn that many men who have prostate cancer live their full lives never knowing. Because it is typically not an aggressive form of cancer, if you catch it early, you can monitor it. The plan was to monitor my PSA. Over the next couple of years, it grew from a PSA of 2.5 to a PSA of 5. Then, just last year within a two-month period, it went from a PSA of 5 to a PSA of over 7, which prompted the need to take more aggressive action.

I was fortunate that my doctor referred me to the University of California, Los Angeles (UCLA) after having confirmed it in Las Vegas. As I said in an interview last week, my urologist in Las Vegas was wonderful and helped me detect it. I firmly believe that, as with many men with prostate issues, my doctor needed to get my attention. My doctor referred me to UCLA, and I just happened to qualify for a treatment they had pioneered there for early detection of prostate cancer and treatment. I was able to have just the cancerous tissue removed through a freezing process, cryoablation.

I think my situation was unique in finding it early and being able to qualify for this pretty unique procedure. More than anything, I have been overwhelmed with the outpouring of well-wishes and support. It has truly been wonderful to see. There are folks who say, So sorry that you are going through this. I say, Nobody wants to go through this. Rather than be sorry that I am going through it, I am grateful that I caught it early. I caught it early because I followed the advice of my doctors and followed up. As an African-American man, I know that I am at a higher risk in and of itself.

I believe there are folks from the American Cancer Society here today, folks from Comprehensive Cancer Centers of Nevada, and a couple of folks who have some personal experiences to talk to you about the importance of screening, of getting your PSA done, of having your prostate exam done, and of following your doctor's advice. But prostate cancer in particular is so incredibly treatable that no one should die from it. It is treatable; if you catch it early, you can prevent it from spreading and growing. There are some side effects, depending on how advanced your prostate cancer is. You work through that, and this is a sensitive area for men, but as I said last week, if there was ever a time to man up, it is in respect to prostate cancer.

I am proud to use my own position and my own platform to raise awareness. The number of friends who called and said they were going through the same thing or, quite frankly, friends who called and said they were going to get a PSA test right now has been amazing. That is what this is all about—if we can save one life, let alone more, it is well worth it for something that is so incredibly treatable. I was honored to speak with former Governor Bob Miller, who several years ago, talked about his own diagnosis. It is encouraging to have people in leadership positions who take this seriously and take on the position of wanting to educate the public. Governor Miller did that, and I think it is time for us to put an annual and regular effort toward educating the public about screening, testing, and being mindful of your own health circumstances.

I want to give a special thank you to my University of Nevada, Reno (UNR) family and my Wolf Pack family for their support: Coach Ault, of course, is always great to hear from; former Governor Sandoval; and the entire Wolf Pack family. It has been tremendous, but I feel like it is certainly my duty to take this opportunity to educate other people and make sure folks understand that moments of inconvenience are well worth longevity and the support and involvement of your loved ones—your spouses, your children, and your parents. This can be handled and managed, and it is certainly well worth the effort to do it yourself, and to educate your friends and family about their health as well.

That, Mr. Chair, is really the emphasis behind the bill. I am grateful for the doctors, patients, and survivors who are going to be joining me today to tell their stories. You will hear that shortly. The c-word, cancer, is scary—it does not have to be as scary if you take it on. Again, as Coach Ault said in a little video last week, All gas, no brakes. That is what this is about.

I will be happy to answer questions if there are any. I am not a doctor—I did get wait-listed to medical school, and we are better off that that did not work out. I just wanted to use my story to help encourage other folks to be responsible and screen. Again, I will be happy to answer if there are questions; otherwise, I know there is a group of folks who are prepared to testify in support as well.

Chair Flores:

Thank you again, Speaker Frierson, for walking us through your story. I think a lot of us have the privilege and honor to say that we serve in your leadership. With that, we will go ahead and open it up for questions, starting with Assemblyman Ellison.

Assemblyman Ellison:

I was hoping they would get to the presentation, but Mr. Speaker, I thank you for bringing this forward because awareness is such a major deal with cancer. I know we have had a lot of cancer in our family—I lost my son to cancer. I am glad you brought this forward. What I am hoping, Mr. Speaker, is that the Chair will move this forward and suspend the rules to get this out on the floor for the proclamation, and then from there, get it over to the Senate. I think this is something you do not want to sit on. I think you want to get it out, because now there are a lot of people who are just letting this sort of thing ride. They do not need to; they need to get in and get it fixed. I am glad to see you back here again.

Assemblywoman Black:

I was actually going to make the same suggestion as Assemblyman Ellison and ask that we move this to the work session tomorrow, if we are allowed to, and hopefully get it on the floor for a vote on Wednesday or Thursday.

Chair Flores:

Members, are there any additional questions? [There were none.] With that, I would like to open it up for testimony in support of Assembly Bill 187.

Alex Garza, Private Citizen, Henderson, Nevada:

This is, perhaps, the most important testimony I have ever given in my life. I am a two-time prostate cancer survivor, and I am here to speak in support of Assembly Bill 187. I was first diagnosed in 2017 when I was 46 or 47 years old, only a few months before losing my mother to ovarian cancer, so I feel that I am very qualified to speak on this particular issue. I have had a complete prostate removal, but my cancer returned in 2018. Then, I had to go through hormone therapy and radiation therapy.

I wanted to share a little bit about my story because, in hindsight, I probably started exhibiting symptoms when I was 40 or 41 years old. In the exuberance of youth, I did not make the best decisions; in the absence of education, I did not make the best decisions to focus on my own personal health. This is indicative of what is happening out there in the community; a lot of people—especially minority groups, such as African Americans, Latino Americans, and Hispanics—do not have access to the proper education and awareness materials to make proper and informed decisions about how to receive the best possible health care for themselves.

My mother is a clear example of that, having caught ovarian cancer and discovering it very late in the process; by the time she discovered it, it was pretty much too late. Although she valiantly battled it for five years, it eventually did claim her life in 2017. I am hoping that

through this awareness month, we are able to reach more people and provide them with awareness and education so that does not happen to other people as well.

My own personal journey has been a difficult struggle; at the age of 49 or 50, my body will never be the same as it was before the prostate removal. Those of you guys who are aware of prostate removal and what it does to a man's body can understand that there are mental and physical issues associated with that which will never change. I am 100 percent ready and willing to deal with those issues. I feel that I am qualified and capable of dealing with them, but it does not mean that I do not still struggle with the issues and changes that have occurred because of prostate cancer. Had I caught it early, had I been aware and educated myself, the severity of what I am experiencing probably would not have occurred. It would have been easily treatable.

Statistics state that prostate cancer occurs in much older men, but that was not true in my case. I consider the age of 46 or 47 to be young for prostate cancer. Had my mom not been battling her own cancer, I am not sure I would have recognized the signs even as early as I did at the age of 46; however, I recognized them later than I should have. Through my own personal experience, I am passionate about cancer advocacy and sharing my story with others to raise awareness about cancer, early detection, and prevention. I utilize my platform, however small it may be, to advocate and raise awareness of prostate cancer and ovarian cancer in memory of my mother. As Speaker Frierson mentioned, even my small voice has impacted friends, family, and people from across the globe to get PSA checks, to go get breast cancer checks, and for women to get checked. It is reassuring that my small voice has such a large impact on the global community. I want to thank Speaker Frierson for being an advocate for all cancer patients, for leveraging his much larger platform to raise awareness and bring enlightenment to men and women out there, and just for being a voice on this important, important issue. I hope you all vote in support of A.B. 187.

Chair Flores:

Thank you, Mr. Garza, for sharing your story and again, utilizing your own voice, story, and healing for the benefit of others.

Bob Miller, Private Citizen, Henderson, Nevada:

I am here to join the Speaker and others in supporting Assembly Bill 187. I am a prostate cancer survivor and have been so for 25 years because of an early detection. In 1996, while Governor of Nevada, I was diagnosed with prostate cancer. There was no indication prior to a routine physical exam in which my PSA had slightly risen. Fortunately, my doctor, the late Elias Ghanem, suggested that I have more testing. The first was a digital rectal exam, which also proved negative. Dr. Ghanem indicated that we should have a biopsy exam, which proved to locate some cancer. The result was shocking to me, but the doctor and I then began researching options like radiology, seed implants, and surgery. Ultimately, I decided on surgery because I felt it was the most appropriate, considering my circumstances.

That left me with the question of what to do or say about this situation. I decided that while privacy was desirable, it was not appropriate for a person in the Office of the Governor.

The public had a right to know, and so I held a press conference alongside Dr. Ghanem. Together, we answered all the questions, although in one case, I suggested that I answer the question to the reporter just one-on-one afterward. I felt good about making the disclosure, although I was still nervous facing the surgery. The surgery went well, as evidenced by my being here 25 years later—and it had a side effect that pleased me. For some time after the surgery, I became a sounding board for other men who had been diagnosed, most of whom were tested at least in part because of my announcement, just as the Speaker was suggesting in his case. The early detection had been successful as well.

Assembly Bill 187 addresses heightened awareness for men and women by drawing attention to prostate and ovarian cancer testing. Early knowledge can and does save lives. I applaud the Speaker for making his condition and decision public and for proposing A.B. 187. I encourage all of you to support it. I will be glad to take questions if there are any.

Chair Flores:

I appreciate your joining us this morning. I wanted to ensure the record captured that that was Bob Miller. Thank you again for letting your story be heard and utilizing it as a tool of empowerment for other Nevadans. We will continue with those wishing to testify in support.

Anthony Nguyen, Medical Oncologist, Comprehensive Cancer Centers of Nevada:

I am here to speak in support of A.B. 187. Before I begin, I would like to thank you, Speaker Frierson, for speaking publicly about your own fight against cancer. By sharing your story, you are doing so much to raise awareness about prostate cancer and all cancers in general, which we fight every single day here with our patients. Obviously, detecting cancer earlier improves survival, lowers disease progression, and reduces cost of care. If patients can be properly diagnosed, they can be effectively treated.

We went over some of the facts about prostate cancer and ovarian cancer; I did not want to go over all of that right now. One of the basic things is that yes, prostate cancer typically does affect and present in older men, but as we know, that is not always the case. It does occur in men with a family history of prostate cancer and in men of African-American descent. Some of the risk factors are smoking, obesity, and not getting a lot of exercise. In the United States, about 11 percent of men will be diagnosed with prostate cancer at some point in their lifetime.

I wanted to recall a patient we saw here who did not get screened. It was a very poignant case; he was a pilot. I guess now he is a friend. He had not gotten screened, and he had actually allowed that prostate cancer to grow and grow and grow. It was quiet at first, but it had actually metastasized to his spine. We call that spinal cord compression. Unfortunately, he did not get screened early, and the cancer had invaded his spine, causing him to be unable to walk; he was nearly paralyzed. Luckily, he was able to be salvaged. We were able to get him in, he was treated, and he was able to walk again. He was able to regain all of his function. It is a huge deal because if his cancer had been detected early, none of this would have happened. It was very traumatic and, luckily, he is doing great right now; he is on treatment. Again, the importance of screening: If he were to have seen some ads or some

type of case, he would have followed up with his doctor, gotten the blood tests, and gotten the examinations as we have talked about earlier. He would have avoided so much difficult treatment—and it was very, very difficult. This procedure here and this awareness can help promote men getting cancer detected early.

If this critical piece of legislation passes, we will see a wealth of information about these cancers. It will be a wonderful asset for our fighting these cancers with patients. Awareness is incredibly important as detection can help catch disease when it is most treatable. I thank you for your time today, and I am happy to answer any questions regarding these two diseases as a medical oncologist.

Assemblyman Ellison:

I do have one question. You mentioned a blood test. Is that usually what they do to test for prostate cancer? Is that what you recommend, going in and having a blood test? Is that the first stage of what you should do?

Anthony Nguyen:

It depends on the person. If you are of higher risk—meaning that someone in your family had prostate cancer at an early age—typically, what we would do is start screening at about the age of 40. Yes, it is a blood test, but your family doctor or urologist will perform what we call a digital rectal exam. That depends on each person, so one size does not fit all. We do not tell people, Oh, at 50 years old, we screen everyone. It depends on each person, so if the person has a family history of developing cancer early on, we would actually recommend going in earlier per American Cancer Society recommendations. People who are higher risk include men of African-American descent and those with first-degree relatives such as a father or a brother who had prostate cancer below the age of 65. For those people, we start looking for cancer at about the age of 45; we changed that guideline.

If you are at average risk—see, it is tricky—we do not tell people how old they should or should not be. We say that if you have a life expectancy of greater than ten years—I know that sounds really strange—we start recommending screening at the age of 50. We would test those folks at the age of 50. But one size does not fit all, and yes, typically it is a blood test. There are more innovative tests besides the blood test—some of the urologists are using urine—but generally, the PSA blood test is the typical test that is done.

Chair Flores:

I appreciate your insight and input into this conversation. We will continue with those wishing to testify in support of Assembly Bill 187.

Mike Patterson, Private Citizen, Sparks, Nevada:

I am a retired priest in the Episcopal Diocese of Nevada, and my story mimics many that you will hear today with a little twist to it, as Speaker Frierson knows. I was diagnosed in late 1999 as having cancer, and they had been following it for a number of years. I did do the PSA tests and everything you are supposed to do, especially [unintelligible] after you hit the age of 60. When I was first diagnosed, I was not sure I was going to do anything. I am

72 years old now; I was 70 years old at the time. I went and got a second opinion, and that doctor said, If you are not going to treat it, you need to get your affairs in order because you have about 18 months to live.

In 2020, after going through this quarantining and everything—in fact, my wife and I were actually in Hawaii when it was officially declared a pandemic—I came home and did some more soul-searching. My bucket list had a hole torn in it by COVID-19 because we were supposed to do some travelling and kind of put some things at ease. I went back and saw my urologist. I was not going to do chemo—over the years, I have seen too many people go through that process, and I knew that one was not for me. But I did do the radiation treatment. It was 28 days of radiation. It was not very comfortable. Towards the end, I told the doctor, I feel like I am being cooked from the inside out.

I have to tell you that on March 3, which was just a couple of weeks ago, the tests came back and I tested negative for cancer, so I am a survivor.

The reason I told this story the way I did is because it is never too late to make the decision. I had personal family things that had gone on and changed over time, and that was why I was not initially going to treat it. Then I changed my mind and did. It is hard to hear the c-word and figure out what to do next. This bill, I think, will get the information out to people that yes, cancer is severe. It can kill you—prostate cancer can kill you—but there are many different treatments now. It is not an automatic death sentence anymore, which I think I assumed it was.

I congratulate Speaker Frierson for bringing this to people's attention. He and I have been speaking about this for a while now. It is scary, and I think the more education we get, the better it is for everybody. I strongly support this bill, and I hope it will sail through the Legislature and through the Senate side. Let us join the rest of America in getting information out, so people can explore their options and be able to say as I can, I am a survivor.

Chair Flores:

I will echo the sentiment I have mentioned to the previous speakers: Thank you for utilizing your story as a tool of empowerment.

Helen O'Hanlan, Private Citizen, Henderson, Nevada:

I have ovarian cancer, a form called granulosa cell tumor. I am here to speak in support of A.B. 187. Fourteen years ago, I was in my mid-30s, in the hotel business as a successful general manager of a hotel, and looking forward to starting a family with my fiancé. At the same time, I was experiencing bloating and missed menstrual cycles, and I had a cyst on my ovary. I sought guidance and advice from friends, peers, and a doctor. Everyone dismissed it as normal female issues many women experience in their mid-30s and probably just stress from work and planning a wedding. Six months later, I had an emergency operation because the cyst on my ovary turned out to be ovarian cancer and had ruptured.

In the last 13 years, I have had to battle my cancer. It has returned over eight times, and I am currently living with tumors. I have had 12 surgeries to remove ovarian cancer tumors from my abdomen, colon, and bladder; three different chemotherapies, with the last one lasting a year and a half, and I am currently on a chemotherapy pill and three series of radiation. Due to the cancer and the many complications and side effects of treatments, I never got my dream of starting a family, I have had to leave my career, and I am now permanently disabled. I had all the classic signs of ovarian cancer. If more people were aware, I would be living a different life today.

I am in many online ovarian cancer groups. Every day another woman has a story just like mine, and every day another woman dies. Recently, Comprehensive Cancer Centers has pioneered a way to treat and stabilize my late stage 4 cancer. I am very lucky to be here, but the battle will continue the rest of my life. I am a survivor, and with survivorship comes the responsibility to share my story and to educate and help others.

I also want to thank Speaker Frierson for his bravery in sharing his personal journey with cancer. The more we talk about cancer, the more awareness, prevention, and early detection can save lives. Thank you for allowing me to speak on behalf of this important bill.

Chair Flores:

Again, thank you for utilizing your story as a form of empowerment.

Jon Bilstein, Executive Director, Comprehensive Cancer Centers of Nevada:

I am here today to speak in support of A.B. 187. I would like to recognize Speaker Frierson for his bravery and use of his platform to highlight this important issue in our community.

One of the biggest tools we have to fight serious health conditions is the power of education. That is why Ovarian and Prostate Cancer Prevention and Awareness Month is so important—it rallies Nevadans together to spread awareness and show support for each other.

A bill like A.B. 187 is critical in the fight against cancer, and it helps to facilitate conversations and exchange information with the common goal of empowering each other with the knowledge that comes from education and experience. There are ways for Nevadans to get involved in the fight and raise awareness for Ovarian and Prostate Cancer Awareness Month by getting involved with the American Cancer Society, Nevada Cancer Coalition, UsTOO Las Vegas for prostate cancer education and support, Prostate Cancer Foundation, Movember, National Ovarian Cancer Coalition, Foundation for Women's Cancer, and even checking in with our own website at ccnevada.com. The information we post regularly updates every month.

We challenge all Nevadans to be cancer advocates. The first step is raising awareness. I am happy to answer any questions in support of A.B. 187.

Assemblywoman Anderson:

I had a quick question: Based on some of the information shared earlier, as well as the information from Mr. Garza, is the education also being done in other languages? Is the outreach also being done in multiple communities? I realize this conversation can actually be done offline, but I wanted to ask about what Mr. Garza and Speaker Frierson brought up about the different communities being impacted.

Jon Bilstein:

Yes. We absolutely do have information in other languages. We have physicians who speak multiple languages. We have a toll-free phone number. We even employ full-time social workers to help get the word out in the community, to African-American and Hispanic communities. We work exclusively with the Culinary Union on a contract. Yes, we have many avenues for people to get support.

Susan Fisher, representing American Cancer Society Cancer Action Network:

I am pleased to speak in support of Speaker Frierson's A.B. 187, claiming my birth month, September, as Ovarian and Prostate Cancer Prevention and Awareness Month in Nevada. Mr. Speaker, and others who spoke before me, covered nearly all the stats I had in my notes, so I will not talk about all of those. I will just say that prostate cancer is the second most common type of cancer found in American men and is the second-leading cause of cancer death in men, after skin cancer. However, it can often be discovered early with a simple, noninvasive blood test.

Nearly 70 percent of women diagnosed with ovarian cancer will die of the disease. Ovarian cancer often has no symptoms in the early stages, and then tends to go undetected until it has spread within the pelvis and belly, as you heard earlier in the testimonies. The glimmer of good news is that ovarian cancer incidence rates have declined in the U.S. by 1 to 2 percent per year, from the mid-1980s through 2017. There are currently no proven screening tests for ovarian cancer, although clinical trials to identify effective strategies are underway now. Assembly Bill 187 helps raise awareness of these diseases, one of which is very highly successfully treatable.

If raising awareness encourages one man or one woman to talk to their doctor about their own risk factors, then it is worthy of our time here today. For more information and stats, please go to cancer.org. I thank our Speaker, who may have been No. 2 in the field at UNR but is certainly No. 1 now, for raising awareness of this important issue.

Lisa Sherych, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services:

I would like to first thank Speaker Frierson for sponsoring this incredibly important bill. Ovarian cancer is the fifth most common cause of female cancer mortality in Nevada and the United States. It is also the tenth and eleventh most common cancer among women in Nevada and the U.S. respectively. In 2017, the latest year for which incidence data are available through the Centers for Disease Control and Prevention, in the U.S., 20,452 new cases of ovarian cancer were reported, and 14,193—or 69 percent—of these women died.

For every 100,000 women, 10 new ovarian cancer cases were reported and 7 women—or 70 percent—died of this cancer. Over the past 40 years, the death rate for ovarian cancer has changed very little, and by the time ovarian cancer is detected, it is already in stage 3 in nearly 51 percent of the patients. Unfortunately, there is no current reliable screening test for ovarian cancer.

Among men, prostate cancer is both more common and more fatal. In both Nevada and the U.S., cancer of the prostate is the leading cause of cancer among men. For 2017, U.S. data show that for every 100,000 men, 107 new prostate cancer cases were reported, and 19 men died. Nevada's age-adjusted rate is 95.5 per 100,000, as well. Data from 2012 through 2016 show that African-American men were 1.7 times more likely to have new cases of prostate cancer and were twice as likely to die from prostate cancer than non-Hispanic white men.

Annually designating the month of September to bring heightened awareness to ovarian and prostate cancer encourages conversation, mindfulness, and support to individuals living with these health conditions. It also gives the community a deeper understanding of reducing adverse health outcomes by early screening, awareness of possible symptoms, speaking with their doctor, and living a healthy lifestyle.

Chair Flores:

Is there anyone else wishing to testify in support of Assembly Bill 187? [There was no one.] At this time, we will invite those wishing to testify in opposition to Assembly Bill 187. [There was no one.] Is there anyone wishing to testify in the neutral position?

Cari Herington, Executive Director, Nevada Cancer Coalition:

I was hoping to speak in support, although somehow I missed that, so I am hoping you can include this as support from the Nevada Cancer Coalition. Thank you to Speaker Frierson for sharing his story and bringing forth A.B. 187 and to all the survivors who have also shared their stories today. You have already heard much of the data. What this means to our state, as estimated by the American Cancer Society, is that in 2021 alone, we will lose 430 of our family, friends, colleagues, and neighbors to these two cancers combined. Our partners across Nevada, which you heard about earlier, are working to provide education and awareness, encouraging men to have the conversation about screening with their health care providers and loved ones, and to raise awareness of the signs and symptoms of both ovarian and prostate cancer. We are looking forward to expanded efforts in September and beyond and, again, we wholeheartedly support A.B. 187.

Chair Flores:

We will make sure that the record reflects that that was testimony in support of Assembly Bill 187. At this time, we will go back to those wishing to testify in the neutral position to Assembly Bill 187.

Jaron Hildebrand, Executive Director, Nevada State Medical Association:

As with the caller before me, I am wholeheartedly in support of this bill. My apologies. On behalf of myself, having a father who is also a cancer survivor, I would like to thank

Speaker Frierson and all the people who shared their stories. The more we can get awareness out to our state and to these folks, the better. Again, I am in strong support of the bill.

Chair Flores:

We will make sure that testimony is registered in support of Assembly Bill 187. Again, we will open it up for those wishing to testify in the neutral position to Assembly Bill 187. [There was no one.] We will go back to Speaker Frierson for closing remarks.

Assemblyman Frierson:

I just really want to highlight a few more things. I would be remiss if I did not acknowledge this: The toughest person I know is all four-foot-a-little-bit of Mama Frierson, who is a tough cancer survivor. Having cancer run in the family makes it that much more important, but she is a tough one. My dad lost his battle to cancer. What this allows is for us to have a conversation about an incredibly uncomfortable topic. Many people have come out of the woodwork even in the past week to talk to me about their experiences and to get rid of the stigma of talking about it.

As you heard earlier, with ovarian cancer, if it is dismissed as just some other thing and not addressed when symptoms arise—this is why it is so important for us to talk about it and to be comfortable talking about it. As Governor Miller indicated, there may be some questions that are more appropriate for offline, but it is just incredibly important to talk about it, be comfortable with it, and be willing to be vulnerable. I also appreciated the testimony regarding the fact that this is psychological and emotional as well. There can be depression and other things associated with being diagnosed and with having to face some of the potential side effects, but as you all can see, I have a couple of little people that we have to stick around for. I thank you all for your attention and for your support of such an important thing. I really look forward to the effort to keep this a topic that people are willing to continue talking about every year, throughout the year, so we can help provide folks with the tools they need to make the decisions they have to from a warm perspective.

Chair Flores:

I believe we have a question from Assemblywoman Dickman.

Assemblywoman Dickman:

This was really hard for me to listen to today. When my dad received his diagnosis, he chose to ignore it because he did not like the treatment options. Things did not go well for him. Would you consider accepting others of us signing on to be sponsors of your bill?

Assemblyman Frierson:

Absolutely. Thank you for sharing your story about your father. Mike Patterson testified earlier. I have known Reverend Patterson for a long time from Reno. His son is a neighbor of mine. This came up casually, and we got to talking about it. As Reverend Patterson indicated, he initially decided not to do anything and was given 18 months, and here he is today, cancer-free. It was not easy. My experience, having caught it so much earlier, was not like his. But he is cancer-free, and I think it is just so important that we break down these

barriers and be willing to talk about it—and to be supportive. There are men who struggle with some of these decisions and some of the potential side effects, and there are women who struggle with dealing with it and not discounting it—or having it discounted. It is just something women go through. Again, having the conversation and being willing to talk about it is a huge step forward. I am looking forward to Nevada being a leader, making sure we make as many people as possible aware of their options, and breaking down any fear and anxiety folks might have about having this test.

Chair Flores:

We appreciate having had the opportunity to engage in this conversation which will hopefully empower some Nevadans to go get screened and save some lives here. At this time, I would like to go ahead and close out the hearing on Assembly Bill 187. It is my understanding that it is a wish of the Committee to waive Assembly Standing Rule 57.4, which a lot of us refer to as the 24-hour rule. As you know, it must be unanimously done, so in order for us to ensure this works, we all have to be on board. At this time, I would like to entertain a motion to waive Assembly Standing Rule 57.4.

ASSEMBLYWOMAN BLACK MOVED TO WAIVE ASSEMBLY
STANDING RULE 57.4.

ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Members, is there any discussion? [There was none.]

THE MOTION PASSED. (ASSEMBLYWOMAN MARTINEZ WAS
ABSENT FOR THE VOTE.)

Chair Flores:

Please let the record reflect that Assemblywoman Martinez is absent-excused from this vote, and the motion carries unanimously. At this time, I would like to entertain a motion to amend and do pass Assembly Bill 187. The amendment would be to add Assemblyman Ellison, Assemblywoman Dickman, Assemblyman Matthews, and Assemblywoman Black as cosponsors.

ASSEMBLYWOMAN BLACK MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 187.

ASSEMBLYWOMAN DICKMAN SECONDED THE MOTION.

Members, is there any discussion?

Assemblyman Ellison:

I really think everybody in this facility ought to sign on as a cosponsor to something that is so important. This is not a partisan issue; this is about saving those whom we love. We will

bring this up at the caucus today, if you do not mind. To me, this is something everybody should stand behind.

Assemblywoman Torres:

This hearing has been emotionally tolling on me. My mom is a two-time cancer survivor with ovarian cancer. I appreciate this conversation because we do not talk about ovarian or prostate cancer enough. It is very important that we continue to have this dialogue in our communities and that we advocate for individuals to get screened.

Chair Flores:

Members, is there any additional discussion? [There was none.]

THE MOTION PASSED. (ASSEMBLYWOMAN MARTINEZ WAS ABSENT FOR THE VOTE.)

Please let the record reflect that the motion carries unanimously. I will carry the floor statement for Assembly Bill 187 myself. Members, before we go to public comment, I wanted to very quickly note that this morning I received a Committee bill draft request (BDR) that we have to introduce. The measure is BDR 20-784, which prohibits the governing body of a county or city from restricting the parking of certain vehicles on streets or in certain driveways and providing other matters properly related thereto.

BDR 20-784—Revises provisions governing regulation of parking certain vehicles. (Later introduced as [Assembly Bill 361](#).)

Please recall that when we make a vote to introduce a BDR, we are simply saying we allow for the measure to be heard later. You are not saying you support the bill or anything such as that. This will have to go through the formal motions of being referred to a committee, heard, and then voted on. I just wanted to make sure you understood what that meant. At this time, I would like to entertain a motion to introduce BDR 20-784.

ASSEMBLYMAN ELLISON MOVED TO INTRODUCE BDR 20-784.

ASSEMBLYWOMAN THOMAS SECONDED THE MOTION.

Members, is there any discussion?

THE MOTION PASSED. (ASSEMBLYWOMAN MARTINEZ WAS ABSENT FOR THE VOTE.)

The motion carries unanimously. Next on the agenda we have public comment. Please note that this is not a time to reopen a hearing or debate a hearing. This is an opportunity for you to bring forth any information you would like or share any testimony that falls within the general purview of our Committee. I want you to speak and we encourage you to do so.

I just do not want you to try to entertain or reopen a debate or hearing. This is not an appropriate time to do so.

Annemarie Grant, Private Citizen, Quincy, Massachusetts:

My brother, Thomas Purdy, was asphyxiated to death by Reno police, hog-tied for 40-plus minutes during a mental health crisis, and then asphyxiated while prone, face down, still hog-tied, pleading for his life, by the Washoe County sheriff's officers. Today, I would like to talk about Phillip Serrano.

Phillip Serrano was 44 years old when he was shot by Reno police and killed on September 23, 2018. District Attorney Christopher Hicks did not release the body cam footage or his justification of the murder until November 4, 2020, over two years later. He waits for a reason; he hopes the communities will forget. I can assure you Phillip's daughter, Desiree Serrano, and sister, Michelle Mascarenas-Tripp, will never be able to forget their loved one killed in crisis.

Phillip was shot multiple times. Fifty-one shots were fired in total by Brandon Neagle, Shawn Manning, Vincent Robles, Stephen Smith, and Officer Sean Schwartz. The report states multiple witnesses indicated that Phillip indicated through his vehicle window he was going to park his vehicle on the curb to speak with police. As his vehicle slowly moved toward the curb, officers unloaded on Phillip. The lives of these people whom I talk about mattered. Phillip's sister had called police for help. She believed Phillip had ingested drugs. When Sparks police approached Phillip, he stated he did not want their help. But they cannot take that for an answer. These people's lives mattered—they are someone's brother, sister, friend, son, daughter, spouse. Please do not support bills that further protect police. Please support bills that promote transparency and accountability and protect community members from excessive policing.

Chair Flores:

Is there anyone else wishing to speak in public comment? [There was no one.] Members, I would like to remind you that tomorrow, we will be starting at 9 a.m. We will be hearing Assembly Bill 28 and Assembly Bill 276. Please give yourself an opportunity to review those ahead of time to prepare questions, and/or reach out to the sponsor should you need to for any reason. We look forward to that dialogue tomorrow. I want to thank all of you for

your participation—or better said, your willingness to empower our Speaker even a little bit more by working collaboratively to ensure Assembly Bill 187 moves as fast as possible. With that, this meeting is adjourned [at 10:22 a.m.].

RESPECTFULLY SUBMITTED:

Lindsey Howell
Committee Secretary

APPROVED BY:

Assemblyman Edgar Flores, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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