

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

**Eighty-First Session
May 3, 2021**

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 1:35 p.m. on Monday, May 3, 2021, Online and in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/81st2021.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Rochelle T. Nguyen, Chair
Assemblywoman Sarah Peters, Vice Chair
Assemblywoman Teresa Benitez-Thompson
Assemblywoman Annie Black
Assemblywoman Michelle Gorelow
Assemblyman Gregory T. Hafen II
Assemblywoman Lisa Krasner
Assemblyman Andy Matthews
Assemblyman David Orentlicher
Assemblywoman Shondra Summers-Armstrong
Assemblywoman Clara Thomas
Assemblywoman Robin L. Titus

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Dallas Harris, Senate District No. 11
Senator Scott Hammond, Senate District No. 18



STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Nick Christie, Committee Manager
Terry Horgan, Committee Secretary
Trinity Thom, Committee Assistant

OTHERS PRESENT:

Christopher Sewell, Chief Operating Officer, Legislative Liaison, Department of Employment, Training and Rehabilitation
Chris Mazza, Chief Enterprise Officer, Blind Business Enterprise of Nevada, Rehabilitation Division, Department of Employment, Training and Rehabilitation
Arielle Edwards, Government Affairs Specialist, City of North Las Vegas
Steven Cohen, Private Citizen, Las Vegas, Nevada
Michael Hillerby, representing City of Sparks
David Cherry, Government Affairs Manager, City of Henderson
Joanna Jacob, Government Affairs Manager, Clark County
David Dazlich, Director, Government Affairs, Vegas Chamber
David Parks, Private Citizen, Las Vegas, Nevada
André Wade, State Director, Silver State Equality
Brad Sears, Associate Dean, Public Interest Law, University of California, Los Angeles School of Law
Jennifer Howell, Sexual Health Program Coordinator, Washoe County Health District
Carlo Miciano, Community Liaison, Southern Nevada Asian Pacific Islander Queer Society
Kendra G. Bertschy, Deputy Public Defender, Washoe County Public Defender's Office; and representing Clark County Public Defender's Office
Alex Camberos, Private Citizen, Las Vegas, Nevada
Connie Rose Shearer, Private Citizen, Las Vegas, Nevada
Jasmin Margarita Tobon, Organizer, Planned Parenthood Votes Nevada
Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada
Leann McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics
Vince Collins, Director, Community Wellness, The LGBTQ Center of Southern Nevada
Wesley Juhl, Director, Communications and Outreach, American Civil Liberties Union of Nevada
Sarah K. Hawkins, President, Nevada Attorneys for Criminal Justice
Dawn Christensen, Vice President, Communications and Corporate Responsibility, Nevada Resort Association
Luis Aceves, Development Manager, Research, Education and Access for Community Health, Las Vegas, Nevada

Kimi Cole, Private Citizen, Carson City, Nevada
Bradley Mayer, representing Southern Nevada Health District
Joelle Gutman Dodson, representing Washoe County Health District
Alisa Howard, Private Citizen, Las Vegas, Nevada
Rachael Chesin, Private Citizen, Las Vegas, Nevada
Tahnee Forlini, Private Citizen, Las Vegas, Nevada

Chair Nguyen:

[Roll was taken. The Chair reminded Committee members, witnesses, and members of the audience of Committee rules, protocol, and procedures for in-person and virtual meetings.] With that, we will move on to our first agenda item. I will open the hearing on Senate Bill 61 (1st Reprint).

Senate Bill 61 (1st Reprint): Revises provisions governing the program for the operation of vending facilities by licensees who are blind. (BDR 38-320)

Christopher Sewell, Chief Operating Officer, Legislative Liaison, Department of Employment, Training and Rehabilitation:

I am here to assist in presenting Senate Bill 61 (1st Reprint) to the Committee. The bill's details will be introduced by Chris Mazza, Chief Enterprise Officer in the Rehabilitation Division. With your permission, Madam Chair, I would like to turn the presentation over to Mr. Mazza at this time.

Chris Mazza, Chief Enterprise Officer, Blind Business Enterprise of Nevada, Rehabilitation Division, Department of Employment, Training and Rehabilitation:

[Chris Mazza presented written testimony, [Exhibit C](#)]. As Chris Sewell said, I serve as the Chief Enterprise Officer for the Blind Business Enterprise of Nevada, or BEN, Program for the Department of Employment, Training and Rehabilitation's (DETR) Rehabilitation Division. I am here to present S.B. 61 (R1), which proposes changes to *Nevada Revised Statutes* (NRS) Chapter 426, the statutes related to the Blind Business Enterprise of Nevada (BEN) Program. Briefly, the BEN Program provides entrepreneurial opportunities for individuals who are blind to own and operate vending facilities in public buildings and properties. These vending facilities may include vending machines, cafes, cafeterias, cart services, micro markets and gift and sundry shops.

The Program was established with passage of the Randolph-Sheppard Vending Stand Act in 1936 which gave priority of right to blind licensees in federal buildings and properties. States across the nation then created state statutes, often called the mini-Randolph-Sheppard Act, mirroring the federal law within state law. In fact, Nevada statutes have existed for more than 60 years. The state statutes provide the priority of right for blind licensees in state, local, and municipal buildings and properties. These programs exist because blind individuals are employed at a rate of 52.3 percent as compared to 78.2 percent for those without a disability. Blind individuals are in poverty at a rate of nearly 30 percent.

In Nevada, our blind licensees own and operate over 400 vending machines at 29 sites statewide. During typical times, they employ over 100 Nevadans. Currently, due to the pandemic, they are about half that number. Some sites you might recognize include the snack bars at many Department of Motor Vehicles locations, the Hoover Dam café and mercantile, and the Caucus Deli at the Legislative Building in Carson City.

With the proposed changes within S.B. 61 (R1) we hope to: (1) provide clarity to the law's intent; (2) define terms and use them consistently throughout the statute; (3) align state law more closely with the federal Randolph-Sheppard Act and federal regulations; and (4) add a new section on training which is in section 2 of the bill.

Section 3 is a rewrite of our dispute resolution process. The prior process placed the DETR director as the decision maker in disputes and even potentially involved the Governor. This new section provides for a more formal, uniform, and objective means to settle disputes between the Bureau of Services to Persons Who Are Blind or Visually Impaired within DETR and any public entity partner through the state's Hearings Division within the Department of Administration. The Department of Employment, Training and Rehabilitation's administrator has spoken with the senior appeals officer within the Hearings Division and has their support for this addition to our statutes.

In section 6, we have added several new definitions. We think it is important to clarify these terms and thus clarify the intent of the program. I want to specifically point out the definitions in subsections 4, 5, and 6. Subsection 4 is the definition for "public building or property." We wanted to clarify the intent of the priority of right of our blind licensees. To do so, we included "public entity" as defined in subsection 5; we modeled our definition for public entity after NRS 286.070 which defines a public employer. Subsection 4 also includes exceptions for those meeting the definition but who would be exempt from participating in the BEN Program. Two new exceptions were added with the amendments. The first is for an airport authority operating in this state and a department of aviation which is operated by a political subdivision of the state. The second exception is due to the fact that we are seeing new public-private partnerships, especially in and around Las Vegas. Based upon some concerns that were raised by public entities, we added this exception for any public building or property used for live entertainment purposes as defined in NRS 368A.090. Section 6, subsection 6, defines "vending facility." This new definition is taken directly from the federal regulations 34 *Code of Federal Regulations* (CFR) § 395.1(x) and was done so to add clarity.

Section 7 includes new language to further explain the meaning of licensees' priority of right including the right of first refusal in subsection 1(a). Due to concerns raised by some public entities, the amendment in section 7, subsection 2, paragraph (b), added further clarifying language related to waivers stating waivers shall "set forth the conditions under which the waiver may be revoked or modified." A concern was raised about section 7, subsection 1, paragraph (a), which states that if a public entity has an agreement in place for which the Bureau notifies it that it intends to exercise its priority of right, that agreement is null. However, it is not our intention to retroactively break contracts between public entities and

their vendors. The amendments included limiting this ability to the period after passage of S.B. 61 (R1), if approved, and not retroactively.

Senate Bill 61 (1st Reprint), as amended, proposes to change the notification period in section 8 from 30 days to 60 days. This was a compromise with other public entities from our originally proposed 90 days. A 60-day notification period is the same notification period required in 34 CFR § 395.31.

Section 11, NRS 426.670, is a heavy section of law that contains details of surveys, establishing vending facilities, the Bureau's ability to create regulations, and costs that shall or shall not be paid by blind licensees. Subsection 1, paragraph (a), details the survey process. The Bureau would conduct a survey of the potential site to determine if it might be a viable site for a blind licensee. If so, subsection 2 details the necessity for cooperation from the public entity to establish the vending facility. Amendments to S.B. 61 (R1) address a concern that was raised that the Bureau could insist on the vending facility whether the public entity wanted it or not. The amendments include that the public entity shall cooperate with the Bureau to discuss options for a vending facility and, if an agreement is reached, shall cooperate with the Bureau to establish one or more vending facilities.

Senate Bill 61 (1st Reprint) adds more detail to our ability to create regulations in section 11, subsection 4. The added language is taken directly from the requirements in the federal regulations. Subsection 5 distinguishes costs that shall be paid by licensees and those that shall not. These are taken from the Randolph-Sheppard Act which puts constraints on what may be paid out by the licensees' set-aside funds. In subsection 6, we added the ability to pay incentives in the rare instance that it might be appropriate. This is the only payment, outside of increased utility costs, where we may have flexibility. The term has been borrowed from the state of Tennessee's mini-Randolph-Sheppard Act where it is in use in their agreements to run commissaries in county jails.

Section 12 adds a description of management services in subsection 2, paragraph (c), subparagraph (3), which are allowable to be paid out of the set-aside or "enterprise" account. This is the federal description. The change in subsection 5(b) regarding the portion each licensee would receive if the program was liquidated was determined and agreed to by the Nevada Committee of Vendors Who Are Blind.

Section 13 has added language that ensures the continuity of services in a vending facility should the blind licensee have a period of disability or permanent disability. It outlines what would occur, including that the Bureau would run the site until a licensee was able to return, up to six months.

Lastly, I would like to call your attention to section 19. *Nevada Revised Statutes* 426.715 is the penalty section of the law. A concern was raised that according to this section, public employees could be guilty of a misdemeanor for ordering a sandwich from a sandwich shop or a pizza from a pizzeria, and that the delivery drivers of that sandwich or pizza could also

be guilty of a misdemeanor. This is not our intent; therefore, amendments in this section are to alleviate this concern.

Chair Nguyen:

At this time, we do have some questions from Committee members.

Assemblywoman Titus:

I have a question regarding section 7, subsection 1, paragraph (a). It mentions that the Bureau has the right of first refusal for any operation of any vending facility in any public building or property. Throughout the state of Nevada there are many public locations in rural and in urban areas, so before someone can put a vending machine in, will all applications have to go through your office?

Chris Mazza:

Yes, that would be the case. If you want to put in a vending machine in a public entity building, you would first come through our office.

Assemblywoman Titus:

When I read this, it says public entity or any entity that receives public funding. Do you have the capacity to do that? That could be hundreds of building locations. What would be the delay in that process? How long does it take and how competitive is it? Do you get to take whatever percentage of profit, and nothing goes back to the entity where the building is, where the vending is? I need some clarity on all of that.

Chris Mazza:

If you are referring specifically to rural areas and the capacity to operate one vending machine in a rural community, we would not have the capacity to do that. In fact, these businesses, or these buildings that have the businesses in them, would have to be deemed a viable business. We would first do a survey to make sure that business is in fact viable for a blind licensee to operate that business. If it is not viable, we could potentially provide a waiver. We do that in the rural communities where there are two, three, or four vending machines. That certainly is not a viable business, so we would waive that specific location for the blind licensee. Then that public entity would be able to go out on their own and provide the services they need.

Assemblywoman Titus:

I was wondering about the turnaround time for the applications now when someone wants to put a vending machine in a public building. From my reading of the bill, if a building or any entity accepts public funds, even if it is not technically a public building, would you have first right of refusal if someone wanted to put a vending machine in?

Chris Mazza:

If I am understanding your question correctly, if a public entity is in a private building, then, no. We would not have the ability to put a vending machine in it. If a public entity were to

lease or rent space from a private building and wanted a vending machine in their specific area, then, yes, we would be able to put a vending machine in that specific area.

As far as turnaround times, again, depending upon the viability of the location, we work with not only blind licensees but third-party contractors. They can turn around these facilities in a matter of days, if not weeks, depending on the location in Nevada.

Assemblywoman Titus:

Is this department of the blind the only ones that have this? There are no other special needs, no other disability entities or peoples, who would have a business like this. Is the blind business entity the only one that gets a leg up like this in a business opportunity in our state or are there other opportunities?

Chris Mazza:

This is specific to people who are blind and visually impaired. It was established by the Randolph-Sheppard Act, a federal act, started in 1936. This Act specifically refers to people who are blind and visually impaired.

Chair Nguyen:

Do we have any other questions from Committee members?

Assemblywoman Summers-Armstrong:

Do you have any information about the diversity in your licensees? You said you had 400 vending machine locations throughout the state. That does not mean 400 different vendors but vendors who have 400 locations.

Chris Mazza:

Our program oversees 400 vending machines throughout the state. You are correct. That does not mean that we have 400 individual licensees running those 400 vending machines. That program right now has ten licensed operators, two interim operators—people on a path to obtaining their licenses—and two trainees, with the potential for more trainees down the road. Currently we have 14 blind individuals in the program with the capability of running a business.

Assemblywoman Summers-Armstrong:

Do you have information about the diversity in your program, both ethnicity and women?

Chris Mazza:

I will have to get back to you on the ethnic background of our licensees; however, I can tell you we currently have six males and four females who are licensed operators. I do not have the specifics on their ethnic backgrounds, but they vary quite a bit.

Assemblywoman Summers-Armstrong:

This program is not just vending machines, correct? You also have hot food and other things, so of the 14 licensees, that includes both vending machines and food service.

Chris Mazza:

That is correct.

Assemblywoman Summers-Armstrong:

If you could please provide some additional information on the diversity of your pool, that would be great.

Chris Mazza:

Absolutely.

Chair Nguyen:

If you can provide that to our Committee staff, they will be able to distribute it to all the members for their review.

You initially said there were 400 vending machines. Is that correct?

Chris Mazza:

We have 400 individual vending machines associated with the program. Those are individual vending machines.

Chair Nguyen:

Of those 400 vending machines, are those 400 separate individuals or are they under those 14 individuals you mentioned?

Chris Mazza:

Those are not 400 individual businesses, but a vending route may have in excess of 100 machines or 50 machines depending on the number of machines that would make a site viable. We do not have 400 people; we have 14 people running the businesses of those 400 vending machines.

Chair Nguyen:

Is there any limitation on how many vending machines licensees may have under the one business license?

Chris Mazza:

There is no limit.

Assemblywoman Peters:

My question is related to your description of the bill, the exemptions from the BEN Program of live performance venues. Can you discuss the need for that? It was a vague description, and I would like a little more information about the purpose.

Chris Mazza:

At our initial proposal of this bill, we had several discussions with the City of Henderson. The City of Henderson has entered into some entertainment facilities like the arena, which is

going to be the practice facility for the Henderson Silver Knights. Because it does present a live entertainment venue, we felt it proper to include that in the exemption.

Assemblywoman Peters:

I believe I missed a little of the rationale. It is the City of Henderson specifically, but it would have an impact on every live public venue in the state, right? In Reno, we have a couple of event centers, so they would no longer be obligated under BEN to be surveyed, but can you give me a little more on why?

Chris Mazza:

Those facilities are a challenge for blind operators based on the sales volume and inconsistency. They could be busy a few days here and a few days there. If that is the sole business and it is only occasional, it tends to not be a viable site.

Assemblywoman Peters:

That makes more sense to have it open to caterers or special event venue folks rather than having it exclusively go through the BEN process for assessment every time they have a large event.

Assemblyman Hafen:

We have stated there were 14 vendors. Of these 14 vendors, how many of them are currently blind?

Chris Mazza:

They are all blind.

Chair Nguyen:

Are there other questions from Committee members? [There were none.] I am going to begin testimony in support, opposition, and neutral on S.B. 61 (R1), beginning with testimony in support.

Arielle Edwards, Government Affairs Specialist, City of North Las Vegas:

We are in support of this measure and would like to thank DETR for working with the cities and counties on the amendment language. Thank you for your time and consideration.

Chair Nguyen:

With no one else in support, I will go to opposition to S.B. 61 (R1).

Steven Cohen, Private Citizen, Las Vegas, Nevada:

This is an issue of great personal importance to me as the nephew of an aunt with a lifelong visual disability who lives in a different state. In light of the impact of the pandemic, until we see public facilities return to sustainable capacity levels where folks would be able to serve customers, I just cannot get there at this time, but completely support the concept in future sessions.

Chair Nguyen:

Let us go to our next caller in opposition. [There was no one.] I will open up testimony in neutral to S.B. 61 (R1).

Michael Hillerby, representing City of Sparks:

We would like to thank DETR and the folks at the agency who testified today and worked with us on some concerns about local buildings. We wanted to be sure that our elected officials in our communities have an appropriate level of involvement in those decisions. They worked very well with us, and that language is included in sections 7 and 11, and also in the written testimony the agency provided with some background. Again, we want to thank them for working closely with us and arriving at a good version of the bill.

David Cherry, Government Affairs Manager, City of Henderson:

I want to begin by thanking Administrator Shelley Hendren and her very capable team for working with us to address our concerns with Senate Bill 61 as introduced. The reprint being considered today contains substantial changes that resulted from these discussions with local governments that have allowed us to move to a neutral position. The City of Henderson already offers blind entrepreneurs who are part of the BEN Program business opportunities at multiple city facilities, and we recognize the benefits of this program for those it serves. Importantly, the reprint restores the consent-based framework now in current statute when it comes to determining if vending services are needed, and if so, what type. Finally, the City appreciates S.R. 61 (R1)'s section 6 language that grants an exception from NRS Chapter 426 requirements for leases granted to an operator for live entertainment purposes, which reflect an increasingly common practice for many covered entities. Again, thank you for the opportunity to present this testimony.

Joanna Jacob, Government Affairs Manager, Clark County:

We worked with DETR on this bill in the Senate on behalf of all of Clark County's departments and specifically on behalf of the Clark County Department of Aviation that operates McCarran Airport. The Department of Employment, Training and Rehabilitation worked with us to address all of our concerns. We were opposed in the Senate, but are neutral with the amendments and with the testimony today. We want to thank Administrator Hendren and her team for working with us. Clark County has extended our partnership with the DETR BEN Program, and we are hoping to find additional ways to partner with them where appropriate and feasible. We are neutral on the measure as proposed today.

David Dazlich, Director, Government Affairs, Vegas Chamber:

I would like to echo the sentiments from my colleagues with the cities and I would like to thank Administrator Hendren for working to address our concerns. I would like to note that we have moved to neutral from our original opposition, thanks to the amendments made to S.B. 61 (R1).

Chair Nguyen:

With no more callers in neutral, I will turn this back over for closing remarks.

Christopher Sewell:

We would like to thank you and the Committee for giving us this opportunity to present this very good bill for the blind enterprise businesses throughout our state. We look forward to its passage and signature by the Governor. I want to thank Mr. Mazza. He was put in this position a few days ago and this is the first time he has ever testified before the Legislature. I think he did a great job, so, Chris, thank you. I would also like to again thank the Committee and its staff for their assistance.

Chair Nguyen:

With that, I will close the bill hearing on S.B. 61 (R1). We will now open the hearing on Senate Bill 275 (1st Reprint). There was a new proposed amendment just uploaded to the Nevada Electronic Legislative Information System [[Exhibit D](#)]. It probably was also emailed to Committee members. I have been told by Senator Harris that it is a friendly amendment, and the presentation today will be based on that friendly amendment.

Senate Bill 275 (1st Reprint): Revises provisions relating to communicable diseases. (BDR 40-220)

Senator Dallas Harris, Senate District No. 11:

It is my honor to present to you Senate Bill 275 (1st Reprint). As Chair Nguyen noted, Jennifer Howell is here to answer questions about the amendment submitted by the health districts [[Exhibit D](#)]. Senate Bill 275 (1st Reprint) will modernize Nevada's laws on human immunodeficiency virus, or HIV, by treating HIV in the same way as Nevada treats all other communicable diseases. In doing so, S.B. 275 (R1) will remove from Nevada statute discriminatory laws that unfairly target people because of their HIV status. These laws were not rooted in science, but in fear, and have had significant negative public health consequences for Nevada for decades. Senate Bill 275 (1st Reprint) is the culmination of many years of thoughtful discussion and hard work led by former Senator David Parks. I have asked him to join me to provide you with a historical review of how we got to this important hearing today.

David Parks, Private Citizen, Las Vegas, Nevada:

During the 80th Session of the Legislature, I was successful in getting passed Senate Bill 284 of the 80th Session, which created a task force to examine and make recommendations for the revision of existing statutes related to the criminalization of HIV and AIDS. These updated statutes taken under review grew out of recommendations from an advisory task force created by former Governor Richard Bryan some 35 years ago in 1986. For more than 30 years since the task force was in place, I was a member of that task force. In the early years of the HIV infection and the AIDS epidemic, states including Nevada implemented HIV-specific criminal exposure laws. These laws imposed criminal penalties on people living with HIV who knew their HIV status and who potentially exposed others to HIV.

In 1990, the Ryan White Comprehensive AIDS Resources Emergency Act provided states with funding for HIV and AIDS treatment and care and required every state receiving federal funds to certify that its criminal laws were adequate to prosecute any HIV-infected individual

who knowingly exposed another person to HIV. In our legal system, criminalization of potential HIV exposure is largely a matter of state law and not federal legislation. An analysis by the U.S. Centers for Disease Control and Prevention and the U.S. Department of Justice found that at least 67 laws had been enacted in 33 states exclusively focused on persons living with HIV. The majority of these laws were passed before antiretroviral therapies were developed that reduced the HIV transmission risk to zero. Currently, it is possible to be HIV-positive and to have no detectable presence of the virus.

As a person who helped develop Nevada's HIV/AIDS statutes and regulations in the late 1980s and middle 1990s, this is an issue that I have personally wrestled with the last four legislative sessions. Over the years, we found that criminalization laws do not support evidence-based public health practices reaching those who are at higher risk for HIV and AIDS. The data indicates that people who are at high risk for HIV exposure are deterred from testing which facilitates HIV care and prevention methods that would stop the transmission of HIV. Fear of being charged with life-altering felony charges and being prosecuted for living with HIV and not disclosing their status deters both testing and seeking out care.

With the passage of S.B. 284 of the 80th Session, a coalition of social service and health care professionals across the state and the nation worked diligently to address this issue and develop recommendations for consideration by our Legislature in S.B. 275 (R1). Before I conclude my testimony, I want to thank all those individuals and organizations who came forward to work on the S.B. 284 of the 80th Session task force and the development of S.B. 275 (R1). The work that was accomplished was beyond my wildest expectations. I also want to thank Senator Harris for the introduction of S.B. 275 (R1). It is long past time for Nevada to modernize its HIV laws.

Senator Harris:

Nevada's current laws regarding HIV are outdated, ineffective, and discriminatory. Currently in Nevada, it is a class B felony for a person living with HIV who knows their status to intentionally engage in behavior that could transmit the virus to someone else, regardless of transmission risk or intent to transmit the virus. Further, in 1993, the Nevada Legislature passed Senate Bill 514 of the 67th Session, which prohibits certain conduct through which HIV can be transmitted after testing positive for the disease. The consequence for those found criminally liable could be a prison sentence of up to 20 years and/or a fine up to \$10,000. In Nevada, individuals can be convicted of HIV transmission even when there is no intent to transmit HIV and no risk of transmitting HIV. Our laws have not kept up with science. In this modern world, we know how to eliminate the risk of transmission through treatment of individuals living with HIV. Our laws criminalize behavior that cannot transmit the virus. Further, our laws are ineffective and counterproductive to our goals associated with ensuring Nevada's public health and welfare. No other disease is included in Nevada's criminal code. That is because criminalizing sickness forces sick people into the shadows and discourages sick Nevadans from getting tested for the disease for fear of punishment. Not only do our laws fail to prevent the spread of HIV, they are an obstacle to ending the HIV epidemic.

I quickly want to walk through what the bill does. Senate Bill 275 (1st Reprint) makes intentional conduct that may transmit HIV a misdemeanor instead of a felony and moves the statute from the penal code to the public health code. In doing so, this would align the state's treatment of HIV with that of other communicable diseases. Senate Bill 275 (1st Reprint) also amends outdated laws that criminalize behavior such as biting and spitting. Modern science has taught us that you cannot transmit HIV through saliva, yet Nevada law subjects someone with HIV to extra punishment for such behavior simply because they have HIV. Let me be clear: such behavior is assault and battery and should be treated as such. That will not change under S.B. 275 (R1). Senate Bill 275 (1st Reprint) also repeals the Nevada law that makes it a felony for people living with HIV to engage in sex work. This does not change Nevada law that makes illegal sex work a misdemeanor under Nevada law.

If we have learned anything from the past year, it is that we know testing, transparency, and treatment are essential to addressing a public health crisis. Individuals living with HIV should not live in fear of criminal penalties simply because they have contracted HIV. Senate Bill 275 (1st Reprint), by modernizing Nevada's HIV laws, will enable us, the Nevadan family, to proactively tackle and, hopefully, bring to an end the HIV public health crisis in Nevada.

André Wade, State Director, Silver State Equality:

[André Wade supplied additional information [Exhibit E](#), [Exhibit F](#), and a letter of support, [Exhibit G](#)]. Silver State Equality is a Nevada-based, statewide LGBTQ civil rights organization which brings the voices of LGBTQ+ people and our allies to institutions of power in Nevada and across the United States, striving to create a world that is healthy, just, and fully equal for all LGBTQ+ people. Also, I am chair of the Governor's Advisory Task Force on HIV Exposure Modernization, which was tasked with reporting our findings and making recommendations which you should have received. Today, I am speaking to you on behalf of Silver State Equality.

This bill has been many years in the making because for decades there have been outdated, ineffective, and discriminatory laws in Nevada that do more harm than any good that could come of them. Just note that there are about nine other states working on HIV modernization this year across the nation. While efforts are underway to end the HIV epidemic by, in part, developing statewide and local plans to address people getting tested to know their status, getting people in care and staying in care, these plans also include modernizing laws that criminalize otherwise legal behavior or increase penalties for criminal behaviors based on a person's HIV status. These laws stigmatize people living with HIV and go against the very public health efforts to end the HIV epidemic that have been put in place by specifically calling out HIV in the law while other communicable diseases are not. Of course, these laws disproportionately affect the Black community.

The issue at hand is to treat HIV like any other communicable disease and not require a sentence enhancement. This effort is supported by the U.S. Centers for Disease Control and Prevention, the National Institutes of Health, the American Medical Association, and the U.S. Office of Infectious Disease and HIV/AIDS Policy. We have submitted letters that

include about 40 individuals, including those who are Spanish-language speakers, and 27 organizations across Nevada [[Exhibit H](#) and [Exhibit I](#)]. HIV is a public health issue, not a criminal one, and our laws should reflect that. Thank you in advance for your support for this very important piece of legislation.

Senator Harris:

We have one more presenter, Mr. Sears, who can speak about some of the Nevada-specific studies he has conducted.

Brad Sears, Associate Dean, Public Interest Law, University of California, Los Angeles School of Law:

It was my pleasure to do a study at University of California, Los Angeles similar to other studies to measure the impact that Nevada's criminal HIV laws have had on people. I am going to share my screen right now so you can see some of the results [Brad Sears presented a PowerPoint, [Exhibit J](#), and additional information, [Exhibit K](#) and [Exhibit L](#)]. I would like to thank the Department of Public Safety's Records, Communications and Compliance Division. They responded to our records requests multiple times and were extremely cooperative in helping us by not only providing the data but helping us understand it.

I want to highlight a few things we learned, and I will start by saying that these things are consistent with the four other states for which we have done similar analyses. The first finding is, you might think that these laws were passed a long time ago and enforced a long time ago and now they are enforced less. That is not the case. This is not a solution in search of a problem. People are still being arrested and charged with these laws. About 63 percent of the arrests in the data have happened since 2013, and you can see three of the five biggest years for arrests since these laws were first passed have happened since 2013 [page 3, [Exhibit J](#)]. It is an ongoing issue impacting Nevadans. Second, and again, consistent with the other four states we looked at, while the initial focus of this law might have been on other types of conduct, they are really used now primarily to charge people who are also charged with sex work. Unlike sex work, they carry felonies instead of misdemeanors and, as Senator Harris said, much higher sentences. They increase the penalty for people suspected of doing sex work, so you can see that 61 percent of the charges are against sex workers [page 4].

That also means that, unlike probably what was in people's minds in the 1980s and 1990s, these crimes are not being charged just against men, but women, and you can see that about a third of the charges are against women [page 5]. That corresponds with the focus of the charges against sex workers. That is double the percentage of the HIV-positive population in Nevada for women. There is one other demographic that, for me, really opens up the picture of whom these laws are impacting. The age range of these folks is from 17 to 68. When you take that age range and you think about sex workers, you also have to think about a number of young girls, women, who may be trafficked. If you are in your 60s doing sex work, it may be for survival reasons. These are felonies and huge penalties impacting already vulnerable populations that we want to engage with public health.

The other thing that has been consistent across every state we have looked at is that these laws disproportionately impact people of color—in particular Black people [page 6, [Exhibit J](#)]. A way to sum up this chart is, if you have a disease like HIV—which we know disproportionately impacts Black people—and we have a criminal justice system that disproportionately impacts Black people, and you make a crime about the disease, this is the only thing that is going to result. While Black people make up 10 percent of the state's population roughly, they make up about 46 percent of convictions for HIV crimes.

Something else we have seen in the other states we have looked at is that enforcement is not universal across the state [page 7]. It is concentrated in a handful of places. In Nevada, this comes down to three counties, with almost 80 percent of the arrests not only being in Clark County or Las Vegas, but by the Las Vegas Metropolitan Police Department. So it is, in a way, a statewide law that impacts all people with HIV and prevention efforts but has a very localized enforcement.

The final thing to point out is, when you think about what is being charged, are these people intending to transmit the virus? Have they actually transmitted the virus? Have they even engaged in conduct that transmits the virus? Well, none of these folks were charged with the intent to transmit the virus. None of these arrests or convictions actually involved transmission of the virus. Most of the arrests are for conduct that does not have anything to do with transmitting the virus. Most sex workers are arrested or charged with conduct that they do on the street—communication on the street, communication that happens online, or by sting operations of law enforcement. That does not cover conduct that can be transmitted by HIV. The surprising, new thing about Nevada that I have not seen in the other four states we looked at is that a third of all convictions are for attempt or conspiracy charges [page 8]. When you think about attempt to solicit or conspiracy to solicit, the conduct that usually charges solicitation happens right at the attempt to do that. This makes more sense when you consider that 95 percent of people in the criminal justice system plead, but again, we are getting more and more removed from conduct that can actually transmit the virus.

Senator Harris:

That concludes our presentation, Chair Nguyen. I am more than happy to answer any questions. Jennifer Howell from Washoe County is here and can answer questions on the amendment. What you see before you is the result of a lot of work and collaboration to make sure we are putting our laws in a better, less discriminatory place while also ensuring that our health districts have the authority they need to clamp down on any infections that are spreading and keep the community safe. It has been a long road, but, hopefully, with this last amendment, we are there.

Chair Nguyen:

You indicated that we do not criminalize any other health condition someone might have, so we do not have any corresponding laws for hepatitis, is that correct?

Senator Harris:

That is correct. We do not have a law that makes the intentional transmission of hepatitis a felony.

Chair Nguyen:

We do not have the same thing for HPV [human papillomavirus] or syphilis or any other sexually transmitted diseases. Is that correct?

Senator Harris:

Yes, that is correct.

Chair Nguyen:

When I first started practicing law, we saw these cases a lot, especially in the area of prostitution. At the time, there was a mechanism that law enforcement would be able to look at the health records. They were like a part of your criminal background check. Would this law remove reporting of personal medical records to other agencies? Would it eliminate that?

Senator Harris:

I am not aware of us tinkering in that section at all. As far as I am aware, it would not change any information sharing currently happening.

Chair Nguyen:

Do you know if any of your other presenters know how that information is provided? In previous cases I had, it was a situation where I would get a health record showing someone had a positive test for HIV or AIDS and that would be used to enhance the criminal penalty for a prostitution charge.

Senator Harris:

I do not know if Ms. Howell is aware of what the sharing agreements with law enforcement currently are.

Jennifer Howell, Sexual Health Program Coordinator, Washoe County Health District:

The way we have done this in Washoe County is if we provided testing in conjunction with law enforcement during, for instance, a prostitution sting, then we would provide the test results. If we did not test during the same event, we would not provide that information and they would have to seek that information through a court order. That is the only time the information was readily available to law enforcement. We do not provide the information otherwise. It is my understanding that getting rid of the enhanced charge for the prostitution-related section of this would eliminate that information sharing.

Chair Nguyen:

You mentioned it would reduce some of these charges that are currently felonies because of reducing this health status down to misdemeanors. Is that consistent with every other person who would commit the same crime?

Senator Harris:

Yes. We are removing the felony without explicitly calling out HIV because that defeats the purpose—placing it with other communicable diseases. I believe science has shown there is no reason to single it out.

Assemblywoman Thomas:

And HIV is unlike any other communicable disease—yes or no?

Senator Harris:

I would say it is like other communicable diseases, and in so much as it is like other communicable diseases, of course they vary in treatment and cause, in transmission rates, but it does not vary any more than any other communicable disease would.

Assemblywoman Thomas:

I understand making it a misdemeanor by law, but my concern is that those individuals who know they are positive, whether they are in the sex trade or not, can use their status as a weapon against other people. Because they got it, they want everyone they come into contact with to get it. Is that still a misdemeanor?

Senator Harris:

I would like to note that your uneasiness explains why we have to bring this bill. There are people who are living with all kinds of communicable diseases who could, for one reason or another, choose to go out and attempt to weaponize that; HIV is not the only communicable disease someone could intentionally transmit. A perfect example is the coronavirus in today's world. But the fear and stigma that have been put behind HIV over the last 30 years are what is leading to that uneasiness. In the worst-case example, someone would have to draw their blood and stick someone in their sleep without them knowing it, or when walking by them. There are a whole slew of charges you could make to someone who engages in that type of conduct, and you would be able to do that for some other type of communicable disease—if there is someone intentionally trying to harm other people. There is no reason we have to call HIV out separately.

Assemblywoman Titus:

Senator Parks, it is great to see you. Thank you for continuing to be an advocate. As we made changes in the last session, I was supportive regarding the need to decriminalize HIV, and I think it is critical that we do so. My concern is not the HIV component of this bill. My concern is it almost looks as though we are criminalizing all communicable diseases and not spelling out HIV. Senator Harris, you mentioned the coronavirus. That is a communicable disease. As board chair of the Lyon County health board and as the county health officer, we have struggled with the coronavirus epidemic. How do we handle folks we know have

coronavirus who want to attend an event? We know they just tested positive, so could they or could they not go? Where were we legally? What could we do with that? Having struggled with that, we understand the mandate to quarantine. My concern is with the bill. Section 1 in the amended recommendation says, "Treat any person or group of persons with a communicable disease case and those exposed to a communicable disease . . ." [page 6, [Exhibit D](#)]. I understand the quarantine aspect of it from a public health point, but my concern is "treat" the person. What if the person does not want to be treated, wants the disease to run its natural course? Where are the individual rights to personal choice when it comes to treatment?

Senator Harris:

Let me start with the language—the word "treat." We changed to the word "treat" from what was previously "disinfect," which is a little bit antiquated. The existing law said we can "disinfect" someone. We decided "treat" was a much more appropriate term. Also note that this is what the county board of health "may" do. There is no "shall" in section 1: "The county board of health may" If you note previously in existing law, it says "isolate, quarantine and disinfect." We had a discussion today—in order to protect personal liberties, you need to isolate someone in certain circumstances; you may need to quarantine someone in certain circumstances; and then we need the ability to treat people in certain circumstances—so that we do not have folks who need to be treated under the same qualifications as someone who might need to be quarantined. I will ask Jennifer Howell to talk a bit about what happens when you want to treat someone and they tell you to pound sand.

Jennifer Howell:

As we interpret it, it is an individual right. If someone does not want to engage in STD treatment, HIV treatment, or treatment for any of the communicable diseases, that is their right, but they still may be subjected to quarantine or isolation based on that information as long as they are in the incubation period or infectious period.

Assemblywoman Titus:

I just needed clarity that the person still had that right. As a provider, when I counseled a patient, I told them they had the right to refuse treatment, but then, you have to look at the public health aspect of that. I agree, these are questions that need some clarity. I appreciate the option in here to have a judicial review and pathway if you disagree. As an observation, in my day, we used to have parties when we knew someone had a communicable disease. When someone had chicken pox, everyone went to that house because all the kids needed to be exposed to that disease. Those days have certainly changed. Thank you for bringing the bill forward, and Senator Parks, it is great to see you.

Assemblywoman Summers-Armstrong:

If a person, for instance with HIV, chose not to seek treatment but still carried on in their behavior, you said there are other things that can be brought for that person. Could you please expand on that?

Senator Harris:

If you are infectious or you have a communicable disease, you are posing a threat to public health and you are going to get a warning from your public health district. They are going to let you know that your behavior is dangerous and ask that you not do it. The second time you do that, if you ignore that warning, that is where the misdemeanor comes in and that is what is in existing law, *Nevada Revised Statutes* 441A.180. That is the current state of the law for every disease except HIV. We would now be moving HIV under that process. Ms. Howell can talk about what happens, after you have a misdemeanor, if you are still continuing to engage in that behavior. It is my understanding that they bring in the police to help enforce these types of situations.

Jennifer Howell:

What happens is that our civil district attorney (DA) brings those charges forward and then we work with law enforcement. In my 20 years of working at the health district, I have not been aware of this happening, but that is what the mechanism would be, as it has been explained to me.

To the question about whether someone decides not to engage in their HIV treatment, that is their choice, and we have had people in the community who I have encountered who have done that for various reasons. It is their right to do so, but we want to give them all the explanations as to why it would be beneficial to their health and to the health of other people. If they were to go to intentional transmission, then it goes to a warning and what Senator Harris was describing.

Senator Harris:

It was very important that we maintain the health districts' ability to keep the public safe, so any rogue actors will continue to be treated as such.

Assemblywoman Summers-Armstrong:

Especially in southern Nevada, we are having outbreaks all the time of syphilis, gonorrhea, and other kinds of communicable diseases. Mr. Wade and Mr. Sears spoke about how this law affects Black people more than anyone else. Is there help available, because we are still seeing high rates of HIV in Black communities? If we get rid of this charge, if people come to the health district and they need help, do we have resources available to treat them if they want to be treated? Even with COVID-19, the lack of access to health care is a real issue. Can you speak to that so we can all have clarity? Can you also speak to the rate of transmission; are we seeing any of these diseases—syphilis, gonorrhea, HPV, anything—and what are they looking like in Black and other communities of color? Is there help available? We do not want to just say to get rid of it and then we do not help people. We need to make sure there is sufficient help.

Senator Harris:

Thank you for the question. I will use this as a chance to plug another one of my bills, Senate Bill 211, which is a bill that would require providers to offer HIV and traditional STD testing in hopes of addressing what you hit on, which are embarrassing STD numbers in

the state. That bill, in conjunction with this bill, will do a lot to try to bring that down, but Ms. Howell can talk about the treatment and what happens when someone comes in and requests help.

Jennifer Howell:

If it is an index case, which is someone we just found to have an STD or HIV that is reported to us by a physician or provider or by our own testing, then we make contact with that person to see if they have had appropriate treatment—because some providers do not follow appropriate STD treatment guidelines—or if they are connected to HIV care or if they want to be. If needed, Washoe County Health District does not have provisions for HIV care, but we refer to our community providers, and there are a couple of private providers who do provide that service. We do warm handoffs and very active referrals. We do not just give them a phone number and tell them to go on their way, especially if it is someone living with HIV. We make appointments with them at the time they are in our office as much as we can and make sure we have a good connection to care services. For STDs, it is a little different. We will make sure they have appropriate treatment through their provider or that their provider offers that treatment. If they do not receive treatment, we will follow up with them to offer treatment through our clinic.

As for the disproportionate impact by race, it definitely is there. It is in Washoe County; it is in southern Nevada as well. It is something we need to address by addressing a larger scale of health disparities and getting people access to services. Having them feel comfortable with those services is a huge part of that. We definitely do not turn anyone away, and we follow through on all the cases reported to us. We just need to know that the person has a positive test to be able to follow through with them, which is what Senate Bill 211 does. We work as hard as we can, as diligently as we can, to ensure that there are no gaps in services if a person wants to seek those services. We try to indulge any issues that come up with a client to do so.

Chair Nguyen:

If you can get any of the other information Assemblywoman Summers-Armstrong mentioned regarding transmission rates for other communicable diseases, that would be wonderful. Just give it to Committee staff who will distribute it. Assemblywoman Benitez-Thompson has a question.

Assemblywoman Benitez-Thompson:

I have a question about the use of the DA's power if they needed to, and that you had not seen that used for 20 years. Was that in response to the HIV statutes as we have them, or to all communicable diseases?

Jennifer Howell:

I am more familiar with HIV. I have worked in that program for 20 years, but in terms of other STDs or sexually transmitted infections, I have not seen that either. Going beyond

those to the broad list of communicable diseases that are listed in *Nevada Administrative Code* (NAC) Chapter 441A, I have not heard of it, but I can see if we have done that and get that information back to you. I have not heard that we have had to enforce that.

Assemblywoman Benitez-Thompson:

It seems to me that where more of these conversations have played out has concerned tuberculosis and when there is someone who is active and positive. Sometimes it can be difficult to get their consent if they are someone who tends to be noncompliant or has behavioral health issues. I cannot imagine that we have never had to use that, but I will let someone else with more data tell us more about that.

I also want to clarify treatment and right to treatment, but I believe NAC 441A.200 already states that the health board does not have the ability to interfere with a person's right to treatment and it reads both ways—to have treatment or not to have treatment. I think that is already covered in status quo, that there is nothing in our statute. That person already has the ability to accept care or not accept care.

Chair Nguyen:

We have our committee counsel on Zoom, and she may be able to further clarify this.

Karly O'Krent, Committee Counsel:

Assemblywoman Benitez-Thompson was correct in referencing NAC 441A.200.

Chair Nguyen:

Do we have any other questions?

Assemblywoman Peters:

I think it is important in this conversation to get on the record the advances that have been made around the treatment and reduction of risk related to contraction and prevention of HIV, because that is what is changing the narrative around how people engage in the world after they have become positive with HIV. Could someone talk to the advancement in those antiviral drugs, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), and what those have meant to the potential risk for HIV contraction?

Senator Harris:

I will turn that over to Mr. Wade or Mr. Sears to answer that question.

Brad Sears:

Definitely, when you think about the time during which these laws were passed, we had no effective treatments for treating HIV or for preventing HIV. We were several years out from even having a test to identify the virus. Since the mid-1990s, a few years after the last one of these laws was passed, we have had those effective medications, so in the mid-1990s, you saw death and illness rates drop. You also saw transmission drop. What we know today, and what we have just learned in the last few years, is that if you are on those effective medications and you have an undetectable viral load, you cannot—and for someone who has

been doing this for decades, that is hard to even digest—transmit the virus through sex. We think, and as this other research is growing, you also cannot transmit it through other means.

These laws take none of that into account, just the fact that having HIV is no longer a death sentence—there are other illnesses that have, on average, more serious consequences—and that for people who are HIV-positive, their ability to transmit is greatly reduced. Part of those effective medications is, if you think you have been exposed, you can do post-exposure prophylaxis, or post-exposure treatment, that is highly effective at preventing even after exposure to HIV. Also proven to be very effective is a pre-exposure prophylaxis, so we have a growing number of people who are at high risk, who take the medications even though they are not HIV-positive, so if they ever become exposed, they are no longer HIV-positive.

I want to pick up on an earlier comment. You cannot police your way out of a pandemic. We have shown that now with HIV; we are showing that with COVID-19. But giving people access to treatment and to pre-exposure and post-exposure medication is a way to really fight HIV.

Assemblywoman Peters:

Mr. Wade, would you mind talking a little bit about access to PEP and PrEP in Clark County?

André Wade:

Currently, there are PrEP/PEP navigation services in place. As an example, Southern Nevada Health District has it. I believe the LGBTQ Center of Southern Nevada and perhaps other organizations do also. They help individuals learn about and access PrEP medication with or without their insurance coverage. You have the Huntridge Family Clinic in southern Nevada that provides PrEP and PEP medication for free for those who are unable to afford the medication or have trouble accessing it. There is a statewide effort to have PrEP become more available, so as another plug for a bill, Senate Bill 325, that is moving through the legislative session, would allow pharmacists to prescribe PrEP and PEP to individuals without a prescription as well as ancillary services related to the medication which will greatly increase access to this medication, which would then greatly decrease the risk of transmission and have us begin to truly get to where the rates of HIV infection are lower in Nevada. Right now, we are the state with the highest rate of new diagnoses and people living with HIV west of the Mississippi. We really need to combat this, so having on-the-ground, community access to medications like PEP and PrEP, having pharmacists be able to prescribe it, and a lot of the other public education that is going on, would help folks have access. We are still having to educate medical providers on this medication to better inform them, and so that access continues to increase.

Assemblywoman Peters:

Thank you for the responses, I appreciate that. I think it is amazing how far science has come in relation to this disease. I believe that all the work and effort being done to ensure people have access to these preventive medications and treatments are really going to benefit

the state, not just in access to, but also destigmatizing asking for a test and making sure you are getting proactive treatment.

Chair Nguyen:

At this time, I will begin testimony in support of S.B. 275 (R1).

Carlo Miciano, Community Liaison, Southern Nevada Asian Pacific Islander Queer Society:

I am a registered nurse and speaking on behalf of the Southern Nevada Asian Pacific Islander Queer Society. I am in support of S.B. 275 (R1), HIV modernization, because it focuses on decriminalization of individuals based on their HIV status. As it exists now, Nevada law is discriminatory and disproportionately affects communities of color, especially Black people, sex workers, and the LGBTQIA+ community. As a nurse, HIV is a public health issue and it is very concerning to encounter patients who are newly diagnosed with HIV in a hospital setting because they fear seeking tests and treatment and continued care that goes beyond education of safe sex practices—when they are newly diagnosed in the hospital setting but it could have been caught much sooner if they had not been afraid to seek out resources.

The passing of S.B. 275 (R1) would be a strong start in ending the HIV epidemic and destigmatizing HIV as an illness; to normalizing talking about using condoms; to getting on HIV medications and antiretrovirals, PEP, PrEP; and, of course, monitoring one's HIV status without public scrutiny. The dialogue and the stigma around HIV need to be changed in order to properly address the health crisis.

Chair Nguyen:

We will go to our next person in support, and I am turning over chairing duties to Vice Chair Peters as I have to go present a bill.

[Assemblywoman Peters assumed the Chair.]

Senator Harris:

I want to get one more thing on the record. I want the Committee to know that the affirmative defenses in this bill are aimed at consensual conduct—two people might engage in activities that may be risky, but people have the right to engage. The scope of it is not intended to extend to other circumstances such as a first responder responding to a call, who would not know if someone had a communicable disease and would not consent to the conduct to transmit the disease, had they known that, and I just want that on the record.

Vice Chair Peters:

Thank you, and we will go on to support testimony.

Kendra G. Bertschy, Deputy Public Defender, Washoe County Public Defender's Office; and representing Clark County Public Defender's Office:

We want to thank the sponsors for bringing forward this incredibly important bill to allow our state to join the effort of the growing number of states that have modernized their

criminal laws to remove these prevention issues from our felony criminal statutes. Just regarding the fact of the misdemeanor, I want to add that intention is extremely important. We believe this strikes that balance between a status versus a conduct offense, so it is punishing those intending harm while trying to ensure that those who are innocent actors and may accidentally be caught up in this are not caught up in the criminal laws. We believe it will help reduce stigma and make prevention issues public health issues rather than criminal justice issues. As you have heard, HIV criminalization laws have been shown to be disproportionately impacting women, Black communities, and our vulnerable populations. We agree with the statements from the sponsors as to why it is important to decriminalize these issues, why it is necessary, warranted, and justified.

Vice Chair Peters:

Please open the phone lines for those in support of S.B. 275 (R1).

Alex Camberos, Private Citizen, Las Vegas, Nevada:

[Alex Camberos presented written testimony, [Exhibit M](#)]. I am speaking in support of S.B. 275 (R1). Current Nevada laws regarding HIV criminalization are outdated, ineffective, and discriminatory. These laws were first established decades ago during the height of the HIV/AIDS epidemic when little was known about it. This led to disproportionate marginalization of gender and sexual minorities in communities of color, especially Black people. We cannot punish HIV-positive Nevadans, but we have so few state and community resources available to them. This criminalization perpetuates a stigma in discouraging testing, treatment, and disclosure. We should be promoting all methods available to reduce transmission and treatment of HIV. Senate Bill 275 (1st Reprint) will modernize Nevada's outdated HIV laws to eliminate the stigma and promote public health. If people in the state want to end the HIV epidemic, we should support S.B. 275 (R1).

Connie Rose Shearer, Private Citizen, Las Vegas, Nevada:

I am a long-term survivor of HIV for 25 years. I am one of the cochairs for the Nevada HIV Modernization Coalition and I am a member of the Advisory Task Force on HIV Exposure Modernization. I would like to thank the Assembly members for taking time today to hear information about this bill. I want to say a huge thank you to former Senator David Parks and Senator Dallas Harris for championing this bill for us.

I am here today to talk about why we should all care about reforming the outdated HIV criminalization laws in Nevada. We have made significant advances in our scientific understanding of HIV and the medical interventions available to cure it. Our laws should reflect this progress and they should not criminalize behavior that poses no risk of transmission. I am what is known as virally suppressed. That means the virus I have inside me is suppressed by the medication I take daily, called antiretroviral therapy. There are multiple clinical studies that scientifically prove that I am unable to transmit HIV to someone I am having a sexual relationship with. And there are also many studies to prove that the people who are transmitting right now are mostly all untested and out of treatment from fear of being criminalized.

The way the current laws are written is preventing people from getting tested, which prevents them from getting into treatment—treatment that we now know prevents the spread of HIV. People have a fear of being criminalized because, not only do convictions for these crimes not require transmission or the specific intent to transmit HIV, most do not even require conduct that could transmit the virus. This includes almost all solicitation- and prostitution-related convictions, and nowhere in there does it discuss the fact of how many times I have been falsely accused by people who are leaving a relationship with me and get angry that how dare I, a person living with HIV, leave them, a person who is not living with HIV, to go find something better.

Vice Chair Peters:

That was two minutes. If you have additional testimony you would like to submit in writing, you can submit that to the Committee via the email address on the agenda. Thank you for sharing your story and for your comments.

Jasmin Margarita Tobon, Organizer, Planned Parenthood Votes Nevada:

Planned Parenthood Votes Nevada is in favor of S.B. 275 (R1). Current Nevada law treats the HIV epidemic as a criminal offense rather than a public health crisis as has been presented today. With science and with knowledge we know better, so this is our opportunity to do better. Criminalization is not the answer; it never was. Science is. Despite advances in HIV care and science like PrEP—pre-exposure prophylaxis—and undetectable equals untransmittable—or "U Equals U"—Nevada's HIV criminalization laws are still based on decades-old science. Criminalization discourages testing, treatment, and disclosure, and results in stigma and preventable steps. Whether it is the horribly mismanaged AIDS epidemic in the 1990s, or the coronavirus pandemic, BIPOC [Black, Indigenous, and People of Color] and LGBTQ+ individuals suffer the most. They have been the ones leading the movement for justice for their communities. This bill is an act of long-overdue justice and aligns with the needs of Nevadans. Please support S.B. 275 (R1).

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

[Christine Saunders submitted a letter in support, [Exhibit N](#)]. I am here in support of S.B. 275 (R1). In the interest of time, I want to echo the sentiments of those who spoke before me and will submit my additional remarks for the record. Our current laws cause far more harm than good, increasing the stigma around HIV, discouraging people from seeking testing, and further criminalizing communities of color. Senate Bill 275 (1st Reprint) would help modernize these laws to support modern science and help end the HIV epidemic because HIV is a public health issue, not a criminal issue. Our state laws should reflect that. We are in support of this legislation.

Leann McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics:

[Leann McAllister submitted a letter in support, [Exhibit O](#)]. Today I offer support on behalf of the Nevada Chapter, American Academy of Pediatrics (AAP), for S.B. 275 (R1). Laws criminalizing HIV exposure and transmission perpetuate the stigma around HIV and

discourage people from getting tested. The AAP joins the Centers for Disease Control and Prevention (CDC) in calling on states to revise old laws that do not reflect our current understanding of HIV. The Nevada AAP currently has more than 250 members, most of whom are board-certified pediatricians—both primary and specialty care. Members also include pediatric nurse practitioners, physician assistants, pediatric residents, and medical students, all of whom live and work in Nevada and have dedicated their professional lives to the health of all children, adolescents, and young adults. Thank you to Senator Harris for sponsoring S.B. 275 (R1). We encourage all adolescents to talk to their doctor about prevention and getting tested.

Vince Collins, Director, Community Wellness, The LGBTQ Center of Southern Nevada:

I also sit on the Governor's Advisory Task Force on HIV Exposure and Modernization, and it is an honor to do so. Today I am offering my support for S.B. 275 (R1) and would like to thank everyone who has contributed to the hard work in getting this bill to where it is today. Also, I want to acknowledge, on behalf of over 13,000 persons living with HIV and AIDS in Nevada and the hundreds of newly diagnosed individuals, having the courage to live a healthy and meaningful life, for many of these people, the starting point is confirmation of diagnosis and linkage to medical care and other services, and their education as persons living with HIV with organizations such as ours. As an organization that provides free HIV testing and counseling, we rely on accurate and current scientific information provided by the federal government, state, and local leaders to inform our service providers as well as to convey to our clients what is true and factual.

We need our current laws to be consistent with the science and with what is true and factual. This information needs to be provided throughout the state so everyone better understands their roles and responsibilities and to better address the stigma associated with people living with HIV and AIDS. This bill tries to do so, and I urge you to support it. Thank you for your time and your support.

Wesley Juhl, Director, Communications and Outreach, American Civil Liberties Union of Nevada:

We support S.B. 275 (R1) and the work to take harmful stigma out of our state laws. As a queer man, my experience has always been that discussions about HIV and AIDS are far too often tangled up in homophobia and transphobia, and my sense is that the same is true with Nevada's current criminalization scheme. When looking at the groups most vulnerable to contracting HIV and the groups most vulnerable to criminal enforcement, it is clear that it is also tangled up with racial, gender, and economic justice concerns. I encourage you to review the new analysis from the Williams Institute that was presented [[Exhibit L](#)]. I want to repeat that stark racial justice statistic: Black Nevadans make up 40 percent of those arrested for HIV crimes. I would also note that some of the first volunteer work I ever did was HIV prevention outreach and we always told the community—get tested and know your status. The sad truth I hope you see now is that Nevada's criminalization of HIV serves as a major obstacle to these important public health messages because it creates an environment in which people are afraid to be tested. This is a great opportunity to update our laws to align

with modern science and to remove the stigma that gets in the way of the work we need to do to address this epidemic. Please listen to community members who are impacted by the HIV epidemic and please do pass S.B. 275 (R1).

Sarah K. Hawkins, President, Nevada Attorneys for Criminal Justice:

Thank you for the opportunity to speak this afternoon and thank you especially to Senator Harris and today's presenters for championing this important and impactful legislation. Nevada Attorneys for Criminal Justice stands in solidarity with the LGBTQIA+ community, their advocates, and community allies. Our position is very simple: We unequivocally support S.B. 275 (R1) passage and urge this Committee to do the same. Without compromising public health and safety, S.B. 275 (R1) accords the privacy, protection, care, equality, and human dignity to which all Nevadans are entitled. Please pass S.B. 275 (R1).

Dawn Christensen, Vice President, Communications and Corporate Responsibility, Nevada Resort Association:

Nevada's resort industry has a long-standing commitment to corporate social responsibility (CSR) programs and initiatives and has a history of leadership in the space. The key pillars of most CSR programs are philanthropy, environmental sustainability, and diversity, equity, and inclusion, which work in tandem to strengthen our communities and create better outcomes for people and the planet. Much of our members' CSR work focuses on increasing access, opportunity, and equity for all, and it is under this principle of fairness and equality that I speak in support of modernizing HIV laws. We have not had an opportunity to go through the amendment that was recently posted to review that language, but recognizing the overall intent of the bill, I would like to echo many of the previous comments and agree it is time to update the law. We hope you take into consideration the recommendations presented by the state HIV Modernization Task Force that helped shaped S.B. 275 (R1). In closing, I would like to thank the bill's sponsor, Senator Harris, for her leadership on this legislation and on equality and equity matters. I would also like to thank former Senator Parks for his long time dedication to LGBTQ equality and his years of hard work in laying the foundation for this bill. Thank you again, Vice Chair Peters and Committee members, for the opportunity to speak with you.

Luis Aceves, Development Manager, Research, Education and Access for Community Health, Las Vegas, Nevada:

I am the development manager for R.E.A.C.H., Research, Education and Access for Community Health. We primarily serve the Hispanic, Spanish-speaking population in southern Nevada. We are in support of S.B. 275 (R1) which will modernize our HIV laws in Nevada. HIV is not a crime and our laws should reflect that as soon as possible.

Kimi Cole, Private Citizen, Carson City, Nevada:

Thank you, Vice Chair Peters, and to the Committee. Understanding of HIV long ago passed original archaic, inaccurate understandings of an affliction that can be effectively monitored and treated for long-term quality of life. There is a great opportunity here to accurately and effectively recognize scientific understanding of human immunodeficiency virus and to pass legislation that will improve public health while sparing taxpayers the unnecessary burden of

paying for onerous and ineffective prosecutions. Laws that have done nothing to mitigate issues that were originally and erroneously intended to help protect society actually accomplished quite the opposite. Almost all of the HIV convictions in Nevada do not involve any conduct that could actually transmit HIV. Outdated laws criminalize an affliction, not the actions that cause intentional harm to others. It is time to correct this situation and move on. I urge your support of S.B. 275 (R1).

Vice Chair Peters:

Do we have any other callers in support at this time? [There were none.] Do we have anyone to testify in opposition? [There was no one.] Is there anyone to testify in neutral?

Bradley Mayer, representing Southern Nevada Health District:

I am testifying in neutral today on behalf of the Southern Nevada Health District. I want to thank former Senator Parks for his advocacy on this issue over the years and Senator Harris for her extremely hard work, along with the other advocates, on updating our HIV laws.

As I mentioned in a previous testimony, because this bill would have an impact on all communicable diseases, we have been working very diligently in several iterations as a working group to make sure it does not impact public health's ability to address those communicable diseases because of us updating this law. We proposed an amendment [[Exhibit D](#)] that was submitted on behalf of the Washoe County Health District and the Southern Nevada Health District in order to ensure that is happening, because in section 1 of the bill [page 6, [Exhibit D](#)] they were looking to add "infectious state" to the language. We proposed some language that allows us to isolate, quarantine, treat, and monitor those in an infectious state, and we made a conforming change to that in section 2 [page 8] and section 5 [page 9], as well, for city, county, and local health authorities. And then, section 9 of the bill has an amendment from us that also adds language about a person diagnosed with or exposed to a communicable disease. We really appreciate the work of the bill's sponsor and the advocates on this, and we thank them for working with us. We will continue to work with them if there are any additional changes before work session on this bill, and we thank you for your time.

Vice Chair Peters:

Are there any questions related to the amendment?

Assemblyman Orentlicher:

I am curious about section 6, subsection 7, paragraph (a) [page 12, line 191, [Exhibit D](#)], which I read as an exclusion to subsection 4. Section 6, subsection 4 sets out who can be held liable for knowingly and intentionally acting in a way to spread their communicable disease but there is an exception for the person who is donating organs or tissues. Is that because those organs and tissues will be tested anyway? I am curious about that exclusion.

Bradley Mayer:

I would defer to Jennifer Howell if she is still on in regard to that question.

Jennifer Howell:

Could you repeat your question for me, please?

Assemblyman Orentlicher:

As I read section 6, subsection 4, if you knowingly act in a way to specifically transmit your communicable disease, there is some liability. But section 6, subsection 7(a) carves out a person who knowingly donates tissues or an organ with the specific intent to transmit their disease. As I read subsection 7(a), they are not liable. Presumably, their tissues will be tested, is that why we are carving it out? What is the theory of carving them out?

Jennifer Howell:

My apologies, this area of affirmative defense and that kind of thing is not my expertise. Perhaps Brad Sears could help.

Brad Sears:

The chance of actually infecting someone, even if intended, by donating blood or an organ, is infinitesimally remote. Our blood supply has been extremely well protected. I think the last documented infection of HIV in the blood supply happened well over a decade ago in 2008 or 2009. The donation of organs quite frequently happens after someone already passed away so there is no prosecution. But you are absolutely correct. In either case, the reason why our blood supply is so safe is that we have testing of the blood supply. The amount of tests of anyone who is alive and is donating an organ would be extensive for the donor and the person receiving the organ.

Since we have done similar analysis now in five states, I can say that this type of crime, for example as you see in California, has almost never been enforced. It is on the books in some states but never has any enforcement action. There is an affirmative reason to signal that some types of donations are encouraged. For a long time, people with HIV could not even donate organs to other people with HIV even though there is a federal law that calls for that. There is a practice that has been developed that has allowed that to happen. When we repealed that law in California, there was a waiting list of about 40 people with HIV in San Francisco who could not get organ donations from other people with HIV until we repealed that law. So there is some positive value to signaling this is an okay thing.

Vice Chair Peters:

Is there additional neutral testimony?

Joelle Gutman Dodson, representing Washoe County Health District:

We are testifying in neutral today; however, we plan to move to full support if and when the friendly amendment proposed earlier today by Bradley Mayer is adopted. We want to thank Senator Harris for her countless hours of work on this bill as well as the working group task force, and of course former Senator Parks, for bringing Nevada into modern times. This bill has been a lot of work for a lot of people working on this important piece of legislation. HIV modernization and decriminalization are priorities while maintaining the local health

district's ability to investigate all communicable diseases as needed to maintain the public health of our community.

Joanna Jacob, Government Affairs Manager, Clark County:

We are testifying in neutral today. We engaged on this bill on behalf of the Clark County Fire Department, and specifically section 7. In its original form, there was some language in there that we believed would perhaps unintentionally throw active barriers to getting our first responders tested if they are, during the course and scope of their employment, exposed to a communicable disease. Senator Harris and members of the working group, everybody who worked on this did work with us in response to our concerns and you have an amended version before you which we are neutral on. We also appreciate Senator Harris's clarification that she put on record today about the affirmative defenses. We absolutely support the intent of this bill and the move toward decriminalization and approaching communicable diseases from a public health perspective based on accurate and scientific evidence and that is why we have continued to work on this bill. Thank you to all who have been involved. We are neutral on the bill.

Vice Chair Peters:

Is there anyone else calling in neutral?

Alyssa Howard, Private Citizen, Las Vegas, Nevada:

I called in support of the bill, but my number did not get called. Can I still testify in support of the bill?

Vice Chair Peters:

Yes, absolutely. We will reclassify your testimony as in support.

Alisa Howard:

As a former HIV program director and now the owner of Minority Health Consultants where I still bring HIV health education advances to priority populations in Clark County, I am in support of S.B. 275 (R1). As we now have heard several times over, Nevada's laws that criminalize HIV are outdated, ineffective, and discriminatory. The CDC and state data show that HIV has one of the highest mortality and morbidity rates from an infectious disease, aside from the latest COVID-19, that threatens the lives of minorities, to include African Americans, Latinx communities, and LGBT communities. Our current laws treat HIV differently from every other communicable disease. It is the only one listed in Nevada's penal code and the only one for which activities that may risk transmission carry a felony charge for the first event. Not only do these laws fail to prevent the spread of HIV, but they also make it hard to end the epidemic by discouraging testing, treatment, and disclosure. As a person who hosts HIV community and Black community discussions and events, I can testify that the stigma around HIV still hinders these communities greatly from knowing their status and, therefore, taking care of their overall health. The modernization in this bill will help these communities and the overall state see HIV in alignment with other communicable diseases and not as separate, making people living with this virus feel a part of the community and not separate. Thank you for listening and for your time.

Vice Chair Peters:

Is there anyone calling in neutral? [There was no one.] I would ask the bill's sponsor for closing remarks if you have them.

Senator Harris:

This is a big one, folks. We have an opportunity to move the ball forward significantly. It is based upon a lot of work by stakeholders, not to mention the HIV Modernization Task Force, which will be renewed in this legislation in case there are further changes we need to make in our search for equality. Again, I want to shout out former Senator David Parks for all his work and what he has done to get us to this point. We would not be here without him. Thank you for your time, and I look forward to seeing you all at the work session.

Vice Chair Peters:

Thank you, Senator Harris and thank you, Senator Parks, for your continued advocacy for this issue and the issues around LGBTQ+ communities. With that, I will close the hearing on S.B. 275 (R1). I will open the hearing on Senate Bill 305 (1st Reprint).

Senate Bill 305 (1st Reprint): Makes various changes relating to access to organ transplants for persons with disabilities. (BDR 40-40)

Senator Scott Hammond, Senate District No. 18:

Senate Bill 305 (1st Reprint) prohibits certain providers of medical or related services from taking certain actions related to organ transplants solely on the basis of a person's disability. I will tell you five things this bill does—four things it does do and one thing it does not do:

- 1) It prohibits certain providers of medical-related services from taking certain actions of related organ transplants solely on the basis of a person's disability.
- 2) It authorizes a person aggrieved by the failure of such providers to comply with certain requirements to institute a civil action for injunctive or other appropriate relief.
- 3) It prohibits an insurer from taking certain actions related to an organ transplant because the insured is a person with a disability.
- 4) It prevents a provider of health care services from not placing a person with a disability on a transplant list or placing a patient low on the transplant list because of their disability.
- 5) Senate Bill 305 (1st Reprint) does not take away a physician's ability to diagnose a patient and determine whether or not the patient is eligible for or a good fit for a particular organ transplant.

We are attempting to ensure people with disabilities, whether intellectual or cognitive, are not denied an organ transplant because of their disability.

I will now turn over my time to Ms. Chesin.

Rachael Chesin, Private Citizen, Las Vegas, Nevada:

[Rachael Chesin presented a PowerPoint, [Exhibit P](#)] I am excited to be here today in support of S.B. 305 (R1), Caleb's Law. I was born and raised here in the Las Vegas community. I am the community engagement director of The Just One Project, which is a local nonprofit here in town, and I am a fierce disability advocate. I share our journey via Instagram, on Facebook, and on ALittleExtraLove.com, which tells a little about why I love Caleb's Law and why we are trying to get this to happen.

I am here because I would like to tell you about my son, Caleb [page 4, [Exhibit P](#)]. He is 22 months old; he is happy, healthy, and extraordinary in every way. He goes to preschool part-time. He hangs out with his grandma on the weekend; he is learning sign language; loves to go to the park; and he participates in brand campaigns emphasizing inclusion throughout the community. Caleb also happens to have a third copy on his twenty-first chromosome—or Down syndrome—or what I call his "extra love" that makes him exactly who he is. He is the best thing that ever happened to me. Because of his diagnosis, I have been an active member of the disability community for a couple of years now, and within the community, there was a story I heard that stood out to me as being almost unbelievable. It was a story about a little girl named Ellie, not even a year old and living with her family in Ohio and in need of a heart. The doctors told Ellie's mom that Ellie was not eligible for a heart transplant, not because she was too sick or because of any medically significant reason; she was not eligible for a transplant simply because she had an intellectual disability [page 5]. Her life was not worth saving because of an extra chromosome.

When I heard Ellie's story, I immediately assumed it must be an anomaly—a one-off, some rogue group of doctors acting outside the typical standard of care. What I found, though, was much worse. Story after story—a ten-year-old boy named Leif in Oregon, denied a transplant because he has autism; Amelia Rivera, a three-year-old, denied a kidney in Pennsylvania because she has Wolf-Hirschhorn syndrome; a five-month-old named Maverick, denied a heart in New York because of another rare chromosomal disorder similar to Down Syndrome, and that is when it hit me. My son Caleb is perfectly healthy now; no medical concerns to speak of other than some trouble from being born premature that he has grown up with. If he needed an organ transplant tomorrow, it would be because of an accident or trauma. It would have nothing to do with his diagnosis of Down syndrome, yet studies show 85 percent of pediatric transplant centers would take Caleb's intellectual disability into account. Seventy-one percent of heart programs indicate that even mild or moderate cognitive impairment is enough to disqualify him from the organ transplant list, and the survey showed that transplant centers always or usually considered intellectual disability (ID)/developmental disability (DD) diagnoses when deciding eligibility for transplantation.

Fifty-two percent of people with ID/DD receive a referral for a specialist evaluation and 33 percent of that 52 percent who are referred are never evaluated. Story after story, and it happened again in February 2019 at the University of North Carolina (UNC). They were forced to resolve an investigation by the U.S. Department of Health and Human Services (HHS) after they denied someone a heart transplant simply because he had a learning disability. When their actions were challenged, UNC immediately reversed course, with HHS issuing this statement: The director of the Office for Civil Rights at the U.S. Department of Health and Human Services, Roger Severino, said, "Every life is precious and no one should be blocked from access to an organ transplant because of stereotypes about persons with disabilities. It is also against the law." And that is an important point.

The reason I am here today is for support to ban organ transplant discrimination here in Nevada, but we are not asking the state to do anything new [page 6, [Exhibit P](#)]. Discrimination in medical services is already illegal under the federal Americans with Disabilities Act of 1990 (ADA). The problem is enforcement. There is no easy way for you or me to enforce the ADA because it has no mechanism for enforcement. In practical terms, that leaves us, the state of Nevada, on our own to not just prevent discrimination, but to give people an effective way to challenge discrimination when and where it happens. That is where Caleb's Law comes in.

Caleb's Law clarifies that doctors, hospital transplants, and other health care providers are prohibited from denying access to necessary organ transplants solely on the basis of a qualified individual's disability [page 7]. It requires that health providers consider in evaluating the likelihood of a transplant's success the full range of supports available to help a person with a disability manage their postoperative care; and includes a fast-track procedure for challenging discrimination to ensure that people in urgent need of an organ transplant can obtain timely resolutions to their claims. I have already reached out to doctors all over the state, the heads of multiple transplant centers throughout the country, the American Heart Association, Children's Heart Center Nevada, and Opportunity Village. I have not heard one word of opposition to this bill. None. Overwhelmingly, even from the medical community, the response seems to be one of understanding.

This is a bill that represents a significant step forward in the protection of people with disabilities in the state of Nevada and it should be passed. One last thing, 15 states have already passed similar laws to this and another 13 states have similar bills pending here in 2021 right now. In almost every instance, though, those bills were proposed because someone with a disability was in desperate and immediate need of a lifesaving transplant and was facing unfair discrimination. It is my hope that we do not wait for a similar story here in Nevada. It is my hope that you can support us in passing Caleb's Law.

Vice Chair Peters:

Thank you, Ms. Chesin, and thank you for sharing your story about Caleb and the others. We really appreciate your being here to do that and for bringing this bill. Senator Hammond, do you have additional comments before we move on to questions?

Senator Hammond:

No, I do not. We are ready for questions.

Assemblywoman Benitez-Thompson:

Thank you so much. You have a reference to the supported decision-making language in here, meaning to make sure the helpers that we acknowledge in law are able to help a person should they need that. However, this specific *Nevada Revised Statutes* (NRS) reference looks pretty specific to just the supported helpers, but would it encapsulate to NRS Chapter 162A which is the power of attorney for adults with intellectual disabilities—once again having that other place in statute where we acknowledge helpers who are helping our ID community?

Senator Hammond:

That is a good question for legal counsel because what we are looking at is to make sure that when there is an occasion where there is a transplant, that person then has help if the parents are not available—that they have someone there.

Assemblywoman Benitez-Thompson:

I appreciate that, so for intent, we want it. For the over-18, we have passed some bills to make sure that adults with intellectual disabilities were not having to always surrender their civil rights in order to go to the dentist, for instance, to sign a permission for anesthesia. That is just another place in the law where we have helpers identified in making health care decisions. Unless someone tells me it is contrary, it would be good to have those places where we reference such things in the same spirit of supporting it.

Senator Hammond:

I absolutely agree with you.

Vice Chair Peters:

Karly O'Krent, our legal counsel, would like to respond.

Karly O'Krent, Legal Counsel:

I noted what Assemblywoman Benitez-Thompson mentioned and I am happy to look into that and work with her and with the Committee to ensure that the bill addresses those circumstances.

Vice Chair Peters:

Great. Thank you so much. Getting that to the rest of the Committee would be helpful as well.

Assemblywoman Thomas:

Senator Hammond, thank you for bringing this bill forward—Caleb's Law. Caleb is a beautiful child; thank you to his mom for sharing his story. How often are people with disabilities experiencing this type of discrimination?

Senator Hammond:

I will defer to Ms. Chesin.

Rachael Chesin:

I am pretty positive that it happens quite often. We have story after story within our disability community, specifically in the Down syndrome community. That is why this law is sweeping the country by a storm right now, because it is happening so often within the country.

Senator Hammond:

I will check and report an exact number back to the Committee.

Assemblyman Orentlicher:

My question is along the lines of Assemblywoman Benitez-Thompson and thinking about other circumstances in which there could be discrimination. As Ms. Chesin observed, the ADA prohibits this kind of thing but there is no enforcement, so it strikes me there are probably other kinds of discrimination prohibited by the ADA that there is no private right of action for either. It would be nice if we addressed those as well so that we could have more. I know it is hard to change people's bills, but if we have this vehicle to make sure there is always a private right of action for people who are discriminated under the ADA, that would be a nice thing to do.

Senator Hammond:

I completely agree. I do not know if you have language in mind or if we have an exhaustive list, but I would certainly welcome a conversation with you about this.

Assemblyman Orentlicher:

Thank you. I will follow up.

Vice Chair Peters:

Are there any other questions from the Committee? Seeing none, I think we are ready to move on to support testimony S.B. 305 (R1).

Tahnee Forlini, Private Citizen, Las Vegas, Nevada:

I am a board-certified clinical pharmacist specializing in emergency medicine here in Las Vegas and also the mother to an amazing little boy who just happens to have trisomy 21, or Down syndrome. I am speaking to you today in support of S.B. 305 (R1) for the equal access of organ transplants for individuals with disabilities. For centuries, individuals with physical and intellectual disabilities have been discriminated against. Individuals in this country have been institutionalized and neglected as recently as the 1970s. Disability rights have come a long way since the passing of the ADA in 1990, but the struggle continues—from access to equal education rights, job opportunities, and quality health care—much work still needs to be done. Senate Bill 305 (1st Reprint) is a step in the right direction in allowing all individuals the same access to lifesaving transplants. Individuals with disabilities have fulfilling lives filled with joy and love and family and support. This bill helps ensure they

receive the same care and consideration as anyone else in our community and needs to be passed, as it supports basic human rights and ensures that people like my son will have a chance to live the life they are so deserving of and that so many of us continue to fight for. Thank you for your time.

Vice Chair Peters:

Thank you for your testimony. Are there other callers in support? [There were none.] We will now move into opposition testimony for S.B. 305 (R1). [There was none.] Is there testimony in neutral? [There was none.] With that, I will invite the bill's sponsor to make closing remarks.

Senator Hammond:

Thank you for your time and for your questions, and I am willing to take any further conversation offline.

Vice Chair Peters:

Thank you so much; and thank you, Ms. Chesin, for your testimony as well as for your advocacy on this bill. With that, I will close the hearing on S.B. 305 (R1) and we will move on to our next agenda item—public comment. Is there anyone who wishes to make public testimony? [There was no one.] Are there any comments from Committee members before we adjourn? [There were none.] That concludes our meeting for today. Meeting is adjourned [at 4:01 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman Rochelle T. Nguyen, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is written testimony authored by Shelley Hendren, Administrator, Rehabilitation Division, Department of Employment, Training and Rehabilitation, presented by Chris Mazza, Chief Enterprise Officer, Blind Business Enterprise of Nevada, Rehabilitation Division, Department of Employment, Training and Rehabilitation, in support of [Senate Bill 61 \(1st Reprint\)](#).

[Exhibit D](#) is a proposed amendment to [Senate Bill 275 \(1st Reprint\)](#), submitted by Washoe County Health District and Southern Nevada Health District.

[Exhibit E](#) is supplemental information titled "Nevada's laws that criminalize HIV are outdated, ineffective and discriminatory," submitted by André Wade, State Director, Silver State Equality, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit F](#) is supplemental information titled "HIV Is Not A Crime," submitted by André Wade, State Director, Silver State Equality, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit G](#) is a letter dated May 3, 2021, signed by various organizations, submitted by André Wade, State Director, Silver State Equality, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit H](#) is a Spanish-language letter dated May 3, 2021, signed by various individuals, submitted by André Wade, State Director, Silver State Equality, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit I](#) is a letter dated May 3, 2021, signed by various individuals, submitted by André Wade, State Director, Silver State Equality, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit J](#) is a copy of a PowerPoint presentation titled "HIV Criminalization in Nevada," dated May 4, 2021, presented by Brad Sears, Associate Dean, Public Interest Law, University of California, Los Angeles School of Law, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit K](#) is a document titled "HIV Criminalization in Nevada: Evaluation of Transmission Risk," dated September 2020, submitted by Brad Sears, Associate Dean, Public Interest Law, University of California, Los Angeles School of Law, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit L](#) is a document titled "Enforcement of HIV Criminalization in Nevada," dated May 2021, submitted by Brad Sears, Associate Dean, Public Interest Law, University of California, Los Angeles School of Law, in support of [Senate Bill 275 \(1st Reprint\)](#).

[Exhibit M](#) is written testimony dated May 3, 2021, submitted by Alex Camberos, Private Citizen, Las Vegas, Nevada, in support of Senate Bill 275 (1st Reprint).

[Exhibit N](#) is a letter dated May 3, 2021, submitted by Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada, in support of Senate Bill 275 (1st Reprint).

[Exhibit O](#) is a letter dated May 3, 2021, submitted by Leann McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics, in support of Senate Bill 275 (1st Reprint).

[Exhibit P](#) is a copy of a PowerPoint presentation titled, "Nevada SB 305: Caleb's Law," dated March 30, 2021, presented by Rachael Chesin, Private Citizen, Las Vegas, Nevada, in support of Senate Bill 305 (1st Reprint).