

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

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

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 1:35 p.m. on Monday, February 22, 2021, Online. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at [www.leg.state.nv.us/App/NELIS/REL/81st2021](http://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 Michelle Gorelow  
Assemblywoman Lisa Krasner  
Assemblyman Andy Matthews  
Assemblyman David Orentlicher  
Assemblywoman Clara Thomas  
Assemblywoman Robin L. Titus

**COMMITTEE MEMBERS ABSENT:**

Assemblywoman Annie Black (excused)  
Assemblyman Gregory T. Hafen II (excused)  
Assemblywoman Shondra Summers-Armstrong (excused)

**GUEST LEGISLATORS PRESENT:**

None

**STAFF MEMBERS PRESENT:**

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



**OTHERS PRESENT:**

Rique Robb, Deputy Administrator, Aging and Disability Services Division,  
Department of Health and Human Services  
Jeff Duncan, Unit Chief, Aging and Disability Services Division, Department of  
Health and Human Services  
Charlie Shepard, State President, AARP Nevada  
Brandy Novicka, Private Citizen, Las Vegas, Nevada  
Marlene Lockard, representing Retired Public Employees of Nevada, and Nevada  
Women's Lobby  
Steven Cohen, Private Citizen, Las Vegas, Nevada  
Edina Flaathen, Private Citizen, Las Vegas, Nevada  
Vickie Ives, Section Manager, Maternal, Child and Adolescent Health, Division of  
Public and Behavioral Health, Department of Health and Human Services  
Katie Robbins, representing Planned Parenthood Votes Nevada  
Kelly Bumgarner, Director of Health Policy, Children's Advocacy Alliance  
Arielle Edwards, Government Affairs Specialist, City of North Las Vegas  
Robin Franklin, Private Citizen, Las Vegas, Nevada

**Chair Nguyen:**

[Roll was taken.] I want to thank our audience for joining us for this virtual meeting of the Committee on Health and Human Services here in the Assembly. We will be hearing two bills today. We will be hearing testimony, and then Committee members will have an opportunity to ask questions of the bill presenters. After that, we will allow testimony from the public for a maximum of two minutes each and we will be timing the testimony to make sure everyone is given a fair opportunity to speak. We will go between support, opposition, and neutral testimony, and then we will complete our meeting with public testimony.

We will open the hearing on Assembly Bill 35, and our bill sponsor will begin the presentation.

**Assembly Bill 35: Revises provisions governing certain programs to assist senior citizens and persons with disabilities with costs relating to health care. (BDR 40-288)**

**Rique Robb, Deputy Administrator, Aging and Disability Services Division,  
Department of Health and Human Services:**

Thank you for the opportunity to introduce Assembly Bill 35. I will be co-presenting with Jeff Duncan, our unit chief. The intent of this bill is to provide some cleanup language throughout the chapter; to consolidate the senior and disability prescription drug program to remove the lengthy income and eligibility requirements as well as to align the definitions of "senior" and "persons with disability" in *Nevada Revised Statutes* (NRS) Chapter 427A.

As you will see throughout A.B. 35, we are proposing to update the statute and also be able to serve a broader scope of individuals beyond just those who are Medicare-eligible. Our unit chief will walk you through the specific highlights throughout the bill.

**Jeff Duncan, Unit Chief, Aging and Disability Services Division, Department of Health and Human Services:**

In section 1, language has been added to define a "person with a disability" which aligns with our definition under NRS Chapter 427A and many of our other Aging and Disability Services Division programs.

Section 2 is cleanup language to add senior citizens and the newly defined "person with a disability" that appeared in section 1. Sections 2 through 5, 7 through 11, and 14 all include language to consolidate the Nevada Senior and Disability RX Program and the Senior RX Program. Both programs receive allocations from the Fund for a Healthy Nevada and make up a single budget account. They currently operate as a single program.

Sections 3, 4, 5, 7, 8, and 9 through 11 of this bill propose minor cleanup language to ensure services may be provided to senior citizens and persons with a disability. In addition, under section 4, this strikes repetitive language included in other sections of the bill that does not have an impact on the services throughout.

In section 6, this bill proposes to amend the language of a "senior citizen" to "a person who is 60 years of age or older." This definition change of a "senior citizen" will align with NRS Chapter 427A, our independent living grant programs, and the Older Americans Act programs which are all administered by the Aging and Disability Services Division.

Section 8 proposes to remove the specific income and eligibility requirements that currently govern the senior prescription program and the disability prescription program. There have been many changes to Medicare since the inception of these programs, and this change will allow the agency to adapt the program based on need through regulation. Specifically, this bill will now require a senior citizen or person with a disability who wishes to receive assistance under the consolidated program to be a resident of the state and meet requirements prescribed by regulation under our Department.

Section 8 also removes language stating that a senior citizen is entitled to an annual grant under the program and provides clarifying language that a senior citizen "or person with a disability . . . may receive assistance." In addition, section 8 revises language relating to the waiver eligibility requirements.

Section 12 of this bill authorizes information contained in an application for the program to be shared only for purposes relating to the administration of programs of the Department.

**Chair Nguyen:**

I believe we have some questions.

**Assemblywoman Titus:**

Thank you for bringing this forward. Definitions are always changing, and we certainly need to stay updated and make sure folks get appropriate services. I want to make sure these changes are consistent with what the Centers for Medicare and Medicaid Services (CMS) federal guidelines are. Since most of Medicare is controlled by the federal government, I want to make sure, especially when we talk about our senior citizens, that it is all consistent with what the federal government says. I know there will be some dual enrollees. We have senior citizens on Medicare, we have folks who are on Medicaid who qualify for both. I want to make sure that the federal guidelines are consistent with what you are moving forward.

**Rique Robb:**

I will have Jeff Duncan confirm that, but he has been working through CMS guidelines, and I will have him clarify that.

**Jeff Duncan:**

It depends on which part of the bill we are talking about. If you go back to the section concerning people age 60-plus, Medicare eligibility is still age 65-plus and people with a disability can qualify, so that is different language. As far as the current senior disability prescription assistance program goes, we will still align with the Medicare definitions for all ages.

**Assemblywoman Titus:**

Could we also look at when you are changing assistance? In section 8, subsection 2, you are changing those requirements. What does the federal government look at when it comes to some of these benefits? Are these aligned?

**Jeff Duncan:**

What specific line are you speaking to?

**Assemblywoman Titus:**

Section 8, subsection 2, where you are striking the Consumer Price Index and some of these qualifications and you are striking the requirement to copay. I have some concerns over striking all of that language. Earlier in your presentation, you said some of the language was duplication and would be picked up in other areas, but this language does not seem to be picked up in other areas. There is not going to be any copay for prescriptions any longer. I need some clarification on the decision behind the striking of that particular language.

**Jeff Duncan:**

We will still have eligibility information in the regulation. The reason for striking it out of the law is that Medicare, like many other programs, changes over time, so those are just to allow the agency to adapt the program to meet the needs through regulations. We will still have some language that will be spelled out in regulation, just not in the statute.

**Assemblywoman Titus:**

It is important that we get the legislative intent concerning why you are striking this language. So, the intent is to be more fluid. You want to make sure you are fluid with what the federal mandates are. As you and I know, you cannot predict where CMS is going with some of these regulations, but I want to make sure that what this does is help the state stay current with what the federal mandates are because they supplement us. It allows you to be more fluid and current with what the federal guidelines are, and your intent is to use regulations and take it out of statute. Is that what I am hearing?

**Jeff Duncan:**

That is perfectly said.

**Chair Nguyen:**

I appreciate your having the patience to get that legislative intent on here. It is always important. I am excited about any bill that consolidates and makes things more efficient. As people practicing in the field, we do not have to come back every two years to update things, especially with the interplay between the federal government and us. Are there any other questions?

**Assemblywoman Peters:**

I would like clarification. In section 6, we are redefining "senior citizen" to 60 years of age or older, but in section 13 a senior citizen means a person who is domiciled in the state and is 62 years of age or older. Is that on purpose to have those be different? Can you explain that?

**Jeff Duncan:**

Section 13 does not apply directly to us; that language is spelling out what is already in NRS. If you go back to section 6, that language aligns our chapter with the age that is in the Older Americans Act which administers similar programs. Section 13 language does not have an impact on the other sections of the bill.

**Rique Robb:**

Section 13 applies to NRS 612.607 and does not relate to this particular program, so we are not making those changes. We are only making the relations between Chapters 439 and 427A.

**Chair Nguyen:**

Are there any follow-up questions to the ones asked by Assemblywomen Peters and Titus? [There were none.] At this time, we will hear testimony in support, opposition, and neutral of A.B. 35. Please remember to clearly state and spell your name for the record. We will limit your testimony to two minutes, and we will begin with support testimony for A.B. 35.

**Charlie Shepard, State President, AARP Nevada:**

[Charlie Shepard submitted written testimony [Exhibit C](#)]. Nevada's older adults and persons with disabilities want to remain living at home, where they want to be. The Fund for a Healthy Nevada provides a variety of services that help them maintain their independence and stay healthy. Assembly Bill 35 removes current restrictions and will allow the programs to meet the needs in the community. AARP Nevada, on behalf of our 345,000 members across the Silver State, supports A.B. 35 and urges the Committee to pass it to increase the number of people who can receive the services they need to stay healthy and independent.

**Brandy Novicka, Private Citizen, Las Vegas, Nevada:**

I have been a resident of Nevada since 2006. I have been through quite a nightmare in my situation of being disabled. I have spina bifida, a birth defect. My nightmare concerns the encounters of trying to get assistance which included Medicaid, Medicare, being a single mother of one child, and having had my third spinal fusion in 2018 and being forced to have to apply for disability. I was put through a nightmare. My case was number one in the State of Nevada. I was turned away from every government agency in Las Vegas. Why? We still do not know. In June 2019 my daughter and I were homeless. I am 38 and at the time, my daughter was 9 years old. I attended many disability events in Nevada, even spoke to Assemblywoman Titus in regard to my issue. No one was giving me solutions. I was simply told to pretty much go back to where I came from or move to a richer state, and that the State of Nevada is too broke to help people like me.

I also was told it would take three to five years to be seen by a judge in the State of Nevada to be given disability. I encountered this black hole due to my age. Because I was not over 50, I was made to feel that I was not important and to just leave the state. I feel that when these programs are implemented they all sound good on paper, but when you have these people who work for your government agencies, they do not follow the rules and they make every effort to push us out. I think better training needs to be involved, but also the fact that I was discriminated against because of my age.

**Chair Nguyen:**

We are limited to two minutes, and it seems as though your comments would be better suited for public comment at the end of this hearing. I see you are trying to tie your situation into this bill, and I appreciate that, but if you would like to wait on the call or call back at the end of the meeting, there is a time for public comment as well.

**Brandy Novicka:**

Okay, thank you.

**Chair Nguyen:**

Is there anyone else on the line in support? [There was no one.] One of the comments from the representative from AARP Nevada led to additional follow-up questions.

**Assemblywoman Titus:**

The gentleman who testified in favor of this bill from AARP sparked a question concerning expanding the eligibility for these programs. Does the Division have any idea how many more folks will now be able to qualify for this or what any potential costs might be? If you are not prepared to answer now, perhaps you could bring that information back to us. I think it is relevant to the conversation on the impact of this bill. It is not just cleanup language, there is a potential impact, and it may expand the number of folks who would now qualify for these services. I am curious how many that might be.

**Rique Robb:**

We will have to get that information for you and report back to the Committee.

**Assemblywoman Titus:**

We are expanding this and not just changing language. There may be some important costs to this. Not that they are not justified; we simply need to look at the whole picture when we address this and what this policy would do to the state.

**Assemblywoman Benitez-Thompson:**

I want to make sure I understand the intent of this—such as most of the stricken language I see here. The Fund for a Healthy Nevada is a finite fund. There is a grant approval committee that will look at applications, there is a community-based needs assessment plan, and the grants are matched up to that. Does this language change allow for new grantees to apply for dollars that we have not seen before? I was thinking that is probably the opening we are looking for. Is there something new happening that we have not been able to get to and we want to make sure they can be defined into just applying? Not that they would necessarily get the grant, but they could apply. Is that right?

**Rique Robb:**

No, this is a program that is already receiving funding within the Aging and Disability Services Division. This is not asking for additional or new Fund for a Healthy Nevada funds to grant out. This is a current program. We want to have the language available and have it more fluid to where we can actually provide services to the groups we have. The change Assemblywoman Titus was referencing is the change in the age from 62 to 60, and that is what we would be researching—if there were additional persons who would qualify due to the fluidity of the program, then we would be able to monitor that closely.

**Chair Nguyen:**

I know we had some technical difficulties with one of our callers in support, but is there anyone else in support of this bill online?

**Marlene Lockard, representing Retired Public Employees of Nevada:**

We are in support of the bill and appreciate the opportunity to testify.

**Chair Nguyen:**

Are there any callers in opposition to A.B. 35? [There was no one.] Do we have any callers in neutral?

**Steven Cohen, Private Citizen, Las Vegas, Nevada:**

I would like to echo some of the previous testimony that will be reintroduced during public comment. I will soon be subject to Medicare. It has been not quite as bad a nightmare, but as some Committee members know, dealing with insurance companies is never fun. I will let my full remarks be heard during public comment. I would be happy to work with the agency and your Committee to meet in the middle.

**Chair Nguyen:**

Thank you, Mr. Cohen. If you want to wait on the line until public comment, that would be more appropriate unless you have any direct comments in neutral for this bill. At this time, I will turn it back over to the bill presenters. Do you have any closing statements?

**Rique Robb:**

I just want to thank you for the opportunity to present A.B. 35 and we look forward to working with you all through this process.

**Chair Nguyen:**

If Committee members have any follow-up questions after the close of this hearing today, please reach out to the Department of Health and Human Services and our presenters. I am sure they would be more than happy to further explain their intent or answer any detailed questions you might have. With that, I will close the hearing on A.B. 35 and open the hearing on Assembly Bill 119. I believe Committee staff sent out documentation from the 2019 Session that created the Maternal Mortality Review Committee. Hopefully, everyone has had an opportunity to review that. Now, I will turn this over to Assemblywoman Thomas.

**Assembly Bill 119: Revises provisions relating to the Maternal Mortality Review Committee. (BDR 40-740)**

**Assemblywoman Clara Thomas, Assembly District No. 17:**

I am introducing Assembly Bill 119 which revises provisions relating to the Maternal Mortality Review Committee. With me today is my daughter, Edina Flaathen, who will share her personal story later.

Before I begin, I would like to point out two exhibits, which you can find on the Nevada Electronic Legislative Information System. First, you will find a link to a Centers for Disease Control and Prevention (CDC) report on racial/ethnic disparities in pregnancy-related deaths [[Exhibit D](#)]. Please take a look at the tables on pages 763-764.



Additionally, Kyra Morgan, State Biostatistician from the Department of Health and Human Services (DHHS), submitted an exhibit with additional information on disparate impacts of maternal morbidity and maternal mortality on people of color [[Exhibit E](#)]. Both Ms. Morgan and her colleague, Vickie Ives, Section Manager of Maternal, Child and Adolescent Health at DHHS, will be available to respond to any questions later.

In 2019, the Nevada Legislature clearly recognized unnecessarily high rates of maternal mortality in the state when it established the Maternal Mortality Review Committee, in short, MMRC. At the time, Nevada was one of only a handful of states without an MMRC. These committees identify and review maternal mortality—a maternal death that happens within one year of pregnancy—as well as trends in severe maternal morbidity, or significant complications that arise from a birth but do not lead to death. Based on these reviews, the MMRC is tasked with developing recommendations to prevent maternal mortality and morbidity and disseminating them to health care providers and the public.

Not much has changed since 2019. Maternal mortality rates remain high in the United States and Nevada. Nationwide, an estimated 700 women die of pregnancy-related causes each year, and 65,000 women experience serious health complications—rates nearly double those of other industrialized countries. Today, I bring A.B. 119 before you to acknowledge and begin to address a significant issue that is also deeply personal: racial and ethnic disparities in maternal and infant mortality. While Black women make up 11 percent of Nevada's population, they account for 33 percent of pregnancy-related deaths. Native-American women represent just over 2 percent of the state population and account for 22 percent of pregnancy-related deaths. Rates of severe maternal morbidity among Black, Asian-Pacific-Islander, and Native-American women are similarly stark, at twice the rate of white women.

Similar disparities exist for infants of color. Black infants and Native Hawaiian/Pacific-Islander infants are more than twice as likely to die as white or Hispanic infants. Infant mortality rates for Native-American and Native-Alaskan infants are not far behind.

Assembly Bill 119 aims to address this unacceptable reality by requiring the MMRC to collect data to quantify and measure disparities in the incidence of maternal mortality and preventable infant deaths affecting people of color in Nevada, and it requires a summary of this data to be included in the MMRC's biennial report.

It is my hope in proposing this bill that the MMRC collects the data it needs to take a deeper look at these very real issues and provide concrete policy recommendations to reduce disparities that we can implement to protect and improve the lives of Nevadans.

I do not have any amendments to present to you today, but I am working with stakeholders for a possible amendment to the bill. I will make sure to share any possible amendments with you prior to a work session. Now, I would like to hand it over to my daughter, Edina, who will share some personal experiences regarding this topic.

**Edina Flaathen, Private Citizen, Las Vegas, Nevada:**

I am 36 years old, a wife, and mother of four. In 2008, my husband and I were very happy to find we were expecting a baby girl. I went through much of my pregnancy with prenatal care and joyfully prepping for our daughter's arrival. I had been ill most of the time but would just chalk it up to morning sickness. I started noticing a lot of swelling in my feet and ankles and would always ask my obstetrician (OB) if this was normal. He would brush it off and say that it was probably hereditary: "My mom got swollen when she was pregnant. That is why." Those were his words. That always seemed off to me because, as a new mom, I was reading everything and it did not sound normal, but he was my OB and he went to medical school, so I just listened.

It was not until about two weeks before my due date that someone finally noticed something was wrong. I was under the care of another nurse practitioner because mine had left to go on vacation. While seeing someone new worried me, she became one of my biggest blessings. We asked if my swelling was normal and she automatically said no and ordered blood work and a 24-hour urine test. The next day I received a call that I had preeclampsia and I needed to proceed to the hospital and start the process of delivery right away.

They let me try as long as possible to deliver on my own, but ultimately my blood pressure rose too high and our healthy baby girl was delivered via C-section. If it had not been for the care and quick thinking of my new nurse practitioner, I would have been in grave danger, and I was told that on many occasions.

I went on to have another healthy baby with no complications in 2010 and what I thought was a perfect delivery, until I got pregnant with my third child in 2013. We found out this one was a boy and were very excited. Once again, I had been extremely sick, but other than that, all seemed well until an ultrasound revealed I had placenta previa. As a precaution, I was to be monitored every two weeks. At 27 weeks, I suddenly heard a pop, which was followed by a lot of pain. My husband decided I needed to go to the hospital where lots of tests were run and there was a lot of head-scratching, trying to figure out what was wrong. I started early labor, but they were able to control that with medication. Early in the morning, my high-risk doctor had called to check on me. She told the nurses that she was going to come in because she was concerned that I had been bleeding internally. Everything after that is a blur, but I was told that my uterus had ruptured due to a prior poor surgical procedure with my second child. My operating room (OR) doctor was very angry and said it was a miracle that I had lived. I had lost over two liters of blood and needed several transfusions, but ultimately, my baby boy was kept safe by my having placenta previa to protect him. Other than an early delivery, he has grown into a very spunky child with no signs of developmental issues. Due to the work of my OR doctors, I was able to get pregnant one last time, and I delivered another healthy baby girl who is now approaching her nine-month mark. I am thankful for the doctors who did not push my concerns aside and provided proper care. Thank you for your time and your willingness to listen to my story.

**Chair Nguyen:**

Thank you for sharing your story. Personal stories like this touch home and remind us why we are doing what we are doing here today. Are there any further remarks or would you like to take questions?

**Assemblywoman Thomas:**

Yes, I am ready to answer any questions Committee members may have.

**Assemblywoman Gorelow:**

This is such an important issue. I worked for the March of Dimes for 15 years, and hearing this story gets my heart. Would you be willing to do an amendment to add me onto this bill?

**Assemblywoman Thomas:**

Yes.

**Assemblywoman Gorelow:**

I have a question in section 1 at lines 19 through 22 where the language talks about collecting information on preventable infant deaths as well. Will this morph into the fetal infant mortality review as well and combine the two programs?

**Assemblywoman Thomas:**

Yes, that is what the bill would include. I would like to turn this over to DHHS. I believe they have some information that would clearly address your question.

**Vickie Ives, Section Manager, Maternal, Child and Adolescent Health, Division of Public and Behavioral Health, Department of Health and Human Services:**

We have one fetal infant mortality review committee in the state, and that is in Washoe County. There is no statewide fetal infant mortality review, but maternal mortality review committees review the maternal mortality and then the fetal infant mortality reviews look at that as infant and fetal demise and how to prevent them. In terms of a statewide fetal infant mortality review, there is not one currently, just the Washoe County Health District one specifically for that county. However, there is a network of child death reviews within the different counties and they do consider all child fatalities, including infants—which is birth to one year—within their scope. The Maternal Mortality Review Committee does not review infant deaths.

**Assemblywoman Thomas:**

When I said there were amendments being worked on with stakeholders, that would also include that information. It is necessary to get both data, especially when we are losing Black and Brown and indigenous children along with their mothers. So it is important for us to get that data.

**Assemblywoman Gorelow:**

Thank you for that clarification. I was curious if this was going to encompass both programs into one. I was aware that there was a Fetal Infant Mortality Review (FIMR) in Washoe. Because this language says adding in the preventable infant deaths as well, I was not sure if you were looking at establishing a FIMR statewide as well or if it would be encompassed within the maternal review.

**Assemblywoman Thomas:**

We can look into that.

**Assemblyman Matthews:**

I have a question regarding section 1, subsection 1, paragraph (c), subparagraph (2). How would the term "persons of color" be defined for the purposes of this bill?

**Assemblywoman Thomas:**

It is incumbent upon us to clarify that we are looking specifically for the terminology of Black women and Brown women and indigenous women. For so long we have encountered the term "women of color" and we want to specify those women of color.

**Chair Nguyen:**

Ms. O'Krent, do you know if there is a definition that defines that in statute or common or case law?

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

There is not a definition of "persons of color" with regard to *Nevada Revised Statutes* (NRS) Chapter 442 that I am aware of. Often, we refer to Black, indigenous, and people of color throughout the NRS, so I am happy to add a definition if that is something the Committee would be interested in doing when we craft an amendment for this bill.

**Assemblywoman Peters:**

In that same section, is there an available definition for "preventable infant deaths"?

**Karly O'Krent:**

There is not an available definition for "preventable infant deaths." If it is the pleasure of the Committee, that could be fleshed out further so that whoever is examining preventable infant deaths would be able to identify what might fall under that category. For example, is it an infant death that is somehow associated with the maternal mortality itself, or is it an infant death that is unrelated to the death of the mother of the child?

**Assemblywoman Krasner:**

Thank you, Assemblywoman Thomas, for bringing this bill. I was wondering if I, too, could please be added as a cosponsor of this legislation.

**Assemblywoman Thomas:**

Yes, I appreciate that.

**Assemblywoman Titus:**

I am a proud supporter of this bill and was happy to sign on when asked because I think it falls right in line with our push to make sure we can fix any disparities in health care in the state that we can. How can we fix them if we do not know where they are or where they start?

My question concerns clarifying section 1, subsection 2. As Assemblywoman Peters asked, I, too, would like to see somewhere in writing the "preventable infant deaths" defined, whether it is a therapeutic abortion someone has that might be preventable—if something was born at 27 weeks, it is certainly a viable child born alive and we were able to save that child—maybe we do not want to get into the weeds on this, but I think we need some clarification on what is a "preventable" death. If that baby dies intrauterine because you have preeclampsia and then went into eclampsia, that is a preventable death. However, we know some infants have health issues. We know that about one-third of all pregnancies end up in a miscarriage because those infants were not viable. So I think if we could tease some of that out. Maybe it is impossible, and we will have to leave it the way it is, but I would appreciate giving some thought to that. This is really about where Assemblywoman Peters was going with it and having a definition on what is a "preventable infant death" for some clarity, because there could be arguments on both sides. We want this bill to go forward, so I would like to make sure we have that clarified.

**Assemblywoman Peters:**

I have a follow-up comment. I do not want to belabor the point, but we really appreciate this bill. I think it is one of the most important things we could be doing for women of color and equity issues. I want to ensure that as we look towards definitions and how we establish the data collection, that we are engaging physicians who focus on communities of color and ensure that we are defining these particular issues as they relate to the community that we are specifically addressing in this bill.

**Assemblywoman Benitez-Thompson:**

Will you put on the legislative record the specific data that you would hope to collect? The Committee has the power to subpoena and it is able to—is designed to—look at this in a clinical way, subject to the purview of the open meeting law, and there is confidentiality surrounding that. Knowing that, there are lots of protections around making sure that this data does stay in a clinical purview. For the legislative record, as the Committee moves forward, what would be your hope for the additional types of data you would either like to collect or see teased out?

**Assemblywoman Thomas:**

I wish I could answer that. We are set to have a meeting this week with the stakeholders to go over information that will be pertinent to this bill and any amendments to it. So, unfortunately, I am not able to answer your question directly.

**Assemblywoman Benitez-Thompson:**

That is great because we know that oftentimes—and this concerns legislative intent—if we are not talking with stakeholders, our legislative intent may not match up. What we think is really easy to get, stakeholders just look at us cross-eyed. I think it is wonderful, and I guess we will see that language come down the road.

**Chair Nguyen:**

Are there further questions from the Committee? [There were none.] I know Assemblywoman Thomas is continuing to work on this. We all probably agree that we want to get it right if we are going to pass this, and I know she will continue to work with those stakeholders, taking into consideration some of the questions and comments here today. With that, I will go to testimony in support, opposition, and neutral, beginning with testimony in support.

**Katie Robbins, representing Planned Parenthood Votes Nevada:**

We would like to voice our support for A.B. 119. The United States has the highest maternal mortality rate among similarly wealthy countries, with Black women having a maternal mortality rate of double their white counterparts. This statistic is unacceptable. We applaud the Committee for taking steps to research and address these issues in Nevada so we can make childbirth a safer process for everyone, no matter your race or socioeconomic status. Planned Parenthood Votes Nevada welcomes these changes to the Maternal Mortality Review Committee and looks forward to working together to address the disparities in our health care system.

**Kelly Bumgarner, Director of Health Policy, Children's Advocacy Alliance:**

As director of health policy at the Children's Advocacy Alliance, on behalf of myself and Dr. Tara Raines, I would like to express support of A.B. 119. The Maternal Mortality Review Committee is a progressive step in promoting preventive care and healthy outcomes for all birthing persons and babies in Nevada. Unfortunately, their most recent report indicated vast room for improvement. The recommendations were narrow and did not provide resources for action and programming. Assembly Bill 119 could improve reporting by tracking morbidity and disparities by race, which would enable more robust recommendations to guide preventive services.

As advocates and data scientists, we also encourage reporting economic and geographic disparities. This would allow our state to allocate preventive programs and interventions to areas of greatest need. We hope the Committee supports all efforts by pertinent organizations to secure funding, including federal Health Resources and Services Administration grants, for innovation in maternal health. Finally, we implore the Committee to consider a variety of birthing models when addressing section 1, subsection 1, paragraph (f), subparagraph (4). Low intervention birthing approaches, including midwifery care and the use of doulas, have been shown to decrease morbidity and mortality in uncomplicated births, especially for Black and Brown birthing persons. We would like to thank the Committee for their diligence on this most important and difficult task.

**Marlene Lockard, representing Nevada Women's Lobby:**

We are in support of A.B. 119. We feel that collection of data is the key to discovery of many possibilities, responses, and solutions that may affect the mortality rate of women in this country and specifically in this state.

**Chair Nguyen:**

Is there anyone else wishing to testify in support? [There was no one.] Is there anyone wishing to testify in opposition? [There was no one.] Is there anyone neutral on A.B. 119?

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

I am actually in support, but I was having technical difficulties. We would like to state for the record that we are proud to support A.B. 119. We want to thank the bill's sponsor for bringing forward this important piece of legislation. The city knows that the maternal mortality rate showcases significant and wide disparities in maternal mortality and morbidity especially in Black and indigenous communities of color. Therefore, we believe that this Committee is essential and an important effort in ensuring that the maternal mortality rate shrinks in the state of Nevada.

[The following caller misunderstood and waited for public comment to express support for the bill. Chair Nguyen asked that her testimony be included here.]

**Robin Franklin, Private Citizen, Las Vegas, Nevada:**

I want to express my full support for this bill. My mother had an old saying that "death circles a woman's head 99 times." Well, in this day and age, double it for a woman of color. A CDC study that took place between 2007 and 2016 found that a disproportionate amount of women of color had higher mortality rates compared to that of white women. I could tell you countless stories, but my story is frightening. I am an African-American woman. I was 28 years old, being induced, and because I was giving birth to a pretty big baby, I was high risk. The medication administered to me that induced me repeatedly put my child in distress. It was administered to me three times with the same result. The hospital staff then broke my water, which ultimately gave me an infection. Imagine the doctor coming to me and my mother basically telling me that if I did not agree to an emergency C-section, that my mother would have to choose whom to save. No grandparent should be faced with that decision. This story is not uncommon, even if a situation is slightly different. This could have ended differently, but I was blessed to have a mother who advocated for me, and I left the hospital alive. Sadly, this did not happen for my sister-in-law, who lost her son due to her uterus rupturing.

Oversight is needed to address this issue—with oversight, data is collected and recommendations are put forth. True change can happen and save lives. Women of color should not have to give their lives in order to bring forth life in this age of technology and education.

**Chair Nguyen:**

Is there anyone in support, in opposition, or in neutral to A.B. 119? [There was no one.]  
Would our sponsor like to make any closing remarks?

**Assemblywoman Thomas:**

In closing, A.B. 119 will ensure that the Maternal Mortality Review Committee has a clear mandate to review any data concerning health disparities related to pregnancy and birth among women of color in our state. In doing so, we, the Legislature, may make policy changes that provide for better outcomes for our mothers and their children. I urge you to support this measure.

**Chair Nguyen:**

With that, I will close the hearing on A.B. 119.

[[Exhibit F](#) was submitted but not discussed and will become part of the record.]

Now we will move to public comment. As a reminder to those providing public comment, please make sure to clearly state and spell your name and please limit your comments to two minutes.

**Steven Cohen, Private Citizen, Las Vegas, Nevada:**

I sent staff my longer remarks, and would be happy to address any questions about them offline.

**Chair Nguyen:**

Thank you for your public comment. Any written documentation or public comment submitted in writing within 48 hours of the close of today's hearing will be available on the Nevada Electronic Legislative Information System for you to view. We will go to the next caller in public comment. [Robin Franklin was the next caller.] Madame Secretary, could we reclassify the testimony we heard just now? It was not public comment; it was in support of A.B. 119. [The secretary agreed.]

**Brandy Novicka, Private Citizen, Las Vegas, Nevada:**

I want to reiterate the importance of addressing disabled people who are under age 60, if not under the age of 40. Due to my disability of spina bifida and lack of assistance in the state of Nevada, I was forced to move with my daughter, although she still has a father and family in Las Vegas. I think it is important that we address the issue that disabled people under the age of 40 are being forgotten. They are being told to simply leave the state.



**Chair Nguyen:**

Do we have any other people for public comment in the queue? [There was no one.] If you were online and you were unable to contact us, I welcome you to provide your public comment in writing or contact us at our next meeting on Wednesday. Are there any other comments from Committee members? [There were none.] This concludes our meeting for today. Meeting is adjourned [at 2:46 p.m.].

RESPECTFULLY SUBMITTED:

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Terry Horgan  
Committee Secretary

APPROVED BY:

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Assemblywoman Rochelle T. Nguyen, Chair

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

## EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is written testimony submitted and presented by Charlie Shepard, State President, AARP Nevada, in support of Assembly Bill 35.

[Exhibit D](#) is an online link to a U.S. Department of Health and Human Services, Centers for Disease Control and Prevention report titled "Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007-2016", dated September 6, 2019, submitted by Assemblywoman Clara Thomas, Assembly District No. 17, in support of Assembly Bill 119.

[Exhibit E](#) is a copy of a PowerPoint presentation titled "Disparate Impacts of Severe Maternal Morbidity and Maternal Mortality on People of Color in Nevada," dated February 22, 2021, authored by Kyra Morgan, State Biostatistician, submitted by Assemblywoman Clara Thomas, Assembly District No. 17, in support of Assembly Bill 119.

[Exhibit F](#) is a letter dated February 22, 2020, submitted by Erika Washington, Member, Maternal Mortality Review Committee, in support of Assembly Bill 119.