

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

**Eighty-First Session  
March 19, 2021**

The Committee on Health and Human Services was called to order by Chair Rochelle T. Nguyen at 12:37 p.m. on Friday, March 19, 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  
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:**

Assemblywoman Annie Black (excused)

**GUEST LEGISLATORS PRESENT:**

None

**STAFF MEMBERS PRESENT:**

Patrick Ashton, Committee Policy Analyst  
Abigail Lee, Committee Manager  
Terry Horgan, Committee Secretary  
Trinity Thom, Committee Assistant



**OTHERS PRESENT:**

Dan Musgrove, Chair, Clark County Children's Mental Health Consortium  
Char Frost, Chair, Clark Regional Behavioral Health Policy Board  
Alex Cimo, Private Citizen, Las Vegas, Nevada  
Jennifer Campbell, Executive Director, Nevada Chapter, Crohn's & Colitis Foundation of America  
Leonard Stone, representing Nevada Justice Association  
Bryan Wachter, Senior Vice President, Retail Association of Nevada  
Amber Stidham, Vice President, Government Affairs, Henderson Chamber of Commerce  
Paul J. Moradkhan, Senior Vice President, Government Affairs, Vegas Chamber  
Alexandria Dazlich, Director, Government Affairs, Nevada Restaurant Association  
Gerri North, 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 virtual meetings.] We have two bill hearings this afternoon. I have allocated equal time to testimony in support, opposition, and neutral after the bill introductions, and I will open the hearing on Assembly Bill 273.

**Assembly Bill 273: Revises provisions relating to mental health consortia for children. (BDR 39-355)**

**Assemblywoman Michelle Gorelow, Assembly District No. 35:**

Assembly Bill 273 would formally create a statewide mental health consortium for the purpose of unifying regional health consortiums and authorize additional powers for each consortium. During the 2001 Special Session, the Legislature approved Assembly Bill 1 of the 17th Special Session which created three regional mental health consortiums designed to study the mental health needs of children in Nevada. The provisions of the bill established a consortium for Clark County, a consortium for Washoe County, and a single rural consortium to preside over all other counties. Pursuant to *Nevada Revised Statutes* (NRS) 433B.335, each consortium develops a long-term strategic plan to deal with children's emotional and mental health needs every ten years. Each consortium is responsible for updating their long-term plans and providing the director of the Department of Health and Human Services with policy priorities biennially. For a number of years, an informal statewide mental health consortium has existed to foster collaboration between the regional entities. Assembly Bill 273 seeks to officially codify the organization in NRS for the purpose of dealing with an unprecedented crisis in youth mental health.

We are all aware of the surge in mental illness brought on by the COVID-19 pandemic. Our children and young adult populations have been hit particularly hard with the closure of in-person education and widespread social isolation. The startling number of teen suicides in the state over the last year has tragically demonstrated the profound need to expand mental health services. Nevada has an especially poor track record on this issue. Mental Health

America's 2021 statistic ranks Nevada fifty-first in at-risk youth. In other words, we proportionally have the highest rate of youth mental illness and the lowest rate of access to care. Now, A.B. 273 is not going to solve this crisis, but it will bring together important actors in the mental health arena to fill in health care gaps and present a unified effort to tackle our state's mental health epidemic.

If you go to section 2 of the bill, you will find the members who will make up the proposed statewide consortium. It includes policy officials representing the Division of Health Care Financing and Policy and the Division of Child and Family Services, both in the Department of Health and Human Services; the Department of Education; regional consortium members; and the parents of emotionally unwell children.

Section 4 establishes the duty of the state consortium; namely, it authorizes the statewide consortium to represent its member entities in an official capacity. It also allows the state consortium to evaluate the efficiency of treatments and proposed policy recommendations.

Sections 1, 3, and 5 of the bill specify that only regional mental health consortia are required to submit a long-term strategic plan and make necessary conforming changes. Finally, section 6 grants each consortium the ability to request one bill draft for each regular legislative session, and section 7 places this update in NRS.

Assembly Bill 273 empowers our mental health consortiums throughout the state and gives the tools to make corrective changes to the quality of care for mental illness. I will now hand the presentation to Dan Musgrove and Char Frost to make additional comments on the bill.

**Dan Musgrove, Chair, Clark County Children's Mental Health Consortium:**

I have been before your Committee before when we briefed you on what the consortiums do. It is absolutely crucial that we as regional consortiums have the chance to work and collaborate. While many issues we have are unique to the different regions, there are so many other issues we are in sync on. It is always good to work together, especially when it comes to advocating on behalf of the children in our state. We kind of act as fiduciaries. The definition of a fiduciary is someone who acts in the best interests of others. That is what has been so great about the consortiums. We have folks from the state, the county, the school district, and parents. We have a person like me who comes from the business industry. We get together, take off the hats from the agencies we represent and focus on what is right for our kids.

As Assemblywoman Gorelow said, we have a crisis. It is not new to those of us who have been working on the consortiums. Former Speaker of the Assembly Barbara Buckley was ahead of her time when she created the consortiums in 2001. We want to make sure a state consortium can exist by statute. Until now, it has been an informal group. In working with the Division of Child and Family Services (DCFS) at the state level and others, they realized the importance of the consortium, as we worked with them, and as they work on programs that are in the best interests of kids. It is important that it be put in statute to make sure that it

exists and also that the membership created in 2001 to bring together all the folks from different entities exists at the statewide level.

We have been in consultation with Clark County, which plays a very important role in our regional Clark consortium. As the bill specifies, each consortium will get the option of putting three members on the statewide consortium. We are committing to Clark County to make sure one of our three is a Clark County representative. It is crucial that they have the opportunity to work across the state with people at the regional and state level and that will be in our bylaws.

**Char Frost, Chair, Clark Regional Behavioral Health Policy Board:**

I also have the privilege of serving as a parent representative on the Clark County Children's Mental Health Consortium as well as the Chair of the Clark Regional Behavioral Health Policy Board. Dan Musgrove talked about collaboration. Our policy board collaborates with the Children's Mental Health Consortium because some of us sit on both and because the issues are so broad in mental health. It is a great relationship to have someone who is focusing on children, so I am here to support it.

I also want to mention that, in the course of writing the language for this bill, not only did we work with the state consortium but we also took the bill to each of the regional consortiums and they each unanimously supported the bill as you see it today. We are very excited to be able to have these great relationships within the state and hope that the state consortium can continue doing the work it is already doing in a more formal, codified way.

**Chair Nguyen:**

Do you have other presenters?

**Assemblywoman Gorelow:**

I do not. We are ready for questions.

**Assemblywoman Peters:**

How did you decide on the type of membership for the consortium? I am particularly interested in the ex officio administrator or deputy administrator or designated representative. Also, how did you decide to specify the Division of Health Care Financing and Policy, because it appears they may also be represented on the regional consortia? What was the justification there, and could you add any other information you think is supportive of the decisions on these members?

**Assemblywoman Gorelow:**

I think Dan Musgrove would be the best person to answer that question.

**Dan Musgrove:**

We wanted to make sure the board was of a workable size. As you can see by the membership on the regional consortiums, there are a lot of folks represented. We tried to mimic that for the statewide consortium—especially when it comes to representatives from

the state, for instance, DCFS and Medicaid. When we work together with the three regional consortiums, it is important that they are hearing the information coming statewide. We have a person on the Clark consortium who comes from southern Nevada. It is the same way with the Washoe and regional consortiums. They have representatives who work in those areas so they bring information from those areas, but when we have someone on the statewide consortium, we are speaking of someone who can look at the whole state and who is not regionally centric.

We want to make sure that each consortium has a unique voice as their representative and we also want to make sure parents are involved. They experience firsthand what it is like to have one of their children, or multiple children, affected by behavioral health issues.

**Assemblywoman Peters:**

That was helpful, but I still have a question about the ex officio and why the deputy administrator is being designated versus just generalizing a representative.

**Dan Musgrove:**

We want to make sure it is someone who can attend the meetings. Someone at the director level may not have the time. For us, it is all about participation. We want folks who are committed to this process, believe in our kids, and have the time to make the effort. For most of us, this is all volunteer work. This is work we do outside our regular jobs, and it is a huge time commitment. The Clark consortium has two meetings a month that usually last two or more hours. The statewide consortium meets either bimonthly or quarterly, and that is usually a two- or three-hour meeting. That does not count all the work you do in preparation for those subcommittee meetings. This was done in consultation with those agencies as to who they thought might be their best representatives to sit on the statewide consortium.

**Char Frost:**

We spent a lot of time thinking about who would be the best fit. Referring to an administrator, we really thought that by making it an ex officio, it gave them more latitude concerning who to send. For example, if the deputy administrator of DCFS cannot attend, he can designate someone else. We felt it gave latitude to DCFS while bearing in mind that they do have a voting member from DCFS on that list as well. For voting members, we wanted to be sure there was some consistency.

**Assemblywoman Peters:**

I want to be clear. Section 2, subsection 4, paragraph (a) states, "The Administrator may designate a Deputy Administrator of the Division to attend any meeting . . . ." I do not read that as "or any other designee," so if the intention is to give them some latitude on ensuring someone is at the meeting at a minimum, we will review that and make sure that language matches the intention.

**Assemblywoman Titus:**

Thank you, Assemblywoman Gorelow, for bringing this bill forward. The mental health of all Nevadans is a huge issue. I serve on one of the regional behavioral health care policy boards, and I am wondering if this is not a slight duplication of some of what these regional health care policy boards are doing. Can you clarify that this is a unique position? Is this a duplication? Are we spreading our resources out when we need to be consolidating them so we are all communicating? What would this add to that, as opposed to duplication?

**Dan Musgrove:**

It would appear that way, but something we have done—especially at the Washoe and Clark regional policy board level and perhaps at the rural as well, but especially at the Clark—we have designated the work on children's mental health to the consortiums. We know they have been working very hard for many years on these issues so the efforts are not duplicated. Especially in Clark and Washoe, we try to make sure there are representatives from the consortia to sit on the regional policy boards as well. There is me, Char Frost, and Jackie Harris—all three of us serve in both capacities so we have the ability to focus on both adult issues and also bring in the work the consortiums do to make sure the regional policy boards are not operating in a vacuum. They hear those issues, we are advocates on both, and we do not think there is a duplication. Everyone is working in their separate spheres of influence but then coming together and bringing that information together.

**Assemblywoman Titus:**

You mention serving on a couple of these—the consortiums and the board—which brought up another question. I have constituents who have wanted to serve on more than one board. I guess the consortium is not a Governor-appointed board, so one can serve on more than one board. Currently, in statute, you can only serve on one appointed board at a time. Is this consortium not considered to be that? Is this not a conflict? I got a legal opinion from our staff concerning another appointment I was trying to make, but the person was already serving on a board and could not serve on more than one board at a time. Do the consortiums not fall under that?

**Dan Musgrove:**

The way the consortium is set up, it goes through the Administrator of DCFS, so DCFS has to approve every nomination that comes from the board. That administrator is the one who makes the official designation. For the regional policy boards, a number of those positions are appointed by different folks. The Governor gets a couple, the Legislature gets a couple, but I have to yield to legal counsel for that interpretation.

**Assemblywoman Titus:**

I would not have thought anything of it except that I tried to appoint this person who is on our behavioral health policy board to another board. As you know, we have difficulty getting people to volunteer, so people who are already engaged, great, but we were told we could not. There is a bill to fix that which the Nevada Association of Counties (NACO) is bringing forward because we have run into this before—people who are trained, people who are

volunteering, people who want to serve are limited. The answer might be that this is a consortium not appointed by the Governor. If our legal counsel is available, we might get some clarity on this.

**Chair Nguyen:**

I do believe there is a bill being brought by NACO. We have had some of the same problems on several interim committees I served on. I would encourage Assemblywoman Gorelow and the rest of your team to contact the Legal Division of the Legislative Counsel Bureau at the conclusion of this hearing to see if we can get some clarification.

**Assemblywoman Benitez-Thompson:**

As someone who worked on getting appointments and reappointments to the regional behavioral health policy board, it became hard to fill some of those spots because they were so specifically written. To echo what Mr. Musgrove said, there is a dedicated corps of people who work in this field. In section 2, there appear to be nine members. Are you going to inadvertently be making it more onerous for certain categories of people? There seem to be a total of six members coming from the regional consortiums onto the statewide consortia board, three from the local consortiums and three parents of children. Depending on how frequently they are meeting, I want to be sure you are not inadvertently building a structure where, for the majority of your board—six members—this might be the third meeting they have in a month. If it becomes too much in terms of attendance, you do not want to end up where you do not have a quorum. That is just food for thought.

There is one item I want to get fleshed out in the legislative record. Section 4, subsection 2, paragraph (b), talks about one of the board duties being recommendations and approving plans that could prevent placement of children. What is the intent of the word "approve"?

**Dan Musgrove:**

That question was also brought up to us by Clark County. It falls under that discussion I had about being a fiduciary. There is no doubt that we are very strong and passionate advocates when it comes to children, and there are times when we might disagree with the direction an agency might be taking. It will not be a blanket approval. As we advocate on behalf of these children, we bring priorities from all three consortiums to the Legislature to make sure that as you begin a session, you are aware of those priorities. Sometimes they do not always fall in sync with what the state has already approved. It is an opportunity for us to be a part of decision-making and make sure they understand where the consortiums are coming from. That is what we saw as our approval. It does not mean we necessarily will approve it; it means we will take the opportunity to give them a pretty solid recommendation and that we will be passionate in our advocacy as to whatever our recommendation might have been—whether it is in sync with that agency or not.

**Assemblywoman Benitez-Thompson:**

I appreciate that. The role of a dissenting voice on public policy is very important. We know there is a lot of work that needs to be done, especially in this area. I am wondering, and we might want to get clarification from legal, if we, as a Legislature approve the statute with the

word "approve" in there, how that might be interpreted. When there is a board with three members from state government—Medicaid, Education, and DCFS—if there is a dissenting vote where those three folks might vote to support a state measure because they are agents of the state, and then there are six votes that do not support the measure, then the board representation would be "No." How much weight would that "No" carry in terms of whether a policy would go through the state? I wonder if the word "recommendation" alone covers that? I would not want the unintended consequence to be that, if the board voted something down, it would prevent the state from taking an action versus having a record that you were in opposition to that action. Do you understand what I mean?

**Dan Musgrove:**

That is an excellent point. I would have to review the statute, but I think we are advisory only; however, that is a very good question to ask legal. You are right. We certainly should not be in the position of delaying any important state program that has already been approved, for instance, by this Legislature. I know you are not giving us that much authority.

**Assemblywoman Benitez-Thompson:**

If you got the authority, you would not give it away and neither would I. That is why I think, Madam Chair, we should make sure we have the intent right or the word right so we do not inadvertently set ourselves up with something more problematic. We do not want to have to come back and strike that section out.

**Chair Nguyen:**

We are taking notes, and I am sure Assemblywoman Gorelow will follow up with legal to make sure there are no unintended consequences. Seeing no other questions from Committee members, we will begin testimony in support, opposition, and neutral on A.B. 273. We will begin with support testimony on A.B. 273. [There was no one.] Are there any callers in opposition to A.B. 273? [There were none.] Do we have any callers in neutral? [There were none.] At this time, I will turn this back to Assemblywoman Gorelow. Do you have any closing remarks?

**Assemblywoman Gorelow:**

An official statewide mental consortium is long overdue. It is time to unify the regional bodies and empower them to effect change. I want to thank Dan Musgrove and Char Frost for being here today and testifying. I look forward to working with the Committee and legal and looking at some of the changes that need to be made.

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

**Chair Nguyen:**

I will now close the hearing on A. B. 273 and open the hearing on Assembly Bill 283.

**Assembly Bill 283: Requires certain retail establishments to allow persons with certain medical conditions access to employee restrooms. (BDR 40-128)**



**Assemblywoman Michelle Gorelow, Assembly District No. 35:**

Assembly Bill 283 requires certain retail establishments to provide restroom access to persons with digestive conditions and subjects bad actors to civil penalties. I will forewarn the Committee that parts of the bill are in the process of being workshopped with stakeholders.

I received a phone call from a constituent who brought this problem to my attention. In 2005, a 15-year-old girl named Ally was denied access to a retailer's employees' bathroom during a Crohn's disease flare-up. The retailer's refusal to accommodate Ally's medical emergency led to an accident in the middle of the store. After that, Ally and her mother lobbied an Illinois state representative to introduce a restroom-access bill that has become known as Ally's Law. The Illinois State Legislature unanimously passed Ally's Law, which is the same in intent and nearly identical in form to the bill before you today. Ally is not alone in dealing with the struggles of Crohn's disease and ulcerative colitis. The Centers for Disease Control and Prevention estimates that more than three million Americans have an inflammatory bowel disease (IBD) condition. The Ulcerative Colitis Association projects that as many as 700,000 Americans receive a IBD diagnosis annually. Folks with these conditions deserve peace of mind. They deserve to know that a bathroom is never too far out of reach when an attack occurs.

The bulk of A.B. 283 is contained within section 1 of the bill. Section 1, subsection 1, establishes four conditions under which retailers with an employee bathroom must provide access to eligible persons during regular business hours. First, the customer must provide proof in writing of their condition. This includes a copied statement signed by the customer's health care professional attesting to their condition or an identification card issued by a health-related nonprofit. Second, three or more employees must be present and working at the time of the request. Third, the retailer does not have a public restroom, and fourth, access to the retailer's bathroom must be reasonably safe or not pose a security risk to the retailer.

Section 1, subsection 2, states the civil liability for retailers that deny or approve bathroom access. As per the bill, retailers are exempt from liability if they are not willfully negligent, restroom access occurs in an area not accessible to the public, or the customer gets injured. Currently, we are in discussion with stakeholders on both sides of this issue to amend the liability provisions in subsection 2; but it does not embolden businesses to deny access, but at the same time, does not leave them without reasonable protections.

Section 1, subsection 3 of the bill establishes a civil penalty of not more than \$100 for an employee or retailer that violates subsection 1. Finally, section 1, subsection 4, defines terms. The two most significant definitions as they relate to the scope of the bill are "eligible medical condition" and "retail establishment." "Eligible medical condition" would include Crohn's disease, ulcerative colitis, irritable and inflammatory bowel disorders, and conditions requiring the use of an ostomy device or any other permanent or temporary medical condition that necessitates bathroom access, for example, pregnancy.

As it stands, the definition of "retail establishment" is broad and includes any business place offering a good or service; however, we are working with chambers of commerce and the Retail Association of Nevada to refine the scope of qualifying retail establishments. The spirit of A.B. 283 is to guarantee bathroom access to people with medical disabilities; fundamentally, it is about dignity. People with Crohn's disease should not have to plan out their lives based on the nearest public restroom. I will now turn this over to Alex Cimo and Jennifer Campbell.

**Alex Cimo, Private Citizen, Las Vegas, Nevada:**

[Alex Cimo submitted written testimony [Exhibit D](#) in support of A.B. 283.] I want you to reflect on a time in your life where you felt especially vulnerable—maybe the most vulnerable. When you reflect back on that, how did you feel in that moment? Did you feel helpless? Alone? Embarrassed? Mortified, even? What about defeated? If you continue to reflect back on that memory, ask yourself, is there anything I could have done to change that outcome? As someone who has suffered from ulcerative colitis for the past ten years, this is one of many questions I and many others who suffer from inflammatory bowel diseases constantly ask ourselves as we live our lives on a daily basis. Where is the closest restroom? Does this business have a restroom? What is the quickest way for me to get to the restroom in case I suddenly feel the urge to use it? What if I am driving and have to make an abrupt stop to relieve myself? Will the businesses in the area of town I am driving through even have public restroom access? What if I am presenting testimony to the Nevada Legislature and suddenly have to excuse myself? These are all things that run through our minds on a daily basis, and our lives are conformed around that mentality.

For those of you who may be unfamiliar with either ulcerative colitis or Crohn's disease, these are two disorders classified under the umbrella term of inflammatory bowel disease, or IBD. Inflammatory bowel diseases are disorders that involve chronic inflammation of the digestive tract, resulting in symptoms such as chronic diarrhea, fatigue, abdominal pain and cramping, and most salient to this testimony, uncontrollable bowel movements. Depending on the severity of the condition, these bowel movements can occur anywhere from six to sixteen times per day, sometimes even more. What would you do if you were in a part of town that has limited public restroom access? We have all been in that situation. We hold it. You would either wait until you get home and use the restroom in your house, or you would wait until you got into an area of town that does have easy access to a public restroom. Well, people with ulcerative colitis or Crohn's disease cannot hold it, and if we can, it is only for a very short period of time. The physical stress is already severe enough, but the mental stress is another battle entirely. Our disease dictates our life decisions, and the amount of dates, family gatherings, and life celebrations I have had to miss out on as a result of my ulcerative colitis is unfathomable because in the back of my mind, there is always that lingering question, what if there is not access to a restroom?

One time I was with a friend at a record store and felt the urge to use the restroom. This record store was located within a part of town that had very limited access to public restrooms, and the signs displayed all throughout the store made it abundantly clear that I would need to seek a restroom elsewhere. This record store was located in a strip mall with

several other small businesses, and as I squirmed from one business to the next trying my best to remain calm, each one had signage in their front windows saying, "No Public Restroom." I was panicking: Am I going to make it? Soon enough the inevitable happened, and I soiled myself in public. I eventually made my way over to a fast food restaurant that was across a major public road, and was granted access to their restroom to begin cleaning up. Fortunately, I was out with a friend, and after notifying him about what had happened, I had him retrieve a backpack that I always keep in my car packed with cleaning wipes, a fresh change of clothes, and a note that says "everything will be okay" to help me remember that this, too, shall pass.

One of the inadvertent side effects of ulcerative colitis and Crohn's disease is that you cannot physically see our condition. You cannot see what we are going through, what we are struggling with. Did you know that over three million Americans suffer from either ulcerative colitis or Crohn's disease? That is over 1 percent of the population. If you are asking yourself why this is the first time you are hearing about this, it is because it is embarrassing. It is simple. No one wants to talk about all the times they have to use the restroom in a day. No one wants to talk about the times they have soiled themselves in public.

Imagine you were me ten years ago when I first started having symptoms of ulcerative colitis. This was when I was in high school. Imagine what it is like for children, for teenagers growing up to have to go to school enduring what we have to go through for anyone who has an irritable bowel disease.

This did not have to happen to me, nor did it have to happen to Ally Bain, the young woman from Illinois for whom Ally's Law is named. I walked past a total of seven other businesses that had restrooms available, but they were not publicly accessible. The signs alone deterred me from even wanting to ask, regardless of my condition. To a business owner, I am just another person trying to use the restroom, when they are completely unaware of what I and the millions of other Americans who might be suffering from these diseases are actually going through. At this very moment I carry an Urgent Medical Notice card from the Crohn's & Colitis Foundation of America—a nonprofit—hoping that in emergency situations I will be able to quickly obtain access to a public restroom when it may not be easy to do so. This card does not have any legal backing, it is more for peace of mind. Just carrying it, I know I might be skewing probability more in my favor and I might have access to a restroom when I might not otherwise.

I want to quickly acknowledge that there have been a handful of understanding business owners who have allowed me to use their nonpublic restrooms in my time of need, and I am grateful for each and every one of them as they help me narrowly avoid another embarrassing situation. The adoption of Ally's Law would provide me, as well as hundreds if not thousands of Nevadans, the tools to allow us to live more freely without fear. If you recall the beginning of my testimony, I had you ask yourselves, is there anything I could have done to change the outcome of a time where you felt especially vulnerable, helpless, alone, or embarrassed? Today, you all have the power to help change the outcome for Nevadans

suffering from these incurable inflammatory bowel diseases and can help us provide a better way of life.

**Chair Nguyen:**

Thank you for your testimony and sharing your personal experiences here today. It has had quite an impact. Assemblywoman Gorelow, do you have anyone else here today?

**Assemblywoman Gorelow:**

Yes, Jennifer Campbell is here from the Nevada Chapter of the Crohn's & Colitis Foundation.

**Jennifer Campbell, Executive Director, Nevada Chapter, Crohn's & Colitis Foundation of America:**

Thank you for your time and consideration of this important issue. I would also like to thank Mr. Cimo for his testimony. He is not alone in his experience. He summed up anything I could have said in further support. There are approximately 31,000 Nevadans who suffer from Crohn's disease and ulcerative colitis. As Mr. Cimo mentioned, there is no cure for this disease. It is something a patient will live with for the rest of his or her life.

As Mr. Cimo mentioned, IBD causes many patients to worry about whether or not they will have access to a restroom when they are in public, and it absolutely changes how they are able to go about their daily lives. When our pandemic began about a year ago and we were all asked to stay at home, I was speaking to a patient who is one of our support group leaders. She said, "Oh, heck. I have been training for this for the last 15 years. Once I was diagnosed with Crohn's disease, I do not like leaving my house because I never know when I am going to need access to a restroom and I will not have it."

It is something our patients need to deal with every day. The card Mr. Cimo mentioned, we call it the "I can't wait" card. They are cards we make available to Crohn's or ulcerative colitis patients in an effort to empower them, to give them a tool so they can say that they have a disease and need help right away. To many establishments' credit, that sometimes is enough, but sometimes it is not. Without that card and with those signs in the windows, it can feel really defeating for a patient to not have an opportunity to use the facility if they need to. We at the Crohn's & Colitis Foundation are in full support of A.B. 283. Hopefully, we can seek a time where patients have increased access to restrooms. Thank you for your time and consideration of this bill. We ask that you will move the bill out of Committee.

**Chair Nguyen:**

Are there other presenters?

**Assemblywoman Gorelow:**

No, that should be our last presenter. We are available for questions.

**Assemblyman Matthews:**

Thank you, Assemblywoman Gorelow for presenting the bill and thank you also, Mr. Cimo and Ms. Campbell, for your testimony. I would like to clarify the definition of "customers"—those who are in the retail establishment as customers either to purchase something or for other purposes, or would this apply to those who would be coming into the establishment solely for the purpose of using the restroom? Based on the testimony, it sounds like the intent is the latter, but I would like it clarified.

**Assemblywoman Gorelow:**

Yes, the intent is that anyone coming into an establishment who may need to use a bathroom does not need to buy a stick of gum to do so.

**Assemblyman Matthews:**

It would then be unlawful, for example, for a business owner to make purchasing something a condition of using the restroom, that would be the intent.

**Assemblywoman Gorelow:**

Yes, that is the intent—anyone who may need to use the bathroom. As Mr. Cimo stated, he was going down a strip mall continually finding that he could not use any of the restrooms, so the intent is that someone could come in, use that card, and use the bathroom.

**Assemblywoman Titus:**

Thank you, Assemblywoman Gorelow, for bringing the bill and also the testimony for the need. I have seen hundreds if not thousands of folks with irritable bowel disease and diagnosed them with ulcerative colitis, et cetera, and treated them. I understand that sense of urgency, but the need, that urgency to use a restroom, is far greater than that scope of disease. Why did you just focus on that? Folks who may have urge incontinence, men who have prostate cancer and have surgery may become incontinent and when they feel they have to use a restroom, they need to immediately use one. Women on bladder medications or those who have had children may not have good bladder control. Are there any other states that expand the definition? Is there only one state that has passed this specifically for ulcerative colitis? Is there no one representing those with bladder issues?

**Assemblywoman Gorelow:**

Currently, 16 states have Ally's Law on the books. We used a lot of their verbiage. They all stuck mostly with ulcerative colitis; however, we are open to expanding and have discussed other medical conditions. We know there are a lot more people with cancer and other diseases who could also fall under this. We are open to expanding to other conditions as well.

**Assemblywoman Titus:**

Your intent is good; however, I have concerns about the unintended consequences of bills such as this. I am thinking about the poor little clerk in the store whose boss has said, you cannot let people in here to use our restroom. In section 1, subsection 3, it reads, "A retail establishment or an employee" who does not let somebody use the restroom can be fined.

How do you propose to educate? What would the cost be? I see there is no cost to a county or the state listed, but how do you propose educating Nevada businesses, especially the small businesses? That is who this is going to affect. The large businesses, the shopping malls have restrooms, but it is the small businesses, the little mom-and-pop shop, the little tire store, that little dress shop that does not allow people to use their restroom. How are you going to educate them if this is passed? Who will be responsible for that? Will it be the business license department of our Secretary of State? How can this be held without some sort of cost?

**Assemblywoman Gorelow:**

In the instance you mentioned where there is one employee at the store and the boss has said no one can use the restroom, that person would not be required by this legislation to allow bathroom access because there would only be one employee. There have to be three or more employees, and that is also for store security. If there were three or more employees and they did not allow access, it would be up to the consumer to make a complaint.

Concerning education, that is something we are looking into. It might be business license people saying, here are the changes. The retail association might help us with the education as well; I agree that there needs to be an education component so they understand who can use the bathroom and under what conditions.

**Assemblywoman Titus:**

Thank you for that because I have significant concerns that we pass laws and now we are going to fine somebody, but they do not have a clue what it is all about.

My next question concerns the cards. Will you go to your provider to get a card? Will the provider have to provide it or how will that process work? I know you already have those cards, but does everyone belong to that foundation? I have patients who do not share this information with everyone and do not necessarily belong to that foundation.

**Assemblywoman Gorelow:**

The Crohn's & Colitis Foundation has those cards and Jennifer Campbell will explain more about the process. In many other states, a quick letter from a doctor stating that there is a medical condition has been sufficient.

**Assemblywoman Titus:**

We already have health laws and we already have state regulations, especially for restaurants. Does this change that? Does it preempt existing rules and regulations?

**Assemblywoman Gorelow:**

I will have to talk to legal counsel about that. I do not anticipate that this would. Most restaurants have bathrooms; however, we are working with the Retail Association of Nevada concerning smaller ones that might just be take-out locations. In our discussions, pizza places were discussed, as many are small, mostly take-out locations and we are working with them on possibly carving out exemptions for some of the smaller ones. In some other states,

they exempted restaurants based on size. I do not have a concept of what square footage looks like, so I do not think that is the route we will go, but we are working with them so we can come to a compromise.

**Chair Nguyen:**

Are there other questions from Committee members before I take testimony in support, opposition, and neutral?

**Assemblywoman Peters:**

I want the copresenter to know I am grateful that you shared your story. When I was pregnant I had a couple of embarrassing morning sickness all-day-long scenarios where I had to go home and change. I had to bail on my business meeting, or my client dinner, or my day job to take care of myself. Things just change, and not everybody has the ability to make it to a restroom every time something comes on. I applaud you for sharing your story and normalizing the differences in our bodies. Thank you for bringing the bill.

**Chair Nguyen:**

Are there other questions or comments? Seeing none, we will take testimony in support, opposition, and neutral on A.B. 283. We will begin with testimony in support of A.B. 283. [There was none.] Do we have any callers in opposition to the bill?

**Leonard Stone, representing Nevada Justice Association:**

I am uncomfortable being in the category of opposition because in most ways, we are very supportive and applaud the compassionate efforts of this bill to protect a vulnerable population suffering from these life-altering medical conditions. We heard some excellent comments about the probable need to broaden the definitions of those medical conditions. I appreciated for example a moment ago the discussion about how pregnancy can lead to senses of urgency. That is one thing to consider.

We have no opposition to section 1, subsection 1, because we think this is generally a good bill, but we strongly oppose subsection 2 which provides immunity to businesses unless they are willfully or grossly negligent. The reason we oppose this portion of the bill is it lowers the standard of care for this vulnerable population. The law is quite clear regarding a landowner's or lessee's obligations relative to the safety of land. Do not be negligent. Be reasonable, provide reasonably safe space. Basic negligence, in other words, reasonable conduct does not necessitate willful or grossly negligent conduct in order to be held accountable. We should not be sending a message and we certainly should not be passing a law that tells businesses they can relax on safety. Presumably, they already care about their employees who are using the space. Business owners and operators already have an obligation to maintain safe space. They should be equally, if not more, concerned about these vulnerable individuals. By raising the standard to willful and grossly negligent conduct, we are not adequately incentivizing these businesses to keep people safe.

On the one hand, this is a great bill. We should be protecting people. On the other hand, in exchange for that, for this obligation we should have, which is compassion and empathy, it should not be in exchange for changing the standard of care and allowing spaces to be less safe.

**Bryan Wachter, Senior Vice President, Retail Association of Nevada:**

I appreciate Assemblywoman Gorelow bringing the bill forward and for working with us. We are in opposition to the bill as it is currently written, but we hope we will be able to get to a place where that will not be true any longer. We are ready and able to provide some notification to retailers in the state, but we might consider allowing the first instance to be a warning so that business has adequate notice going forward. We, of course, would oppose any changes to section 1, subsection 2.

**Amber Stidham, Vice President, Government Affairs, Henderson Chamber of Commerce:**

I, too, thank Assemblywoman Gorelow for reaching out to our organization on this bill. We are committed to working together with the Assemblywoman to address some of our concerns and finding a way that we can work this out. However, today, as the bill is written, we are opposed.

**Paul J. Moradkhan, Senior Vice President, Government Affairs, Vegas Chamber:**

I want to thank the bill's sponsor for meeting with the Vegas Chamber about the bill. Those conversations were productive. We understand the policy need at hand and are sympathetic to the issue. Our concerns with the bill are some technical components as we have shared with the bill's sponsor. For example, the broadness of the retail definition as it relates to our members because of some security and public health care concerns for certain industry sectors within Nevada's business communities. As we shared with the bill's sponsor, we believe there needs to be an exemption for certain groups, such as banks, credit unions, financial institutions, and they would not be included in the "retail" definition because of security concerns. We also have a concern for some of our smaller business restaurants that do not have a public-access bathroom and the customer would have to go through a food preparation area which would be in violation or an issue with local health district standards. We appreciate the bill's sponsor helping develop a solution to address those two sectors.

We would have a concern about changes to section 1, subsection 2. We believe if we are mandated to open up back-of-the-house facility restrooms that we should not lose protection for that for the public to come through those areas. We will continue to work with the bill's sponsor, and it is our hope to quickly find a resolution to this bill. Again, we are sympathetic to the policy issue at hand.

**Alexandria Dazlich, Director, Government Affairs, Nevada Restaurant Association:**

We are here today in opposition to A.B. 283 as it is currently written. A critical component of the restaurant industry is strong food safety practices. With this in mind, the Nevada Restaurant Association, as well as our local health districts, is concerned about the health and sanitation consequences this bill will open up. Some restaurants would be placed in the



middle of deciding between receiving a fine from the health district versus receiving a fine for not opening their bathroom. By allowing nonemployees back-of-the-house access where food is stored, prepared, and cooked, it quickly becomes a sanitation hazard that would have a potential impact on the health of its customers in addition to the safety of restaurant employees. By allowing patrons uninhibited access to areas like back of the house, kitchens, and food prep and storage areas, employees are also now susceptible to potential violence and harm from bad actors who take advantage of this privilege. It is for these reasons we are here today in opposition to the bill as it is currently written. We look forward to continuing to work with the sponsor and going forward and finding a resolution.

**Chair Nguyen:**

Are there other callers in opposition? [There were none.] Are there any callers in neutral? [There were none.] At this time, I will turn this back over to Assemblywoman Gorelow for any closing remarks.

**Assemblywoman Gorelow:**

Assembly Bill 283 is about dignity and making sure people are able to use the restroom when they have certain medical conditions. I want to thank Mr. Cimo and Ms. Campbell for joining us today and sharing their stories. And I want to thank everyone who called in in opposition. We have reached out to them and we are going to continue working. Hopefully, we can come to a mutual agreement on some of the language with this bill. It is our intent to allow people the dignity of going to the bathroom.

**Chair Nguyen:**

Several people have submitted written letters in support of A.B. 283 [[Exhibit E](#), [Exhibit F](#), [Exhibit G](#), [Exhibit H](#), [Exhibit I](#), and [Exhibit J](#)]. I encourage you to check on NELIS [Nevada Electronic Legislative Information System] for those letters. I would remind any members of the public if you want to comment on either bill presented today, you have 48 hours in which to submit written support, letters, or documentation, and I would encourage you to do so. I will now close the hearing on A.B. 283 and begin public comment. Is there anyone for public comment?

**Gerri North, Private Citizen, Las Vegas, Nevada:**

I am submitting testimony in support of a study to determine ways retired state workers who do not qualify for Medicare can access affordable health care and medication. I am a resident of Assembly District 12. I have been retired from the Clark County School District since 2008 as a full-time teacher, and I was a guest teacher from 2010 until 2020. I am a member of the Nevada State Education Association-Retired (NSEA-R) and the Clark Retired Education Association. As a retiree on a fixed income, I know rising health care costs are a continuous worry for many Americans. Many Nevada educators and other state workers who are eligible to retire continue to work because they have no access to Medicare, having never paid into Social Security. As you can imagine, having no insurance increases their anxiety and contributes to depression.

Many retired educators I have spoken with use smaller doses of maintenance meds, with or without doctor input, to make ends meet. They also put off procedures and surgeries. Workers who dedicate three or four decades to the state of Nevada deserve better. Please keep in mind active and retired state workers need access to affordable health care when they retire. Members of NSEA-R appreciate anything you can do to help contain the cost of health care and medicine. We hope you will consider a study to determine the status of state workers and steps that could be taken next session to ensure all Nevada workers have access to affordable health care and medicine in their golden years.

**Chair Nguyen:**

Thank you for your public comment. Do we have any other callers on the line for public comment? [There were none.] At this time, I will close public comment. Do we have any comments from Committee members before we adjourn? [There were none.] Our next meeting will be on Monday, March 22, 2021, at 1:30 p.m. We are adjourned [at 1:51 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 a letter dated March 19, 2021, submitted by Tiffany Tyler-Garner, Executive Director, Children's Advocacy Alliance, in support of Assembly Bill 273.

[Exhibit D](#) is written testimony presented and submitted by Alex Cimo, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 283.

[Exhibit E](#) is a letter dated March 18, 2021, submitted by Rebecca Cruz, Private Citizen, Reno, Nevada, in support of Assembly Bill 283.

[Exhibit F](#) is a letter dated March 18, 2021, submitted by Renee Marshall, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 283.

[Exhibit G](#) is a letter dated March 19, 2021, submitted by Kristin Schulz, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 283.

[Exhibit H](#) is a letter dated March 19, 2021, submitted by Amy Morris, Private Citizen, Las Vegas, Nevada in support of Assembly Bill 283.

[Exhibit I](#) is a letter dated March 19, 2021, submitted by Rena Love, Private Citizen, Las Vegas, Nevada, in support of Assembly Bill 283.

[Exhibit J](#) is a letter dated March 19, 2021, submitted by Bob Brown, President & CEO, Opportunity Village, in support of Assembly Bill 283.