

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

**Eighty-first Session  
April 1, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:43 p.m. on Thursday, April 1, 2021, Online. [Exhibit A](#) is the Agenda. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Senator Julia Ratti, Chair  
Senator Dallas Harris  
Senator Joseph P. Hardy  
Senator Ben Kieckhefer

**COMMITTEE MEMBERS ABSENT:**

Senator Pat Spearman, Vice Chair (Excused)

**GUEST LEGISLATORS PRESENT:**

Senator James Ohrenschall, Senatorial District No. 21

**STAFF MEMBERS PRESENT:**

Megan Comlossy, Policy Analyst  
Eric Robbins, Counsel  
Norma Mallett, Committee Secretary

**OTHERS PRESENT:**

David Parks  
Andre Wade, Silver State Equality; Chair, Advisory Task Force on HIV Exposure Modernization  
Nathan Cisneros, HIV Criminalization Analyst, Williams Institute, School of Law, University of California, Los Angeles  
Tory Johnson, HIV/AIDS Program Director, Division of Public and Behavioral Health, Department of Health and Human Services

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Kyra Morgan, Chief Biostatistician, Division of Public and Behavioral Health,  
Department of Health and Human Services  
Quentin Savvoir, Deputy Director, Make It Work Nevada; Member, Advisory  
Task Force on HIV Exposure Modernization  
Ro Gil  
Dawn Christensen, Nevada Resort Association  
Kimi Cole  
Jasmin Margarita Tobon  
John Piro, Deputy Public Defender, Clark County Public Defender's Office  
Jada Hicks, Supervising Attorney, The Center for HIV Law and Policy  
Alex Camberos, Battle Born Progress  
Wesley Juhl, American Civil Liberties Union of Nevada  
Kendra Bertschy, Deputy Public Defender, Washoe County Public Defender's  
Office  
Caitlin Gwin, Sex Worker Alliance of Nevada  
Emily Driscoll, National Lawyers Guild, Las Vegas Chapter  
Connie Shearer, Nevada HIV Modernization Coalition  
Joanna Jacob, Clark County  
Bradley Mayer, Southern Nevada Health District  
Alisa Howard, Owner, Minority Health Consultants  
Todd Ingalsbee, Professional Fire Fighters of Nevada  
Jennifer Howell, Sexual Health Program Coordinator, Washoe County Health  
District  
John Packham, M.D., Associate Dean, Office of Statewide Initiatives, University  
of Nevada, Reno, School of Medicine  
Jaron Hildebrand, Nevada State Medical Association  
Nancy Bowen, Nevada Primary Care Association  
Joelle Gutman Dodson, Washoe County Health District  
Cody Phinney, Deputy Administrator, Division of Health Care Financing and  
Policy, Department of Health and Human Services  
Dan Musgrove, Chiropractic Physicians' Board of Nevada  
Joan Hall, Nevada Rural Hospital Partners Foundation  
Susan Fisher, State Board of Osteopathic Medicine  
Keith Lee, Board of Medical Examiners  
Antonina Capurro, DMD, State Dental Health Officer, Division of Public and  
Behavioral Health, Department of Health and Human Services  
Timothy Burch, Administrator, Human Services, Clark County  
Amber Howell, Director of Social Services, Washoe County

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Alexis Tucey, Deputy Administrator, Division of Child and Family Services,  
Department of Health and Human Services  
Matthew Robinson, Liberty Dental Plan  
Helen Foley, Delta Dental  
Annette Lincicome, Nevada Dental Hygienists Association  
Vilas Sastry, DMD, Chief Executive Officer, Teledentistry.com  
Eddie Ableser, Nevada Dental Association  
Jesse Wadhams, Nevada Hospital Association

CHAIR RATTI:

I will open the hearing on Senate Bill (S.B.) 275.

**SENATE BILL 275**: Revises provisions relating to the human immunodeficiency virus. (BDR 40-220)

SENATOR DALLAS HARRIS (Senatorial District No. 11):

It is my honor to present S.B. 275. With me today is former State Senator David Parks, Andre Wade from Silver State Equality and Nathan Cisneros from the Williams Institute. Senate Bill 275 will modernize Nevada's laws on human immunodeficiency virus (HIV) by treating HIV as all other communicable diseases are treated. In doing so, Nevada will remove from statute all discriminatory laws unfairly targeting people because of their HIV status. These laws were not rooted in science but in fear and have had significant negative public health consequences for Nevada for decades.

Senate Bill 275 is the culmination of many years of thoughtful discussion and hard work led by former Senator Dave Parks. I have asked him to join me to provide you a historical overview of how we got to this important hearing today.

DAVID PARKS:

As a former Nevada Senator, I was successful in getting S.B. No. 284 of the 80th Session passed, which created the Advisory Task Force on HIV Exposure Modernization. A report ([Exhibit B](#)) the Task Force delivered to the Legislature contained many recommendations now in S.B. 275 to examine statutes related to the criminalization of HIV and acquired immunodeficiency syndrome (AIDS) and make recommendations for their revision. These statutes taken under review grew out of recommendations from an advisory task force created by former Governor Richard Bryan 35 years ago in 1986. Over the 30 years the

task force was in place, I was a member of that Task Force. During the early years of the HIV infection and AIDS epidemic, states including Nevada implemented HIV-specific criminal exposure laws. These laws imposed criminal penalties on people knowing their condition of living with HIV, who potentially exposed others. In 1990, the Ryan White Comprehensive AIDS Resources Emergency Act provided states with funding for HIV/AIDS treatment and care. It required every state receiving funds to certify its criminal laws were adequate to prosecute any HIV individual who knowingly exposed another person to HIV. In our legal system, criminalization of potential HIV exposure is largely a matter of state law and not federal legislation. An analysis by the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice found 67 laws enacted in 33 states explicitly focused on persons living with HIV. The majority of these laws were passed before antiretroviral therapies were developed that reduced HIV transmission risk to zero. It is possible to be HIV positive and have no detectable presence of the virus.

As a person who helped develop Nevada's HIV/AIDS statutes and regulations in the late 1980s and early 1990s, this is an issue I have wrestled with the last four Legislative Sessions. Over the years, we found that criminalization laws do not support evidence-based public health practices reaching those who are at high risk for HIV and AIDS. Data indicated people who are at high risk for HIV exposure are deterred from testing which facilitates HIV care and prevention methods that will stop the transmission of HIV. They are being charged with life-altering felony charges, prosecuted for living with HIV, not disclosing their status and affecting both testing and care.

With the passage of S.B. No. 284 of the 80th Session, a coalition of social service and healthcare professionals from across the State and Nation worked diligently to address this issue and develop recommendations for consideration by the Legislature. The work accomplished by the Task Force was beyond my wildest expectation. It is long past time for Nevada to modernize these HIV laws.

ANDRE WADE (Silver State Equality; Chair, Advisory Task Force on HIV Exposure Modernization):

I am State Director for Silver State Equality, a Nevada-based Statewide LGBTQ civil rights organization which brings the voices of LGBTQ people and allies to the institutions of power in Nevada and across the United States striving to create a world that is healthy, just and fully equal for all

LGBTQ+ people. I am also the Chair of the Nevada HIV Modernization Coalition and speak on behalf of both groups with our support statement ([Exhibit C](#)). For decades, we have had laws ([Exhibit D](#)) which are ineffective and discriminatory. They do more harm than good. Efforts are underway to end the HIV epidemic, in part by developing Statewide and local plans to address people getting tested, seeking care and staying in care. These plans include modernizing laws ([Exhibit E](#)) that otherwise criminalize legal behavior or increase penalties for criminal behavior based on a person's HIV status. These laws stigmatize people living with HIV and go against public health efforts to end the HIV epidemic. These laws have been put in place by specifically calling out HIV when other clinical diseases are not.

The issue is to simply treat HIV like any other clinical disease. I have submitted a statement of support ([Exhibit F](#)). This effort is also supported by the CDC, the National Institutes of Health, American Medical Association and the U.S. Office of Infectious Disease and HIV/Aids Policy. Human immunodeficiency virus is a public health issue not a criminal one; our laws should reflect that.

NATHAN CISNEROS (HIV Criminalization Analyst, Williams Institute, School of Law, University of California, Los Angeles):

The Task Force asked us to analyze data on individuals who came into contact with the Nevada criminal justice system through HIV-related crimes. We have conducted seminal analysis in other states, and I will present initial findings. We counted 37 people who were arrested for HIV-related crimes in Nevada. We counted 76 individual HIV-related charges across 67 arrest cycles. This is broadly in line with the per capita rate we have seen in other states and is dozens more than we observe in either press reports or public court documents.

About two-thirds of those individual arrest charges are for sex work-related charges for solicitation or engaging in prostitution after a positive HIV test. The other one-third is for intentional transmission of HIV, either intentional transmission attempted or conspiracy. We see no evidence that arrests are decreasing over time. For example, we observed 20 arrests for solicitation charges before 2013. We saw 29 arrests for solicitation charges after 2013 in a rising trend for transmission or attempted transmission arrests.

Individuals arrested in other states revealed HIV crimes disproportionately impact people of color. Over half of those arrested for HIV crimes in Nevada are Black; however, Black Nevadans make up just 9 percent of the State's

population and 27 percent of Nevada's population of people living with HIV. Similar to other states, HIV crimes disproportionately impact women. Sixteen percent of people living with HIV in Nevada are women. Almost one-third of those arrested for HIV crimes are women.

Regarding outcomes, we saw that 30 percent of all charges resulted in a guilty outcome either at trial or the individual pled guilty. There is a racial imbalance in these guilty outcomes. The overwhelming majority of those found guilty for sex work-related crimes are Black.

SENATOR HARRIS:

In the conceptual amendment ([Exhibit G](#)), sections 1, 2 and 5 require orders issued by State and local health authorities requiring a person to undergo a medical examination to verify the presence of a communicable disease or order isolation, quarantine or treatment. Due to the presence of exposure to such a disease, to also state the reasons the action prescribed by the order are the least restrictive course necessary to prevent, suppress or control the communicable disease.

Section 4 language proposed to be added to *Nevada Revised Statutes* (NRS) 441A.040 in the original bill was stricken by the conceptual amendment. Section 3 sets forth legislative findings that the spread of communicable disease is best addressed through public health measures, not criminalization. Section 6, subsection 4 provides an exemption for creating an affirmative defense to a charge under NRS 441A.180. Section 6 also states how to determine whether a person acted intentionally.

Section 24 repeals a provision of law making it a Category B felony for a person who has tested positive for HIV to intentionally, knowingly or willfully engage in conduct in a manner intended to or likely to transmit the disease. It refers you back to section 6 where a person would instead be guilty of a misdemeanor. Section 7 revises conditions under which a court may order a person be tested for communicable disease. Section 7 requires a court to determine whether it is necessary to test the other person to determine the appropriate treatment for a first responder, county coroner or medical examiner.

Section 11 deals with alleged victims or witnesses to a crime that alleged the crime involved sexual penetration of the victim's body. The health authority must offer to test the person for sexually transmitted diseases. Section 17

requires the Legislative Counsel to ensure people living with HIV are referred to in the *Nevada Revised Statutes* using language commonly viewed as respectful and sentence structure that refers to the person before referring to his or her disorder. Section 18 provides the policy of the State is that such persons are referred to in a similar manner in the *Nevada Administrative Code* (NAC).

Sections 8, 9, 11 through 14, 16 and 19 through 21 revise terminology referring to HIV, other communicable diseases and related issues. Section 24 repeals laws that require a person arrested for prostitution or solicitation for prostitution and each offender in the custody of Department of Corrections be tested for HIV. We have repealed the provision of law which makes it a Category B felony to engage in prostitution after testing positive for HIV. We also repealed the section that requires the Director of the Department of Corrections to establish an educational program related to HIV for inmates and employees of the Department. Sections 10 and 15 make conforming changes to remove references to the repealed sections. Section 22 reestablishes the Advisory Task Force on HIV Exposure Modernization for the 2021-2022 Interim Session which was originally created by S.B. No. 284 of the 80th Legislative Session. This bill is comprehensive and seeks to modernize our HIV laws across the board.

SENATOR HARDY:

If a person knows he or she is HIV positive and has sex or shares a needle with someone, is that individual now guilty of a misdemeanor and not a felony?

SENATOR HARRIS:

It would depend. The sharing of a needle is a consensual choice. If the other person knows that person has HIV and chooses that behavior, whether it is sex or sharing a needle, then that person would not be guilty of the misdemeanor either—HIV is the only communicable disease where a felony would have been attached. Hopefully, this will change after passage of this bill.

SENATOR HARDY:

The person who knows he or she has HIV and has sex with somebody is now potentially guilty of a misdemeanor, not a felony?

SENATOR HARRIS:

Yes. An affirmative defense is fairly important; if those relations were consensual, the person would not be guilty of the misdemeanor.

SENATOR HARDY:

When you say consensual, do you mean consensual as in not rape, or do you mean, "I am positive for HIV, and is it okay if I have sex with you?" Is that what you mean by consensual?

SENATOR HARRIS:

Yes, the latter.

SENATOR HARDY:

Does the CDC have any role in describing this affirmative transmission frequency or the science? Has the CDC weighed in on this?

SENATOR HARRIS:

As far as the affirmative defense, the CDC does not play a role in that. We pulled the affirmative defense from NRS. It already was in place for the felony we are repealing, so we are moving that same language underneath this new section.

SENATOR HARDY:

Has the CDC weighed in on the transmissibility risks of those interactions?

MR. WADE:

The CDC has weighed in on active transmission, and recent research shows the risk of HIV transmission through sexual intercourse is low, even if people are not using condoms or taking medications that reduce risk. The CDC estimates that the per act risk of transmission varies from close to zero percent to a maximum average of 1.38 percent, depending on the type of intercourse. The actual rate of transmission is low.

SENATOR KIECKHEFER:

Regarding the definition of communicable disease, is the coronavirus a communicable disease?

SENATOR HARRIS:

Yes.

SENATOR KIECKHEFER:

Changes in section 2 include requiring people to isolate or quarantine for an exposure when they have been in an infectious state to prevent, suppress or



control the contagious or infectious disease. That seems counterintuitive to everything we have done for the past year in terms of social distancing and isolation.

CHAIR RATTI:

Certainly all these laws predate coronavirus and were applied to coronavirus, but these are more along tuberculosis and any other number of conditions. This bill actually does change the definition for all communicable diseases, not just HIV/AIDS.

TORY JOHNSON (HIV/AIDS Program Director, Division of Public and Behavioral Health, Department of Health and Human Services):

I can only speak to HIV as that is my expert subject matter. Although I do work in public health, I am not well versed in Covid-19. I can get information, speak to my colleagues and get back to you.

KYRA MORGAN (Chief Biostatistician, Division of Public and Behavioral Health, Department of Health and Human Services):

Covid-19 is a communicable disease.

SENATOR KIECKHEFER:

We need to explore changes related to the power of local health districts in getting people to isolate under broader global pandemic-type conditions. When it comes to section 7, it relates to testing of first responders and public health officers who believe they have been exposed. This seems to make a significant change that would require them to have had a negative test before. It does not say when or if there was specific knowledge that the person who potentially exposed someone was infected. Can you explain that section, and what are we trying to accomplish?

SENATOR HARRIS:

Certainly. This section was developed in consultation with the Clark County Fire Department. You are looking at compromise language we put together with first responders. We do not want to subject people to unnecessary testing, although we want to ensure our first responders are kept safe when they have been potentially exposed. This language accomplishes those dual goals.

SENATOR KIECKHEFER:

Under this language, what is the process if police officers are in a confrontation and have bodily fluids exposed to them? Under what conditions are they allowed to test? What is the incubation period for contracting communicable diseases and how long after exposure would an individual start testing positive? Can medical interventions be used in that interim time to suppress or prevent infection?

SENATOR HARRIS:

The only test is to determine an appropriate treatment for the first responder, then the testing could happen in conjunction with coming into contact with human blood or bodily fluids.

MR. WADE:

For the record and to dispel some myths, there is no documented evidence of transmission of HIV through biting, spitting, scratching or bodily fluids. This is something the Association of Prosecuting Attorneys has researched and endorsed in general HIV policy. We have to be clear that a lot of these thoughts about how HIV is transmitted are incorrect. When we craft these laws, we need to ensure it does not provide misinformation out of step with science and stigmatizing. The way it is described here, it would not transmit HIV.

SENATOR KIECKHEFER:

This bill is about all communicable diseases, and I have been told for a year that I cannot breathe on people. We are trying to eliminate stigma and criminalization related to HIV, but a communicable disease is a broad term in that implications downstream need to be considered.

SENATOR HARRIS:

Section 7 has the provision stating you have to come in contact with human blood or bodily fluids, so this would not address someone breathing on a first responder.

CHAIR RATTI:

What was the process for working with the health districts to ensure they are comfortable with this bill?

SENATOR HARRIS:

The HIV Modernization Task Force had health district experts at the table from the beginning to develop this legislation. There was plenty of discussion between HIV advocates and the health districts to get to the legislation you see before you. For that reason, the bill is a bit broader than just the sections that only call out HIV. Both Washoe County Health District and Southern Nevada Health District were important partners in getting to the bill we have today.

SENATOR KIECKHEFER:

We heard earlier from Mr. Cisneros about the arrest statistics related to the criminalization provisions we are trying to eliminate. Are there any documented cases of infection related to those arrests or transmission related to those arrests?

MR. CISNEROS:

The data we have from the Department of Public Safety is arrest information; we do not have any public health data.

QUENTIN SAVVOIR (Deputy Director, Make It Work Nevada; Member, Advisory Task Force on HIV Exposure Modernization):

We support S.B. 275. We are long past due for modernizing our State laws on HIV. Such laws are rooted in stigma and uncertainties around the virus that are no longer uncertain. Furthermore, laws disproportionately impact Black communities and communities of color that are more likely living with HIV. This body passed S.C.R. No. 1 of the 32nd Special Session declaring racism a public health crisis. This measure had bipartisan support in both chambers and is in alignment with the intentions of this Senate concurrent resolution. We can begin to curb the criminalization of Black and Latino communities living with HIV by passing S.B. 275.

RO GIL:

I support S.B. 275. I am a social work student and former housing case manager for people living with HIV. This bill would modernize Nevada's HIV-related laws that perpetuate stigma against people living with HIV. I have seen the impact of stigma and discrimination on people living with HIV or AIDS. To name a few, clients have endured loss of hope, feelings of worthlessness, addiction, isolation, depression and loss of income or livelihood. People exposed to societal stigma often undertake internalized stigma. Internal life stigma is the

process in which people believe the negative messaging or stereotypes about themselves, which can possibly harm them or others.

Some outcomes and its effects include not getting tested for HIV because of the negative consequences with knowing one has HIV. Modernization is necessary because these laws are failing to stop the spread of HIV, as Nevada is ranked eighteenth in the Nation for the number of diagnosed cases. These laws continue to negatively impact Nevada residents and families.

DAWN CHRISTENSEN (Nevada Resort Association):

We support S.B. 275. Nevada's resort industry has a long-standing commitment to corporate social responsibility (CSR) programs and initiatives and has a history of leadership in this space. The key pillars of most CSR programs are philanthropy, environmental sustainability, diversity, equity and inclusion, which work in tandem to strengthen our community and create better outcomes for people and the planet.

More than two years ago, the Nevada Resort Association created its CSR coalition aimed at harnessing our members' individual CSR efforts through a collective impact model of collaboration and shared goals to address our communities' challenges and make a greater impact. Diversity, equity and inclusion have become a priority for the coalition as we worked on increasing access, opportunity and equity for all. Nevada law unfairly targets people because of their HIV status and disproportionately impacts certain communities more likely living with HIV. Senate Bill 275 seeks to change that by modernizing our outdated laws that treat HIV differently from every other communicable disease.

KIMI COLE:

I support S.B. 275. This is an opportunity to accurately and effectively recognize scientific understanding of HIV and pass legislation to improve public health, while sparing taxpayers the unnecessary burden of paying for onerous and ineffective prosecutions. Laws have done nothing to mitigate issues originally and erroneously intended to protect society that accomplished the opposite. Outdated laws criminalize an affliction, not actions that cause intentional harm to others. Understanding of HIV long ago passed original, archaic and inaccurate perceptions of an affliction effectively monitored and treated for long-term quality of life. It is time to correct this situation and move on.

JASMIN MARGARITA TOBON:

I support S.B. 275. I am an organizer with Planned Parenthood Votes Nevada. Nevada laws treat the HIV epidemic as a criminal offense rather than a public health crisis. With science and knowledge, we know better, and this is our opportunity to do better. Criminalization is not the answer and never was, but science is. Despite advances in HIV care and science, Nevada's HIV criminalization laws are still based on decades-old science. Criminalization discourages testing, treatment and disclosure resulting in stigma and preventable deaths. Whether it is the horribly mismanaged AIDS epidemic in the 1990s or the coronavirus pandemic, Black, Indigenous and People of Color (BIPOC) and LGBTQ individuals suffer the most and have led the movement for justice for their communities. This bill is an act of long-overdue justice and aligns with the needs of Nevadans.

JOHN PIRO (Deputy Public Defender, Clark County Public Defender's Office):

We support S.B. 275. This bill modernizes our laws to remove some of the outdated and discriminatory laws passed during a time when we as a society used HIV to stigmatize and discriminate against our LGBTQ community. Instead of dealing with HIV, which is a public health issue, Nevada's criminal code has been used as an ineffective hammer to solve problems the criminal code was never designed to solve. As Maya Angelou instructed us "do the best you can until you know better, and then when you know better, do better." We now know better, and it is time to do better and modernize our laws.

JADA HICKS (Supervising Attorney, The Center for HIV Law and Policy):

We support S.B. 275. There are 32 states that have HIV-specific laws that impose criminal liabilities. These laws impose either misdemeanor or felony punishment and explicitly target HIV. Results are found in criminal codes or public health codes, and some of these laws define criminal offenses for exposing others to HIV. Others outline harsher penalties for people living with HIV for acts already considered criminal.

Criminalization of HIV is fueled primarily by the inaccurate belief that HIV is easily transmitted and fatal, neither of which is true. These laws conflict with public health goals that laws have no impact on risky behavior or on the number of new HIV diagnoses. Learning about one's HIV status discourages individuals because they must know about their HIV status to face prosecution. It drags law enforcement into what is essentially a public health issue without training on how these diseases are transmitted, prevented and treated.

Research shows most prosecutions target Black men and women, sex workers for solicitation and those who suffer from mental illness. Government policies and outdated understanding of disease transmission also enshrined stigma at odds with public health campaigns and campaigns to end the epidemic. Many in law enforcement are not only supporting but leading the charge to approach HIV from a public health perspective instead of through the criminal justice legal system.

ALEX CAMBEROS (Battle Born Progress):

We support S.B. 275. We are a nonpartisan organization in Nevada to ensure fairness and equal opportunity to succeed for all Nevadans. Nevada laws regarding criminalization are outdated, ineffective and discriminatory. I have submitted my written testimony ([Exhibit H](#)).

WESLEY JUHL (American Civil Liberties Union of Nevada):

We support S.B. 275. We support the work to take harmful stigma out of our State laws. I say ditto to the other policy remarks. As a queer man, my experience has been that discussions about HIV and AIDS are far too often tangled up in homophobia and transphobia, and my sense is the same is true with Nevada's criminalization scheme. When looking at the groups most vulnerable to contracting HIV, it is clear this epidemic is also tangled up with racial and economic issues. Some of the first volunteer work I did in my early 20s was HIV prevention outreach with the Center for HIV Law and Policy, and we always said get tested and know your status. The sad truth is that criminalization of HIV serves as a major obstacle to these important public health messages.

KENDRA BERTSCHY (Deputy Public Defender, Washoe County Public Defender's Office):

We support S.B. 275. I agree with the callers before me. This bill will allow individuals with medical issues to be outside of the criminal justice system. I have had a handful of clients who indicated they became involved in the criminal justice system because of the stigma associated with their disease that led them to use alcohol and substances. This bill will help all Nevadans.

CAITLIN GWIN (Sex Worker Alliance of Nevada):

We support S.B. 275. This bill will improve the health and safety of those who engage in sex work. The pattern of criminalization only makes it more likely that individuals will continue in this work and make it harder for them to leave the

industry if they so desire. Criminal records make it harder to get traditional employment. Expenses incurred throughout arrest and incarceration make these people more financially vulnerable and more likely to engage in sex work.

EMILY DRISCOLL (National Lawyers Guild, Las Vegas Chapter):

We support S.B. 275. Human immunodeficiency virus is the only disease that criminalizes people just for having the disease. Nevada law does not protect people but puts Nevadans at risk for transmission. It creates a disincentive to people from getting HIV tests because knowing their status means they are more likely to receive felony charges. Nevada laws governing HIV have put vulnerable Nevadans at risk for criminalization and unnecessary disease spread. These laws disproportionately affect members of the gay community, transgender people and street-based sex workers, all of whom are disproportionately impacted.

If this bill gets passed, Nevadans could safely seek treatment and testing for HIV and remain nontransmittable without having to worry about the stigma surrounding the virus. Existing laws come from fear and homophobic campaigns that aim to harm people who did not fit the framework of an acceptable citizen. These laws mainly affect BIPOC, gay, transgender and poor people.

CONNIE SHEARER (The Nevada HIV Modernization Coalition):

We support S.B. 275. I am a 25-year survivor of HIV and one of the founding cochairs for the Nevada HIV Modernization Coalition. We should all care about reforming the outdated HIV criminalization laws in Nevada. Significant advances have been made in our scientific understanding of HIV and medical interventions available to treat it. Our laws should reflect this progress and not criminalize behavior that poses no risk of transmission. The laws are preventing people from getting tested out of fear of being criminalized and getting into treatment that we now know prevents the spread of HIV.

The daily treatment I receive is called antiretroviral therapy. I am what is known as virally suppressed which means the virus inside my body is unable to be transmitted to someone with whom I am having a sexual relationship. There are countless more like me who were exposed and acquired HIV but have not found out their status. That means they are untested, not in treatment, too afraid to get tested and possibly told by a doctor their symptoms are not HIV because they are not in a high-risk group or because they do not have equitable access to treatment. We are not going to criminalize a public health issue away. Many

people who are not living with HIV do not understand it is not just the charges that ruin people's lives. The stigmatizing language used by the media, public and this legislative body continues to perpetuate outdated myths and opinions. Language in this bill commits to modernizing outdated laws.

JOANNA JACOB (Clark County):

We are neutral on S.B. 275. I have been working with Clark County Fire Department on this bill, specifically section 7. We are in support of the rest of the bill, the stated testimony today and the goals of the Task Force. On behalf of the Clark County Firefighters and the unions who are testifying, the concerns with section 7 are that it would pose a barrier, and we consider that a public health issue when we have first responders responding to an emergency and come in contact with the public. If they are exposed to a communicable disease, we must err on the side of safety for our employees and get them tested as soon as possible to find out if they were exposed. We are continuing to work on the language. However, we have concerns it is shifting the burden of proof in a public health statute, and this is not a criminal statute. This is our concern because it applies to all communicable diseases.

BRADLEY MAYER (Southern Nevada Health District):

We are neutral on S.B. 275. We will continue to work on amendments especially related to the communicable disease discussion in addition to sections 7 and 11.

ALISA HOWARD (Owner, Minority Health Consultants):

We support S.B. 275. As a former HIV Ryan White Program Director and now the owner of Minority Health Consultants, I am saddened that outdated, ineffective and discriminatory Nevada laws that criminalize HIV are still here. The CDC and State data show us HIV is the most dangerous, infectious disease aside from Covid-19 which threatens the lives of minorities to include African Americans, Latinx and LGBTQ communities that have the highest amounts of morbidity and mortality.

TODD INGALSBEE (Professional Fire Fighters of Nevada):

We are neutral on S.B. 275. I would like to ditto the comments made by Clark County regarding section 7. We support the bill and everything it does. We just want to make sure our members are protected, tested—whether an intentional or accidental exposure—promptly for any communicable disease so we are not spreading the disease and medicated to prevent us from getting the



disease. We are neutral for now; however, we look forward to working together so we can all agree and get this bill passed.

JENNIFER HOWELL (Sexual Health Program Coordinator, Washoe County Health District):

We are neutral on S.B. 275. I also serve on the Governor's Advisory Task Force on HIV Exposure Modernization and cochair the Northern Nevada HIV Prevention Planning Group. Washoe County supports the modernization of HIV-related statutes to match the extraordinary advances in HIV care and prevention. These efforts are needed to end the HIV epidemic, which is within our grasp.

Washoe County Health District suggested amendments reflecting the collective feedback of our public health partners, Southern Nevada Health District and ongoing community discussion. Moving HIV into the public health realm and addressing it the same as other communicable diseases assists public health with intervening in proven ways by expanding access, building trust within the community and using evidence-based interventions in achieving healthier outcomes. Yet, we have legislation allowing us to address and intervene in an expeditious manner given the diverse communicable diseases covered in NRS 441A and NAC Chapter 441A.

SENATOR HARRIS:

I am committed to working with Clark County Firefighters as well as our health district partners to make sure we get this right. This has been a labor of love, and we are almost there. Although my name is on the bill, what you see is a product of decades of work by former Senator Parks.

CHAIR RATTI:

We will now close the hearing on S.B. 275 and open the hearing on S.B. 379.

**SENATE BILL 379**: Provides for the collection of certain data concerning providers of health care. (BDR 40-457)

SENATOR JOSEPH P. HARDY (Senatorial District No. 12):

I am presenting S.B. 379 on behalf of the Legislative Committee on Health Care. A group of stakeholders who came to the Interim Committee and heard its report said we should do something. This resulted in the health workforce data collection through the licensure renewal process. This bill talks about having a way to find who is doing what, where, when and how in the field of health

care. Upon the renewal of a license, certificate or registration as a provider of health care, we are asking to have a short, confidential survey completed voluntarily. This bill will probably have some friendly amendments. Dr. John Packham will walk us through the process by which we would identify people. The key in the bill is using language to attract more persons, including members of unrepresented groups, and improve health outcomes.

JOHN PACKHAM, M.D. (Associate Dean, Office of Statewide Initiatives, University of Nevada, Reno, School of Medicine):

The heart of this bill is to utilize licensure renewal for health providers in Nevada to capture better, more accurate and complete data on where they practice, the extent to which they represent or reflect the populations they serve and to inform public policy in Nevada. As a State, we are leaving money on the table when we do not accurately establish and maintain health professional shortage area designations, which funnel into State and federal reimbursement for professionals serving in medically underserved areas. Licensure renewal provides that mechanism to collect data better than we do now. This bill is not simply about data collection. It will improve access to care, attract and keep health professionals in our State. I have submitted a written report ([Exhibit I](#)).

SENATOR HARDY:

This bill is positive going forward to attract health professionals to come to Nevada and stay here, looking and sounding like the people they serve. We have special groups of people who need care, and we have not been good at doing this. Many times in the bipolar community, we need to get people immunizations, screenings and care, and develop a trust factor. This survey can help us determine who we need to recruit and how to keep them in our State. One of the issues that comes up deals with confidentiality. We are working on language, along with our stakeholders, to ensure people are not identified individually by the survey results.

SENATOR KIECKHEFER:

Is the data collection voluntary on the part of the providers and done through a web portal directed straight to the Department of Health and Human Services (DHHS) and not the actual licensing boards via the amendment?

DR. PACKHAM:

The idea is to use the licensure renewal. If physicians or nurses are renewing their licenses online, a link would take them to the DHHS website where they

would complete the survey, return to their licensure renewal and submit it. The questions would be voluntary. I would never want to do anything to stand in the way of an individual getting relicensed. We do not want to be a barrier. The idea would be to ask questions eight to ten minutes long every two years. The questions asked would tell us where the individuals practice, if they work in a health professional shortage area and so forth. There are ways to streamline questions to make the survey less of a burden. There are also ways to streamline the survey to avoid answering the same questions in two or four years from now.

SENATOR KIECKHEFER:

I was concerned about the survey asking how many hours per week a doctor works and whether he or she is planning to retire anytime in the next five years. Would these questions discourage individuals from filling out the survey?

DR. PACKHAM:

I am wary of questions compelling someone to not complete the survey, be it on retirement plans, race, ethnicity or the like. Respondents would be given the option to not reply with the hope they would complete the other questions.

CHAIR RATTI:

We are referring to an amendment, and it would be helpful to have clarity because multiple amendments were submitted, including from the Chiropractic Physicians' Board of Nevada ([Exhibit J](#)), State Board of Osteopathic Medicine ([Exhibit K](#)) and the Board of Medical Examiners ([Exhibit L](#)).

SENATOR HARDY:

I anticipate they are all interested in the same things, and we will come to common language.

JARON HILDEBRAND (Nevada State Medical Association):

We support S.B. 379. We believe in having more robust workforce data that will provide us a solid roadmap to solve our provider shortage issue in this State.

MR. MAYER:

Southern Nevada Health District supports S.B. 379.

NANCY BOWEN (Nevada Primary Care Association):

We support S.B. 379. I represent the State's community health centers which serve geographically isolated and traditionally underserved communities. In rural areas, they are often the only health care available, in urban areas, they serve Medicaid patients and uninsured who have no other access to services. I have submitted my written testimony ([Exhibit M](#)).

JOELLE GUTMAN DODSON (Washoe County Health District):

We are in support of S.B. 379. This bill is good for public health and for Nevada.

CODY PHINNEY (Deputy Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services):

We are neutral on S.B. 379. The Department of Health and Human Services is convinced this bill would allow the availability of this data to be beneficial to the primary care office and its efforts toward those designations for health professional shortage areas. We are certain this data and the ability to analyze it would allow us to get health professional services from people who look and sound like residents in those areas in a much better way than we can at this time. We have the Office of Analytics on board to help with any concerns about data privacy and on standby to help with any amendment.

DAN MUSGROVE (Chiropractic Physicians' Board of Nevada):

We are neutral on S.B. 379. Everyone is interested in the confidentiality of this information which should not flow through the individual professional boards. Our amendment, [Exhibit J](#), states the data should go directly to the Director of DHHS. Whatever portal the Director creates, we could easily figure out a way to verify that applicants or members of our boards have registered. It takes the boards out of the middle and provides further protection for confidential data.

JOAN HALL (Nevada Rural Hospital Partners Foundation):

We support S.B. 379. This bill supports workforces we have been working on for many years. This data will help underserved areas and have more accurate information about practice locations impacting service to people.

SUSAN FISHER (State Board of Osteopathic Medicine):

We are neutral on S.B. 379. Our Board has not met in an open meeting to take a formal position on this bill. We proposed an amendment, [Exhibit K](#), as did the Board of Medical Examiners whom you will hear from. We do not want

confidential information given to us because it could cause a question if a provider is denied a license because of something in his or her background or criminal behavior. The proposed amendment would have the data go directly to DHHS, whether through a link on our website directly to DHHS or otherwise. We would be agnostic on the language, whether you use our language or a combination thereof from the Chiropractic Board and Board of Medical Examiners. We did submit a fiscal note on this but do not know what it will cost to have information technology provide a link for us to the website. If there are costs for additional staff time, we will have to estimate the fiscal note.

KEITH LEE (Board of Medical Examiners):

We are neutral on S.B. 379. We have submitted a proposed amendment, [Exhibit L](#), and statement in neutral ([Exhibit N](#)). As my colleagues have testified, we are close to the same language on a proposed amendment. We have a newly installed state-of-the-art licensing and relicensing system. We can put a hyperlink in the licensed application taking the applicant directly to the DHHS survey. We will work with everyone to ensure this bill is passed and gets the requested information to DHHS from our licensees while removing us from being the middle recipient, which could expose us to lawsuits based upon the knowledge of the information we have received.

ANTONINA CAPURRO, DMD (State Dental Health Officer, Division of Public and Behavioral Health, Department of Health and Human Services):

We are neutral on S.B. 379. The Nevada Oral Health Program is committed to improving the oral and overall health and well-being of Nevadans. To meet this goal, the Program puts priority on the present and future needs of the population and dental profession. Reliable data is limited to provider-patient ratios identifying a lack of service after the fact. This does not provide real-time data for long-term planning that accounts for changes in the dental workforce such as retirement needs, shifts in practice types and long-term retention in the State. Intentions to accurately monitor and gather data on the supply of competent oral health professionals that inform the Oral Health Program's decisions are critical to ensure access to care for vulnerable and underserved populations.

CHAIR RATTI:

I will now close the hearing on S.B. 379 and open the hearing on S.B. 376.

**SENATE BILL 376**: Revises provisions relating to child welfare. (BDR 38-503)

SENATOR JAMES OHRENSCHALL (Senatorial District No. 21):

I was lucky to chair the Legislative Committee on Child Welfare and Juvenile Justice. We came up with recommendations for ten bill draft requests (BDRs) as well as letters on important issues affecting Nevada's children in our report ([Exhibit O](#)). Almost all of our recommendations came back with unanimous votes with bipartisan support. One of the recommendations is S.B. 376.

A concern was brought forth to the Committee when an allegation of abuse and neglect of a child occurs. Under law, the allegation is either substantiated or unsubstantiated. Many of the men and women who are tasked with protecting our children in Nevada felt this did not tell the whole story in terms of looking at what might have happened to a child in the past. The person evaluating the child needs to know about other factors and the child's circumstances. That is the genesis of this bill. Clark County has worked hard with other jurisdictions and written an amendment ([Exhibit P](#)) to this bill.

MS. JACOB:

We will go through a quick presentation and Timothy Burch will go through the categories Clark County is proposing to add to Nevada law through the amendment, [Exhibit P](#). The amendment is a product of working with our other welfare agency partners, and the language is a consensus of all.

TIMOTHY BURCH (Administrator, Human Services, Clark County):

I will go through the presentation ([Exhibit Q](#)) and the importance of the proposed changes. The purpose of child welfare is to promote the safety, permanency and well-being of children and help make sure families can take care of those children properly. When they cannot, child welfare finds permanency options with family or through adoption.

One of the most important functions we can serve ensures the safety of children is done properly through the investigation and disposition of reports of child abuse and neglect. These case dispositions help in many ways. They help frame the interventions performed with these families and children, and they inform future investigations, both for child welfare and law enforcement, about the outcome or disposition of these cases if their substantiations go into the Central Repository for Nevada Records of Criminal History. These Central Repository records help to conduct investigations, provide appropriate treatments and, most importantly, screen people's backgrounds who are entrusted with the care of children and the elderly according to NRS 432B.100.

Substantiated dispositions determine reasonable cause to believe abuse or neglect occurred and the alleged perpetrator is responsible for said abuse or neglect. Unsubstantiated dispositions mean a determination was unable to be made through insufficient evidence or the inability to determine whether the alleged perpetrator was responsible for the abuse or neglect.

The proposal to amend NRS 432B.300, subsection 6 adds two case dispositions in addition to the categories of substantiated and unsubstantiated—"unable to complete" and "administrative closure"—and changes the standard of proof from "reasonable cause to believe" to "preponderance." This is in alignment with State regulations and policies.

Ms. JACOB:

In the Clark County amendment, [Exhibit P](#), we are proposing to change a report disposition from "unable to complete" to "unable to locate or contact." The definition of unable to locate or contact is what Mr. Burch said; however, we need to clear this with the child welfare agencies.

SENATOR KIECKHEFER:

In the language being struck, is there a reason why we are not seeing the category "unable to determine?"

SENATOR OHRENSCHALL:

That language is in the Texas statutory scheme and, although part of the original amendment, it did not reach consensus in the proposed amendment.

AMBER HOWELL (Director of Human Services, Washoe County):  
We support S.B. 376.

ALEXIS TUCEY (Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services):

We are neutral on S.B. 376. We appreciate the changes regarding improvements for the child welfare agencies, serving the populations in Nevada for this particular group and utilizing the information for needed changes and seeing the true picture of what is happening with our youth.

Ms. BERTSCHY:

The Washoe County Public Defender's Office is in neutral on S.B. 376. My office represents parents who are involved in neglect and abuse actions. Our

only concern left is to ensure the new designations for disposition categories are not reported to the Central Repository. We want to ensure only the substantiated designations are reported because these do have significant consequences in terms of obtaining employment, housing and social services. It is our understanding the intent of this bill is that the unsubstantiated, unable to locate or contact, or administrative closure categories will not have a legal impact on parents.

MS. JACOB:

It is our understanding only substantiated dispositions are reported to the Central Repository. However, if it will alleviate concerns from the Washoe County Public Defender's Office, we are amenable to adding language to the amendment.

CHAIR RATTI:

I will now close the hearing on S.B. 376.

SENATOR HARRIS:

I will open the hearing on S.B. 391.

**SENATE BILL 391**: Revises provisions relating to dentistry. (BDR 40-455)

SENATOR JULIA RATTI (Senatorial District No. 13):

I am presenting a bill that was one of the ten BDRs recommended by the Legislative Committee on Health Care. This bill is about oral health in Nevada and its status, which is not good. Dr. Antonina Capurro, State Dental Health Officer, did a lot of work to find best practices, look at what other states are doing and come forward with a number of ideas on how to improve the status of oral health in Nevada. Some of those ideas cost money; by the time we presented at the Interim Committee, we were in a pandemic, and the impact of the pandemic on the budget became clear.

Dr. Capurro and I discussed ways to help strengthen oral health in Nevada. We looked at three significant concepts. First was an insurance concept, dental loss ratio and how to ensure we have a good balanced approach while patients get the most from their insurance. Second, we looked to see if we were well situated to use oral health providers to the highest and best of their ability in an emergency capacity and the infrastructure built around emergencies. Third was



teledentistry and State laws regarding teledentistry. The Interim Committee asked we move forward with those three things.

The insurance piece became quite complicated. In the amendment ([Exhibit R](#)), all sections of the bill related to the dental loss ratio were removed. There are no insurance components in this bill. However, the teledentistry and the emergency responder pieces are strong. We also looked at the licensing requirements for the two professional positions in DHHS, which are the State Dental Health Officer and State Public Health Dental Hygienist, and changed some of the licensing requirements in an effort to give the State better capacity for recruiting efforts.

The bill includes teledentistry, emergency providers and changes to the licensing requirements for the top oral health professionals in our State. Dr. Capurro will walk you through what the bill accomplishes.

DR. CAPURRO:

I am joined by Jessica Woods, Interim State Public Health Dental Hygienist. The objective of the bill is to adapt to the landscape of oral health which has changed as a result of the pandemic and to create infrastructure ensuring access to dental care for all Nevadans. Many of the lessons learned during the pandemic include the expansion of teledentistry which has been used without a framework, as well as the inclusion of dental professionals as emergency responders. We can and should use these lessons learned to frame the future. This bill will establish the framework for teledentistry to reduce traditional barriers to care, foster equality, adapt an innovative service model and define the education and training required for an oral health professional to respond to a public health disaster or state of emergency. It will also create a Committee on Dental Emergency Management.

The three key goals are to sustain the teledentistry services that have become a new delivery method to increase access to care. We want to expand the healthcare workforce available as a search support for major disasters, pandemics, forensic identification and administrative readiness planning. We also want to prepare for any future public health emergencies or disasters by creating the Committee on Dental Emergency Management.

SENATOR RATTI:

A late-coming amendment submitted by Jesse Wadhams of the Nevada Hospital Association ([Exhibit S](#)) is a minor friendly amendment to how information is disseminated to patients.

SENATOR HARDY:

Does this bill have a fiscal note?

SENATOR RATTI:

We have not received the fiscal note on this bill yet; however, based upon content remaining in the bill, there could be a modest fiscal note.

DR. CAPURRO:

The Oral Health Program would absorb any costs associated with the Committee on Dental Emergency Management. There would be no fiscal note.

MATTHEW ROBINSON (Liberty Dental Plan):

We support S.B. 391. Liberty Dental Plan is the State dental benefits administrator for children on Medicaid in Clark and Washoe Counties. We are proud to employ over 200 people in Clark County as we work to ensure Nevada has access to the best possible dental care.

We have made efforts to mitigate some of the worst impacts of the pandemic over the last year, which include providing 6,000 dental kits to children in Washoe and Clark Counties and building out teledentistry services to ensure our kids did not fall behind on their oral health. We chose providers over profit and did not retroactively bill them for the 6 percent rate cut mandated by the Legislative Special Session.

In an effort to alleviate emergency rooms (ER), we developed a program so patients with oral pain did not tie up ER staff with issues which might be addressed in other ways. Liberty Dental Plan teamed up with the University of Nevada, Las Vegas (UNLV), School of Dental Medicine to launch the UNLV Children's Dental Prevention Clinic in January. This is a small part of what we do, and we are proud of the work we have done in Nevada to provide the best dental care in the market.

HELEN FOLEY (Delta Dental):

We support S.B. 391. Delta Dental is the largest dental insurance company in the Country, serving 36 million patients. During Covid-19, we were quick to embrace and support teledentistry. This has been through encouraging the use of teledentistry by our dentists in all states where it is legal and supporting efforts in other states like Nevada to clear any obstacles. This is in addition to the measures we have taken during the pandemic to support our providers, customers, enrollees and communities through substantial financial assistance.

ANNETTE LINCICOME (Nevada Dental Hygienists Association):

We support S.B. 391. I am an actively licensed, registered dental hygienist in Nevada speaking on behalf of the Nevada Dental Hygienists Association. We have submitted supporting testimony ([Exhibit T](#)).

VILAS SASTRY, DMD (Chief Executive Officer, Teledentistry.com):

We support S.B. 391. Over the last several years, we have worked with partners to create and deploy a solution helping countless Nevadans and increasing access to care.

EDDIE ABLESER (Nevada Dental Association):

We support S.B. 391.

JESSE WADHAMS (Nevada Hospital Association):

We are neutral on S.B. 391. The hospital emergency department is an incredibly busy place and focused on emergent care. The amendment would help us operationalize the goals of the legislation. We have submitted a conceptual amendment, [Exhibit S](#).

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CHAIR RATTI:

We will close the hearing on S.B. 391. There being no further business, the meeting is adjourned at 6:16 p.m.

RESPECTFULLY SUBMITTED:

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Norma Mallett,  
Committee Secretary

APPROVED BY:

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Senator Julia Ratti, Chair

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

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Begins on Page</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
S.B. 275	B	1	David Parks	Report
S.B. 275	C	1	Andre Wade / Silver State Equality and Nevada HIV Modernization Coalition	Support Statement
S.B. 275	D	1	Andre Wade / Silver State Equality	HIV Disparity in Nevada Laws
S.B. 275	E	1	Andre Wade / Silver State Equality	Modernize Nevada's HIV Criminal Laws
S.B. 275	F	1	Andre Wade / Silver State Equality	Support Statement
S.B. 275	G	1	Senator Dallas Harris	Revised Conceptual Amendment
S.B. 275	H	1	Alex Camberos / Battle Born Progress	Support Statement
S.B. 379	I	1	John Packham / University of Nevada Reno, School of Medicine	Presentation
S.B. 379	J	1	Dan Musgrove / Chiropractic Physicians' Board of Nevada	Proposed Amendment
S.B. 379	K	1	Susan Fisher / State Board of Osteopathic Medicine	Proposed Amendment
S.B. 379	L	1	Keith Lee / Board of Medical Examiners	Proposed Amendment
S.B. 379	M	1	Nancy Bowen / Nevada Primary Care Association	Support Statement
S.B. 379	N	1	Keith Lee / Board of Medical Examiners	Neutral Statement

S.B. 376	O	1	Senator James Ohrenschall	Report
S.B. 376	P	1	Joanne Jacobs / Clark County	Proposed Amendment
S.B. 376	Q	1	Timothy Burch / Human Services, Clark County	Presentation
S.B. 391	R	1	Senator Julia Ratti	Proposed Amendment
S.B. 391	S	1	Jesse Wadhams / Nevada Hospital Association	Proposed Amendment
S.B. 391	T	1	Annette Lincicome / Nevada Dental Hygienists Association	Support Statement