MINUTES OF THE MEETING OF THE ASSEMBLY COMMITTEE ON COMMERCE AND LABOR

Eighty-Second Session May 10, 2023

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 1:36 p.m. on Wednesday, May 10, 2023, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Elaine Marzola, Chair Assemblywoman Sandra Jauregui, Vice Chair Assemblywoman Shea Backus Assemblyman Max Carter Assemblywoman Bea Duran Assemblywoman Melissa Hardy Assemblywoman Heidi Kasama Assemblywoman Daniele Monroe-Moreno Assemblyman P.K. O'Neill Assemblywoman Selena Torres Assemblyman Toby Yurek

COMMITTEE MEMBERS ABSENT:

Assemblyman Steve Yeager (excused)

GUEST LEGISLATORS PRESENT:

Senator Nicole Cannizzaro, Senate District No. 6 Senator Heidi Seevers Gansert, Senate District No. 15

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst Sam Quast, Committee Counsel Joe Steigmeyer, Committee Counsel Cyndi Latour, Committee Manager



> Julie Axelson, Committee Secretary Garrett Kingen, Committee Assistant

OTHERS PRESENT:

Vivian Leal, Private Citizen, Reno, Nevada

Briana Escamilla, Director of Regional Organizing, Planned Parenthood of the Rocky Mountains

Daniella Reynolds, Private Citizen, Reno, Nevada

Alexander Marks, Communications Specialist, Nevada State Education Association

Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada

Annette Magnus, Executive Director, Battle Born Progress

Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice America; and State Director, NARAL Pro-Choice Nevada

Laura Campbell, Board Member, Nevada National Organization for Women; and Board Member, Planned Parenthood Votes Nevada

Leann D. McAllister, Executive Director, American Academy of Pediatrics, Nevada Chapter

Lindsey Harmon, Executive Director, Planned Parenthood Votes Nevada

Kileen Kapri Kohn, Private Citizen, Las Vegas, Nevada

Jas Margarita Tobon, Program Manager, Wild West Access Fund of Nevada

Victoria Ruiz, Private Citizen, Las Vegas, Nevada

Serena Evans, Policy Director, Nevada Coalition to END Domestic and Sexual

Donna West, Private Citizen, Las Vegas, Nevada

Jessica Munger, Program Manager, Silver State Equality

Melody Judilla, Deputy Director, Silver State Voices

Alan Morales, Private Citizen, Henderson, Nevada

Hollie Meier, Private Citizen, Reno, Nevada

Melissa Clement, Executive Director, Nevada Right to Life

Cynthia Sanders, Life Leader, Anglicans for Life; and Volunteer, Life Choices Community Pregnancy Clinic

Janine Hansen, State President, Nevada Families for Freedom

Joy Trushenski, Private Citizen, Carson City, Nevada

Greg Clausen, Private Citizen, Wellington, Nevada

Bob Russo, Private Citizen, Gardnerville, Nevada

Susan Ruch, Private Citizen, Carson City, Nevada

Leslie Quinn, Private Citizen, Las Vegas, Nevada

Jessica Ancell, Private Citizen, Las Vegas, Nevada

Cristiane Mersch, Private Citizen, Las Vegas, Nevada

Barry Andreoli, Private Citizen, Las Vegas, Nevada

Gregg Seymour, representing American Christian Caucus

Katrin Ivanoff, Private Citizen, Las Vegas, Nevada

Michael Ryan, Private Citizen

Emily Mimnaugh, representing Pacific Justice Institute Center for Public Policy

Jim DeGraffenreid, National Committeeman, Nevada Republican Party
Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada
Christopher Grimm, Head of State Government Affairs, Warby Parker
Amanda Sloane, Private Citizen, Gardnerville, Nevada
Jennifer Letten, Chair, State Board of Dispensing Opticians
Corey Roveri, Private Citizen, Las Vegas, Nevada
Michael Hillerby, representing Nevada Optometric Association
Jonathan Mather, Private Citizen, Carson City, Nevada
Peter Guzman, President, Latin Chamber of Commerce
Spencer Quinton, President, Nevada Optometric Association
Julian Roberts, Executive Director, National Association of Vision Care Plans
Michael Alonso, representing National Association of Vision Care Plans
Stacie Sasso, Executive Director, Health Services Coalition

Chair Marzola:

[Roll was called and Committee rules and protocols explained.] Welcome to everyone today. Today, we are going to hear three bills: Senate Bill 106 (1st Reprint), Senate Bill 131, and Senate Bill 134. I will not be taking those in order. We will go to our first agenda item, which is Senate Bill 131. This measure revises provisions relating to reproductive health. Before we get started, I want to give the lay of the land. We will take 30 minutes of testimony in support, 30 minutes of testimony in opposition, and 30 minutes of testimony in neutral. Each person will get to speak for two minutes.

Senate Bill 131: Revises provisions relating to reproductive health care. (BDR 54-44)

Senator Nicole Cannizzaro, Senate District 6:

I am very pleased to be here today to present <u>Senate Bill 131</u>. <u>Senate Bill 131</u> seeks to codify former Governor Steve Sisolak's Executive Order 2022-08, which provides further abortion protections and reproductive freedom in the state of Nevada. For nearly 50 years, the right to privacy and control over one's own body, including the right to seek an abortion, was widely understood and accepted to be a protected right under the *United States Constitution*.

The legal status quo that existed for 50 years under *Roe v. Wade*, 410 U.S. 113 (1973) and *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833 (1992) was supported by the majority of Americans and the overwhelming majority of Nevadans. It was by no means perfect, but it served the country well, providing nationwide legal stability and protection for women and allowing people to seek reproductive care without undue government interference.

Unfortunately, as many of you know, last summer, the United States Supreme Court upended 50 years of precedent, which as a lawyer—and I think I have said this now in multiple committees on this particular topic—is unheard of. That does not happen. It is the whole reason why precedent exists.

In a decision that is commonly referred to as the Dobbs case [Dobbs v. Jackson Women's Health Organization, No. 19-1392, 597 U.S.__(2022)] the Supreme Court enforced the wishes of a very extreme ideological minority and took the rare step of completely erasing an established constitutional right. In doing so, the court massively expanded government power and the government's ability to control Americans' bodily autonomy.

Under the new *Dobbs* legal framework, the regulation of abortion and reproductive health care has been returned entirely to the states. Some of those results have, quite frankly, been horrific. After Ohio put in place one of the most restrictive abortion bans in the country last summer, the case of a 10-year-old rape victim who was forced to travel to Indiana for an abortion made national news. Court filings have shown that at least two other Ohio minors made pregnant by sexual assault have been forced to leave that state so they would not be forced to carry their rapists' babies.

The same story played out in Mississippi this fall where the family of a teenage rape victim was forced to travel more than 500 miles to get their daughter the care she needed after discovering the state's only abortion clinic had closed. Mississippi law bans abortion after six weeks, even in cases of rape and before many women would even know they are pregnant. For anybody who has ever had a child, six weeks is before you even know you are pregnant.

In Texas and in other states, there have been numerous cases of women denied timely care for major complications such as ectopic pregnancies because doctors and hospitals fear repercussions under restrictive state abortion bans and are unclear as to what sort of medical care may expose them to criminal liability. Delaying timely, medically necessary care has forced women to forego safer abortion procedures and wait days or even months for a dangerous miscarriage or other immediately life-threatening conditions to arise, while all the time knowing that a pregnancy was not viable.

The impact of these other states' restrictions and barriers to access is significant. For example, women of color, low income, and those living in rural parts of the country are more likely to face barriers to accessing reproductive health care, which can lead to higher rates of unintended pregnancy, maternal mortality, mental and emotional damage, and other very adverse health conditions.

Nevada's current statutory protections were put in place in 1990 when Nevadans overwhelmingly approved Question 7, which protects most abortion procedures and an individual's right to choose. More recently, Nevada laws were amended in 2019 through Senate Bill 179 of the 80th Session, also known as the Trust Nevada Women Act. These changes aligned informed consent laws with current medical standards of care, removed outdated criminal penalties, and repealed outdated statutes that prohibited the use of medication to end a pregnancy.

As the laws in other states become more backwards and more restrictive, women will be forced to take even more drastic measures to protect themselves. In many cases, that will mean for the state of Nevada that women are coming here to seek out safe abortion procedures. It is already happening. Las Vegas and Reno are already seeing an influx of patients from out of state. The number of out-of-state patients at clinics in the Las Vegas area, for example, has doubled since last July. Clinics across the state are seeing patients coming from Idaho, Texas, Arizona, Utah, and even as far away as the East Coast. Our providers expect those numbers to increase.

While this new situation is unfolding, there are extremist politicians and allies across the country who are not simply content to outlaw abortion and the right to access to reproductive health care within their own states. They plan to push their new ability to use state power to the limits in the quest to eradicate reproductive freedoms nationwide, targeting patients, providers, and anyone who assists them.

The Governor of Virginia, for example, helped kill proposed legislation to enhance data privacy protections for women who use apps to track their menstrual cycles. It was a bipartisan bill that was designed to protect that data from being used to prosecute women seeking reproductive care, but it did not make it.

Legislators in Texas have considered new bills to increase the power of local district attorneys to prosecute abortion providers; penalize organizations that may help Texans to receive abortion medication via the Internet; criminally punish companies that financially support out-of-state abortion travel; and expand private rights of action for anyone who assists a Texan in seeking an abortion out of state.

Legislators in Missouri and elsewhere have looked at bills that seek to ban out-of-state abortions, and bills whose sole purpose is to harass patients, providers, family members, friends, and organizations that may support them. Think about that for a moment. Think about if another state were seeking to outlaw something that happens in Nevada. That is what we are talking about.

While most of these bills are still being discussed, some of them have stalled. We have seen repeatedly that when it comes to restricting reproductive freedom, this is something we are going to face on a regular basis, and it can end up on the Governor's desk in the not-too-distant future if we are not vigilant. It is these new threats arising across the country that <u>S.B. 131</u> is working to address.

In the wake of the *Dobbs* case, Governor Steve Sisolak signed an executive order on June 28, 2022, which prohibited state agencies from assisting other states to prosecute a person receiving reproductive health services in Nevada. It limited extradition of a person who is charged with the violation of another state's law relating to reproductive health care services and prevented certain state boards from disciplining their licensees for providing services related to reproductive health care. As of today, this executive order remains in place, and that is a good thing. But patients coming to Nevada, Nevadans seeking treatment, and our

health care providers operating here cannot continue to rely on an executive order. Executive orders can be withdrawn with the stroke of a pen at any moment. <u>Senate Bill 131</u> will further strengthen reproductive rights in Nevada because it codifies those protections in that executive order right into our state statute.

Madam Chair, with your permission, I would like to provide an overview of the provisions of this bill and walk through those sections. First, as it is defined throughout the bill, "reproductive health care services" includes medical, surgical, counseling, or referral services relating to the human reproductive system, including, without limitation, services relating to pregnancy, contraception, the termination of pregnancy, or any procedure or care found by a competent medical professional to be appropriate based on the wishes of the patient and in accordance with Nevada laws.

Section 1 prohibits health care licensing boards from disqualifying a licensee or subjecting a licensee to discipline solely because the licensee provided or assisted in providing reproductive health care services or was subject to judgment, discipline, or other sanctions from another state for providing or assisting in providing certain reproductive health care services, if the services provided would have been lawful and consistent with practice standards of the relevant profession in Nevada.

I want to touch on section 1 because this was a topic of conversation in the Senate. This would not allow for a medical provider who is providing incompetent or inconsistent care within their scope of practice, that is not up to the proper medical standards of care from being disciplined as a provider. What this section does is, it protects providers who would otherwise be completely compliant within their standards of care; living up to their licensing requirements; and providing competent, medically accurate care from being subject to discipline because they provide reproductive health care. I want to be very clear about that because I think when we went over this, there was some indication this would allow for rampant medical malpractice to take place or for boards to completely lose the ability to discipline any licensee. That is not what this section does. It is solely because the licensee provides those reproductive health care services, or in another state, because they were providing those reproductive health care services, they were subject to discipline. That is it. It is very narrow.

Section 2 prohibits the Governor from surrendering or issuing a warrant of arrest for a person in Nevada who is charged in another state with a criminal violation, if the alleged violation involves providing, assisting, or receiving reproductive health care services, unless such acts would constitute a criminal offense under Nevada laws. In addition, section 2 excludes from this prohibition, circumstances where executive authority of another state demands the surrender of a person who is physically present in the demanding state at the time of the commission of the alleged offense and then fled from that state.

Section 3 prohibits state agencies in the Executive Branch from providing information or the use of certain resources to assist an investigation or proceeding that is initiated in another state related to providing, assisting, or receiving reproductive health care services, except under very limited certain circumstances.

Finally, section 4 requires health care licensing boards to examine the feasibility of providing opportunities for licensure for reciprocity to providers of health care who provide reproductive health care services in other states. The objective of this is to facilitate the provisions of quality reproductive health care services to persons from other states who seek reproductive health care services in Nevada.

Madam Chair and members of the Committee, reproductive rights are an essential aspect of individual freedom and autonomy. While other states have seen and will continue to see draconian antichoice and antifreedom laws proposed in the past, what <u>S.B. 131</u> does is send a message that reproductive freedom is respected here, and that is consistent with Nevada law. We believe patients and health care providers should have access to that health care. We believe those patients and health care providers should be safe and welcome in Nevada. Madam Chair, that concludes my remarks. I would urge the Committee support of <u>S.B. 131</u>, and I would be happy to take any questions you or members of the Committee may have.

Assemblywoman Kasama:

Can you clarify for the record whether current Nevada law permits a 14- or 15-year-old to get an abortion without the parent being made aware of or providing their consent?

Senator Cannizzaro:

I want to be very clear about <u>S.B. 131</u>. It does not change Nevada's abortion access laws whatsoever. Whatever is currently permitted under Nevada law remains currently permitted under Nevada law. What <u>S.B. 131</u> is doing is saying that if what you are doing in Nevada is legal—you are a provider who is providing legal reproductive health care or you are a patient who is seeking that reproductive health care—if that care is legal in Nevada, then we are not going to assist another state with extradition so they can prosecute you, or with providing them with all of your medical information, so they can prosecute you for something you did while you were in Nevada. If you are a health care provider who is providing legal, competent care, you are not going to be subject to discipline just because it is reproductive health care. If you are a provider who is looking to come here, we would support you.

That is what this does. It does not touch any of the current Nevada law. Whatever is current under Nevada law and is permissible under Nevada law, remains the case. This does not change that. It says we are not going to be part of the prosecution for anybody who may seek what is already legal care here in Nevada.

Assemblywoman Kasama:

I did not hear an answer to my question. Is it current under Nevada law that a 14- or 15-year-old can get an abortion without a parent being made aware of it or providing their consent?

Senator Cannizzaro:

I will not speak to what is current under Nevada law, but if it is currently legal under Nevada law, then that remains the case. This bill does not touch any piece or parcel of who can access abortion care, who can access reproductive care, or how that is obtained. It says if it is legal in Nevada, we are not going to assist another state with prosecuting you for that.

Chair Marzola:

Assemblywoman Kasama, we can have our Legal Division answer that question for you.

Sam Quast, Committee Counsel:

I do not know the answer to that off the top of my head. I am going to look it up and get back to you.

Assemblywoman Hardy:

I am going to look at section 2 and section 3. If I am reading this correctly, it would prohibit any state agency from participating in another state's investigation and prohibits the Governor from extraditing anyone for getting an abortion here in Nevada as long as the type of abortion performed is legal in the state.

Recently, Idaho passed into law House Bill 242, which established the crime of abortion trafficking. In that bill, abortion trafficking would be transporting a minor across state lines in order to obtain an abortion. We were having the discussion that parental consent is not required. My concern is this bill would allow perpetrators who are sex trafficking minors to bring them into our state and there is no protection for those victims. Rather, this bill would give protection to the sex traffickers. That is my concern. We passed legislation in this body to end sex trafficking and protect sex trafficking victims. Section 2 and section 3 of this bill appear we would be protecting the perpetrators and not the victims. Can you address that?

Senator Cannizzaro:

First of all, I want to be very clear that what this particular bill is doing is codifying what is current law in Nevada as of the enactment in June 2022 by Governor Sisolak of Executive Order 2022-08. That executive order is still in effect in Nevada. The difference between <u>S.B. 131</u> and the executive order, is an executive order can be done away with by simply the Governor deciding he wants to withdraw that executive order. Governor Lombardo has not done that yet, so this remains the law in the state of Nevada. <u>Senate Bill 131</u> is a codification of exactly that executive order.

First and foremost, I think it is important because we have heard a lot of conspiracy theories about how if abortion is accessible in Nevada, then we are going to be the site for abortion tourism and somehow, we are going to promote sex trafficking of young girls. I spent over a decade of my career as a prosecutor. I am very familiar with the many facets that go into sex trafficking and how it is you may or may not be able to address those. This bill does not touch on that and does not open that up. To have an argument otherwise I think buys into something that has nothing to do with the language of <u>S.B. 131</u>. There is nothing in <u>S.B. 131</u> that would prevent or require the state of Nevada to not participate in a sex trafficking issue.

Sex trafficking is illegal in Nevada currently. We have many laws on this. There are many cases where people have been accused of, convicted of, and are sitting in prison for sex trafficking in Nevada. Despite the fact that, since 1990, abortion has been accessible and legal in Nevada and remains the case even before the *Dobbs* decision. That has been true since June 2022. This does not change that.

The idea that somehow passing <u>S.B. 131</u> is going to enable these nefarious criminal actors to engage in what is already criminal conduct is belied by the very language of <u>S.B. 131</u>, by the language of the executive order, and by what is current Nevada law. There is nothing about this that talks about our not proceeding or participating in sex trafficking prosecutions. It does not repeal Nevada's sex trafficking laws itself. That would still be within the purview of law enforcement to tackle.

What this bill does is say if you come to Nevada and you are engaging in pursuing reproductive health care that is legal in the state of Nevada, and another state says, Hey, in our state, access to an abortion is illegal, so what we want to do when you come back to our state is prosecute you for that. We are not going to participate in that. That would be akin to another state saying, Gambling is illegal in our state. You went to Las Vegas. You spent a weekend in Las Vegas, and you gambled. You gambled at the tables, you gambled at the machines, you won money, you lost money, you bet on sports or on horses, and none of that is legal in our state. When you come back to our state, we are going to prosecute you for all those actions you did in Nevada.

Somehow, because we are not going to participate in something like that, that opens up all kinds of other criminal acts that have nothing to do with the fact you were gambling. That is the example I think makes a lot of sense because we live in Nevada. I am born and raised in Nevada. There are a lot of people who think it is crazy somebody would live in Las Vegas and live in a place where gambling is legal. Do we not all gamble and are we not all taking illegal bets and things like that. That is just not true. That is not true for so many of us who were born and raised here, who live here, who tell people we live in a state where gambling is legal. That is very similar to what we are doing here. We are saying that if what you did in Nevada was legal under Nevada law, it was legal under Nevada law. If you are engaging in sex trafficking; that is illegal under Nevada law. That is still prosecutable.

Assemblywoman Backus:

You actually answered my question I had with respect to the status of the executive order. With that, I think I will utilize this opportunity to make a statement and say thank you for looking out for our doctors who are practicing medicine in the state of Nevada. That seems clearly what <u>S.B. 131</u> is doing. I am grateful to you and this bill. You talked about the Trust Nevada Women Act from 2019. I remember when that bill passed, standing on the floor thinking, I cannot believe certain states are taking steps that were so draconian and looking at how those laws states were implementing were going to affect the lower economic individuals. I wish S.B. 131 could do more for those individuals.

I was completely shocked last summer with the bipartisan support of access to reproductive health care. I know my constituents, on both sides of the party, which I get to share with you as well will probably be really pleased you are bringing this bill. Thank you, Senator Cannizzaro.

Assemblyman O'Neill:

Help me understand, and educate me if you would or can, please. An hour and a half ago to two hours ago on the Assembly floor, we voted on <u>Senate Joint Resolution 7</u>, which to me, though the verbiage may be different, the resolution and the bill you are proposing today have identical intent.

Here is when my confusion comes in and what I need help on. If this bill passes, we are passing a bill we are going to ask the people to vote on to put in the *Nevada Constitution*, and we are influencing them on the vote. Basically, the support of that vote would be, this is already a statute; put it into the *Constitution*; and your representatives have already voted on it, instead of letting the people of the state of Nevada make their choice on this. Did that come out properly to you?

Senator Cannizzaro:

Yes. Thank you for the question. I think I will start with talking about why these two pieces of legislation are different. While they touch on the same subject, they accomplish different things. Senate Joint Resolution 7 is an initiative to allow for the voters of Nevada to determine whether or not the right to access reproductive health care in its many and varied forms, be that abortion access, birth control, vasectomy, tubal ligation, infertility treatments, or pregnancy care should be a fundamental constitutional right. Establishing rights in a constitution gives us those fundamental rights.

When somebody has a right, when a legislative body or any other body that can enact an administrative law or regulation, such as any city, county, or township, those laws may touch upon that right, and you may have certain restrictions. For example, you may have the right to free speech. There are limitations to that and when and how those limitations interplay with that fundamental right. It could be the right to practice your religion. When laws are implemented, they are measured against that right. Depending on what kind of right or what sort of constitutional violation may occur through the enactment of a particular law or by the actions of someone who is infringing upon those rights—and we will talk about a law—then a court in determining that will weigh whether or not the proposed piece of legislation, for the purposes of our example, infringes upon that right. They can apply various tests to that. For a fundamental constitutional right, you are talking about strict scrutiny, which means it has to be a fundamental right, and any law that may touch upon that right has to be very narrowly tailored to achieve a compelling state interest. You cannot do it for any reason. You cannot say, Historically, we have done it this way. That is not good enough. You have to have a very compelling state reason, and you have to have that very narrowly tailored to that compelling state reason to accomplish that.

What <u>S.J.R.</u> 7 is doing, it is not putting into place a particular statute in Nevada. It is saying we have this right to reproductive health care, so anything that may touch on that would be subject to that same test. Is it a compelling state interest? Is it very narrowly tailored using the least restrictive means to achieve that interest? It does not enact a piece of legislation saying, You must do X. It is saying we have this right, and here is how a court is going to evaluate it. That is something Nevadans should vote on. That is what <u>S.J.R.</u> 7 is doing. <u>Senate Joint Resolution</u> 7 does not touch Nevada's current law. It may affect what Nevada's current law is if it were to be challenged in court, and if a court were to find it was in violation of a fundamental right, but it is not enacting a particular statute. It is saying there is an affirmative right to something, such as the freedom of speech. There may be certain statutes that then may prohibit certain speech in certain areas or whatever the case might be.

What <u>S.B. 131</u> is doing is saying that under current Nevada law, there is a statute that was passed by the voters in 1990 that allows for a patient to seek an abortion up to 24 weeks. This does not change that. It allows for providers to provide reproductive health care in a variety of facets, including abortion care or if someone presents in an emergency room and is suffering from a miscarriage, and they need to deal with miscarriage management, or there is an ectopic pregnancy, unviable pregnancy, or whatever the case might be. Those providers currently are operating within their scope of practice, they are operating pursuant to their license, and they are operating within Nevada law.

What <u>S.B. 131</u> is saying is if you are doing those things, you are operating within current Nevada law. We are not going to allow another state to come in and say, What you did in Nevada when it was legal, we are now going to prosecute you for.

These pieces of legislation are doing two different things even though they touch on the same subject. One is the establishment of a right. One is saying we are setting some parameters around how we are going to participate in, or not participate in, criminal prosecutions against individuals who are seeking care in Nevada, or providers who are providing care in Nevada that is already legal under Nevada law. If you were to pass <u>S.B. 131</u>, it is independent of whether or not you believe <u>S.J.R. 7</u> or the right to reproductive health care should be a fundamental constitutional right. They can both exist independently. They can both exist together. I hope that answers your question a little bit.

Assemblywoman O'Neill:

It does, and it opens up so much more conversation that you and I can spend the entire day here. I appreciate it. I feel that we are putting the cart in front of the horse. The resolution and the right should be if it is established by the vote of the people, and then this law should come along second. I do appreciate it and will probably catch up with you.

Assemblywoman Monroe-Moreno:

I do not have a question. I have a clarification. The people spoke in the nineties and reproductive health care and abortion rights are protected here in Nevada by statute. What

<u>S.J.R. 7</u> will do is take it back to the voters and say, Do you want to make sure this is part of our *Constitution*? They can vote against it or vote for it. The legislation we have before us today is to protect those doctors to do their job without any threats. Is that correct?

Senator Cannizzaro:

That is absolutely correct and a lot of the reasons why this Committee is hearing this bill. We have very few providers in Nevada, and that is true not just for reproductive care. That is true across the board. I know this Committee is very familiar with that conversation, being that most of the licensing pieces and legislation that touches on that comes before this Committee. We have very few providers.

What we do not want, and what I do not think we can tolerate, is a provider who is afraid to provide care, especially in a critical moment. We are seeing this in other states. This is not some story that is made up to terrorize or to scare individuals. There are other states where providers are trying to figure out from legal counsel whether they can provide care to someone who presents in an emergency room, bleeding, suffering, and near death's door, because they are afraid that if they provide that care, they are going to be subject to criminal prosecution.

We, I do not think in Nevada, can afford to do that for a number of reasons: (1) that is a disservice to Nevadans; and (2) that is a disservice to our providers. They are providing competent, legal, medically accurate care. They should be able to do that without the interference of worrying about whether or not another state is going to send over an extradition warrant asking to have them sent to that state to be criminally prosecuted for care they provided that is legal in Nevada. What we want to do is protect those health care providers and say to them, Look, if you are acting within the scope of your practice, and you are providing competent care, we are not going to send you across the border to another state so you can be prosecuted. We owe that to them. They are doing their job, and they should be focused on doing their job and providing that care to patients.

For providers who are coming to Nevada to practice reproductive health care, if they were subject to something in another state—just because they were providing something that one day was legal and after the *Dobbs* decision was not—we want them here. We want them to come here, to practice, and to provide that care. Nevadans need that care desperately. Yes, you are correct.

Assemblywoman Torres:

Thank you, Senator Cannizzaro, for bringing forth this piece of legislation, having this conversation today, and talking about some of that history. I think you stated it, but I want it to be clear that we are currently providing this as a state. We have continued to ensure this, but this is making sure it is in statute. This is completely separate of some of the other pieces of legislation we looked at separately this legislative cycle and in the past. This has nothing to do with taking away powers from our community. Our constituents elected us to be here to help create policy just like this. This is putting those regulations into statute. Is that correct?

Senator Cannizzaro:

Yes, you are absolutely correct. I would remind everyone this executive order currently stands right now, as of this moment. If <u>S.B. 131</u> were to pass, we would be in exactly the same place we are right now. We are asking that rather than an executive order, we give something that is stable and secure in the form of a statute, but it changes nothing about the current status quo. You are absolutely correct.

Chair Marzola:

Are there any additional questions? [There were none.] We will move to testimony in support of <u>S.B. 131</u>. I want to remind everyone I will be giving 30 minutes of testimony in support, which means it is 10 minutes here in Carson City, 10 minutes in Las Vegas, and 10 minutes over the phone. Each person will have two minutes.

Vivian Leal, Private Citizen, Reno, Nevada:

[Read from written testimony, <u>Exhibit C.</u>] For decades, Nevadans have been clear about reproductive freedom and bodily autonomy. We do not force people to give birth. However, despite the legal protections we have consistently strengthened, as Senator Cannizzaro described—even as other states imposed the will of the lawmakers on pregnant people's bodies, often risking their lives—we have struggled with keeping abortion accessible for everyone in our state, not just for those that have funds and can travel to Vegas or Reno for care.

We do not have enough providers, not just for abortions, but for reproductive care and childbirth. How do we get people to come here? A few years ago, I toured Reno's only surgical abortion clinic—for a lot of those desperate cases—with its head nurse and surgeon. It was an education in how brutal and terrifying the threats, abuse, and harassment they endure every day while protecting and caring for the women who come from all over the state. They work in a fortress. It takes conviction. It should not have to. We already suffer from a brutal provider deficit.

The uncertainty around abortion laws gives providers pause when deciding where to practice. I have heard from many young doctors wanting to resettle in Nevada, but this gives them pause. In fact, many physicians are leaving states with abortion bans, and a new generation of doctors is evaluating where to train as residents and practice as doctors.

We must be unequivocal that Nevada will protect pregnant people regardless of where they come from, but also assure obstetrician-gynecologists it is safe to come here to practice, to raise their families, and we will shield them from prosecution from other states who would force doctors to make decisions that endanger the lives of their patients, the clinics at which they provide care, or their lives. Senate Bill 131 helps to do that. Please pass it.

Briana Escamilla, Director of Regional Organizing, Planned Parenthood of the Rocky Mountains:

Our chief medical officer, Dr. Kristina Tocce, submitted written testimony in support of S.B. 131 [Exhibit D], and I would like to share some of her words with you now. She writes,

"At Planned Parenthood of the Rocky Mountains, our patients are our top priority. We have seen firsthand the detrimental and cruel impact abortion bans have on pregnant people." Since the fall of Roe, our health centers have seen thousands of out of state patients for abortion care; many who have traveled hundreds of miles by car or by plane for the first time in their life, requiring them to leave their support systems behind, in order to access safe and legal abortion care in our region. For the first time in my medical career, I am tasked with taking patients' travel itineraries into account when moving forward with a care plan.

She goes on to share a few examples of patients who needed to travel out of state to access abortion care and would need the protections of <u>S.B. 131</u>. Here are a few of them. "I recently saw a patient with the diagnosis of aggressive, recurrent cancer. Already a mother of a young daughter, she timed her second pregnancy to coincide with her cancer's remission. However, in her second trimester, the cancer returned and immediate chemotherapy and radiation was the recommended treatment. However, she could not receive these interventions while pregnant. Unable to obtain abortion care in [her] home state, she traveled 13+ hours each way to access abortion care."

A second example, "A couple in their early 20s drove 17 hours each way to access abortion care. They made the trip without stopping and without their cellphones because they did not want to be tracked by family members. They commented to me that it was a tremendous relief to arrive in a safe haven state because along their drive they encountered multiple anti-abortion billboards. They were exhausted. Hopefully, they made the return trip safely."

The providers who serve these patients also need protections of $\underline{S.B. 131}$ as they provide essential abortion access. Patient health needs should drive all medical decisions. We urge you to support $\underline{S.B. 131}$.

Daniella Reynolds, Private Citizen, Reno, Nevada:

<u>Senate Bill 131</u> is not a bill about the morality of abortions or individual body autonomy. It is about how our Nevada government will choose to represent its constituents who stood up and said enough is enough. We want the liberty promised to us in the founding of our great country. <u>Senate Bill 131</u> reaffirms that liberty by allowing doctors to be doctors and patients to be autonomous. Who will this legislative body be when given the opportunity to set an example for the nation?

It is the right to care and be cared for and the right to not be prosecuted because you are seeking care or a trained medical professional seeking to provide that care. If we mistrust by prosecuting health care professionals for simply doing their job, are we saying we do not trust them? How can we trust them to manage the rest of our care? How can we hope to have educated, caring, and brave physicians if they have to spend their nights worrying if tomorrow is the day they not only lose their livelihood but their freedom.

Furthermore, let us set an example that we not only understand what the Founding Fathers were gifting us, but we support and honor that gift by ensuring we will not help or cooperate with any state who seeks to prosecute anyone for pursuing their right to liberty and getting a safe and legal abortion.

Before you vote, consider who it is we want to be. Who do you want to be as a Committee member, a member of this prestigious legislative body, and as a citizen of the great state of Nevada? What is your contribution and legacy going to be? Please codify S.B. 131.

Alexander Marks, Communications Specialist, Nevada State Education Association:

We stand in support of <u>S.B. 131</u> to strengthen protections for providers of reproductive health care and patients who need it without fear of prosecution by another state. The Nevada State Education Association and our national affiliate, the National Education Association (NEA), have a long history of advocating for the rights of our members, 78 percent of whom are women. That includes advocacy on behalf of their reproductive freedoms.

<u>Senate Bill 131</u> falls directly in line with a 1978 resolution from the NEA that reads, "The National Education Association believes in family planning, including the right to reproductive freedom." As such, we stand in strong support of <u>S.B. 131</u>.

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

I am here in support of <u>S.B. 131</u>. At Progressive Leadership Alliance of Nevada, we believe in the tenets of reproductive justice; the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. The National Black Women's Reproductive Justice Agenda states that that right can only be achieved when we have complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.

Anti-abortion politicians will not stop with the overturning of *Roe v. Wade*, and we have seen attempts across the nation since then to further criminalize private health care decisions. As a state which has held up the right to abortion for my entire lifetime, it behooves this Legislature to ensure we are not only protecting the rights of Nevadans to receive abortion care but protecting the data and privacy of anyone who seeks abortion care in our state. This is a necessary step to affirming Nevada's values of reproductive freedom and ensuring that access to abortion for out-of-state patients will continue uninterrupted no matter what bans other states enact. We urge your support.

Annette Magnus, Executive Director, Battle Born Progress:

We are here today in strong support of <u>S.B. 131</u>. In Nevada, we value the rights and freedoms to make decisions about if or when we want to have children. That includes the right and freedom to obtain an abortion safely. When *Roe v. Wade* was overturned last year, many states, including those neighboring Nevada, swiftly moved to crack down on the rights of their residents by outlawing or heavily restricting access to abortion. Naturally, this led to some patients coming to Nevada where, thankfully, we uphold those rights.

Unfortunately, the restrictive abortion bans in some states include measures to prosecute their residents who make the trek out of state. The Nevada Legislature has before them a chance to codify these protections into law with <u>S.B. 131</u> for everyone. We think they should do so in order to provide legal assurance to Nevadans that their right to access abortion is protected, and so we may continue to be a safe haven for those risking so much to travel here. We want to thank Senator Cannizzaro for her work in bringing this important bill forward.

Chair Marzola:

I want to remind everyone who does not get a chance to testify today, you can turn in your testimony to the committee secretary, who will make sure the Committee gets it and it is uploaded.

Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice America; and State Director, NARAL Pro-Choice Nevada:

[Read from written testimony, <u>Exhibit E.</u>] I am here to register our support for <u>S.B. 131</u>. NARAL Pro-Choice Nevada is a nonprofit advocacy organization dedicated to advancing reproductive freedom for all Nevadans through legislative political and community organizing. NARAL has organizers in Nevada that allow us to organize in the community. We have been on the ground here since 2016 when we had more than 900 members. Now, through our door-to-door outreach, phone banking, online actions, and community events, we have recruited more than 48,000 members across the state and are growing every day.

In the aftermath of the U.S. Supreme Court overturning *Roe v. Wade*, Nevada has been playing a crucial role in our region for those seeking abortion care because they have been blocked from accessing it in their home states. Now, many states bordering Nevada, such as Idaho, Utah, and Arizona have implemented bans on abortion. Reproductive freedom is in a crisis like never before across the country and here in Nevada.

As a state with voter affirmed right to abortion, we must explore every avenue we can to protect our reproductive freedom, and that is exactly why this bill is so important. We are grateful to Senator Cannizzaro for championing this legislation. Our 48,000 members are ready to get to work by her side to fight for it to become law. We urge you to vote for this without delay.

Laura Campbell, Board Member, Nevada National Organization for Women; and Board Member, Planned Parenthood Votes Nevada:

I am testifying in support of <u>S.B. 131</u>. Codifying former Governor Sisolak's executive order into law would mean we trust people to make their health care choices and we trust doctors to do what is best for their patients without the risk of legal actions from their home state who may have outlawed abortion.

I recently found out I was six weeks pregnant after having my tubes tied. My doctor knew my health history and knew why I did not want to be pregnant ever again and supported my choice to have a medical abortion. Everyone should be supported in their health care decisions just as I was.

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

The American Academy of Pediatrics policy affirms that it is an adolescent's right to choose the outcome of their pregnancy and the people who should be involved. Further, this bill is critical in ensuring that doctors and other medical experts be protected to provide legal and evidence-based medicine.

Lindsey Harmon, Executive Director, Planned Parenthood Votes Nevada:

<u>Senate Bill 131</u> is a critical piece of legislation that honors the people I am so proud to name as my friends and colleagues. When I reflect on where we have been over the last few years, I am reminded of the heroes who worked countless hours, held the hands of our loved ones when we could not be there, and continued to give top quality care in spite of the intense pressure of a global pandemic.

Health care providers in this country and in Nevada deserve our utmost respect and admiration. This bill does just that. It shows doctors that Nevada stands by them; we see them as the professionals they are; and it demonstrates that even in the aftermath of the U.S. Supreme Court overturning *Roe v. Wade*, Nevada understands the crucial role we play for those traveling to seek abortion care.

As a state with a voter affirmed right to abortion, we must explore every avenue we can to protect reproductive freedom and to protect the health care professionals who provide it. Senate Bill 131 would protect the licensing of reproductive health care providers in the state, explore licensing reciprocity, and prohibit the state from extraditing reproductive health care providers. This crucial legislation will also bar the state from participating in the investigations into certain reproductive health care services. This bill is critically important, and we are so honored to show our support for this bill today as we stand with Nevada's health care providers.

Kileen Kapri Kohn, Private Citizen, Las Vegas, Nevada:

Ruth Bader Ginsburg once said, "It is essential to woman's equality with man that she be the decisionmaker, that her choice be controlling. If you impose restraints that impede her choice, you are disadvantaging her because of her sex."

On January 22, 1973, the U.S. Supreme Court ruled the *Constitution of the United States* protects a pregnant woman's liberty to choose to have an abortion without excessive government restriction. The highest court of our land acknowledged that women are equal, but now they have backtracked and thrown it to the states. Anti-choice laws are making their way through the country, creating a hierarchy. If you have a uterus, you are not equal.

Well, I say Nevada, the state I have called home since 1997, believes in true equality. Nevada has the opportunity to be a leader in the battle for equality. Senate Bill 131 would extend our state protection to those with uteruses who live in states where control and fascist

laws are not based in science and are injuring and even killing pregnant people. These people are seeking health care in our state because they are being denied the basic human right of body autonomy in their own state.

One in four women will have an abortion by the age of 45. More than half of all U.S. abortion patients are in their twenties and recognize they are not ready to raise a family. Fifty-nine percent of abortions are obtained by patients who have already had at least one birth. Seventy-five percent of abortion patients have an income level below the federal poverty level. Fifty-one percent of abortion patients were using a contraceptive method in the month they became pregnant, and nearly 99 percent of abortions occur before 21 weeks. When the abortions occur after 21 weeks, it is almost solely due to fetal abnormalities.

Women who become pregnant in states where their rights have been taken will seek abortions in Nevada, and these patients as well as the health care providers deserve legal protection. Amanda and Josh of Texas were thrilled to find out they were pregnant, only to have her water break at 18 weeks. With her baby dying inside of her, she was told by her doctors that their hands were tied, and they had to wait until she had sepsis before they could do anything.

We cannot control Texas' barbaric, cruel, and draconian laws, but we can protect women like Amanda who seek health care without fear of prosecution. I ask you to do the job we have elected you to do, which is to protect all citizens by passing <u>S.B. 131</u>.

Jas Margarita Tobon, Program Manager, Wild West Access Fund of Nevada:

The Wild West Access Fund of Nevada is the statewide abortion fund. I directly oversee intake, practical support, and community engagement. Our inception was in June 2021. We have directly funded abortion appointments since then. We are community-powered, and we are going to continue funding abortion. The influx of out-of-state callers has only tripled or quadrupled since Texas's Senate Bill 8, and since the *Dobbs* ruling even more.

Our program has evolved into including logistical or practical support for our patients out of necessity. It is support defined as anything outside of procedural funding. It is questions such as, Who will come with me when I go to my appointments? How will I get there? Where will I lay my head at night? All of these questions will continue to stir, and if people are fleeing their state in fear of prosecution, they deserve to go to a state where they do not have that fear.

Should this piece of legislation not pass, it would directly put myself, my team, the providers we work with every day, and their staff on the line. I am testifying to you that we have done everything we can to prepare for that scenario with limited resources and haste and time to protect us. Now, we need you to protect us. Please support S.B. 131.

Victoria Ruiz, Private Citizen, Las Vegas, Nevada:

I am here to urge your support of <u>S.B. 131</u>. Nevada has always been a state that values personal freedom and autonomy. This bill is a necessary first step towards affirming those

values in the realm of reproductive health care. At a time when other states are enacting increasingly restrictive laws that make it difficult or impossible for people to access abortion care, it is important for Nevada to take a stand and ensure our state remains a beacon of hope for patients in need.

As we all know, trust is crucial in the doctor-patient relationship. This bill helps to ensure patients and providers can trust each other and work together to achieve the best possible outcomes. By creating a safe and supportive environment for reproductive health care, we can ensure patients receive the highest quality of care and providers are able to do their jobs without fear of interference or harassment. This is not only a matter of protecting the rights and freedoms of patients who seek care here, but also protecting the rights and freedoms of health care providers who may be targeted by anti-abortion lawmakers seeking information or trying to interfere with our ability to provide care. Once again, I urge you to support S.B. 131 and help to ensure that Nevada remains a leader in protecting reproductive freedom and ensuring access to abortion for all.

Chair Marzola:

Even though the time is up in Las Vegas, if there is anyone that did not get to testify in support, can you please stand? We appreciate it. Are there any callers in support of S.B. 131?

Serena Evans, Policy Director, Nevada Coalition to END Domestic and Sexual Violence:

Reproductive freedom is not just a conversation about choice. It is also a conversation about safety. For victim-survivors of domestic and sexual violence, access to reproductive health care is essential for their safety planning and their ability to break free from an abuser, which is why I am here today in strong support of <u>S.B. 131</u>.

Many victim-survivors of intimate partner violence experience some form of reproductive coercion. If a victim-survivor should find themselves pregnant by their abusers, access to safe reproductive health care services is an important tool in their overall safety planning and well-being. With the constant attacks on reproductive health care nationwide, it is absolutely imperative we protect doctors and clients seeking reproductive health care services in Nevada.

For many victim-survivors, relocating to or seeking care in another state is often part of their overall safety planning, which is strategically mapped out. It is disturbing to think a victim-survivor who relocated or traveled to Nevada to seek reproductive health services could be prosecuted, along with the doctor who provided these services.

Assemblywoman Kasama, to your question, perpetrators do not force their victims to get an abortion. They often pressure them into keeping the pregnancy as a means to further control them and make them further dependent on them. The decision to have an abortion is

extremely personal and vulnerable, and if a victim-survivor chooses to ultimately have an abortion, they likely are not telling their perpetrator for the sake of their overall safety and protecting their choice.

We have a duty to protect patients, medical providers, and the overall autonomy of reproductive choice. Senate Bill 131 is a necessary tool for ensuring those seeking reproductive health care are safe to do so, in addition to serving as a tool for violence prevention.

Donna West, Private Citizen, Las Vegas, Nevada:

I am here in support of <u>S.B. 131</u>. I grew up in the days before the *Roe v. Wade* decision, and I hoped we would never see those days again, but here we are. In those days, 50 years ago as a teenager, one of my friends became pregnant. She had no access to a safe, legal abortion. Like many pregnant people who find themselves having to make that decision about their lives and their futures, she decided she needed to have that abortion. She took a risk and traveled to another state to have the procedure. Her provider took the risk to perform that medical procedure. She was able to finish high school, graduate college, get married and today she has three children at a time that was right for her.

Today, many pregnant people in other states find themselves in the same place as my friend did 50 years ago. Abortion bans in other states do not stop abortions. They put people's lives and health at risk. Those coming to Nevada to seek reproductive health care and abortion should not be subject to prosecution in their home state. Nevada should not participate in that prosecution. Additionally, Nevada must protect those who provide this legal medical procedure here. Thank you, Senator Cannizzaro, for bringing forward this vital measure to protect out-of-state abortion patients and our own abortion providers. I urge you to vote yes on <u>S.B. 131</u>.

Jessica Munger, Program Manager, Silver State Equality:

We are in strong support of <u>S.B. 131</u>. Thank you very much for your consideration on this important topic.

Melody Judilla, Deputy Director, Silver State Voices:

[Read from written testimony, <u>Exhibit F.</u>] I am calling in strong support of <u>S.B. 131</u>. The reason we are in support is simple: self-determination. As we trust and respect voters to make decisions on the issues they care about at the ballot box, we have to trust and respect individuals to make decisions about their own health care. Passing <u>S.B. 131</u> would affirm Nevada's values of reproductive freedom and self-determination. We thank Senator Cannizzaro for sponsoring this bill, and I urge the Committee for their support in <u>S.B. 131</u>.

Alan Morales, Private Citizen, Henderson, Nevada:

I am here to testify in favor of <u>S.B. 131</u>. It is a necessary first step to affirming Nevada's values in reproductive freedom and ensures access to abortion for out-of-state patients will remain uninterrupted no matter what bans other states enact. Establishing this law will protect the most vulnerable in the society, especially those who are low-income and of color.

This is important to ensure reproductive justice for all. Ever since *Roe v. Wade* was overturned last summer, here in Las Vegas, I have been helping my friends access critical reproductive health care, such as getting access to Plan B pills or birth control.

We as Nevadans deserve concrete legal reassurance that our state government will not cooperate with other state governments that are passing and continuing to enforce cruel abortion bans. Thank you for hearing my concerns. I urge you all to take this into perspective and support <u>S.B. 131</u>.

Hollie Meier, Private Citizen, Reno, Nevada:

I am a Reno resident and a mother of twin girls. I am testifying on behalf of my daughters and all the women who wanted to be there and cannot. In fact, when I was on the phone with a friend this morning, she specifically told me to speak up on her behalf because she could not attend, and that is exactly what I am doing today. I am here in strong support of S.B. 131, which is protecting abortion providers and out-of-state patients.

When the Supreme Court overturned *Roe v. Wade*, I was beyond disappointed. To go from having reproductive freedom in this country to limited and difficult access for those in over 19 other states was difficult for me to comprehend and to explain to my young daughters. That being said, while Nevada itself continues to provide reproductive freedom to her own residents, we need to be able to protect and assist those individuals who live in states where reproductive freedoms have been curtailed, to severely curtailed, and for all intents and purposes are nonexistent.

Out-of-state patients and in-state providers should be protected from legal consequences by doing what is right for themselves and their patients. All women should be afforded the right to choose, but since so many other states have taken that away, Nevada should be the state that provides this basic right without legal consequence to the patient and provider. With that being said, please support S.B. 131.

[Letters in support, <u>Exhibit G</u>, <u>Exhibit H</u>, <u>Exhibit I</u>, <u>Exhibit J</u>, <u>Exhibit K</u>, <u>Exhibit L</u>, <u>Exhibit M</u>, <u>Exhibit N</u>, <u>Exhibit O</u>, and <u>Exhibit P</u>, were submitted but not discussed and will become part of the record.]

Chair Marzola:

I am going to come back to Carson City and ask everyone who did not get to testify in support to please stand. Thank you, everyone. I will now move to testimony in opposition to <u>S.B. 131</u>. Just as a reminder, it will be 30 minutes of opposition testimony with 10 minutes here in Carson City, 10 minutes in Las Vegas, and 10 minutes over the phone lines.

Melissa Clement, Executive Director, Nevada Right to Life:

I was opposed to the poorly written executive order for the same reasons as I am opposed to <u>S.B. 131</u>. Current Nevada law has a one parent notification with judicial bypass for a minor

girl seeking an abortion, but unfortunately, it was enjoined and has never been enforced. In effect, a child getting an abortion in Nevada does not violate any laws if her parents are not notified or consent.

A month ago, Idaho passed House Bill 242 making abortion trafficking a crime punishable by two to five years in prison. Abortion trafficking is transporting a minor over the border to another state like Nevada for a secret abortion to avoid parental notification or consent. Idaho wants to protect their children. Who will Nevada protect: girls or abortion traffickers? What type of adults secretly transport someone else's child to Nevada for a surgical procedure? Senate Bill 131 shields such predators and bad actor adults who traffic children to Nevada to acquire secret abortions.

It does so by handcuffing law enforcement, prohibiting them from aiding in any investigation because section 3 of this bill would directly prohibit Nevada law enforcement from participating in the investigation of abortion trafficking, which by the way, is a crime used by child sex traffickers. That is where we get sex traffickers. The difference in parental involvement laws between Idaho and Nevada would result in protecting a predator.

<u>Senate Bill 131</u> creates a new definition not seen before in *Nevada Revised Statutes*: "reproductive health care services," which covers such disparate topics as abortion, miscarriage, and birth control. Republicans, fair warning, this is so if you vote against this bill today, your Democrat opponents can leave literature that says you want women to suffer without care for their miscarriage and might even be thrown in jail for a miscarriage.

Cynthia Sanders, Life Leader, Anglicans for Life; and Volunteer, Life Choices Community Pregnancy Clinic:

I urge you to vote no on <u>S.B. 131</u>. This bill will enable doctors and health care workers who have violated laws in other states to come here to Nevada to practice without fear of prosecution. This bill will further the damage done to women and unborn infants, as the Governor's and law enforcement's hands are tied when it involves interstate transfer of health care professionals who have violated the law in their previous state. Underlying the term "reproductive health" is the desire to open Nevada to vacation abortion. I pray God will open your hearts and minds to resist and say no to hanging our state's commerce on the lives of innocent children and opening up the idea of encouraging sex trafficking and abortion for minors without parental consent.

Janine Hansen, State President, Nevada Families for Freedom:

This day brings to mind the first time I came and testified before this Legislature was when I was 19 on this very issue. I am so thankful I have had the opportunity for my entire adult life to advocate for the innocent and the unborn. I am the grandmother of 17 grandchildren, and I was never a pregnant person, but I am a woman, a mother, and now a grandmother. I am very thankful for the fact I have been an advocate for life because my own granddaughter—who could have been the victim of abortion because her mother was

unmarried—will be graduating from high school in June of this year. What a great blessing that is to me. Those kinds of blessings will be denied many because they have chosen death instead of life.

Our founders secured the blessings of liberty to themselves and their posterity, while we in this building are killing our posterity. Senate Bill 131 will make Nevada a sanctuary state for abortion hacks, predators, sex traffickers, and for those profiteering from the killing of the unborn, just like Planned Parenthood. This is because Nevada's parental consent and notification law has been enjoined in the courts. Although the sponsor of this bill was unwilling to acknowledge that, this is a foundational issue in this particular bill because it opens us up to predators and sex traffickers. We hope you will stand for life as our founders did and reject this bill.

Joy Trushenski, Private Citizen, Carson City, Nevada:

I oppose <u>S.B. 131</u>. This bill is supported by Planned Parenthood, whose main purpose is to abort unborn babies to make money. <u>Senate Bill 131</u> will make Nevada a destination for hack abortionists, sex traffickers, and pedophiles forcing girls to get abortions without parental consent. Do not allow this. Return parental rights to parents. You have no right to violate parental rights, whether the girls live in Nevada or are from out of state. I have read Planned Parenthood in Reno has offered fly in spa vacation abortions on their website, thus promoting tourism abortion. This is wrong.

This Legislature has not had any bills supporting life choices or making adoption easier. It has only been supporting abortion. God's laws are above man's laws. We have a duty to the unborn, the most innocent, vulnerable, and helpless. Please support other options and not Senate Bill 131.

Psalms 139:13 says, "For you formed my inward parts; you knitted me together in my mother's womb." Galatians 6:7 says, "Do not be deceived: God is not mocked, for whatever one sows, that will he also reap." Please vote no on S.B. 131.

Greg Clausen, Private Citizen, Wellington, Nevada:

Commerce and Labor Committee members, <u>S.B. 131</u>, the abortion trafficker protection bill, will protect bad actors who transport minors to Nevada for secret abortions without parental notification or consent. This bill will put the government between parents and their children and make Nevada a destination for death. We are better than this. We do not reward bad actors. We protect and defend life. Vote no on <u>S.B. 131</u>.

Bob Russo, Private Citizen, Gardnerville, Nevada:

I oppose <u>S.B. 131</u>. I will read you statistics before I go on. As of a few minutes ago, there were 553 opinions against this bill while there were 215 for it. This bill appears to prohibit the health care licensing board from disqualifying unsafe abortionists from practicing in Nevada. It will not only attract those less than qualified to perform abortions, but it will significantly risk the safety of young women and girls who out of fear rush to Nevada to get an abortion.

I know we have been told this bill will not protect child traffickers and pedophiles, but I am not convinced that is the case. I think it will allow them to force and coerce underage girls who they violated in other states to come to Nevada for an abortion, posing as their assistance.

Regrettably, this bill capitalizes on the dollar signs of the cold-blooded abortion industry at the obvious expense of the lives of the unborn and the fear and angst of young children and adolescents. What these young girls need is love, compassion, understanding, and support, so they can process their situation rationally and make a wholesome decision, not a quick fix to an abortion clinic.

According to a May 20, 2022, article by Arizona representative, Debbie Lesko, "At 4 weeks, a baby's brain and heart tissue begin to develop, and the first heartbeat can be detected after 22 days . . . A preborn baby responds to touch by week 6 and scientists have discovered that preborn babies may be able to feel pain as early as 12 weeks." So yes, these children who are aborted, you are damn right they feel pain. No question about it. They suffer. I am asking you to please oppose this bill.

Susan Ruch, Private Citizen, Carson City, Nevada:

Today I am speaking to you from my heart. I had an ectopic pregnancy, and I did lose a baby. I was rushed to the hospital, and I did get health care that was an emergency. The baby would have died, and I would have died. I look at all of you, and I think babies are viable at five, six, seven, eight, and nine months. Why are we aborting these babies?

What is concerning to me is we do not seem to be discussing birth control. Unfortunately, when I was very young, I took a friend to have an abortion. I do not know whether you have done this or not, but I went, and I was so appalled. This was early in the seventies. There were women there having their second and third abortions. They use this as a form of birth control, and it is heartbreaking because you are aborting living babies. I do not think these young women understand that with multiple abortions when they decide they finally want to have a baby, they may not be able to carry a baby. It also leads to uterine cancer. I do not think this is really expressed to these people.

Somebody mentioned our forefathers. Our forefathers were righteous. They believed in God. I am going to tell you, I live my life as though Jesus Christ is living on my shoulder, and I can promise you, Jesus Christ would not be happy seeing all these babies aborted. I hope you will please not pass <u>S.B. 131</u>.

Leslie Quinn, Private Citizen, Las Vegas, Nevada:

[Read from written testimony, <u>Exhibit Q.</u>] I never heard any examples of <u>S.B. 131</u> where providers were extradited from Nevada to another state for what they did. There is no age limit here. <u>Senate Bill 131</u> is a Malekian legislation focused on dollars made under the guise of a woman's reproductive rights.

There are some duties conferred to most governors: managing agencies, granting clemency and reprieves, interfacing with other states, and the federal government. Senate Bill 131 removes Governor Lombardo's ability to protect Nevadans from chop shop abortionists and their staff who come here to practice. See page 3, lines 25 to 33 [S.B. 131]. Nevada already has an abortion law in place up to 24 weeks at six months. What is S.B. 131 trying to solve? It contains legalese and loopholes that appear to not take away Governor Lombardo's ability to protect Nevadans from nefarious abortionists. See page 3, lines 34 through 40.

This five-page Senate bill notates "without limitation" three separate times: on page 3, lines 18 and 44 and page 4, line 36. Our laws need limitations and should not have verbiage that allows a free-for-all mentality, leaving room for other elements that may continue in perpetuity.

Sadly, medical professionals and those in support of <u>S.B. 131</u> attached claims of fear, punishment, or persecution by state governments or perhaps family members for individuals who opt to travel to Nevada as a destination abortion state. The reality is, <u>S.B. 131</u> supporters are simply justifying and promoting the numbing to the sanctity of life and avoidance of the mental health issues that go along with the numbing mentality.

It is evident the society we live in continues to become more self-centered daily. Government and social media continually promote cozy and comfortable as a person's primary goal, no matter the cost to sell for others. Yet, as this unhealthy, inward focus is fabricated, internal value decreases, life's purpose is hindered, and an artificial intelligent persona sets in.

Nevada Legislators, your vote of no will honor thousands of your Nevada constituent parents who stand for growing up great leaders in our children with morals, ethics, integrity, and healthy respect for the sanctity of life. I appreciate it, and I will submit the rest of this. I am asking my legislators, Senator Marilyn Dondero Loop and Assemblywoman Brittney Miller to vote no on <u>S.B. 131</u>.

Jessica Ancell, Private Citizen, Las Vegas, Nevada:

I oppose <u>S.B. 131</u>. Senator Cannizzaro remarked earlier that people need to know reproductive health care is respected in Nevada. I would say the same of life. I pray one day life will be respected in Nevada. John 10:10 says, "The thief cometh not, but for to steal, and to kill, and to destroy. I have come that they might have life, and that they might have it more abundantly." This bill and pro-abortion statutes or constitution amendments undermines our country's Declaration of Independence. "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." Without life, what is worth fighting for?

We do not extradite or criminalize women for having an abortion in Nevada, so making a bill stating we would not do that seems frivolous. However, legitimate health care for women in Nevada is already strained. We cannot have Nevada become a sanctuary state for abortion;

not for women or for doctors harming our women. Abortion is killing babies and very possibly that could be soon full nine months. It is also killing the women seeking them out or coerced into doing them. It causes miscarriages, hemorrhaging, infertility, depression, suicide, post-abortion syndrome, perforated uteruses, cancer, and death.

Las Vegas has a terrible problem with human trafficking already. Passing <u>S.B. 131</u> would amplify and enable human trafficking. If it were you being sex trafficked, or if it were you whose life was at risk of being killed by abortion, what would you want someone to do for your life? Would it be a serious matter for you if your life was in peril? If this bill is passed, the blood of unborn babies and the women slain by abortion will be on your hands. I, for one, am not okay with my hardworking taxpayer dollars being used to kill babies. May God help us all. Jesus is returning soon. Get right with God.

Cristiane Mersch, Private Citizen, Las Vegas, Nevada:

I am here on behalf of myself today. I have been testifying here representing Nevada Right to Life and First Choice Pregnancy Resource Center in the past, but today I am here as a mom. As a mom, I am concerned about the parental notification and consent that you do not have here in Nevada laws. A lot of people already testified this is going to increase sex trafficking in Nevada. We are given a message that you are prioritizing outsiders to come here to have access to abortion like it is health care. What about the lack of medical professionals we have in Nevada? We are in the bottom. Nevada has a doctor shortage. The state ranks forty-eighth when it comes to the number of physicians per capita. When I had my third baby, my youngest Isabella, I was paying for prenatal care from a private clinician, and she could not show up in time for her birth because she was busy. I am concerned about the quality of these doctors. With this bill, it is going to open for a lot of bad abortionists to come here, and you cannot even take care of one woman here.

Also, the parental notification and consent are what I am more worried about because kids cannot make their decision by themselves. You cannot have kids in Nevada having a tattoo without their parent's notification and consent. Why are you are allowing a decision like that for a child? This is something you should worry about. They are vulnerable. They do not know how to make the decision. I made the decision to have my first child when I was 17 in high school in Brazil, and I never regretted having that baby, but I am seeing many women regretting having an abortion. Think about that. God bless you all, and please vote no on S.B. 131.

Barry Andreoli, Private Citizen, Las Vegas, Nevada:

I am an ordained pastor and have lived in Las Vegas all my life. When I was very young growing up, I experienced abortion. In fact, I am a post-abortive father for four different girls growing up because I was ignorant and did not know there was a true life inside of that body. Planned Parenthood only told us it is a clump of cells. It does not mean anything. Obviously, as a young immature and irresponsible young boy, I used abortion as contraceptive until I came to realize that is a life. There is a life growing inside of that

womb. It is separate from the mother. It has rights because as has been spoken, our Founding Fathers spoke that we have the right to life, liberty and the pursuit of happiness. Life was left out of that opposing testimony.

I greatly oppose <u>S.B. 131</u>. The term "reproductive services" has been spoken multiple times today. I think it is a play on words because reproductive means of/or relating or capable of reproduction. Women have the right to reproduce. Women have the right to seek doctors. Doctors will not get in trouble for helping women with true health care or emergency health care. If you want to reproduce, you are free to do that. This is not reproducing. This is the termination of a life. This is murder. I was a part of four murders growing up because of lack of education. It was thrown down my throat that it is not a life. Well, it is a life, and this bill is not only going to continue the pursuit of taking the innocent life of a baby, but it is also going to incorporate people coming here illegally. I ask that you oppose this bill.

Gregg Seymour, representing American Christian Caucus:

I am also a pastor. I am the pastor at Calvary Red Rock Church in the Las Vegas area. I also represent the American Christian Caucus, which is representative of multiple congregations. I know I sit here in representation of countless Bible-believing Christians who understand the sanctity of human life. God, and God alone, is the creator of life. The pastor before me, I think made some very good points. Honestly, that is not the reason we are here. That is why we are hearing this in front of the Commerce and Labor Committee now. We are not talking about health rights, specifically. We are talking about the business of opening up our state to become a sanctuary haven that will generate lots of dollars, no ifs, ands, or buts about it.

The cost to this is epic. The weight of damage and destruction that will take place. Should this bill be passed? Should Nevada be deemed the sanctuary state in the way that it is being attempted to be made? It will result in so much horrific damage. As we have heard throughout the testimony about predators and child sex traffickers, these other states understand. We do not have child protection laws here. I mean, we have some, but they are being removed as we speak. There are other bills in session right now seeking to remove even more child protection. The horrific abominations that are going to be taking place as these abusers are bringing over their victims. I adamantly oppose S.B. 131, and I pray for everyone's decision on this.

Chair Marzola:

If there is anyone else in opposition in Las Vegas, can you please stand? Thank you so much. Are there any callers in opposition to <u>S.B. 131</u>?

Katrin Ivanoff, Private Citizen, Las Vegas, Nevada:

This bill, as we have heard already several times, there are many problems we find, such as a nine-year-old girl who can be brought by somebody who is not her parent, and that would be perfectly fine. There would not be an investigation. How did that nine-year-old get

pregnant? Why did that nine-year-old get pregnant? Her parents may never even find out she was pregnant in order to be able to protect her in the future. No amendment was done to make sure parents will be involved if this is to continue. I am adamantly opposed to the bill.

There was a lady who spoke prior to me in support that was saying that it was a tragedy *Roe v. Wade* was overturned. It is not a tragedy for Nevadans. We have it in the *Constitution* that abortion is legal up to six months. You are trying to make it up to nine months with some of your other suggestions, which is appalling on itself. I do not know how this is even considered abortion and not a murder.

However, I want to acknowledge it is very sad that many of the bills you are doing this session have nothing to do with Nevadans. That bill does not help Nevadans. That bill is to protect people who do not live in Nevada. You have other bills to protect illegal persons. You have other bills for the homeless to be able to pee and poo on the street and be protected from anybody saying to them, Please do not do that. It is appalling how you have everybody else's interests in mind, but not Nevadans. Our schools are in an atrocious state. There are people who are hardworking people. I would appreciate it if you start thinking about Nevadans more and not everybody else because that is pretty much what your job is.

Michael Ryan, Private Citizen:

I am a long-time resident of Nevada and a Marine Corps veteran. I implore you to vote no on <u>S.B. 131</u>, otherwise known as the abortionist child sex trafficker and predator protection bill. This bill has nothing to do with protecting the right to have an abortion, which is enshrined in Nevada law and allowed up until six months of pregnancy; well past the point when a fetus can survive outside the womb. This bill seeks to have Nevada—known as the entertainment capital of the world—be known as the abortion capital of the world. What a sick, sad, depraved tagline. This invites abortion tourism and, because Nevada allows minors to obtain abortions without parental notification, allows Nevada to be a haven for sex traffickers and predators seeking to ensure their dark deeds remain hidden. Idaho just passed a law making it illegal to transport a child over a state line for an abortion. Senate Bill 131 will prohibit our Governor and law enforcement from cooperating with Idaho in apprehending child sex traffickers and predators. This is disgusting. Please vote no on <u>S.B. 131</u>.

Emily Mimnaugh, representing Pacific Justice Institute Center for Public Policy:

With respect to this bill, two points for section 1 of the bill protects criminal abortionists instead of Nevada women. Section 1 forbids the licensing board from considering, even considering and acting upon, the criminal act of an applicant. The board should have the right to consider those criminal acts. The board should be allowed to exercise its professional judgment, not your political judgment to determine whether, based upon the facts and circumstances, such criminal acts disqualify a candidate from licensure. Therefore, section 1 should be amended, and that amendment should say the board may disqualify but is not required to disqualify a candidate due to prior criminal acts. That amendment would protect women and would maintain respect for the professional discretion and judgment of the board.

Second, section 2 runs afoul of the Full Faith and Credit Clause, and it seems blind to the foreseeable consequences that will come back to bite Nevada if we proceed to dismantle interstate comity. As a recent example, the Nevada Supreme Court issued an opinion that was very clear about its respect for the Full Faith and Credit Clause. That case was *Franchise Tax Board of California v. Hyatt*, 538 U.S.__(2019). That was a decades long dispute making its way to our Supreme Court where, for the third time, the justices protected California from significant damages awards in the state of Nevada from our court because of the respect for the Full Faith and Credit Clause in interstate comity. Therefore, section 2 should be amended to respect the Full Faith and Credit Clause and to acknowledge our obligations with respect to extradition under the *U.S. Constitution*. Please amend or oppose this bill.

Jim DeGraffenreid, National Committeeman, Nevada Republican Party:

We are in opposition to <u>S.B. 131</u>. It says a lot that this bill is being heard in a commerce committee and not a health committee. This is abortion tourism, not merely a clean bill codifying the executive order, and it is sold on the premise that women who come to Nevada for abortions will be prosecuted in their home states. Even if that were happening, Nevada's laws cannot control another state. <u>Senate Bill 131</u> is bad in so many ways. First, let us start with the facts. Abortion is legal in Nevada until 24 weeks gestation, past the point of viability for the child, and far past other civilized first world countries find acceptable. No one in Carson City can restrict abortion in Nevada—not the Legislature and not the Governor. Despite the historical statements of supporters, only the people of Nevada can modify our abortion laws, and they have shown no inclination to do so.

This bill takes the fact that abortion is undeniably legal in Nevada and seeks to market our state as a haven for women wishing to kill their unborn children. Worse yet, it seeks to allow doctors unable to be certified in other states to practice in ours. Shoddy medical standards are how doctors like Adam Levy get to keep practicing even after abortions they perform result in the death of their adult patients.

This bill also gives cover to criminals. Nevada leads the nation in human trafficking with many underage victims. This bill creates a particular danger here where there are no parental consent laws and minors are able to get abortions without adult notification. One of the most common tactics of traffickers is forcing their victims to have abortions so the flow of illicit money does not stop. Why is the entire Democrat caucus united behind a bill that enables human trafficking in our state? Perhaps because victims cannot afford campaign donations, while NARAL, Planned Parenthood, and other purveyors of death do.

Our state is deservedly known as the entertainment capital of the world. Please do not make it the abortion capital of the world. Democrats see dollar signs and stopping the hearts of living children, but it is dirty money obtained by hurting our most innocent. Please just say no.

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:

I oppose this bill. There are some good reasons about having these procedures. I am not totally against it. I would like to share with you my story, if that is okay. I was at an abortion protest last year after the *Dobbs* decision. I wanted to see what was going on. There were a lot of elected officials, and I have it on video. People were screaming in my ear. I did not even mention my opinion about abortion. That pretty much explains everything you need to know.

[Letters in opposition, <u>Exhibit R</u>, <u>Exhibit S</u>, <u>Exhibit T</u>, and <u>Exhibit U</u>, were submitted but not discussed and will become part of the record.]

Chair Marzola:

That has ended the 30 minutes of opposition. If there is anyone here in Carson City who did not get to testify in opposition, can you please stand? Thank you, and I appreciate your being here today. We will now move to testimony in neutral to <u>S.B. 131</u>. Is there anyone wishing to testify in neutral? [There was no one.] Senator Cannizzaro, would you like to give any closing remarks?

Senator Cannizzaro:

First and foremost, I want to thank you for taking the time to hear <u>S.B. 131</u> today and for all your questions and engagement on this—what I believe is a very important issue. Obviously, a lot of folks feel very strongly about it.

I want to talk about a couple of points very quickly, and I will not take too much of your time. First and foremost, I want to be very clear this does not change Nevada's current law as it relates to abortion. There was a lot of opposition testimony that talked about what this would or would not allow and what is permissible or not permissible. This does not change any of that in Nevada law. What is current Nevada law, is current Nevada law regardless of whether or not S.B. 131 is passed. What S.B. 131 is saying is if what you are doing in Nevada is legal, we are not going to allow another state to pass a law and come in here and tell Nevadans what it is we can and cannot do, what we can and cannot put restrictions on, and then prosecute you for it. We would not tolerate another state saying because gambling is illegal in another state, we are going to allow you to come into Nevada and prosecute any person who enters into a casino. That is not how laws work. This is consistent with what we would expect. I believe, as someone said, Nevada's law should not control what another state does. Well, what Nevada's law is should not be controlled by another state either. They should not be passing laws to tell us what is legal or not legal in Nevada. This is consistent with Nevada law.

I would also note there was a lot of testimony about protecting traffickers and this idea of abortion tourism. Again, currently in Nevada, this executive order stands and has stood for nearly a year. This is what is happening in our state right now. What we are not seeing is all of these conspiracy theories come to life that are designed to detract from what the real issue is here; to detract from what it is this bill is trying to do; what the executive order is currently

doing; or to somehow scare folks into thinking you are going to enable child sex traffickers to enter into Nevada. That is fundamentally not true. It is not happening now. There is no evidence of that, and this is the current law.

I know we are in the Commerce and Labor Committee. There are many bills that can go before many committees. Certainly, this Committee is very familiar with licensing and licensure of health care providers. That is squarely within the jurisdiction of the Commerce and Labor Committee. That is why we are here. It probably could have gone to a number of committees, but that has nothing to do with the substance of this particular bill or what it is trying to accomplish. What we are trying to say is we want to protect providers who are acting within the scope of their practice, practicing under a license, and we are not going to discipline them because they provided something that is illegal in another state. I would urge your support of <u>S.B. 131</u>. Again, thank you so much for your time.

Chair Marzola:

Thank you for being here. I will now close the hearing on <u>S.B. 131</u>. I will now open the hearing on <u>Senate Bill 106 (1st Reprint)</u>, which revises provisions relating to ophthalmic dispensing.

Senate Bill 106 (1st Reprint): Revises provisions relating to ophthalmic dispensing. (BDR 54-543)

Senator Heidi Seevers Gansert, Senate District No. 15:

I am here to help present <u>Senate Bill 106 (1st Reprint)</u>. With me, I have Christopher Grimm, who is the head of Government Affairs for Warby Parker. I will turn it over to him now and make some clarifications at the end. You will see the language of the bill is very short.

Christopher Grimm, Head of State Government Affairs, Warby Parker:

I thank you for the opportunity to testify today in support of <u>S.B. 106 (R1)</u>. Warby Parker provides access to affordable—as low as \$95—quality and stylish prescription eyewear. We operate more than 200-plus retail locations across the country, including one in Las Vegas. We also sell glasses online from our two state-of-the-art manufacturing and fulfillment centers, one in New York and one in Las Vegas. Both are overseen by New York and Nevada licensed opticians, respectively. Between the manufacturing site, customer service employees, and our retail store, we employ 197 Nevadans.

<u>Senate Bill 106 (R1)</u> preserves the current regulatory framework with regard to selling glasses to people located in Nevada, whether they are bought online, in a Warby Parker retail location, a big box store, or an independent retailer. The current optician regulations will apply and do not change in any of those circumstances. I want to say that again. It does not impact the sale of glasses online or in a retail store to anyone located in the state of Nevada. We have been in talks with the state Board of Dispensing Opticians for two years. Just this morning, we spoke with their lobbyist, and we think we are close on language that would create, for the first time, a regulatory framework for direct-to-consumer sales of glasses

across state lines. No states currently have specific laws to regulate this, so Nevada would be the first to create a regulatory regime that ensures licensed opticians are involved in the process and ensures people are receiving quality and accurate prescription eyewear.

Online glasses sales are still fairly new. Warby Parker has only been around since 2010. There is a lot of skepticism about the quality of glasses you can buy online, and there are a lot of dubious retailers out there. Right now, anyone in this room can go on your computer, pull out your smartphone, and order glasses from hundreds of different providers. Some are based overseas; some are based here; some are good actors; some are not so much. Some have licensed opticians overseeing their production and verifying the quality and accuracy of the glasses they put out. Others do not have any in their manufacturing plants or even on the same continent. Again, there are good actors, like Warby Parker, that care about quality, stand behind their products, and combine state-of-the-art manufacturing techniques and innovation with the knowledge and expertise that only licensed opticians can bring to the process. To sum that up, in December, *The New York Times* conducted a review of the 12 leading online glasses retailers, including Warby Parker. They found all 12 retailers met professional standards for accuracy and glasses purchased online. Thank you, and I am happy to answer any questions.

[Supporting document, <u>Exhibit V</u>, was submitted but not discussed and will become part of the record.]

Senator Seevers Gansert:

Warby Parker was brought here. Nevada Governor's Office of Economic Development recruited them to make sure they would base one of their manufacturing facilities in our state, and they received a relatively small abatement for that. They came to Nevada to do business in Nevada. As was mentioned, they have been working with the state Board of Dispensing Opticians for a couple of years on regulations, but we are bringing this forward because it has been very difficult, and we want to make sure they stay in Nevada and continue to employ folks and grow in Nevada.

Also, as a side note, two of my children have purchased glasses through Warby Parker and have been really happy. That is another thing; we have had personal experiences with them. We have not had any problems.

Assemblywoman Kasama:

Could you walk me through the process of getting a pair of glasses from Warby Parker. How does it work?

Christopher Grimm:

Sure. Every state has different procedures. If you walk into any of our retail stores—whether that is one in Nevada or any other state—and you place an order, that order is taken by a licensed optician. They will then inspect the glasses before you come and pick them up. Depending on the state's laws, they will be the one to physically hand you the glasses when

you come in and pick them up. If you order glasses online—for example, if you lived in Nevada and order glasses online from Warby Parker—we have a manufacturing facility here that covers the western half of the United States. Our New York lab covers the eastern half.

The process is the same in glasses that go out of either location to folks outside of those states. Our manufacturing is state of the art. We have automated equipment that tests the lenses and can verify whether they fall within the prescription's frameworks. There are licensed opticians who oversee that process and conduct regular audits every day to ensure the automated equipment is functioning properly and everything that comes off the line is meeting that very high standard we have for quality and accuracy. Once the glasses go through that process, they are shipped to the folks out of state. If it is going to a resident in that state, whether it is New York or Nevada, a licensed optician will pull them off the line, do a physical inspection, box them, and mark them ready for delivery to someone located in the state.

Those are the three different processes we follow. Licensed opticians are heavily involved in all three because it is a critical service to ensure we are meeting our quality and accuracy standards.

Assemblywoman Backus:

I wanted to follow up on that question. After glasses are ordered from another state, and they are manufactured here in Nevada and shipped to that other state, I am assuming the other state has licensing requirements for opticians. Does that licensed individual in the other state then make sure the glasses conform to that prescription and properly fit the patient in the other state? Is that how that works?

Christopher Grimm:

It does not because the glasses are shipped direct to consumers. There is no point at which an optician, for example, would receive those glasses and inspect them before they got shipped to the end consumer.

Assemblywoman Hardy:

You stated several times, but to put it on the record—because we received some letters and things saying you are trying to remove opticians from the process—that that is not the case. That is not what we are trying to do. You said they are involved in these facilities. You can go into a retail store here. They are involved in the checks and procedures during the manufacturing. I want to clarify that is correct.

Christopher Grimm:

Yes, that is correct. The latest language we are working on with the Board of Dispensing Opticians would require that and ensure that happens for anyone who set up a facility in Nevada and wanted to ship glasses out of state. That requirement would apply to anyone and would keep those licensees involved in that process to ensure quality and accuracy.

Assemblyman Yurek:

I want to follow up with my colleagues' questions. I am trying to cut to the chase of what the difference is here. If I am reading it correctly and hearing your testimony correctly, the difference is, I imagine, that one of the reasons you are able to provide these prescription glasses at a lower cost is because you are dealing with higher volumes, and your manufacturing process enables that. In Nevada, the opticians inspect every set of glasses purchased that leaves for a Nevada resident. It sounds like what this is going to enable you to, instead of inspecting every prescription, do an audit of every so many prescriptions or something using your machinery that can automatically do it. An optician will then inspect every so many to determine they are at the level they need to be. Can you clarify that auditing process and how often that is happening? Are we okay with sending glasses out that are not necessarily inspected and leaving it up to the individual states to require whether or not they need somebody on their end to do it? Is that how we are dealing with this? I hope that makes sense.

Christopher Grimm:

On the first part of your question, yes, that is correct and is consistent with how we are currently operating in the state. The current regulations regarding opticians and dispensing opticians requires the verification of glasses. There was a proposed rule change to change that from "verify" to "physically inspect." I think there is a big question mark about where each state's regulatory purview starts and ends. We felt comfortable that under verification, we were compliant. Even if we believed it did not apply to glasses going out of state, we felt we were on solid footing. With the change from "verify" to "physically inspect," after we opened the lab, we asked ourselves, Okay, how do we create a framework that achieves the Board's goal—which is if someone walks into a retail location, the glasses they receive should be physically inspected, and they should receive a high level of care because they are in person and are in a retail location—while still allowing for everything you mentioned in your question, about volume, affordability, and access to happen and still guaranteeing or having strong rules in place to ensure there are checks and balances for accuracy and quality. That is how we came up with this proposal that is not in the current bill, but we have shared this language with our stakeholders that you have to have a licensed optician supervising the manufacturing, and that would include a daily audit or a daily inspection of the equipment to ensure accuracy and quality.

In terms of going to other states, again, there is no current regulatory framework for glasses shipped across state lines. It is on a state-by-state basis, and no state requires you have to ship glasses to an optician and that only they can send them to someone in that state, as far as I know.

Chair Marzola:

Are there any additional questions? [There were none.] We will move to testimony in support of <u>S.B. 106 (R1)</u>. Is there anyone wishing to testify in support? [There was no one.] [A letter in support, <u>Exhibit W</u>, was submitted but not discussed and will become part of the record.] We will move to testimony in opposition. Is there anyone wishing to testify in opposition to <u>S.B. 106 (R1)</u>?

Amanda Sloane, Private Citizen, Gardnerville, Nevada:

I am a Nevada State-licensed optician. As a licensed optician, I went through a rigorous program at the College of Southern Nevada in Las Vegas. I had to pass six national exams including the American Board of Opticianry (ABO), National Contact Lens Examiners, Inc. (NCLE), ABO Advanced, NCLE Advanced, ABO Practical, and NCLE Practical. I went to school from 2014 to 2017 and graduated from the College of Southern Nevada with high honors. When I was in school, there were five or six huge textbooks I studied from in my manufacturing class, and I made a few pairs of glasses with my own hands. There is a lot that goes into dispensing glasses and contact lenses. It takes a lot of care and passion to make sure the eyes are well centered in the frame.

Part of my job is frame styling. For each patient I help, I help them pick out a frame if they are choosing progressive lenses. If their eyes are not well-centered in the frame, there is a lot of distortion on the side or blurriness.

I disagree with <u>S.B. 106 (R1)</u> because if we are final inspecting glasses in Warby Parker's lab in the state of Nevada, and they are getting shipped directly to the consumer, it takes the power out of our hands as licensed opticians to make sure the glasses are properly fit behind the ears, their eyes are well centered, the measurements such as pupillary distance, OC height, and SEG height are correct. When I dispense glasses, I go up to them and I say, Can you see? If they cannot see, there are a series of troubleshoots I have to go through according to several textbooks. If the measurements are off during final inspection, we, as licensed opticians, are responsible for catching lab errors. Glasses and contacts are medical devices. It is against public safety and unethical to allow <u>S.B. 106 (R1)</u>.

Jennifer Letten, Chair, Board of Dispensing Opticians:

I am a practicing licensed optician in Las Vegas. On April 25, 2023, the Board of Dispensing Opticians voted to oppose <u>S.B. 106 (R1)</u> in its present form. We are aware of an amendment that could address our concerns, which we believe will allow the Board to reach a neutral position. That said, I will briefly speak to the concerns we have with the current language for the benefit of the Committee.

The current language proposed in section 6 would create a new exemption from the purview of the Board for sales to the intended wearer located outside of the state, which would exempt all design, manufacturing, and other activity. First, the language regarding an intended wearer located outside of the state is too vague and could create circumstances where prescription eyewear could be sold in Nevada to someone who is visiting from out of state. We understand an amendment is in the works that would address this concern.

Second, the current language also uses the phrase "or other activity" as a broad catchall within the exemption, which we are concerned could extremely, broadly construe to prevent all Board oversight. Again, we understand the bill proponent is working on language that would possibly resolve this concern. We are hopeful the amendment will allow the Board to settle on neutral position on this bill. Thank you for your time, and I am available for any questions the Committee may have.

[Letters in opposition, <u>Exhibit X</u>, <u>Exhibit Y</u>, <u>Exhibit Z</u>, <u>Exhibit AA</u>, <u>Exhibit BB</u>, <u>Exhibit CC</u>, <u>Exhibit DD</u>, and <u>Exhibit EE</u>, were submitted but not discussed and will become part of the record.]

Chair Marzola:

[There was a caller in opposition who had technical difficulties.] Is there anyone else wishing to testify in opposition? [There was no one.] We will move to neutral testimony on S.B. 106 (R1). Is there anyone wishing to testify in neutral? [There was no one.] Did the caller come back online who wanted to testify in opposition?

Corey Roveri, Private Citizen, Las Vegas, Nevada:

I am a licensed dispensing optician in the state of Nevada. I am calling to strongly oppose <u>S.B. 106 (R1)</u>. I also testified at length in front of the Senate Committee on Commerce and Labor. Clearly, that testimony went unheard since we are here today again. Respectfully, honestly, I am not sure how this bill has made it this far in the legislative process.

There are currently 385 opinions posted on the Nevada Electronic Legislative Information System for <u>S.B. 106 (R1)</u>. Of those opinions, 373 or 96 percent of them are in opposition to this bill. Within the exhibits, 90 percent of the written testimonies are in opposition. The same pattern was true during the verbal testimony given when this bill was heard in the Senate committee. Your constituents have already clearly and strongly voiced their opposition to <u>S.B. 106 (R1)</u>.

I can sit here and tell you why this bill is a risk to patient health, safety, and welfare. Instead, I will tell you that my office—even today—received an incorrect order from a large corporate lab. Labs of this size often spot-check their orders instead of inspecting and verifying each one before it ships. This results in many orders that must be returned to the lab to be remade due to inaccuracy. They simply do not comply with American National Standards Institute (ANSI) standards. With automated machines—known as lens meters for those who are unaware—daily audits of those machines by licensed opticians are not acceptable. Eyeglasses are meant to conform with the ANSI for eyeglass verification.

Chair Marzola:

Senator Seevers Gansert, would you like to give closing remarks?

Senator Seevers Gansert:

I appreciate the comments that have been made. I want to make clear dispensing any eyeglass they produce has to have a prescription, and this bill passed unanimously out of the Senate because there was broad support for it. There was mention of an amendment, and I think Warby Parker offered an amendment a while ago, but we have never really heard back from them. We never heard conclusively if they are in agreement with it. This is what has been happening for the last couple of years. It has been going round and round with no firm response. We believe this bill is clear, and Nevadans will have the care they need and have the inspection that is required per state law and regulations right now. I would appreciate your support.

Chair Marzola:

Thank you. I will now close the hearing on <u>S.B. 106 (R1)</u>. I will now open the hearing on <u>Senate Bill 134</u>, which revises provisions relating to vision insurance.

Senate Bill 134: Revises provisions relating to vision insurance. (BDR 57-642)

Senator Heidi Seevers Gansert, Senate District No. 15:

I am here to help present <u>Senate Bill 134</u>. This bill seeks to address the issue of insurers conditioning contracts with vision care providers based on the use and prescription of certain ophthalmic devices. Now, we are going to talk about optometrists and not opticians.

Currently, *Nevada Revised Statutes* (NRS) 686A.135 prohibits an insurer from entering a contract with the provider of vision care that conditions the provider's rate of reimbursement for vision care with prescribing ophthalmic devices or materials in which the insurer has an ownership or pecuniary interest. Further, the insurer is prohibited from increasing the rate of reimbursement if the provider of vision care prescribes such ophthalmic devices or materials.

<u>Senate Bill 134</u> expands on these prohibitions. Specifically in section 1, it adds that the insurer is further prohibited from entering into a contract with a provider of vision care that authorizes the insurer to set or limit the amount the provider of vision care may charge for vision care that is not reimbursed under the contract. That means it is a service that is not covered under the contract, but they still want a discount. For instance, you by one pair of glasses and they want you to discount the second pair 50 percent, even though they are not covering the second pair of eyeglasses.

The other thing it does is it requires the provider to use a specific laboratory as a manufacturer of ophthalmic devices or materials provided to covered persons. Basically, the optometrists want to be able to use potentially that lab or another lab, depending upon what type of glasses they are going to dispense.

I have with me a couple of folks. I have Michael Hillerby here and Jonathan Mather, who is also going to speak to this bill. Again, when the idea for this legislation was brought to me, I had no idea an insurance carrier and insurance plan could require you to discount something they are not even covering. I think it is important for folks to be able to make a living, and that it should be disclosed.

Michael Hillerby, representing Nevada Optometric Association:

I will do my best to move quickly through the provisions of the bill. <u>Senate Bill 134</u>, as introduced, does two things. It would prohibit—as part of the contract with a vision plan—that vision plan from requiring an optometrist or other eye care provider from mandating discounts on services and products for which they provide no benefit. That same practice has been outlawed in Nevada in the dental plan statutes, NRS 695D.227, for the last 10 years.

The same language exists in 22 other states for vision and in more than 40 states combined between dental and vision. Again, we think that is ultimately good for consumer choice, and we will talk a little bit more about why that is in a moment.

The second piece in section 1, subsection 1, paragraph (b), would get rid of the requirement that the customer must use only the lab selected by the plan and allow our customers and patients, along with their doctors, to make the decision about the lab to produce the glasses and lenses that made the most sense for them.

One of the concerns is what this does for costs. I want to back up a little bit about why we are here very quickly. Of the roughly 200 million Americans, according to the American Optometric Association, who have vision insurance benefits, two-thirds are covered by one of two large companies. Those companies are some of the largest manufacturers of lenses and frames in the world. In some cases, they own their own labs, and in some cases, they are now in the business of buying eye care practices, and the doctors have a contractual arrangement to work there. They have phenomenal market control over that, and there is simply not the kind of competition you see with the number of carriers in other places.

Again, back to the concern about if this potentially raises costs and if that mandated discount is of benefit to the patients potentially of that particular plan. There has been research done on that by Avalon Health Economics, LLC originally in 2016, but updated to include ten states in 2021 that showed a couple of interesting things. In states that have banned the practice of mandatory pricing for noncovered services, much as we are asking you to do, in 75 percent of the practices they examined, prices stayed the same or went lower. What our doctors want—who, like Dr. Mather and all of his colleagues in the many years I have represented them, I know them to be very strong advocates for their patients—they want their patients to be able to have choice. That should not be directed by, I really need to follow the discount that is just available here. What about other products that might be available? What about a lab? Again, I mentioned what happened in that research in states that have enacted the noncovered service.

Second is about lab choice. The argument is if we do a large volume with a single lab, you are going to get a better discount. That is a little tougher to know because it is not a true arm's length transaction, if you, in fact, as the vision plan are also part of the company that owns the same lab. What our doctors see in practice is they are often able to get better prices and better service by having lab choice. Again, that is going to be a choice of the patient and if they want to stay in network and fine with the prices, materials available, and choices they have, they can do that. In fact, I will come to the amendment [Exhibit FF] we have suggested in a moment that includes some language to that effect.

What the research found in the case of the laboratory was in the required labs, the average wait time was 15 days, and when you introduced lab choice, that wait time went to 7 days. Fifty-eight percent of respondents said they had materials come back that were higher quality and had better service. The difference in price in that study was less than 4 percent. Having

options and choice for patients, and you heard about that in the earlier bill, there is an increasing amount of competition for our practitioners who do have an optical shop and sell glasses, be they prescription like mine, sunglasses, and other things.

They have a significant amount of competition from the Warby Parkers of the world from LensCrafters—by the way, which is also owned by one of these big companies. There is Sunglass Hut, Costco, Walmart, and all types of places you can go now. Under federal law, our doctors are required to give you your prescription. You can leave and take that to get it filled wherever you would like. Many patients choose to do that. One of our doctors said to me some years ago, What I have to do is make the value proposition to the patient that getting your glasses from me, the personal service you are going to get, service from a licensed optometrist and/or potentially a licensed optician who is doing the fitting—you heard a previous witness on the other bill talk about that—if I cannot make the value proposition that it is a good buy, shame on me for not being able to do that. That is the world our folks live in. We think patient choice is really important. We think the data supports that it does not, in fact, increase costs on patients.

The amendment you have in front of you [Exhibit FF] adds a couple of other pieces. That is the one with the Kaempfer Crowell letterhead at the top and my name under the proposed by. We have met with the vision plans. They had suggested language. They also have an amendment in [Exhibit GG]. I want to be clear; we were not able to agree on all of that, but there were some points in the amendment we thought had some merits and to which we could agree. You will see language very similar to what they suggested in subsection 4, the new green language, which are disclosures that if we have any financial interest or pecuniary interest in the lab to which a patient is being referred and has the choice to do, we should disclose that. We agree. That was modeled after language we put in last session in this same chapter, and you will see in the bill in existing language for those plans when they had a financial ownership. We think that is certainly good policy for consumers.

On the second page, the new section 6 was also language that was suggested by the vision care plans that reads, "Nothing in this section shall prohibit a covered person from utilizing an in-network source or supplier" We think that is fine. We do not think that is the case now. They can certainly use that. Again, customers are going to make a choice at the end about price, service, and how quickly they can get the glasses back. I can wait on mine. If I had a job that required that or if one of my kids was a student and could not see the chalkboard, I might want those faster, and I might be willing to pay for that, or my doctor might be able to in fact get it at a better price from a local lab. That is a choice we think patients ought to have and be informed of.

Lastly in the amendment [Exhibit FF], we had some confusion about the effective date and whether, when, and how often these contracts might renew because they are evergreen contracts. After meeting with the vision care plans, and after a phone conversation with your committee counsel yesterday, Mr. Quast, we would suggest leaving the language as it is in the bill and not accepting the specific change. We will work through that with the Division

of Insurance from the Department of Business and Industry and others to try to get some clear definition. There are some impairment of contract issues and other things your counsel could explain far better than I.

In summary, we think these choices for patients are important. I have been representing the Nevada Optometric Association a long time, and I know their commitment to advocating for their patients. We think this makes sense. We think the data supports it does not increase costs on patients. If they do choose something that might be more expensive, again, they do that with full information in hand, and we ultimately think that is important. We will be happy to answer questions. We appreciate your consideration. I also want to introduce Dr. Mather. He will tell you a little bit about what he does in his practice.

Jonathan Mather, Private Citizen, Carson City, Nevada:

I would like to add a few things to what Mr. Hillerby was saying to clarify the situation. We run into issues in medicine, and there are large medical insurance companies out there. What you do not see is them buying up pharmaceutical companies. I think we all know why. There is an obvious conflict of interest when you own both the insurance company who is paying for things and the people who are giving out these prescriptions.

What is happening in the vision care industry is vision insurance companies are buying up frames and lens manufacturers like crazy because they can make money twice on our patients and their consumers. If costs are going to go up, it is the people who set the prices that are going to raise those costs. If costs are going to go up, I would love to see some economist, or some sort of study come out that prove that costs go up. We have already done our own studies by an independent organization that shows it does not happen. That is the only argument they really have against passing this bill. By they, I refer to the vision insurance companies.

The other thing I would point out if anyone has watched the news in the last two months or so, you see this large EssilorLuxottica. It is a big company out of Italy. They own EyeMed, LensCrafters, and thousands of labs across the world. They are one of those big two or big three. All they are doing is buying up more and more of the resources that they have because laws like this do not exist to protect patients and doctors and create a fair and open market like we need.

Assemblywoman Jauregui:

Thank you for bringing this bill. It is very familiar to me. I carried it last session, and I am happy to see it is back and has made it further than mine did. I want to clarify for the record. I think it is a very simple bill in what it does, and I think it makes a lot of sense. The way I read it, section 1, subsection 1, paragraph (a) tells insurers you cannot say, Hey, I do not cover this, but I am still going to tell you how much you have to charge for it. Is that correct?

Michael Hillerby:

That is correct. If they are not providing a benefit for that, they should not be in the position to set prices for that. Again, exactly what you have done in the dental statutes here about a decade ago.

Assemblywoman Jauregui:

My other question was in section 1, subsection 1, paragraph (c) about adding that "conditions." I am familiar with this because we see this a lot throughout different chapters that cover insurance. It sounds like it is an inducement, right? Use my company and the companies I own, and I will reimburse you more, which is an inducement of business. We see that is prohibited throughout the insurance chapters, whether it is property and casualty, title insurance, or any other type of insurance. We see inducements are prohibited, so this seems to make sense to me. Again, this is saying you cannot condition reimbursement rates on whether or not we are using a company you own.

Michael Hillerby:

Yes, that is accurate. We think the language on page 2, lines 3 and 4 of the bill are very important about entering into a contract, and we think that is consistent with the language in the dental statutes in NRS Chapter 695D. If in fact, the discount programs make sense for a practice and for their patients, that is something they could enter into with any number of provider groups, not just the vision plan. They may decide to do that for state employees, for example. I know Dr. Mather's practice does that. When the Public Employees Benefits Program changed their benefits and reduced what was available, they made an across-the-board discount available. That should be separate and apart from any negotiations in any contract involving reimbursement rates. That is what we are asking to have.

Chair Marzola:

Are there any additional questions? [There were none.] We will move to testimony in support of S.B. 134. Is there anyone wishing to testify in support?

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:

I support this bill after hearing all these talks about it. I wanted to give you a reminder if you can make sure you put these bills on the agenda day after when it is actually happening, so we will have more time. [technical issues]

Peter Guzman, President, Latin Chamber of Commerce:

We are in full support of <u>S.B. 134</u>. <u>Senate Bill 134</u> protects consumers by prohibiting insurers from setting limits on the amount a provider of vision care can charge for services. This bill prohibits an insurer from requiring a provider of vision care to use a specific laboratory as the manufacturer. This bill requires insurance to disclose any ownership, and this bill prohibits from conditioning any rate of reimbursement for vision care on the provider of vision care prescribing these devices and materials in which the insurer has an ownership or other interests.

Overall, <u>S.B.</u> 134 is a vital piece of legislation that protects consumers, enhances transparency, and prevents unfair business practices. It ensures providers of vision care can make decisions based on the needs of their patients and not on the interests of insurers. Please pass <u>S.B.</u> 134.

Spencer Quinton, President, Nevada Optometric Association:

I have been practicing in Henderson for nearly 24 years. I am calling in support of <u>S.B. 134</u>. This will curb anti-patient, anti-doctor mandates vision care plans have been using for years to increase their profits in these vertically integrated business models at the cost of higher prices for patients and reduced access for patients. This would prohibit them from limiting the doctor's choice of optical labs and mandating forced discounts on services and materials they do not cover or reimburse. In real life, I think it has been covered well, so I will keep it short, but we do see patients on a daily basis who are having to sacrifice good vision to be able to use their benefits. They should not have to. They should be able to use their benefits and at their choice of labs, which will result in higher patient satisfaction and quicker response, quicker care for patients. People obviously need their vision to get work done.

Twenty-two states and counting, as Mr. Hillerby mentioned, have this type of legislation. There is proposed federal legislation that is similar. It is time for Nevada to also protect the vision of its citizens. I urge support of <u>S.B. 134</u>.

Chair Marzola:

Is there anyone else wishing to testify in support? [There was no one.] We will move to testimony in opposition to <u>S.B. 134</u>. Is there anyone wishing to testify in opposition?

Julian Roberts, Executive Director, National Association of Vision Care Plans:

The National Association of Vision Care Plans members consist of 16 vision care plans all across the country. Only 2 of those 16 have retail and lab organizations. Even both of them use labs and retail organizations they do not own as part of their networks. Through those 16 plans, they cover over 218 million Americans. Here in Nevada, they cover over two million Nevadans, 200 of whom are seniors that are on Medicare Advantage programs here within the state.

We stand in opposition to <u>S.B. 134</u> as currently drafted. Vision benefits is a consumer product as consumers seek to manage their out-of-pocket costs for vision correction, frames and lenses. On behalf of consumers, vision plans negotiate arrangements with eye care professionals to discount to ensure our consumers' out-of-pocket costs are protected, and in return, the plans direct their insureds to the providers agreeing to accept these agreements. Plans also credential these providers to ensure they have an active license, have adequate coverage for their practices, and do not have any sanctions to ensure consumers are being directed to qualified providers. Plans do the same with their labs and their network, negotiating significant discounts based on volume as well as strict performance standards on turnaround times and limits on errors and defects.

<u>Senate Bill 134</u> would prohibit our ability to negotiate on behalf of the consumer for noncovered materials, which can be marked up as much as 260 to 400 percent from wholesale to retail. In addition, coatings that could be added to a lens by providers' recommendations can be increased from wholesale to retail and as much as 600 percent in regard to that.

This bill also impacts discount-only plans. AARP has a discount-only plan for all of its members across the country. If this bill passes, there are no benefits being paid through the AARP program, and they utilize one of our members organization's contracts to provide access to seniors for those savings.

As I stated, we currently stand in opposition of <u>S.B. 134</u> as currently drafted. We have proposed amendment language [<u>Exhibit GG</u>] we have used in other states and came into agreement with optometric organizations in the state of Ohio, Pennsylvania, Nevada, Utah, and within the last two weeks in Illinois. This negotiated language option gives an eye care professional an opportunity to opt out of these provisions if they would like, but if they would like to maintain those provisions, they can keep those in and will still be a part of the network and in the directory. It allows them a chance to opt out at the same time it protects the out-of-pocket cost for consumers. I will turn it over to Michael Alonso to review the proposed draft amendments [<u>Exhibit FF</u> and <u>Exhibit GG</u>], if it is okay with the Chair.

Michael Alonso, representing National Association of Vision Care Plans:

As Mr. Roberts said, there are two amendments [Exhibit FF] and Exhibit GG]. We were not able to come to agreement with Mr. Hillerby's client and what they sent back to us, which we did not agree to, then got submitted as an amendment [Exhibit FF]. We spoke to you, Chair, and let the sponsor know we would be submitting this [Exhibit GG], so we could at least provide the differences. I will briefly go through those differences.

In section 1, subsection 1, that is the language Mr. Roberts was talking about that is in green: "as a condition of participation require a provider of vision care to" What that does is allow that provider to opt in or opt out. That provides that disclosure to the insured that the provider is providing the discounts, or they are not providing the discounts. We think that is really important. The proponents talked about providing full information to consumers, and that would provide full information to consumers.

The other significant change is in section 1, subsection 4. In the disclosure, they deleted the language related to rebates and rewards programs. That is in our version [Exhibit GG]. We think if you are going to make the disclosure, it is not just ownership. Some optometrists have ownerships and labs, and they have other pecuniary interests. There are also a lot of rebates and rewards programs where they receive benefits for sending a patient to a lab. We believe those things should be disclosed. We had some discussion with the other side about that. They thought disclosure meant they had to specify what the rewards and rebates are. We tried to make that clear we are requiring the general disclosure there is the existence of rebates or reward programs. With that, we would be happy to answer any questions if there are any.

Chair Marzola:

Committee members, are there any questions? [There were none.] Is there anyone else wishing to testify in opposition?

Stacie Sasso, Executive Director, Health Services Coalition:

The Health Services Coalition represents 26 employer- and union-sponsored self-funded health plans in southern Nevada, including the Las Vegas Metropolitan Police Department, firefighters, various gaming employers, and union health plans including Culinary Workers Union, Teamsters, electricians, plumbers, and others. The Coalition is in opposition of S.B. 134 as proposed. There will be a direct impact to our members' out-of-pocket expenses as well as a potential increase in cost of care that may be passed down to the health plans we represent. The Coalition negotiated the same provisions out of the vision bill brought by the same proponents last session, and we would like them amended out of this bill again. With the provisions remaining, the Coalition remains in opposition. Thank you. Thank you for your testimony.

Chair Marzola:

Is there anyone else wishing to testify in opposition? [There was no one.] We will move to neutral testimony. Is there anyone wishing to testify in neutral to <u>S.B. 134</u>? [There was no one.] Senator Seevers Gansert, would you like to give any closing remarks?

Senator Seevers Gansert:

I appreciate your hearing the bill today. I am going to let Mr. Hillerby go ahead and respond to some of the issues that were brought up.

Michael Hillerby:

Again, it is not our intent that discount plans would not exist, including for AARP and others, but that those should be negotiated separate from the actual insurance contract itself. That should be a stand-alone piece the practice can make a decision about and respond to the needs of their patients and community.

In terms of the Health Services Coalition, I was negligent in not pointing out to the Committee when I testified that we did in fact meet. They were gracious enough to meet, Ms. Sasso and some of her members with some of ours, including Dr. Quinton who was on the phone earlier, to talk about the importance of this to the Association and the patients we serve. It was a very cordial meeting. Ultimately, we were not able to agree and hence why we brought the bill. I do want to acknowledge we did spend time with them, and they were gracious enough to do that and try to work through those issues. Ultimately, we were not able to agree, which is why we are here. We would be happy to answer any other questions.

Chair Marzola:

Committee members, are there any additional questions? [There were none.] Thank you for being here today with us. I will now close the hearing on <u>S.B. 134</u>. I will now open up for public comment. Is there anyone wishing to give public comment? [Public comment was heard.] Committee members, are there any comments or questions? [There were none.] This concludes our meeting for today. Our next meeting will be Friday, May 12, 2023. This meeting is adjourned [at 4:16 p.m.].

	RESPECTFULLY SUBMITTED:
	T. 11. A. 1
	Julie Axelson Committee Secretary
APPROVED BY:	
Assemblywoman Elaine Marzola, Chair	
DATE:	

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.

Exhibit C is written testimony submitted by Vivian Leal, Private Citizen, Reno, Nevada, regarding Senate Bill 131.

Exhibit D is written testimony submitted by Kristina Tocce, Chief Medical Officer, Planned Parenthood of the Rocky Mountains; and presented by Briana Escamilla, Director of Regional Organizing, Planned Parenthood of the Rocky Mountains, regarding Senate Bill 131.

<u>Exhibit E</u> is written testimony submitted by Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice America; and Lead Staffer, NARAL Pro-Choice Nevada, regarding <u>Senate Bill 131</u>.

Exhibit F is written testimony submitted by Melody Judilla, Deputy Director, Silver State Voices, regarding Senate Bill 131.

Exhibit G is a letter dated May 10, 2023, submitted by Paige Barnes, representing American College of Obstetricians and Gynecologists, in support of Senate Bill 131.

Exhibit H is a letter dated May 10, 2023, submitted by Julie Shackelford Barger, Private Citizen, Sparks, Nevada, in support of <u>Senate Bill 131</u>.

<u>Exhibit I</u> is a letter signed by Sarah Watkins, Interim Executive Director, Nevada State Medical Association, in support of <u>Senate Bill 131</u>.

Exhibit J is a letter dated May 10, 2023, submitted by Peter Barger, Private Citizen, Sparks, Nevada, in support of Senate Bill 131.

<u>Exhibit K</u> is a letter dated May 10, 2023, submitted by Jonnette Paddy, Community Organizer, Native Voters Alliance; and Abortion Fund Director, Indigenous Women Rising, in support of <u>Senate Bill 131</u>.

Exhibit L is a letter submitted by Lora Templeton, Private Citizen, Carson City, Nevada, in support of Senate Bill 131.

<u>Exhibit M</u> is a letter submitted by Deborah Nicholas, Private Citizen, Incline Village, Nevada, in support of <u>Senate Bill 131</u>.

<u>Exhibit N</u> is a letter submitted by Michael Maiello, Private Citizen, Carson City, Nevada, in support of Senate Bill 131.

Exhibit O is a letter dated May 2, 2023, submitted by Nancy Cowden, Private Citizen, Las Vegas, Nevada, in support of Senate Bill 131.

Exhibit P is a packet of letters in support of Senate Bill 131.

Exhibit Q is written testimony submitted by Leslie Quinn, Private Citizen, Las Vegas, Nevada, regarding Senate Bill 131.

Exhibit R is written testimony dated May 10, 2023, submitted by Karen Kogelschatz, Private Citizen, Las Vegas, Nevada, regarding Senate Bill 131.

Exhibit S is a letter submitted by Janet Driver, Private Citizen, in opposition to Senate Bill 131.

Exhibit T is a letter submitted by Loretta Bellanger, Las Vegas, Nevada, in opposition to Senate Bill 131.

Exhibit U is a packet of letters in opposition to Senate Bill 131.

<u>Exhibit V</u> is a document titled "Warby Parker Impact Report," submitted by Chris Ferrari, representing Warby Parker, regarding <u>Senate Bill 106 (1st Reprint)</u>.

Exhibit W is a letter dated May 9, 2023, signed by Joseph B. Neville, Executive Director, National Association of Retail Optical Companies, in support of Senate Bill 106 (1st Reprint).

<u>Exhibit X</u> is a letter dated May 11, 2023, signed by James M. Morris, General Counsel and Executive Director, American Board of Opticianry and National Contact Lens Examiners, in opposition to <u>Senate Bill 106 (1st Reprint)</u>.

Exhibit Y is a letter signed by Donna Hatch, Executive Director, Opticians Association of Nevada, in opposition to Senate Bill 106 (1st Reprint).

<u>Exhibit Z</u> is a letter submitted by Michael Kim, Private Citizen, Las Vegas, Nevada, in opposition to <u>Senate Bill 106 (1st Reprint)</u>.

Exhibit AA is a letter submitted by Anthony Kearney, Private Citizen, in opposition to Senate Bill 106 (1st Reprint).

<u>Exhibit BB</u> is a letter submitted by Ledonna Buckner, Private Citizen, West Point, Virginia, in opposition to <u>Senate Bill 106 (1st Reprint)</u>.

Exhibit CC is a letter submitted by Macie Bennett, Private Citizen, in opposition to Senate Bill 106 (1st Reprint).

<u>Exhibit DD</u> is a letter submitted by Kyle Abraham, Private Citizen, in opposition to <u>Senate Bill 106 (1st Reprint)</u>.

Exhibit EE is a packet of letters in opposition to Senate Bill 106 (1st Reprint).

<u>Exhibit FF</u> is a proposed amendment to <u>Senate Bill 134</u>, submitted by Michael Hillerby, representing Nevada Optometric Association.

Exhibit GG is a proposed amendment to Senate Bill 134, dated May 10, 2023, submitted by Julian Roberts, Executive Director, National Association of Vision Care Plans.