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

Eighty-Second Session
June 3, 2023

The Committee on Commerce and Labor was called to order by Chair Elaine Marzola at 4:38 p.m. on Saturday, June 3, 2023, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/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 Melanie Scheible, Senate District No. 9

STAFF MEMBERS PRESENT:

Marjorie Paslov-Thomas, Committee Policy Analyst
Sam Quast, Committee Counsel
Joe Steigmeyer, Committee Counsel
Cyndi Latour, Committee Manager
Spencer Wines, Committee Secretary
Bet Torres, Committee Assistant

OTHERS PRESENT:

John (Rob) Phoenix, Owner, Huntridge Family Clinic
Brooke Maylath, Private Citizen, Reno, Nevada
Erika Castro, Organizing Director, Progressive Leadership Alliance of Nevada
Dakota Hoskins, Political Director, Service Employees International Union Local 1107
Lea Case, representing Nevada Chapter, National Alliance on Mental Illness
Elyse Monroy-Marsala, representing Nevada Psychiatric Association
Tony Ramirez, representing Make the Road Nevada
Paula Luna, Operations Manager, Battle Born Progress
Leann McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics
Jayme Jacobs, Private Citizen, Las Vegas, Nevada
André Wade, State Director, Silver State Equality
Matthew Wilkie, Private Citizen
Janine Hansen, State President, Nevada Families for Freedom
Jim DeGraffenreid, National Committeeman, Nevada Republican Party
Michael Ryan, Private Citizen
Lynn Chapman, State Treasurer, Independent American Party
Kathleen Palmer, Private Citizen
Nicole Harris, Private Citizen, Reno, Nevada
Teresa DeGraffenreid, Private Citizen

Chair Marzola:
[Roll was called and Committee rules and protocol were explained.] We will be hearing Senate Bill 163 (2nd Reprint). That is the only bill on the agenda today. I will now open the hearing on Senate Bill 163 (2nd Reprint), which requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria and gender incongruence. Before you get started, I want to give a lay of the land. I am going to limit testimony to 30 minutes in support, 30 minutes in opposition, and 30 minutes in neutral.

Senate Bill 163 (2nd Reprint): Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria and gender incongruence. (BDR 57-129)

Senator Melanie Scheible, Senate District No. 9:
I am here to present Senate Bill 163 (2nd Reprint) to you today. I am joined by Brooke Maylath. I do not think our presenters are on Zoom today. If they do pop in, Sy Bernabei from Gender Justice Nevada and Rob Phoenix from the Huntridge Family Clinic might appear to help answer some questions.

I am going to give you a brief overview of what the bill does and then walk through it with you. I know that it looks lengthy, but most of the provisions are contained in the first five pages. Then they are repeated throughout different sections of the *Nevada Revised*

Statutes (NRS) in order to make them apply to all the various different kinds of health insurance plans that are covered in the *Nevada Revised Statutes*: preferred provider organizations; health maintenance organizations; public plans; private plans; plans that start on Tuesdays; and plans that start on Thursdays. There are so many plans—you understand because you all sit on Commerce and Labor.

The purpose of S.B. 163 (R2) is to ensure that for anyone who is covered by a health insurance plan, that health insurance plan is prohibited from discriminating against them based on their gender identity or expression. Whatever procedures, treatments, or surgeries they provide for people who are cisgender, in other words, people who identify with the gender they were assigned at birth, they also have to provide them for someone who is trans, nonbinary, or gender nonconforming. The language in this bill has been modeled from statute that has been passed in other states as well as health plans from within the state of Nevada.

I am going to jump right in and walk you through the sections of the bill. Section 1.3 probably has the bulk of the language in it. Subsection 1 basically says that a health insurance plan has to cover certain gender-affirming care. It includes a list of providers that care might come from. It is not exhaustive, but it is also not exclusive. It is modeled after Hawaii's statute to provide guidelines rather than leaving it exceptionally vague and just saying you have to cover gender-affirming care. It lists the kinds of providers who are often involved in gender-affirming care. Subsection 2 is a very important and specific carveout to ensure that no insurance policy is on the hook for a cosmetic procedure. A cosmetic procedure is defined later in the bill. The purpose of this is not to allow anyone to exploit their health insurance policy to get surgery to enhance their features, be it on their face or their reproductive organs. The purpose is that someone who has been treated by a doctor and that doctor determined surgery is medically necessary for that person and prescribes it, then the insurance company would have to cover that procedure. If it is not medically necessary, the insurer would not have to cover it. I will get into the contours of medically necessary as I work through the bill.

Subsection 3 prohibits an insurer from making an exception or avoiding the purpose of the law by having a blanket exclusion for gender-affirming care. We have seen that in other states, so that is the purpose of having subsection 3 in the bill. Subsection 4 is the section that pertains to people who are under the age of 18. I did consider bringing this bill without subsection 4 in it, but without subsection 4, the bill as it applies to adults would be the same for children. Generally when we pass a law in the state of Nevada about health insurance policies, they apply the same to adults and children. To give you an example, every time we alter the step therapy exceptions, we do not write into law for adult patients that they must do X, Y, and Z and for juvenile patients, they must do A, B, and C. We set one standard for insurers that if a doctor says this patient needs to be exempted from the step therapy, then this doctor is able to have that patient exempted whether the patient is two months old or 200 years old. We did not want to do that with gender-affirming care because I understand the complexities of this issue and the concerns that were raised by both the medical profession and my colleagues throughout this body.

What section 4 says is that for a minor, the insurer can implement stricter guidelines than they do for adults. For minors, they can require those five things listed in the subsections. They can require treatment by a psychologist; they can require treatment by a physician in addition to a psychologist; they can require the minor to provide a written request; they can require a one-year plan; and parental consent is required. Parental consent is already required under Nevada law. No insurance plan can exempt a treatment from the parental consent requirements of NRS Chapter 129.

Subsection 4, paragraph (e) ensures there is no difference in gender-affirming care than any other type of care when it comes to obtaining parental consent for the treatment of a person who is under the age of 18. Subsection 5 gives us a reference point to talk about what kinds of treatments and procedures should and would be included in those insurance policies. When I talked earlier about medically necessary care and the kinds of providers who might provide that medically necessary care—we utilize World Professional Association for Transgender Health (WPATH) as the professional organization that sets those standards. Instead of having us as politicians debate and say, Hey, hormone therapy at this level is appropriate for a 21-year-old person or hormone therapy at that level is appropriate for a 35-year-old person. The WPATH outlines the standard of care that the insurance company can, should, and has to comply with. The WPATH does not set out what kinds of treatments people have to undergo. It does not set out what the insurance company has to cover or cannot cover, but it provides a standard in law for everyone to refer to other than to go to court and fight about it.

Subsection 6 simply requires that an insurance company make an effort to include people in their network who provide services and specifies that if they do not have an in-network provider, those claims will be treated like any other out-of-network claim. Subsection 7 simply requires that if the insured person appeals the decision of the insurance company to cover their care that their appellate procedure has to include someone who is informed on gender-affirming care and who practices in that area to sit on the panel or committee that reviews appeals.

Subsection 8 is language that enacts this on July 1, 2023. Subsection 9 has the definitions. I am not going to read all of them to you. I do understand there may be questions on them, so I will just leave it to you to tell me where the questions are, what I can clarify, and not waste your time by reading them to you.

That takes us to page 5 where there is one more section to the bill with real policy thrust. Section 1.6 is the nondiscrimination clause, which clarifies that if someone is already covered by an insurance policy and has not been receiving gender-affirming care and they decide to start seeking gender-affirming care, the insurance company cannot cancel their policy, raise their rates, or deny them coverage because they have decided to seek gender-affirming care or because the insurance company has become aware that someone is trans or is nonbinary. This may happen, especially when you are talking about employer-sponsored health care. It might not be that they are seeking any kind of different health care, it might be

that in the workplace they have changed their pronouns or changed their name. It would be prohibited for the insurance company to stop covering that person once they found out about that change in their life.

As I indicated before, the rest of the bill repeats those same sections verbatim in the different chapters of the NRS that address health insurance policies. I will not continue to go through them. I will turn it over to my copresenters to give you a little bit more context about the importance of this care and this policy. I would like to turn it over to Mr. Phoenix.

John (Rob) Phoenix, Owner, Huntridge Family Clinic:
I am here representing the patients that I provide care for in Las Vegas and southern Nevada. Huntridge Family Clinic is the largest provider of gender-affirming care, and I am here to answer any questions that the Committee has. I just want to be respectful of the time of the Committee and thank you for this opportunity. I will yield the rest of my time.

Brooke Maylath, Private Citizen, Reno, Nevada:
Why am I here? Why have I brought this bill forward for a second session? The fact is I have privilege, and I am compelled to speak for those who have a distinct lack of privilege. My path that led to me sitting in this seat has had many challenges. I was born transgender in a time which lacked understanding and when simply being opposed to war was considered radical. I have experienced a lifetime of dealing with gender dysphoria and internal discomfort in my body and soul and how I interact in our society. With this has come stigma and exploitation, heartbreak, poverty, hope, and despair. I have lost jobs; I have lost family; I have lost health care. I have lost life opportunities due to being transgender. I have experienced domestic violence, sexual assault, rape, suicide attempts, and threats on my life. I have experienced threats of violence in this building. I have endured attacks from those who have chosen to vilify and dehumanize me and people like me by spreading intentional lies and disinformation. And I remind you, I have privilege.

That is why I am here. To put voice to the needs of those who have not had the privileges that I have had. That is what community does. It supports one another. It is due to finally being able to access health care that I am able to be here today. That is what S.B. 163 (R2) is about, allowing transgender people to access medically necessary health care to treat gender dysphoria. Medical treatment to provide certain procedures has long been classified as cosmetic as an arbitrary administrative method to deny coverage. This bill requires health plans to appropriately evaluate such procedures along an agreed upon international standard to determine if the procedure is medically necessary on a case-by-case basis.

There has been no opposition from industry on this bill. Companies have recognized maintaining these exclusions has been failing when contested in our courts, incurring huge penalties and legal costs for all. Let us codify inclusive medically necessary coverage and put those dollars to patient care for the betterment of all. Let us pass this bill. Let us allow those who experience life differently than you a chance to access the health care they need

and have hope to achieve the inner peace that we all hope for. Please support this community. Thank you for listening. Thank you for voting yes on this bill. A yes vote saves lives.

Senator Scheible:
We are open for any questions.

Assemblyman O'Neill:
Do you know the rate of children that experience general dysphoria that actually grow out of it as they go through puberty or get older, become adults? Is there any tracking of that information?

Brooke Maylath:
The data is thin. To the best of our knowledge, it is less than 1 percent. It is a very significantly low number. Lifetime regret from being allowed the chance to at least have social transition and perhaps access to puberty blockers allows people to get to an age where they can make a qualified and informed consent.

The history of administration of health care in this state is that until the age of 18, treatment is social, it is acceptance and affirmation, and it is puberty blockers on very rare occasions. There may be cross-gender hormone therapy that starts at age 16 or so. It is a case-by-case scenario when other alternatives have been exhausted. When we are looking at kids that are suicidal, this is lifesaving. Surgical options, to the best of my knowledge, have never been performed in Nevada for anyone under the age of 18.

Now, the same cannot be said for cisgender girls having rhinoplasty or breast augmentation. There is no prohibition on that, and those are done as a cosmetic procedure on girls as young as 13 years old. We are not talking about that. We are talking about a multidisciplinary medical team with parents, with behavioral health, with primary care to be able to understand what the needs of that individual are and to be able to make a decision on what is medically necessary for that individual, whether that individual is under the age of 18 or over. These are the pathways; these are the checks and balances that we have built into this bill so that it is not just an automatic write a check. We want there to be the appropriate checks and balances for everybody's sake. We are just trying to keep people alive.

Assemblyman O'Neill:
You said it was less than 1 percent of X number of youth that had this dysphoria. Are there negative repercussions to that 1 percent that they are unable to change? Does it have a lifelong effect on their mistaken decision?

John Phoenix:
As the medical provider, providing care to adolescents that are in this kind of gray area—8 is the youngest child that I have taken care of all the way up to age 18. One of the advantages of this bill is it allows us to help access services for kids, one of those being puberty suppression medications, which in essence puts a pause on the development of the secondary

sex characteristics, which is so dysphoria producing for many of these adolescents. When we get to the point where if they are in that 1 percent who do decide that this is not the transition path that they want, we stop the puberty suppression medication and puberty picks up where they left off. They would be considered a late bloomer.

Everybody goes through puberty in different phases. Think back to your puberty, where there were some kids in your high school and middle school that got beards much faster than you did or had deeper voices. That is essentially where these kids would fall in. The advantage to that is it does not stop their physical growth. They will continue to have expansion of the chest cavity, their physical features, but it does prevent the breast development, the genitalia development, and the onset of menses if they were assigned female at birth. It also helps us get to a point where we can support them through counseling, help with the harmful behaviors of cutting, suicide ideations, attempts, depression, all the significant negative impacts that these adolescents are experiencing, which oftentimes get extremely better as they are able to access the services.

Assemblyman O'Neill:
I am confused. For clarification, you are saying the 1 percent of children that want to return back to their original biological position do cutting, suffer suicidal thoughts, and you treat them too. There are some negatives to this mistaken decision they have made if I understand you correctly.

John Phoenix:
In this population, there are very high rates of suicidal ideation and depression. Many of these adolescents experience these symptoms. Many of these adolescents come in with a history of cutting, which is a behavior aimed at relieving pain. It is not an attempt to injure themselves. It is an attempt to relieve pain and—

Senator Scheible:
When you say this population, you are referring to all adolescents who experience gender dysphoria, right? The whole population of adolescents with gender dysphoria.

John Phoenix:
Correct.

Assemblyman O'Neill:
I just want to talk about the population—thank you, Senator, for helping me there. I just want to talk about the population that have changed their mind, for lack of a better term, and wish to be back to their original biological position. That is what I am asking about. If they started this transition and then want to go back, what are the effects to them?

Senator Scheible:
I can be a little bit more blunt than my colleague from the Huntridge Clinic and say they are fine. That is because we are moving to a model of gender-affirming care. What gender-affirming means is not that a person, be they a child or an adult, walks into their

doctor's office one day and says on day one, my plan is to switch from being a boy to being a girl. It is where a child comes into the doctor's office and from the time that they are seven or eight years old, maybe they have what we consider male genitalia, but they want to be called Karen and use she/her pronouns. It is about having a system of care where their doctor says, Okay, well, you still need a flu shot and where their doctor says, Okay, let us check your eyesight. Then at some point as they get older, gender-affirming care means that the whole team decides what is best for this particular child, and that can change. Part of gender-affirming care is being okay with that.

A child who is 12 or 13 might not be sure what is going on in their body. For plenty of cisgender kids it is very confusing what is going on with their bodies and how they are going to adjust to that and respond to that. The purpose of being able to provide and cover gender-affirming care is to ensure that wherever a kid is and whatever they are thinking and feeling, their medical providers do not say, No, you are wrong, you are bad, stop doing that, stop thinking that, stop feeling that, because that is when we start seeing all of the negative impacts that my colleague was talking about—the cutting, the self-harm, and the suicidal ideation.

By providing gender-affirming care, we provide kids with the possibility for whatever they are going to do when they grow up. It is absolutely possible—it is exceedingly rare—that when a child is 13 or 14 years old, the medical team decides if this kid really does not want to develop breasts and does not want to look womanly, so they start the puberty blockers. It is possible that by the time that child is 17, they have gone through more therapy, they have experienced more life. They actually realize they are okay with that. They are ready for that, and they stop the puberty blockers. Even though that person's friends might have been growing breasts when they were 13 or for 14, this one grows them at 17 or 18. By the time they go to college, they look the same as their peers, they develop the same as their peers, and they are no worse off than a child who was told throughout that incredibly difficult period—from the time they were 13 to 17—no, you are wrong, get over it, this is normal, this happens. That is when kids die. That is when they die.

Brooke Maylath:
To elaborate a little bit more, it is less than 1 percent that may detransition. Anecdotally, what we know is, the reasons for detransition do not really come from within; it comes from having to deal with the stigma, the attacks, the marginalization, and the messaging that is sent from an unwelcoming society. It is hard to transition. Before these kids are even recommended for anything more than therapy, it is insistence, persistence, and consistence. As Senator Scheible said, these things do not come overnight and just all of a sudden the light bulb goes off. There is a pattern for months, years, that this child, this adult is aware of who they are. They are telling us.

Those puberty blockers do not have lifelong effects. What we know is that when they come off of a puberty blocker, if they choose to detransition, they go through a normal puberty. A few years later, the growth platelets, the bone platelets fuse as normal and by the age of 28 they have caught up to their peers. There are no lifelong bad results that come out of this.

We have the studies to prove it. Occasionally we have seen in the past year or so detransitioners who have been brought out and paraded around. When we dig in and we look at what those stories actually are, they made informed consent decisions, usually around the age of 18, the age of majority. They are being scripted and paid tens of thousands of dollars to deliver anti-transgender medical poppycock; to be able to sway certain people to vote and try to practice medicine from the legislative bench rather than listening to every major medical organization in the United States—the combined wisdom, studies, and medical outcomes from 140 nations and medical providers from around the world.

This is lifesaving treatment. It needs to be covered by insurance. The bill does not cover what medical procedures are done because those are being done by qualified providers like Rob Phoenix. They understand what the risks are, what the medical needs are, what the outcomes are, and they are able to monitor that person no matter the age for what their total health is. That is what we want. That is what you want for yourself, for your body. That is what we are asking for; that our medical needs for insurance that we are paying into—whether it is through our employer, we are still paying into it. This is a consumer protection bill as much as anything else. We need medical access to our needs—the same medical access you need for your particular needs. Ours happen to be just a little bit different, but it is lifesaving access. That is all we are asking for.

Assemblywoman Backus:
I do not know if your clinic also provides mental health care. I was curious about that, because when I saw this bill, I also thought of it as a big mental health bill. I started doing research, and I realized gender dysphoria is listed as a *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5) category. I also know that there is a lot of mental health that is listed in the DSM-5 and it gets denied by insurance. I was curious, Mr. Phoenix, if you are seeing in your clinic or otherwise, where if a patient comes in, whether an adult or child, for mental health care and their diagnostic code matches gender dysphoria, are you seeing insurance carriers denying coverage for that care?

John Phoenix:
When it comes to the coverage of mental health care no, we are not seeing denials. Where we are seeing the denials is around the medical care—access to medications for gender transition, estrogens, testosterone, the different formulations of estrogens and testosterones. One insurance company might cover a pill, but they will not cover an injection. It takes away some patient choice. They might cover a formulation of testosterone that a patient cannot do because they have a fear of needles. I am a diabetic, and I do not want to do injections because I just do not want to shoot myself with insulin every day, so I have alternatives that I can do.

These are the challenges. The other things that we are seeing not covered are some of the affirming surgical procedures such as chest affirmation surgery—if you are assigned female at birth, having breast reduction surgery. The laser hair removal that needs to happen when you have chest augmentation surgery, if you are a trans woman and you just happen to have a lot of body hair, insurance does not cover the laser hair removal or the other procedures to

remove hair. You could have a tuft of hair in the center of your chest and that would have to either be paid for out of your pocket or not be covered. Those are the kinds of things that we are seeing not covered by this, but mental health care by and large is very well covered by insurances for this.

Assemblywoman Backus:
I can guess when Brooke Maylath was a child that one parent probably did not take you for any mental health care; it was not talked about. It was a different time period. I was concerned about that. I see also on this side, if I went to a provider, I am of that wonderful age where I am sure people would be giving me estrogen left and right and my insurance would cover it. I appreciate the candor with that because it really highlights the difference of my being a middle-aged woman going through a time where I keep getting offered these drugs versus someone else who may need it because the doctor says no, this is appropriate for you and the insurance is denying it. It may be someone who is experiencing gender dysphoria and in need of estrogen for other treatment that insurance carriers are now not seeing as appropriate. Thank you so much for that.

I want to thank Brooke Maylath because I know these conversations are not had that often and the mental health side of it, especially for children. I am glad you are standing here and raising it because I am assuming you have had a lifelong experience of gender dysphoria and now you get to be who you are today. I am happy that you brought this bill again.

Brooke Maylath:
It is important to recognize that though gender dysphoria is in the DSM-5, which is used by psychologists and psychiatrists to diagnose and direct treatment, gender dysphoria is not a mental disorder. That is why it is called dysphoria. It is treatable; it can be treated through behavioral health and medical intervention to the point where you no longer need that type of behavioral health intervention. It is a good thing. It decreases cost in the long run.

Those who want to say that being transgender is a mental disease are wrong. The DSM-5 was changed in 2013. The mental disorder categorization of homosexuality was taken out in 1973. It took a long time for them to figure out that being transgender was not a mental disease. Those who say that it is are mistaken or deliberately lying to you. Keep that in mind if you hear that. The other really important thing that the behavioral health pathway has to help transgender people with is dealing with the slings and arrows that we suffer from; those that want to dehumanize us and want to marginalize us. They want to call us crazy. They want to think that we are some strange unicorns from another planet. We are not.

Transgender people have been around since before recorded time. Our first form of writings go back to the Assyrian Empire and ancient Babylon on clay tablets and there are references to transgender people or what we now know as transgender people on those clay tablets. Keep that in mind. In many ancient civilizations, including the ancient Assyrians, there was a place of honor and a specialness about people that lived in that place, in between the gender

binary. It allows us a different perspective on our society and the ability to see things in a different way, in a different light that may be able to illuminate a different shade of truth on how we treat others and how others are treated.

I hope over the past ten years I have been present in this building that I have been able to bring forth that perspective and that kindness that we need to share with others. No matter where we are from, no matter who we are, we all crave that love and acceptance, and that is what this bill does. It helps protect those that have been denied for so long and gives them a pathway of hope. Please allow them to live. Vote yes on this bill

Assemblywoman Backus:
I wanted to make sure that Ms. Maylath knew that I was not being disrespectful. If a child went to the right mental health care that hopefully the provider puts them in with the right contact of medical care. I just want to make sure we were on the same page.

Senator Scheible:
I know exactly what you are saying. There are a lot of things that we treat medically that we could benefit from expanding to include mental health care along with the medical treatment. I testified yesterday in Health and Human Services about the Parkinson's Disease Registry because my dad was recently diagnosed with Parkinson's. I do not think they cover counseling or any kind of mental health services along with that diagnosis. He certainly has a lot of adjustments to make in his life and in his thinking. Maybe it should, maybe there are a lot of issues that are medical in nature that also require some mental health care.

It is easier to see with gender dysphoria than with some of those other issues. Where we can address both and provide people with care, it is only going to make us healthier and improve our public health.

Chair Marzola:
Members, are there any additional questions? [There were none.] I will open testimony in support of Senate Bill 163 (2nd Reprint). Is there anyone here in Carson City wishing to testify in support?

Erika Castro, Organizing Director, Progressive Leadership Alliance of Nevada:
We want to thank the sponsor because we know that gender-affirming care is lifesaving care. As a queer woman who is part of the lesbian, gay, bisexual, transgendered, and queer (LGBTQ) community, I am standing here for our trans brothers and sisters. I hope that you can also support our trans brothers and sisters across the state by supporting this bill.

Dakota Hoskins, Political Director, Service Employees International Union Local 1107:
We are here in support of S.B. 163 (R2). The Service Employees International Union Local 1107 represents over 9,000 nurses and health care professionals. We believe that ending discrimination of people based on their gender identity, perceived gender identity, or gender dysphoria by health insurance providers is vital to ensure that these patients have the coverage and treatments they need. No one should have to go without health care or be

rejected coverage especially because of their gender identity. Senate Bill 163 (2nd Reprint) aligns with Service Employees International Union Local 1107's vision of fostering an inclusive community and workplace.

Lea Case, representing Nevada Chapter, National Alliance on Mental Illness:
The Nevada Chapter, National Alliance on Mental Illness is in support of S.B. 163 (R2). Speaking to the mental health aspect of this, we know our trans community faces higher rates of suicide, death by suicide, drug issues, and substance use issues. When it comes to children, we often think we need to lead them where we want them to go. That is not really the case. We all learn from the children in our lives, our children and the children of our friends and family. We need to create a safe space for them to explore who they are and help them get the help they need when they need it. This bill does require parental consent. It has protections in place, and we believe this is a great step forward in mental health care.

Elyse Monroy-Marsala, representing Nevada Psychiatric Association:
In 2020, the American Psychiatric Association actually took an official position on this issue. The American Psychiatric Association supports treatment of trans and gender-diverse youth and their families, including mental health services, and when indicated, puberty suppression and medical transition support.

I put this on the record to the testifier Ms. Maylath's comments. When people are critical of this issue, they tend to use mental health treatment and psychiatric disorders in a way to try and undercut what is happening. I thought it was really important that I put the American Psychiatric Association's official position on the record for you today. Thank you for allowing me the time to do that, and we urge your support of this bill.

Tony Ramirez, representing Make the Road Nevada:
We are here in support. We have a lot of members in particular that are part of the LGBTQ community. I want to again echo the testimony in support and on behalf of us and our members, we are here in support.

Paula Luna, Operations Manager, Battle Born Progress:
We are testifying in support of S.B. 163 (R2). We just want to echo everything that was said by the presenters. We think they did a great job explaining why this is such essential legislation and hope you all support it as well.

Leann McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics:
The American Academy of Pediatrics works for all children and adolescents, regardless of gender identity or expression, receiving care to promote optimal physical, mental, and social well-being. Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioeconomic and emotional health of children, families, and society. Nevada American Academy of Pediatrics is in strong support of S.B. 163 (R2).

Jayme Jacobs, Private Citizen, Las Vegas, Nevada:
I am a trans woman. Thank you for allowing me the time to discuss this critical issue. There is a troubling disparity of how insurance companies cover medically necessary procedures. Many medically necessary treatments originally developed and covered for cisgender individuals are being denied to transgender individuals when used for medically necessary gender-affirming care under the guise of being cosmetic or experimental. This is not only unfair, but it also contradicts many studies demonstrating the positive outcomes of gender-affirming care as endorsed by the World Professional Association for Transgender Health.

Such denials of medically necessary care lead to health disparities, increased health care costs, and adverse impacts on mental health and job performance. I have been an employee of Clark County since 2006, and I will briefly share one of my experiences with Clark County insurance discrimination as a transgender employee. In 2019, I sought medically necessary gender-affirming care, only to be denied by Clark County using their blanket exclusion for transgender employees claiming it was cosmetic surgery and thereby not medically necessary. Despite my successful appeal, which stated that the procedure was in fact medically necessary and should be covered, Clark County refused to accept the decision and claimed it to be an error. They offered a minor settlement payment severely insufficient to cover my costs. They stated the payment was not to be considered as a covered benefit under the plan and instead they reported it to the Internal Revenue Service as taxable income. I urge you to pass Senate Bill 163 (2nd Reprint) to legislate for equitable health insurance coverage that includes medically necessary procedures regardless of gender identity. This would uphold the principles of fairness, equality, promote better health outcomes, and support a more inclusive and productive workforce.

André Wade, State Director, Silver State Equality:
We are a statewide LGBTQ civil rights organization and a member of the Nevada Equality Coalition, which consists of more than a dozen organizations across Nevada. In short, we are in full support of S.B. 163 (R2).

Matthew Wilkie, Private Citizen:
I am calling in support of Senate Bill 163 (2nd Reprint). I want to thank Senator Scheible for bringing this bill forward. As someone who believes in equal rights for everyone, I fully support this bill. This bill is an important step in ensuring that every individual in Nevada has access to quality health care that caters to their specific needs. Discrimination on the basis of gender identity or expression is unacceptable. We need to create a society where everyone, regardless of their gender identity or expression can live a fulfilling and healthful life.

This bill is essential for the well-being and dignity of transgender and nonbinary individuals who deserve the same care and treatment as everybody else. In a time where many individuals are medically marginalized and disenfranchised, it is vital that we take proactive steps to ensure that everyone has access to specialized health care. This bill is a significant move towards achieving that goal, and I urge everyone on the committee to support it.

Chair Marzola:
We will move to testimony in opposition to Senate Bill 163 (2nd Reprint).

Janine Hansen, State President, Nevada Families for Freedom:
I wanted to mention that I was happy that this bill requires parental consent. This one does not but the state law does, and I appreciated the Senator for letting me understand that. I also appreciate the fact this bill has extra protections in the part about insurance for children. I think that is very good. However, I disagree with taxpayer funding through Medicaid for sex change surgery and mandating insurance companies to do this. That should be a decision for private enterprise to make if they are determined to do that.

One of the things we heard today was about death threats in this very building. Well, that is a terrible thing, but it has happened to me in this building on this issue and similar issues more than once, and I had to be helped out of the building by the legislative police. It is not a one-sided issue. Unfortunately, there are people who do not respect one another on many sides. In fact, last time we testified in this building during this session on this bill, we were called by people who testified today several ugly names. It is not a one-sided thing, but we do need to respect one another, and I believe in that.

There is a lot of disagreement about the statistics you have heard today. If you want to take the time to look it up, there is a lot of alternative information available which I presented in testimony in the past. One of those was from a study done by the Obama Administration in which they reviewed the largest study ever done in Sweden on gender dysphoria. They found that sometime after the surgery had taken place—years maybe—there was an almost 19-fold increase in the possible suicides. There are suicides on the other side too, and we are concerned about that because we believe in life and we want people to make good decisions in their lives.

Now, one of our problems with this bill is that it does not include any religious exemptions for medical providers or small businesses that may have religious objections to providing sex change surgery. This is important. I have been told for years that we did not need to worry about that, but we obviously do because it is not protected in this bill. We appreciate your listening today and thank you very much.

Jim DeGraffenreid, National Committeeman, Nevada Republican Party:
I am here in opposition to S.B. 163 (R2) on behalf of the Nevada Republican Party. The 2010 Affordable Care Act roughly quadrupled health insurance premiums primarily by eliminating medical underwriting and forcing consumers to purchase coverage they would never need. For example, the act famously requires maternity coverage even for policies sold to men. As an insurance professional I see almost daily firsthand the devastation caused by these provisions. Senate Bill 163 (2nd Reprint) continues this by forcing 100 percent of consumers to pay for coverage that only a small fraction of 1 percent of them will ever need.

The fifth version of the *Diagnostic and Statistical Manual of Mental Disorders*, estimates that up to 0.014 percent of males and 0.003 percent of females will be diagnosed with gender dysphoria. Senate Bill 163 (2nd Reprint) mandates that Medicaid will cover surgical treatment of gender dysphoria. There is no reason for Nevada taxpayers to pick up the tab for unproven treatments. However, the most disturbing feature of S.B. 163 (R2) is that it enables the exploitation of minors by the medical and education industries. The bill enables children to obtain permanent surgical procedures, and often the guidance given to them to permanently alter their bodies comes from those who profit from the procedures. Make no mistake, the changes are permanent. Common sense and science both tell us that the notion of "pausing puberty" with drugs like Lupron, which is also used to sterilize sex offenders, is nonsense.

The rate of detransition is well in excess of 1 percent. An October 2022 article in the *Journal of Clinical Endocrinology and Metabolism*, Volume 107, Issue 10 references multiple studies showing the transition rates between 11 percent and 19 percent for transfeminine persons. The horrible experiences of those who attempt to detransition only to find the changes are permanent is heartbreaking. Although there is disagreement in the medical field about the benefits and dangers of gender reassignment as a treatment for gender dysphoria, if a consenting adult wants to opt the treatments described in S.B. 163 (R2) that is their call. They have the maturity and ability to properly consider the risks and benefits. It is unconscionable to encourage permanent mutilation of children. To do so is simply child abuse. Do not burden taxpayers on Senate Bill 163 (2nd Reprint).

Michael Ryan, Private Citizen:
There is no reason the state of Nevada should be paying for surgical treatment of gender dysphoria. Biological sex happens at the point of conception and there are fundamental differences between men and women. This bill will allow children to obtain permanent surgical procedures paid for by our tax dollars. Additionally, this bill allows the government to punish providers who refuse to comply with revocation of their certificates to operate. This is in a time when Nevada has well-documented health care shortcomings. Please vote no on Senate Bill 163 (2nd Reprint).

Lynn Chapman, State Treasurer, Independent American Party:
In 2004, the Guardian Commission research from University of Birmingham [United Kingdom] which looked at more than 100 follow-up studies of postoperative transsexuals, researchers found no conclusive evidence that gender reassignment is beneficial for the patient. The trials were often flawed with results skewed in favor of physical rather than therapeutic interventions. Potential complications of hormones and genital surgery, including deep vein thrombosis and incontinence, were also not always properly taken into account. Some studies failed to track patients.

The study that Janine Hansen was talking about was a 2011 study by the Karolinska Institutet in Sweden that examined the outcomes of more than 300 patients over three decades. Its findings starkly contradict the activists' narrative. Around ten years after the surgeries, postoperative transsexual persons' mental health can begin to rapidly deteriorate.

Postoperative transsexuals also appeared to be at a higher risk of killing themselves than comparative nontransgendered peers. In a discussion of the largest and most robust study on sex reassignment, the Centers for Medicare and Medicaid during the Obama Administration pointed out, "The study identified increased mortality and psychiatric hospitalization compared to the matched controls. The mortality was primarily due to completed suicides (19.1-fold greater than in control Swedes.)"

The American hospitals have a large financial incentive to carry out all these procedures in the United States. The sex reassignment surgery market is set to reach a market value of more than $1.5 billion by the year 2026. Some operations cost up to $53,700. Performing 50 of these a year would bring in $2.7 million. We do not want to see people dying. Please vote no on this bill.

Kathleen Palmer, Private Citizen:
The medical-industrial complex in Nevada is very excited about new opportunities to trans minor children and young adults. While hormones and surgical procedures are very lucrative, medical providers bear none of the responsibility or risk when these treatments fail and leave lifelong complications and injuries. The risk is borne by the victims and their families. For example, when a 13-year-old has a double mastectomy, what happens when the teen grows to be a woman and desires to breastfeed her child? While cosmetically her breasts could be restored, function has been lost forever.

Jamie Reed, a queer woman who worked as a case manager at the Transgender Center at St. Louis Children's Hospital, shares her experience: "One of the saddest cases of detransition I witnessed was a teenage girl" who "was put on hormones…when she was around 16." When she was 18, she had a double mastectomy. "Three months later she called the surgeon's office to say she was going back to her birth name…she told the nurse, 'I want my breasts back.'"

If S.B. 163 (R2) was truly equitable, it would be amended to cover repair to organs, not just destruction, when a person is unhappy with a surgical procedure and decides to detransition. Before we consider mandating private insurance companies to cover irreversible interventions on minor children, Senate Bill 163 (2nd Reprint) needs to be amended to protect children and young adults from predatory medical providers, especially since children and teens often outgrow the trans phase, yet the damage from trans medical procedures lasts forever.

Nicole Harris, Private Citizen, Reno, Nevada:
As a 70-year-old woman with no children, I object to this bill. I will be forced to increase payments to my insurers to cover this procedure. I believe if you are going to offer this and make it mandatory, then it should be up to the payees to check the box that they want this service and are willing to pay for it. I am still paying for maternity care even though I am past childbearing age.
My other concern is, I believe we can support other educational services to educate these young people and their parents about the tragic possibilities happening. We all tend to say,

well it will never happen. Everything will go good in my surgery, et cetera. Well, sometimes it does not and once these surgeries are done, you cannot reverse it. Therefore, I believe this bill should be voted no, and should be referred back to the committee. Let us do some more studies and if it does have merit, come back two years from now. There are a lot of services available to help the communities that do want to go and have gender changing surgeries or whatever pronouns. However, I object to us taxpayers paying for it, and number two, forcing private enterprises to do this if they want to have lucrative services. Therefore, as a tax-paying citizen here in Reno, I urge you to oppose S.B. 163 (R2).

Teresa DeGraffenreid, Private Citizen:
Ms. Chapman mentioned a Swedish study that had halted and stopped some of the gender reassignment surgery. Sweden was the first country to introduce legal gender reassignment but has begun restricting gender reassignment and hormone treatments for minors. Like many Western countries grappling with this highly sensitive issue, Sweden decided in February 2022 to halt hormone therapy for minors except in very rare cases, and in December, the National Board of Health and Welfare said mastectomies for teenage girls wanting to transition should be limited to a research setting.

The uncertain state of knowledge calls for caution. Four department heads said in a statement in December that so called puberty blockers have been in use in young teens contemplating gender reassignment transition to delay the onset of unwanted physical changes. Like many other countries, Sweden has seen a sharp rise in cases of gender dysphoria, a condition where a person may experience distress as a result of their belief in a mismatch between their biological sex and the gender they identify as. I would propose that we slow the roll on this and vote no on S.B. 163 (R2).

Chair Marzola:
We will move to testimony in neutral to Senate Bill 163 (2nd Reprint). [There was none.] I know Senator Scheible had to go to floor, so I will now close the hearing on Senate Bill 163 (2nd Reprint).

[The Committee recessed at 5:46 p.m. and reconvened at 5:46 p.m.]

We are going to open up for work session at this time. We will be work sessioning Senate Bill 163 (2nd Reprint), which requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria and gender incongruence. We have received permission from Speaker Yeager. With that, Committee members, are there any questions? I do not think so. I will take a motion to do pass Senate Bill 163 (2nd Reprint).

> ASSEMBLYWOMAN JAUREGUI MADE A MOTION TO DO PASS SENATE BILL 163 (2ND REPRINT).
>
> ASSEMBLYWOMAN TORRES SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

> THE MOTION PASSED. (ASSEMBLYMEN HARDY, KASAMA, O'NEILL, AND YUREK VOTED NO. ASSEMBLYMAN YEAGER WAS ABSENT FOR THE VOTE.)

I will assign that floor statement to Assemblywoman Backus. I will now open for public comment. [There was none.] We will close our work session.

We are in recess [at 5:46 p.m.]. [The meeting was adjourned on the floor of the Assembly at 7:56 p.m.]

RESPECTFULLY SUBMITTED:

_____
Spencer Wines
Committee Secretary

APPROVED BY:

_____
Assemblywoman Elaine Marzola, Chair

DATE: _____

EXHIBITS

Exhibit A is the Agenda.

Exhibit B is the Attendance Roster.