

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

**Eighty-Second Session
May 5, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 12:35 p.m. on Friday, May 5, 2023, in Room 3138 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 Sarah Peters, Chair
Assemblyman David Orentlicher, Vice Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Dallas Harris, Senate District No. 11



STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Eric Robbins, Committee Counsel
David Nauss, Committee Counsel
Lori McCleary, Committee Secretary
Terry Horgan, Committee Secretary
Gina Hall, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Joelle Gutman Dodson, Government Affairs Liaison, Washoe County Health District
Kennedy McKinney, representing Nevada Women's Lobby
Jessica Ferrato, representing American College of Obstetricians and Gynecologists
Elyse Monroy-Marsala, representing Nevada Coalition to End Sexual and Domestic Violence
Karl Catarata, Nevada State Director, Human Rights Campaign
Jonathan Norman, Statewide Advocacy, Outreach, and Policy Director, Nevada Coalition of Legal Service Providers
Daela Gibson, Director, Public Affairs, Planned Parenthood Mar Monte
Briana Escamilla, Director, Regional Organizing, Planned Parenthood of the Rocky Mountains
Biannah Taylor, Private Citizen, Las Vegas, Nevada
Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada
Sy Bernabei, Private Citizen, Henderson, Nevada
Will Pregman, representing Battle Born Progress
Steven Messinger, Policy Director, Nevada Primary Care Association
Jessica Munger, representing Silver State Equality
Bob Russo, Private Citizen, Gardnerville, Nevada
Kathleen Palmer, Private Citizen, Carson City, Nevada
Katrín Sienkiewicz, Private Citizen, Gardnerville, Nevada
Janine Hansen, State President, Nevada Families for Freedom
Lynn Chapman, State Treasurer, Independent American Party of Nevada
Casey Rodgers, Private Citizen, Minden, Nevada
Joy Trushenski, Private Citizen, Carson City, Nevada
Karen Stephens, Private Citizen, Carson City, Nevada
Lori Johnson, Private Citizen, Carson City, Nevada
Barbara Jones, Private Citizen
Sara Yelowitz, Private Citizen, Reno, Nevada
Monica Marquez, Private Citizen, Las Vegas, Nevada
Daphne Lee, Private Citizen, Las Vegas, Nevada
Susan Proffitt, Vice President, Nevada Republican Club; and representing the Nevada Legislative Action Committee
Julie Hereford, Cofounder, NevadansCAN

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada
Jim DeGraffenreid, Nevada National Committeeman, Nevada GOP
Katie Banuelos, representing Libertarian Party of Nevada
Michael Ryan, Private Citizen
Lorena Cardenas, Private Citizen, Carson City, Nevada
Leslie Quinn, Private Citizen, Las Vegas, Nevada
Charlotte Stewart, Private Citizen, Carson City, Nevada
Katrin Ivanoff, Private Citizen, Las Vegas, Nevada

Chair Peters:

[Roll was called. Committee rules and protocol were explained.] We have one bill hearing today, presented by Senator Harris, and then public comment at the end. I will open the hearing for Senate Bill 172 (1st Reprint).

Senate Bill 172 (1st Reprint): Revises provisions governing the ability of a minor to consent to certain health care services. (BDR 11-654)

Senator Dallas Harris, Senate District No. 11:

It is my pleasure to be here today to present Senate Bill 172 (1st Reprint). I am pretty sure you have not received any emails about this bill, so let me walk you through it.

Senate Bill 172 (1st Reprint) amends *Nevada Revised Statutes* (NRS) 129.060. It ensures that a minor can give express consent for preventative services. Prior to this bill, in the current state of the law, a minor can give consent to be examined and/or treated for a sexually transmitted disease (STD) if they are found to have one. However, if they want to get access to the types of services that will prevent them from getting the STD in the first place, that is a no-go. When this statute was first put in place—I believe in 1972 or sometime in the 70s—I was astonished to find the original version of this provision did not require the minor's consent for the treatment. They just said we are going to treat them. Obviously, that is not the way to go, and we have evolved over time and made sure the minor had to give consent, but the truth is, in the United States we have an STD problem among our youth.

Half of the nation's sexually transmitted infections (STIs) are in people ages 15 to 24. Here in Nevada, based on a Nevada youth risk behavior survey conducted in 2019, it found 33 percent of high school student respondents reported having sexual intercourse. If any of you went to high school, like I did, that number might seem a little low. Twenty-three-point-one percent were currently sexually active. Of those who have had sexual intercourse, 44.1 percent reported no condom use during their last sexual intercourse. Fifty-four-point-nine percent of females reported condoms were not used the last time they had sexual intercourse. Of male and female respondents who reported being sexually active, 89.75 percent reported no condom or birth control use during the last sexual intercourse. Those numbers should freak you all out. They freaked me out.

Nevada is at the top of a lot of the wrong lists, and that includes chlamydia, syphilis, and all kinds of other STDs. We have to do something. This is not the only thing that I suggest we do. If I can get it out of the Senate Committee on Finance, I have a very large bill, Senate Bill 439, which is also designed to ensure that we are taking a large look at our state's sexual health. Last session we passed a bill that came through this Committee as well that would ensure primary care doctors are regularly asking people if they would like to be STD tested. It is my hope that all of these things together can address what is a very real problem.

I said this in the Senate, and I will say it here: if there are minors listening, talk to your parents. If any of you on the Committee have children, you know they do not always do that. If they have the foresight enough to say, I am likely to engage in sexual behavior and I want to make sure I do so safely, so I do not end up getting an STD. We need to make sure the barriers to that type of health care are as low as possible. This is not a knock on parents. You could be the best parent in the world, but it does not mean your kid wants to talk to you about sex. It is not about you; it is about them. We want to make sure that here in Nevada we are not just working on the back end, but allowing you to get treated once you already have the STD. We need to be smart and make sure children have access to the type of things that can prevent them from having what are sometimes life-long illnesses in the first place.

With that, I am more than happy to answer any questions the Committee has.

Chair Peters:

There are several bills coming through this session talking about sexual health and the epidemic we have in Nevada. I know when I was pregnant, the first thing my physician did was an STI check because the impact of an STI is not limited to yourself. It definitely can affect those around you but can also affect those who were not a party to the actions resulting in the STI.

I also want to take a moment of personal privilege to share my story about the conversations about sexual education and health. In my family, we have always been open about this conversation—I come from a family of doctors—but on my dad's side not so much. I was four years older than my aunt's daughter. My aunt came to me when I was about 17 and said, I cannot have this conversation with my own daughter. Can you do it for me? At 17, I had the conversation with my 13-year-old cousin about the resources available to find help if she needed information on her reproductive health. I even had the conversation with her about how to manage her menstrual cycle. It is not about parents being good or not, it is really about where kids can find and access information. What better place than through a physician who has accurate information.

I will open the hearing for questions. We will start with Assemblywoman González.

Assemblywoman González:

Thank you, Senator Harris, for this critical and important bill. I think the number and statistics of sexually transmitted diseases and sexually transmitted infections—for those who did not know what STIs are—is frightening, and it should scare everyone. From my own

experience, teenagers are going to do this. We need to make sure they are protected and have the correct resources. I do not think I saw anything in this bill, and I know there are a number of different bills, but I am curious if you would be open to what it would look like if we could provide a one-pager to these youth about places they can get sexually accurate education in the event those other pieces of legislation do not go through right away.

Senator Harris:

I am a fan of more information is always good. I think we would have to have some discussions about how that information is disseminated, where it is disseminated, and what form it may take. I know there are lots of nonprofit providers and partners who can take on that mantle. It is a great idea.

Assemblyman Gray:

I am still trying to figure out how to formulate this question, so I will start off with a statement. I agree with you: kids do not have the chat with parents, but we have to remember they are kids. It is the parent's responsibility to have the chat. If there were a way to legislate parents having this chat, I think that would be the way to go.

Coming from a medical background though, kids do not understand informed consent; they do not understand any of that. I cannot get onboard with their being able to give consent when they do not understand what they are really consenting to. How can you get around the parent and feel safe about it. I just do not think the parents should be gotten around. That is their child and if they are engaging in dangerous behavior and get hurt, why should the parents not know?

Senator Harris:

Just to level set, right now, today, a child can get treatment for an STD, including medication. The issue is really not about how much parents can be involved. I want them involved. There is nothing that says the parents cannot be involved. Children, talk to your parents when you have big life decisions. Parents, have that sex talk with your kids as long as it is healthy. I am 100 percent for that. This bill does not preclude that. However, we all know children are not always comfortable having that conversation. We also know if children do not have that conversation and if they do not have access to these preventative services, they are going to have sex anyway. Then the question becomes, as a public health decision, what do we do as a state?

There is just no world in which a child cannot access this type of resource and then not engage in sexual behavior. If they are going to do it, how do we ensure they are doing it in a manner as safe as possible? That is what this bill is about.

Assemblyman Gray:

Again, though, they are children. They should not be having sex. Little boys are going to play with matches. They get burned once or twice, or if mom and dad catch them once or twice, it is over and done. As Assemblywoman Peters said, when her aunt came to her, at

least her aunt was smart enough to know she could not have the conversation with her kid, but she knew someone intelligent enough to have that conversation. Again, it goes back to being the parent's responsibility.

When I was in high school, they scared the crap out of us. I do not know if they meant to, but they showed the pictures and said what the ramifications were. They talked about tertiary syphilis and other things and the consequences. Like I said, it scared the heck out of most of us in the class. Maybe if we went back to that kind of education, not showing how to put the condoms on—not trying to be crass—but those are the things they are focusing on today. They are not focusing on what not to do, they are focusing on you are going to do it anyway, so do it this way. I think that steers us down a dangerous road.

Senator Harris:

If you want to bring a bill to raise the age of consent, we can talk about that. That is not what this bill is. I will mention, this body as well as the Senate Committee on Health and Human Services, has considered legislation that would make sexual education much more robust. Those options are also out there. This is not meant to be an only fix, and it is not meant to give free rein. No child, if this bill is passed, is going to engage in intercourse that they were not going to engage in anyway. I do not think that is quite how high school or college works.

I believe, and I believe the statistics show, if your parent says no, that does not mean the behavior is not going to follow. In this imperfect world we live in, what choices do we make? From my studies based upon the Advisory Task Force on HIV Exposure Modernization—that is where this bill came out of during the interim—this is the direction we need to move to keep our children as safe as we can and to try to head off what is a large STI problem in our community.

Chair Peters:

I wish we had the Division of Public and Behavioral Health of the Department of Health and Human Services in the room because the statistics are staggering, and the number of children born with congenital syphilis in this state is truly a reflection on how poor our public health and sex health policies have been in Nevada.

Senator Harris:

I believe we are No. 2 in the country for congenital syphilis rates.

Assemblywoman Thomas:

Thank you, Senator, for this much needed discussion. We keep referring to families, but there is one group we keep missing in this conversation. We have a lot of homeless children out there, and we have a lot of children who do not have parents and they may be in foster homes. Those children will not get that information from a responsible adult. I appreciate your bringing this bill forward. Sometimes we need to poke the bear.

Senator Harris:

There are many variations of family life for all types of youth in this country and in this state. It does not always look like a mom and a dad. It could be two moms or a grandfather and a mom who are teaming up to take care of children. The child could be homeless. There are many variations with lots of people who may not come to mind immediately, but we also need to legislate for them, so thank you for that.

Chair Peters:

Yes, thank you for bringing that up. I was also thinking about our foster kids and what opportunities those folks have in our public health arena. We will move on to the next question from Assemblyman Hafen.

Assemblyman Hafen:

I know we have had a lot of conversations about condom use, or lack thereof, STIs, and STDs. I want to dive into the bill language. Some people are getting confused about what we are trying to do. We are not changing minor consent. Minor consent is already in law. A minor can already get these services at the local or state health office. We are just now expanding the facilities they can now go to. Is that correct?

Senator Harris:

You are right when it comes to one part of the bill, which is section 2. When it comes to section 1, we are expanding a minor's ability to consent not just to examination and treatment, but now to prevention. Does that answer your question, sir?

Assemblyman Hafen:

Yes. My follow-up is, my understanding is Title X facilities are where they can currently go to get treatment, which is Planned Parenthood [clinics]. You said section 2 now expands that. I just do not know how insurance and Medicaid work with minors. I am curious how some of that is going to work. Are we then going to be shifting funds to the other facilities that use Medicaid for the youth, and then the insurance companies will be sending a bill? Is that correct?

Senator Harris:

No one knows how insurance works. That is well outside of my understanding, even with my four degrees. However, there is nothing in the bill that will change how providers are reimbursed for services they provide. You did hit on something with Title X. Right now, in the state of Nevada, if you receive Title X funding, you can give certain services to minors without parental consent. That is true today in the state of Nevada. One of the issues we have run into, which is why section 2 mainly exists, is there are now fewer providers in the state who are accessing Title X funding. We want to make sure there are still a robust number of facilities where minors can get access to the services they were previously able to access when those facilities were, in fact, receiving Title X funding.

Assemblyman Hafen:

That is what I was trying to get to. My concern here is if we shift some of these services and payments away from these facilities—I do not want to say defunding Planned Parenthood because that would probably end up in the headlines—but is that not a possibility of what we are actually going to do? Are we limiting the resources currently going to these areas by expanding where they can go?

Senator Harris:

Let me try to address that in a complete and utter hypothetical using easy numbers. Last year ten facilities had Title X funding. What we are actually running into is this year, now only three have Title X funding. I am ensuring the other seven can still continue to provide the services they were providing before. There should not be any drawing away from one particular funder to another, but that would happen if this bill did not pass. Those seven would then lose all of their services to the other three because they could not provide those services any longer. Those are just hypothetical numbers. They are not meant to be factual, just illustrative.

Assemblywoman Newby:

My question is around a group of folks I do not think we have touched on yet in our youth population. Those are youth who may want to express a sexuality beyond what their parents understand. Those folks then have the double issue of talking with their parents about sex, which we all have said is hard enough, but then to tell their parents they are gay may be a step too far for them. What I appreciate about this bill is those kids can get information and can seek prevention and treatment on their own and hopefully that keeps them safer in that situation. I was wondering if you could speak to that and if that has been part of the discussion on this bill or what your thoughts are on that?

Senator Harris:

Absolutely. You are the Assembly Committee on Health and Human Services, so I am probably not telling you anything you do not know. Medical science has advanced to a point where there are options for you to proactively prepare yourself and your body so you do not get an HIV infection. We can do that today. Yes, if you are a child who is gay and do not want to tell your dad, but you have a boyfriend and know you are going to do what teenagers do—although it makes us all feel a little squishy—you can access those services, those PrEP [Pre-exposure prophylaxis] services, meaning the drugs you can take. Again, we want to make sure the barrier to that is as low as possible.

The state of Nevada has the highest rate of new infections in the Western United States for HIV. There should not be one tool we are not pulling out of our tool belt to try to address that issue. If you have a child who is smart enough to have the foresight to try and prevent getting an STD, we need to make sure that happens.

Chair Peters:

Thank you for bringing that up. That is an important statistic as well.

Assemblyman Koenig:

As an optometrist, I cannot check a minor's eyes without parental consent unless they are 18. I do need to dig deeper on that because it may have changed. I knew that was what it was when I started, and over the years laws have passed and some of the general public does not know what is going on.

Some of the sexually transmitted diseases actually do manifest in the eyes. Over the years, I have had minors—perhaps four or five times in the last 20 years—who had an infection. I read the law and it says it authorizes someone to treat them without parental consent, but I do not think it is mandated. As a doctor, we look at a 17-year-old, okay; but the lower the age goes, the bigger my concern goes. There is no minimum on this. If there is a nine-year-old with a sexually transmitted disease, there is probably some law that has been broken. Doctors have mandatory reporting, but this might muddy the waters on mandatory reporting a little bit. Before, you had to let the parents know. If most parents of a nine-year-old find out, they are going to pursue something. Without the advocate of the parent in pursuing what might be happening, can this muddy the waters of mandatory reporting? If the nine-year-old is giving consent and the law says they can give consent to treat and not tell the parents, is a doctor still obligated to contact law enforcement?

Senator Harris:

I have two responses. First, this bill does not affect the treatment of an STD. That is currently law. Today, a minor can consent to treatment even at nine for an STD. That is not this bill. Second, this bill also does not touch on mandated reporting. Please continue reporting. If you are a mandated reporter, please continue to report. This bill has zero effect on that. I want everyone reported. If there is a child who comes into your optometry office, a doctor's office, a social worker's office, or the other mandated reporters, absolutely you must do that. This bill would not change that fact. It would not impact any minor's ability to say you cannot report it. You absolutely must, and you should.

Assemblyman Hibbetts:

I am looking at section 1, subsection 2, NRS 639.28085 specifically. That same nine-year-old could walk into a doctor's office and seek preventative medication for HIV, which that particular NRS refers to. There is no mandatory reporting for that. As far as I know, a doctor does not have to report preventative medication because no crime has been committed. Is that correct?

Senator Harris:

I will touch upon this and then kick it over to Ms. Gutman Dodson. That is a tricky one. I will say this: if a nine-year-old comes into your office and is asking for preventative services for STDs, you better ask a couple more questions.

To Assemblyman Koenig's earlier question which I did not answer, no, there is nothing requiring them to actually engage in any particular practice. There is still autonomy. I do not think there is a requirement. Just because a minor can give their consent does not mean

the doctor must acquiesce to any particular ask or engage in any particular behavior. Any doctor out there, if they suspect that someone underage is engaging in sexual behavior, there are laws in place and those laws should continue to be followed.

I will turn it over to Ms. Gutman Dodson for a little extra color on that.

Joelle Gutman Dodson, Government Affairs Liaison, Washoe County Health District:

It is muddied waters, but the sexual age of consent is 16. When we see minors under 16, we are going to ask some questions. If the minor is nine, Washoe County Child Protective Services and the police are involved immediately. If the child is 15 and we find out their partner is also 15, that might be a little different than if the child is 14 and their partner is 21. We would then get law enforcement involved. If it is a 12-year-old who says she wants condoms and birth control, we are going to ask a lot more questions. That is child abuse or sexual misconduct. I appreciate the questions, but when we have very young people who come in, there are a lot of questions we ask.

Senator Harris:

If I may follow up on that as well, there is a reason I have said this several times. The existing law is they can be treated for an STD. If a nine-year-old comes in and has an STD, there are going to be questions. The framework for what a doctor or a mandated reporter must do when things like that occur already exist. They are seen, unfortunately. These scenarios happen occasionally. Mandated reporters are trained on what they are supposed to do. This bill, as drafted, does not create new issues when a minor well underage is suspected of engaging in sexual behavior.

Assemblyman Hibbetts:

With that being said, why not put a minimum age of 16 in the bill? If they are under age 16 and going in for preventative HIV treatments, maybe we want to know about that.

Senator Harris:

Again, if they are under 16 and coming in for preventative HIV treatment, then a conversation will be had with that minor and potentially law enforcement will be involved. As currently drafted, this bill—age requirement or no—will not change that fact. This is not, as some may believe, a free-for-all for 12-year-olds to be engaging in sex and their parents not know. That is still illegal, it will continue to be illegal, and this will not make it any easier to circumvent the law.

In the state of Nevada, we define what a minor is. That is also not affected by this bill. There are a lot of pieces that are working together here to result in the bill you see today. If we want to change the definition of what a minor is, that would be a different bill we would have to bring.

Assemblyman Hibbetts:

I will make it easy—a 15-year-old. Being under the age of consent, she cannot consent to sex with an adult, walks into a doctor's office and tells him whatever the story is and would

like to have preventative treatment for HIV under NRS 639.28085. As far as I know—and I am not a doctor—there is no mandatory reporting for preventative treatment. If the 15-year-old is telling the doctor he or she is thinking about having sex at some point and wants to be protected, there is no evidence a crime has been committed. The doctor is under no legal requirement to notify anyone. That is my concern. Why not list the age at 16?

Senator Harris:

I also am not a doctor or a mandated reporter. I cannot give you a firm answer of when the threshold is met for someone to have to report. However, if that threshold is met, the mandated reporter absolutely has to report, and that will continue to be the case.

Chair Peters:

I also want to point out, there is nothing precluding a 15-year-old from asking a physician for treatment at the moment. This bill would allow a physician to make, in their best judgment, the best judgment for public health, and the health of their patient, whether that treatment is reasonable for that person or not. That is the only piece that changes with this piece of legislation. The reporting, the gut feelings, the additional questions a physician would have to ask do not change. However, if that physician feels it is in the best interest of that patient, then they have the autonomy, under this bill, to prescribe preventative treatments.

Senator Harris:

I will follow up on what Ms. Gutman Dodson said. If it is a 15-year-old and their partner is 15, that may be a different scenario than if they are 15 and their partner is 21. I do not know about you, but I am going to leave it to the experts. I am going to leave it to the doctors to have discussions with their patients about what is best for them in any given scenario. I will also reiterate: nothing requires the doctor to actually prescribe if they feel uncomfortable doing so. Nothing prohibits them from reporting if they feel that is the proper avenue as well.

Assemblywoman González:

What are other states doing in the surrounding West, and how does it impact this critical issue we have?

Senator Harris:

Unfortunately, I do not have what would be the National Conference of State Legislators' version of sexual health for minors around the country. I can tell you federal organizations like the Centers for Disease Control and Prevention (CDC) do recommend states pass legislation similar to what we are doing today to address the very issues I think we should be addressing. I will get Mr. Robbins on it right away.

Eric Robbins, Committee Counsel:

The CDC has a handy chart on the Internet about which states have these types of laws. For STD testing, there are 13 states that have a law similar to this. They range ideologically from California to states like Oklahoma and South Dakota. There are other states that have laws specific to HIV.

Chair Peters:

I would be curious to see where Oklahoma ranked in STI transmission before and after they passed that piece of legislation. They were one of those higher transmission states for a while.

Assemblyman Gray:

I am going to use a different scenario to illustrate this. Both of my daughters, as they were growing up, I had a tremendous fear of their pulling out onto Highway 50 and driving on Highway 50. I did not want them to drive until the very last minute. What would you feel about a law that was passed saying if they want to drive, someone can still help them drive even if it was against my wishes as a parent and it is not the best or safest behavior for them to be engaging in, especially without the parent's consent?

Senator Harris:

I would suggest that is the state of the law now. Once they have their driver's license, you can tell them they cannot drive in certain places, but they are still free to drive on the freeway. I think they are free to get their driver's license, but we would have to ask someone in the Assembly Committee on Growth and Infrastructure. I do not know if parental consent is required to get a driver's license. Once we say a person is of age, that person can get one.

Assemblyman Gray:

I am talking underage. There are a lot of us who drove underage, and we learned how to do it. I think you can only get a provisional license at 16 and are still subject to parents' rules and regulations until 18. If there were a 14- or 15-year-old kid who thinks they need to drive for whatever reason and has someone teach them, and it was legal under the law, but the parents were saying no: how do you feel about that? We all know that is a dangerous behavior to be taking part in.

Senator Harris:

I do not know if I am quite understanding the scenario. Are you suggesting a 14-year-old steals the car keys and jumps in the car without your permission?

Chair Peters:

I am going to take Chair privilege here and say this is not related enough to the bill to vet any further. It is not related to the bill language at hand. You bring up interesting points and comparisons, but it is apples to bananas. For this particular scenario, I would like to stick with where the language is going, and the scenarios related to that language.

Assemblyman Gray:

I appreciate that. I was trying to drive the correlation. If a parent believes it is dangerous behavior and they do not want their child taking part in it, it should ultimately be up to the parent to be involved in the situation.

Chair Peters:

Even in that situation, a child can still do that. Children can still take a car, and can still drive, and what happens is a mandatory reporter or police officer finds them on the road and takes them to their parents. Kids are going to do what kids do and we have to, as a public health prerogative, protect them from harming themselves to the best of our ability.

Senator Harris:

I would hope, Assemblyman Gray, if your underage child is going to steal your car, they still wear their seatbelt. That is what I am likening this to more than anything else. We need to make sure they have their seatbelt clicked and we do not have to jump through any hoops for them to put it on.

Chair Peters:

Seeing no further questions, we will move into testimony.

Senator Harris:

I am about 20 minutes late for the Senate Committee on Judiciary. If you do not mind, can I be excused for the testimony?

Chair Peters:

Yes, go ahead. We will move into testimony. [Rules and protocol were again explained.] We will begin with support testimony on Senate Bill 172 (1st Reprint).

Joelle Gutman Dodson:

I am representing the Washoe County Health District in support of S.B. 172 (R1). In the Senate, we had one of our health educators from our STI clinic copresent this bill with Senator Harris, as well as a representative from Southern Nevada Health District. All of the STI statistics are on the Nevada Electronic Legislative Information System (NELIS) from the previous presentation.

We are currently fifth in the nation with the highest STI rates. Just because we have gone down and are no longer No. 1, it does not mean our STI rates are not going up. Nationwide they are going up at an exponential rate. For example, in Washoe County, we had our thirteenth case of HIV in May. Last year, we had a total of ten in the whole year; HIV is still prevalent and still around, as is reckless behavior. This bill is a safety tool, not necessarily for the parents in the room who have kids who can talk to them about what is going on, but for kids who do not have that. That is one of the first things we ask in our clinic, do you have a safe adult you can talk to? Oftentimes, the answer is no. The parents are not supportive of their sexual orientation or their behavior. We were all teenagers at one time. Just because our parents were not supportive of the behavior does not mean we stopped doing it. However, we do congratulate those kids who are coming in and trying to do something safely and responsibly. That is a good indicator of the choices they are making if they are trying to get some preventative protection or further education and do not have an adult to get those answers from.

We are in support. As Nevadans, we all know we have a long history with teen pregnancy, with high STI rates, with one of the highest rates of congenital syphilis in the country, and this is just one more—to use Senator Harris's words—seatbelt to help us move in the right direction of lowering those numbers.

Kennedy McKinney, representing Nevada Women's Lobby:

We are here in full support of S.B. 172 (R1). This bill clarifies and expands the rights of minors to access health care services related to preventing sexually transmitted diseases, including the prescription and administration of contraceptives without parental consent.

As an organization that advocates for women's health and reproductive rights, we believe minors should have the ability to make informed decisions about their own health care, particularly when it comes to sensitive and personal issues related to sexual health. Allowing minors to access confidential and comprehensive health care services related to preventing sexually transmitted diseases, including contraceptives, is crucial to reducing the rates of unintended pregnancies, sexually transmitted infections, and promoting overall health and well-being. We appreciate that S.B. 172 (R1) ensures minors can give their express consent before any examination or treatment is provided, as it reinforces the importance of informed consent and patient autonomy. We also appreciate Senator Harris's willingness to bring this bill forward.

Jessica Ferrato, representing American College of Obstetricians and Gynecologists:

We are here in support of S.B. 172 (R1). Allowing teens to access contraception reduces teen pregnancy rates. Some teenagers do not have an adult they can talk to about contraception and pregnancy. Senate Bill 172 (1st Reprint) allows teens to give consent to contraception. The bill does not interfere with a parent's right to discuss contraception or sexually transmitted diseases at home. We urge your support for the bill and thank you for your time.

Elyse Monroy-Marsala, representing Nevada Coalition to End Sexual and Domestic Violence; and representing Nevada Public Health Association

The Nevada Coalition to End Sexual and Domestic Violence is in support of this bill, and they will be submitting their full remarks on NELIS. [Letter in support was not received.] I am here today with remarks on behalf of the Nevada Public Health Association (NPHA), who is in support of S.B. 172 (R1).

Senate Bill 172 (1st Reprint) allows minors to access preventative health services for STIs and STDs they can get treated for. This is commonsense public health prevention. The NPHA supports a health care system that allows all people to access evidence-based support and services. This includes youth who may not have a safe or responsible adult at home. It also includes youth like me who had great, loving, supportive parents who talked to me about these things, but to this day I am still terrified of disappointing them.

This bill gets us closer to a system that is safe and easy to access for everyone who needs support. We urge your support and passage of this bill.

Karl Catarata, Nevada State Director, Human Rights Campaign:

This is a time when certain states across the country are rolling back protections and rights for LGBTQIA individuals. I am a proud, lifelong Nevadan living in a state where we continue to be a champion in human rights, and a state where our Legislature moves forward but not backward. On behalf of your constituents and thousands of supporters of the Human Rights Campaign in Nevada, and our three million members nationwide, we thank you for the opportunity to deliberate and help you inform your deliberation on S.B. 172 (R1). We strongly support this legislation and urge you to advance it.

Irrespective of age, the ability to have a say in one's health care, particularly in preventative care such as birth control and treatment for youth and sexually transmitted infections, is critical to one's health. Thus, the Human Rights Campaign supports S.B. 172 (R1), which would safeguard the ability and ensure adolescents have legal access to reproductive care, such as birth control, STI testing, and treatment. This would also further allow us to receive federal Title X funds in order to provide much needed access to reproductive health care and contraceptives.

This bill, as folks have been noting, does not remove parental rights, as many of those who submitted opposition in the Senate have said. We would like to see this bill be supported by all of you, and we look forward to working with each and every one of you in your respective districts. The Human Rights Campaign and LGBTQ individuals need it. Thank you for your time and consideration. We look forward to working with you shortly.

Jonathan Norman, Statewide Advocacy, Outreach, and Policy Director, Nevada Coalition of Legal Service Providers:

At any given time, we represent 3,600 kids in foster care. Statewide, Foster Kinship, who testified earlier in the session, stated at any given time there are about 30,000 kids in the state living with kinship caregivers. We have a lot of kids who may not have a trusted parent they can go to on an issue like this. I have represented kids who are on runaway status, so they have gone AWOL from the Division of Child and Family Services, Department of Health and Human Services. A medical professional is another adult who is a positive influence on a kid's life. Any opportunity I have to make sure my foster kids are engaged, whether it is with teachers and going to school—even if they are on runaway status—or with a medical professional, is an opportunity I encourage my kids to take. Where do they turn if they do not have those trusted adults in their lives?

If a doctor has the choice about whether to follow through with a 12-year-old who says she wants to get treatment or a prophylactic treatment for a potential STI, whether they decide to treat or not, their obligation to report does not change regardless. They have an obligation, if they suspect child abuse is happening with those follow-up questions, to file a report as soon as practicable, no later than 24 hours. Right now, if a child goes to a doctor and says, I want to get X, Y, and Z because I want to engage in risky behavior, the doctor has an obligation to report, whether they are allowed to treat or not.

Chair Peters:

Seeing no one else in Carson City, is there anyone in Las Vegas wishing to testify in support of S.B. 172 (R1)? [There was no one.] Is there anyone on the phone wishing to testify in support?

Daela Gibson, Director, Public Affairs, Planned Parenthood Mar Monte:

We are in support of this bill and ditto the other statements in support.

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

We are in support of S.B. 172 (R1). We believe the ability to have a say in one's health care, especially preventative care like contraception, testing, and treatment for sexually transmitted infections, is crucial not only to one's reproductive freedom, but one's overall health and well-being over their lifetime. This bill affirms that right and recognizes the importance of allowing all people to have autonomy over preventative health care, like STI testing and treatment and contraception. We are proud to support legislation that empowers people to access the care they need, and we thank Senator Harris for introducing this bill.

Biannah Taylor, Private Citizen, Las Vegas, Nevada:

I am a mother of four. As someone who has a good relationship with her eldest and has had children from other families come to me because they do not have a good relationship with their primary caregiver, deferring control in those types of situations to those people who they do not trust is naïve at best and cruel at worst. The situations where good parents are going to be involved are already going to be involved, and this does not change any of that, as others have said. Please support this bill because those who seek care really should get it.

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

I will echo the sentiments of the previous testimony and urge you to support S.B. 172 (R1).

Sy Bernabei, Private Citizen, Henderson, Nevada:

Thank you, Senator Harris, for bringing this bill. I support S.B. 172 (R1). A recent poll showed that 60 percent of parents relay thinking that sex is taboo. I am a parent of two young children. That same poll showed one in four of us find it awkward to have those conversations. Even if you are a parent who has said to your children that they are free in coming to you and can come to you about anything, can they really? Have you had the conversation with your child about condoms, HIV, or PrEP [pre-exposure prophylaxis]? Have you talked to them about these things? If you have not actually had this conversation and told them where they can buy condoms or where they can get STD treatment, that conversation is not happening. I would also ask you to ask yourself, when you were a teenager, did you tell your mother, or your father, or your parent that you were thinking about having sex? Did you go up to your mother and father and say, I lost my virginity? Did you actually say that to your parents? Most of us did not. Because of that, we need to trust

that there are people out there who can have these conversations with our kids, whether they are doctors, work in a clinic, or are sex education teachers. We need to trust in that because we did not have these conversations with our parents, and our kids also do not come to us for many reasons. Because of that, I support Senate Bill 172 (1st Reprint).

Will Pregman, representing Battle Born Progress:

We are in support of S.B. 172 (R1) for the reasons already stated. I will simply say ditto and submit comments in writing. [No comments were submitted.]

Steven Messinger, Policy Director, Nevada Primary Care Association:

The Nevada Primary Care Association represents the state's federally qualified health centers and one of the state's Title X grantees. I am going to be a ditto as well for all the reasons stated above. I would also like to follow Ms. Gutman Dobson by referring you to our exhibit from the first hearing in the Senate where we laid out our ideas on S.B. 172 (R1) and why we support it.

Jessica Munger, representing Silver State Equality:

Silver State Equality is Nevada's statewide LGBTQ civil rights organization. We are in strong support of S.B. 172 (R1) for all of the reasons you have already heard.

Chair Peters:

Having no other callers wishing to testify in support, we will move to opposition testimony for Senate Bill 172 (1st Reprint). Is there anyone in Carson City or Las Vegas wishing to provide opposition testimony?

Bob Russo, Private Citizen, Gardnerville, Nevada:

I oppose Senate Bill 172 (1st Reprint). I will mention also, as of 1:30 this afternoon on NELIS, 83 percent were opposed to this bill, or a total of 377; 16 percent were for it, for a total of 75; and there were no neutral.

This bill would allow minors to consent to certain medical services for the prevention of sexually transmitted diseases, such as contraception, drugs, or devices, without the consent or notification of parents or legal guardians. I believe it is reasonable to conclude this would likely include the HPV or human papillomavirus vaccine which, for your information, carries significant risks.

Parental guidance or that of a guardian, relative, adult family friend, or teacher is essential. Children are just incapable of making sound medical decisions that may impact them for the rest of their lives. This is especially true when it comes to approving drugs or vaccines they know next to nothing about. A child or youth can easily agree to a medical treatment offered to them by a medical professional. They can be easily swayed or influenced to agree with something that might not be in their best interests. That is why parental involvement and consent must be required before any medical treatment or procedure can be given to a minor. Kids need their parents or some adult in their corner, and caution is prudent.

Additionally, given this bill allows minors to receive treatments for the prevention of sexually transmitted diseases, in my opinion this bill encourages sexual promiscuity and reckless sexual behavior and does not prevent them. To conclude, this bill places the state ahead of parents, adults, and the family when it comes to the welfare of children. It clearly evades and violates parental rights. Please oppose it.

Kathleen Palmer, Private Citizen, Carson City, Nevada:

Even if minors are allowed to receive medication without parental consent, there is no guarantee all of those drugs are safe. Several drugs marketed as beneficial have now been proven to cause illness and death. Thalidomide was introduced in Europe in 1957 as safe for pregnant women. Four thousand children whose mothers took it died. Six thousand survived with birth defects, including missing limbs, eye problems, urinary tract issues, and heart problems. Thalidomide was withdrawn in 1961.

Diethylstilbestrol or DES, a synthetic estrogen, was approved by the U.S. Food and Drug Administration (FDA) in 1941. By the early 1970s, daughters exposed to DES in the womb were found to have high rates of a rare vaginal cancer. Women who took DES also had a 30 percent higher chance of breast cancer. In 1975, the FDA withdrew approval for DES. The American Cancer Society estimates persons harmed by DES may be as high as 10 million.

The FDA approved the Merck & Company, Inc., vaccine Gardasil in 2006. There are many reports of adverse reactions, including death. In March, Judge Robert J. Conrad ordered Merck to give their database of Gardasil adverse reactions to the attorneys representing the dozens of men and women pursuing cases against Merck.

With Thalidomide and DES, we have the benefit of hindsight. Eighty years later, the CDC is still tracking harms to the children and grandchildren exposed to DES. It can take generations to expose the harmful effects of some drugs. With Gardasil, we are still in the discovery process. Even if all children and teens in Nevada are injected with Gardasil, they would be protected from less than one-quarter of the HPV strains, as Gardasil only claims to protect 9 of the 40 strains of HPV.

Diethylstilbestrol and Gardasil were approved by the FDA and promoted by the CDC. This proves adults are capable of making mistakes that cause grave harm and death. It is reckless to endanger children and teens by allowing them to make decisions regarding medical care without parental guidance. I will be submitting written documents to back up all my claims through research. [Documents were not received.]

Katrin Sienkiewicz, Private Citizen, Gardnerville, Nevada:

I am here representing approximately 5,000 Nevada families who oppose S.B. 172 (R1). This bill is an infringement upon parental rights and will potentially put children in harm's way given there is risk associated with all drugs and medical interventions. This bill will allow children of any age to consent to pharmaceutical drugs, medical treatments, and device implantation. It asserts that parents have no stake in their children's medical decisions. This

is egregious on many fronts, the least of which is it is the parents who are then financially responsible to take care of their children should they experience adverse events from a drug or treatment, and it is the parents who are ultimately charged with taking care of the kids as well.

Senate Bill 172 (1st Reprint) asserts that a child is capable of providing informed consent to drugs or medical treatments. Informed consent is a principle in medical ethics and law and states a patient or their guardian in the case of minors must have sufficient information and understanding before making decisions about their medical care. That includes gathering pertinent information, including risks and benefits, and their right to refuse treatment. Given that every single drug or medical treatment does come with risks, it is critical that the patient or their guardian be qualified to provide true informed consent. Do you think kids are capable of this? Do you think they can read and understand complex pharmaceutical package inserts? The same kids who cannot drive, vote, serve in the military, buy alcohol, or get a tattoo because in the eyes of the law they are not mature enough to do those things. At which age do you think kids are capable of making such a decision? Is it four? Is it eight? This bill literally has no minimum age. The presentation today focused primarily on teenagers and STD prevention, so why are we even considering this bill without having a reasonable minimum age?

I want to touch on the HIV treatment drugs that were the primary focus in Senator Harris's presentation to the Senate during that hearing. There was not much mention of it today. The entire presentation on the Senate side was on HIV prevention drugs. Current CDC HIV protocols include PrEP, which is pre-exposure treatment. As I said, the focus was really on those drugs in the Senate hearing and getting access to those drugs for the kids. I have to tell you, the three main drugs given today for PrEP are Truvada, Descovy, and Apretude. Each of them comes with a black box warning, which is the highest FDA safety warning level placed on drugs, and it indicates they carry serious and sometimes life-threatening reactions. The FDA requires the disclosure on the labels of these drugs. They can and do cause kidney failure and bone loss, among many other adverse side effects, and there are a lot of reports of such injuries. In fact, there is litigation currently in the courts against those drugs. Given the fact they are so dangerous and the drugs themselves can cause lifelong debilitating illness, can we reasonably expect children to comprehend those risks?

Our fear is that the passage of S.B. 172 (R1) would allow minor children to accept these drugs without informed consent, without a full understanding of the potential risks and their right to decline the drugs, and without their parents to protect them and to make the best decision for their future. Please do the right thing and keep children's medical decisions in the hands of their parents. Vote no on S.B. 172 (R1).

[[Exhibit C](#), [Exhibit D](#), and [Exhibit E](#) were submitted but not discussed and are included as exhibits of the hearing.]

Chair Peters:

Thank you for the comprehensive testimony. I want to let you know, I did go over by 45 seconds on your testimony, but I thought it was important to get that on the record.

Janine Hansen, State President, Nevada Families for Freedom:

In 2013, Nevada Democrat Senator Mo Denis introduced Senate Bill 314 of the 77th Session. The liberty interest of a parent in the care, custody, and management of a parent's child is a fundamental right. This particular bill violates NRS 126.036.

One of the major issues that has not been discussed in this bill is section 2. What this bill does is remove the prohibition against family resource centers in Nevada providing contraceptive hormonal drugs, devices, dangerous HPV vaccines, and pre-exposure HIV drugs. This has never happened before in Nevada. Although federally funded Title X clinics have provided STD treatment, Nevada family resource centers have never been able to do so.

If you look at the list of Nevada family resource centers, which I provided in my testimony online [page 3, [Exhibit F](#)], it includes many schools, so we are going to have family resource centers in the schools providing contraceptives, drugs, and all kinds of treatment for children without parental notification or consent. This includes William O'Brien STEM Academy in Washoe County, Earl Wooster Early Learning Program in Washoe County, Bernice Mathews Elementary School in Washoe County, Sparks High School, and Sun Valley schools in Washoe County. I have a list of all of those schools in my testimony.

Many of the family resource centers, as I said, are in the schools. This is a radical change from our current law in allowing family resource centers to violate parental rights and for taxpayers to have to pay for their rights to be violated. There are more than 64,000 case reports of HPV vaccine adverse reactions, and only about 1 percent of adverse reactions are usually reported to the Vaccine Adverse Events Reporting System. Some of these many adverse reactions include autoimmune diseases, chronic fatigue syndrome, death, fibromyalgia, lupus, reproductive disorders, arthritis, diabetes, inflammatory bowel disease, multiple sclerosis, and more. Parents need to be involved in these decisions.

Lynn Chapman, State Treasurer, Independent American Party of Nevada:

I agree, we should leave things to the experts, and we have to remember the parents are the experts when it comes to their children. I was a homeschool mom and homeschooled my daughter all the way through high school. I taught my daughter age-appropriate sex education all the way through. I told my daughter she could ask me anything because I knew more than her friends did, and that I would always tell her the truth—which I did.

We, the parents, are seeking to assert our rights to determine the upbringing and the education of our own children. This is a state, federal, natural, and God-given right. The very cornerstone of our society is the family. The U.S. Supreme Court has determined parents have the fundamental right to direct the care, custody, and control of their own

children. The court has also determined the government shall not interfere with this right unless or until a parent is proven unfit. There are many court cases, including *Troxel v. Granville*, 530 U.S. 57 (2000), where the court states, So long as a parent adequately cares for his or her children, there will normally be no reason for the state to inject itself into the private realm of the family to further question the ability of the parent to make the best decisions concerning the rearing of that parent's child.

I do want to mention also, I thought the age of consent was taken out of the laws due to the fact Question 1 passed the ERA [Equality of Rights Amendment]. There was no age of consent in that question, so now it is in the *Nevada Constitution*. I do not know if we do have an age of consent anymore.

What this bill does is direct the state to interject and interfere with our families. We are saying loudly and clearly, we will direct the care, custody, and control of our own children. I, along with many other families, are saying this loudly and clearly to vote no on S.B. 172 (R1).

Casey Rodgers, Private Citizen, Minden, Nevada:

There have always been two pillars of a foundation for any civilization. The first was religion and the other was tradition. That happens to be founded amongst families mostly, correct? I would like to say as a parent, I am appalled to see that these bills are coming through and you are trying to take the rights of my decisions that I have for my children. Do all of you have children? Does Senator Harris have children? Does she know what it is like to have someone come at you and say this is coming at your parental rights?

There is a book so you can do some real research. It is called *The Real AIDS Epidemic. How the Tragic HIV Mistake Threatens Us All*, by Rebecca V. Culshaw, Forward by Neenyah Ostrom. In that forward it says:

Medicine's most rigidly adhered-to conventional wisdom of the last forty years is that the Human Immunodeficiency Virus, HIV, is the sole cause of AIDS.

Rebecca Culshaw is uniquely qualified to question that paradigm. With a PhD in Mathematical Biology, she upends the problematic arithmetic that supports the HIV hypothesis—the strangely unchanging number of HIV-positive people since the late 1980s, their location in the same geographical regions, occurring among the same "risk groups." She nullifies the certainty of the medical markers used to diagnose AIDS: the inexplicable loss of CD4+T cells, the fallacy of the viral load test, the weaknesses of PCR testing. In *The Real AIDS Epidemic*, Rebecca dismantles the conventional wisdom that rules HIV research.

You could really benefit from reading books like this and becoming more educated. She talks about the "COVID-19 scamdemic" in the book. There are a lot of things that were once

said, and it is now saying it is not. Masks happened to be one of them. Please do further research.

Joy Trushenski, Private Citizen, Carson City, Nevada:

I believe the pushing of extensive pornographic sex education in our schools is the main reason there is so much sexual activity among our minors and teens. Also, laws like Senate Bill 172 (1st Reprint), pushed by this legislative body and undermining parents is wrong. Please vote no on S.B. 172 (R1). Parental rights are a fundamental, God-given right. Government's responsibility is to protect and uphold our rights, not undermine them.

This bill allows the state government to intervene in our families once again. Existing law allows health caregivers to treat a minor for STD infections without parental consent or knowledge. I was and am so against this. Additionally, the bill authorizes using our tax dollars to violate parental rights once again by authorizing family resource centers to provide contraceptive drugs, devices, dangerous HPV vaccines, and pre-exposure HIV drugs to minors without parental consent. This is wrong. Children are not generally mature enough to understand the risks involved in accepting these drugs or medical procedures. Children are the responsibility of their parents or guardians in all aspects of their lives, not government. Please vote no on S.B. 172 (R1).

Chair Peters:

I appreciate you and to make sure we can hear, sometimes speaking so closely to these microphones will muddy our recording for the secretaries because they are well-capturing microphones. Try to keep a three-to-six-inch distance from the microphones so we do not blow out the recording.

Karen Stephens, Private Citizen, Carson City, Nevada:

I am a little bit nervous, but I am totally opposed to this bill. It appears to me it is all about circumventing the constitutional rights of parents to be involved in the medical decisions of their children. The government should not be involved in this. This is wrong. It is not right at all. Under the guise of preventing the transmission of sexually transmitted diseases, this bill essentially endeavors to violate the people's constitutional rights.

I want to remind you, we are the many and you are the few. As mentioned before, 83 percent of people reporting on NELIS are against this bill. We do not like it. We do not want it. It is being shoved down our throats. People need to listen to the doctors on this podium who know better than most of the other people who are just doing it for fame and fortune. I am wondering, like some of the federal people who never did take an oath—did you take an oath? Do you believe in it? Do you believe in serving the people and not your own personal agendas? Over and over again this is what I see; overwhelming opposition to a bill and it just keeps moving forward. It is not right.

The number of children being removed from public schools by parents has been escalating because the parents do not like what is going on in the schools. Wait until they find out their kids can go to a resource center inside the school and get these drugs and whatever else these

people will be doing there. The schools are going to be losing a lot more children to homeschooling and private schools because of something like this. Thank you for your time. I appreciate being able to give my opinion on this. I hope you do the right thing for the people.

Chair Peters:

I do not know if this was your first time testifying, but congratulations.

Lori Johnson, Private Citizen, Carson City, Nevada:

This bill affects our daughters and our granddaughters. This bill violates parental rights. We are all accountable before God when it comes to raising our children. I am against this bill and urge you to vote no. This is a terrible bill, and God forgive everyone who votes yes.

Barbara Jones, Private Citizen:

I have taught all ages from rocking the baby in the cradle through college to adults, middle school and high school. The young people are not qualified to make these kinds of decisions. I am so against this bill. Also, it takes a lot of trust to let a health officer, licensed physician, physician assistant, registered nurse, pharmacist, clinic, or volunteer from a granted facility to treat our children. Did you know that one group has said May is sexual experimental month for 9- to 12-year-olds? Who is teaching them that there are consequences for actions? I have not heard a thing about it. We need to help them get something that will protect them. All of the protections are not 100 percent. This is just not right, as was said before. To have a volunteer do this to your children without any adult in the child's life knowing about it is absolutely against the parents' human rights—I heard about human rights this morning—and also the child has good training. The Bible says train them up the way they should go and not teach them the wrong way to go. Thank you for your time. I stand with the others about the dangers of a lot of the drugs and treatments, and what has been said before, especially Ms. Hansen's testimony. Please do not pass this bill.

Chair Peters:

I do want to correct the record that this is not referring to a volunteer with no medical background. This is referring to a physician, physician assistant, registered nurse, or pharmacist who may volunteer at a family resource center. Not all physicians are paid at those facilities.

Is there anyone else in Carson City who would like to provide opposition testimony? We are almost at our 30 minutes, and I would like to get to those in Las Vegas and on the phone.

Sara Yelowitz, Private Citizen, Reno, Nevada:

I am asking you to vote no on S.B. 172 (R1). I cannot believe we are sitting here in this room today talking about whether a 3-year-old could agree to accept a wide range of dangerous, life-altering medical products and procedures without the knowledge and consent of their parents. That is insane. There is a good reason this bill is being called the predator protection act.

Senate Bill 172 (1st Reprint) would allow predators and criminals to try to cover their tracks while harming all children and families across the state. I would also like to know how exactly a newborn is assumed to have consented to these medical treatments. What about a kindergartner who may be coerced into accepting a life-altering procedure at school that they are not supposed to have? Where is their right to proper informed consent in all of this? Does this mean brand-new parents in the hospital have to worry even more now about exactly what kind of injections may be given to their new baby in the newborn nursery without their knowledge or consent when their baby is out of sight for ten minutes? Because that is certainly what this sounds like considering there is no age limit in this bill, and it applies to children as young as one day old.

Parents have a fundamental right to protect their kids from dangerous medical procedures and to be involved in any medical decisions regarding their minor children. We will not stand by and allow this infringement on our fundamental right to direct the care and upbringing of our children. This bill is an outrageous violation of parental rights and the right to fully informed consent. Please vote no on S.B. 172 (R1).

Chair Peters:

Seeing no one else in Carson City for opposition testimony, we will move to Las Vegas. I am going to give an extra 10 minutes to Las Vegas, and then we will move to the phones and see who is left at that moment.

Monica Marquez, Private Citizen, Las Vegas, Nevada:

I am a mother of four. I had something lengthy written out, but everyone else beautifully covered all the points I wanted to cover. If you vote for this bill, that truly shows your agenda. There are so many of us parents who are standing up for our kids who do not want this bill passed. Your job is to stand up for us. The fact that we are just speaking about trying to protect our kids, and you keep trying to push these bills is so disturbing. I hope you take into consideration that we are the parents; we are the experts; we are the ones who birthed and are rearing our kids to do right. Unfortunately, that is not the case for everyone, and I am sorry that has to be the case for them, but we care. We parents care. I am a mother who cares, and I will fight for my babies.

Another thing I want to say is to Assemblyman Gray and Assemblyman Hibbetts, thank you so much for standing up for our parental rights that are being infringed upon. I appreciate your work and efforts. Please vote no on S.B. 172 (R1).

Daphne Lee, Private Citizen, Las Vegas, Nevada:

Thank you so much, Chair Peters, for allowing us to have our time because we have been waiting here patiently. I really appreciate that.

I adamantly oppose this bill, and I am urging you to do so as well. I personally do not know a single parent who I have discussed this bill with who agrees with it. I have lived here my whole life. We have a very long-casted net of people we know in our community, and

anyone who hears about this bill thinks it is egregious. I agree with Ms. Marquez, everything has been said very well from the people in Carson City. I just want to touch on a couple of things that came to mind when I was listening to Senator Harris and the health people.

The bacterial infections they kept reiterating as this Trojan horse being the reason for this bill—gonorrhea, syphilis, and chlamydia, which are the main STIs that are out of control in our state—bacterial infections. There is no prophylactic treatment for those. This bill has nothing to do with those diseases. The only way a person cannot get those three bacterial infections is through abstinence or condom use. There is no prophylactic treatment. The prophylactic treatment they mainly want to use in this bill is HPV vaccinations, which we have already talked about—they are in litigation for fraud, harm, and death. That is a fact. It is one of the largest law firms taking these cases up. What is going to happen if this bill passes, and children get autoimmune disorders and then they pull it off the market when these lawsuits wrap up? Is it going to be, Whoops, sorry? And the parents do not even know.

Another thing is the CDC is in litigation with Gilead Sciences, Inc., the maker of these HIV medications, for patent dispute. It does not surprise me the CDC is recommending these drugs because they have patents. They want their royalties, too. We have a serious conflict of interest going on in our nation right now with the pharmaceutical industry, the pharmaceutical lobby, and the legislators of our national and state governments. I am begging you all. We keep talking about the vulnerable—these kids who are uneducated and do not have parents who are there to protect them—they are the most vulnerable to be preyed upon with these drugs and medications. They do not have anyone standing up for them. They will be the first to be injected and drugged. I am tired of people saying the vulnerable and gay population. My daughter is gay. Guess what? She is premenopausal from taking birth control for one year. That was with me involved and her doctor.

These drugs are not benign no matter how frequent the use. I wrote to all of you, and I explained about other friends of mine who have had issues with pharmaceuticals. Please protect the children and do not set an illegal precedent taking away parental rights here in the state of Nevada.

Susan Proffitt, Vice President, Nevada Republican Club; and representing the Nevada Legislative Action Committee:

I would like to thank this Committee for your service. I hope you will chuck this bill. I appreciate Senator Harris's concerns for children, but her edits appear to be a thin veil over parental rights by striking through section 1 and replacing it with "a minor may give express consent." Well, that means the same thing. Until you put in the bill that I have the right to oversee my child's medical care, you have taken my rights away. Trying to hide it is disingenuous. Until you have that, do not even consider it. This is dividing families. I am shocked that the writer of this bill thinks conducting transgender treatments on minors is helping them and hiding it from the parents is beneath contempt.

We are not talking about STDs alone. This bill with its edits will allow someone to chemically castrate children without their parents knowing. *U.S. News and World Report* reports over 50 percent of transgender and nonbinary youth in the United States considered suicide this year. They need medical help, but they need a psychiatrist. They do not need to be conditioned to change their sex when they are not even out of puberty. I consider it child abuse. Putting undue influence on a minor is child abuse and leaves our young people at risk for predators. Educators' jobs are to educate our children, but Nevada cannot even do that right.

My grandson in Seattle, Washington, was being groomed by someone who was gay in the school. He thought he was gay and we were told by his father not to be surprised. Thankfully, he did not have anything chemically done and he outgrew it. He was in middle school. You are talking about taking away our rights and making major changes and letting them [children] make major decisions about their medical care that will change the rest of their lives. This is horrible.

Right now, in another room, your colleagues are trying to make it illegal for anyone under the age of 21 to buy or own certain guns. The fact that you now want children, whose minds have not fully developed, to make life-changing medical decisions without their parents' guidance is not your right, nor chemically castrating children. It is not your right. Health care is one thing, but this bill is a deliberate hijacking of parents' rights. It should be criminal to do what you intend to do with S.B. 172 (R1). If you are adult enough to have sex, you are adult enough to tell your guardian if you want contraceptives or if you need an STD treatment. Yes, everyone has a right to seek medical care, but even our government knows our children do not have the emotional maturity to drink and drive under the age of 21.

By the way, when you take the role of the parent, you should also accept the liability that comes with it for blood clots and other side effects, as mentioned earlier. Thank you for your time.

Chair Peters:

We have one more minute allocated to Las Vegas in excess of our 30 minutes for opposition. We will take one last testimony in Las Vegas.

Julie Hereford, Cofounder, NevadansCAN:

We represent thousands of concerned citizens. I do not want to repeat all the excellently made points and comments. I do want to point out that the opinion records on NELIS right now for this bill is 83 percent in opposition, which translates to 379 citizens submitting their opposition. Only 16 percent, or 75 citizens, support this. I just wonder how any one of you lawmakers could vote yes against the majority of the people's will. Please respect their will and vote no on this bill.

Chair Peters:

We will move from Las Vegas to the phone lines. I am going to allocate another ten minutes to the phone with a three-minute per person limitation. Are there any callers waiting to testify in opposition to Senate Bill 172 (1st Reprint)?

Cyrus Hojjaty, Private Citizen, Las Vegas, Nevada:

I will ditto the past and future comments made about this bill. I am glad we are talking about this important issue. I do not really see how this builds good family structure, which I think is very important. I see also what others have said before regarding the double standards on ages, not to mention how large pharmaceutical industries are pushing this, in addition to the side effects of the vaccines that were pushed in the last several years and decades.

Jim DeGraffenreid, Nevada National Committeeman, Nevada GOP:

We are strongly opposed to the attack on Nevada parents and families in S. B. 172 (R1). It was stated in the Senate hearing that Nevada law allows minors to receive birth control and treatment without parental consent. However, this is only for a limited number of Title X providers. This bill greatly expands access by explicitly allowing consent by a minor to treatment or medication by any health professional at any time.

If a nine-year-old girl needs birth control, that alone should, by default, require mandatory reporter calls by physicians under a clear reading of NRS 200.508, which defines abuse, and NRS 432B.220, which mandates reporting. Under this bill, however, the minor is empowered to give consent, which creates gray areas in reporting and enables abuse to be covered up. Rather than victims being helped, the abuser is protected. If S.B. 172 (R1) is passed, which law should the doctor follow—current abuse and reporting laws or S.B. 172 (R1), which says they should look the other way when a child asks for treatment or birth control?

This bill has no age minimum. It is not limited to 17-year-olds on the cusp of adulthood. This allows a minor of any age to seek medication on their own. People warn their children about stranger danger, yet this bill is written to protect the strangers instead of the children. Regardless of socioeconomic states, parents care about their children and should have the final decision in medical decisions their kids are not yet mature enough to make; not doctors and pharmacists in the pockets of big pharma, exploiting vulnerable minors for profit.

The government needs to stop trying to harm and replace the family unit. The government's role is to support parents' rights, not undermine them, as established in Nevada statutes. In 2013, the Nevada Legislature adopted NRS 126.036 to protect fundamental parental rights. This law was sponsored by Democrat Senator Mo Denis. It passed the Senate unanimously and in the Assembly on a 27 to 14 vote. Section 1 states, "The liberty interest of a parent in the care, custody and management of the parent's child is a fundamental right."

We urge this Committee to follow the guidance of NRS 126.036 and vote no on this bill, which poses serious dangers to Nevada parents and families.

Katie Banuelos, representing Libertarian Party of Nevada:

I am calling in to represent the Libertarian Party of Nevada. We are in strong opposition to S.B. 172 (R1). I would like to start by pointing out that if passed, this bill would violate federal law, which requires that parents be provided with vaccine safety information before anything can be given to their children. If this moves forward, you are going to see litigation along those lines.

I also want to say, children are simply not capable of informed consent. Children have rights, but they are not developmentally able to execute them. It is the absolute right of parents to protect and safeguard their children until they can assume all the responsibility of adulthood. This bill cannot alter the fundamental nature of what it means to be a child. It does not confer the capacity for informed consent. It simply allows other adults to insert their judgment in place of a parent.

As many before me have noted, the drugs and treatments implied by this bill are not without risks. Many of them have serious side effects or potential harm. Everything is a matter of trade-off and risk assessment, and it is a disservice to children and teens to pretend they are able to navigate these concerns when they are not. The practicable effect of this bill would be to dramatically expand the number of adults who are legally able to make complex medical decisions for children who are not theirs, in total secrecy, without any liability or any real stake in the overall well-being of the child. As others have pointed out, this includes in school. With your child in school, anything could be happening there without your knowledge. This bill undermines parental rights, and it also undermines the various concepts of informed consent. Please do the right thing and vote no on S.B. 172 (R1). Protect parents and protect children.

Michael Ryan, Private Citizen:

I am a long-time resident of Nevada and a Marine Corps veteran. Senate Bill 172 (1st Reprint) removes the required parental consent or notification for any minor, girls or boys, under the age of 18 to receive a contraceptive drug or device, and funnels taxpayer money to provide treatment for STDs. This is not the state's responsibility. It is fundamentally the right of a parent to make medical decisions for their children. The sponsors of this bill are attacking one of their own—former Democrat Senator Mo Denis, who passed Senate Bill 314 of the 77th Session. Stop this insanity and do the right thing. Please protect our children and vote no on S.B. 172 (R1).

Lorena Cardenas, Private Citizen, Carson City, Nevada:

This bill creates a system to bypass parental guidance, and it is a violation of our parental rights. I know Senator Harris called it a safety buckle, but it really is creating a loophole for pedophiles. With Nevada ranking No. 2 in the human trafficking rates, I would think the Legislature would want to stamp down on any loophole. You are simply not doing that. I honestly wonder if there was a pedophile behind one of those calls pushing for this bill.

I would not be surprised. The argument in support of it being a hurdle to force them [children] to go out and get adult involvement—good; we need adult involvement when minors are attempting to get any type of medication that could impact their lives and their health forever. What about the side effects?

As a parent, I cannot imagine a law that would enable minors to have medications. That would impede a parent from being able to aid their own child. You are really obstructing my parental role. You are keeping me from my role, which is to keep my children safe. If a parent is not involved with the medications their child is taking, God forbid, you could go in the next morning and attempt to wake up your teen, but he cannot wake up because he had an adverse reaction, because he was able to by law. Because of you. How do you sit there and justify yourself in wanting to pass these bills and impeding us from being able to do our role as parents, and that is to guide our children to keep them safe and to do our own research. That is my job when I administer medication for my children. For you to want to have a say in that or make it legal for them to do that without my involvement is a huge violation. I really hope you vote against this bill. As a mom of four teenagers, I urge you to right this. Not only does it create a loophole, but it also leaves our children in danger.

Leslie Quinn, Private Citizen, Las Vegas, Nevada:

I oppose S.B. 172 (R1) for many reasons, including the removal of more parental rights. It further destroys parent/child relationships, encourages deceit between child and parent, and has no age limit. One needs to be 21 years old to drink, 23 to 25 years old to rent a car depending on the vendor, 21 years old to gamble, but with S.B. 172 (R1) any age to take experimental medication for HIV or HPV. No. If our brains are not fully developed until 21 to 25 years of age, why would we want to allow children to make such major decisions for their health care, and without their parents supporting, loving guidance. I am sure not many here would want a teen with raging hormones to make life-altering decisions. As a young mom, I was bullied by medical practitioners to give my teen daughter HPV vaccines to avoid cervical cancer. Sadly, it sterilized her and took away her option to have children. I oppose S.B. 172 (R1) so all children will not have access to experimental drugs that cause life changes without proper guidance and mentorship of their parent. Why create any legislation that encourages children to engage in promiscuity? Why is training in abstinence not promoted? Why is communication between a parent and a child not encouraged?

Senate Bill 172 (1st Reprint) promotes a heavy mental load on our children. These are our children. They do not belong to the government or any group advocating to infringe on the relationship between parents and their children. I am perplexed at the legislative push to erase humanities, emasculate men, erase women, dismember children in or out of the womb, and minimize the bond of family, all on the altar of inclusivity of economic social government. As a mother of five with two grandchildren, I strongly oppose S.B. 172 (R1) and ask my legislators, Assemblywoman Brittney Miller and Senator Marilyn Dondero Loop, as well as all other legislators, to oppose S.B. 172 (R1) as well. Kudos to all the Assembly legislators and Senators who support parents. Thank you, Assemblyman Gray, and all legislators who stand with parents in protecting their children.

Chair Peters:

We have reached the ten minutes we have obligated to callers in opposition. There are two callers remaining. We will go ahead and take those callers; again, three minutes each.

Charlotte Stewart, Private Citizen, Carson City, Nevada:

I am calling to say I agree with everything that was said before as far as opposition. I want to point out that in other states there is gender affirming care being considered as law as part of reproductive health. That is something that will come here if this law is passed. That is one thing. The other thing I want to do is point out a very dystopian possibility that our children could go to school and get PrEP drugs and come home and their teeth will be falling out, they will have kidney problems. They could possibly come home after an HPV vaccine and have an adverse reaction, and the parent would have no clue. Who would be financially responsible when they are injured permanently for life? The parents. The parents should be the ones to make the choices, not the child. The only way this would make any sense is if the child were emancipated.

Katrin Ivanoff, Private Citizen, Las Vegas, Nevada:

I ditto everything in opposition to the bill. I only want to add that any adult who puts one sentence together with the words "minor" and "consent" needs to be checked because there is something wrong with them. This bill is for predators or pedophiles. I do not know any normal adult who is not interested in harming kids or preying on kids who would put those words together in one sentence and not be bothered by it. Regardless, if the person is a minor, there is a reason we call them minors. They cannot give consent. For you to try to make it legal for a minor to give consent without parental involvement is very scary. We should be able to look very closely at adults who are easily throwing around those words.

There are several bills right now going through this Legislature that are aiming at minor consent, circumventing parental involvement. This is very bothersome to me. I apologize for the sharp tone, but this is a serious matter when you are trying to codify in law minors giving any kind of consent. There is a reason we have to sign notes from school. The school cannot even give aspirin to my kids if I am not informed, but now you want them to have all these kinds of altering procedures. If there are side effects and we do not know about some procedures, who is going to be in charge? Are you going to pay the bills? Quite frankly, I do not care who is going to be paying the bills. If you damage my child for the rest of his life, and that child can no longer reproduce, can no longer have a productive life, and is no longer a productive member of society because he was turned into a vegetable because of the side effects of something I did not even know was given to my child.

I was under the impression the legislators are there to represent the people who elected them. If 80 percent of us are telling you to please not vote for that law, how is that not ringing a bell? I am hoping that the move you made by letting us speak longer than time was allowed—I really appreciate you giving us a chance to give our opinions—means you can hear us and vote no on this atrocious bill that is aimed at taking parental rights away with more government overreach. Please vote no.

Chair Peters:

That brings us to the end of opposition testimony for Senate Bill 172 (1st Reprint). I will open neutral testimony. Is there anyone in Carson City, Las Vegas, or on the phones who would like to provide neutral testimony? [There was no one.] We had to let Senator Harris go early so she could get to her committee. I am assuming she waives her closing remarks.

I will close the hearing on Senate Bill 172 (1st Reprint). We will move to the last agenda item, which is public comment. Is there anyone in Carson City or Las Vegas who would like to provide public comment? [There was no one.] Is there anyone on the phone line who would like to provide public comment?

[Public comment was heard.]

I will close public comment. This meeting is adjourned [at 2:44 p.m.].

RESPECTFULLY SUBMITTED:

Lori McCleary
Committee Secretary

APPROVED BY:

Assemblyman David Orentlicher, Vice Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a document titled "Sexually Transmitted Infections Treatment Guidelines, 2021," submitted by Katrin Sienkiewicz, Private Citizen, Douglas County, regarding Senate Bill 172 (1st Reprint)

[Exhibit D](#) is a document titled "Errata to Proposed Regulation of the State Board of Health, LCB File No. R002-22," submitted by Katrin Sienkiewicz, Private Citizen, Douglas County, regarding Senate Bill 172 (1st Reprint).

[Exhibit E](#) is a letter submitted by Katrin Sienkiewicz, Private Citizen, Douglas County, in opposition to Senate Bill 172 (1st Reprint).

[Exhibit F](#) is a compilation of letters in opposition to Senate Bill 172 (1st Reprint).