

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

**Eighty-Second Session
March 6, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 1:32 p.m. on Monday, March 6, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 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:

None



STAFF MEMBERS PRESENT:

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

OTHERS PRESENT:

Fran Almaraz, President, Nevada Silver Haired Legislative Forum
Kelsey Lamph, Private Citizen, Las Vegas, Nevada
Barry Cole, Private Citizen, Reno, Nevada
Taylor Sawyer, Private Citizen, Fernley, Nevada
Doralee Uchel Martinez, Private Citizen, Reno, Nevada
Julie Beasley, Child Neuropsychologist and Clinical Director, Grant a Gift Autism Foundation, University of Nevada, Las Vegas Ackerman Center for Autism and Neurodevelopmental Solutions, Kirk Kerkorian School of Medicine
Jonathan Norman, representing Nevada Coalition of Legal Service Providers
Grace Larkins, Private Citizen, Reno, Nevada
Heather Morris, President and Director of Operations and Resources, Nevada Families for FASD Awareness
Geoffrey Simmons, Private Citizen, North Las Vegas, Nevada
Nicole Oakden, Private Citizen, Las Vegas, Nevada
Leann D. McAllister, Executive Director, Nevada Chapter, American Academy of Pediatrics
Carissa Pearce, Health Policy Manager, Children's Advocacy Alliance of Nevada

Chair Peters:

[Roll was called. Committee rules and protocols were explained.] We have three bills on the agenda today. They are all presented by Assemblywoman Gorelow. We are going to take the agenda out of order in an attempt to ensure a group of folks who would like to be here in support of one of these bills is able to make it. They have been battling the weather on their way to Carson City.

I will open the hearing on Assembly Bill 215.

Assembly Bill 215: Revises the residency requirements for appointment as a member on the Nevada Silver Haired Legislative Forum. (BDR 38-456)

Assemblywoman Michelle Gorelow, Assembly District No. 35:

With me today is Fran Almaraz. As you will notice, Assembly Bill 215 is very short, so we are hoping to make this one of the shortest presentations in today's session.

Current law requires a prospective Nevada Silver Haired Legislative Forum member to be a voter in his or her respective senatorial district for three years immediately prior to his or her appointment. This bill would reduce the number of years to one year in order to be eligible to serve on the Forum. This was brought to us because with the redistricting, there are many members who are no longer in their previous senatorial districts. That is why we are requesting the change for the residency requirements. Ms. Almaraz can tell you a little bit more about the Forum.

Fran Almaraz, President, Nevada Silver Haired Legislative Forum:

As a brief overview, the Nevada Silver Haired Legislative Forum was created in 1997 to identify and act upon issues of importance to aging persons. The Forum strives to promote inclusive government by directly involving seniors in the legislative process. It is composed of up to 21 members nominated by State Senators for appointment by the Legislative Commission.

Pursuant to Chapter 427A.340 of *Nevada Revised Statutes*, there are three requirements to be met in order for an individual to be eligible to serve on the Forum. First, the individual must be a resident of the state for five years immediately prior to his or her appointment. Second, he or she must be a registered voter in his or her respective senatorial district for three years immediately prior to the appointment. Third, he or she must be at least 60 years of age on the day he or she is appointed.

Forum members participate at public meetings, ask questions of the presenters, and discuss agenda items for future consideration. In the past, the Forum has studied senior issues such as respite care for caregivers, improvement in the provision of long-term care services, protection of seniors from abuse and neglect, and homelessness among seniors in Nevada.

The Forum may submit one bill draft request to each regular legislative session. This session, the Forum's bill is Senate Bill 45, which aims to increase the personal needs allowance for certain residents in skilled nursing facilities in our state.

I did want to mention one more thing. I would like to draw your attention to this, which should be in your packet. It shows how many of the Forum members are no longer eligible in the districts where they have been appointed because of redistricting. By changing the rule from three years in the district to one year, by the time the Forum meets again, they will be eligible because it will have been one year from the time of redistricting until we meet again.

Chair Peters:

Are there any questions from the Committee?

Assemblyman Hafen:

I would like to thank you for bringing this correction to the redistricting. I know there have been numerous issues with redistricting. Were there any other alternatives considered to correcting some of the redistricting issues?

Assemblywoman Gorelow:

What other issues are you referring to?

Assemblyman Hafen:

Is the Nevada Silver Haired Legislative Forum the only body affected by the redistricting, or were there other organizations that you have been working with with similar issues that also need to be addressed?

Chair Peters:

We are going to stick with the context of this bill. I appreciate the question, but we are going to stick with the issue at hand, which is ensuring we have representatives from the Nevada Silver Haired Legislative Forum. Are there any other questions from the Committee pertinent to the bill at hand? [There were none.]

I do have one question. Are there folks who would be at a disadvantage due to this bill change? I cannot think of one, but I am wondering if you had thought if anyone might be at a disadvantage due to this change.

Fran Almaraz:

I cannot think of any. The disadvantage is the members are no longer currently in the district they were nominated for. The districts they are in now, they will not have been in for three years.

Chair Peters:

Are there any other questions?

Assemblyman Hibbetts:

I have a two-part question for my own edification. First, who presides over the Silver Haired Forum, and second, how often does it meet?

Chair Peters:

We have staff offering to respond to the question based on their knowledge of staffing that particular committee.

Patrick Ashton, Committee Policy Analyst:

During the past interim and five years ago, I staffed a forum as a policy analyst. The Forum is composed of members who are nominated by State Senators and appointed by the Legislative Commission. Among its members, the Forum elects certain Forum officers, and among these officers is President Fran Almaraz, here today, who presides over Forum meetings and has a similar role like the chair of a legislative committee.

Meetings depend on the budget. Every budget cycle, the Forum receives a certain budget for per diem allowances and travel expenses. Based on that, the Forum can meet as often as they want. During the past interims, it has varied from not meeting at all during the COVID-19 pandemic to having five or six meetings during the interim. I hope that answers your questions.

Chair Peters:

Are there any other questions from the Committee? [There were none.] We do not have a copy of the list you mentioned. I asked staff if they could get that printed for us and we will have them send it to the Committee as soon as we have it. [Document was received [Exhibit C.](#)]

We will now hear support, opposition, and neutral testimony. I have been limiting support, opposition, and neutral testimony to 20 minutes each and adjusting as we need per bill, just as fair warning in case we get that much interest in this particular bill. Please remember to clearly state and spell your name and limit your testimony to two minutes. Staff will be timing each speaker to ensure everyone is given a fair opportunity to speak.

We will begin testimony in support of A.B. 215. Is there anyone in Carson City or Las Vegas who wishes to testify in support? [There was no one.] Is there anyone waiting on the public line to provide testimony in support? [There was no one.] We will move on to testimony in opposition. Is there anyone in Carson City or Las Vegas who would like to provide testimony in opposition to A.B. 215? [There was no one.] Is there anyone waiting on the public line who wishes to provide opposition testimony? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City or Las Vegas who would like to provide neutral testimony? [There was no one.] Is there anyone waiting on the public line who wishes to provide neutral testimony? [There was no one.] Are there any closing remarks from the sponsor of the bill?

Assemblywoman Gorelow:

That concludes our presentation.

Chair Peters:

I will close the hearing on Assembly Bill 215. I will open the hearing on Assembly Bill 169. Assemblywoman Gorelow is presenting this bill and has a colleague to present with her.

Assembly Bill 169: Revises provisions governing the labeling of feminine hygiene products. (BDR 51-617)

Assemblywoman Michelle Gorelow, Assembly District No. 35:

With me today is Kelsey Lamph, who brought this issue to my attention. I will provide you with some background information, then Ms. Lamph will provide you with some additional information.

Assembly Bill 169 requires that each packet or box containing a feminine hygiene product for sale or distribution in Nevada must bear a label containing a plain and conspicuous list of all ingredients in the feminine hygiene product. Feminine hygiene products such as tampons, pads, and menstrual cups come in contact with some of the most sensitive areas of a female body. The National Conference of State Legislatures describes these products as hygiene materials used to catch blood flow during the menstrual cycle, typically from puberty until menopause.

I am going to go off script for a bit and say one of my guilty pleasures is *Court TV*. Many times while watching, I have seen a lot of ads from lawyers saying, Have you ever been exposed to . . . please contact us because you could be receiving compensation. One of those products is talc, which has been in feminine products for many years but is known to cause ovarian cancer. That was one of the reasons why we brought this legislation forward. You should have received a list of chemicals of concern in feminine care products [[Exhibit D](#)]. Many of these chemicals can cause rashes, irritation, and have been known to be linked to cancer. They are carcinogens as well.

By requiring manufacturers to disclose all ingredients, customers can be informed of any potential risks associated with using a particular product. It also provides consumers with the opportunity to make informed decisions about the feminine hygiene products they use. With full disclosure of ingredients, consumers can also compare products and choose the one that aligns with their personal preferences and values. This can create a demand for products that are made with natural or organic ingredients, which can lead to increased competition among the manufacturers to produce safer and more sustainable products.

At this point, I am going to turn the presentation over to Ms. Lamph.

Kelsey Lamph, Private Citizen, Las Vegas, Nevada:

I am currently a second-year law student at the William S. Boyd School of Law at the University of Nevada, Las Vegas. I originally began this project as a class assignment. As I did more research, I discovered the severity of dangers associated with certain feminine products. Just this past month, Thinx, Inc. settled a class lawsuit after a third party discovered toxic chemicals in their "Better for You Underwear."

The presence of certain ingredients in feminine products can cause harmful side effects to its users. Often, these side effects only appear due to how the product interacts with the body. The products come in contact with the vaginal tissue, which is made up of mucous membrane. Unlike something you swallow, substances that come in contact with the vagina do not go through the body's typical elimination and metabolic processes. Instead, tampon chemicals are absorbed by the mucosa and from there can pass into the blood stream.

I am a childhood leukemia survivor. My mother is a thyroid cancer survivor. My great-grandmother was a breast cancer survivor. I deeply understand how illness can disrupt and devastate lives. While illness can strike for no good reason and by no cause but bad luck, some of the products that menstruators use regularly to get them through their daily life when they are bleeding have the potential to cause short- and long-term health issues. To name a few: ulcers, rashes, endocrine disruption, reproductive toxicity, and cancer.

Per the Federal Food, Drug, and Cosmetic Act, the U.S. Food and Drug Administration (FDA) categorizes menstrual products as medical devices. Therefore, the products do not have to be labeled with their ingredients. Any recommendations the FDA makes about chemical levels are simply recommendations and do not have to be followed.

The purpose of this policy is to provide information so females can make informed decisions about what they put into their bodies. With this added transparency, it is our hope there will be an increased demand for products with natural ingredients. So far, only two other states have passed this legislation: California and New York. I believe [A.B. 169](#) presents a wonderful, important way for Nevada to show it supports female reproductive health and transparent consumer choice. I echo everything Assemblywoman Gorelow has said, and we welcome any questions.

Chair Peters:

Thank you so much for the presentation. I appreciate your passion for the issue and your involvement in bringing it into a bill. We really appreciate that kind of gumption from the general public. It makes a huge difference in this body. There are a few questions.

Assemblywoman González:

I have two questions. I am looking at the effective date of January 1, 2024. In your feedback in working on this, is that enough time for manufacturers who manufacture these products to get these labels and boxes all together? This is actually an interesting question. I do not think we talk about how long a product in this sphere has been on the shelf. Cotton does not really expire. I am looking at the list of all these chemicals in the products [[Exhibit D](#)]. It is crazy that I am 31 years old and I am still learning so much about my health.

My second question is, are we outlawing the chemicals or are we just stating the chemicals have to be stated?

Assemblywoman Gorelow:

We felt January 1, 2025, gives manufacturers sufficient time.

Chair Peters:

Looking at the bill, sections 1 through 4 become effective upon passage and approval for adopting regulations and January 1, 2024, for all other purposes. There are two time frames. In section 3, it states, " . . . each package or box containing a feminine hygiene product that is

manufactured on or after January 1, 2025, for sale or distribution" The purpose of the bill goes into effect in 2024. That might be a legal question on the implications of these different time frames. We do not have legal counsel in the room at the moment because they are busy dutifully drafting bills. We can follow up with them on that.

Assemblywoman Gorelow:

For your second question, we are not outlawing these chemicals, we just want them labeled so people are aware of what they are. If people have a sensitivity to a certain chemical, they can avoid that product.

Assemblyman Nguyen:

Oftentimes we have seen things, for example on cigarette packages or certain other products, that state, General warning, using this product may cause X cancer. Are there thoughts of eventually doing that as well, outside of just listing the ingredients? Perhaps having a disclaimer stating the product may cause cancer.

Assemblywoman Gorelow:

It is something we have thought about. Right now the research is a little early to find out. We know there are carcinogens and irritants, but to say it "may," we are not there yet. We wanted to do this first, but I could add that.

Assemblyman Nguyen:

I guess I wanted to give input on revision in adding that piece so it is flexible enough so in the future we do not have to worry about going back and cleaning this up.

Assemblywoman Gorelow:

Thank you for that suggestion. We will make that amendment.

Assemblywoman Taylor:

Congratulations on making a student project something that could become a bill. That is pretty special. You mentioned there are two other states, California and New York, that have done this. Are you aware of how they did it? Did they just require the manufacturer to do it? Did the manufacturer have to produce a new box or put a sticker on the box? It seems as though some of the boxes coming out now do not list all the chemicals, and that is obviously a problem. Do you know how they would have to respond? I am just thinking in terms of when the date on this bill is worked out, there is time for them to respond. What would it take on their end so we do not end up with a limited supply of feminine products in the meantime?

Kelsey Lamph:

I believe the manufacturers in New York had 18 months. They just started this in California at the beginning of this year, and they had to start new printing on the boxes. I am not completely sure about that, and I do not know what they did with the leftover product. They may just not be sending those products to those states.

Assemblywoman Taylor:

It sounds as though they may have to produce new boxes and the other boxes may go to other states. My follow-up question is whether all the manufacturers complied. Do you have any idea? Those are pretty big markets for them not to do business in, both California and New York.

Kelsey Lamph:

I am not sure if every brand has complied or if they have decided just not to sell in those two states.

Chair Peters:

I cannot remember if you went over this in your presentation, but there has been a lot of news around a specific brand of period underwear containing PFAS [per- and poly-fluoroalkyl substances]. These are menstrual underwear that I was inclined to get for my child when she starts her menstrual cycle because of how noninvasive they are as a menstrual maintenance and environmentally friendly product. It was very concerning there was not a list, or at least an independent validating entity, looking at what products are being treated with that are sold in this market. A lot of this interest area has come from those independent studies that have been conducted.

Assemblyman Hafen:

My colleague already asked my question about the other states' date of implementation. You mentioned that you are not sure if they are selling the products in those states or not. Is that information you could follow up with and provide to determine whether or not sellers or distributors are actually leaving those markets?

My other question is I do know there are some smaller businesses that sell more in the niche market. Was a small-business impact statement conducted to determine if there was going to be any impact?

Chair Peters:

The small-business impact assessments are done on regulation, so it would be after the regulations were conducted.

Assemblywoman Gorelow:

We will have to look and discuss with the other states if they had any disruptions in their markets.

Assemblywoman Thomas:

Thank you for the presentation on this much-needed legislation in dealing with the products. As far as when this bill came out and after reading it, I am pretty sure that products already come with warning labels. They come with advice and even with instructions on how to use that product. For instance, tampons. At one time, I believe in the 1980s, we had that toxic shock syndrome. We know that is there. In addressing my colleague, Assemblyman Nguyen, I was wondering if we are giving too much information when it is already in there?

Assemblywoman Gorelow:

I do not think you could ever give too much information to anyone. They do still have information in the packets that talks about toxic shock syndrome. That is still a concern for women, but in many of these cases, there are still chemicals within the product that can cause irritation and allergic reactions, and as I mentioned in the case of talc, can cause ovarian cancer and death.

Assemblywoman Taylor:

You want to give the chemical base of the products, or the makeup of the product, not addressing more instructions. Am I understanding you correctly?

Assemblywoman Gorelow:

Yes, we want to list the chemicals. You can see some of the products listed [[Exhibit D](#)] to make us smell better. There are perfumes that are doing that. There are chemicals that are doing that. What do those chemicals do? What can they do to people? A lot of people are very sensitive to fragrances. In listing those chemicals, people have a more informed choice on whether or not that is a product they should use.

Chair Peters:

That brings up the question of the difference between chronic and acute exposure. I am one of those people who looks this stuff up for fun. It is part of how I live my life, so I get a little bit into the weeds. When you talk about this particular issue and the type of products being used, we are talking typically about sustained use over long periods of time, over an extended life in some cases. When we are talking about toxicity, we have two categories. There is chronic toxicity and acute toxicity. In the case of products treated with chemicals that are not known to cause acute symptoms, they are often used in products with specific labeling stating to only wear for 8 hours or limit exposure for this period of time, because we have some sense of that acuteness. Can you talk a little bit about how that played into your interest in this bill?

Kelsey Lamph:

My interest first stemmed from hearing some of the chemicals in these products can make women's periods last longer or be more painful, et cetera. As I did more research, I saw there could be ulcers, which were short term. If you stop using the tampon, the ulcers will go away. However, then there are long-term effects, such as reproductive issues, cancer, et cetera. I do not know as much about the chronic and acute toxicity and how the chemicals work exactly. I became interested in the chronic issues. We see a lot of women are having reproductive issues, and it makes me wonder if there is a connection. I do not know if there is, and I am not putting that on the record. I am not sure if that answers your question.

Chair Peters:

It is actually a question for the science that is happening right now. We are really at the infant stages of science around women's anatomy and the impact of the chemicals and materials we use as women. It was more of a thought about what we are looking at scientifically. It was related to my colleague's question, Assemblyman Nguyen, about what point we talk about warning labels and at what point does the science get to that scenario. Are there any other questions from the Committee?

Assemblyman Hafen:

I apologize for being ignorant on this subject. I am googling the current labels. In some states there is the warning of toxic shock syndrome. It states to read the enclosed information. Are you proposing that the chemical names on this list [[Exhibit D](#)] all be included on the label itself or included on the inside of the box as a pamphlet? I am trying to understand what is going on.

Assemblywoman Gorelow:

We are looking for it to be listed on the box so a person can make an informed decision prior to purchasing the item.

Chair Peters:

Are there any other questions from the Committee? [There were none.] We will move to testimony in support of A.B. 169 in Carson City or Las Vegas.

Barry Cole, Private Citizen, Reno, Nevada:

I am in support of A.B. 169. I have a couple of comments I would like to make. Be careful of the word "natural." Cyanide and asbestos are natural. You would not want a tampon made out of either of those products.

Beyond just having a list of ingredients—I folded this sheet—because unless you are a chemist, you have no idea what these things are. Perhaps there needs to be an amendment for definitions of what these elements could actually do to someone. Remember, when we talk about menstrual products, we are describing half of all the citizens of Nevada using these products for decades in most cases. Yes, toxic shock syndrome was real, and it involved not organic cotton being used. As I recall, it was a synthetic polyester material used in the tampon. The real caveat is, it does not matter what it is made of; if it is left in too long, that is the problem with toxic shock. We need to think about how long these products are being used per unit.

Finally, remember last summer we went through a whole period where we were short of menstrual products in the United States. Make sure when we put this bill into implementation, the manufacturers are going to cooperate. The good news is, we are next to California. Whatever they are shipping west from Procter & Gamble in Cincinnati, yes, it will get short-stocked in Nevada on its way to California.

Taylor Sawyer, Private Citizen, Fernley, Nevada:

I am here to testify in support of A.B. 169. People who menstruate deserve to know what they are putting in their bodies. Companies have an ethical responsibility to make this information readily and plainly available. Ingredients in some tampons include polypropylene, polyethylene, polyester, glycerin, paraffin, ethoxylated fatty acid, esters, PEG-100 stearate, and titanium dioxide. That means nothing to me. To me, plain language means making sure consumers are able to understand what they are putting into their bodies. It is time to take women's health seriously.

Chair Peters:

Seeing no one else in Carson City or Las Vegas, is there anyone on the public line who would like to provide testimony in support of A.B. 169?

Doralee Uchel Martinez, Private Citizen, Reno, Nevada:

We are wholeheartedly supportive of this amazing, commonsense bill. We thank the sponsor. I will not be able to read it, but I do have an app that can read it.

Chair Peters:

Is there anyone else on the public line waiting to testify in support? [There was no one.] We will move to opposition testimony on A.B. 169. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony on A.B. 169? [There was no one]. Is there anyone on the public line who would like to provide opposition testimony on A.B. 169? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City or Las Vegas who would like to provide neutral testimony on A.B. 169? [There was no one.] Is there anyone on the public line who would like to provide neutral testimony on A.B. 169? [There was no one.] Would the sponsor of the bill like to provide any closing remarks?

Assemblywoman Gorelow:

Thank you so much for the opportunity to hear this bill. I will provide follow-up information as soon as I receive it.

[[Exhibit E](#) was submitted but not discussed.]

Chair Peters:

I will close the hearing on Assembly Bill 169. I will open the hearing on Assembly Bill 137. It is my understanding we have some folks trying to make it into the building. I do not know where they are yet, but I hope they are able to make it. If not, they have 24 hours to provide their testimony for this hearing.

**Assembly Bill 137: Revises provisions relating to fetal alcohol spectrum disorders.
(BDR 40-327)**

Assemblywoman Michelle Gorelow, Assembly District No. 35:

I have two people who are supposed to be joining me by Zoom, so I want to double-check and make sure they are able to connect. It will be Dr. Julie Beasley and Mr. Brian Hager. [They were available.]

I am pleased to present to you Assembly Bill 137, which revises provisions related to fetal alcohol spectrum disorders. This is an interim committee bill originating from the Joint Interim Standing Committee on Health and Human Services. As I mentioned, I have Dr. Julie Beasley. She is a child neuropsychologist and director of the University of Nevada, Las Vegas (UNLV) Ackerman Center for Autism and Neurodevelopmental Solutions. Brian Hager is the president of the Grant a Gift Autism Foundation at the Ackerman Autism Center. Thank you both for being here today.

Assembly Bill 137 stems from a recommendation from the Health and Human Services (HHS) interim committee, which was solicited by the Grant a Gift Autism Foundation, Children's Advocacy Alliance of Nevada, and the Nevada Chapter of the American Academy of Pediatrics. At its final meeting and work session last year in August, the HHS interim committee voted unanimously to propose the bill before you today.

Fetal alcohol spectrum disorder (FASD) refers to a range or spectrum of adverse developmental conditions that can occur in an individual who is prenatally exposed to alcohol. Included in the spectrum are fetal alcohol syndrome, or FAS, partial fetal alcohol syndrome, or PFAS, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects.

Fetal alcohol syndrome is typically considered the most severe form of FASD. Any FASD can cause a range of physical, mental, behavioral, and learning difficulties in individuals that can last a lifetime. However, there are still provisions in *Nevada Revised Statutes* (NRS) that only reference fetal alcohol syndrome, but not all the other conditions that pertain to the spectrum. Additionally, FASDs are not part of the definition of a developmental disorder in Nevada laws.

Defining FASDs as developmental disabilities is important for several reasons. First, it acknowledges that FASDs are conditions that affect a person's ability to learn and develop skills. By recognizing FASDs as developmental disabilities, affected people can access certain supports and services that can help them achieve their potential and improve their quality of life. It helps to destigmatize FASD. When people understand FASDs are developmental disabilities, they are less likely to blame the individual for their difficulties and more likely to recognize that the conditions are a result of prenatal alcohol exposure.

It may also assist with early diagnosis and intervention. By identifying FASDs as developmental disabilities, health care professionals can be more proactive in screening for the conditions and provide early intervention supports to support affected individuals and their families.

Assembly Bill 137 is aiming to fix these issues by doing three things. First, it replaces the term "fetal alcohol syndrome" in NRS Chapter 442 relating to maternal and child health with the definition of "fetal alcohol spectrum disorder," as set forth in Chapter 432B.0655 of NRS. There, FASD is defined as ". . . a continuum of birth defects caused by maternal consumption of alcohol during pregnancy. The term includes, without limitation, fetal alcohol syndrome."

Second, the bill expands applicability of fetal alcohol spectrum disorder to multiple existing provisions in NRS Chapter 442 that currently reference fetal alcohol syndrome.

Third, A.B. 137 adds fetal alcohol spectrum disorders to the definition of a developmental disability in NRS 435.007. This definition, among other provisions, applies to services for individuals with developmental disabilities as a neurological condition that manifests before a person attains the age of 22 years, is likely to continue indefinitely, and results in substantial functional limitation.

That concludes my remarks. We can go ahead with our Zoom presentation.

Julie Beasley, Child Neuropsychologist and Clinical Director, Grant a Gift Autism Foundation, University of Nevada, Las Vegas Ackerman Center for Autism and Neurodevelopmental Solutions, Kirk Kerkorian School of Medicine:

I am a Nevadan. I was raised in Las Vegas. I attended UNLV and I returned to Las Vegas after receiving my Ph.D. to live and work in our community. I have been in practice here in Las Vegas for 24 years.

The fetal alcohol spectrum diagnostic clinic was started in southern Nevada in 2005 by geneticist Colleen A. Morris, M.D.; developmental behavioral pediatrician, Johanna S. Fricke, M.D.; and me. We have been working to meet the needs of children with fetal alcohol spectrum disorders and their families since that time.

First, understanding FAS is a spectrum reflects the multiple factors, including but not limited to the timing, the amount, the maternal health, and substance use history, which places our babies at very high risk for fetal alcohol spectrum disorders who are prenatally exposed during pregnancy.

Alcohol is the most damaging teratogen within the drug and alcohol substance category to the prenatally developing brain. Fetal alcohol spectrum disorder incidence is set at 5 percent of the population. From the 2020 Nevada Census data, approximately 33,000 babies were born that year. A 5 percent incidence indicates 1,650 babies were born with prenatal alcohol exposure. The 2020 Nevada Census data also indicates there are over 760,000 children under the age of 19. With 5 percent of Nevada children being exposed to alcohol, that number is

38,000. Not only are they exposed, they are likely to have some type of fetal alcohol spectrum disorder. Additionally, the use of alcohol and other substances increased significantly over the COVID-19 pandemic.

These children, adolescents, and adults are here in Nevada, and many need developmental, behavioral and mental health care, and special education services. Children with FASD are more often in the foster care system. They are being raised by family members, grandparents, uncles, aunts, cousins, or they are adopted. These kids are currently in our programs. They are in mental health, special education, foster care, the juvenile justice system, and developmental services. The early and accurate place for services for these children and families is developmental services. Those of us who work with these children have a responsibility to help advocate for these children who are in the care of our state system.

Fetal alcohol spectrum disorder is recognized as the leading cause of developmental disability, and specifically a primary cause of intellectual disability in youth. Fetal alcohol spectrum disorders are lifelong, physical, behavioral, and intellectual disabilities caused by prenatal alcohol exposure. We sought to change the outdated language within the *Nevada Revised Statutes* to determine eligibility and provide services for children with FASD under developmental services. Developmental services are the primary system of programs to reflect the needs in our state and to help provide the programs our children and families with FASD require.

Chair Peters:

Are there any questions from the Committee?

Assemblywoman Thomas:

This is something our state has to emphasize because it is a problem. I was wondering, within this bill, if you used the definition from the DSM-5 [*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*] for fetal alcohol spectrum disorder.

Julie Beasley:

The primary diagnostic tools we are using are the ICD-10 [*International Classification of Diseases, 10th Revision*], which is the medical diagnostic criteria we use. In the DSM-5, it is listed as prenatal alcohol exposure. It is a little confusing, so we are using the ICD-10. Really how it is diagnosed is fetal alcohol syndrome, partial fetal alcohol syndrome, and then alcohol-related neurodevelopmental disorder. That is the spectrum. It is really important diagnostically to understand that those distinctions have to do with the first trimester exposure to alcohol that resulted in facial characteristics that are specific to FAS. However, the brain develops every day, and that impact to alcohol happens during the entire pregnancy, which is why we are talking about a spectrum.

Children may have partial fetal alcohol syndrome. That is because they possibly did not have as much alcohol exposure in the first three months. However, they could still have exposure throughout the whole pregnancy, which creates the significant central nervous system disorders we are talking about. That is why we are moving from fetal alcohol syndrome to a spectrum.

Assemblywoman Newby:

Looking at section 7, subsection 5 of the bill, adding "a fetal alcohol spectrum disorder" to the list of developmental disabilities, I recognize that it references NRS 435.007, which is persons with intellectual disabilities and developmental disabilities. I assume this is the area where it would give access to a certain number of services to those suffering from fetal alcohol spectrum disorder. What are some examples of those additional services or access points that could now, if this bill is passed, be accessed by these individuals?

Julie Beasley:

Through our system of developmental services, we are looking for early diagnosis, early intervention, respite services for family members, and parent training for family members when they are younger. This is a lifelong disability, so we are looking for those individuals with fetal alcohol spectrum disorder who qualify to receive adult services, including housing and all of the processes that developmental services provide for our lifespan population.

The reality is there are often comorbid conditions, so they often can have fetal alcohol syndrome and an intellectual disability as well. About 50 percent of our children with fetal alcohol spectrum disorders also have intellectual disabilities, but it also means 50 percent do not have that. Therefore, they do not meet the intellectual disability criteria to receive developmental services as it is written, so it expands to those children who still have exposure and have significant mental health, behavioral health, and developmental health issues that are best served through the developmental services and in a lifespan process. I hope that answered your question.

Chair Peters:

Are there any other questions from the Committee? [There were none.] We will move to testimony on the bill. We will start with support in Carson City and Las Vegas and then move to the phones.

Barry Cole, Private Citizen, Reno, Nevada:

I am in support of A.B. 137. I appreciate it now defines a physician as a psychiatrist. Sometimes we feel like stepchildren with red hair. I would like to remind you that there was a time when people used to use books. Now medicine is practiced on a smart phone. I just checked two databases I have. One for prescribing is called epocrates, and it has a whole definitional article all about the transition in terminology to fetal alcohol spectrum disorder. The second database is up-to-date, literally updated within the last 30 days. That is what they do. They also have a definitive article on this particular topic.

Please remember these are not just children, but these are children who grow up to be adults carrying forward lifelong disability. This is a tragic, sad, and preventable problem had mom not been a drinker during the pregnancy. I really encourage you to look at what the bill discusses, including involving our two University of Nevada campuses. I would also include Touro University in New York as well. Anything that anyone can do will be helpful for public education. Already, there are efforts on behalf of the Nevada Psychiatric Association to do bilingual—English and Spanish—cartoon presentations for public service announcements to make this commonly available information for everyone. This is a broad-spectrum problem and a preview of coming attractions. We will someday be having a committee about cannabis use during pregnancy. I hate to tell you that, but I think it is inevitable.

Jonathan Norman, representing Nevada Coalition of Legal Service Providers:

The Nevada Coalition of Legal Service Providers includes the Legal Aid Center of Southern Nevada and Northern Nevada Legal Aid. We represent kids in foster care. At any given time, we have between 3,000 and 4,000 children we are actively representing. I would say fetal alcohol spectrum disorder is something we deal with all the time. We are getting kids often after they should have already been in and receiving services. What the trajectory of not getting those services early puts on a kid's life is they are going to interface with juvenile justice services, and they are probably going to interface with the adult corrections system if we do not identify early and get them the services they need.

I echo everything the Ackerman Center said. I want to thank you for your consideration, and I want to thank Assemblywoman Gorelow.

Grace Larkins, Private Citizen, Reno, Nevada:

I am a family navigator with the University Centers for Excellence in Developmental Disabilities, Education, Research, and Service. I am here speaking now, not representing them, but as a parent of a child with intellectual disability and profound developmental disability overall.

I had not intended to speak, but knowing there are parents who could not make it, I am trying to think of where they are coming from. I know exactly where they are coming from. So many of these things overlap.

As Dr. Beasley said, comorbid conditions and diagnoses are prevalent, and you are going to see that across the board when it comes to fetal alcohol spectrum disorder. When I look at the actual implications in our lives—my husband and I—or other parents' lives, getting services and access to services, being a medical parent is really hard. It is very gratifying, and it is wonderful, but it can be very hard. There are a lot of things we are trying to figure out, trying to find information, and everyone is trying to help, but the fact of the matter is, if you cannot get that diagnosis, you cannot get the access.

If a child does not qualify exactly for fetal alcohol syndrome—that particular severity level with other implications—without that diagnosis, we are left unable to get insurance reimbursement for things. Durable medical equipment, prescriptions, incontinence, tube feeding, are all things that need to be acknowledged correctly medically. That is where terminologies such as this are incredibly important and make a massive difference in lives from early intervention, certainly, but also throughout life. My daughter is 8 years old. We need to take her to specialists, neurologists, those kinds of things, and those things have to be covered per her diagnosis. It also opens us up to family and community support when we find other parents who have similar diagnoses or similar repercussions of poorly written language.

As a parent and as a family navigator, that language and those tiny little details may seem very small, but they have a massive impact on those children, their siblings, their parents, and throughout the rest of their lives.

Chair Peters:

Thank you for your story. I did allow you to go on a little bit longer because I know we are waiting on a group of folks who just cannot make it today to provide testimony on this bill. I appreciate your taking the time.

Is there anyone else in Carson City who would like to provide support testimony on A.B. 137? [There was no one.] I see some folks in Las Vegas. You may begin when you are ready.

Heather Morris, President and Director of Operations and Resources, Nevada Families for FASD Awareness:

Nevada Families for FASD Awareness is an affiliate of FASD United, which is the national organization of fetal alcohol spectrum disorders. First and foremost, I am a mother of a great number of children, two of whom have been diagnosed with an FASD.

In my role as president of the before-mentioned nonprofit, I hear many pleas for help, mostly from parents and caregivers, but also from parole officers, social workers, child welfare, and even from friends of individuals with an FASD. They are seeking services, be it therapy, disability programs, respite, et cetera. I do my best to help them locate these services, but for the most part, they are nonexistent.

Currently in our state, we have an estimated 154,000 people impacted by an FASD, with possibly over 24,000 of them being children in our school systems. This is a prevalence rate of more than two and a half times that of autism. Why, then, does autism have its own page on the Nevada Department of Health and Human Services website, but FASD does not? Why can a child in this state qualify for an individualized education program with just an autism diagnosis, but a child diagnosed with an FASD cannot? Why does the National Institutes of Health of the U.S. Department of Health and Human Services recognize FASDs as a developmental disorder, but the state of Nevada does not?

Does it come down to money? According to research by FASD United, even at lower prevalence rates, the estimated average annual cost to the state of Nevada for FASD is over \$1.9 billion in health care, special education, residential care, productivity losses, and correction costs. We are already spending the money. Would it not be better to use those funds for a more positive outcome? What if we used those funds to train professionals to recognize FASD early to provide early intervention programs, to provide respite to overwhelmed caregivers, to educate our educators. Would that not be a better use of funds? Thank you for your time.

Geoffrey Simmons, Private Citizen, North Las Vegas, Nevada:

I am 18 years old, and I go to Miley Achievement Center for school. I have PFAS, or partial fetal alcohol syndrome, but I just say I have an FASD because I have an FASD. I have trouble remembering things. My mom says I was here four years ago to talk about FASD, but I do not really remember because I have an FASD. I have trouble controlling my feelings and sometimes get really angry.

School is different for me. I go to a special school. I ride this bus. I go to half-day. I have to go to school longer to graduate. It is hard to get a job when I have FASD. I work sometimes for my mom's bakery. I get frustrated a lot. I have trouble thinking of what to say. My body is 18, but my brain is not. I get things mixed up. I do not know what else to say about myself.

People with FASD need help and support. We need love, and we need people to understand us. That is all I have to say. Thank you for your time.

Chair Peters:

Thank you for your testimony and for being continuously involved. We appreciate your being here, even if it is not in your memory bank. I see more folks coming up to the table in Las Vegas.

Nicole Oakden, Private Citizen, Las Vegas, Nevada:

I am a mother of five children, two of whom were exposed to alcohol in the womb; one of whom is diagnosed with FASD, and the other we are currently trying to get diagnosed.

As you previously heard from Dr. Beasley and Heather Morris, these individuals with FASD, due to no fault of their own, were innocent victims of prenatal alcohol exposure and will have lifelong disabilities due to this exposure, including physical, behavioral, mental, and learning disabilities.

My younger sister was hit by a car when she was 4 years old. That accident caused her to be paralyzed from the neck down, dependent on a ventilator, and dependent basically for everything to live her daily life. Because she was physically disabled—her disability everyone could see—she received every resource that she needed to live her life for 34 years. She passed away a few years ago. She far surpassed the time she was supposed to live because of resources she was given.

Now, I am trying to raise my two sons who have a disability, which unfortunately is hidden. They have brain damage to their frontal lobe, but we do not have resources. Every single day of our lives is impacted by this disability. There is not adequate time to talk to you about our daily lives and the obstacles we face each and every single day. To look at them, you would not know they have a disability. They talk normal and they look normal, but every single day is not normal. We have been told by numerous doctors that we need certain resources, we need things to help them, but we cannot get them.

Unlike my sister, because her disability was visible, she had everything she needed, but we do not. We as parents recognize the road our children have in front of them. We are aware of the statistics and are determined to do everything we can do to help our children not be a number. We are finding repeatedly that the treatment and resources they need are not available to us and not available to them. This is why it is so important that individuals and children with FASD receive the change in this bill so their disability can be recognized as an actual developmental disability.

We plead with you to help support the passage of A.B. 137 so our children and so many other individuals and caregivers can access the resources we so desperately need in order for our children to be able to live the best lives they can.

Chair Peters:

Is there anyone else in Las Vegas who would like to provide support testimony for A.B. 137? [There was no one.] Is there anyone on the public line who would like to provide support testimony for A.B. 137?

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

We are in strong support of A.B. 137. I will just say ditto to all the wonderful testimony you have heard here today. I have also submitted written testimony with links for further information, as well as a video we made for families last spring to better understand this diagnosis. [Not received as of March 20, 2023.]

Carissa Pearce, Health Policy Manager, Children's Advocacy Alliance of Nevada:

I am calling in support of A.B. 137 to update the NRS language to fetal alcohol spectrum disorder. This bill is one of our core bills this session because we believe it is vital that families in Nevada receive services that reflect the current research and intervention in development and mental health. Changing the language to fetal alcohol spectrum disorder reflects the robust spectrum of behaviors and limitations that result from alcohol consumption during pregnancy. There is no safe amount of alcohol that can be consumed during pregnancy, and prenatal exposure to alcohol can lead to a wide array of behavioral and health effects that impact people from infancy into adulthood.

Early intervention and treatment are effective to help manage symptoms for children and adults, but these services are currently limited to a narrow definition that only captures a portion of the true population affected by prenatal alcohol exposure. This means that many children are being excluded, unable to get support for health issues completely out of their control.

Updating the language encompasses and defines the challenges that children are already experiencing from exposure to alcohol *in utero*. Further, it is imperative that children in Nevada are correctly identified to guide effective services and intervention. Part of this identification means looking at the full gamut of ways in which children and families are impacted. That means acknowledging the impact of prenatal exposure to alcohol can be evidenced as a spectrum of behaviors, physical features, and health outcomes. Updated language allows for comprehensive screenings to give accurate diagnoses, which allow for early detection and intervention, improving the likelihood that affected children are able to receive necessary services and live healthier lives.

Thank you for the opportunity to speak today. I ask that you support the passing of A.B. 137 and make a much-needed change in the lives of our children.

Doralee Uchel Martinez, Private Citizen, Reno, Nevada:

I am in full support of this amazing bill. Thank you to the sponsor. I will leave you with this quote that is famous in the disability neighborhood, "Nothing about us without us."

Chair Peters:

Are there any other callers wishing to testify in support? [There was no one.] We will move to opposition testimony in Carson City and Las Vegas. Is there anyone in Carson City or Las Vegas who would like to testify in opposition to A.B. 137? [There was no one.] Is there anyone on the public line who would like to provide opposition testimony? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City or Las Vegas who would like to provide neutral testimony on A.B. 137? [There was no one.] Is there anyone on the public line who would like to provide neutral testimony? [There was no one.] Would the bill sponsor like to make any closing remarks?

Assemblywoman Gorelow:

I want to thank everyone who came out to testify in support. I know for many, that was quite the challenge and I fully appreciate them. I also appreciate you, Chair Peters. This was an interim committee bill, so I appreciate your entrusting me with leading this bill. Thank you very much. I look forward to working with everyone and getting your support.

Chair Peters:

Thank you for being a champion on this bill on these issues. I will close the hearing on Assembly Bill 137. We are at the last item on the agenda, which is public comment. I will open public comment in our physical locations, and then we will move to the public phone

line. We ask that public comments be kept to two minutes. Is there anyone in Carson City or Las Vegas who would like to provide public comment today? [There was no one.] Is there anyone on the phone who would like to provide public comment? [There was no one.] I will close public comment.

Before we adjourn, are there any comments from members of the Committee? [There were none.] Our next meeting will be Wednesday, March 8, 2023, at 1:30 p.m.

This meeting is adjourned [at 2:52 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Recording Secretary

Lori McCleary
Transcribing Secretary

APPROVED BY:

Assemblywoman Sarah Peters, Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

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

[Exhibit C](#) is a document dated July 14, 2022, titled "2021 Redistricting and its Implications for the Forum's Membership," submitted by Assemblywoman Michelle Gorelow, Assembly District No. 35, regarding Assembly Bill 215.

[Exhibit D](#) is a document titled "Chemicals of Concern in Feminine Care Products," submitted by Assemblywoman Michelle Gorelow, Assembly District No. 35, regarding Assembly Bill 169.

[Exhibit E](#) is a letter dated March 6, 2023, submitted by Christine Saunders, Policy Director, Progressive Leadership Alliance of Nevada, in support of Assembly Bill 169.