

**MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR**

**Eighty-second Session
March 15, 2023**

The Senate Committee on Commerce and Labor was called to order by Chair Pat Spearman at 8:04 a.m. on Wednesday, March 15, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Pat Spearman, Chair
Senator Roberta Lange, Vice Chair
Senator Melanie Scheible
Senator Skip Daly
Senator Julie Pazina
Senator Scott Hammond
Senator Carrie A. Buck
Senator Jeff Stone

STAFF MEMBERS PRESENT:

Cesar Melgarejo, Policy Analyst
Kelly K. Clark, Committee Secretary

OTHERS PRESENT:

Brooke Maylath
Rob Phoenix, Huntridge Family Clinic
Sy Bernabei, Executive Director, Gender Justice Nevada
Ebony Harper, Executive Director, California TRANScends
Evan Minton
Lexa Baldwin
Sherrie Scaffidi, Transgender Allies Group
Lea Case, National Alliance on Mental Illness, Nevada Chapter; Nevada
Psychiatric Association
Rachel Whitted

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Riley Silver
Jamie Lee Sprague-Ballou
Nizhoni Widehat, Native Voters Alliance, Nevada
Lauren Chapple-Love, Ph.D., Nevada Psychological Association
Steven Shane, M.D.
Leann McAllister, Executive Director, American Academy of Pediatrics, Nevada Chapter
Ryan Vortisch, American Civil Liberties Union
Shanzeh Aslam
Marquis Ealy
Brady McGill, President, Las Vegas Pride
Scott Callaghan
Mari Nakashima, Nevada State Medical Association
Jayme Jacobs
Bob Russo
Lynn Chapman, Independent American Party
Janine Hansen, Nevada Families for Freedom
Mariann Humphrey
Lisa Mayo
Wiz Rouzard, Deputy State Director, Americans for Prosperity
Lisa Parte
Jim DeGraffenreid, Nevada Republican Party
Lorena Cardenas
Leslie Quinn
Cyrus Hojjaty
Unidentified Speaker
Katie Banuelos, Libertarian Party of Nevada
John Carlo
Toni Sultzbaugh
Erin Rook
Vada Taylor
Sarah Adler, Nevada Advanced Practice Nurses Association
Tara Raines, Children's Advocacy Alliance Nevada
André Wade, Silver State Equity
Briana Escamilla, Planned Parenthood of the Rocky Mountains
Sabastian Alcala, Program Manager, Gender Justice Nevada
Amie Dorsey
Annette Magnus, Battle Born Progress
Laura Deitsch

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Hailey Lindsley, Planned Parenthood Mar Monte
Kent Ervin, Nevada Faculty Alliance
Jay Cafferata
Judy Bowen
JoAnne Verry
Lydia Ruiz
Frances Sultzbaugh

CHAIR SPEARMAN:

This is Military and Veterans Appreciation Day here at the State Legislature. I am in the uniform today that I wore before I retired. My statements and my opinions are my own and do not necessarily reflect the Department of Defense, U.S. Army or U.S. Army Military Police.

This day is a way to appreciate and thank our service people and veterans. Many people do not realize that conscription ended in mid-1975. Anyone who served after that volunteered to go and serve our Country and, by extension, to serve you. I am glad I served almost 30 years in the U.S. Army. I also want to thank our policy analyst, Mr. Cesar Melgarejo, for his service. He is a combat veteran.

We have one bill today, Senate Bill (S.B.) 163. Senator Scheible, please begin.

SENATE BILL 163: Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria, gender incongruence and other disorders of sexual development. (BDR 57-129)

SENATOR MELANIE SCHEIBLE (Senatorial District No. 9):

I will present S.B. 163. This is the most important thing I am doing today and maybe the most important thing I do this Session.

This bill requires certain public and private health insurers to cover medically necessary gender-affirming treatments without discrimination. It is my pleasure to introduce this important measure once again.

In 2021, I sponsored S.B. No.139 of the 81st Session. It was amended and passed out of this Committee and was referred to the Senate Committee on Finance, where it was never scheduled for a hearing.

I am pleased to be joined today by Brooke Maylath, representing herself; André Wade from Silver State Equality in Las Vegas; Sy Bernabei from Gender Justice Nevada; and Rob Phoenix, a healthcare provider in Las Vegas. Ebony Harper and Evan Minton will be joining us by phone as subject matter experts. I will provide a bit of background on the bill and walk you through it.

Gender dysphoria, gender incongruence, and similar issues are complex conditions that can cause significant distress and impairment in an individual's life.

Gender dysphoria is a condition in which an individual experiences discomfort or distress due to a mismatch between their gender identity and their assigned gender at birth. Gender incongruence refers to a condition in which an individual experiences a mismatch between their gender identity and their physical sex characteristics. This can include a desire to live as a gender other than the one assigned at birth and may lead to feelings of distress and discomfort.

People with these conditions may experience anxiety, depression and social isolation. They may seek medical treatment to alleviate their symptoms, such as hormone therapy, gender-affirming surgeries to align their physical appearance with their gender identity and other similar treatments.

It is important for insurance providers to cover medically necessary treatment for these conditions because they can significantly impact a person's health, mental health and quality of life.

For example, multiple studies have suggested that transgender people who begin hormone therapy as teenagers experience lower rates of suicide and depression.

The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health found that 45 percent of LGBTQ youth seriously considered suicide in the past year. Those who felt socially supported by their family and community were half as likely to attempt suicide.

This bill, S.B. 163 does not change the law surrounding a minor's consent to medical treatments. *Nevada Revised Statutes* (NRS) 129.010 governs the areas

in which people under the age of 18 can consent to medical treatment without a parent's consent. The treatments covered by this bill are not included in NRS 129.010 through 129.060. To put it more plainly, this bill does not allow minors to access gender-affirming care without parental consent.

In fact, it allows insurance companies to require minors to undergo more extensive processes than adults to access the same types of treatment. Without insurance coverage for these treatments, many people may be unable to access the care that they need to manage their condition and improve their quality of life. This can lead to increased health risks and reduced well-being, as well as economic burdens from out-of-pocket expenses.

It is worth noting that gender dysphoria and gender incongruence are recognized as medical conditions by major medical organizations, such as the World Health Organization and the American Medical Association. As such, denying coverage for the treatment of these conditions can be seen as discriminatory and a violation of an individual's right to access health care.

Section 1557 of the federal Patient Protection and Affordable Care Act (ACA) and the associated 45 CFR Part 92, prohibit discrimination in health care based on race, color, national origin, age, disability or sex, including gender identity, in certain health programs and activities.

This regulation provides that excluding coverage for specific health services, such as those related to gender transition, is unlawful because it discriminates based on sex.

Unfortunately, several states have acted as barriers to the enforcement of this regulatory provision, citing that the provisions of Section 1557 of the ACA do not prohibit discrimination based on gender identity or sexual orientation.

As the federal landscape remains vulnerable to change, it is incumbent upon us as Nevada legislators to ensure that our constituents will continue to have the legal protections and laws that are currently in place through the patchwork of federal laws, federal regulation and court decisions.

During Governor Brian Sandoval's tenure, the Nevada Department of Business and Industry, Division of Insurance, in a prohibition of denial ([Exhibit C](#)) found that denying this healthcare coverage was discriminatory.

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The Division cites NRS 651.070 and *Nevada Administrative Code* 686A.140, subsection 7, to support this interpretation of the law.

The Legislative Counsel Bureau came to a similar conclusion, in a September 2015 letter to former Assemblyman Michael Sprinkle ([Exhibit D](#)) on pages 8-9.

In other words, the current law already requires health plans to cover these treatments and procedures. This bill solidifies that requirement and ensures that it remains the state of the law even in the face of changing federal laws and regulations.

Before I walk through the bill, I want to prepare you for the type of testimony you are going to hear today. I am bringing this bill because it is the right thing to do. Seeking and receiving, or being denied, the types of gender-affirming care covered by this bill is not my lived experience.

Historically, few people with gender dysphoria have accessed government bodies like ours to change how they are treated in legal and medical settings. Part of my job as a Legislator is to act as a bridge that enables people to share their stories in the halls of power at the Nevada Legislature.

You will hear today from Nevadans who have struggled personally to receive medically necessary interventions. These medical treatments allow them to live life and flourish in their own bodies in ways consistent with who they are at their core. You will hear from spouses and family members about the strife caused by the denial of gender-affirming care. You will also hear of the joy of transgender Nevadans who have accessed proper care.

My copresenters and expert witnesses will speak to the importance of this policy proposal. I will comment on the bill mechanics and legal aspects of the policy change and answer questions.

This is Children's Week at the Nevada Legislature. There are many pediatricians with us today. I know we also have Nevada youth joining us virtually. I would like to remind everybody that children are listening to this hearing. As we discuss what is medically necessary care for both children and adults, it is important to recognize we all share a common goal of supporting, loving and uplifting the children of Nevada.

Even if we disagree on policy or have questions about the intricacies of my bill, we should never let our judgment be clouded by hate or intolerance. If a child is listening to this hearing, we do not want them to feel they are anything less than important, valued and protected by members of this body.

I will walk through the bill and the proposed conceptual amendment ([Exhibit E](#)). With the amendment, the bill prohibits certain public and private insurers from discrimination with respect to participation and coverage under the policy contract plan or agreement against any person based on actual gender identity or perceived gender identity.

Included in the amendment are a list of actions that would constitute discrimination. Health insurers are also prohibited from applying categorical, cosmetic or blanket exclusions to gender-affirming treatments or procedures, or any combination of services or procedures or revisions to prior treatments when determined to be medically necessary, unless the policy contract plan or agreement also provides coverage for those services when the services are not offered for purposes other than gender transition.

Health insurers are required to evaluate whether services indicated as medically necessary under the most recent version of the World Professional Association for Transgender Health (WPATH) Standards of Care Version 8 (SOC-8) should be included for the treatment of gender dysphoria.

The services may include those provided by endocrinologists, pediatric endocrinologists, social workers, psychiatrists, psychologists, gynecologists, plastic surgeons, voice therapists, primary care physicians, advanced practice registered nurses, physicians assistants, and any other provider of medically necessary care.

In addition, the bill authorizes health insurers to include additional requirements that must be satisfied before the insurer will cover surgical treatment of gender dysphoria or gender incongruence in a patient under 17 years of age.

Section 4 of the bill indicates that an insurance company has the option to implement additional requirements, including but not limited to requiring the treatment be recommended by a psychologist, psychiatrist or other mental health professional; requiring that the treatment must be recommended by a physician; requiring that the insured youth provide a written expression of the

desire to undergo the treatment; and a requirement that a written plan that covers at least one year of care be developed by two medical professionals.

Section 5 of the bill requires that an insurer make reasonable efforts to ensure that the benefits required by this bill are made available. In other words, insurance companies cannot simply exclude all these providers from their network to avoid covering these services.

Likewise, if insurers are unable to provide coverage, they will be required to cover the benefit through a provider of health care who does not participate in the plan. Finally, if an appeal is denied based on the medical necessity of the treatment, such an appeal will be decided in a manner consistent with current law and include consultation with a healthcare provider who is experienced in prescribing and delivering gender-affirming care.

Finally, the bill requires that policies of health insurance renewed on or after July 1, 2023, include such coverage for medically necessary treatment of conditions related to gender dysphoria and gender incongruence.

This concludes my portion of the presentation. I have several people with lived experience and subject matter experts who will help explain to you the importance of covering this kind of care. I will turn it over to Brooke Maylath, who will go into detail on the bill.

BROOKE MAYLATH:

I have submitted testimony in support of this bill ([Exhibit F](#)). I am an employee of the Nevada Department of Health and Human Services. I am here speaking for myself. My statements do not represent the State or any other organization.

Let us focus on the fact that this bill is strictly about access to health care and how third-party payors cover medically necessary healthcare treatments. The third-party payors that this bill addresses include standard health insurance plans, self-funded plans and their third-party administrators, and Medicaid. The bill ensures that transgender Nevadans have meaningful and unencumbered access to medically necessary health care. Research and clinical experience evidence show that transgender health care is effective, safe and medically necessary for treating gender dysphoria.

Unfortunately, many health plans or, to use the industry term, third-party payors, have plans which exclude some treatments that have proven helpful for transgender and gender-diverse people. These exclusions are harmful to transgender people and have consequences for public health.

When a person cannot access the health care they need, it increases the likelihood of other chronic diseases, such as heart conditions, diabetes and cancer. All of these are more costly to treat than gender-affirming treatments.

I have provided the Committee with position statements from medical associations supporting the coverage of medically necessary gender-affirming treatments for transgender people who have been diagnosed with gender dysphoria.

Some types of gender-affirming treatments are already being covered in many plans by third-party payors. However, certain treatments are often excluded from coverage by the administrative trick of declaring those treatments as "cosmetic," and therefore, not medically necessary. But those treatments are specifically necessary to treat gender dysphoria for some people.

Such exclusions of these treatments are medically unsupported and discriminatory. Exclusion of treatments that treat gender dysphoria in transgender people is deemed discriminatory as shown in [Exhibit C](#) and [Exhibit D](#), and the U.S. Department of Justice, Civil Rights Division letter to State Attorneys General, protecting transgender people from discrimination including health care ([Exhibit G](#) contains copyrighted material. Original is available upon request of the Research Library.).

Additional supporting material backing third-party healthcare coverage for medical treatments for people with gender dysphoria includes peer-reviewed medical articles. There is a list in the footnotes in [Exhibit F](#).

In September 2022, the WPATH published the SOC-8. These standards are the pinnacle of decades of understanding by medical science for treating people with gender dysphoria. These are treatments with proven life-affirming results.

These standards are in no way experimental or cosmetic. It is important to recognize this body of work as reliable, accurate and robust. We acknowledge there is rhetoric in the public discourse that runs counter to the information

provided to this Committee. Such rhetoric lacks peer review, fails to use ethical medical protocols and is best described as "balderdash." Unfortunately, this intentional misinformation has been picked up by a small portion of our citizenry who have been duped into repeating these falsehoods. Please use discretion when weighing the facts against the fury.

Next, let us look at the evidence of insurance companies that are already beginning to address the medical necessity of these gender-affirming treatments in the form of model policies.

I have provided references to model medical coverage policies, [Exhibit F](#), from Cigna, United Healthcare, Molina Healthcare, and the Nevada Public Employee's Benefit Program for the upcoming benefit year. Each policy covers these types of procedures. They have dropped the exclusionary types of language.

The evidence is clear. Excluding treatments that are medically necessary to treat gender dysphoria is discriminatory. Insurance companies are beginning to understand that exclusions are costing them far more in legal costs to defend, and in behavioral costs to spend, than the cost of a modest number of additional claims that provide immense relief to those with gender dysphoria.

By ensuring appropriate coverage of gender-affirming treatments through an appropriate medical pathway, there is no competitive disadvantage for any plan. Transgender people can access the treatments they need and are paying for. Unifying the review process under the WPATH SOC-8 applies a current "state of medical need" understanding of necessity, as well as protocols for how patients are diagnosed and treated. This creates an open process of understanding for both the third-party payors and for patients. Navigating health care is hard enough; a shortage of both local and network providers makes it even more difficult.

ROB PHOENIX (Huntridge Family Clinic):

I am here today representing the patients of the Huntridge Family Clinic, the largest gender-affirming care clinic in Nevada. We currently provide primary and specialty care to over 1,000 persons who are gender non-conforming. Our practice focuses on the LGBTQ+ community of southern Nevada.

The clinic has provided care for over ten years in Las Vegas. Its mission is to provide care to those who need it, regardless of who they are or their payor

source. All the services the clinic offers today are based on needs and requests from our community. The clinic provides care utilizing a harm-reduction approach, meaning that we work with our patients to make healthier choices so that they can improve their health outcomes and reduce the chances of undesirable outcomes.

Senate Bill 163 represents a significant opportunity to improve the health care of thousands of Nevadans. This bill will help to improve access to medically necessary care that has been unreachable for many Nevada residents. I could spend hours sharing examples of the ways patients have tried to receive medically necessary transition care, such as performing their own orchiectomy or allowing themselves to be injected with silicone or baby oil to get the feminizing features that society defines for them.

In 2020 and 2021, we started to be able to access gender-affirming surgery coverage in Nevada. Transwomen could get their chest feminization surgery through insurance, but the insurance still does not cover the hair removal necessary, forcing patients to pay out of pocket. This still occurs today. Transmen, who can get the phalloplasty surgery covered, still cannot get the hair removal procedure covered, so they do not have hair growing inside the shaft of their penis.

Access to medications has improved dramatically in the ten years I have been providing this type of care. However, adolescents who need access to hormone-suppression medications, such as Lupron, must go through exhaustive processes with their insurance to get this medication approved. However, if they experience a medical condition called precocious puberty, where they are developing secondary sex characteristics like breasts or the onset of menses, early access to this medication is readily available.

I have many examples of the disparities in health equities that gender non-conforming persons experience with respect to their medical condition and access to medical care.

According to the TransPop Study from 2020 ([Exhibit H](#) contains copyrighted material. Original is available upon request of the Research Library.), transgender persons were more likely to avoid health care due to cost; they more often reported their health as fair/poor, with more frequently occurring poor physical and mental health days compared to cisgender people. Conditions such as HIV,

emphysema, liver disease, sleep disorders, and ulcers are also shown to be higher among transgender people.

The Turban et al report published by the American Academy of Pediatrics in the February 2020 *PEDIATRICS* magazine [Exhibit H](#), page 13, reported on the association between lack of access to puberty suppression in adolescents with increased risk of lifetime suicidal thoughts among transgender adults. This article and study supported past literature suggesting that pubertal suppression for trans adolescents who want this treatment is associated with favorable mental health outcomes.

The Clark et al report published by the American Academy of Pediatrics in the December 2022 *PEDIATRICS* magazine [Exhibit H](#), page 21, shows that sexual and gender minority (SGM) adolescents experience worse mental health than their nonsexual and gender minority peers. They also report that SGM adolescents represent about 20 percent of incarcerated adolescents, although they make up only 7 percent to 9 percent of the population. In addition, more than one-third of SGM adolescents attempted suicide in the past year compared to about 6 percent of non-SGM adolescents.

An overwhelming amount of literature shows access to gender-affirming care results in decreases in suicidal thoughts and attempts among adolescents and adults. Health outcomes improve when people can access medical care. This bill supports that access and will support improved outcomes for the overall health of Nevada's trans-identified individuals. It will have a cost benefit due to the decreased mental healthcare costs attributable to lack of access to care.

When considering this bill as it moves forward, think of all the Rosas, Jasons, Lauras, and Amandas and the impact this will have on their health. Of course, the opposition will have many opinions about why this bill is wrong. Those are only that, opinions. They do not represent the science that documents the tremendous success we know is possible when people have access to medical care.

SY BERNABEI (Executive Director, Gender Justice Nevada):

Thank you to Senator Scheible for introducing this bill, to Brooke and Rob and all the partner organizations who have helped mobilize this issue, and to all the incredible community members—transgender, nonbinary, gender-nonconforming folks, their families, and their spouses—for standing up for transgender health

care today. They are strong, they are proud and they are resilient. They are ready to stand up for what is right. I am a proud transgender Nevadan. I thank you for giving me the time to talk about my personal journey with gender-affirming health care.

I have known since I was a young child that I was different; I was not the little girl people said I was. I was a tomboy. I was gender nonconforming. A few years ago, I started socially and medically transitioning. This journey has not been easy or simple. It took many conversations with friends, family, doctors and therapists.

Like millions of Americans. I did not have health insurance at the time. I did not want to wait until I did because I knew that with every day that went by, my dysphoria, also known as incongruence, would grow, along with my depression. Like many LGBTQ+ people, I have struggled with self-worth, resorted to substance abuse and tried to harm myself, not because of who I am, but because of how the world treats me and treats people in our community.

It has been hard for me to access lifesaving care and surgery. I know that my dysphoria has added to that feeling of unworthiness and low self-esteem.

It seems a given that the health insurance carriers would cover medically necessary healthcare treatments, but that is not the case. Even if I had healthcare coverage at the time, I knew I would have to go through endless hoops and denials. That has been the experience for many of my friends who simply want to feel confident in their own bodies.

I knew I would have to do many things to attempt to get the top surgery covered. I would have to explain my trauma to various doctors and therapists. I would have to prove that I deserved the procedure and that it is indeed intrinsically tied to my mental health. Even if I did all those things, there was still a very real possibility that if I had insurance, it would not cover it.

These unnecessary exclusions are harmful to our transgender and nonbinary community and there are very real consequences. In my case, I paid almost \$10,000 out of pocket. I saved every penny and sacrificed my own financial security. If the process would have been simpler, I would have waited for the health insurance, but I knew it was full of barriers, so I did not.

For those of us with gender dysphoria, these procedures are lifesaving, and the wait is torturous. After I woke up from top surgery, which is the removal of the breast tissue, I looked down at my chest and I immediately cried tears of joy. I knew that finally, after 40 years, I was in the body that matched who I was.

Every day since I have walked with pride and confidence. I have been working out and I do not wear baggy clothes anymore. I do not hide the parts of me that caused such agony for so many years. I do not have to endure the pain of using ACE bandages, which left welts on my skin, or a binder that made it difficult to breathe.

I am now living happily and authentically. I wish that all my transgender friends could easily access this lifesaving care and thrive as I do now.

I realize that the transgender journey is not easily understood by others, but it is not just about one person. It is about thousands of transgender Nevadans. We are people like you, who have jobs and families, pay taxes and genuinely want to be a vital part of society like everyone else. We are human beings. We deserve health care that reflects that.

EBONY HARPER (Executive Director, California TRANScends):

I sit on the board of the Transgender Law Center and the board of the California Transgender Advisory Council, where I am co-chair with Evan Minton. I am also a board member for Borealis Philanthropy and Mirror Memoirs. But I am not here in my official capacity. I am here as a subject-matter expert from both lived experience and my national organizing work.

I came out in 1992, over 30 years ago. I have a lot of experience being transgender. I have seen the dark ages, as someone just testified, of transgender folks trying to get health coverage. I thank the Nevada Legislature for passing three nondiscrimination bills for transgender people that protects us in employment, housing, and public accommodation, based on gender identity or expression.

Nevada has become the fourteenth State with clear protections for transgender identities in Statewide nondiscrimination laws. That needs to be applauded. I appreciate your State Legislature for seeing us as a group that needs to be protected, especially given the hate that is coming from other groups.

We appreciate you and your Governor for seeing us as a group that needs to be protected.

When I came out in 1992, folks were having surgeries in hotel rooms. A lot of people from the days when I came out, are now maimed, or died of liver damage from using black-market hormones. It was a horrible time.

That lasted until the Patient Protection and Affordable Care Act (ACA) when the Obama Administration listed transgender folks as a group of people that should have healthcare coverage. Just listing us in the ACA had a domino effect. It was the catalyst for transgender folks getting protection in housing, employment and other sectors.

Now we are in a better position even though there is a lot more work to do. You see people like me who have gone back to school and are getting degrees and doctorates, which we were not able to do in the past. All of that came from the Obama administration explicitly listing transgender folks as a group that needed health care. I am honored you asked me to speak this morning. This bill is a matter of life and death.

EVAN MINTON:

I serve as an expert congressional witness on LGBTQ+ issues. I also sit on national boards on transgender issues as well.

Additionally, I was a plaintiff in a lawsuit on a similar matter when Dignity Health denied me gender-affirming health care. My lawyers were the American Civil Liberties Union and Covington & Burling. That is the law firm of former Attorney General Eric Holder from the Obama administration. The case of *Dignity Health v. Minton* went to the United States Supreme Court and my rights were upheld.

Before any health insurance company tells you they cannot afford to abide by this law, I can assure you that these same health insurance companies are providing this care in California and have been for years. Their profits are thriving.

Additionally, every major medical association recommends gender-affirming care for people experiencing gender dysphoria, both youth and adults. For those who need it, gender-affirming care saves lives. Unfortunately, without health

insurance, gender-affirming health care is unattainable for too many. Due to societal discrimination, a disproportionate number of transgender people live in poverty.

This bill, S.B. 163, will allow medical professionals, the patient, and sometimes a patient's family, if they are a youth, to make healthcare decisions. Health insurance companies should not be in charge.

This bill is lifesaving. The International Transgender Day of Visibility is March 31. I urge you to support this bill and celebrate alongside us. Thank you for the protection provided to the transgender community so far. You are truly saving lives when you vote for this important bill.

CHAIR SPEARMAN:

This concludes the bill presentation. We have support letters from 50 people ([Exhibit I](#)) and opposition letters from 13 people ([Exhibit J](#)). We will take Committee questions first.

SENATOR DALY:

You mentioned the World Professional Association for Transgender Health (WPATH) as the recognized authority. I am not familiar with that organization. One of my questions was about medical necessity. I know there are medical review boards. Most insurance companies use a third-party vendor if there is a dispute to determine medical necessity. Have those agencies adopted, or do they recognize, the WPATH when they are making those determinations on medical necessity? How is medical necessity being addressed?

SENATOR SCHEIBLE:

I know the WPATH is the leading authority on the best possible care for transgender individuals. Those companies, those insurers, those third parties that do recognize the need for gender-affirming care, utilize the WPATH to determine what is considered medically necessary. That determination covers which procedures and treatments are considered safe, proven and effective. WPATH is not an outlier. I cannot say that every single insurer or third party utilizes it. I do not know if anybody else can speak to that, but it is the premier and common set of guidelines for determining what kind of care is medically necessary.

SENATOR DALY:

In the testimony, the whole thing is going to come down to medical necessity and then all the exclusions for cosmetic procedures and various things. Do you know if the WPATH guidance is accepted, standardized and recognized nationally? If not, that is a big hurdle. If not, you still have some more work to do, but at least there is a pathway there.

SENATOR STONE:

My question is about puberty-blocking drugs. There was just an article printed in last month's *Cardiology Magazine* that said that people with gender dysphoria using hormones have seven times the risk of stroke and nearly six times the risk of a heart attack or pulmonary embolism.

I do not know if these are Food and Drug Administration-approved hormones. I would like to know that. If a physician is writing these prescriptions and a patient with one of these conditions passes away, who will be liable?

SENATOR SCHEIBLE:

This bill would not change the implications of liability for any kind of medical malpractice or any kind of medical accident. In a case where somebody is injured using a drug, there are laws and policies that govern those cases. This bill would not affect that. I will ask Rob Phoenix to further address your question.

MR. PHOENIX:

Hormone-suppression medications impact the pituitary gland. They overwhelm the system and allow the adolescent to put a pause on the development of their secondary sex characteristics. It is akin to watching a movie and hitting the pause button; you can come back to it, and it picks up right where it was. It allows adolescents some additional time for processing, for affirming, that this is the person who they are, and those types of things. As far as estrogens and hormones with respect to blood clots, I have not seen that article and I apologize for not being aware of it.

But traditionally, the hormones that have been used in many of the studies looking at gender transition are not the hormones we currently use. These have been more birth control-related agents, such as Premarin and other agents, we do not use as gender-transition hormones.

We use Estradiol, which is a different compound. It has a lower risk than for a cisgender woman taking birth control who has blood clots or who smokes. These are identified and spelled out in the WPATH protocols.

The WPATH guidelines very clearly address risks and concerns around medication choices. They are part of the informed consent process we have with the patient when they come in for a consultation. They might have the risk of a heart attack or stroke due to diabetes. We explain that if you take these medications, they may potentially affect that risk. We talk about side effects and benefits. It is a shared decision-making process between the patient and the provider. Together, they decide the best way to proceed.

SENATOR STONE:

You brought up a good point about using Premarin versus Estradiol. Estradiol is what we call a bioidentical estrogen, while Premarin is derived from horse urine. It is horse estrogen that is injected into humans, which I never thought was very healthy. Does the WPATH make any reference to the utilization of bioidentical hormone treatment therapy? In other words, testosterone, not testosterone cypionate. Those are hormones that mimic the hormones that the body naturally produces.

MR. PHOENIX:

The WPATH clearly outlines in SOC-8 the medications that are recommended. There is also scientific support for these medications. One of the things we try very hard to do in gender-affirming care is debunk all the nonsense and misinformation. For example, using higher doses of estrogen is where risk comes in.

There are guidelines within the WPATH on what your target estrogen or testosterone should be, what medications you should use, and what medications should be avoided and why. At the end of the day, this is a harm-reduction strategy. If we do not help people with medically necessary and affirming care, they will find it elsewhere.

I have patients who come into my office who are buying estrogen and testosterone off the street. People get silicone injections. It could be the stuff that is at the car dealer, and it is going into your leg instead of a tire. People will do desperate things to get medically necessary care. Yes, there are

recommendations in the guidelines about which medications to use for specific gender persons.

SENATOR BUCK:

Do minors need parental approval? How does that work? Do you have to be 20 years old or 26 years old?

SENATOR SCHEIBLE:

The statute that exempts certain procedures from requiring parental consent for a minor to access those procedures is in NRS 129.060. None of these are included in those exemptions. A parent would still have to consent to a minor receiving these medications just like they must consent if you are going to put a minor on an allergy medication. If a minor has diabetes and you want to manage it with insulin, the parent must be part of that conversation. The same thing would apply here that a parent must be part of the conversation before we are prescribing hormone therapy or approving any medical treatment or surgical interventions for a minor.

I think you are referring to the minor person's ability to stay on their parent's insurance until they turn 26. It is just like a person with diabetes who wanted to manage it with insulin, or a person diagnosed with cancer at a very young age. By the time they turn 19, they can make those decisions on their own, even though they are not the insured. Our law does not allow a parent to intervene and tell the doctor not to provide certain care just because the parent is the insured party. That is as true for gender-affirming care, as it is for cancer care, as it is for any other medical condition.

CHAIR SPEARMAN:

I want everybody to get a chance to speak, so we will give each person two minutes. If you do not get a chance to speak, you may submit your testimony in writing. Please do that within 24 hours. Each person has 2 minutes, 15 minutes for each side.

LEXA BALDWIN:

I am speaking for myself. For the transgender people who need it, transition treatments are anything but cosmetic. This gender-affirming care is dramatically beneficial for transgender safety and mental health. It also helps protect transgender people from discrimination. Gender dysphoria is a clinically significant distress. Without proper care, it can result in damaging and costly

mental health consequences. It is discriminatory against transgender people for insurance companies to issue blanket determinations that this care is cosmetic.

This discrimination is also costly. I am an employee of the State who happens to be transgender. I suffer crippling dysphoria over my face, to the point where many times I cannot even put on makeup because I need to look at myself in the mirror.

I was a victim of such discrimination that it forced me to fight the State and win the care I needed. My doctors ruled that facial feminization surgery was medically necessary. My facial features caused me chronic distress because they frequently revealed me as transgender, causing further distress.

My insurance disregarded the determination of multiple medical professionals. The public record shows the resulting fight and legal expense that cost the State far more than simply paying for the procedure. This policy was in place before the Nevada Public Employees' Benefit Program made the changes that are currently in effect.

The latest standards outlined by WPATH should be followed to improve patient outcomes. This bill can save money and help transgender people lead happier and healthier lives. People like me deserve access to medically necessary care just as much as any other Nevadan.

SHERRIE SCAFFIDI (Transgender Allies Group):

Thank you for giving me the opportunity to provide my testimony today. Before we go any further, as a Navy veteran, I would like to thank Senator Spearman for her service.

Senate Bill 163 assures that those transgender individuals who require medical intervention under the requirements of this bill receive medical care and the insurer of their health policy covers the necessary treatment to alleviate their gender dysphoria.

Gender dysphoria and gender incongruence have devastating consequences on an individual. I speak as someone who became aware that I had gender dysphoria from around the age of 9 until I was finally able to transition at the age of 65. I had breast augmentation at the age of 68. I can tell you that having that surgery was psychologically lifechanging.

Not every transgender person needs or requires the many surgical options that may be performed. Each transgender person is, like the rest of the population, an individual. Some may only require cross-sex hormone therapy while others may need surgical intervention. I hope the passage of this bill will help those transgender individuals to feel complete and mitigate their feelings of being incomplete.

LEA CASE (National Alliance on Mental Illness, Nevada Chapter; Nevada Psychiatric Association):

I have submitted a support letter from the Nevada Psychiatric Association [Exhibit I](#), page 1, and a support statement, [Exhibit I](#), pages 14 to 17, from several resident psychiatrists here in northern Nevada.

We know this care is necessary for the health and overall well-being and mental health care of our neighbors and siblings. We appreciate your support.

RACHEL WHITTED:

I am a transgender female who has been denied certain things, like hair removal surgery or hair removal products because insurance does not cover it.

There is an issue for transgender inmates in prison. The State denies inmates the opportunity to access this care because the State must pay for it.

I am asking that this bill support insurance coverage for hair removal products and for the State to be able to pay for care for people in State custody.

RILEY SILVER:

Thank you for your service. I am also a veteran and I appreciate everyone today. Having access to health care is an essential element in any individual's ability to enjoy a solid quality of life.

This has been proven time and again, especially over the last 20 years in this Country. Finding care can be an extreme challenge in a State that does not have evenly distributed access to qualified professionals when it comes to even the most routine medical care.

When it comes to specialized health care, such as that required for transgender and nonbinary populations, it generates an additional level of difficulty. There are few qualified providers in the cities. In the rural areas they are almost

nonexistent. That puts undue hardships upon the most vulnerable people within a population.

When you add the necessity for insurance, it increases the opportunity for discrimination, not just from potential providers but also from the insurance companies themselves. I have experienced this repeatedly and recently with an insurance company that used many delaying tactics to interfere with my care. I wish this were uncommon; however, it is not. Measures that would exclude and outright discriminate against the transgender community for political favor are increasingly evident across this Country.

This bill, S.B. 163, once passed, would protect against any such unjust behavior. By giving lifesaving access to medical, psychological and therapeutic care, you are agreeing with the science from decades of research presented worldwide by the American Medical Association, the American Academy of Pediatrics, the WPATH, the World Health Organization and many others. It has been determined that the state of gender dysphoria is not something a person just gets over through conversion therapy.

JAMIE LEE SPRAGUE-BALLOU:

I am here in support of S.B. 163 as a 60-year-old transgender female. Before 2000, I lived 40 years suffering with extreme gender dysphoria. I came out in 2003, which was a weight off my shoulders. But when I approached my health insurance company to pursue gender-affirming surgery, I was denied.

I was an employee with the Clark County School District, insured by a Nevada health plan. Even though I had mounds of support documents showing the surgery was necessary, I was denied that medical health care. I was unable to pursue my surgery until I was in seminary in California. I was then able to pursue my gender-affirming surgery through Kaiser Permanente in California.

This is a critical moment to have this bill passed in our State. To pursue this surgery was costly. Even the \$7,000 co-pay, for me, was costly.

NIZHONI WIDEHAT (Native Voters Alliance, Nevada):

Our organization stands in support of this bill, S.B. 163. I speak today for myself and those who also identify as LGBTQ+ so that we might achieve wholeness and an improved quality of life.

Transgender people and other people who identify as LGBTQ+ have always existed. Before the creation of the U.S., indigenous communities had terms and roles for queer people. This is not new. It is not up to them to be or not to be transgender. They are who they are. They are part of this community and a part of our Country. This bill will save lives and give the people seeking gender-affirming care, power over their bodies, which should always be their right.

LAUREN CHAPPLE-LOVE, PH.D. (Nevada Psychological Association):

I am here specifically representing the president of the Nevada Psychological Association, an organization that is made up of psychologists. Our sole job is to serve communities within our State. Our support testimony on S.B. 163 is in [Exhibit I](#), page 7.

As a provider of gender-affirming mental health care, it is commonly understood within the professional provider communities that there are significant barriers to gender-diverse folks having access to medically necessary gender-affirming care. Many providers, myself included, have taken to providing pro bono care or significantly reduced fees for services in attempts to allow Nevadans more access to care because that is our job.

This bill, S.B. 163, offers a wonderful chance to significantly improve access to medical and mental health care in ways that would be far more effective than our current system.

Following the WPATH policies will ensure that Nevada remains current with extant, peer-reviewed and evidence-based research as well as policies that are already being utilized. To be clear, this is a harm-reduction strategy.

STEVEN SHANE, M.D.:

I am a general pediatrician in Reno representing myself. I am here today to support young people who are transgender or gender-diverse. We know that most individuals who identify as such realize it before puberty.

Every day, I see patients who experience and endure the extreme social and psychological toll this condition puts on them. I also see and witness the tremendous benefits that individuals who receive respectful, comprehensive and appropriate care for gender dysphoria can experience. I am here today to support this legislation.

LEANN MCALLISTER (Executive Director, American Academy of Pediatrics, Nevada Chapter):

I have submitted support testimony, [Exhibit I](#), page 8, which I will be reading. It is critically important that all children feel loved and accepted for who they are. The American Academy of Pediatrics (AAP) works toward all children and adolescents, regardless of gender, identity or expression, receiving care to promote optimal physical, mental and social well-being.

Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioeconomic health of children, families and society.

The AAP recommends that insurance plans offer coverage for health care that is specific to the needs of youth who identify as transgender and gender diverse, including coverage for medical, psychological and, when indicated, surgical gender-affirming interventions.

RYAN VORTISCH (American Civil Liberties Union):

I am here to express support for S.B. 163. Although it is not my job to provide public comment like this, I wanted to share some of my story. For many transgender individuals, the biggest barrier in receiving gender-affirming care is a lack of insurance coverage; and for many transgender folks, this is lifesaving care. I have submitted my support testimony, [Exhibit I](#), page 54.

SHANZEH ASLAM:

I am here to speak on behalf of a community member, Chase Ives, in support of S.B. 163. I will read Chase's testimony ([Exhibit K](#)).

MARQUIS EALY:

This bill, S.B. 163, is a necessary step and I am grateful for it, but it is only a start. All around the Country, bills are being written with the goal of "eradicating my people from public life."

Because of that, I am giving cookies to Democrats for treating us as humans. Thank you for writing a bill that allows us basic bodily autonomy. The sad thing is this will be only a drop in the very empty bucket that is transgender rights.

While this is tragic, the fact of the matter is we are getting killed by America. What I mean is that demagoguery is always a distraction from the larger issue.

In this instance, supply-side economics and 80 years of perpetual war have hamstrung America's economy. The middle and lower classes continue to bear the brunt of that strain. Transgender people are currently the chosen scapegoats for violent sophomoric Republican lemmings who refuse to recognize they are being economically exploited just like the rest of us.

I am truly terrified for my transgender siblings. We are such a small population, and not a large enough voting block to make a difference in the halls of power. We cannot survive politically without allies. I would like to genuinely thank the authors, sponsors and cosponsors of this bill. Get it passed and do more. Basic bodily autonomy is a start, but we need to do much more.

CHAIR SPEARMAN:

You are out of time. To explain, one thing that happens here in Nevada is we meet only every other year for 120 days. We have a limited time. I wish we met every year, but we do not. If you have a problem with that, let someone know you want annual sessions.

BRADY MCGILL (President, Las Vegas Pride):

I am here representing the 90,000 people per month who are engaged with our organization in a meaningful way through our magazine, website and other mediums. We are here in support of this bill that helps our community. It helps Nevadans.

SCOTT CALLAGHAN:

I am calling in to support S.B. 163. These are medically necessary procedures. It is appropriate they be covered by health insurance. If these things are not covered, we are denying members of the transgender community access to medically recommended care.

Studies and testimony today show that gender-affirming care leads to positive outcomes. Fundamentally, this is the whole point of health insurance, to cover procedures that are applicable to a small portion of the community and have tremendously positive outcomes for those members. Please support S.B. 163 to make sure all transgender Nevadans have access to gender-affirming health care.

MARI NAKASHIMA (Nevada State Medical Association):

We want to thank Senator Scheible and the members of Silver State Equality for meeting with our members on their initial concerns. With the amendment, we fully support this measure. For Committee reference, Dr. Jessica Casey is a urologist in Las Vegas. We are submitting her comments in support of S.B. 163, [Exhibit I](#), pages 4 and 5.

JAYME JACOBS:

I am a transgender woman who has been employed with Clark County since 2006. I am here today, representing myself, to share my experience of discrimination with medical insurance. I want to express my concerns about the discriminatory exclusions in the Clark County self-funded medical plan targeting transgender employees. I submitted written testimony, [Exhibit I](#), page 45.

BOB RUSSO:

I oppose S.B. 163. Disturbingly, those who are against sex-reassignment treatments for minors will be required, if this bill passes, to contribute to them through taxation to cover the cost of Medicaid. I am not aware of a religious exemption for medical providers, who for religious or personal ethical reasons, object to gender dysphoria medical treatments. What a youth wants today is not always what they will want 5, 10, or 15 years from now, or what is in their best interest.

Marriage and family therapist Stephanie Winn, in a recent *Epoch Times* interview, claims that "a variety of mental health conditions are being subsumed under this gender dysphoria umbrella. We are not looking at what is really going on, and why they are feeling so much distress in the first place."

She says that a better option may be to help kids deal with their traumas and just wait to see if they outgrow their gender dysphoria. From what I understand, that is often the case. She also mentions that puberty blockers impair brain development and reduce bone density, which puts young people and children at a greater risk for osteoporosis.

According to endocrinologist, Michael Laidlaw, "cross-sex hormones carry side effects including sterility and increased risk of breast and uterus cancers. Other harmful psychoactive effects of high-dose hormones include mood swings and even psychosis." *Study: Effects of puberty-blockers can last a lifetime* by Mary Jackson, posted 12-18-2020 in WORLD.

We could have a generation of young people growing up with chronic illnesses and depression, and the inability to live productive and fulfilling lives. At the very least, a minimum age of 21 should be required before gender dysphoria treatments can be given. Please oppose S.B. 163.

LYNN CHAPMAN (Independent American Party):

The Independent American Party's platform includes a section on family. The goal is "to strengthen the traditional family without government interference or regulation."

The parents are the people who care the most about the well-being and happiness of their children. They are their children's protectors against dangerous situations and even dangerous people. The platform reads:

Our decisions establish that the Constitution protects the sanctity of the family, precisely because the institution of the family is deeply rooted in this Nation's history and tradition. It is through the family that we inculcate and pass down many of our most cherished values, moral and cultural.

The Supreme Court emphasized family integrity in *Moore vs. East Cleveland*, 431 U.S. 949, 1977. American hospitals have large financial incentives to carry out these procedures. In the U.S., the sex reassignment surgery market is set to reach an annual market value of more than \$1.5 billion by 2026. Some operations cost up to \$53,700. Performing fifty a year brings in \$2.7 million. Watch out taxpayers! We need to be sure the parents are included in all critical decisions that affect our children's lives.

JANINE HANSEN (Nevada Families for Freedom):

We oppose S.B. 163 mandating insurance companies, and taxpayers through Medicaid, to pay for gender dysphoria treatment and surgery. There are many hazards and concerns in a discussion of the largest and most robust study on sex reassignment.

In 2016, a study by the Centers for Medicare and Medicaid Services pointed out increased mortality and psychiatric hospitalization for transgender people compared to controls. The mortality was primarily due to suicide, which showed a 19-fold increase. These results are tragic.

The Obama administration noted that mortality from this patient population was not apparent until ten years later. In 2004, *The Guardian* commissioned research from Birmingham University that reviewed more than 100 post-operative studies. The newspaper found no conclusive evidence that gender reassignment was beneficial for patients.

The trials were often flawed. Potential complications from hormones and genital surgery, including deep vein thrombosis and incontinence, were also not always considered. The Karolinska Institute's 2011 study in Sweden examined the outcomes of over 300 patients over 30 years. Ten years after surgery is when the mental health of post-operative transgender persons deteriorates most rapidly. Transgender people also were at a higher risk of suicide compared to their cisgender peers. We do not want taxpayers to pay for this surgery.

MARIANN HUMPHREY:

I want to echo what the last three people said. It is unfair and uncaring to do these gender-affirming surgeries without parental consent. If parents approve it, that is fine, but it should never be done without parental consent. I also agree that people should be at least 18 years old to make their own decisions. It is not right that the insurance companies are going to pay. The costs will trickle down to all of us to pay for these surgeries.

LISA MAYO:

I am here representing myself. I am not opposed to the spirit of S.B. 163, but I am here to ensure that parental approval is provided prior to any treatment. Senator Scheible mentioned NRS 129. The chapter title is Minors' Disabilities, Judicial Emancipation of Minors. I have looked through all the various sections and it is not about a parent of a child that is 17 years or younger.

This is about minors' disabilities. The consent provisions do not apply here. I do not see how this has anything to do with the bill. I could be wrong. I would like to request that NRS 129, if it is applicable, be included in the Legislative Counsel's Digest of the bill. It is not mentioned.

I believe section 1, subsection 2, paragraph (a) should start with "before a child can be treated for any of this, whether it is psychology, psychological or anything, they must have the consent of a parent." I would like to add that this parental approval should be notarized and the parents involved. The State government cannot try to drive a wedge between parents and their children.

WIZ ROUZARD (Deputy State Director, Americans for Prosperity):

Thank you for giving me the opportunity to testify in opposition to this bill. From a fiscal perspective, we disagree that taxpayers should be responsible to pay for this health care. There is a distinct difference between terminal illness and rare disease in comparison to dysphoria. This bill opens Pandora's box for many other cosmetic medical procedures for which the taxpayers will be burdened. We urge you to vote no.

LISA PARTE:

I think people who need surgery should do what the rest of the population does—work hard to earn the money to get the surgeries they desire. Many of us have been denied surgeries by insurance that are medically necessary or that they deem cosmetic for disfiguring conditions.

Mental health treatment is typically covered by most insurance companies. My sympathies go out to these folks, but the taxpayers should not shoulder the costs of their treatment. For centuries, people have reached their goals, whether medical, educational, or in the workplace, through hard work. All Americans have this opportunity. It is more satisfying to attain goals. It boosts mental health and confidence. Emotional ups and downs are expected; they are part of life's process.

No one under the age of 24 should be encouraged or allowed to undergo this extreme treatment. I do not believe they are fully capable of making these decisions. Their brains are not yet completely formed.

To the person who testified who had successful treatment, congratulations. People have been doing this for decades. I do not think that an easy fix, paid for by taxpayers and insurance companies, is the answer.

JIM DEGRAFFENREID (Nevada Republican Party):

On behalf of the Nevada Republican Party, please vote no on S.B. 163. We have submitted written testimony ([Exhibit J](#)) page 1.

LORENA CARDENAS:

We are calling on our legislators to stop the madness. Stop butchering people who suffer from gender dysphoria on our dime. Please stop promoting this ideology in our society. It is clear that this bill can end up destroying the lives of many children. We are calling on you to please act responsibly. Do not force us

to fund this. If adults want to do this, they can do what other citizens do, work hard, save up the money and fund their own elective surgeries. I beg our legislators to stop this dangerous ideology from spreading even further.

LESLIE QUINN:

I strongly oppose S.B. 163. This bill is a harbinger to opening Pandora's box. It allows surgery on young children. Even though this one includes parental rights, I believe more parental rights are being taken away each day of this Session.

A medically necessary procedure would be for a person who is born as a hermaphrodite. An insurance company would pay for that. But if you are an adult, 25 and older, and you have proper mental health direction from a doctor, then you can get your own surgery and pay for it yourself. I am saddened by the encouragement to hack our children, they are tomorrow's leaders. Please oppose S.B. 163.

CYRUS HOJJATY:

I see this as a war against heterosexuality and the family. There are some red flags here. Why were these issues not brought up 5 to 15 years ago? Why now? This is a way to distract and divide the Country.

UNIDENTIFIED SPEAKER:

The field of gender reassignment is a cash cow. A lot of people stand to make a lot of money on this. The field is growing. I feel like we polluted our society. This is not normal. We are men and women. The fact that we are even discussing this shows that we have a problem in our society.

I feel bad for everyone and all the tears that I have heard. I know that they are real, and I am not taking that for granted. These are real people with real issues, but I feel it is misplaced; it is delusional. We have had our whole world history of men and women and now we are trying to upset a basic tenet of our society. We are born with vaginas or penises; that is science and that is real. This is about elective surgery.

If somebody wants to do something, I am not standing in the way, but I cannot be expected to pay for it. If you mandate this across the board, I am going to pay for it. I do not want to support this. This is a cancer and we are self-destructing. I see kids suing. They have these surgeries and are suing because they feel like they were robbed of their childhood.

KATIE BANUELOS (Libertarian Party of Nevada):

I am here representing the Libertarian Party of Nevada. We have submitted opposition testimony, [Exhibit J](#), pages 3 and 4.

We advocate for a free market and therefore oppose all coverage mandates. Our greater concern with this bill is the inclusion of coverage for minors. It is wildly unethical to treat a mental health disorder in a child by permanently modifying his or her body, despite claims by activists and financially interested professionals.

These treatments are not safe. Puberty blockers impact bone and brain development. Cross-checked hormones can sterilize the user and destroy future sexual function. The potential complications from the more complex surgeries are genuinely horrifying. An adult can consent to treatment, but children are incapable of consenting to procedures of this magnitude.

Parental rights are derived from our responsibilities toward our children to protect them and act in their best interest. To disrupt the development of a child into an adult and to transgender them into a lifelong medical patient is manifestly a violation of that duty.

Dr. Stephen Levine is an expert in this area. In the recent case of *Deborah Figliola et al., v. The School Board of the City of Harrisonburg, Virginia, et al.*, he states that the body of evidence does not indicate that these treatments improve long-term outcomes or lower the risk of suicide for children and adolescents. He was a member of the WPATH Team that drafted the Standards of Care, Version 5. He currently sits on The Cochrane Collaboration evaluating the totality of the literature on this subject.

While children with gender dysphoria do have suicidal thoughts at a higher rate, there is no evidence that they act on those feelings at a higher rate than other children. He also states that without these interventions, most children will desist, meaning that their body discomfort will resolve and they will not identify as transgender in adulthood.

The evidence suggests that social transition and gender-affirmative care sharply increase the rate of persistence—almost all children who are given puberty blockers will later take hormones and have surgery. Adults who identify as

transgender do have a high suicide rate, but this is not impacted by whether they were able to transition early.

JOHN CARLO:

On March 2, 2023, the ACLU reported Tennessee Governor Bill Lee signed into law a bill banning all forms of gender-affirming care. We need to think about that. We also need to consider the law of God, from the book of Genesis, Chapter 1:27. "So God created mankind in his own image, in the image of God he created them; male and female he created them." The Bible has existed for thousands of years. This traditional view of male and female has been consistent for thousands of years. In the past, psychologists considered gender dysphoria as a mental health issue.

Think how this bill endangers youth who might not ever be able to produce children. This goes against the founding principles of the U.S. and the Declaration of Independence, that says, as a Country we believe in life, liberty and the pursuit of happiness.

We are underpopulated due to abortion killing about 50 million children. We are falling behind the rest of the world. From a military perspective, we are not able to compete with other countries because we are underpopulated. I would like to see more African Americans in America.

TONI SULTZBAUGH:

I am a 16-year-old transgender man. I have felt this way since I was nine years old. It was then I started hurting myself. I have gashes on my thighs as deep as an inch and a half because I could not get the health care I needed.

I have had friends kill themselves because they could not get needed health care. I have friends who are still hurting themselves and trying to kill themselves. We need the health care we need or else we will continue to die. America, passing the laws to not give us our health care or the care we need, is committing genocide on us. We need our care or else we will all die.

ERIN ROOK:

I am here in support of S.B. 163. I am an impacted individual and a subject matter expert. When I moved to Nevada last year from Oregon, I was surprised to learn that Nevada does not already prohibit insurers from discriminating

against transgender individuals. Oregon has mandated transgender inclusive coverage since 2012, one year before I began my own transition.

This is not the case in Nevada. In fact, one in four transgender Nevadans reported difficulties with insurance coverage. Without coverage, folks must pay out of pocket. Unfortunately, almost half of transgender Nevadans are living in poverty.

Even when covered by insurance, accessing gender-affirming care is notoriously difficult. Many providers are not properly trained or willing to provide that care even though being transgender is just as common as being diabetic. Imagine if you could not find a provider for your diabetic child, or when you finally did, your insurance providers did not cover blood sugar conditions.

I have had to teach my doctors how to provide me with care. This led me to start the Central Oregon Transgender Health Coalition. We developed and delivered transgender inclusive training to hundreds of healthcare providers around that state.

VADA TAYLOR:

I am the mother of a transgender woman, and I am married to a transgender woman. I am nonbinary myself. For me, this bill would change a lot of things in my life. My wife spends several hours every other week ripping hair off her body because laser and electrolysis is not covered by our insurance. It is medically necessary.

Without the hair removal, my wife suffers massive dysphoria. It takes her from a thriving and joyous, wonderful co-parent and spouse to a depressed and incapable shell of a person. The dysphoria is such an impactful situation that it affects our entire family.

SARAH ADLER (Nevada Advanced Practice Nurses Association):

We support S.B. 163 as we support access to patient-centered health care. We appreciate that the conceptual amendment [Exhibit E](#), includes a new section 3, paragraph (j), which adds advanced practice registered nurses as providers of gender-affirming care.

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TARA RAINES (Children's Advocacy Alliance Nevada):

I am a licensed psychologist here in Nevada and director of KidsCount initiatives at the Children's Advocacy Alliance. I have submitted testimony, [Exhibit I](#), page 2 in support of S.B. 163 and gender-affirming care.

ANDRÉ WADE (Silver State Equity):

We support S.B. 163.

BRIANA ESCAMILLA (Planned Parenthood of the Rocky Mountains):

We are in support of S.B. 163 because we believe all Nevadans should receive the health care needed to live happy and healthy lives. I have provided written testimony in support, [Exhibit I](#), page 43.

SABASTIAN ALCALA (Program Manager, Gender Justice Nevada):

I have been a resident of Nevada for 24 years. I am also a trans man four years into my transition. Prior to the transition, I was very familiar with what it is like to live without access to stable health care. Then going through my transition and facing the runaround, it is very blatant the discrimination, and the difference in care.

There is not a single treatment that is alleviated by being delayed. There is no magical internal knowledge gained in the seconds between 17 years old and 18. Denying access to care puts peoples' lives on hold. We just had two years taken away from us. For young people, lost time has already had a permanent impact.

I firmly believe that if the stigma did not exist and I had the privilege to know myself in my youth, I would be better off today. We must do everything we can to provide care that helps young people freely and boldly chase their joy.

AMIE DORSEY:

I am a transgender woman. I am a homeowner in Las Vegas and the owner of a Las Vegas-based educational company. I recently applied for health coverage in Nevada for the first time as a trans woman. I identified my health care needs. I am blessed to be in good health, so I only needed to look for coverage for gender-affirming care.

I was shocked to discover that none of the insurance companies available to me covered Estradiol, the most important element of the medical portion of my

transition. I found a better deal on the prescription, and I have a car, so I was able to drive to a CVS where I could afford the out-of-pocket cost of the prescription.

What if I did not know about services that let me compare prescription costs online? What if I did not have a car? What if I could not afford that price?

There simply are not enough resources in our community to support the needs of the transgender community. They exist, but they are booked in full—I know because I tried to get trans care with them. Transgender care is essential to my health. Before transition, I was depressed to the point that I needed medication to stay happy—to stay alive.

Now I am a productive, healthy, happy member of the community in Las Vegas. Please pass S.B. 163 to ensure that our community will thrive.

ANNETTE MAGNUS (Battle Born Progress):

I am here today as an ally and as an employer of transgender staff who rely on our health insurance. When we renewed our health insurance in December, we were given a list of medical services that would no longer be covered.

I called the insurance company to beg them to cover these medical necessities and they said no, even if I was willing to pay extra. We must be able to cover this lifesaving medical care for our transgender family.

LAURA DEITSCH:

I see how gender-affirming care can make a difference in the lives of productive, valued community members. Please support S.B. 163. I have provided written testimony, which I will read [Exhibit I](#), page 13.

HAILEY LINDSLEY (Planned Parenthood, Mar Monte):

We urge you to support S.B. 163.

KENT ERVIN (Nevada Faculty Alliance):

We have advocated before the Board of the Public Employees' Benefits Program that critical care decisions should be made between the patient and their doctor, not by insurance company bureaucrats. We support this bill.

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JAY CAFFERATA:

Thank you for your service. I am here to support S.B. 163. As a third-generation Nevadan, it is about time that we support all Nevadans.

JUDY BOWEN:

Thank each of you in the State Legislature for having my community here today. I am a 79-year-old transgender activist. I was in the *Stonewall Forever* documentary. I am a survivor of racism, homophobia and transphobia. If we all lived in a country of equality for all, we would not even be here, for we would all be treated equally. Transgender people are discriminated against the most, for we are easy targets. There are issues in both housing and health care.

I have always been a community activist. I was involved with creating programs in New York and some of the programs we created here at the University of Nevada, Las Vegas. I serve on several committees with Dr. Jason Flatt, dealing with health care and housing. I work with André Martin of the LGBTQIA+ Center and we create programs to help transsexual people.

I am a post-op transsexual. I have a lot of history dealing with transgender issues. A gentleman spoke earlier about people having problems post-operation. My life just started after my surgery. I felt surer of myself and more confident, like I could do anything. I no longer felt like I was suicidal about not progressing. I fully support the bill. Please help our community with Medicaid and other programs of housing and education.

JOANNE VERRY:

I am here on behalf of myself. I am a certified crisis advocate and I am also a volunteer at The Center here in Las Vegas. I see both sides of it, children and people who are or are not allowed to get surgeries—the effect that has on their mental health and their families' mental health. I see parents of loved ones who are upset because they cannot get the help they need. They are afraid of the potential of suicide. I strongly support this bill.

CHAIR SPEARMAN:

If you are in support, will you stand up both in Las Vegas and Carson City? We will now go to opposition. We will have ten minutes for opposition to S.B. 163.

LYDIA RUIZ:

I oppose this bill. Our kids expect us to protect them. We are the adults in this situation. There are zero long-term studies that show that puberty blockers can be stopped and started with no repercussions. Most of these chemicals are causing these children to be chemically castrated. These cross-sex hormones are irreversible and have permanent side effects.

It is atrocious that some of the experts who spoke today said hormones can be reversed. There is absolutely a difference in hormone levels at 19 years old, compared to 29 years old. You cannot stop and start hormones. As some people said, anyone who is anorexic or has some sort of gender dysphoria can go in and get breast augmentation or hair removal to change their body.

SENATOR LANGE:

I have heard lots of testimony today about parental consent. Senator Scheible, could you please clarify the statute on parental consent for kids?

SENATOR SCHEIBLE:

I have an email message from the Legislative Counsel Bureau which I will read. They said it better than I could:

NRS 129.010 establishes 18 years of age as the age of majority; thus, a minor under 18 years of age cannot consent to the receipt of medical services unless the minor has been emancipated pursuant to NRS 129.80 inclusive or if some other exception applies. This bill does not provide for any additional exceptions. A minor would need the consent of their parents to receive this medical treatment.

CHAIR SPEARMAN:

Someone mentioned something about protecting families and children. I agree. There was some mention about government interfering with the family. The person said decisions need to be made by the family. That is one reason I am supporting S.B. 131 which protects reproductive health care. Those decisions affect the whole family.

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

In this hearing, someone mentioned side effects of these gender-affirming surgeries. Side effects are common no matter what surgery you have. Surgeries once considered cosmetic are now lifesaving. For instance, I went without hearing aids for a long time until my doctor told me dementia could be a side effect. Bariatric surgery is not just cosmetic, it is indeed lifesaving. I am reminded of astronaut Mae Jemison, who said "Perspective is a wonderful thing." I appreciate everyone's input. You have the right to your own opinion. Thank you all for exercising that right.

SENATOR SCHEIBLE:

Thank you, Committee members for your engagement and excellent questions. The first thing I want to address is the cost factor. It is true that many Americans must scrimp and save and create a GoFundMe account to pay for the medical care they need. That is an absolute travesty. We all should share the goal of working toward a healthcare system that functions. Insurance companies should pool the risk. Then when somebody needs an expensive treatment, the insurance company can cover the treatment cost. Whether that is for childhood leukemia, injuries sustained in a car accident or for somebody's gender dysphoria, it should be covered by their medical insurance.

I am not sure where people get the idea that everybody must work hard and pay out of pocket for surgeries. That is not the case in America. The way the law is now, the way our policy is written, certain people must pay more for their healthcare coverage than other people. The problem S.B. 163 aims to address is insurance companies that cover procedures for some people, but not others. That is fundamentally unfair. The consequences may be disastrous.

One reason I wanted you to hear testimony from so many people is that people with gender dysphoria are not a "little bit" uncomfortable or "slightly" inconvenienced. It is not like having a headache or a stomachache. People are truly suffering without gender-affirming care. Both children and adults are experiencing high rates of suicidal ideation. They are unwilling to go out in public. They experience anxiety, verging on panic attacks. These are very serious conditions. Nobody should have to live with them. If we were talking about treating people who had post-traumatic stress disorder from an assault, an attack, or a terrible accident, I do not think there would be any question that their insurance companies should cover their treatment.

The same is true for people who are experiencing gender dysphoria. It is a medical condition that requires medical attention. When we do not provide people a way to acquire the needed medical treatment, the consequences can be severe.

We already pay for these procedures. You heard from two different people today who have already sued employers in the State and have won. Different agencies within the State have already been taken to court, forced to pay for the procedures along with additional damages and attorney's fees. This is a cost-saving measure for Nevada taxpayers.

Bringing NRS into line with case law ensures that we cover these medically necessary procedures and treatments and get it right the first time. We save the State money from fighting and losing lawsuits that occur when we fail to treat transgender people and nonbinary people the same way we treat cisgender people.

When you buy into an insurance pool, you are buying into the risk that other people are going to bear. I would like to remind everyone that we all pay for a variety of treatments. Whether it is treatment for erectile dysfunction, for lung cancer after decades of smoking, or fertility treatments, we all pay for the pooled costs. Some people may think they have the right to tell other people what is, or is not, medically necessary care. I guess they also want to sit on a panel to decide who gets a pill for erectile dysfunction, which women can seek fertility treatment and which cancer patients deserve chemotherapy. No one person has the right to tell anyone else which health care they are entitled to.

Those are decisions that should be made between an individual and their doctor. This Committee talks regularly about getting insurance companies out of the doctor's office. We want to ensure that individuals direct their own destinies. I strongly urge your support on S.B. 163. I invite my copresenter, Brooke Maylath, to provide additional closing comments.

MS. MAYLATH:

Thank you, Senator Scheible, for being an incredibly fierce advocate for this marginalized community. I have been presenting to these committees for ten years. During that time, the Nevada Legislature has supported transgender

rights by passing legislation to protect this community in five sessions and blocking passage of a harmful bill in another session.

This bipartisan support has been described as the "Nevada Way." I look forward to the passage of this bill. I hope you and Governor Joe Lombardo will continue this tradition of support and do things the "Nevada Way" by supporting this bill.

CHAIR SPEARMAN:

With that, we will close the hearing on S.B. 163 and open for public comment.

MR. PHOENIX:

I would like to ask that the Nevada Legislature please reauthorize the 2019 and 2021 Advisory Task Force on HIV Exposure Modernization, as established by S.B. No. 284 of the 80th Session and reapproved by S.B. No. 275 of the 81st Session.

The Task Force reviewed Nevada statutes and regulations related to the criminalization of exposing a person to the human immunodeficiency virus. We still experience significant stigma and disengagement in that population. The Task Force made a tremendous difference, and I would like to see how we can reauthorize it.

FRANCES SULTZBAUGH:

I am a proud parent of a teenage, transgender son. You met him earlier. Please pass this law. My son is the future of Nevada.

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CHAIR SPEARMAN:

I appreciate your son's courage, but we cannot do that during public comment.
Hearing no further public comment, we are adjourned at 10:30 a.m.

RESPECTFULLY SUBMITTED:

Kelly K. Clark,
Committee Secretary

APPROVED BY:

Senator Pat Spearman, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.B. 163	C	5	Senator Melanie Scheible	Prohibition of Denial, Exclusion, or Limitation Bulletin No. 15-002
S.B. 163	D	6	Senator Melanie Scheible	Legislative Counsel Bureau Letter to Assemblyman Michael Sprinkle, September 2015
S.B. 163	E	7	Senator Melanie Scheible	Proposed conceptual amendment
S.B. 163	F	8	Brooke Maylath	Support Testimony
S.B. 163	G	9	Brooke Maylath	Copyrighted material. U.S. DOJ Civil Rights Division letter to State Attorneys General
S.B. 163	H	11	Rob Phoenix / Huntridge Family Clinic	Copyrighted material. Three published articles regarding transgender healthcare access, mental health and suicide
S.B. 163	I	16	Senator Pat Spearman	50 Support Letters
S.B. 163	J	16	Senator Pat Spearman	13 Opposition Letters
S.B. 163	K	24	Shanze Aslam	Support Testimony on behalf of Chase Ives