

**MINUTES OF THE  
SENATE COMMITTEE ON JUDICIARY**

**Eighty-second Session  
March 9, 2023**

The Senate Committee on Judiciary was called to order by Chair Melanie Scheible at 1:02 p.m. on Thursday, March 9, 2023, in Room 2135 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 Melanie Scheible, Chair  
Senator Dallas Harris, Vice Chair  
Senator James Ohrenschall  
Senator Marilyn Dondero Loop  
Senator Rochelle T. Nguyen  
Senator Ira Hansen  
Senator Lisa Krasner  
Senator Jeff Stone

**STAFF MEMBERS PRESENT:**

Patrick Guinan, Policy Analyst  
Karly O'Krent, Counsel  
Blain Jensen, Committee Secretary

**OTHERS PRESENT:**

Jennifer Howell, Washoe County Health District  
Cheryl Radeloff, Ph.D., Southern Nevada Health District  
Daela Gibson  
Sarah Adler, Nevada Advanced Practice Nurses Association  
Bill Sims  
Tess Opferman, Nevada Women's Lobby  
Joelle Gutman-Dodson, Washoe County Health District  
Elyse Monroy-Marsala, Nevada Primary Care Association  
Brianna Escamilla, Planned Parenthood Votes Nevada

Senate Committee on Judiciary  
March 9, 2023  
Page 2

Caroline Mello Roberson, Southwest Regional Director, NARAL Pro-Choice Nevada  
Hailey Lindsley  
Jesus Palma, Human Rights Campaign  
Marco Rauda  
Jonathan Norman, Nevada Coalition of Legal Service Providers  
Amy Koo, Acting Deputy Director, One APIA Nevada  
Antonio Ramirez, Make the Road Nevada  
Bradley Mayer, Southern Nevada Health District  
Barry Cole, Ph.D.  
Cassie Charles, Progressive Leadership Alliance of Nevada  
Erin Rook  
LC Rapert, Deputy Director, Silver State Equality  
Lisa Lynn Chapman  
Serena Evans, Nevada Coalition to END Domestic and Sexual Violence  
West Juhl, American Civil Liberties Union of Nevada  
Jeri Burton, Co-Executive Director, National Organization for Women, Nevada Chapter  
AJ Holly Huth, LGBTQ + Center of Southern Nevada  
Leann McAllister, Executive Director, Nevada Chapter of the American Academy of Pediatrics  
Ursula Funk  
Shelby Schwartz  
Sarah  
Jose Lopez  
Laura Deitsch, Ph.D.  
Carlos Calderon  
Rob Phoenix, Huntridge Family Clinic  
Claire Hall  
Cari Herington, Executive Director, Nevada Cancer Coalition  
Victoria Ruiz  
Brian Harris  
Sebastian Alcala  
Jonnette Paddy, Community Organizer, Native Voters Alliance Nevada  
Joanna Taylor  
Justin Tyme  
Sy Bernabei, Executive Director, Gender Justice Nevada  
Ashley Smith  
Nancy Jones, Board Member, Health Freedom Nevada

Senate Committee on Judiciary  
March 9, 2023  
Page 3

Jamie Hepworth  
Wiselet Rouzard  
Katrin Sienkiewicz, Health Freedom Nevada  
Bob Russo  
Janine Hansen, State President, Nevada Families for Freedom  
Renee Lucentis  
Scott Johnston  
Betsy Strasburg  
Richard Nagel  
Karen Stephens  
Melissa Clement, Nevada Right to Life  
Denise Ashurst, President, Pride in Purity International Ministries  
Monica Marquez  
Daphne Lee  
Erin Phillips, President, Power2Parent Union  
Lisa Mayo  
Cyrus Hojjaty  
Rosetta Smitty  
Jim DeGraffenreid, Nevada Republican Party  
Leslie Quinn  
Adrienne O'Reilly  
Tom Hendrix  
Jindriska Stewart  
Gina Giambra  
Unidentified Speaker No. 1  
Celes Parks  
Jessica Ansel  
Katie Banuelos, Secretary, Libertarian Party of Nevada  
Lisa Partee  
Charlotte Stewart  
Kasey Rogers  
Brittany Sheehan  
Tracey Thomas  
Norma Valley, Boulder City Republican Women  
Becky Wilken  
Unidentified Speaker No. 2

CHAIR SCHEIBLE:

I will open the hearing on Senate Bill (S.B.) 172.

**SENATE BILL 172**: Revises provisions governing the ability of a minor to consent to certain health care services. (BDR 11-654)

SENATOR DALLAS HARRIS (Senatorial District No. 11):

I will walk through S.B. 172 and then the proposed amendment ([Exhibit C](#)) which does not substantially change the substance of the bill. I want to provide some history for everyone. On March 16, 1971, the Legislature approved a provision allowing a minor to consent to treatment and an examination for sexually transmitted diseases (STD).

Since 1971, children have been able to receive healthcare access. It might be time we ensure access to preventative healthcare services because it is more expensive to treat after diagnosis than it is to access medical services to prevent STDs in the first place.

Senate Bill 172 simply amends *Nevada Revised Statutes* (NRS) 129.060 in section 1, subsection 1 to add minors can consent to services related to the prevention of sexually transmitted diseases and updates the statute by adding a couple of new providers. Historically, it has been a local or State health officer and licensed physician. Section 1, subsection 2 adds physician assistant, registered nurse and, when it comes to preventative services, it also adds pharmacists to the list of healthcare professionals.

Section 2, subsection 2, is a conforming change suggested by the Legislative Counsel Bureau (LCB) to ensure our Family Resource Centers can also provide these types of healthcare services. I left out one piece and that is access to contraception, but as presenters Cheryl Radeloff and Jennifer Howell will point out, minors can access contraceptives without parental consent which is the law today based on Title X funding.

We are not taking a fundamental shift on what minors are able to consent to today. Senate Bill 172 is not changing the age of what it means to be a minor and the ability to consent to these types of services. I am trying to address what is a problem in Nevada, the proliferation of STDs. Folks are worried about their children having sex, and I get it. It is scary and parents want to know, but

maybe you should not find out from the child's doctor because the child wanted to do it safely.

JENNIFER HOWELL (Washoe County Health District):

Senate Bill 172 came from discussions with the Governor's Advisory Task Force on Human Immunodeficiency Virus (HIV) Modernization Exposure, of which Dr. Radeloff, Senator Harris and I are members. This Task Force was put into place to modernize HIV laws passed last Legislative Session to see what else we can do to promote healthy sexual outcomes and support Nevada's Ending the HIV Epidemic program, which is a fundamental part of HIV Prevention and Care in the United States. I will be making this presentation ([Exhibit D](#)).

Nevada is ranked sixth in the United States for newly diagnosed HIV cases at 12.5 per 100,000 population for all age groups and ranked fifth for age 13 and over, competing with states in the southern region of the United States, which is concerning because our State has more progressive laws to support prevention and care services, Slide 2.

Among people living with HIV in Nevada, we ranked seventh. Prevalence data shows that we have 352 people per 100,000 population in Nevada living with HIV. The burden of disease is higher among persons of color and communities of color, including Blacks, Hispanics, Latinos, Asian, Pacific Islanders, Hawaiians, American Indian and Alaskan natives, Slide 3.

Sexually transmitted infections (STI), including HIV, cost the United States \$16 billion a year. That is direct medical costs and does not include indirect costs such as transportation, childcare and time away from work because you need to go to appointments. If we prevent infections, that money could be spent elsewhere and greatly utilized, Slide 4.

These graphs compare age groups for those who have acquired STIs in the United States. Rates for chlamydia and gonorrhea, Slide 5, fell for the younger group, aged 24 and under, during the COVID-19 pandemic. Gonorrhea trends to older age groups and is increasing. Slide 6, syphilis is also trending higher in the older group. With chlamydia and gonorrhea, the effects could make someone become infertile and have serious health complications if left undetected and untreated.

This graph, Slide 7, shows a decrease in STIs over time for the State; however, we rank No. 1 in the Country for primary and secondary syphilis, which are the most infectious stages of syphilis. The State is ranked fourth in the Country for babies born with syphilis or congenital syphilis; twenty-second for chlamydia; and twenty-third for gonorrhea. Those rankings are based on 2020 numbers which COVID-19 has impacted because people were not getting tested and treated, which does skew the numbers. The State will see trends upward after the effects of COVID-19 decline.

Nevada has a long history with teen pregnancy and not a good one. For many years, the State was ranked No. 1 for teen pregnancies, but our teen birth rate has decreased. In the 1990s and early 2000s, the State declined to twenty-first for teen birth rates, and the teen pregnancy rate was at ninth, Slide 8. That data is older because the teen pregnancy rate is behind in reporting as it is difficult to tease out the decrease in teen births. When people have access to healthcare services, such as contraception, and take those measures to prevent against teen pregnancies and abortions, they are preventing a pregnancy from occurring, Slide 9.

From the Nevada Youth Risk Behavior Survey, 33 percent of Nevada high school students reported having sexual intercourse, with 23.1 percent of those currently sexually active. Of those students who had sexual intercourse, 44 percent reported no condom use during the last sexual intercourse and 54.9 percent of females reported condoms were not used during the last time they had sex. There is the power differentiation between males and females using contraception. Of male and female respondents who reported being sexually active, 89.75 percent reported no condom or birth control use during their last sexual intercourse, Slide 10; that is concerning.

Another aspect that is highly concerning is federal Title X funds that allowed minors to seek reproductive health care and contraception without parental consent. In 2020, 2021 and 2022, the State's federal Title X funds were fluctuating. Last year, the Washoe County Health District, Nevada Division of Public and Behavioral Health, and Carson City Health and Human Services, which serves four counties, lost their Title X funding. Therefore, they lost the ability as of March 31, 2023, to offer reproductive and contraceptive services without parental consent. The programs that were funded are Nevada Primary Care Association, which has a number of subgrantees with two clinics in

Washoe County and a number of clinics in the south, and Southern Nevada Health District, Slide 11.

I can speak for the Washoe County Health District. We received these funds for 50 years, and they were cut. Most of the funds have been channeled to federally qualified health centers (FQHC). The loss of this funding is concerning to us because we are a huge safety net in the community.

On the HIV side, there are the four foundational goals of ending the HIV epidemic: First, diagnose people who have HIV as soon as possible. Second, treat them with medications rapidly to sustain viral suppression. If a person is virally suppressed on HIV meds, the individual will not transmit HIV at all sexually, and the science is beyond clear on that. Third, prevent new HIV transmissions using proven interventions such as pre-exposure prophylaxis (PrEP), which is 99 percent effective at preventing HIV acquisition, and syringe service programs, which are allowed in Nevada. Last, the fourth, respond quickly to outbreaks to get prevention and treatment services to those who need them. About one in seven people in the United States are living with HIV and do not know their status because they have not been tested. One in five Nevadans are estimated to be living with HIV and do not know their status because they have not been tested, Slide 12.

When a person tests, we use the status neutral approach, which is No Wrong Door. If people test positive, we get them into care and on medications, wrap them with services and then prevent transmissions from them by reaching viral suppression. If they test negative, we can get them on PrEP which is 99 percent effective at preventing HIV acquisition sexually and 74 percent effective at preventing HIV acquisition through injection drug use or sharing equipment.

There is also post-exposure prophylaxis (PEP) if someone has been exposed by unprotected sex, Slide 13. The individual can take PEP to prevent HIV acquisition, but it must be started within 72 hours of exposure.

Slide 14 talks about PrEP versus PEP. If someone is on PEP, then we can transition him or her to PrEP if at higher risk of HIV acquisition.

Why is this legislation needed? We need healthcare support services that have already been provided and allowed through federal funding. This will help in the HIV epidemic through PrEP and PEP. In the last Session, we expanded who can

prescribe PrEP and dispense it. Clinics need to deliver services to minors who do not have trusted family members or adults in their lives to help guide them. We encourage minors who are part of Title X funding and coming for treatment to ask family members or trusted adults to be involved with that decision-making. Therefore, minors have that support. If they do not have that support, then we move forward with that based on their consent. We want better health outcomes in all our communities because sexual health is part of a person's overall health, and it is important that we recognize this. Prevention is always cost-effective, Slide 15.

SENATOR HARRIS:

I want to clarify; when I said children are able to access contraceptives today, I was referring to those facilities receiving federal Title X funds where minors can receive contraceptives without the consent of their parents. However, as Ms. Howell mentioned, there are about to be a lot less of those facilities in this State. That piece in S.B. 172 is to ensure minors still have places to access that service.

CHERYL RADELOFF, PH.D. (Southern Nevada Health District):

My remarks ([Exhibit E](#)) are supporting the comments and ideas raised by my colleague in her presentation. The Southern Nevada Health Improvement Plan indicated that access to care is a key priority for the next three to five years. While not addressing youth and young adults specifically, the report recommended that "A person's health should not depend on their ZIP code, economic status, religion or sexual orientation."

As mentioned within the presentation, Nevada has some of the highest rates of new HIV infections in the Western United States. Supporting minors' access to HIV biomedical prevention resources such as PrEP or PEP, as well as addressing providers' concerns regarding serving minors, and the prescription of HIV and STI preventative medication and devices for minors will help Nevada reach goals set forth in our State to end the HIV epidemic.

There is a Clark County plan, Statewide plan and Nevada Integrated HIV Prevention and Care Plan 2022-2026. We also had a presentation called Autumn Update, which is an educational networking event for HIV care in Nevada, in November 2022, given by Dr. Rosalyn Plotzker from the California Prevention Training Center. She mentioned the "Centers for Disease Control and Prevention (CDC) surveillance data estimated that, overall, 23 percent of people



who could benefit from PrEP were prescribed it in 2019, of those aged 16 to 24, only 16 percent accessed PrEP.”

The northern and southern Nevada HIV prevention planning groups identified youth and young adults as prioritized populations for HIV prevention interventions. Also, allowing minors to consent to certain healthcare services, including HIV and STD testing, is an important public safety issue. Every state allows minors to consent to STI testing, a practice affirmed for decades by research from major medical organizations. Minor consent laws are about safety, and these laws protect teens, families and the community from risk. Without minor consent laws, minors are likely to forego care, spread infections to others, and experience potential lifelong health consequences, such as infertility.

As my colleague Ms. Howell mentioned, infections including chlamydia and gonorrhea have been linked to infertility. Minor consent laws do not usurp parents’ authority—in fact, most parents still engage in health care with their children. These laws offer important protections for minors experiencing sexual abuse by a parent or guardian or when privacy fears would prevent them from treating a communicable disease that they could pass on to others.

Half of the Nation's STIs are in people aged 15 to 24, and they can cause lifelong health consequences unless they are tested and treated. By increasing awareness of access for testing treatment and prevention services, more youth and young adults in Nevada may seek and obtain sexual health services, which will ultimately result in lower rates of HIV and STIs.

I am going to repeat this because it is important. In 2021, Nevada ranked first for primary and secondary syphilis, the infectious stage of syphilis, ranked fourth in congenital syphilis, and ranked twenty-second and twenty-third for gonorrhea and chlamydia, respectively.

The rates for chlamydia and gonorrhea remained high for youth and young adults aged 15 to 19 in southern Nevada from 2017 to 2019 but decreased during 2021 to 2022, which may have been impacted by the COVID-19 pandemic. Chlamydia rates among those aged 15 to 19 increased from 1,833.5 per 100,000 population in 2017 to 1,990.0 per 100,000 in 2019, but decreased during the pandemic to 1,366.6 per 100,000 in 2021. Gonorrhea also increased among 15- to 19-year-olds from 2017, which was 424.7 per

100,000 population; to 2019, 534.7 per 100,000 population; but was less affected by the pandemic than chlamydia as the rate of gonorrhea increased from 412.5 per 100,000 population in 2022 to 476.3 per 100,000 population in 2021.

Privacy concerns are a top reason adolescents avoid getting health care even if they need it. Research by the National Coalition of STD Directors shows that adolescents continue to engage in sexual activity even if they do not receive the STI testing they need:

Research on minor females in family planning clinics over the last few decades has found that less than 5 percent would stop having sex if parental notification were required for contraception. ... Additionally, 4 percent to 14 percent of teenagers report they would have unprotected sex. ... both of these reactions would place teenagers at greater risk for unintended pregnancy and STDs. This concern is supported by research showing that after an Illinois county began requiring parental involvement for minors seeking contraceptive services, the proportion of births to teenagers younger than 19 years in the county increased while it decreased in nearby counties that had similar racial and economic profiles.

SENATOR HARRIS:

In the proposed amendment, [Exhibit C](#), after some discussions with LCB, it became clear section 1, subsection 1 exists in current law, but it is not clear that any consent is required at all. I took this opportunity to make it clear that you do need the minor's consent. To conform the language with what I am proposing in subsection 2 is to make it clear we are adding the preventative piece. I also included the term registered nurse in this bill because per statute an advanced practice registered nurse (APRN) is defined as a registered nurse who meets additional qualifications. Pursuant to [S.B. 172](#), APRNs will be able to provide services that are within their scope of practice.

SENATOR KRASNER:

Ms. Howell, I have received hundreds of emails with concerns stating a fear that a 10-, 11- or 12-year-old minor who was either being subjected to rape, incest or being sex trafficked might be forced to go to a healthcare provider to get a cure for gonorrhea or syphilis or an abortion pill and no one would know.

Healthcare providers would not be mandated to report if they were suspicious minors were under those circumstances. If you could please comment on that?

SENATOR HARRIS:

Under your scenario, a minor is being treated for an STD. That is in current law today and I am not amending that section. If those concerns are valid, S.B. 172 does not address that. Any minor can consent to treatment for an STD without notification and consent from parents today. This bill does not address the scenario you are raising, and I believe doctors are mandated reporters and nothing in this bill is going to stop them from keeping children safe in some of these heinous scenarios you described.

SENATOR KRASNER:

This bill would not affect that? I mean, this was a concern from a healthcare provider I spoke to, who said this would prevent a healthcare provider from reporting it because the child consented. I do not know if that it is true or not, but can you explain?

MS. HOWELL:

While a minor can consent to treatment if under the age of consent of 16 to have sex, then we do question the individual by asking who the minor is having sex with and what the age of the sexual partners are. Then, we follow the statutory sexual seduction or rape laws and do mandated reporting in that scenario.

SENATOR STONE:

Can you just elaborate why we lost the federal funding for Title X in northern Nevada and in southern Nevada as well? How did we lose that funding?

MS. HOWELL:

We wrote amazing applications and were approved for funding, if funding was available, at least for the Washoe County Health District application. It was a shift, from what I heard through different policy channels, toward funding a federally qualified health center. Other than that, we all are aghast and would like to know the answer to that question as well.

SENATOR STONE:

Is it only the Title X clinics that can give birth control prescriptions to minors? Outside of Title X approved programs, it does not happen or can it happen?

Ms. HOWELL:

Yes, Senator, it is unable to happen without Title X funding.

SENATOR STONE:

Does S.B. 172 change that?

Ms. HOWELL:

Yes, it does change to allow for contraception to be prescribed and dispensed to minors without consent, expanding those prevention services.

SENATOR STONE:

It is common for some medications prescribed in these clinics to have bad interactions with medication that a child is presently taking or allergies. In numerous hearings, I learned a child's brain does not mature until he or she reaches 25 years old. At times kids do not share with the clinic an accurate drug history of what they are taking. A number of drug interactions can be troublesome for common drugs like metronidazole or flagyl, which is for treating chlamydia, and can increase lithium levels if somebody is being treated for depressive illness. Who becomes responsible if a parent does not provide that authorization or know about it, and an allergic reaction, anaphylactic shock, or a severe drug reaction happens? What are the results in the morbidity or mortality of a child? Who assumes responsibility?

Ms. HOWELL:

It would be the prescribing providers because they are licensed and, in our clinic, an APRN. We also have medical consultants, physicians who would be responsible. But they do try to take as accurate a health history as possible, even though a lot of the prescription medications do have good safety profiles. That is one of the considerations the Centers for Disease Control and Prevention has when the CDC develops STD treatment guidelines and finds medications to combat and cure STDs or treat them as safe as possible. For example, gonorrhea is at our last line of medications able to effectively cure, and this is a concern. Safety profiles are definite and are taken into consideration with as comprehensive health histories as possible.

SENATOR HARRIS:

Senator Stone, your question is about existing law because we are speaking about treatment of an STD. Those are questions that might have been asked in 1971, but S.B. 172 does not change any liability or the process for treatment of STDs. That has already been established and is working in the State.

SENATOR HANSEN:

The current law says you do not need consent. The new law says you may give consent. It is like we are talking the same thing, just making one more positive than the other. Why is the word "may" included in section 1, "a minor may give express consent" whether they are going to get treatment or not? If as a minor I can give that consent, why the word "may"? What is the option that you need to put "may" in there for?

SENATOR HARRIS:

This was a drafting choice by the Legal Division, and I do not want to speak for them, but I will take my best stab at it. I believe "may" in this sense is being used as a permissive term. The minor has permission to, and the phrases "minor may consent," is meant to make it clear that he or she can consent. If you look at NRS 129 in general, it is about minors and their ability to conduct certain behaviors. *Nevada Revised Statutes* 129.020 through 129.060, which S.B. 172 is amending, are about those exceptions and what a minor can in fact consent to.

SENATOR HANSEN:

To me it looks like we are saying the same thing because the bill already has that exact language. In 1971, this law was established, and in 1989, it was amended during the AIDS crisis and has been in place all that time. By your own statistics, Nevada is still at the top of everything bad and the bottom of everything good. These laws are supposedly so effective in reducing sexually transmitted diseases and children engaging wildly inappropriate sexual activities. How is this new law going to make us any better? What it looks like to me is we are still the worst despite this law that has been on the books for more than 50 years.

SENATOR HARRIS:

That is a good question, and my answer would be because we have given them the ability to get treated. People do not have the ability to stop the transmission in the first place. We have a law that allows them to do something. Once you

already have the STI, you can receive treatment, and if you are suspected of having an STI, you can get an examination. But we do not have anything on the books today to allow people to prevent the health risk. Senate Bill 172 will not stop teenagers from having sex. It is not designed to do that, but it is designed to make it a little bit easier for them to do it safely.

SENATOR HANSEN:

We are probably on the same page as far as I want to have safety, reduce abortions and pregnancy out of wedlock. I am just not sure S.B. 172 accomplishes that, but as you point out this has already been on the books. As I look at the statistics, this has been a remarkably ineffective way despite the best efforts of people who are trying. You mentioned one out of five Nevadans are possibly infected with HIV: That is over 600,000 Nevadans. Where did you come up with that one-in-five number?

Ms. HOWELL:

That number comes from the State's Ending the HIV Epidemic report. Southern Nevada is receiving Ending the HIV Epidemic grant funding and has expanded that information to the rest of Nevada to benefit from what comes through those activities. It means one in five people living with HIV are unaware of their status, not one in five Nevadans are unaware of their status.

SENATOR HANSEN:

If the number one in five is true, we have a massive healthcare crisis on our hands and S.B. 172 is a Band-Aid. If there are 600,000 Nevadans carrying around the HIV virus, which is what one in five would be, that is frightening.

SENATOR HARRIS:

Let us assume there are 100,000 people who are living with HIV. One in five of those people do not know they are living with HIV.

SENATOR HANSEN:

That still is a huge number to have that many people in the State potentially being infected and sexually active without anyone knowing.

Ms. HOWELL:

People who are unaware of their status or even know their status and are not taking HIV medications or not in HIV care, are responsible for over 80 percent of new HIV infections. That is very concerning. That is why we want to get

people tested and treated. When people come in for services, they are offered a plethora of testing to identify if they are living with HIV or, if they are negative, they identify as being eligible for pre-exposure prophylaxis.

SENATOR HANSEN:

Hopefully, we are trying to get a handle around this situation. I am the oldest of eight children and I have eight children. All my kids are grown now with my youngest being 21 years old. I have parented through the teenage years even around a strict religious environment still having plenty of sexual issues. What I observed are statistics on the more parental involvement earlier on with anyone and teenagers especially, there is a substantial reduction in the total volume of sexual conduct.

It would seem to me the goal should be trying to push laws that promote parental involvement and encourage discussions on these kinds of issues. Admittedly, the example you undoubtedly gave is it is nice for people who are lucky to have two parents raising their kids, like my wife and I did. There are whole lot of people nowadays who do not. Nevertheless, the direction, as we discuss these issues, seems to ignore the fact that parents being substantially involved with their children, even in uncomfortable situations, is tremendously preventative for sexually transmitted diseases, premarital sex, unwanted pregnancies and abortions. I hope we would at least acknowledge the importance of parents in this whole discussion.

We are looking at this so mechanically. It is just a matter of condom use. Teenagers are going to do it anyway even when we know about it. Senator Stone points out the brain does not fully develop until youths turn the age of 25 and yet, we expect them to be completely responsible. That is where parents are supposed to come into the equation until the brain gets enough common sense to say, there are serious consequences for these kinds of things.

SENATOR HARRIS:

Parents, get involved in your children's lives, that is 100 percent great advice, and I would never suggest that parents should not. I do think we should allow children to play and live their lives. But parental involvement, especially in these types of issues, is essential. I am more than happy to encourage every parent to be involved in their children's lives, especially when it comes to these questions. But as you said, if only every Nevadan had that opportunity, and we simply do not. We have to legislate for everybody—for the whole State.

There is nothing in S.B. 172 that says minors cannot go to their parents or minors cannot talk to their parents about these decisions. I encourage minors to do so. But I just want to add one thing, this bill is not my only effort to address this area. In 2021, I brought a bill to decriminalize HIV to help deal with the stigma and encourage people to get tested. Then I brought S.B. No. 211 of the 81st Session, which encouraged doctors to routinely ask folks if they would like to get tested for STDs. I am hoping all these pieces together can start to move us off the top of some of these lists.

SENATOR DONDERO LOOP:

I think we all can agree that we aspire to be good parents, whether we are two parents in a home or a single parent, a working parent or nonworking parent. We all have different parenting skills. I have a couple of friends who have been exceptional parents who still had children who had children as children and that was not a lack of religion or a lack of parenting, it was nature in a moment. It would be great if all parents could be what we consider great parents.

Now, recognize youths over 18 years old would be in a different situation with S.B. 172, but we have young people who find themselves in a situation where they have great parents they do not want to disappoint. It is not about always having a bad parent that will do something to you if you tell them, which we know happens. A mother's or father's boyfriend, girlfriend, whatever it is, gets involved with a child and something happens. But we also know that young people do things and then things happen, and they do not want to disappoint their parents.

For me as a mother of three girls and grandmother of three granddaughters, I have plenty of daughter experience, almost as much as my friend at the other end of the dais, because I think I raised a few more in there that were not even mine. I think that we need to allow minors the ability to come to parents. If they cannot come to parents for some reason, they need to be able to get the help they need. If they do not get the help, it could be physically life-affecting and harm their makeup moving forward in their lives or pass it on to others. This is how I feel from my heart. This is not a political thing or religious thing.

Young people have been having relationships with each other since long before me, and it is going to happen long after me. There are probably some people right here in this room who may have had that experience in their own family



with their children. It does not mean if they end up with a pregnancy that we do not love those children and are not overjoyed that they are here. But in the meantime, other things can happen and we need to have that protection in place.

SENATOR OHRENSHALL:

I was reading on the American Academy of Pediatrics website a 2018 study about adolescence and human papillomavirus (HPV) vaccination where researchers did not find any correlation between the availability of access to the vaccination and risky sexual behavior, even when 24 states had increased access to that vaccination. I wonder with the increased access what this legislation may provide. What are your thoughts in terms of that study, because it does not look like there is any correlation? As colleagues, Senator Dondero Loop and I are hopeful this will be able to prevent sexually transmitted infections if there is increased access. I wonder if either of the Health Departments could comment on that.

MS. HOWELL:

There are numerous studies with HPV vaccinations, condom availability, access to testing and even access to syringe service programs which do not increase whatever desired behavior is related to that preventive method. It does increase access to providing services if people have acquired an infection.

CHAIR SCHEIBLE:

I want to clarify especially with the PEP and PrEP because the law is minors can be treated if the health provider suspects they have already been exposed to HIV. I am imagining there are situations in which kids are maybe not entirely clear about whether they have already been exposed or they might become exposed or think they could have maybe been about to be exposed. Does this kind of help to expand the spectrum? Where regardless of whether a 15-year-old comes to the clinic and says, "I had sex yesterday with somebody who might be HIV positive" or says, "Well, I have a new boyfriend and I do not really know, but I think I might need something now." The clinic could be able to treat that kid either way. Whereas before, you had to kind of ensure that the exposure had already happened—or am I off base?

MS. HOWELL:

If young people admit having condomless sex, then exposure has happened, and if they say sexual contact happened with somebody who is not on HIV meds

and living with HIV, exposure has happened. What we do is clarify testing history to make sure we are providing targeted services to what the individual needs. Does that answer your question?

CHAIR SCHEIBLE:

Yes. If I am 15 years old and I come to the clinic saying, "Hey, I have a new boyfriend and I know he is HIV positive. I want to get on PrEP." There is nothing that the clinic can do without my parents' consent. But if I go have sex and then come back and say, "Hey, I have been exposed to HIV." Now I can get treated without my parents' consent?

MS. HOWELL:

The clinic could, if a person's test shows or subsequent tests after the window period shows the person has acquired HIV, then we are able to provide treatment. But we will not be able to provide post-exposure prophylaxis today if someone just says they have been exposed.

CHAIR SCHEIBLE:

That is a compelling reason to pass this bill, in my opinion.

SENATOR HANSEN:

My understanding is you said if the individuals are under the age of 16, the clinic still must report, or not? In this scenario the Chair just gave, the clinic would still have to report if a 15-year-old comes in and says, "I have had sex with my boyfriend, and he thinks he's HIV positive" even though you would start under the new bill or even under the existing law some sort of treatment to try to prevent that. The clinic also must report it to law enforcement for potential violations of sexual laws. Am I understanding that correctly?

MS. HOWELL:

That the clinic would have to report is a separate issue. We would not be able to start treatment for post-exposure prophylaxis, which must start within 72 hours for HIV. There is also upcoming release of PEP and PrEP for STDs, and we would not be able to provide treatment. What we would do is if they end up acquiring HIV, then we can treat that or an STD. For a pregnancy, we would need parental consent. Under the new law, we would be able to provide treatment to anyone under the age of consent, which is 16, and we would report to law enforcement and social services per the current NRS.

SENATOR HANSEN:

I am confused because the current law says,

... consent of a parent, parents or legal guardian of a minor is not necessary in order to authorize a local or State health officer, licensed physician or clinic to examine or treat, or both, any minor who is suspected of being infected or is found to be infected with any sexually transmitted disease.

What am I missing?

SENATOR HARRIS:

You are talking about two separate issues, right? Age of consent, that is always going to be reported if you are under that age, since mandated reporters are obligated to report. Now, Ms. Howell is mixing in a little bit of Senator Scheible's question as well. Right now, the clinic would not be able to treat that minor until medical staff found out the minor was infected. The clinic needs an actual test that says yes, you are HIV positive, and then staff can treat the STD.

SENATOR HANSEN:

But the current law does not say that they are suspected of being infected.

SENATOR HARRIS:

That is referring to the examination portion. Minors can consent to examination if they are suspected of having an STD and then can consent to the treatment if they are found to have the STD. But the age of consent issue is not a part of S.B. 172 and the clinics will continue to follow all laws and practices as outlined in other pieces of the statutes.

SENATOR HANSEN:

That does not make sense because, if they are not infected, they would not need treatment anyway. You just said if they are found not have been infected, they would not need to start the treatment. That is correct. You would not need to start because you are not infected, right?

SENATOR HARRIS:

A minor is allowed to consent to the examination under current law. Also under current law, after that examination or blood test found the minor to be infected, the minor can consent to the treatment.

SENATOR HANSEN:

Right, that is under current law. I wanted to get that clear.

CHAIR SCHEIBLE:

Just to further clarify, there are prophylactic treatments specifically for HIV that can be administered to a person who does not have HIV but is at risk of contracting HIV based on the partner's status where there would be no examination involved because any examination would return a negative test. The major function of S.B. 172, as I understand it, is to allow minors access to PEP and PrEP because under current law, they cannot get that without parental consent.

SENATOR HARRIS:

That is correct, Chair Scheible. The idea is to allow minors to consent to services that will prevent them from getting the STD in the first place. Right now, they cannot do that, they only can be examined and treated if they are found to have it.

DAELA GIBSON:

I am a constituent of Senate District 14 and I support S.B. 172.

SARAH ADLER (Nevada Advanced Practice Nurses Association):

It is Nevada Advanced Practice Nurses Association's mission to expand access to health care. We appreciate the sponsors bringing S.B. 172 and Senator Stone's questions about who would be responsible for prescribing. In Nevada, APRNs have full practice authority and take that responsibility and the accountability to their licenses seriously. They are fully aware of this.

BILL SIMS:

I would like to have S.B. 172 passed because it will help with preventive health care such as birth control, testing and treatment for STDs. Everyone deserves to have autonomy over their bodies and the health care that they receive. Having this bill passed would guarantee that everyone is affirmed in their legal right to seek access to reproductive health care, including the birth control, STD testing

and treatment. Since sexual and reproductive health care are a core part of people's overall health and well-being throughout their lives, recognizing the importance of allowing all people to have autonomy over their preventive health care, such as STI testing and treatment along with birth control. What this bill will do is help empower people to control their reproductive health care in the moment while having the knowledge that their right to privacy to receive that reproductive health care is protected. Regardless of what the opposition may say, access to reproductive healthcare services will only improve health in the long run for people who receive those services.

TESS OPFERMAN (Nevada Women's Lobby):

I hope that S.B. 172 will be viewed as an access to healthcare measures and as a cost-saving measure, not a political one. Treating and preventing HIV, chlamydia and gonorrhea will ultimately save money for individuals and for the State. The sooner you can detect and treat a disease, the less expensive it is for all involved. Having a healthy population and preventing disease when possible should be of utmost priority, especially in Nevada where we have shortages of doctors, nurses and mental health care professionals. With all these shortages and general lack of access to health care, it is not shocking that we have one of the highest rates of HIV, STDs and teen pregnancies.

As the Legislature works to address our healthcare system, this bill is a simple and small measure that will give minors the ability to prevent and treat STDs and the ability to prevent unwanted pregnancies. Senate Bill 172 is a simple cost-saving measure that will help ensure the sexual health and sexual safety of all minors in Nevada.

JOELLE GUTMAN-DODSON (Washoe County Health District):

I support S.B. 172. This is a preventative measure for sexually transmitted infections and unintended pregnancies. Health districts north, south and now in central Nevada and Carson City are typically a safety net for vulnerable people who typically do not have primary care or regular access to medical care. We see kids who do not feel safe discussing this with their parents, whether it is sexual orientation or something going on at home, or sometimes dangerous situations they cannot necessarily explain to their parents. There are all sorts of things, and as a parent, I hope my kids will always come to me, but that is not the case for all Nevadans, just like the Senator said. This is doing nothing more than allowing preventative care and is not doing anything else.

Senate Committee on Judiciary  
March 9, 2023  
Page 22

CHAIR SCHEIBLE:

You said you are with the Washoe County Health District. We have questions about the Title X funding.

SENATOR HANSEN:

We do not understand why S.B. 172 has anything to do with federal funding and apparently the clinics are getting federal funds cut for some mysterious reason.

Ms. GUTMAN-DODSON:

It is a little complicated. Nevada did not lose any funding; we received the same amount of funding as we always do. Southern Nevada Health District applies separately because of the population caps and things like that; they can apply without the State. The funds got diverted to federally qualified health centers. The centers also got the money Carson City and Nevada typically gets. Title X funding is important because it is a safety net, and this just lowered the access. Instead of the health districts in the north and in the rural areas being able to provide this care, it is only the FQHC that can. I find this particularly alarming in the rural communities because we have typically one public health nurse who covers one or two counties and now that person is limited in his or her abilities.

SENATOR HANSEN:

Does anything in S.B. 172 change that?

Ms. GUTMAN-DODSON:

Senate Bill 172 will now give the health districts the ability to provide contraceptives to minors, instead of relying on Title X.

SENATOR HANSEN:

It does not affect the Title X issue?

Ms. GUTMAN-DODSON:

Not at all; this protects our APRN and providers who treat and prescribe contraceptives.

ELYSE MONROY-MARSALA (Nevada Primary Care Association):

On the behalf of the Nevada Primary Care Association, which is a member association for the State's federally qualified health centers that receive Title X funding, I have a letter ([Exhibit F](#)) from our CEO I will be submitting. A couple of

things I wanted to talk about are specific to Title X. First, in 2022, the Title X providers provided services to more than 7,500 people, specifically 1 in 5 of those were minors with 1,600 under the age of 18 and 700 under the age of 15. As it was just established, S.B. 172 does not do anything to directly affect Title X funding. I want to read this from the letter because I think it adds additional complexity.

Title X minor consent protections are in danger. In the past, Nevada teens have been protected by the federal Title X regulations requiring services to be delivered regardless of parental consent. However, in December 2022, a judge in the Fifth U.S. District Court ruled that this provision was unconstitutional. Today, the ruling applies in Texas, Louisiana and Mississippi. It could become the law of the land if the U.S. Supreme Court were to take decide to this up. If the U.S. Supreme Court were to invalidate these Title X protections, Nevada teens would have no legal right to reproductive health services without parental consent.

Lawyers for the Nevada Primary Care Association have advised all these district court rulings and existing legislative protections to provide these services are not strong enough to shield from potential liability. Senate Bill 172 makes the law much clearer for these Nevada providers to continue these services. The Nevada Primary Care Association has a passionate belief in the imperative of preventing unwanted teen pregnancies and disease. We experience these situations every day. The Nevada Primary Care Association is in favor of S.B. 172 and we urge passage.

BRIANA ESCAMILLA (Planned Parenthood Votes Nevada):

In support of S.B. 172, we believe the ability to have a say in one's health care, especially preventative care like contraception, testing and treatment for sexually transmitted infections, is crucial, not only to one's reproductive freedom but overall health and well-being over a lifetime. This bill affirms that right and recognizes the importance of allowing all people to have autonomy over preventative health.

The prevention and treatment of sexually transmitted infections is a normal part of routine reproductive health care. But the stigma that surrounds it can lead to the delay or inaccessibility of care and ultimately harms not only the patient's health but public health. More broadly, this bill empowers all people to take

control over their reproductive health care in the moment and with knowledge that their right to privacy to receive this care is protected. We are proud to support legislation that empowers people to access the care they need.

CAROLINE MELLO ROBERSON (Southwest Regional Director, NARAL Pro-Choice Nevada):

I have submitted written comments ([Exhibit G](#)). The more than 48,000 NARAL members across the State believe in everyone's right to reproductive freedom, and that includes the right to preventative contraception.

HAILEY LINDSLEY:

I am in support of S.B. 172. People deserve to have autonomy over their bodies and should be able to access health care without fear. Senate Bill 172 would guarantee all people are affirmed in their legal right to seek access to reproductive care with the knowledge of their right to privacy and reproductive care protected. Full control over all aspects of a person's right to reproductive health care, including birth control, STD testing and treatment, is a vitally important part of a person's lifetime overall health. I urge the Committee to support S.B. 172.

JESUS PALMA (Human Rights Campaign):

At a time when certain states across the Country are rolling back protections and rights for LGBTQ+ individuals, I am proud to be a lifelong Nevadan living in a State where we continue to be a champion for human rights and a State where our Legislature moves forward and not backward. On behalf of thousands of supporters in Nevada and 3 million members nationwide, the Human Rights Campaign (HRC) thanks you for the opportunity to help inform your deliberation on S.B. 172. We support this legislation and urge the Committee to advance it.

Irrespective of age, the ability to have a say in one's health care, particularly preventative care such as birth control and treatment for sexually transmitted infections, is critical to one's overall health. Thus, HRC supports and believes that S.B. 172 would safeguard the ability to ensure that adolescents have the legal right to get reproductive care including birth control, STI testing and treatment. Passing S.B. 172 would also allow Nevada to receive federal Title X funds. The bill does not seek to remove parental rights as many who have submitted opposition have said. This bill simply empowers Nevada's youth, many who already are engaging in sexual activities with one another, by



allowing the ability to take responsibility and seek preventative care for actions that might otherwise have negative lifelong consequences.

By passing S.B. 172, Nevada would join more than 25 states that have laws and procedures in place to allow adolescents to access contraceptive treatment. Many minors in this State do not have trusted adults; family members or approachable adults in their lives. This is especially true for LGBTQ+ youth who may be afraid of seeking medical treatment and having to ask their parents for permission because it would expose them and possibly jeopardize their living situations. The law allows Nevadans to become responsible adults capable of caring for their own health while it also protects our LGBTQ+ children. The bill is strongly supported by myself, the HRC and LGBTQ+ individuals across the State. We request that you swiftly pass this legislation.

MARCO RAUDA:

I am here on my own. When my sister was 14 years old and I was 12 years old, we had to leave our house because my mother and her husband were having a difficult relationship. We needed to get out of there. Do not worry, we had a village, with great aunts and uncles who raised us. But getting health care was difficult, and even though we became sexually active years later, S.B. 172 could have helped us as children if we would have ever been put in a tough situation. I urge the Committee to pass S.B. 172.

JONATHAN NORMAN (Nevada Coalition of Legal Service Providers):

At any given time, we represent 3,000 to 4,000 children in foster care. Senate Bill 172 expands the rights for our kids who inherently may not have a parent involved. I also appreciate the last series of questions from Chair Scheible and Senator Hansen. It really clarified why in my mind this is so important. I will say ditto to the other comments that have been made.

AMY KOO (Acting Deputy Director, One APIA Nevada):

We are a nonpartisan organization that advocates for the growing Asian, Native Hawaiian and Pacific Islander (ANHPI) communities in Nevada. Nevada is home to over 389,000 Asian Pacific Islander Americans, almost 11 percent of our population. Nevada is only one of six states where the ANHPI population makes up more than 10 percent of the State regarding data about the ANHPI communities' HIV or STD statistics and prevention. Limited data exist, and there are many barriers when it comes to reaching out to this community for testing and education. Such information is vital to developing effective interventions to

reduce STDs within this group. The ANHPI community already faces many challenges when it comes to accessing medical treatment, including but not limited to cultural differences and language barriers. The ability to have a say in one's health care, especially preventative care like contraception and treatment for STIs, is crucial for overall health. This bill will help ANHPI youths be empowered to seek the care they need and help us with data tracking and desegregation. We urge the members of this Committee to support S.B. 172.

ANTONIO RAMIREZ (Make the Road Nevada):

I am a constituent of Senate District 3. We focus on elevating the power of working-class, immigrant communities in every community in Nevada. I am here on behalf of our youth membership in support of S.B. 172 and echo the testimony.

BRADLEY MAYER (Southern Nevada Health District):

You have heard a lot of good reasons on why to pass S.B. 172 today and heard from our experts of the Health District. It comes down to the old cliché that an ounce of prevention is worth a pound of cure. Minors can already get treated after they have exposure, but this prevents them from having exposure in the first place. We support S.B. 172.

BARRY COLE, PH.D.:

Before I became a physician, I was a bacteriologist at the University of California, Berkeley before the school gave up that diploma and said you had to become a microbiologist. My plan had always been to go into public health, and then I got into medical school. Now I am a psychiatrist retired, but I have listened to stories all my life that nauseated me, horrible stories about child abuse. You cannot even begin to imagine. I ask men and women, "Were you ever touched in a place or a way that now you realize was probably inappropriate?" I have come to accept "Yes" as the normal response and not the abnormal response.

If you are outside of psychiatry, you have a more optimistic view than when you are inside of it. This is straight up public health at its finest. This is how you reduce disease burden in the community by isolating people who have problems, treat them to resolve those problems and try to stop transmission. This is like washing your hands; it ultimately can be so basic.

Like my colleagues up here, I have three children, two sons and one daughter, along with seven grandchildren. I have all the same concerns from my own family members that you are obviously having for your family members and the rest of our community. But we cannot hide from this, it is going to happen. People have always had sex, or we would not be here today. It is just that simple because we are the descendants of sexually active people. Your parents even had sex and your grandparents, but you do not want to know that anyway. Do the right thing and pass S.B. 172.

CASSIE CHARLES (Progressive Leadership Alliance of Nevada):

I support S.B. 172. Youth autonomy is an important issue to me personally, and I would like to recall the memory of a beloved community member, Craig Block, who dedicated his life to teaching and educating youth on the importance of having their own agency and making informed decisions regarding their sexual and reproductive health. Craig was diagnosed HIV positive and lived a joyous life full of love because of his early access to HIV testing and treatment. If Craig was here, he would make sure I emphasize to the Committee that today's youth are brilliant, competent and deserve full autonomy over their sexual and reproductive decisions without the fear of stigma and repercussions. All people deserve to have the autonomy over their bodies and health care recognized.

ERIN ROOK:

I live in Las Vegas, and I support S.B. 172. My support for the bill is informed by my experiences working with LGBTQ+ youth training healthcare providers and LGBTQ+ inclusive practices. As a friend and loved one of people who have either experienced teenage pregnancy or sexual assault, this bill is ultimately about public health and safety. It is about ensuring that all people have access to the means to prevent and treat STIs and to prevent unwanted pregnancies without fear of negative or dangerous consequences.

In an ideal world, all young people would feel safe talking to their parents about their sexual health concerns and experiences. But in the real world, many young people cannot safely have these conversations in some households where the punishment for breaking the rules is violence or deprivation of care or shelter. This is even more likely for youth who are LGBTQ+ who face high rates of homelessness often due to being kicked out because of their gender or sexuality. This likely contributes to the fact that LGBTQ+ youth experience higher rates of teenage parenthood than their peers. In other words, the young people most often in need of sexual health services are frequently the ones who

feel the least safe talking to their parents about it. If parents are concerned about not knowing what is going on in their children's lives, they can work to develop a more trusting and supportive relationship. If they already have that kind of relationship with their children, then S.B. 172 should have no impact on their families. If people are concerned youths are not capable of making informed decisions in consultation with the healthcare provider, I would remind them we already allow minors to drive without parental permission despite the clear dangers.

LC RAPERT (Deputy Director, Silver State Equality):

I am here to echo the sentiments of those who have come before me in support of S.B. 172 to increase STI and HIV testing. Treatment and preventative services among adolescents is key to decreasing rates among this population in the United States. Youth are disproportionately burdened by these health conditions, particularly among sexual gender and racial minorities. This burden has only worsened during the COVID-19 pandemic. Minor consent laws will provide underaged youths the ability to obtain these services without their parents' permission. I am going to echo the sentiments of the gentleman before me and Senator Hansen: In a perfect world, parents would be involved in and supportive of the health choices their children make, but we do not live in a perfect world. We have parents where abstinence is the only form of birth control they will discuss, parents who believe discussing sexual health and behavior only promotes promiscuity and those who are not privy to their children's sexual orientation.

That is why this legislation is so vital. Since we now know how to help prevent HIV, it should not really matter what our personal views are about abstinence, preventative care or sexual health because we are no longer just discussing preventing births, we are discussing preventing deaths. Over a million Americans have died from HIV. Yet we are here debating whether our children can prevent their own untimely deaths. It is more important to me than what some government leader or school board member thinks about teenagers having sex or being involved in some other sexual activity. The bottom line for me is, and should be for all of us, that I do not think they should have to die for their choices.

LISA LYNN CHAPMAN:

I support S.B. 172 and submitted testimony ([Exhibit H](#)). If this bill is not enacted, I am concerned about teens who are sexually assaulted. Many teens

are in fear or too embarrassed to come forward. Sometimes it could be because they were not supposed to be somewhere or doing something their parents would disapprove; either way they are getting in trouble. In some households, getting in trouble can be dangerous and abusive to the teen. The teen may not tell their parents what happened and feel they need to take care of things themselves. Accessing emergency contraception is one way teens can rebuild their bodily autonomy and control. Senate Bill 172 ensures they have access along with needed testing and treatment for STDs is essential for the ongoing health and safety of teen victims of sexual assault. While tests are given during the sexual assault forensic exams, teens may not access this service for fear of reporting to Child Protective Services or to the police. Please pass S.B. 172 to ensure that teens have access to PEP and PrEP as well. I am here offering this testimony because 48 years ago, I was that teen.

SERENA EVANS (Nevada Coalition to END Domestic and Sexual Violence):

Our program members across the State support S.B. 172. Requiring parental consent for contraceptives or medical treatment will not stop minors from having sex but only further drives them away from necessary services and resources, likely resulting in increased cases of STIs and unplanned pregnancies. Many minors do not have a safe adult or guardian to whom they can speak openly about their sexual health. For some, talking openly about their sexual health or being caught being sexually active may increase abuse in the home and create unsafe situations for minors. Additionally, it is not uncommon for perpetrators of teen dating violence or sexual violence to purposefully sabotage or withhold using contraceptives as a means to trap, harm and manipulate their partner. Requiring minors to seek parental consent for contraceptives or preventative treatment may put them at risk for increased violence and is not a victim-centered approach. Senate Bill 172 is a commonsense public health measure to ensure that minors have a State avenue to make informed decisions with a trusted healthcare provider.

WEST JUHL (American Civil Liberties Union of Nevada):

We support S.B. 172. Think about the fact a teenager with the will and wherewithal to seek out these healthcare services on their own probably has a genuine need for them. We should clear the obstacles to let them get the care. Also, I reflect on a comment a member of the Committee said about this being a healthcare crisis. It is alarming if you step back and think about the fact that as a society today, we possess enough tools to eradicate HIV and we still see continued transmission among Black and Brown people who are low income

because things like racial bias and social stigma create systemic inequalities. I urge you to clear the hurdles to people getting the health care they need.

JERI BURTON (Co-Executive Director, National Organization for Women, Nevada Chapter):

I support S.B. 172. All people have a right to seek access to reproductive care, STI testing and treatment with high rates of sexually transmitted infections. It is important to allow minors to receive preventative medication and care, like birth control, because of how important it is for their reproductive health.

On a personal note, I was raised in Nevada as a Mormon and was told to wait until I was married to have sex. I did not want to disappoint my mom when I was changing my mind. When I was 18 years old, I went to our doctor and got birth control without telling her although she was a wonderful, supportive mom. It is not always that you do not have a good parent, it is that you want to prevent getting pregnant and need to be able to make that personal choice.

AJ HOLLY HUTH (LGBTQ+ Center of Southern Nevada):

I support S.B. 172. Sexual health is part of your overall health. I have been teaching sex education for over seven years in the LGBTQ+ Center and am in support of youths reaching out to parents and trusted adults. In our Sex Education program, I do an activity with youths to help them identify a trusted adult or identify if they can have conversations with their parents. But many of the youths do not have that ability to find a trusted adult. Although I have seen more parental engagement over the last seven years, we still have some youths who do not have the same support. They deserve the right to advocate for preventive care. Many of our laws are reactive and I am happy to see a bill introduced that is proactive in prevention.

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

We support S.B. 172 and I have emailed a statement ([Exhibit I](#)).

URSULA FUNK:

I support S.B. 172. I remember when I was a teenager and first experiencing sex. Yes, my mom had given me the talk about my menses and yes, I got the graphics in school on how the sperm and egg meet, etc. What no one talked about was birth control, prevention of STDs or other genital infections. I became licensed practical nurse and happened to work for an obstetrics and

gynecology doctor. I was not going to let my teenage children be misinformed. There are many parents or guardians who do not feel comfortable discussing sex with their children. They may feel embarrassed, afraid or scared and may feel judged by their children. But guess what? Your children feel the same way, especially if parents have not created a secure and safe environment. They are underage and do not feel safe to discuss aspects of their sexual life with their peers and especially not their parents.

This is why we need S.B. 172 to pass. If they feel they can get help from a nonjudgmental healthcare provider in a safe space, they will be more likely to seek out care to help prevent STDs and pregnancy. If you want to prevent abortions and unwanted pregnancy, this is a way to help underage people with resources to provide them with security and safety when it comes to sexual help with no judgment.

SHELBY SCHWARTZ:

I support S.B. 172 because we need to remove all barriers to sexual health care for the future of our children and State. This bill empowers people to take control of their reproductive and sexual health care in the moment and with the knowledge that the right to privacy to receive reproductive care is protected.

SARAH:

I support S.B. 172. Everyone has a legal right to seek access to health care, including birth control and STI testing and treatment. People have a right at every stage of their lives to take control of their health. Those decisions should only be between a patient and provider. This bill is important, and I urge you to consider all the people this would empower.

JOSE LOPEZ:

I am a biologist living in Las Vegas and support S.B. 172. Even for an adult, assessing STD prevention and treatment can be complicated. In my case, I often have to request the doctors to test or take steps with regard to this subject as they do not just do it; a patient has to request. This is not something that most doctors do, even though it is part of normal health care. I cannot imagine how hard it must be if I had to request permission of a parent for me to access the health care. I honestly think that I would not do it because it is just too much hassle. Most of us think we are healthy, why even bother? I would not do it unless I am totally sick, which at that point it will be too late. I support

this bill because it will keep a lot of Nevadans, especially our young Nevadans, healthy.

LAURA DEITSCH, PH.D.:

I support S.B. 172 and submitted my testimony ([Exhibit J](#)).

CARLOS CALDERON:

I support S.B. 172. Nevada is among the top ten states in the Country with most cases of STI. In the case of syphilis, Nevada is No. 1 in cases per 100,000 people. Even though STIs and their treatment are a normal part of our healthcare routine, there is a stigma around this issue that often prevents people from getting access to health care. Senate Bill 172 is important because it empowers people to take control of their reproductive health care and allows them access to preventive medication and services.

ROB PHOENIX (Huntridge Family Clinic):

I am a nurse practitioner in Las Vegas and own the Huntridge Family Clinic. I am speaking on behalf of the nurse practitioners in general and the Huntridge Family Clinic. As a provider of services to adolescents in Nevada under our current legislation, I find ambiguity around how adolescents can access prevention services. We have mechanisms to treat them for sexual health-related conditions such as gonorrhea, chlamydia and HIV. We have mechanisms for treatment for mental health. We do not have great mechanisms to provide services for prevention of these diseases in our adolescent population.

Senate Bill 172 will give us an opportunity to help adolescents prevent infections and prevent transmission of diseases. Adolescents should be encouraged to have conversations with their parents. But the cold, hard reality is that is not happening. This is why the U.S. still has some of the highest rates of unintended pregnancies in the developed world.

Another opportunity that is being missed for adolescents is that we do not offer comprehensive evidence-based education around sexual health, but that is not the purpose of S.B. 172. Nevada ranks fifth in the U.S. for the number of new HIV infections, and one in four people living in Nevada have never had an HIV test. These are all important steps in helping to prevent infections. Clark County is one of the leading HIV epidemic jurisdictions. There is overwhelming data on the benefits of prevention services, such as condoms, immunizations and biomedical HIV strategies. We have strategies to stop the



spread of HIV through treatment as prevention, meaning taking your medicines so that you get to a status of undetectable so that you are untransmittable. We also have strategies for HIV prevention, using medications to help stop new HIV infections.

Human papillomavirus is the leading cause of cancer in the world. In 2006, HPV immunizations were first introduced, but 17 years later, we still have high rates of HPV-related cancers. In fact, HPV is the leading cause of head, neck and throat cancers in men who have sex with men. Jody White and associates just published this month in the *Journal of Infectious Diseases* that HPV vaccinations initiation remains lower than any other childhood vaccination. They also stated that one of the top five reasons is parents report not wanting children to be vaccinated.

CLAIRE HALL:

I support S.B. 172 because all people have a right to autonomy and privacy regarding their health care, plain and simple. Reproductive health care is no different, especially with the current rates of STIs in Nevada. It is important to ensure that all people can exercise their full right to autonomy in determining their reproductive care to protect their health and keep them safe from harm. I urge the Committee to support S.B. 172.

CARI HERINGTON (Executive Director, Nevada Cancer Coalition):

I am a mother of twin teenage girls in college. Today, I am representing cancer control stakeholders across Nevada in solidarity with Nevada's health districts. We wholeheartedly support S.B. 172. As you have heard from a previous supporter, sexually transmitted infections can also be precursors to numerous cancers. As with cancer, access to prevention and early detection for any health issue is critical for our children. Senate Bill 172 supports access to care and, more importantly, supports our children and their health. As a parent, I am proud to support this bill.

VICTORIA RUIZ:

I am a constituent in Las Vegas and support S.B. 172. The bill would affirm people's right to seek preventative health care and treatment that could have long-lasting impact on the overall health and quality of life. The rates of STIs among the population in our State are incredibly concerning. There is no better way to address this and give people medically accurate information free of stigma or political intent. There are community resources that they need early

on to make informed decisions about their bodies. Do the right thing for Nevada and ensure our wellness and autonomy over our bodies.

BRIAN HARRIS:

I support S.B. 172. As a father, this bill would be great in case my child did not feel comfortable enough to come to me and talk about anything that he or she felt was necessary. I would like to also ditto the words of others who called in support before me.

SEBASTIAN ALCALA:

I support S.B. 172. It is important for young people have the ability to make the right choices for themselves. After growing up in Las Vegas and having my friends have their entire lives changed because they were not able to make some of these choices, I learned it is important that everybody be able to follow personal dreams with no barriers. It helps to take away the stigma that some sheltered communities still face in getting tested. Lowering those ages will help take that stigma away so youths can move forward into adulthood.

JONNETTE PADDY (Community Organizer, Native Voters Alliance Nevada):

I support S.B. 172. Those under the age of 18 are one of the most underrepresented communities in this Nation. Senate Bill 172 will ensure they have their say. Like many other issues and as mentioned before, Native Americans are disproportionately affected by HIV and AIDS. Much needs to be done about this issue, and this bill would be a step in the right direction.

JOANNA TAYLOR:

I am a resident of Las Vegas and mother of four. I have a relationship with my kids where they would probably involve me in the type of health decisions that we are discussing today. But to assume that all families and all relationships are the same is a grave assumption. Not all situations are safe, and people seeking health care should absolutely be able to get it. I support S.B. 172.

JUSTIN TYME:

I am a volunteer of Las Vegas TransPride and I support S.B. 172.

SY BERNABEI (Executive Director, Gender Justice Nevada):

I support S.B. 172. As a parent, I recognize that my kids are not going to tell me everything. I want my kids to have access to health care that can be lifesaving even if they do not feel comfortable coming to me. It is important

these young people have access to resources and know that there are other people out there who are looking out for them.

ASHLEY SMITH:

I am a parent of four homeschool children in Las Vegas. I support S.B. 172 because not all children feel comfortable coming to their parents and especially with homeschool children. I would like my children to still maintain autonomy when it comes to their medical decisions and medical access. My children range from the ages of 4 to 19, and I believe that every single child should have access and autonomy in making medical decisions.

NANCY JONES (Board Member, Health Freedom Nevada):

I am a resident of Carson City, a mother of five daughters, and I oppose S.B. 172. This is inappropriate. School children currently must have signed directives from their parents to be able to take something as simple as ibuprofen while at school. It is absurd to imagine they are capable of making complex health decisions that have long-reaching effects without the knowledge and consent of their parents.

Hormonal contraceptives, like the ones that children would be able to get from a pharmacist or a State bureaucrat without a medical degree and without their parents' knowledge or consent should this bill pass, are not without serious potential risks and side effects. No one who has testified in support of this bill has acknowledged that these drugs have inherent risks as well as potential side effects.

In my family's medical history, oral contraceptives are the direct cause of blood clots for my mother. She is among the subset of the population with the genetic sequence known as Factor V, which automatically makes her predisposed to clotting disorders because of using hormonal contraceptives. She was not given any warning about this possibility when her doctor prescribed these drugs nor was she tested in advance to see if her genetic makeup would be a risk factor for taking this type of drug the Legislature is considering giving directly to children without parental knowledge or consent.

My mother has been hospitalized over 10 times in the past 18 years with life-threatening blood clots in her legs, arms and lungs. We absolutely need to be mindful that none of these drugs are without risks. Cutting parents out of the equation is wrong and does not properly allow for the full medical history to be

known. I do not believe that it is okay for State health officers to be directly interacting and handing drugs over to children.

JAMIE HEPWORTH:

I am a resident of Gardnerville, a mother of five, and I oppose S.B. 172. In the testimonies that support this bill, I see the argument of the inherent right to bodily autonomy of children, but they misunderstand what autonomy is. It is the capacity for self-government. Are these children victims, or are they capable of making decisions about and taking full responsibility for their health? They cannot be both. If they are autonomous, certainly they can pursue sexual stimulation alone or have the sense of financial resources sufficient to pick up a pack of condoms from Walmart before they engage in sexual conduct. There is no such thing as promiscuous or uncommitted sexual health or safety, especially not for children.

Clearly, we are here talking about the dangers of STDs and unwanted pregnancies, but there is more bad news—and that is the drugs are not safe either. I am just going to mention one that would be potentially affected—the HPV and Gardasil vaccines are not safe. The lead developer of the HPV vaccine has testified himself that it is not safe or effective. Also, after the Gardasil was licensed and three doses were recommended for 11- to 12-year-old girls and teens, there were thousands of reports of sudden collapses with unconsciousness within 24 hours of the shot. They had seizures, muscle pain and weakness, disabling fatigue, Guillain-Barre syndrome, facial paralysis, brain inflammation, rheumatoid arthritis, lupus, blood clots, optic neuritis, multiple sclerosis, strokes, heart and other serious health problems including death. The Japanese government stopped giving the Gardasil vaccine in 2013 after receiving thousands of adverse reactions. I oppose this bill because it creates a vacuum for the State to inappropriately enable pharmaceutical drug administration, and that is wrong.

WISELET ROUZARD:

I am speaking on behalf of my family, my children and, more importantly, as a constituent of the State and a son of two immigrants from Haiti. When I came across S.B. 172, I spoke to my mother, and she said in Creole, “Have these people lost their mind?” The word mind is where I want to start because age of consent seems to be hypocritical in the State. When we are talking about age of consent, we have laws that say a child is not mentally capable of making certain informed decisions when it comes to relationships with certain

individuals over another age bracket. We also have alcohol and gambling age laws. I was walking through the casino with my 6- and 8-year-old children when security came behind me and said, "Hey, you got to be walking on this side of the carpet because you have minors." These proposed bills came forward because it confirms that minors do not have the brain development to make well-rounded decisions.

Senate Bill 172 brought to my attention two things that the primary sponsor recognizes: There are laws on the books that 99 percent of parents are not aware of like myself, until today, and this proposed bill showed an opportunity to change a statute to ensure a minor had protections on informed decision, it did not.

I propose an amendment to address the emancipation process. If we want these children to be adults and be independent, let us address the emancipation process where they present before a judge why they feel that their parents are unfit to make decisions regarding not only their lives but their health and other endeavors. I challenge everyone in this Committee to please vote no on S.B. 172. Otherwise, you are culpable in ensuring everything I listed is a criminal act and something you support.

KATRIN SIENKIEWICZ (Health Freedom Nevada):

I am a Douglas County resident and parent. I have already submitted written testimony ([Exhibit K](#)) which contained a link to the U.S. CDC document entitled "Sexually Transmitted Infections Treatment Guidelines 2021" that directly relates to S.B. 172. The Nevada Department of Health and Human Services HIV regulation office is currently in the process of updating Nevada Administrative Code Section 41A on STI management. It cites this 234-page CDC document and mandates that Nevada follow its protocols in regard to HIV. In the presentation we all heard earlier, we learned about the prevention strategies that are being considered in allowing minors to consent to it. The CDC protocol calls for treating people for pre-exposure, post-exposure and for treatment of those that are already infected that covers virtually every single adult in the State given that it applies to anyone who might have sex or anyone who is having sex.

One thing that has not been discussed at all today is the safety profiles of these drugs, and it needs to be talked about. Each of the drugs approved by the Food and Drug Administration for HIV treatment whether it is pre-, post- or as a

treatment, come with serious safety warnings. Many of them have black box safety warnings, which is the highest safety warning level for medications that carry serious medical risks. Informed consent requires the patient, and the legal guardian in the case of a minor, have a full understanding of the benefits and those risks. Prior to agreeing to any medical or pharmaceutical intervention, if passed, S.B. 172 would allow a minor child of any age to give express consent to this type of drug treatment, which will certainly harm some of the kids. It is essential that parents as the guardians and protectors of their children are not removed from the medical decision-making process. Please oppose S.B. 172.

BOB RUSSO:

I oppose S.B. 172. This bill would allow minors to consent to certain medical services for the prevention of sexually transmitted diseases such as contraceptive drugs or devices without the consent or notification of parents or legal guardian. I believe that it is reasonable to conclude that this would include the HPV vaccine, which we know has considerable risk. Parental guidance is essential; children are incapable of making sound medical decisions that may impact them for the rest of their lives. This is especially true when it comes to approving drugs or vaccines that they know nothing about.

A youth or child can easily agree to a medical treatment offered by a medical professional. Children can be easily swayed or influenced to agree with something that may not be in their best interest. That is why parental involvement and consent or those of the legal guardian must be required. Kids need their parents, and caution is prudent.

JANINE HANSEN (State President, Nevada Families for Freedom):

I oppose S.B. 172 and submitted my testimony ([Exhibit L](#)).

RENEE LUCENTIS:

I oppose S.B. 172. I am concerned about any experimental drugs that might be used on the children and any adverse effects that could happen. When I was in my twenties, I had an IUD put in. My girlfriend convinced me that would be a lot easier than taking pills. I did that by going to Kaiser Hospital. The doctor put the IUD in defectively, and I ended up in the ER, where they yanked it out. I got a huge infection 20 to 30 days later. It just about destroyed my immune system. It took a lot of work to get it back, and I am still not the same. I became septic and jaundiced when I was in the hospital on high doses of antibiotics.

It took me a long time to get pregnant, and I finally did with my son. I am so proud of him because we found out his daughter was being taken to the doctor to be put on birth control pills. She was only 14 or 15 years old. He did not know about it, but I let him know, so he showed up for the doctor's appointment and had a conversation with the physician, his wife and my granddaughter. He supported his daughter, and told her when she is ready, he would be there for her for support. The doctor said that my son did 99 percent more than any person she has met. My son has a healthy daughter today who has a great relationship with her father and trusts him. I wish we could do something that involves the fathers.

SCOTT JOHNSTON:

I oppose S.B. 172. It seems rather moot at this point since 1971 was when parents' rights were removed for these types of procedures. I was at the University of Nevada, Las Vegas, getting a degree and staying out of the Vietnam War. Otherwise, I would oppose such a bill after raising two kids and having eight grandchildren. Now, I agree with Senator Hansen that what has been done and taking away parents rights has not resulted in anything good. We need more involvement of parents. We do not need less or removing these things.

BEPSY STRASBURG:

Anyone who had the good fortune of raising children knows it is the parents' right to nurture their children per their values and beliefs. This right is paramount and continuous until the child reaches adulthood. Parents are not just birth surrogates. If this is a preventive measure bill, let us educate, involve the minors and their parents. There is an NRS that requires a parent family life committee in schools to teach students about STD prevention. Are we saying that NRS 389.036 from 2017 has not worked? If it does not work, it should be addressed instead of creating another law to take away parental knowledge. We are not talking about reproductive health care of just anybody.

Parents should be involved in all aspects of their child's care, preventive and treatment options until adulthood. If children make a mistake, we should not encourage them to hide it, ignore it or get a fix on their own. Why burden the children with the weight of that decision? Do you think it would be better if and when the parents find out about it after the fact? The Legislature has already voted on the fundamental rights of the parents in 2013. What has changed

since then? There is no rationale for the government to stand between children and their parents.

RICHARD NAGEL:

I oppose S.B. 172 because it takes away parental rights. I think it takes away the child's best advocate, and that is parents. They need to be involved in these aspects of children and protecting them. This is a situation where children have no idea how to deal with pros and cons and what full informed consent is. They need an adult to decipher these systems and help them through the maze of health care. They also are placed at the mercy of other people. This has no provision to keep children from being sex trafficked and having that work in favor for the trafficker.

The person who commented before me said that it is a failure of the education system because Nevada is fiftieth in the Nation in education. We need to address that and work on getting the parents involved. Then children will truly be protected. I would really hate to put them at the mercy of the State.

KAREN STEPHENS:

Like the other speaker, I went to Planned Parenthood at 16 years old without my parents' knowledge and had an IUD inserted. It ended up being a terrible situation for me. I will not go into the horrific effects, but there was no follow-up care. They insert these devices in a young person's body whose brain is not fully developed. It was a horrific experience for me. I was not given any follow-up care or told whom I could contact, resulting with pain for months. I oppose this bill unless it is rearranged somehow to make sure there is follow-up care. I do not know what kind of side effects these drugs or devices are going to have on children and echo the sentiments of everyone prior to me who is against S.B. 172 as it is written.

MELISSA CLEMENT (Nevada Right to Life):

This is an important issue to me. I want to make it clear Nevada Right to Life has absolutely no stance on contraception; that is not the issue. The issue is that this is a medical treatment in which we need to involve parents as much as possible. In the 27 years that I have been a parent, I have seen an incredible erosion in parental rights, and I think we should be doing all we can to reinsert parents into these difficult situations.



We know kids have problems and get into trouble. We need to start looking at ways to reinsert parents into the amendment to this bill and the bill itself. It seems to me we are expanding the number of areas where parental consent is not required. I encourage you all to reinsert parents in these medical and health decisions.

DENISE ASHURST (President, Pride in Purity International Ministries):

I am 67 years old, and I say my age because one of the Senators talked about the 1970s. I was one of those teenagers in 1971. I can remember as a school child, it took an act of God to get an aspirin from a school nurse. I am sitting here today addressing the overreach of S.B. 172 and wondering if the State, the school nurse or Planned Parenthood has the best interest of our children.

I think the worst example is the welfare system where children were divided because mothers were not able to get federal assistance while having a father present in a home. My dad was a working heroin addict, and my mom was a woman with an eighth-grade education. They both overcame their adversities and raised my brother and me to become productive citizens.

How is it that we can condone the action of depriving or expelling parents' authority when it comes to the welfare of students who, in most cases, are not allowed to smoke, drink alcohol, drive on their own and, as of late, access TikTok. How can we so blatantly allow a stranger to come between a relationship and the bond of a parent and a child? But this is not new. When I was in high school, we had what we girls called backdoor conversations with a school nurse and someone from Planned Parenthood about contraceptives. I chose not to because I felt uneasy talking to someone I did not know or trust with such an intimate discussion.

When the State requires that children be educated in a way that parents consider harmful or inadequate, the State is usurping the parents' authority from fulfilling their obligations, maybe even violating parental civil rights. I oppose S.B. 172 in any form and hope that you would as well.

MONICA MARQUEZ:

I am a homeschooling mother of four opposing S.B. 172. As a mother of teens, I do my absolute best to build a safe environment where I support my kids and all they do in their decisions. I understand that this is not the case in everyone's home, but I understand this much, my kids are mine and my husband's to raise.

I do not co-parent with the government. Let us come up with a solution and build a bridge where we mend a child and parent-guardian relationship. These drugs are not safe as much as we would like. This is not about bodily autonomy. This is about our kids having access to harmful drugs with life-threatening consequences, without parent insight. Parents and trusted guardians who have their child's best interests would want to be included in their child's health decisions.

My main concern is informed consent for these life-changing procedures like an abortion or even the HPV vaccine. Birth control holds its own risks, such as neurological conditions like depression leading to suicide and blood clots. Informed consent and safety are not at the forefront. A 9- or 10-year-old child would not be able to comprehend the side effects for contraception and PEP and PrEP, which come with black box warnings. Children should not have access to life-threatening medications with serious or life-threatening effects or risks that parents have no inclusion on. You say prevention is cost-effective, yet the numbers contradict the effectiveness of what you are claiming.

DAPHNE LEE:

I am a lifetime resident of Las Vegas. I oppose S.B. 172 and I am urging you to as well. I know tons of people here but do not know anyone who agrees, and most parents I have talked to are absolutely floored by the idea of this bill. One of my main concerns with the circumvention of parental consent for medications is medical bullying. Children lack the capacity and knowledge to advocate for themselves properly in an intimidating medical setting.

Most people, let alone children, are completely unaware that a lawsuit brought on by one of the largest top law firms in the Country concerning that particular product is currently under massive litigation for fraud, injury and death. It is a ticking time bomb until that gets pulled off the shelf.

When you remove parents from their primary role as the protector and advocate for their children, you are doing a great disservice to those children. I am sorry for the kids who do not have good parents willing to stick up for them; that is sad. Parents intimately know their children's medical history, allergies and family history and must maintain their role as the advocates.

ERIN PHILLIPS (President, Power2Parent):

I represent 15,000 parents across the State, am a mother of 5 children and an adoptive and foster parent. Current law already addresses the concern of minor access to health care, specifically NRS 129.030, which states a minor may give consent for an examination or the services if the minor may demonstrate that he or she is living apart from his parents or her parents or legal guardians. Minors can consent when there are difficult circumstances.

However, these circumstances are the exception and not the rule. Senate Bill 172 is not supportive of parents and legal guardians and the role they play in caring for their children. There are risks associated with contraceptives. Parents must be aware of the child's full medical history in order to best advocate for current and future health outcomes. Parents are ultimately responsible for the risks and side effects that could occur as a result of the treatment provided without their knowledge. A parent will always stand against any legislation that circumvents the express right of parents to be the primary decision-makers for their children. We oppose S.B. 172.

LISA MAYO:

I am the mother of five and grandmother of nine. I would not be here today as opposed to S.B. 172 if it was the only bill that is trying to subvert my parental rights, but it is not the only bill. There are many of these coming down the pipeline in this Session. We as parents have to be here to advocate to make decisions for our children.

I did not quite understand Senator Harris when she said the first paragraph, section 1, needs to be amended because in its original form, the bill did not allow treatment of children or allow minors to give consent. There are other problems with the bill. First, it does not have funding any longer. The bill does not have money from Title X funds and has a fiscal note. I am not sure how all of this would be paid for. Then, there was testimony that under Title X, the U.S. Supreme Court could, and other judges have said, that it is unconstitutional. When you have a bill that in its original form probably was not effective and did not allow for minors to make a decision, we need to amend that.

It seems to me that S.B. 172 needs to be either removed or reworked to include that parents should be able to make the decision for their children at those ages. I cannot imagine listening to this testimony that any of my five children,

whether they be 12-, 15- or 16-year-olds, go into a doctor's office and listen to all this language about drugs and what the effects could be to even comprehend it. A child under 15 years old must take a bus, have a friend drive or figure some way to get to these clinics. The Legal Division should look at the structure of the bill and the key points because there are a lot of problems with it.

CYRUS HOJJATY:

I represent the Persian Iranian American community and ethnic groups that see this kind of behavior as among the least tolerant. The reason I oppose S.B. 172 includes lots of red flags and everybody's comments. I do not believe that this is going to solve systemic racism because the Iranian American community have far lower HIV rates and Iran does better in these demographics. You can see how the rates are significantly higher in Sub-Saharan Africa and Central America. I do not believe this will solve the doctor shortage. The doctor shortages have a lot to do with the jab mandate, and we want to see some proof on that.

CHAIR SCHEIBLE:

Mr. Hojjaty, before you leave us, can you clarify when you said that you are speaking for the Iranian community. Is there a particular organization that you represent?

MR. HOJJATY:

No, I do not; but I see these ethnic groups and there are about 30,000 of us in the Las Vegas Valley. I think there should be representation for us.

ROSETTA SMITTY:

I oppose S.B. 172. From listening to the support given by the people who work in the problematic sector of public health, I think the Legislative Body has been actively chipping away over the years at public morality and encouraged children to go behind the backs of their parents to seek care that should be discussed with their parents.

These complex decisions many of you advocate for kids to make is reckless with the financial burden of medical and medication injury that will ultimately fall on the parents if something goes wrong. This is why we take our children to see the gynecologist for their first visit and have blood tests by professionals before we seek the administration of hormones or any medication. It also creates a level of deceit that will ultimately grow. These children will be

encouraged that it is okay to be promiscuous because now if something goes wrong, they do not have to inform their parents. They have the comfort of having these tools they can use and hide from their mom and dad.

You do not allow children to drink alcohol or smoke cigarettes before the age of 21, but you want to give them full autonomy over their bodies when they do not fully understand the risks involved with some of these decisions, which is why parental guidance is important.

Decade after decade in the United States, we have seen a tremendous shift in morality, and it is getting worse. We have children who have more rights than educators. When kids at school get their phones taken away, it is the teacher who is in trouble and not the children. The Legislative Body is degrading some aspects of society by continuing to chip away at the parents' ability to govern their own children. We worry enough about our children by talking to them about predators and do not let anybody touch you and people who are users in this world who seek to harm them. I feel S.B. 172 is harmful to the nuclear family because this leads to another bill and another that seek to separate the children from parental guidance. This bill needs to be completely scrapped and rewritten where the parent can be involved in these decisions.

JIM DEGRAFFENREID (Nevada Republican Party):

We oppose the attack on Nevada parents and families in S.B. 172. As stated earlier, Nevada law allows minors to receive birth control and treatment without parental consent. However, that is only from a limited number of Title X providers, and this bill greatly expands access by explicitly allowing consent by a minor to treatment or medication by the specified health professionals at any time. If an eight-year-old girl needs birth control, that alone should by default flag mandatory reporter calls for physicians under a clear reading of NRS 200.508, which defines abuse, and NRS 432B.220, which mandates reporting.

Under this bill, a minor is empowered to give consent and creates gray areas in reporting that can enable the abuse to be covered up rather than the victim being helped, and the abuser is protected. If S.B. 172 passes, which law should doctors follow? The current abuse and reporting laws or S.B. 172, which says they should look the other way when a child asks for treatments or birth control?

This bill has no age minimum and is not limited to 17-year-olds on the cusp of adulthood. This allows any minor of any age to seek medication on his or her own. Parents warned their children about stranger danger and yet this bill is written to protect the stranger instead of children. Regardless of socioeconomic status, parents care about their children. They should have the final decision on medical decisions that kids are not yet mature enough to make, not doctors and pharmacists in the pockets of big pharma that exploit vulnerable minors for profit. Government needs to stop trying to harm and replace the family unit. The role is to support parents' rights, not undermine them.

In 2013, the Nevada Legislature adopted NRS 126.036 to protect fundamental parent rights. Section 1 states the liberty interest of a parent in the care, custody and management of the parents' child is a fundamental right. We urge this Committee to follow the guidance of NRS 126.036 and vote no on S.B. 172.

LESLIE QUINN:

I oppose S.B. 172. This has no age limit and removes parental rights further destroying the parent-child relationship. Children need to be 21 years old to drink, 23 to 25 years old to rent a car and 21 years old to gamble. But with S.B. 172, any age can take medication for a disease like HIV. Why create more laws that encourage children to engage in promiscuity? Why are not training and abstinence promoted? I am sure not many here would want a teen with raging hormones to make a life-altering decision.

As a young mom, I was bullied by medical practitioners to give my teen daughter the HPV vaccine to avoid uterine cancer. Sadly, it sterilized my daughter and took away her option to have children. Those children that would take experimental drugs may cause life changes without proper guidance and mentorship of their parents. Senate Bill 172 promotes a heavy mental load on our children and these are our children. Parents need to be more involved in their children's lives and train the children in the way they should go. When they are old, they will not depart.

ADRIENNE O'REILLY:

Having spent over a decade working in drug development, I respectfully oppose S.B. 172 as proposed because it is irresponsible to legally remove guardians from the medical decisions of minors, unless in the case of sexual assault by the guardian. By definition, a minor is deemed not suitably capable enough, whether

intellectually, emotionally or both, to make medical decisions on his or her own behalf. Senate Bill 172 proposes, among other things, that minors should be able to receive contraceptive drugs without parental knowledge nor consent. Minors should not be allowed to receive any prescription drugs from healthcare providers without parental consent.

As Senator Stone, with his experience as a pharmacist, mentioned, prescription medications can often negatively interact with other medications and present medical complications with existing conditions. In general, guardians are better suited than minors to maintain and supply to prescribing providers important medical history. Furthermore, we should revise NRS 129.060 to mandate parental consent is required prior to a healthcare provider treating a minor for known or suspected infection of a sexually transmitted disease unless in the case of sexual assault by the guardian. Legally devaluing the role of a guardian in the medical decisions, especially with prescription drugs, is unnecessarily risky for the health and well-being of the minor.

TOM HENDRIX:

Parental rights have long been established in Nevada law. Those supporting this bill failed to mention all the contraceptive means that this bill speaks to are currently available to minors with parental consent. This bill seeks to remove parents from decisions that involve their children. Parents have the ultimate authority over decisions that involve their children. Please stop S.B. 172 from going any further.

JINDRISKA STEWART:

I oppose S.B. 172. I am concerned about the drugs, devices and interventions that the CDC recommends for the treatment and prevention of STDs and contraception. Our children would have access to all these interventions without parental consent. Initiation of any treatment or therapy can lead to allergic reactions or anaphylaxis which could lead to death. Do our children have capacity to make decisions about their bodies that are not reversible? Not only that, if the parent is not aware their child has undergone such a treatment or started a new medication, how will we know how to care for our child if some of those complications occur?

GINA GIAMBRA:

A few bullet points I wrote down that are important for everyone to hear. First, emancipating yourself from your parents is the first step and it should stay

the first step. Second, children and raging teens should not be able to make decisions that will affect the rest of their lives. These medications have life-altering side effects that are irreversible. All the people, companies and organizations out there speaking up today regarding supporting this bill do not understand what you are stepping into. Lastly, S.B. 172 is unlawful and ethically immoral because parental rights are necessary. Those who are in support of this bill are going to have lawful action taken against them if they go with this.

UNIDENTIFIED SPEAKER NO. 1:

I oppose S.B. 172. A couple things to consider here as a mother, former mental health professional, former educator and former court-appointed advocate for foster care children, I state it does not make sense to create a bill that will further divide the connection, support and trust that children should have in their parents. I understand that not everyone has the capability to have that proper upbringing in that proper environment. But why would you create a bill that will eradicate all parents from being able to be there and be that advocate when you want minors to make their own decisions—something that is just unfathomable to me. I have listened to a lot of testimonies and I just want to echo everyone else that has gone before us.

CELES PARKS:

I oppose S.B. 172. I am a registered nurse in Nevada and am continuing my education to become a nurse practitioner. By stripping the parental rights, safety for both the child and the healthcare provider are at risk. I work directly with pediatric patients in the hospital. We bring the child and the parent or guardian with them to the exam room for safety for both parties. Senate Bill 172 allows invasive exams to be performed not only on teenagers but on 9-, 10-, 11- and 12-year-olds without a parent or guardian by their side whom they trust. Depending upon the STD, the child will also be administered an aggressive and painful intramuscular injection or given oral prescription for an antibiotic. Somehow, children will have to find a way to the pharmacy because parents or guardians will not be there to help them fill their prescriptions in a timely manner. What makes anyone have full trust that 10- or 11-year-old children will take their prescription as directed? As a registered nurse, I am not comfortable with being subjected to this medical practice.



JESSICA ANSEL:

I oppose S.B. 172. As a 41-year-old woman, I can attest that by the time most of us reached our forties, we have matured and have learned more about life in general than when we were minors. I am a sex abuse survivor coming from an abusive upbringing and was a teen mom groomed to abort my baby. I choose life and because of that, I got to empower my multiple daughters through education and mentoring that fueled my work. Something is lacking if S.B. 172 is passed. Additionally, this would make a gateway for predators and sex trafficking, enabling criminals. We have seen how suicidal women and girls who make bad decisions in their lives because of the abuse they have endured, which then leads to other bad choices.

KATIE BANUELOS (Secretary, Libertarian Party of Nevada):

I oppose S.B. 172. As a mother of two, I am concerned about the implications of this bill. Children are simply not capable of informed consent. Children have rights, but they are not developmentally able to execute them. Parents have the absolute right to protect and safeguard their children until they are adults. This bill cannot alter the fundamental nature of what it means to be a child and does not confer the capacity for informed consent. It simply allows other adults to insert their judgment in place of that parent. As many before me have noted, the drugs and treatments implied by S.B. 172 are not without risk of serious side effects or potential harms. The practical effect of this bill will be to dramatically expand the number of adults who are legally able to make complex medical decisions for children who are not theirs without any liability or real stake in the overall well-being of the child and in total secrecy. This bill undermines parental rights and it also undermines the notion of informed consent.

LISA PARTEE:

I oppose S.B. 172. To lower the age of consent for preventative birth control for children usurps parental rights, and this mindset is a dangerous thought process. Birth control can be dangerously risky as we have heard. Minor children are not developed enough to make good judgment calls or decisions. I wish you would not pass bills that cause harm to the children by leaving parents out of the picture.

CHARLOTTE STEWART:

I oppose S.B. 172. Existing Nevada law allows medical examination and treatment by a health officer or a licensed physician of a minor in only

one instance, if the minor is suspected of being infected or is infected with a sexually transmitted disease and he or she does not have to give consent for treatment. This bill drastically increases the scope of the type of medical providers able to treat children without parental consent and specifically allows minors to give express consent to treatment for a wide range of services. If a child were to suffer the negative health effects from these treatments, it would be the parent who is left to care for the child. Therefore, the parents must be the ones giving informed consent for all medical treatment for their minor children. Do not disrupt parental consent for medical care for their minor children.

KASEY ROGERS:

I will start by saying kill this bill. Who here has a child and has raised one to adulthood? Do you really believe your children have the ability to make critical medical decisions for themselves? I would believe the answer should be hard, no. I have raised three children, coached hundreds of children and been around children my whole life. In fact, I was a child once. I can assure you, I know what I could and could not do as a child. One of the most important tasks was trusting my parental guidance and not making decisions beyond my understanding and thorough investigation into such treatment.

This bill is a step to the State saying that it can make medical decisions of my child 0 to 18 years old. I want you to ponder one thought, bodily autonomy is not autonomy if it is owned by your State.

BRITTANY SHEEHAN:

I would like to start by asking why do we have child marriage laws? I think it is because the exact thing that we are speaking of today—we know that children should not be making those types of choices about their partners and their relationships. We already know that it should not be happening. Minors do not have a right to sex. What we are trying to do is create a right, and this bill does not even have an age as it is been pointed out. You need to go back to the drawing board; if this was a bill that said 16 years old and PrEP, I might look at it differently, but that is not what you have here.

TRACEY THOMAS:

Proponents of this bill testified that children are incapable of possessing the discernment to restrain from sexual behavior or simply have no regard to make intelligent decisions regarding sexual activities. Yet they expect us to trust that

the child is going to possess the discernment for what is best for their health. Common sense would lead one to think that perhaps more education on this matter would be a better reaction, not actions that promote more careless behavior. This bill must be amended to require the consent of the parent or guardian.

NORMA VALLEY (Boulder City Republican Women):

I oppose S.B. 172. Parents have a fundamental right to direct the medical treatment of their children, and children cannot consent to healthcare decisions. Many people who are in support of this spoke about children who do not have parents they can go to or who would put them in harm's way, and that truly is tragic. But let us have an amendment that addresses those cases specifically as opposed to a blanket one that not only circumvents parents' rights to oversee their child's health care, but it subverts parents' rights. I pray that we do the right thing to safeguard our children and the rights that parents have to oversee what is in their best interest, not the government.

BECKY WILKEN:

I oppose S.B. 172 because parents do not only have a fundamental right, they have a God-given right to be able to direct the medical treatment of their children and for the State or the Country or the government to try to take that right away from the parents is unlawful, unconstitutional and it should never even have been raised.

SENATOR HARRIS:

I want to give a message to minors, if you are afraid to go to your parents because you want to access contraception or treatment, please do not get emancipated, that is not necessary. We want to make sure that you have access to the services you need and sometimes children are afraid; it is not about good parenting or bad parenting. How many stories have we all heard about people coming out to their parents and they were afraid, but when they came out, their parents were absolutely as loving as we would like each and every one of them to be. The world just sometimes is not that black and white.

I want to address some of the folks who felt that the State was stepping in. We will not be mandating minors to do anything, just giving minors the ability to consent. Of course, in consultation with their doctor, and parents, if you want to be in the room, be in the room, talk to your children, be there for them. I encourage that. The question for us here is when your 14-year-old daughter

comes to you and asks for contraception and you say “No,” she is likely still going to engage in sex—just without contraception. Pregnancy and STIs have lifelong complications, and we need to make sure we are enabling every Nevadan to have access to safe sex as possible.

CHAIR SCHEIBLE:

The Committee has received two documents ([Exhibit M](#)) in support of S.B. 172, and 37 documents ([Exhibit N](#)) in opposition to S.B. 172. I will close the hearing and go to public comment.

UNIDENTIFIED SPEAKER NO. 2:

I would like my public testimony to note that the Senator who just spoke should not be giving legal advice to minors unless she is a legal professional.

CHAIR SCHEIBLE:

She is an attorney and is highly qualified to give advice to anybody in the State of Nevada.

UNIDENTIFIED SPEAKER NO. 2:

It is inappropriate to advise because the truth is about emancipation, if you can prove parents are not making the choices in the interest of their children and putting their children at risk, then emancipation would be an appropriate venue because it has to go through the courts and comes under the Fourteenth Amendment due process to change parental rights. To decide for all minors in Nevada what is right for them does not seem appropriate. I did not appreciate advice from the Legislator what a minor should legally do in a different branch. This is not an appropriate venue to give that type of advice.

MR. HOJJATY:

When it comes to gender issues and voting age limits being lowered, we are raising the age limits on smoking and owning guns and many other issues.

Senate Committee on Judiciary  
March 9, 2023  
Page 53

CHAIR SCHEIBLE:

The Senate Judiciary Committee will adjourn at 4:31 p.m.

RESPECTFULLY SUBMITTED:

---

Blain Jensen,  
Committee Secretary

APPROVED BY:

---

Senator Melanie Scheible, Chair

DATE: \_\_\_\_\_

<b>EXHIBIT SUMMARY</b>				
<b>Bill</b>	<b>Exhibit Letter</b>	<b>Introduced on Minute Report Page No.</b>	<b>Witness / Entity</b>	<b>Description</b>
	A	1		Agenda
	B	1		Attendance Roster
S.B. 172	C	4	Senator Dallas Harris	Proposed Amendment
S.B. 172	D	5	Jennifer Howell / Washoe County Health District	Presentation
S.B. 172	E	8	Cheryl Radeloff / Southern Nevada Health District	Talking Points
S.B. 172	F	22	Elyse Monroy-Marsala / Nevada Primary Care Association	Support Testimony
S.B. 172	G	24	Caroline Mello Roberson / NARAL Pro-Choice Nevada	Support Testimony
S.B. 172	H	28	Lisa Lynn Chapman	Support Testimony
S.B. 172	I	30	Leann McAllister / Nevada Chapter of the American Academy of Pediatrics	Support Testimony
S.B. 172	J	32	Laura Deitsch	Support Testimony
S.B. 172	K	37	Katrin Sienkiewicz / Health Freedom Nevada	Opposition Testimony
S.B. 172	L	38	Janine Hansen / Nevada Families for	Opposition Testimony

			Freedom	
S.B. 172	M	52	Senator Melanie Scheible	Two Support Documents
S.B. 172	N	52	Senator Melanie Scheible	37 Opposition Documents