MINUTES OF THE
SENATE COMMITTEE ON COMMERCE AND LABOR

Eighty-third Session
March 21, 2025

The Senate Committee on Commerce and Labor was called to order by Chair Julie Pazina at 8:00 a.m. on Friday, March 21, 2025, in Room 2134 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 5 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, 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 Julie Pazina, Chair
Senator Skip Daly, Vice Chair
Senator Melanie Scheible
Senator Roberta Lange
Senator Edgar Flores
Senator John Ellison
Senator Lori Rogich
Senator John C. Steinbeck

GUEST LEGISLATORS PRESENT:

Senator Michelee Cruz-Crawford, Senatorial District No. 1
Senator James Ohrenschall, Senatorial District No. 21

STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
Jeff Koelemay, Committee Counsel
Bryan Fernley, Committee Counsel
Madison Zajac, Committee Secretary

OTHERS PRESENT:

Vishisht Mehta, Director of International Pulmonology, Lung Center of Nevada, Comprehensive Cancer Centers of Nevada; Department Chair of Pulmonology, MountainView Hospital

Jacqueline Nguyen, Policy Director, Nevada State Medical Association
Chivonne Harrigal
Cari Herington, Executive Director, Nevada Cancer Coalition
Jennifer Atlas, American Cancer Society Cancer Action Network
Sasha Sutcliffe-Stephenson, Nevada Oncology Society
Michael Ryan
Adam Plain, Insurance Regulation Liaison, Division of Insurance, Nevada Department of Business and Industry
Pamela Zielske, Dialysis Patient Citizens
Ernesto Molmenti
Charles Lizer
Cindy Vallette
Josie Gamez, American Kidney Fund
Diana Arévalo, Managing Director of Advocacy, The ALS Association
Amy Hewitt, Executive Director, National Kidney Foundation
Jessica Ferrato, Fresenius Medical Care North America
Jim DeGraffenreid, National Committeeman, Nevada Republican Party
Elliot Malin, Nevada Osteopathic Medical Association
Tray Abney, America's Health Insurance Plans
Adam Brackemyre, Vice President of Government Affairs, The Surety & Fidelity Association of America
Mark Sektnan, American Property Casualty Insurance Association
Ann Barnett, Chief Executive Officer, Nevada Contractors Association
Susan Broili Kamesch, License Administrator, Nevada State Contractors Board
Lisa Stevens, Secretary, The Surety & Fidelity Association of Nevada Inc.
Lea Cartwright, American Property Casualty Insurance; Nevada Psychiatric Association
André Wade, State Director, Silver State Equality
Lauren Chapple-Love, Owner, Elle Psychological Services LLC
Rob Phoenix
Gabby Doyle, Senior Manager of State Advocacy, The Trevor Project
Brooke Maylath
Kimi Cole
Sarah Lundstrom
Rachel Grimm
Cal Boone
Leann DiDomenico McAllister, Executive Director, Nevada Chapter of the American Academy of Pediatrics
Eida Fujii

David Parks
Mark Hilty
Amber Falgout, Communications Director, Battle Born Progress
Ryley Svendsen, Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence
Bri Schmidt
Lorilei Williams
Jenny Stepp
Jacquelyn Bonde
Pauline Rusert-Schwartz
Regina Marshall, Nevada Psychological Association
Sakuoa Nishikawh
Janine Hansen, State President, Nevada Families for Freedom
Tanya Freeman
Joshua Skaggs, Nevada Republican Party
Cyrus Hojjaty
Katrin Ivanoff
Lynn Chapman, Treasurer, Independent American Party of Nevada
Bob Russo
Lorena Biassotti
Tim Underwood, Moms for Liberty
Cristine Mersch, Moms for Liberty
Michael Ryan
Melissa Washabaugh
Berry Johnston

CHAIR PAZINA:
We are going to get started this morning with our work session. We'll start with Senate Bill (S.B.) 168.

SENATE BILL 168: Revises provisions relating to cannabis. (BDR 56-553)

PATRICK ASHTON (Committee Policy Analyst):
I have the work session document (Exhibit C) laying out the bill and its amendments.

CHAIR PAZINA:
I will entertain a motion on S.B. 168 to amend and do pass.

SENATOR FLORES MOVED TO AMEND AND DO PASS AS AMENDED S.B. 168.

SENATOR DALY SECONDED THE MOTION.

SENATOR ELLISON:
I am still trying to get through this bill. I am going to vote to get this out of committee, but I am going to reserve my right on the floor.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR PAZINA:
Alright, now we're on to S.B. 169.

SENATE BILL 169: Prohibits a third-party restaurant reservation service platform provider from engaging in certain activities. (BDR 52-627)

MR. ASHTON:
I will present the work session document (Exhibit D) for S.B. 169.

CHAIR PAZINA:
I will entertain a motion on S.B. 169 to amend and do pass.

SENATOR SCHEIBLE MOVED TO AMEND AND DO PASS AS AMENDED S.B. 169.

SENATOR DALY SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR PAZINA:
This moves us to the last of our work session bills this morning. I will open the work session on S.B. 251.

SENATE BILL 251: Revises provisions relating to psychological assistants, psychological interns and psychological trainees. (BDR 54-714)

MR. ASHTON:
We are moving on to our last work session document (Exhibit E).

CHAIR PAZINA:
I will entertain a motion on S.B. 251 to amend and do pass.

SENATOR DALY MOVED TO AMEND AND DO PASS AS AMENDED S.B. 251.

SENATOR FLORES SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

* * * * *

CHAIR PAZINA:
Alright, that concludes our work session. We have four bill hearings this morning, so we will get started. I am now going to be opening the hearing on S.B. 387.

SENATE BILL 387: Revises provisions relating to the prevention and early detection of lung cancer. (BDR 57-68)

SENATOR ROBERTA LANGE (Senatorial District No. 7):
Today I am presenting this critical piece of legislation to improve the prevention and early detection of lung cancer. I would like to note that I have a proposed conceptual amendment (Exhibit F), which is available on the Nevada Electronic Legislative Information System (NELIS).

Lung cancer remains a significant health concern in the United States with an estimated 226,650 new cases expected in 2025, according to the American Cancer Society. It is the second most common cancer, both in men and women, and tragically, it is a leading cause of death for cancer patients.

The Centers for Disease Control and Prevention (CDC) reports that early detection of lung cancer is crucial for improving survival rates. When lung

cancer is found at a localized, early stage—before cancer cells spread within and around the lung or other parts of the body—treatment is not only more effective, but there are more treatment options available. Research shows us that patients with early-stage lung cancer have a high five-year survival rate, exceeding 75 percent, while the survival rate for stage-IV lung cancer is less than 10 percent in the same time span.

This brings us to S.B. 387, requiring health insurers to cover lung cancer screening, which improves early detection and treatment similar to prostate or colon cancer. These are screenings we already require in our statutes. Medicare, for instance, already covers annual lung cancer screening for qualifying high-risk individuals.

VISHISHT MEHTA (Director of Interventional Pulmonology, Lung Center of Nevada, Comprehensive Cancer Centers of Nevada; Department Chair of Pulmonology, MountainView Hospital):
I strongly support S.B. 387 as it has the potential to save lives by increasing access to lung cancer screenings. Lung cancer is the leading cause of cancer-related deaths in the United States. If found early, it can be treated and sometimes considered cured. Most cases, unfortunately, are diagnosed too late. And at that point, treatment options are limited.

The best tool to fight this is low-dose computed tomography (CT) screening, which has been proven to reduce lung cancer mortality by up to 20 percent in high-risk populations. For example, the survival rate at two years for Stage IA1 is 97 percent, compared to a 10 percent rate for those with Stage IVB. So lung cancer screening shifts the stage of detection from late-stage to early-stage. The CT scans are painless, quick and involve no needles or contrast dye.

This bill will bring greater awareness to lung cancer, ensuring more patients and providers understand the importance of screening. It will also help improve access to care. As a physician, I have seen firsthand the devastating impact of late-stage lung cancer. I have also seen the benefits and power of early detection. If a patient's cancer is found early, they are effectively treated and their lives are saved. I urge you to support this bill.

SENATOR LANGE:
I will now summarize a conceptual amendment together with sections of the bill, as the amendment makes significant changes in the bill's current provisions.

The amendment removes the new requirements concerning lung cancer screenings in sections 1, 3, 4, 6 through 8 and 11. Instead it requires both commercial health insurers and health plans that provide coverage for lung cancer treatment to also provide lung cancer screening.

This is in accordance with the guidelines published by the American Cancer Society, alongside the prevailing scientific data from other professionally-recognized organizations. This is consistent with existing requirements in Nevada law concerning colorectal and prostate cancer screenings, as seen in *Nevada Revised Statutes* (NRS) chapter 689B, sections 0367 and 0317 respectively.

Section 5 of S.B. 387 refers to section 4, which I propose to amend. Therefore, section 5 will have the same requirements as set as set forth in the conceptual amendment. Sections 2 through 10 authorize the Commissioner of Insurance to: require certain policies issued by a domestic insurer for covered individuals in another state to include the amended coverage requirements, and suspend or revoke the certificate of authority issued to a health maintenance organization or other insurers that fail to comply with these screening requirements.

The amendment deletes sections 9, 12 and 14 through 16, which would have established these requirements for Medicaid, Medicaid-managed care organizations and other public insurers. Further, the amendment also deletes section 13, which would have the required Governor to annually proclaim a lung cancer awareness month and a lung cancer screening day.

Finally, the amendment replaces references to the United States Preventive Services Task Force (USPSTF) in section 17. Instead, it now requires the Nevada Department of Health and Human Services (DHHS) to begin conducting a study to determine if lung cancer screening criteria—adopted by the American Cancer Society—creates inequities in access to screening for lung cancer based on sex or gender identity or expression.

Then DHHS needs to submit a report on its conclusions and any recommendations for expanded criteria to increase access to screening for lung cancer to the Joint Interim Standing Committee on Health and Human Services. Lastly, as of March 2025, no fiscal notes have been published.

SENATOR ELLISON:
I hope this is easy and quick. We tell everybody to quit smoking as soon as they can. But apparently, according to this, it looks like it's still going to stay in your body even if you quit 15 or 20 years ago, is that correct?

MR. MEHTA:
The risk of lung cancer does go up with the amount of time they smoked and the quantity of cigarettes smoked. If somebody quits, the risk of lung cancer is lowered every day as time goes by. But between the risk of someone who has smoked once versus someone who has never smoked, the one-time smoker will still have a higher risk.

SENATOR ROGICH:
I am curious as to why the age range of 50 years old to 80 years old was chosen for eligibility?

MR. MEHTA:
So the first big study was published around 2013 in *The New England Journal of Medicine* on the National Lung Screening Trial, and we mirrored the criteria they had used. It is also known that age is a risk factor for lung cancer.

For patients under the age of 50 years old, we don't know if they will benefit or not from screening. Sometimes patients outside of the age range may have other medical issues that would limit them from getting lung cancer treatment. These are guidelines and just general concepts. Yes, patients younger and older do get lung cancer. But with screening, the goal would be to offer CT scan intervention or testing to those at the highest risk. That is where these numbers come from.

SENATOR DALY:
I just have one quick question on the amendment in section 1, subsection 1, paragraph (a) where it refers to guidelines published by the American Cancer Society. I looked that up and it matches the 50 years old to 80 years old that we just talked about. But when we go to other guidelines or reports concerning lung cancer screening, what are those? How is that going to work?

Is there a timeline for when those come in, so insurance people have time to adjust if they are substantially different from where they are at? I was just curious, as this is a logistic type of situation that insurance companies are going

to have to comply with and amend to. I was wondering if you can just give a little explanation on how and when those regulations are going to be implemented.

MR. MEHTA:
So regarding the age ranges, sometimes there's a few differences—a few years here or there—but they're mostly the same. The other main guideline that is followed is published by the USPSTF, which has the 50 years old to 80 years old range as well.

SENATOR Lange:
The reason we changed the amendment is because the American Cancer Society really has the guidelines that we go off of most often. But I wanted to have the USPSTF in there just so that there would be an opportunity to see the bigger picture.

SENATOR STEINBECK:
So cigarettes are obviously the number one risk factor, but I was wondering why vaping or cigars or other types of nicotine products are absent.

MR. MEHTA:
Yes, I can speak briefly to that. Most of the reason is that the literature focuses on cigarette smoke exposure. Part of that reason also is that it's easier to quantify cigarettes versus cigar exposure. With cigarettes, patients can remember how many, how often or for how many years they've smoked. That is kind of where the studies were formulated. There have not been many studies on the effects of vaping, certainly not when the original study was published in 2013. So that is why it almost always focuses on cigarette use, since they are able to quantifiably measure exposure.

JACQUELINE NGUYEN (Policy Director, Nevada State Medical Association):
Individuals who are 55 years old to 80 years old with a history of smoking or other risk factors are at a higher risk to develop lung cancer. Lung cancer is usually discovered in later stages because symptoms do not present in the earlier stages. Early detection through low-dose CT screening offers more options for medical intervention and significantly increases the chances of successful treatment. Therefore, our physician members are in support of S.B. 387.

CHIVONNE HARRIGAL:
I am a local radiologist who specializes in cancer imaging. I have lived and worked in Nevada for more than ten years. I am here in support of S.B. 387. So why do we care about lung cancer? It is because lung cancer is a big deal. As Dr. Mehta and Senator Lange have said, it is the leading cause of cancer death in men and women in Nevada. Every year, lung cancer kills more people in America than breast cancer, colon cancer and prostate cancer.

So why is lung cancer so deadly? Because it's usually found too late. It's usually found when it's in an advanced stage after it has spread to multiple organs in the body, like the brain, bones or the abdomen. The good news is that we now have a way to catch lung cancer sooner, when it is easier to treat. This screening tool is a low-dose CT scan, and it has been shown to save lives from lung cancer by catching it sooner. Just like how mammograms can catch breast cancer sooner, this low-cost, low-dose CT scan saves lives from lung cancer through earlier detection. It is an easy five-minute test that has been shown to save lives and it is easier than a mammogram.

Lung cancer screening catches cancer sooner when the cancer is smaller and it is easier to treat, giving the patient a better chance to survive. Someone's chance to survive lung cancer is directly related to how soon we can catch it. With screening, we catch more early small Stage I lung cancers. But without screening, we find more advanced, large Stage IV lung cancers after the cancer has already spread throughout the body.

Even though we have this great lifesaving tool, the bad news is that lung cancer screening numbers in Nevada are terrible. Our numbers in Nevada are among the worst in America. We are trying to fix this and one of the …

CHAIR PAZINA:
We're at two minutes, so if you want to wrap it up and make sure that you provide all of your comments to our secretary as well.

MS. HARRIGAL:
We are trying to fix this. One of the barriers our patients face is the cost of getting this test, and S.B. 387 would remove one barrier to people getting it. Please refer to my support letter (Exhibit G) for more information.

CARI HERINGTON (Executive Director, Nevada Cancer Coalition):
I have shared my testimony (Exhibit H) already so I won't read the entire thing. Nevada Cancer Coalition supports S.B. 387 and reducing barriers to lung cancer screening and diagnoses. This is part of an effort to find cancer earlier, when it is easier to treat, and ultimately save lives.

Currently, the NRS provides protection and coverage for our insured patients for evidence-based breast, cervical, colorectal and prostate cancer screenings. So this bill would create parity for lung cancer screening in Nevada statute, and improve access to this potentially lifesaving cancer screening.

I wanted to address the proclamation component because the Nevada Cancer Coalition does work on that every November; we have a proclamation for November to be Lung Cancer Awareness Month. We work very diligently with Dr. Mehta and Dr. Harrigal. Both are state champions in lung cancer screening, raising awareness and getting more people screened.

JENNIFER ATLAS (American Cancer Society Cancer Action Network):
The American Cancer Society Cancer Action Network is the nonpartisan, nonprofit advocacy affiliate of the American Cancer Society. We advocate for evidence-based public policies to reduce the cancer burden for everyone. The Cancer Action Network supports comprehensive insurance coverage and the elimination of cost sharing for recommended lung cancer screening and follow-up testing for asymptomatics and individuals by all payers.

SASHA SUTCLIFFE-STEPHENSON (Nevada Oncology Society):
We want to thank the sponsor for bringing this very important bill and the committee for its consideration, thank you.

MICHAEL RYAN:
I am a longtime resident of Nevada and a Marine Corps veteran. I ditto the comments from the previous testimony and support this bill. Please vote yes on S.B. 387.

ADAM PLAIN (Insurance Regulation Liaison, Division of Insurance, Nevada Department of Business and Industry):
We are neutral on S.B. 387 and have submitted written testimony (Exhibit I). We do not evaluate the bill as triggering federal defrayal. I believe the conceptual amendment doesn't trigger federal defrayal as well. I did have a

chance to communicate electronically with Senator Lange prior to the hearing. I just want to raise that in the individual and small group markets—theoretically—this coverage should be provided at no cost currently, because it is a USPSTF B-rated recommendation.

Also, I need to say that there is some uncertainty around this. The USPSTF's ability to recommend items for preventive services under the Affordable Care Act was adjudicated by Judge Reed O'Connor as being unconstitutional as per *Braidwood Management, Inc. et al. v. Xavier Becerra et al*. It was appealed to the Fifth Circuit. The Fifth Circuit put a stay on that decision, and it has been appealed to the Supreme Court.

If the Supreme Court upholds Judge O'Connor's ruling, then all recommendations from the USPSTF will not be allowed to be incorporated as preventive services under the Affordable Care Act. That could potentially subject the State to defrayal if we now have a state mandate in the individual market for this coverage.

There are some potential workarounds; working with staff, we have some ideas. We would be happy to work with Senator Lange to maybe implement some of those, so as to not subject the State to further liability.

CHAIR PAZINA:
We will officially close the hearing on S.B. 387, and we will open the hearing on S.B. 292 and welcome Senator Lange back to the table.

SENATE BILL 292: Revises provisions relating to Medicare supplemental policies. (BDR 57-1069)

SENATOR LANGE:
I am honored to present this bill. This legislation increases access to Medicare supplemental health insurance policies for Medicare beneficiaries under the age of 65. Most of you know, Medicare is a federal health insurance program for seniors who are 65 years and older. A less well-known fact is that millions of individuals younger than 65 years of age can also enroll in Medicare because they suffer from end-stage renal disease—also called ESRD—or certain qualifying disabilities.

You may also know that seniors enrolled in Medicare can choose to sign up for a Medicare supplemental policy. This is called Medigap insurance, because it covers payments for coinsurance and copays, as well as certain deductibles and adds certain health benefits. However, federal law does not require insurance to offer such Medigap policies to Medicare beneficiaries under the age of 65, leaving a substantial portion of the Medicare population vulnerable to high out-of-pocket costs.

Research has consistently shown that younger Medicare beneficiaries face unique challenges. They are more likely to have low incomes, poor health and severe chronic conditions. They also experience higher rates of access and affordability issues compared to older beneficiaries. A Kaiser Family Foundation study found that beneficiaries under the age of 65 with disabilities reported worse access to care, more cost concerns and lower satisfactions with care than seniors.

Currently, 36 states require Medigap insurers to issue at least one kind of Medigap policy to beneficiaries under the age of 65, typically through an initial open enrollment period. Unfortunately, Nevada is not part of these 36 states. The lack of access to Medigap policies can have severe financial consequences. For instance, this financial burden can potentially jeopardize Medicare beneficiaries' chance to get on a kidney transplant list—which, as you know, is very personal to me.

For these reasons, the American Kidney Fund—an advocacy organization for people suffering from end-stage kidney disease—urges states to pass legislation that would require insurance companies to offer Medigap coverage to Medicare beneficiaries under the age of 65. These companies would also need to offer the same premiums, conditions and services as to those beneficiaries over the age of 65. Senate Bill 292 is aiming to fix this problem.

I will briefly summarize the bill's key provisions. Section 2 establishes the applicability of the definition of a Medicare supplemental policy in section 3. Section 4 is a key section of the bill, so I will go over its subsections. Subsection 1 requires a health insurer offering Medicare supplemental policies to allow eligible individuals under the age of 65, who are enrolled in Medicare due to a disability or end-stage renal disease, to purchase any Medicare supplemental policy that an insurer offers to an insured who is 65 years of age or older.

Just to give you an example of this, I am getting a kidney transplant in the fall and I am over the age of 65. I have my Medicare and a supplemental policy; therefore, I will have no out-of-pocket expenses. What I am trying to achieve is allowing those people under 65 who are eligible for Medicare to be able to get a supplemental policy because the cost of a transplant is very high. This way, we are able to offer people lifesaving treatment without causing patients to fall into debt.

Subsection 2 prohibits such insurers from imposing any limitation, term or condition relating to coverage, benefits, protections, policies or procedures with respect to a Medicare supplemental policy issued to an individual under the age of 65, unless they are also applied to an insured who is 65 years of age or older.

Subsection 3 requires insurers to offer the supplemental policies at the same premium rates to an eligible individual as they would charge individuals who are exactly 65 years of age for such policies. Subsection 4 sets forth the need for insurers to establish an open enrollment period to purchase a Medicare supplemental policy during a six-month period. This is to commence on the first day of the first month during which individuals less than 65 years of age are enrolled in Medicare Part B coverage.

Next, subsection 5 prohibits an insurer from taking certain actions during the open enrollment period set forth in subsection 4. This includes, but is not limited to, imposing an exclusion of benefits during that open enrollment period, based on a preexisting medical condition. Sections 5 and 6 make certain conforming changes. Finally, sections 7 through 9 apply the provisions of section 4 to a hospital or medical services corporation, as well as State and local governments that offer insurance to employees.

Regarding the effective date, section 10 requires insurers to establish an open enrollment period for individuals who become eligible for Medicare supplemental policies if this bill passes. The period commences on October 1, 2025 and remains open through April 1, 2026.

PAMELA ZIELSKE (Dialysis Patient Citizens):
We're the largest nonprofit, patient-led advocacy organization in the country that works on behalf of end-stage renal disease patients. I am here today

testifying in support of S.B. 292. Thank you Senator Lange for introducing such an important bill.

As the Senator mentioned, Medigap plans cover the annual 20 percent of out-of-pocket costs that Medicare does not cover. For dialysis patients, these costs can be as high as $16,000 per year. The 36 states that Senator Lange mentioned require at least one Medigap plan to be available for eligible individuals who are under the age of 65.

Of these states, 17 of them have passed affordable premium provisions like the ones included in S.B. 292. These ensure that plans are affordable to patients. By doing so, these states are leveling the playing field; they are keeping it even and they are ensuring that patients are not penalized for getting sick earlier in life.

Nevada's neighbors, Oregon and Idaho, are among the states that are already making affordable Medigap access a reality to the under-65 patient population. We are also seeing more states passing affordable Medigap laws each and every year. The state of Indiana, for example, passed a bill just last year that grants affordable Medigap to the under-65 population. It passed with almost unanimous support.

The year before, Kentucky and Virginia passed affordable Medigap legislation. This year, a number of states, like California, Texas, Georgia and Ohio have introduced affordable Medigap.

Senate Bill 292 uses the proven age 65 premium-protection formula that has been in place in the state of Kansas since 1999. This is a well-tested model and it works. Right now, a 65-year-old Nevadan has access to all ten lettered Medigap plans—plans A through N. To give you an example, 27 different policies are offered for plan A with a premium between $110 and $259 per month.

But if a person is diagnosed with ESRD when they are younger than 65, they can't purchase a Medigap policy in Nevada because they simply aren’t available. This explains why many dialysis patients spend down their assets into poverty, so they can become eligible for Medicaid.

It is important to point out that the pool of individuals who would be purchasing Medigap plans—as a result of S.B. 292—would be extremely small. There are only about 1,500 ESRD patients in Nevada under the age of 65. Of this group, 991 individuals or 62 percent are considered non-duals. That means they are on Medicare, but they are not eligible for Medicaid. There are roughly 100,000 Nevadans who have Medigap plans. If S.B. 292 passed, absorbing some of these 991 ESRD patients who are not eligible for Medicaid would represent a de minimis amount of the overall pool, less than 1 percent.

The report from Health Management Associates (HMA), which is part of the record (Exhibit J), explores this issue of cost. The HMA group—which is an independent actuarial firm—evaluated Medicare fee-for-service claims data. This was to determine what the out-of-pocket costs would be for individuals under the age of 65 with ESRD if the premiums were set at the same rate as for those 65 years old and up, as required under S.B. 292. This would result in an increase to the overall pool of 0.9 percent or about $2 a month—that's less than a cup of coffee.

The bill can also help prevent cost-shifting to the State's Medicaid program by deterring more patients from spending down their hard-earned assets to qualify for Medicaid, which picks up that 20 percent out-of-pocket cost. The HMA report estimated that as many as one-in-four non-dual Nevadans could annually avoid spending down their assets in order to become eligible for Medicaid. Also, it estimated that this would help Nevada save roughly $900,000 over a five-year period.

The impact of S.B. 292 would be life-changing and lifesaving for Nevadans under the age of 65 with ESRD. It provides them and their families with much needed financial security and it offers a pathway to kidney transplants, as Senator Lange spoke about in her remarks. I urge your support for S.B. 292.

CHAIR PAZINA:
I was curious, how much would you say the cost is of a kidney transplant?

SENATOR LANGE:
I think it is about $400,000, but can I phone a friend?

CHAIR PAZINA:
Absolutely.

ERNESTO MOLMENTI:
I am a transplant surgeon and I am here to advocate on behalf of all those who do not have a voice and are suffering from end-stage kidney disease. Basically, in transplantation …

CHAIR PAZINA:
We are going to give you a chance to present. But, if you could, how much would you say the transplantation costs?

MR. MOLMENTI:
It's similar to what Senator Lange said. I also want to clarify one more thing: on a long-term basis, transplantation is cheaper than dialysis from a public health perspective. Rationally speaking, in addition to providing a better quality of life and a longer survival rate, transplantation is cheaper than dialysis, especially at a yearly rate.

CHAIR PAZINA:
As a follow-up, you mentioned those with disabilities and experiencing ESRD would benefit from this Medigap plan. How many people going through this would you say there are in the State right now?

MS. ZIELSKE:
There are 1,547 patients with ESRD under the age of 65 in Nevada right now. However, some of those patients are eligible for Medicaid. So 991 individuals experiencing this disease are not eligible for Medicaid. And so the folks who are not eligible for Medicaid is 991.

CHAIR PAZINA:
Thank you so much. So not so many people and the benefits obviously far outweigh the costs. That's what I was getting at.

SENATOR ROGICH:
In regard to the $400,000 you spoke of, that is just for the kidney transplant itself? That doesn't include all the other items that a patient may need, such as beds and prescriptions, right?

SENATOR LANGE:
If you are a kidney transplant patient, there are medications that you have to take. Currently, I take a lot of medication leading up to my transplant. After my

transplant, there will be more medications that I will be taking for the rest of my life, as this is frankly a lifetime treatment plan.

MR. MOLMENTI:
First of all, I am delighted to be here with all of you and to share my support for Senator Lange's incredible idea. I would just like to mention that transplantation has two main benefits—it improves survival and the quality of life. From a public health perspective, transplantation—after a few years—is cheaper than dialysis.

I am a strong advocate of transplantation. It's why I came to Nevada; I want us to change and become the number one State for kidney transplants in the United States. We will achieve this with your support.

CHARLES LIZER:
I am from Winnemucca, Nevada, and I am here to testify in support of S.B. 292. I am a 55-year-old dialysis patient and I have been doing dialysis since 2013. Originally, I dialysed at a clinic in Winnemucca until 2022, when the clinic was shut down. Then I switched to home dialysis and have been doing that for the past two years.

I am currently on Medicare for insurance and I also work full-time, so I do not qualify for Medicaid. Nevada does not currently have Medigap for those on Medicare under the age of 65, so I am responsible for 20 percent of my medical bills. I do not have access to private health insurance. Right now, I am on the transplant list but, since I do not have Medigap, I can't even consider this until I have the 20 percent that the transplant center requires up-front for the surgery—which I am currently trying to save up for. I would really appreciate your support of this bill. It would mean a lot to dialysis patients like myself in Nevada.

CHAIR PAZINA:
Mr. Lieser, thank you so much. I have a family member going through dialysis, I understand how challenging that is at home as well. We really appreciate you sharing your story.

CINDY VALLETTE:
I am a lifelong Nevada resident from Henderson, and I am coming before you today as a kidney patient in support of S.B. 292. I am here to tell you my story about kidney disease and what my future looks like. In 2018, I was diagnosed

with high stage 3 kidney disease. With the help of a great nephrologist, support from the people at the American Kidney Fund and a lot of hard work on my part, I have managed to bring my numbers down and I am good at this point in time.

But I have taken this diagnosis—that I did not understand to begin with—and am trying to help teach other people in our community who have this disease. One of the things that quickly became apparent is where Nevada sits compared to other states. Every year, the American Kidney Foundation releases their yearly report card, grading how each state protects kidney patients.

And I just want to thank the doctor for coming here and being a part of the effort to try to raise those numbers—because they are bleak. As you see, we have people in our State who suffer from this and have to worry about spending down their savings in order to qualify or have to spend their time working hard in order to save up on their own for the transplant.

I am at an age where I am looking at Medigap being something in my future. If one of my other diagnoses were to impact my kidney disease, I would need Medigap and it's frustrating and sad knowing it's not available for hardworking people that did not ask to be sick. So I am hoping that everybody here knows how important this is to our community. Kidney disease is one of the fastest growing conditions in our State, with more people getting diagnosed every year, and the significant gap in coverage to pay for these crucial treatments—it's scary.

I am hoping that with the passage of S.B. 292, people will be able to concentrate on getting better. We would not only improve the lives of the patients, but we would send a message to everybody in Nevada that we stand with them and fight for them to live—despite all the odds stacked against them.

We're at a pivotal moment, with the leadership we have and a greater understanding of kidney disease, that with everybody's support, we could really make a difference in fighting kidney disease and helping our fellow neighbors. My hope is that they do not have to choose between their health and financial security.

Lastly, I just would urge everyone to look at the Nevada kidney report that comes out yearly to see where we are with all of those things. We've changed

some for the better, but this could make it even better. So I want to thank everybody for your time and hope that you will look into this further and support S.B. 292.

SENATOR ROGICH:
I just want to clarify further that, if an individual is under 65, the patient has to pay the 20 percent out-of-pocket for a transplant because they don't have the Medigap coverage. With Medigap as a second insurance, they can stay on the list, which is lifesaving.

MS. ZIELSKE:
That's correct.

MR. MOLMENTI:
First of all—for you to be aware—the mortality on dialysis is approximately 10 percent a year. So after about five years, 60 percent of all people on dialysis are dead. I want you to be aware of what we are dealing with and the underlying issues. Also, Senator Pazina, you mentioned you have a relative that needs a transplant; come and see me so we can do a transplant for you.

JOSIE GAMEZ (American Kidney Fund):
I am here today to testify in support of S.B. 292, which seeks to expand access to Medigap insurance for kidney patients, providing them a better opportunity for a healthier and longer life. Medigap coverage is especially critical for kidney patients in Nevada because Medicare only covers 80 percent of their medical expenses, leaving many patients with significant out-of-pocket costs for life-sustaining care.

Additionally, having a secondary insurance coverage such as Medigap is a key requirement in the transplant evaluation process. Due to the scarcity of available organs, transplant centers require patients to demonstrate that they have the adequate insurance to cover the ongoing medical costs necessary to maintain a transplanted organ. Without Medigap, many kidney patients face a major barrier to receiving a lifesaving transplant, simply because they lack sufficient coverage.

By expanding access to Medigap, S.B. 292 would help ensure that kidney patients can afford the care they need, improve their chances of receiving a transplant and ultimately enhance their overall health and quality of life. Thank

you for your time and consideration on this critical issue; I appreciate the committee's commitment to improving healthcare access for kidney patients.

DIANA AREVALO (Managing Director of Advocacy, The ALS Association):
Today I stand before you on behalf of the nearly 300 brave individuals in Nevada who are facing the unimaginable reality of living with ALS. I come to you with a simple urgent request, please support S.B. 292. Amyotrophic lateral sclerosis, or ALS, is a devastating disease. It takes away a person's ability to walk, talk, eat and breathe and yet there is no cure.

For those living with ALS, every single day is a battle, not just against the disease itself but against the overwhelming financial and logistical burdens that come with it. The cost of care can exceed $250,000 per year, forcing families to make heartbreaking decisions, draining retirement savings, taking on debt and worrying about how to protect their children's futures.

One of the most pressing concerns for these families is health insurance. This bill offers a vital solution by ensuring that people under the age of 65, who are living with ALS, can access affordable Medigap coverage. This would help close a dangerous gap in health care, giving patients and their loved ones peace of mind during an unbearable time.

Most people with ALS qualify for Medicare as soon as their Social Security Disability benefits begin. But Medicare alone is not enough. It covers only 80 percent of the medical expenses, with no cap on out-of-pocket costs, prescription expenses and durable medical equipment. For many, this means thousands of dollars is spent just to access essential care. Medigap coverage would be the difference between affording life-sustaining care or going without. Expanding Medigap coverage is more than just a policy change, it’s a lifeline. For those reasons, I urge you to support S.B. 292.

AMY HEWITT (Executive Director, National Kidney Foundation):
I am a living donor and I would like to thank Senator Lange for introducing this bill. The National Kidney Foundation supports Nevada's S.B. 292 because it ensures all patients with ESRD, regardless of age, have access to critical Medigap coverage. Without this supplemental insurance, younger ESRD patients—like the patient I donated on behalf of—face devastating out-of-pocket expenses.

This bill is a vital step towards health equity and financial protection for some of the State's most medically vulnerable residents. Senate Bill 292 represents a commonsense, fiscally-responsible solution that promotes equity, improves treatment adherence and reduces the burden of uncompensated care on Nevada's healthcare system.

CHAIR PAZINA:
Thank you so much for being a living organ donor. One of my proudest moments was when the Legislature passed the Living Organ Donor Protection Act a couple of years ago.

MS. NGUYEN:
We'd like to thank Senator Lange for bringing forth this important bill. This bill is actually very important to me because I have seen firsthand the medical difficulties and financial hardship patients face. I helped my niece Britney, who has a disability, through the long process of receiving her own kidney transplant just two years ago. Britney is now thriving, but the cost of her care was a constant worry for my sister. Medicare supplemental insurance, or Medigap, is sometimes a crucial resource for patients that can provide significant financial protections and access to care. Therefore, all our physician members are in support of S.B. 292.

CHAIR PAZINA:
Thank you, and we hope Britney has a chance to come visit us here in the legislative building.

JESSICA FERRATO (Fresenius Medical Care North America):
I represent a large kidney health organization that provides care across the State, including outpatient dialysis clinics. We're here in support of the bill. We'd like to refer you to our letter of support (Exhibit K) and for the sake of brevity, want to just communicate our support and gratitude for all the patients that are here today. Kidney failure is a very challenging illness and disease and takes a lot out of the patients. So the fact that they were able to commit their time today shows how much support there is for the bill.

JIM DEGRAFFENREID:
I'm testifying on my own behalf today as a licensed health insurance agent in the State of Nevada. This is a very important bill to fill a gap that exists for those under 65 who are forced onto Medicare after 24 months of disability. But

then once they are on Medicare, they're unable to buy the Medigap plan to fill in the cost that Medicare does not cover. At the same time, because they are on Medicare, they are ineligible to go to the health insurance exchange. We have had a number of our clients fall into this gap, and we really appreciate this bill being brought forward to help these patients.

ELLIOT MALIN (Nevada Osteopathic Medical Association):
I just want to say, I'm speaking a bit on my own behalf today. First, I want to thank Senator Lange for bringing this bill. For those of you that I have known for a long time, you know that I am a living organ donor and this kind of legislation would have helped my cousin, had we not rushed into the surgery. I think of so many people—like my cousin and a lot of my new friends—who have become organ donors or are on the transplant list, and how this would help them.

I can't express how grateful I am to see this kind of legislation coming forth to protect Nevadans and to help those on the transplant list. Senator Pazina, I also want to thank you for bringing up the Living Donor Protection Act and all of your hard work to advance organ donation in Nevada. So thank you all, and I urge your support of this bill.

TRAY ABNEY (America's Health Insurance Plans):
We respectfully oppose S.B. 292. As you have heard, Medigap coverage was created specifically to provide seniors over 65 years of age with a bridge to cover costs that aren't covered by traditional Medicare. As such, those rates are based on actuarial models that consider that specific population. This is specifically done to ensure that low- and fixed-income seniors are not subject to rate shock or increased rates due to the pool of recipients expanding.

In fact, Medicare Advantage already exists and those plans are open to seniors under 65 and cover a variety of things. Federal law requires that Medicare Advantage plans cover end-stage renal disease or ESRD. We know that the ESRD population has extremely high healthcare costs. On average, ESRD beneficiaries incur spending that is about six times greater than spending for beneficiaries aged 65 years and older without ESRD.

Requiring carriers to include under-65 patients in the Medigap risk pool and restricting premium rates for these individuals to the lowest possible rate will increase premiums for the seniors for whom these policies were created for in

the first place. Many Medigap enrollees are lower income and live in rural areas. Shifting the expense of the under-65 population onto seniors with Medigap policies would add a significant burden to this vulnerable group.

Medigap insurers do not receive any additional state or federal funds to offset the increased cost of covering an under-65 enrollee. The costs of the risk pool are paid solely by the patients in the form of premiums. If a risk pool's costs increase substantially, premiums for future years will increase to cover the additional spending. So we respectfully oppose, but Senator Lange is always great to work with, and we will continue those conversations.

SENATOR LANGE:
I know our time is short, but I just wanted to really thank you a lot for hearing this, because oftentimes we forget about the people who are affected by these kinds of diseases. For me, I had no kidney disease in my family; I am the only one with it. My disease is very rare; one in a million people get what I have.

Had I been under 65 years old, I would have been in the same situation—and I can hardly imagine what it is like—as the two people who testified. It almost brought me to tears because of what they have to go through. It's a hard enough disease on its own. I encourage you to support S.B. 292 so that we can help people like the two individuals who testified today.

CHAIR PAZINA:
With that, we will close the hearing on S.B. 292, open the hearing on S.B. 327 and welcome Senator Cruz-Crawford.

SENATE BILL 327: Revises provisions relating to contractors. (BDR 54-1025)

SENATOR MICHELEE CRUZ-CRAWFORD (Senatorial District No. 1):
Today I am pleased to present S.B. 327, which revises certain bond requirements for contractors. I will now hand it over to my copresenters.

ADAM BRACKEMYRE (Vice President of Government Affairs, The Surety & Fidelity Association of America):
Why do we have this legislation in front of us? Last year, there were about three dozen contractors that we know of that were going to lose their license in the State. This is because the surety bond company, through which these contractors had their bond, as required by law, was going to be downgraded

from an excellent financial condition to very good. This action would have resulted in the loss of licensure and the stoppage of a number of construction jobs across the State, because Nevada law requires the surety bond company rating to be excellent.

Thankfully, the Nevada State Contractors Board and contractors were able to work together and keep their licenses in good standing and no jobs were stopped. But this is a situation that I think most would look at and say, "We should not be having this potential stoppage happen at all." At The Surety & Fidelity Association, we explored options to change Nevada statutes to prevent these unnecessary stoppages for contractors. We have approached the Contractors Board in the past nine months and have been working with contractor groups on some ideas to change Nevada statutes.

The language we have in the bill is part of law in several states, requiring contractors bonds to be "T-listed" [Treasury Listing] or listed on the Treasury Circular. In layman's terms, this means that the company is eligible to do business with the federal government, which is something that a lot of surety companies do. This T-listing requirement would eliminate the uncertainty and potential disruption that we saw last year. The language in the bill comes from the neighboring state, Utah, and that is the idea behind the bill.

MARK SEKTNAN (American Property Casualty Insurance Association):
We are a national trade association of insurance companies that represents more than 65 percent of the insurance market. Senate Bill 327 changes the standard to determine the financial qualifications of a surety company writing bonds in Nevada. Current Nevada law relies on the rankings of private rating agencies. Instead, S.B. 327 would have the financial qualifications of a surety be based on a more comprehensive tool provided by the U.S. Department of the Treasury. As Adam Brackemyre mentioned, we have been working with the Contractors Board on this issue, and I request your support on S.B. 327.

SENATOR ELLISON:
This is a great bill, and I am glad to see it here. This should have been here a long time ago, thank you.

SENATOR DALY:
The first gentleman who spoke on Zoom talked about how a job was stopped or somebody had lost their surety bond because their surety company went down

in rating. Could you give a little more explanation on that? What exactly happened, and then what prevents the same thing from happening at a different level? Are we just shifting it to a little lower level? I hope the Contractors Board was good with this. I am not an expert on surety bonds so I'm just trying to get the explanation of what the catalyst was. And, are we actually going to solve it? Maybe [we can] make it a little easier so there's less chance of it? That's what I want to find out.

MR. BRACKEMYRE:
There was a ratings downgrade for the parent company of the surety; that was the reason behind it. So what I would like to say is that we are changing the status of surety companies. Instead of grading A, B, C, D, F—we're changing it to pass-fail with the Treasury list. This should promote greater stability for the availability of bonds and lessen the downgrades that I mentioned.

SENATOR DALY:
Yes, I think it does. So there was not any specific project or contractor that you're referencing. I understand the Circular 570 list; I was looking it up and there are several hundred surety companies on there. I get the stabilization part, instead of the A, B and C rating. I was just looking to see if a specific project or something had stopped because of this.

MR. BRACKEMYRE:
In response to your question, there was not a specific project that stopped. There was the potential for that to occur, had not the Contractors Board and contractors found new bonds or reached accommodations to stay properly licensed under Nevada law.

CHAIR PAZINA:
Out of curiosity, with that question moving from grades to a pass-fail, what are the requirements for a pass-fail? Is it what would have been a C-grade is now a pass? I am just curious because I am also not an expert on surety bonds.

MR. BRACKEMYRE:
In response to your question, the U.S. Treasury has a financial rating system and they evaluate the financials of sureties and allow them to write a specific amount of business for the federal government. As you can imagine, the federal government is a very large procurement agency and companies have an incentive to become T-listed and to act in good faith. We feel that T-listing

provides a good character screening because no company wants to lose the ability to do business with the federal government.

SENATOR CRUZ-CRAWFORD:
Right before we started, I did get some information from the Contractors Board. They are going to be in an opposition position today, but I am very hopeful that we'll work out an amendment so that it meets all the needs.

ANN BARNETT (Chief Executive Officer, Nevada Contractors Association):
We support S.B. 327. By revising bond requirements for licensed contractors to align with standards recognized by the U.S. Department of the Treasury, consistency and reliability in bond issuers will be enhanced, without placing an undue burden on contractors. We ask for your support for S.B. 327.

SUSAN BROILI KAMESCH (License Administrator, Nevada State Contractors Board):
Today, we are in opposition of S.B. 327 in its current form. As you know, the Nevada State Contractors Board is tasked with protecting the health, safety and welfare of the public. One way we do that is by requiring licensed contractors to provide either a surety or a cash bond in order to maintain an active license in Nevada.

What caused this kerfuffle last year was when we sent letters to bonding companies who had moved to an A-minus rating. We have since revised our process and we do accept A-minus rating bonds. Anything below an A-minus, we will ask them to get a new bond. So it sounds like no projects were impacted, but we did our job of protecting the public by doing this.

The Nevada State Contractors Board's current mandated requirement of accepting a bond from a bonding company with an A-minus rating or better has been successful in protecting the public. The proposed change to alter the bonding requirements offers no additional protection to the public. As stated previously, we are opposed to S.B. 327 in its current form. However, we are happy to work with the bill sponsor regarding any additional amendments to this bill.

SENATOR ELLISON:
I appreciate you coming forward. However, the problem I've got is that I'm getting a lot of calls in my Elko office, and a lot of these bonding companies that send their information in are outside of Nevada. When contractors send in

their information, the bond companies will say, "We didn't get it." The people will send it to them again, and again the bond producers will say, "We didn't get it." Contractors are having to bring these files of papers in, and in the meantime, they're being contacted that their license could be revoked because of this.

In my office, we're trying to make calls and say, "Hey, wait a minute, these guys are sending this stuff in." So that is my problem with some of these bonding companies, and it's getting worse by the day. Especially because most of these companies—they may have a branch here, but they're coming from outside of Nevada. That's the problem we are running into.

MS. BROILI KAMESCH:
For clarification, we would suspend a license if we don't get a bond or if they do not have a bond in place, and this is for the protection of the public. We don't have jurisdiction over insurance or surety companies, but maybe our friend from the Division of Insurance could answer that.

We do give a contractor 30 days to replace their bond. So even if their bond has canceled, we still provide them 30 days to replace that bond. We're not rushing out and just suspending that license; we do provide them adequate time to replace that bond. Does that answer your question?

SENATOR ELLISON:
Yes, it does. The problem that comes with the fear of them losing their license is the Contractors Board. Thank you guys so much for giving them that extension, but it is a fear that they will lose that licensing. Then by the time they are trying to find another one, that is when the problem starts. But I will get you a list of some of these people that did have that problem; you might be able to talk to them.

SENATOR DALY:
Just following up on that, I hope you can come to some arrangement with the sponsor of the bill. I am all for making sure we have qualified contractors who are going to be able to meet their financial responsibilities in case there's a default. I know in other dealings I have had with contractors, we have gone after their bond over trust fund issues and various things. So we want to make sure we have quality bonds as well.

If we went to this different system and open that up, obviously there's going to be more competition. Do you think it will be easier on contractors? We'll still have quality bonds, maybe at a better premium or it'll remove some of the barriers to smaller companies getting in.

I know that this is the subject of another bill that is coming through this session. Do you think on that side of it—irrespective of the other part—there would be a positive effect of having more opportunities, hopefully better premiums and less restrictions on access?

MS. BROILI KAMESCH:
I have been with the Contractors Board for almost 15 years. During that time, I am unaware of anyone having trouble getting a bond. Bonding companies do look at the financial condition of these licensees. So if—for some reason—they do not have the financial wherewithal to run a contracting company, the bonding company is going to know that and they might not issue them a bond. But like I said, in the 15 years that I have been there, I have not heard of anybody having a problem getting a bond.

LISA STEVENS (Secretary, The Surety & Fidelity Association of Nevada, Inc.):
I am a Nevada licensed surety broker, and I have been licensed since 1996. Today I am testifying because we were not consulted by the national level of The Surety & Fidelity Association. We were unaware of this request to change the regulations to support a Treasury listing in lieu of an AM Best rating.

When we were made aware of that, I did some research and found the letter that was sent to the Contractors Board from The Surety & Fidelity Association. So we reached out to Adam Brackemyre and had a conversation with him on February 13, 2025. The letter sent to the Contractors Board states that because of the A-rating requirements, contractors may not be able to obtain bonds and could lose their licenses or not to be able to obtain licenses. In my personal experience—working as a licensed surety broker since 1996—this has not been the case for my colleagues on The Surety & Fidelity Association of Nevada Board or me.

There are many sureties; I can name 15 that I regularly write and am appointed with. At the same time, there are many more that I may not do business with that are qualified A-rated companies, providing Nevada contractors with license bonds based upon their underwriting criteria for approval.

What I would say is that The Surety & Fidelity Association represents sureties on this issue. In the beginning of the letter, it specifically states that they are representing surety companies like the board members of The Surety & Fidelity Association of Nevada. While we respectfully appreciate what The Surety & Fidelity Association of America does on a national level …

CHAIR PAZINA:
We are at our two minutes limit.

MS. STEVENS:
So we respectfully disagree with the claim that T-listing is a necessity and best ratings are updated regularly. These are real-time updates about financial status whereas Treasury listings are only updated on an annual basis …

CHAIR PAZINA:
Okay, thank you so much. We do need to move on, but we thank you very much.

LEA CARTWRIGHT (American Property Casualty Insurance Association):
I just wanted to clarify that currently under NRS chapter 624, section 270, subsection 4, an A-rating or better is required in order to get a bond. The kerfuffle that happened last year was caused by those bond ratings downgrading from an A-rating to an A-minus-rating. This required the Board of Contractors, the bonding companies and the contractors themselves to work together to come up with this policy to allow A-minus bonds—which may not technically be allowed in statute but are through policy now.

So this T-listing does help clarify what is allowed. It is also consistent across the nation. Nevada is the only state that we have been able to find that has a surety bond rating requirement in statute. This law—as some of the Senators have pointed out—could cause some barriers to entry, especially for those smaller folks trying to get into this line of work.

CHAIR PAZINA:
I will close the hearing on S.B. 327 and open the hearing on S.B. 171.

SENATE BILL 171: Enacts a shield law to protect the transgender community. (BDR 54-12)

SENATOR JAMES OHRENSCHALL (Senatorial District No. 21):
I will provide some brief introductory remarks, and then I would like to turn it over to my copresenters. Some of the committee may remember the policies in S.B. 171 as similar to a different bill from the last session.

Senate Bill 171 is a reintroduction of a similar measure I sponsored last session, S.B. No. 302 of the 82nd Session, which passed both houses of the Nevada Legislature but was vetoed by Governor Joe Lombardo. I have spent countless hours with stakeholders going over the veto message regarding S.B. No. 302 of the 82nd Session. I believe that S.B. 171 addresses the concerns that the Governor expressed in his veto message in June of 2023.

I would like to explain why S.B. 171 is so vital and necessary here in Nevada. Many states have criminalized or otherwise restricted access to gender-affirming care—even when it was medically necessary and provided with the informed consent of patients and their families. Between 2018 and 2022 alone, 48 anti-gender-affirming care laws—which restrict the rights to seek this very care—were passed in 19 different states.

According to CNN, 26 states have passed bans on gender-affirming health care for transgender children and teenagers. These bans have a pervasive effect and have already caused significant harm to the community. For example, a recent study estimated the impact of state-level, anti-transgender laws on suicide risk for young transgender and non-binary people between 13 and 24 years of age.

The study found a statistically significant increase in the rate of suicide attempts for this community in the years immediately following the enactment of state anti-transgender laws, relative to states that did not pass such legislation. The study's authors concluded that these findings highlight the need to consider the mental health impact of recent anti-transgender laws and to advance protective policies.

These states' actions—in my opinion—not only harm transgender individuals, but also create a climate of fear and uncertainty for healthcare providers who offer gender-affirming healthcare services. For example, certain anti-transgender laws impose severe punishments on the healthcare practitioners providing such services. In some states, practitioners could serve up to ten years in prison and pay a fine of up to $15,000. Keep in mind that gender-affirming healthcare

services are medically necessary treatments for individuals who experience gender dysphoria.

According to the most recent diagnostic and statistical manual of the American Psychiatric Association, this condition results from a mismatch between an individual's gender identity and the sex assigned to them at birth. To be diagnosed with gender dysphoria, an individual must meet certain diagnostic criteria that are associated with clinically significant distress or impairment in social, school or other important areas of functioning. Gender-affirming healthcare services may include hormone therapy, surgery or psychotherapy to name a few. I want to note that such services do not include conversion therapy, which is considered unethical and leads to adverse mental health outcomes and is prohibited in Nevada.

Senate Bill 171 addresses this growing concern about the politicization of health care and the potential for discrimination against transgender and gender-nonconforming individuals. The bill's objective is to establish a shield law that protects gender-affirming care and is in response to legislative actions in other states and the current hostility towards gender-affirming care on the federal level.

I will now summarize the sections of the bill. Section 1 prohibits healthcare licensing boards from disqualifying or punishing a licensee, solely because the licensee provided or assisted in medically necessary, gender-affirming healthcare services. Licensing boards are further prohibited from punishing those who were subject to judgment, discipline or other sanctions from another state for providing or assisting in such services. This protection of healthcare providers applies only if the services were provided with parental consent, except if Nevada law would expressly authorize a minor to consent to such services.

Section 1, subsection 2 sets forth detailed definitions for gender-affirming healthcare services, a healthcare licensing board and what is medically necessary. Section 2 prohibits the Governor from surrendering or issuing a warrant for the arrest of an individual who is charged in another state with a crime that involves providing, assisting or receiving medically necessary, gender-affirming healthcare services—unless such acts are also considered criminal under Nevada law. In addition, section 2 excludes from this prohibition circumstances where executive authority of another state demands the

surrender of a person who is physically present in the demanding state at the time of the commission of the alleged offense and then fled from that state.

Section 3 prohibits state agencies in the executive department from providing information or using certain resources to assist in an investigation or proceeding, initiated in another state, related to providing, assisting or receiving such services, except under certain limited circumstances. Finally, section 4 requires healthcare licensing boards to examine the feasibility of providing licensure reciprocity for out-of-state providers of gender-affirming healthcare services, to ensure that people seeking these services have access to quality care.

In the Governor's veto message on S.B. No. 302 of the 82nd Session, the Governor noted that he felt that the bill inhibited the Executive Branch's ability to be certain that all gender-affirming care related to minors comports with state law. Similarly, he believed that it would also decrease the Executive Branch's authority to ensure the highest public health and child safety standards for Nevadans.

In drafting S.B. 171 before you today, I have tried to address the Governor's concerns from his June 2023 veto message. Senate Bill 171 assures that only medically necessary care that comports with state law will be provided to patients across the State, and that state healthcare licensing boards will not be precluded from disciplining healthcare practitioners for any inappropriate care.

ANDRÉ WADE (State Director, Silver State Equality):
I represent a statewide LGBTQ+ civil rights organization in Nevada, and I want to start off by thanking Senator Ohrenschall for sponsoring this bill again. Our goal is to protect healthcare providers of gender-affirming care in Nevada and those seeking care from another state.

A gender-affirming care shield law is needed because it protects individuals and healthcare providers from legal consequences in states where gender-affirming care is legal—like Nevada—from actions taken by states where care is banned. Across the nation, 27 states have banned gender-affirming care, causing individuals and families to seek care in states where it is available.

Senate Bill 171 aims to protect providers and those seeking care—similar to the shield law for reproductive care that was signed into law last session. There are

reports that dozens of parents are calling LGBTQ+ centers in Nevada from neighboring states like Utah and Idaho to find out how they can access care for their child. These are parents who are advocating on behalf of their child. These are parents who want what is best for their child despite the obstacles ahead of them. Regarding providers, we have a documented shortage in Nevada, which also includes mental health providers. We need them to know that they have protections when delivering care legally available to patients.

We need healthcare providers to stay licensed here and not choose to leave because they do not have the necessary legal protections from other states that want to overreach into Nevada and impose their laws. For example, in November 2023, Texas Attorney General Ken Paxton attempted to seize records of transgender patients from a Seattle children's hospital, months after a Texas law banned puberty blockers and hormone therapy for transgender youth. The move was characterized as Texas testing how far it could extend its gender-affirming care restrictions beyond its state lines. Eventually, the case was settled and the hospital in Seattle did not have to provide Texas with any information.

Following this, there was a similar attempt by Texas Attorney General Paxton to access medical records from a clinic in the state of Georgia. Additionally, there is a bill pending in Texas that proposes in-state liability for someone in Texas who refers a child to a healthcare provider in another state. This creates the threat of subpoenas seeking medical information in Nevada with which to prosecute therapists, pediatricians, pediatric endocrinologists and others.

This month, a bill in Arkansas was introduced that would allow lawsuits to be brought against people outside of Arkansas if they are deemed to have helped a transgender child transition. The way the Arkansas bill defines transition not only means medical care, but also social transitioning like clothing, pronouns, hairstyles and names, which is a core function of gender-affirming care. The penalties that the bill proposes is $10,000 per defendant, with punitive damages reaching up to $10 million for those involved in medical care.

These bans on gender-affirming care started off by targeting youth. However, there are some states, like Ohio and Florida, that are attempting to restrict care for adults. This is causing some to seek care in other states. These are some examples of real threats out there to providers and families, who are seeking legally available care in Nevada, covered by insurance companies. We simply do

not want other states imposing their laws on us here in our great state of Nevada.

Senate Bill 171, by no means, would decrease Nevada's ability to oversee medically necessary, gender-affirming care. If anything, it emphasizes that care cannot be provided simply because someone wants it, without any basis of need.

LAUREN CHAPPLE-LOVE (Owner, Elle Psychological Services):
We truly appreciate your time this morning in considering S.B. 171. As has been my habit this legislative session, I plan on keeping it as simple as possible. I am here today in strong support of S.B. 171. It is a bill that, as was aforementioned, is simply going to ensure that healthcare providers at any level can continue to offer essential and evidence-based, gender-affirming care without fear of discrimination or legal retaliation for simply doing our jobs.

As a psychologist, I will speak to my scope of practice. I see firsthand the impact that inclusive affirming care has on mental health. We see research from the American Psychological Association (APA) consistently showing that when individuals have access to gender-affirming healthcare, they experience lower rates of depression, anxiety, suicidal ideation and, in general, tend to have more positive health outcomes. Denying or restricting this care does the exact opposite—it literally will put people's lives at risk.

Gender-affirming care is more than just medical interventions. It includes essential mental health services that people across the State provide to individuals to help them navigate their identity, reduce stress and improve overall well-being. As a psychologist, I provide therapy for people who are attempting to seek support in their gender journey, whether that is managing anxiety, depression, family problems, societal pressures or things of this nature.

This care is not specific—I might add—to individuals who are on a specific type of gender journey. Many cisgender folks—which is a term that means you were born a certain gender, and that gender feels real and true to you—also engage in gender-affirming care. Though it can be for some, this type of care is not generally elective. It is lifesaving; research from the APA talks so much about access to gender-affirming mental health care as being so closely related to health services, significantly reducing suicide risk and improving long-term healthcare outcomes.

Psychologists—of course—are an integral part of gender-affirming care. We conduct assessments, provide therapy, offer support, collaborate, train, teach, research and just in general, collaborate with medical providers to ensure that comprehensive support is being addressed and taking place. Without protections like these, outlined in S.B. 171, mental health professionals could face legal and professional risks, simply for following best practices that are legal in the State, according to patient care.

Senate Bill 171 is not about politics; it's about upholding Nevada's standard of care and protecting providers who follow best practices in medicine and mental health. Similar protections already exist for reproductive healthcare providers in our State. This bill ensures that all providers—whether they offer lifesaving reproductive or gender-affirming care—are treated fairly and can continue to serve patients without undue interference. Furthermore, S.B. 171 aligns with Nevada's commitment to quality health care. Similar protections already exist, but we are just trying to offer equal protection here.

Passing S.B. 171 is hopefully going to send a clear message that Nevada values its healthcare professionals. It respects medical expertise, and it upholds the dignity and the rights of all patients. I urge you to support this bill.

ROB PHOENIX:
I use the pronouns of he/him/his and they/them and I choose to use pronouns in support of my community. Here in Las Vegas, I am a family nurse practitioner, and I have been providing gender-affirming care since 2013. I am certified by the World Professional Association for Transgender Health under the Standards of Care, version 8 in 2023 [*sic*]. I am providing testimony in support of S.B. 171 as a medical expert in gender-affirming medical care. The testimony does not reflect the views of any of my employers; it only reflects my view as a medical expert.

Gender-affirming care is the care that is medically necessary and is defined as referral, counseling, medical and/or surgical services that respect gender identity or expression of the patient and are found by a competent medical professional to be medically necessary. The National Association of Insurance Commissioners defines medically necessary care as "necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease or its symptoms." The website <HealthCare.gov> defines medically necessary as "Health care services or supplies needed to

diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine."

As highlighted in this bill, just the simple act of a healthcare professional prescribing a patient something does not make the care medically necessary. Gender-affirming care is not just for those looking to transition. If I prescribe Spironolactone to a cisgender female with a medical condition called polycystic ovary syndrome, that would be gender-affirming care. Similarly, we use Testosterone for a cisgender male to support his low testosterone levels from a medical condition called Klinefelter syndrome, as well as being used to support my transmasculine patients.

Currently, there are 27 states that have enacted laws that ban Americans from accessing lifesaving, medically necessary, gender-affirming care. Nevada would be one of the 17 states that protects providers, as well as individuals and families that are coming to Nevada to access care out of fear of prosecution from states that ban medically necessary health care. Lauren Mizock and colleagues published their article "LGBTQ Community Needs and Assets Assessment of a Sexual Health Clinic: A Brief Report in the Sexuality & Culture Journal." It explores how internal and external barriers to care have deleterious effects on the health of LGBTQ individuals. There is an abundance of literature that outlines the harm that is caused to the patient and the family when care is denied.

Organizations such as the American Medical Association, the American Academy of Pediatrics and the American Nurses Association have issued statements regarding the harm that exclusive policies towards gender-affirming care will have on our populations, specifically our gender-diverse youth. In addition, the APA has published guidelines in support of psychological care for the transgender and gender-diverse individuals.

For over 20 years, studies have demonstrated the highly marginalized experiences this community experiences and the higher rates of mental health needs and suicide. In 2022, Denise Rivera and colleagues published "Introduction to Rivera's Gender Affirming Nursing Care Model: A Middle-Range Theory." This set an expectation for nursing to support gender-affirming knowledge and care practices in order to improve health based upon the systemic bias and discrimination experienced by transgender individuals within the healthcare system.

What I am educating you about today is the well-documented history of the negative aspects of denying access to medically necessary care, especially within a marginalized community such as the LGBTQ community. I can produce hundreds of pieces of peer-reviewed literature that continue to demonstrate the harm that policies like this have. I can also share with you numerous peer-reviewed articles addressing the educational deficits of healthcare providers and their training programs, regarding the failure to include this relevant training in the programs and how that contributes to the negative experiences marginalized communities experience.

We can also support this medically necessary care with evidence-based guidelines from organizations such as the Endocrine Society and the WPATH. Nevada already sits at the bottom of the long list for shortages of healthcare providers. The protections this bill offers to patients and parents are desperately needed. As healthcare providers, our goal is to provide evidence-based medical care. This bill allows us to do that safer.

Our request is very simple. We are not asking you to step into the exam room with us, to help in guiding decisions between patients, parents and providers. We are asking you to help protect access to care by providing legislative protections for us to do our jobs and that is to provide medically necessary access to gender-affirming health care.

GABBY DOYLE (Senior Manager of State Advocacy, The Trevor Project):
The Trevor Project is the leading suicide prevention and crisis intervention organization for LGBTQ young people. We offer 24/7 crisis services, connecting highly trained counselors with LGBTQ young people whenever they need support. Also, we operate robust research, advocacy, education and peer support programs. I am here today to share our testimony in support (Exhibit L) and ask you to pass S.B. 171 out of committee. This is legislation that will protect providers and the access to legal, best practice healthcare for transgender people in Nevada.

According to The Trevor Project's "2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People," 39 percent of LGBTQ youth seriously considered attempting suicide in the past year alone, including more than half of transgender and non-binary young people. Adolescents who are LGBTQ are not inherently prone to suicide risk because of their sexual orientation or gender identity. Rather they are placed at higher risk by the mistreatment and stigma

they experience in society, including barriers to accessing essential, best-practice medical care.

Fortunately, we know that access to transgender medical care can protect the lives of transgender young people. Transgender medical care for minors is associated with positive mental health outcomes, including showing promise for reducing suicide risk. In February 2022, the American Medical Association published new research that found transgender medical care for transgender teens was associated with 60 percent lower odds of moderate or severe depression and 73 percent lower odds of suicidality over a 12-month follow-up.

For transgender youth, this medically necessary health care is provided after extensive evaluation of a young person's needs and in consultation with their parents on best practice, age-appropriate treatment options. Best practice standards of providing transgender health care are not altered under S.B. 171. Access to this essential care was expanded last year to require insurance coverage and enactment of S.B. 171 will ensure Nevada healthcare providers can continue to care for their patients and families can continue to access this care that Nevada leadership has already ruled to be medically necessary.

Passing S.B. 171 will be particularly impactful for transgender youth and their families who are already crossing state lines to access the care they need. It will protect providers who are currently left vulnerable in providing this care, as aligned with their ethical duties to all patients. It will also have the potential to alleviate significant barriers to care for transgender youth and their families in other states, who otherwise may have to travel hundreds of miles to get similarly protected best practice healthcare.

Many of these youth in outside states are already at an increased risk of adverse mental health outcomes, due to the bans on best practice medical care for transgender young people and additional discriminatory laws targeting LGBTQ adolescents. For these reasons, The Trevor Project supports the passage of S.B. 171 and encourages you to vote yes on the legislation to advance it out of committee.

SENATOR ROGICH:
This is a very complex area, especially when it comes to minors. If you could please explain and walk through, at what age are the puberty blockers for transgender and gender-diverse youth started?

MR. PHOENIX:
Puberty blockers do not necessarily go by age; they're based on a scale called Tanner Staging. So based on an adolescent's puberty advancement, once they hit Tanner Stage 2, we would start having conversations with parents around the decision to include puberty blockers in their child's care. Puberty blockers essentially allow us to pause the natural progression of puberty for an adolescent while we explore the rest of their gender transition and what that might look like for the child.

CHAIR PAZINA:
I just wanted to ask you a question really quickly. My understanding is that this is more of a healthcare workforce bill and less of a bill on whether we agree with transgender services. Am I right or wrong in that assumption?

SENATOR OHRENSCHALL:
Senate Bill 171 does not change any laws on what is legal in Nevada for healthcare providers to provide. It provides protection for healthcare providers from other states that have passed laws that have made it illegal to preform medically necessary care that is legal in Nevada.

CHAIR PAZINA:
Just wanted to make sure I understood moving forward, and I thank you for the clarification.

SENATOR ROGICH:
With regard to out-of-state providers, could you explain further how our state licensing board will ensure that the out-of-state providers are offering gender-affirming care that meets the standards of care and patient safety in Nevada?

SENATOR OHRENSCHALL:
The healthcare licensing boards have a duty to make sure that any of their licensees are abiding by Nevada law and certainly not violating any laws or regulations of the State. The concern here is that there will be a healthcare provider that performs gender-affirming care, who decides to move to Nevada. If the state they were a previous resident of has now declared that type of care illegal, we do not want that to prejudice their ability to be licensed and practice legal medical care here in Nevada.

Very often, if a board hears that a doctor has been sanctioned or lost their license in another state, they review that. But here, what we are asking is if the sole reason the board is investigating this provider was for providing care that is legal in Nevada. Providing medically necessary care should not be the sole basis to restrict practice in this State.

SENATOR FLORES:
I know you have alluded to this before, but I think maybe you can clarify on the record again, does having a shield law in Nevada have a chilling effect for healthcare providers here in the State?

SENATOR OHRENSCHALL:
I have spoken to doctors and residents in training who have told me that if the State does not pass a shield law, they wouldn't feel safe practicing in Nevada and would look to other states. So I feel, personally, that not having a shield law can have a chilling effect on attracting healthcare providers whose practices may be limited to gender-affirming care or that may be only one of the many procedures that they're trained in. That is a cost that I hope the committee will weigh.

There are many excellent healthcare providers out there, many excellent students who want to become healthcare providers. If someone travels from a state that has passed one of the laws banning gender-affirming care to Nevada and that other state tries to criminally prosecute them or go after their Nevada license—to me that creates a chilling effect. That is what was expressed to me by doctors and residents.

MR. PHOENIX:
As a nurse practitioner providing gender-affirming care for over 13 years here in Nevada, and as one of the first individuals to provide this type of care in the State, this is something that concerns me on a daily basis. [It concerns me] when I hear of laws, like in Indiana, where they are going after providers in other states for providing gender-affirming care for adolescents.

To give an example, in Florida as a nurse practitioner, I could not prescribe testosterone therapy to somebody seeking care for gender affirmation. Yet I could write that same dose of prescription testosterone for a cisgender male who wanted to enhance his performance or supplement his low testosterone. This is a very real concern that I experience on a daily basis. An external force

is going to come in and try to destroy my practice, destroy my livelihood and also negatively impact the health and well-being of the community that I love and identify with.

CHAIR PAZINA:
Thank you so much, Mr. Phoenix. I will say—and the committee knows this—I have been so invested in increasing our healthcare workforce in the State. We're working on graduate medical education right now. I think we're all trying to do everything we can to increase the workforce here. So anything that would prohibit that, obviously, is very challenging when we are already ranked near the bottom for healthcare workers per Nevadan.

SENATOR SCHEIBLE:
There's something that I just want to clarify on the record about the origin of the shield law because this is a new practice. Only recently have states started to introduce shield laws for medical providers. The reason that it's even necessary or even contemplated to introduce a bill like this is because we are currently living in a constitutional crisis, where states are attempting to expand their jurisdiction beyond their legal borders in ways that we have not seen in generations before us.

If we were to analogize this to other conduct that is criminalized in different ways in different states, it would sound absolutely absurd—because it is. For example, here in Nevada, we have a certain limit on the amount of marijuana that a person can possess; it is one gram for personal use. In Colorado, it is closer to five grams for personal use, but we would never ever contemplate going to Colorado and arresting somebody there for having three grams of marijuana, because it is illegal here in Nevada. It's ludicrous, but that is exactly what other states are trying to do here in Nevada.

In Texas, officials have banned the prescription of puberty blockers. But they are taking it a step too far, saying they're going to send their law enforcement agencies to Nevada to arrest Nevada doctors for prescribing puberty blockers here in Nevada—even though there is no law prohibiting their prescription here. In an ordinary circumstance, we wouldn't even have to talk about whether or not Nevada would be involved in that person's prosecution. But since other state legislatures have absolutely lost their minds in passing bills like this, we have to respond in order to protect those providers who are practicing legally here in Nevada.

There are people who don't understand how states' rights work or how the United States Constitution is structured, trying to come to Nevada and threatening our providers for following our laws. We need to say to our providers, we are going to protect you. We're not going to participate in this nonsense, and we are not going to allow anybody else to come here and tell us how to practice medicine. If it were not for those other laws being passed in other jurisdictions, we wouldn't even have to have this conversation today and moving into the future. Is that an accurate summary of the state of affairs?

SENATOR OHRENSCHALL:
You said it so well, and I think your analogy is just spot on. I mean, a lot of states prohibit things that are legal in Nevada—gambling for one. If someone were to try to prosecute a Nevadan citizen for doing something that is legal under Nevada law, we would think that it's crazy. But here we have got the same situation regarding providers performing health care that is legal in Nevada, and outside states trying to prosecute these providers.

I hope that this will not be the case in the future. But certainly that is the lay of the land right now with different state laws across the country. I think that really expresses why a shield law like this is important.

SENATOR SCHEIBLE:
Conversely, I want to clarify that section 2, subsection 2 says that if a provider in—let's say Texas—prescribes a puberty blocker against Texas state law and then they come to Nevada—Texas is able to procure a valid warrant for violating the law while they were in Texas. They would still be able to come to Nevada and extradite that healthcare provider back to Texas for violating the laws there, because the crime was committed while they were still in the jurisdiction where the conduct is unlawful.

SENATOR OHRENSCHALL:
That's correct. Certainly, I think that the way it's written, the bill is not meant to interfere in the affairs of that other state, but to not have them interfere with our healthcare providers and practices.

BROOKE MAYLATH:
This bill does not change anything about the delivery of appropriate, medically necessary, evidence-based health care—a standard desirable for everyone.

Arguments against this bill about that kind of care are utterly irrelevant to this bill. The lack of a shield law affects everyone in this room.

In this State, pediatric panels average 1,546 patients and a primary care providers panel averages 2,800 patients. If a provider treats one or two transgender patients, you are jeopardizing their license and taking them away from thousands of other cisgender patients—and those patients could include you. They could include your grandchild, your child, your family or your constituents. This is a threat to all of us in this State.

These extraterritorial jurisdictional threats are very real and need to be stopped. Lastly, do not relinquish the power of the Nevada Legislature or the Executive Branch to the tyrants of Texas, Idaho and other states. This will inhibit our ability to retain and recruit providers that we desperately need in this State. So please stand strong and support this bill.

LEA CARTWRIGHT (Nevada Psychiatric Association):
I do have some prepared remarks (Exhibit M) but I may go off script just a little bit here, given the comments we heard from the committee earlier. I do want to say that today is Match Day for all physicians. This is the day when they get to know where they are going for their residency. However, there are many residencies going unfilled in those states that have been identified as not allowing the full practice of medicine. We've seen that in Idaho; they filled zero percent of their OB-GYN residencies.

The practice of psychiatry, similarly, is likely to see these folks who are coming in requesting gender-affirming care. This is all evidence-based, established medicine and our providers here in Nevada should be able to do this work and provide this care to patients without fear of those external threats.

Additionally, the reciprocal licensing requirement in section 4 really positions Nevada as a supportive and welcoming environment to all types of healthcare practitioners. Further, it encourages a diverse healthcare workforce in our State. With that said, the Nevada Psychiatric Association stands in full support of S.B. 171.

KIMI COLE:
I have been a Nevada resident since 1956 and I transitioned about 15 years ago. It still kind of blows me away that we are still having these conversations

these days, but we have to have them. In those 15 years, I have gone on about life, facing the same challenges many people do. I treat people with respect; I obey the law and I pay my taxes. If that is somehow—in any way—offensive to anybody, well, I am not even going to apologize for it.

I would also like to say, one of the places that I feel really needs to be safe and off-limits from people trying to interfere is my doctor's office. I want conversations with my doctor to be private. They know my medical record; they know my history; they know how all of my body is functioning. They give me the best care for the best quality of life.

Also, I would like to have my privacy in the restroom. I hear arguments about who's doing what. Too many people are making up way too many things because they heard it on the news and real people are getting hurt. We are one-half of 1 percent of the population—if that. I do not particularly like or appreciate being singled out.

All of a sudden, after 15 years and a long time living in Nevada, I have to start putting up with this stuff in my golden age. I hope the golden years stay good. We're here to keep working, and I appreciate all the work that everybody's doing. But, let us go on about life—there are more important things in this world.

SARAH LUNDSTROM:
I support S.B. 171 and ask for your support in it also. Endocrinologists are especially vulnerable to hostile states seeking retribution for doctors who are simply providing their communities the care they require. I currently am seeking an endocrinologist in the Reno area to help me with my thyroid and hormone levels as I go into perimenopause.

I also have a transgender child who is seeking a pediatric endocrinologist in our area. We do not have them. We have so very few for the community that I have had to go to Stanford, California to get the care my child needs. I also am afraid that if we do not protect our doctors here in our State, that I will lose the availability that I need for my care as I move into the later part of my life. I am asking for your support in supporting our doctors for S.B. 171.

RACHEL GRIMM:
I am here in support of S.B. 171. As a parent, it's my job to support my child as they develop and figure out who they are going to be in this world. That takes a lot of empathy—empathy for things that I may not have any personal experience with. When my 10-year-old—who I had only known as a little girl—had the courage to share that he was more comfortable and wanted to live life as a boy, I had no idea what to do.

To be honest, I do not understand gender fluidity or dysphoria because I have never had to think about it. I was born female; I look, sound, act and most importantly, I feel female. I have no personal experience here. But fortunately, empathy does not require personal experience. It only requires us to believe someone else when they share their lived experience. I also don't understand organized religion, but that does not mean I do not believe someone when they share the strength and support that it offers them. I would never want to block access to that, just because I do not understand it.

I would guess that there are parents on this committee who can relate to that moment when life throws you a curveball and your child suddenly needs something that you have never had to think about before. It is in those moments that we need access to care, resources and providers who can help us have open conversations about care for our child. In order to have that access, those providers need the same protection that other doctors are afforded. The last thing I want my doctor thinking about, when we are navigating care for my transgender child, is the fear of prosecution.

Mental illness and suicide are not high among this group because of their gender identity; it's because they do not feel supported or even allowed to be who they are. Plus, knowing that your doctor could go to jail for providing you health care sends a pretty clear message, doesn't it? I am not asking any of you to understand why this matters to my child or to this community. I am only asking you to tap into your empathy and believe our lived experience and please support S.B. 171.

CAL BOONE:
As someone who is Native American from the Walker River Paiute nation and part of the LGBTQ+ community, I am in strong support of S.B. 171. This is a vital step toward protecting the transgender community and the providers who care for them. To better understand why this bill is so important, it's helpful to

recognize the distinctions between key aspects of identity, such as gender identity, expression and sex assigned at birth.

Gender identity refers to a person's internal sense of their gender—whether that is male, female, both, neither or somewhere on the spectrum. Gender expression is how someone outwardly expresses their gender through appearance, like clothing for example. Sex assigned at birth is based on physical characteristics like chromosomes and anatomy. I share that because these are all distinct aspects of a person's identity, and they may or may not align with each other.

I want to close with a quote from the Human Rights Campaign, which I believe says it best. "Gender-affirming care is age-appropriate care that is medically necessary for the well-being of many transgender, non-binary [and gender expansive people] who experience symptoms of gender dysphoria, or distress that results from having one's gender identity not match their sex assigned at birth." Please support S.B. 171.

LEANN DIDOMENICO MCALLISTER (Executive Director, Nevada Chapter of the American Academy of Pediatrics):
My members are dedicated to the health of all children. My members live and work in the state of Nevada and my members vote in the state of Nevada. Senate Bill 171 shields Nevada pediatricians and other licensed healthcare professionals from laws made in states where they do not live, practice or vote.

In my role as the executive director, I am privileged to work with wonderful medical students throughout our State. Medical students, particularly those entering pediatrics, often prioritize factors like access to care for vulnerable populations, namely reproductive rights and LGBTQ+ health care. These issues often drive the best students away from states who do not respect evidence-based medicine.

EIDA FUJII:
I am here today as a mother in support of S.B. 171. I want to speak from a place no parent should have to be in. The truth is simple and painful, I was faced with either burying my son or gaining a daughter. Burying a son was not a choice for me and should never be a choice forced upon any parent or child.

My daughter is alive today because she had access to the gender-affirming care she needed. This care did not harm her, nor confuse her—it saved her life. Without it, I have no doubt I would be mourning my child instead of speaking with you today. It gave her the ability to feel whole and confident, to be who she was meant to be—and most importantly, to want to live.

Denying access to this care is not just a policy disagreement, it is life or death for families like mine. How many more will take their own lives because they are denied the right to exist as themselves? Senate Bill 171 is about protection, protection for the courageous physicians who provide this lifesaving care for those who would not survive without it. I am forever grateful to those doctors and providers; their compassion and expertise saved my child—my daughter. I urge and plead with you to pass S.B. 171 and to protect the providers and stand on the side of life.

DAVID PARKS:
Without being redundant, I would simply like to voice my strong support for passage of S.B. 171. Also, I want to sincerely thank Senator Ohrenschall for introducing this bill, which establishes a law protecting licensed medical providers who provide medically necessary, gender-affirming health care. Thank you for the privilege of your time.

MARK HILTY:
I support S.B. 171 and urge you to support it as well. I am a retired firefighter living in Reno. My wife and I are parents to two transgender young people, ages 15 and 22. For the past nine years, since our eldest came out, Ruth and I have had to educate ourselves on transgender issues and how they affect both the physical and mental health of our children. This personal journey and advocacy took on an even greater importance after our second child came out three years ago.

We found out early on that there are very few licensed medical practitioners in Northern Nevada who are specialized and well versed in providing gender-affirming care to pediatric transgender patients. Demand for these services is high in our area, while the pool of providers is low. This has led to both of our children having spent an inordinate amount of time languishing on waiting lists, hoping for a future opening with a qualified provider. As a result, both of them have received treatment and related medications beyond the optimal timeframe for their bodies to accept them.

During these gaps in physical and mental care, Ruth and I have noticed a decline in the wellness and outlook of both of our children. As a family, we are thankful that Nevada seems to deem that the work of these specialized providers is valuable and has not criminalized them as other states have. Please support S.B. 171 so that these medical professionals can do their jobs without the added pressure and burden of possibly losing their livelihoods and being incarcerated.

AMBER FALGOUT (Communications Director, Battle Born Progress):
I am calling to express our support for S.B. 171. We believe providers should be able to practice without fear of losing their license or facing professional sanctions, merely for providing lifesaving, medically necessary care to transgender patients.

All Nevadans expect confidentiality when discussing their health care with their provider. Transgender individuals deserve the same assurance that their healthcare decisions remain private and protected. By strengthening these protections, S.B. 171 reinforces Nevada's commitment to patient-centered healthcare, just like the protections they have with other health data. We urge the committee to pass this measure.

RYLEY SVENDSEN (Policy Specialist, Nevada Coalition to End Domestic and Sexual Violence):
According to the most recent report on the violence that affects the transgender community from the Human Rights Campaign, one in four transgender victims were killed by an intimate partner and one in ten were killed by a family or friend. A study at UCLA [University of California, Los Angeles] showed that transgender people are over four times more likely than cisgender people to be victims of a violent crime, including rape and sexual assault.

Gender-affirming care is critical in both protecting the transgender community and living a life of dignity. Protecting the providers of gender-affirming care is necessary to ensure that such care is available and accessible to all Nevadans. It has consistently been shown to improve the quality of life, improve health outcomes and reduce the rates of sexual assault. Ensuring transgender people have access to gender-affirming care is a critical step in preventing intimate partner violence and sexual violence towards the transgender community. For this, we urge you to support S.B. 171.

BRI SCHMIDT:
I am a lifelong resident of Reno, Nevada, urging you to support S.B. 171. I am a program associate with Silver State Equality, but today I am speaking in my personal capacity. As a transgender person, finding healthcare providers in Nevada who not only affirm my identity, but are able to provide the care that I need feels impossible at times. I believe the committee would be hard pressed to find a Nevadan who hasn't struggled to find a doctor for necessary medical care here.

Over the past year, I have worked with one of my doctors to pursue gender-affirming care. We took a full year to try non-surgical options, different medications and spend time reading research to find an option that worked for me. Finally, in January, I received a surgical procedure that has been so affirming and vastly improved my day-to-day existence. But with the uncertain times we live in, if my doctor had been any less brave, felt any less supported by Nevada laws or felt under threat from other states, I would not have been able to receive this necessary care.

Senate Bill 171 will increase access to health care for all Nevadans, regardless of their gender identity. Further, it will help healthcare providers in Nevada feel empowered to trust themselves and continue to engage in best practices without fear of punishment from other states.

LORILEI WILLIAMS:
I am a pregnant transgender non-binary person. I work as a human rights attorney, specializing in migration and LGBTQIA2S+ [Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual and Two Spirits] issues. I currently live in Las Vegas after having recently fled Texas as a transgender pregnant person.

I am here to testify in support of S.B. 171 to ensure access to gender-affirming care continues to be protected in Nevada. This will be achieved by shielding licensed providers from prosecution and discipline from states like Texas that ban medically necessary health care for providers and patients. Senate Bill 171 is an important shield law that protects health care for all Nevadans.

Nevada faces an unprecedented healthcare workforce shortage, and S.B. 171 offers a solution to this critical shortage by creating a healthcare environment that protects current providers and attracts new ones. Further, decisions about

health care are deeply personal and should remain between patients and their providers—free from political interference or external threats.

By protecting providers, Nevada ensures that patients—including new expecting parents, like me—have access to the full spectrum of healthcare services we need. Gender-affirming health care is a serious decision that no one takes lightly, especially transgender people seeking the support of medical experts. This has proven time and again to improve health outcomes of transgender people, like me, by ensuring our rights are protected and our identities affirmed during a time of unprecedented attacks on transgender people.

JENNY STEPP:
I am testifying today on my own behalf as a mental health counselor in support of S.B. 171 because I am proud to be part of the Nevada workforce, providing evidence-based, ethical and compassionate mental health care to my community. Simply put, gender-affirming care is suicide prevention. The data and statistics are so clear. Gender-affirming care significantly reduces suicide risk by alleviating the distress caused by gender dysphoria, improving patient mental health and fostering a sense of identity and belonging.

Furthermore, Senator Scheible spoke so eloquently today about a point I want to make. I want to share a concerning trend I am witnessing as a mental health counselor. I am seeing increasing numbers of burned out, exhausted and traumatized healthcare providers in my office, who are fearful and concerned about losing their ability to practice evidence-based medicine and lifesaving medical care.

In a time when we are facing a provider shortage, S.B. 171 would protect, recruit, support and retain a healthier workforce and uphold Nevada's commitment to being a leader in health care. Let's protect our healthcare workers who serve and treat our community.

JACQUELYN BONDE:
This is deeply emotional for me. I am in support of S.B. 171. As Nevada faces an unprecedented healthcare provider shortage, it is imperative that we offer protections to shield physicians providing lifesaving gender-affirming care. This care is legal in Nevada and it’s covered by insurance. As a mother of a transgender child, I hope this bill is passed and we are not forced to pursue gender-affirming care in other states or, on the extreme end of the spectrum,

fleeing the United States. I would love to be talking about other things with my child, besides worrying about their physical and mental health. Thank you for hearing my testimony today.

PAULINE RUSERT-SCHWARTZ:
I am just calling as a citizen in support of S.B. 171. Given our current political environment at the national level, this bill is more important now than ever before—not only for the rights of transgender people, but for the doctors and people who provide their care, for people who protect and stand with the LGBTQ community, as well as for cisgender people who may need gender-affirming care. I really want to make that point, because there are so many people who may not be compassionate to transgender people. So at the very least, think of the rights for your own self. You may not even realize what kinds of care would be covered under this which affect all kinds of people.

REGINA MARSHALL (Nevada Psychological Association):
I am a licensed psychologist providing care in Nevada and I'm speaking on behalf of the Nevada Psychological Association in support of S.B. 171, which provides protection for healthcare workers engaging in gender-affirming care within our State. This bill aligns with the ethics and values of the psychology field by engaging in supportive, affirming care for transgender and gender-diverse folks, without the fear of repercussions for providing safe and evidence-based care.

Discrimination and a lack of access to care for transgender and gender-diverse people results in poor physical and mental health outcomes, suicide, poor academic and workplace engagement and increased healthcare costs. Further, this bill aligns with the value of Nevadans, as outlined in our State constitution; rights should not be curtailed due to gender identity or expression. Similarly, we can look to the legislation that outlined protections for healthcare providers engaging in reproductive health care, which was signed into law in 2023 by our current Governor. We ask for your support on this bill and we have submitted a letter of support, Exhibit M, with additional information.

SAKUOA NISHIKAWH:
I am here to support S.B. 171 and I would like to thank Senator Ohrenschall and Senator Scheible for all the work they have been doing for this bill. I am a transgender woman who has been living in Nevada for over 20 years, and I transitioned at least 2 years ago. The doctor who gave me this treatment and

gave me a new life. I wouldn't be alive today without the medication I'm on, and the youth deserve that same respect and kindness as well.

We also need to protect our doctors because there is fear of prosecution under the Trump administration. What are we doing to fight back against the misinformation and threats? I would like to have our doctors be protected. The World Health Organization and the APA have proven that this is a lifesaving treatment, so please support S.B. 171.

JANINE HANSEN (State President, Nevada Families for Freedom):
I am the grandmother of 18 grandchildren. We continue to have concerns that S.B. 171 violates the U.S. Constitution in the Extradition Clause, Article IV, Section 2. Senator John Calhoun of South Carolina expressed his opposition to tariffs that were passed in 1828, and he declared that the state didn't have to follow federal law because the state had authority to oppose that.

Senator Henry Clay made eloquent opposition to that, saying if this was allowed to happen, it would cause the dissolution of the union. Ultimately, this question went on for years. They did try to ameliorate that problem, but even after the Missouri Compromise, this philosophy of states being able to ignore federal law resulted in the U.S. Civil War.

This does not just violate state law, it also violates the Constitution which we continue to be concerned about. I have shared testimony (Exhibit N) from Jamie Reed who worked at the Pediatric Transgender Center at Washington University School of Medicine, St. Louis Children's Hospital. She was a lesbian. She worked there for four years. She decided to file a complaint with the Missouri Attorney General. Ms. Reed said,

> I have decided to come forward to report serious concerns I have about the medical care being provided by the Center causing harm to patients and their families. This includes the rapid medicalization of children; poor assessments of mental health concerns prior to provision of gender altering treatment; medicalization of children without prior and adequate therapeutic treatment; lack of appropriate, informed written consent of parents and youth; and actual, permanent and irreversible harm and injury caused by the medical treatment provided at the Center.

Senate Bill 171 will make Nevada a magnet for these types of physicians.

TANYA FREEMAN:
I'm a trans woman and I agree with portions of this bill and I disagree with other portions of this bill. Prohibiting the Governor from extraditing an individual who has committed a crime in another state could be misconstrued and misused by others. I can support a good portion of the bill, but I do not support the extradition part of it. There needs to be some modification there.

JOSHUA SKAGGS (Nevada Republican Party):
We are here today in opposition to S.B. 171. Our platform states we oppose medical treatments such as puberty blockers, cross-sex hormones and surgeries that will sterilize or adversely affect the health of minor children. Senate Bill 171 is an attempt to repass S.B. No. 302 of the 82nd Session which was vetoed by the Governor. In his veto statement, the Governor noted the problem with the bill, stating that it:

> Inhibits the Executive Branch's ability to be certain that all gender-affirming care related to minors comports with State law. It also decreases the Executive Branch's authority to ensure the highest public health and child safety standards for Nevadans.

Despite the sentence on parental or minor consent added in section 1, the remaining language in section 1, subsection 2 remains unchanged from the previous bill and makes it clear that the bill continues to be targeted to procedures performed on minors. Section 2 of S.B. 171 continues to inhibit the Executive Branch's ability to protect Nevadans—particularly minors facing permanent, life-changing procedures—from being victimized by bad practitioners.

We believe that S.B. 171 violates commonsense as well as the Extradition Clause, Article IV, Section 2 of the U.S. Constitution, which requires states to deliver up fugitives from justice to the state where the crime was committed. As we did in the last session, we urge a no vote on this dangerous legislation.

CYRUS HOJJATY:
I stand in opposition, and I will ditto the comments.

KATRIN IVANOFF:
In political circles, I am known as Mrs. Fix It and this bill does not fix anything—it only creates problems. When kids are minors, parental consent on things is not enough. There are parents that abuse their kids and then the government steps in, takes the children away from them to protect the children. Just because the parents give permission to the child to do what they want, does not make it a good enough reason. There should be medical reasons to do things, and chopping up your healthy organs to the point that you can no longer have children in the future, it is not the proper way to do things.

If any adult wants to do that, it's their body, their choice; I do not care—but kids? Keep your hands off the kids. Why does the government want to take on a parental role? Why does the government want to tell people what to do all the time? Please use commonsense.

This is ridiculous and you already tried to pass this bill last session. There should be some kind of a rule that you can't be presenting the same bills, session after session after session, until people get tired of it and allow it to get passed. If the bill does not pass, move on and do something else. Don't give it another name and dress it up with a little bow and put it out again. This is not nice what you guys are doing. I hope that you can hear everybody, and I hope that you listen to normal experts. I agree with everything everyone says in opposition, and please vote no on S.B. 171.

LYNN CHAPMAN (Treasurer, Independent American Party of Nevada):
What people do when they are 18 years and older is their business. However, Nevada has a duty to protect its citizens. We do need doctors to come to Nevada and practice medicine, but this State has a duty to protect its citizens. A doctor who performs surgeries in another state and then that state ends up having charges filed against that doctor; that doctor should not be able to come to our State and be protected. What kind of doctors will we end up having in our State?

Very concerning to us is that this bill prohibits the Governor from extraditing a criminal or an alleged criminal. Our Governor was elected to make sure we, as Nevadans, are protected. Section 3 discusses the fact that Nevada will not be permitted to expend any resources in the furtherance of investigations initiated in or by another state. I sure hope we don't need other states to help us when we need it. The people of Nevada elected the Governor and expect him to be

able to do his job; stop trying to tie his hands so he can't do the job he was elected to do. Nevadans don't need this bill; vote no on S.B. 171.

BOB RUSSO:
I oppose S.B. 171 for several reasons. First, this bill will allow incompetent gender-affirming care doctors who have been charged with crimes in other states, to flee to Nevada to avoid prosecution. Do we really want Nevada to be a sanctuary state for incompetent doctors?

Additionally, these same doctors could set up shop in Nevada and go about their business, risking the well-being of our children and youth, who have been misled to believe that gender-affirming care will somehow magically improve their lives. Sadly, many have found out the hard way, after their bodies have been mutilated and rendered infertile. It's a very sad situation in my opinion.

This bill also ties the Governor's hands in extraditing those doctors who have fled to our State to avoid prosecution. This violates Article IV, Section 2 of the U.S. Constitution that demands the extradition of fugitives who have committed crimes in other states. In the original language of the Constitution, "shall on Demand" makes it noticeably clear that the Governor is responsible for extraditing individuals who are wanted for crimes in other states. This bill attempts to prevent the Governor from taking such action. Lastly, it would also prevent agencies within Nevada from assisting in another state's investigation of individuals charged with a crime associated with gender-affirming care. It is for these reasons that I oppose this bill and ask you to please do the same.

LORENA BIASSOTTI:
I agree that transgender people need doctors, but not gender-affirming doctors. They are in dire need of mental help, and as kind as you believe you are being, you are aiding in the destruction of transgender people. I would like to read an excerpt from a report from the National Institute of Health concluded in 2023 entitled "Risk of Suicide and Self-Harm Following Gender-Affirmation Surgery." The abstract introduction reads:

> With the growing acceptance of transgender individuals, the number of gender affirmation surgeries has increased. Transgender individuals face elevated depression rates, leading to an increase in suicide ideation and attempts. This study evaluates the risk of suicide or self-harm associated with gender affirmation procedures.

It goes on to explain the methods used, and the database is sourced from 56 United States healthcare organizations and over 90 million patients. The study involved four cohorts from ages 18 to 60. The results noted that, "Individuals who underwent gender-affirming surgery had a 12.12-fold higher suicide attempt risk than those who did not. ... Compared to the tubal ligation/vasectomy controls, the risk was 5.03-fold higher before propensity matching ... "

The conclusion states, "Patients who have undergone gender-affirming surgery are associated with a significantly elevated risk of suicide, highlighting the necessity for comprehensive post-procedure psychiatric support." As you can see through testimony, people are suffering emotionally and psychologically; they need help. We have doctors to help them; we do not need doctors who are willing to betray their oath and damage them even further. Legislators, this report will be sent to you. It is factual. Vote your conscience.

TIM UNDERWOOD (Moms for Liberty):
I am a grandfather of five that are in Southern Nevada and go to school in the Clark County School District, which currently gender grooms school children. They also keep sexual secrets from school parents and have over 300 students being supported through the schools' intervention to castrate themselves, currently on formal gender plans.

I am also the father of a son who took his life after following WPATH standards of health care for transgenderism. Transgenderism for children and vulnerable adults as prescribed by modern standards—such as those of the WPATH—is the biggest medical scandal in history, and the Nevada State Legislature fell for it, hook, line and sinker.

By enacting several laws over the past several years, this legislative body has participated in this scandal that essentially coerces children and vulnerable adults to castrate themselves. Senate Bill 171 only deepens the medical scandal by attempting to erect a two-tier justice system for child and adult castrators. This is something deeply repugnant to commonsense medical science and the working class family—who make up 80 percent of your constituents.

The WPATH files—a set of leaked documents and videos from a WPATH whistleblower—exposes the organization for not relying on any scientific experiments or medical studies. I have submitted the documents and videos to

this body for your review (Exhibit O contains copyrighted material. Original is available upon request from the Research Library.).

In the United Kingdom, they have essentially forbidden gender-affirming care for minor children. This is largely because of what is known as the Cass [Review] on transgender healthcare; *Independent review of gender services for children and young people*, commissioned by the National Health Service in England in 2020 to examine gender identity …

CHAIR PAZINA:
Thank you so much, that's two minutes. As a reminder for all future callers, you are more than welcome to say ditto. Also, pursuant to NRS chapter 218E, section 85, it is unlawful for a person to knowingly misrepresent facts when testifying in a hearing before a committee and a person who knowingly misrepresents facts before a committee is guilty of a misdemeanor. With that said, we welcome the next testifiers and remember we do have a two minute limit.

MR. DEGRAFFENREID (National Committeeman, Nevada Republican Party):
I'm here in opposition today to S.B. 171. At its core, S.B. 171 is an unneeded political statement. No other state is prosecuting doctors for performing legal procedures in Nevada that might be illegal in that state. That would be the equivalent of a state, where gambling is illegal, attempting to prosecute a resident of that state for gambling while on vacation in Las Vegas, or to prosecute a casino for allowing an out-of-state resident to gamble here.

Examples were given today of inappropriate attempts by Texas and other states to prosecute actions taken elsewhere. But, as was mentioned, these efforts have been correctly shut down due to states recognized rights to control the actions within their borders. On the flipside though—especially since our permissive laws are in a minority among the states—Nevada should not attempt to extend our authority beyond the Nevada state line either—which is exactly what this bill attempts to do.

At best, S.B. 171 is an unnecessary statement, but at worst, it enables bad doctors—who cannot be licensed in their home states—to practice medicine in Nevada. We oppose it either way. We opposed S.B. No. 302 of the 82nd Session in 2023 and S.B. 171 does not address our objections or the objections

raised by the Governor in his veto. Accordingly, we urge the committee to not support this unconstitutional and dangerous bill.

CRISTIANE MERSCH (Moms for Liberty):
We represent thousands of families across the State, and we are here in extreme opposition of this bill. It's sad that we have to oppose this again because S.B. No. 302 of the 82nd Session was vetoed last legislative session by your Governor. This is a waste of time. Nevada needs so much work done on education and our economy and we're wasting our time on this bill—again.

In brief, last session Governor Lombardo wrote he could not support this bill because it:

> Inhibits the Executive Branch's ability to be certain that all gender-affirming care related to minors comports with State law. It also decreases the Executive Branch's authority to ensure the highest public health and child safety standards for Nevadans.

Also, President Trump signed an Executive Order entitled *Protecting Children from Chemical and Surgical Mutilation*, because this is not gender-affirming care—this is child mutilation. Let's put it into clear words here—there is no such thing as gender-affirming care for kids. This is child mutilation and sterilization, and they will regret it.

You heard the word "suicide" a lot; well, the suicide rates go up after they go through this treatment because kids do not know what is best for them. Kids cannot vote; kids cannot have weapons; so why are they going to be trusted with this decision? We need to protect our children. We cannot be a sanctuary State for these kind of procedures here. Nevada deserves better and our families deserve better.

Also, I want to highlight the testimony from Tim Underwood. He lost his son because his son did the transgender surgery and he died by suicide because he was not happy with that. There are so many cases of this. So we are here in strict opposition, please vote no. Follow your conscience, follow what the people of Nevada want.

MICHAEL RYAN:
I am a longtime resident of Nevada and a Marine Corps veteran. Please vote no on S.B. 171. I am in total disagreement with this horrible bill. Do not make Nevada a sanctuary state for gender-affirming care from doctors who have violated the laws of other states. These doctors are criminals. This is insanity. I also oppose this bill because it restricts the Governor's constitutional authority to extradite criminals who have fled to our State. Please vote no on S.B. 171.

CHAIR PAZINA:
Since testimony was so popular and more people joined throughout, we will give an opportunity for two more to testify in support and two more to testify in opposition.

MELISSA WASHABAUGH:
I would like to testify in support of S.B. 171. I have a prepared statement but first there's something I wanted to mention. After listening to the testimony in opposition that the bill very clearly states in section 2, subsection 2 that this does not apply to any laws that were broken in another state. It only applies to things that doctors are doing within this State. So the extradition arguments that we have heard I believe are misinformed or do not apply to this specific bill.

But I would like to read some prepared testimony as a psychiatric nurse practitioner who's working in rural areas. I support this bill because it would ensure freedom of medical practice without the threat of prosecution under the laws of other states. This bill is specifically worded to protect transgender care provided within the State and allowed under the laws of this State.

The bill should not be necessary, as matters of medical licensing and malpractice are typically handled within the state that the service is provided. However, with the recent political extremism within the country, there have been pushes to extend the jurisdiction of one state's enforcement into another state's practice autonomy.

Although I am sure that you have heard many arguments about protecting the transgender community; I would also like to argue from another important angle of the proposal. If we were to allow prosecution of our medical professionals for providing care to patients—located within the State that is legally allowed in this State—the consequences and difficulties of this precedent would be severe. For example, I am a nurse practitioner licensed to practice without physician

authority, per Nevada law. If the precedent were set that I need to abide by the laws of the patient's home address, I could easily be in violation just by seeing a patient, as many states still require a collaborative agreement with a physician for my job.

Should I be subject to discipline for practicing within my own State's licensing laws because the patient I treated is in my community for a temporary job but they have a home in another state? Consider the out-of-state travelers visiting emergency rooms or urgent care centers. Or those who live here part of the year, those fleeing natural disasters, families with split custody agreements, active military members. There may be many reasons you seek health care outside of your home state. It is not every healthcare professional's responsibility to treat patients differently depending on …

CHAIR PAZINA:
We thank you so much; it has been two minutes.

BERRY JOHNSTON:
Nevada keeps rewriting its laws in ways that make health care less safe, more politicized and more dangerous for both patients and providers. This is the latest example of that trend. This bill protects out-of-state doctors who are under investigation or even facing discipline elsewhere, just because their actions align with a political narrative. Instead of raising standards for care, we are lowering the bar, saying "Come to Nevada, we'll cover for you." Why are we importing doctors who are failing in other states? Shouldn't Nevada aim for excellence and not become a dumping ground for rejected providers and student doctors who kill people like my mom?

Also there's no mention in this bill of the financial impact of the malpractice insurance. Let's be honest, if we are granting illegal immunity to high-risk providers—especially when it involves minors—malpractice premiums will skyrocket for everyone else. That cost does not get absorbed quietly; it gets passed down to good doctors and everyday patients who will move—just like when you lower the rate of pay for all the doctors and half of my doctors left. And they specifically said it's your fault.

This is not about health; it is about politics. We are turning our health care into a refuge for controversial, experimental treatments while real Nevadans struggle to access basic care. In my opinion, the Chair constantly misrepresents facts

and silences public opposition, not just on this bill but across the board. If the coercive speech and shielding of bad actors is not political, then what is? If others are expected to face consequences for what the State considers wrongdoing, is the Chair going to turn herself in? Because you do it too.

CHAIR PAZINA:
Well, Mr. Johnston, we're all kind of touched that you like to come and join us in Commerce and Labor and join the other committees throughout the building everyday.

SENATOR OHRENSCHALL:
Thank you for hearing S.B. 171. This bill—just to reaffirm—does not change what is legal medical care in Nevada. It does not change that one bit. What it does do—and what it will do if it's passed—is protecting healthcare providers, as well as patients and their families for seeking legal medical care in Nevada.

Unfortunately, I believe much of the opposition testimony was misinformed. We did not hear from any healthcare provider opposing this bill. Certainly the language in section 2 regarding extradition, mirrors language already in the NRS regarding reproductive care that was passed by this body and signed into law by the Governor two years ago. So I certainly stand by its constitutionality.

MR. WADE:
In short, just want to ditto Senator Ohrenschall, but I want to thank you all for hearing us today. I want to thank everyone who called in to testify in support and I thank the folks who called in with concerns. To the Senator's point, a lot of the calls were just misinformed and had a misunderstanding about the law. But we are happy to have conversations with folks to clarify things.

This bill doesn't have anything to do with federal law; it is very similar to what was passed and signed into law around reproductive care and providing protections for those providers. There have not been any issues regarding that law. Again, we are just here to provide protections for providers and those seeking care. This has nothing to do with lowering standards for the providers here in Nevada.

CHAIR PAZINA:
With that, we will close the hearing on S.B. 171 and that will bring us to our final item on the agenda. I know some of you at 8 a.m. never thought this moment would come, but we will now start with public comment.

MR. RYAN:
I had the pleasure of attending the rally on protecting women's sports on Friday, March 14th, 2025. I am very proud of Lieutenant Governor Stavros Anthony's strong leadership and support in protecting women's sports in Nevada. Now it is your turn to do the same.

Protecting women's sports is a no-brainer. You are born a biological male or a biological female. If you are blessed with the God-given ability to compete in sports at a high level, then you compete against biological males or biological females based on your God-given gender. Enough of this pathetic nonsense of granting a biological male permission to compete against biological females. This is wrong.

It is disgusting that Democrat congressional representatives all voted against the Protection of Women and Girls in Sports Act of 2025. I can only guess that they just voted along Democrat party lines, trying not to upset their congressional leadership. This is insane. Our elected Nevada Democrat congressional representatives in Washington are on the wrong side of history. They very well may not be reelected in 2026 as a result.

Do not make the same mistake. Stop allowing biological males in biological females' locker rooms. This is so disrespectful to biological females and places them in a very hostile environment. You have the power to stop it—do so. Stand up to protect women's sports in Nevada by bringing S.B. 112 and Assembly Bill (A.B.) 240 to the floor or a hearing. This is what your constituents in Nevada want. This is what America wants.

SENATE BILL 112: Revises provisions relating to athletics. (BDR 34-36)

ASSEMBLY BILL 240: Revises provisions relating to athletics. (BDR 34-179)

MS. BIASSOTTI:
I am calling to state that the person monitoring the calls should never be allowed to taint testimony by adding a disclaimer, warning of misinformation in

between calls of opposition. This is a way of undermining and discrediting testimony you personally do not agree with. This conduct is shameful. I urge you to stay unbiased and treat all callers with the same respect.

CHAIR PAZINA:
Thank you so much for your comment. I would add that I did let calls go on when there were misstatements and I am certainly not planning to call them on a civil action—although they would be guilty of a misdemeanor. It is important that we do understand the rules and can be respectful and civil as we debate each other.

MS. IVANOFF:
I wanted to say that I have been listening to the sessions since 2023 as much as I could—given that I have a job and teenagers. I have been listening now and what really struck me is that, I was under the impression that you were supposed to make bills that would make Nevadans' lives better.

However, more and more I hear views that have nothing to do with Nevada. You're trying to protect people from other states and what they did there. This should not be even qualified as a bill and be heard on the floor.

I am not talking about a specific bill today, I am talking about bills from the 82nd Session and this current session. Because I have listened to other sessions too and they have similar bills. It just makes no sense to me that the Nevada Legislature cares more to protect people that live in other states. I do not know if other state legislatures do that, but if they do, they also should be abolished for that. I do not know the exact word, but they should not be doing that.

The State Legislature should take care of State residents. They should not care about other states' residents more than Nevadans. So I hope you think of that in the future, I do not know if you will. Hopefully you guys are taking notes of what we are saying—it doesn't feel like you do. Also, I wanted to acknowledge that I am very happy that President Trump dismantled the Department of Education, and I hope you are happy because now it comes to the State and we can have more control over those things.

MR. UNDERWOOD:
I have no fear of perjury or any misdemeanor. I have freedom of speech and the right to [address] my government any way I want to. Back to *The Cass*

[*Review*], they found very little evidence that puberty blockers and hormone therapies for young people actually helped them. Also, there's a lack of long-term data on such therapies' effects on mental health, cognitive development and overall well-being.

Many young people seeking these services have comorbidities like mental health challenges, autism, same-sex attraction or psychological issues that go untreated. Senate Bill 171 perpetuates physical and psychological harm on minor children and vulnerable adults. It also prevents people identifying as transgender from seeking justice in the future from malpractice by physicians or surgeons. Then there's the federal government backlash to consider. Nevada stands to lose …

CHAIR PAZINA:
Sir, thank you so much. We did just have testimony on S.B. 171, but we'd love to hear for the remainder of your two minutes any other comments you would like to make on other legislation or in public comment in general.

MR. UNDERWOOD:
I can talk about anything I want. We risk federal funding if we continue to enact laws that defy executive orders, federal laws and guidelines. For the sake of the children, vulnerable adults, Nevada's budget and considering that only 20 percent of the voting population approves of such radical and controversial child castrations, I ask that you strike down this bill and do not let it leave this committee.

CHAIR PAZINA:
Again, a reminder, we really enjoy hearing your public comment. We really enjoy hearing your testimony. We just ask that you actually raise your hand and speak in testimony when it is pertaining to a specific bill that we have discussed in committee. Then after that bill hearing is closed, we move to public comment, where we look forward to hearing your general comment.

MR. JOHNSTON:
Madam Chair, thank you for your constant sarcastic remarks about my presence every day. I love it. Let me remind you, I do not work for you—you work for me. We, the people, have a duty, not a choice, to keep the public servants in check. Based on what I have witnessed here, you need the constant supervision.

I do not have the time to be here every day. I run a business, I have a family, but I show up because this body is out of control. Last session, you destroyed Nevada. We are less safe, more divided and Nevada is now living under fear of authoritarian enforcement from unelected bureaucrats and trend-chasing lawmakers. Our economy is struggling. Energy costs are up and crime is rising. Meanwhile, this Legislature is wasting precious time following social media trends—pushing out bills that serve political narratives, not the people who live here.

You're not solving real problems, you're virtue signaling while families are being crushed by inflation, bad schools and shrinking fees. I have to ask, where are the state attorneys? Why aren't they holding this Legislature accountable? Who is keeping you in line? Because from where I'm standing, it looks like this body has abandoned its oath, ignored its constitutional limits and has turned into a political circus. I did not come here for your approval. I came here because liberty requires vigilance and, based on what I have seen, you have earned none of my trust.

Remainder of page intentionally left blank; signature page to follow.

CHAIR PAZINA:
We appreciate all of our callers and public comment as well throughout the entirety of this. Again, this is the people's house, so we appreciate all comments. I certainly hope no one takes that as sarcastic because we genuinely appreciate everyone's comments. As some of our speakers have shared, we absolutely work for the people of Nevada. This is the people's house, and we look forward to serving you.

We are adjourned at 11:43 am.

RESPECTFULLY SUBMITTED:

_____
Madison Zajac,
Committee Secretary

APPROVED BY:

_____
Senator Julie Pazina, Chair

DATE:_____

EXHIBIT SUMMARY				
Bill	**Exhibit Letter**	**Introduced on Minute Report Page No.**	**Witness / Entity**	**Description**
	A	1		Agenda
	B	1		Attendance Roster
S.B. 168	C	3	Patrick Ashton	Work Session Document
S.B. 169	D	4	Patrick Ashton	Work Session Document
S.B. 251	E	5	Patrick Ashton	Work Session Document
S.B. 387	F	5	Senator Roberta Lange	Proposed Conceptual Amendment
S.B. 387	G	10	Chivonne Harrigal	Support Letter
S.B. 387	H	11	Cari Herington / Nevada Cancer Coalition	Support Letter
S.B. 387	I	11	Adam Plain / Division of Insurance	Neutral Testimony
S.B. 292	J	16	Pamela Zielske / Dialysis Patient Citizens	Support Letter
S.B. 292	K	22	Jessica Ferrato / Fresenius Medical Care	Support Letter
S.B. 171	L	38	Gabby Doyle / The Trevor Project	Support Letter
S.B. 171	M	44	Lea Cartwright / Nevada Psychological Association	Support Letter
S.B. 171	N	53	Janine Hansen	Opposition Testimony: Jamie Reed
S.B. 171	O	58	Tim Underwood / Moms for Liberty	Opposition Testimony