

March 27, 2025

Senate Committee on Health and Human Services

Via email: SenHHS@sen.state.nv.us

RE: National Nurses Organizing Committee/National Nurses United Testimony on SB 192 and Recommended amendments to Sections 29, 32, and 35

Dear Chair Doñate and Members of the Senate Committee on Health and Human Service,

The National Nurses Organizing Committee/National Nurses United (NNOC/NNU), representing 3,000+ Nevada registered nurses, **supports sections 29, 32, and 35 of SB 192 if amended as discussed below. We strongly support the goal of eliminating the use of race-based health formulas and care standards.** Requiring that race-based health formulas and care standards be listed publicly and limited to those that are on the list is an excellent first step. Without this type of regulation, the use of race-based formulas and care standards is likely to continue undetected and unabated.

Many commonly used health formulas and care standards adjust their recommendations based on the patient's race or ethnicity,¹ though some have recently been reissued to be more accurate without using race.² Race is not a reliable predictor of genetic or social factors, though it may have been correlated closely with these factors in particular times and places. Many developers of health formulas and care standards either offer no explanation for inclusion of race or offer explanations that can be tracked back to "outdated, suspect racial science or to biased data."³

We urge you to amend the bill to require that any race-based formula or care standard on the permitted list be scientifically validated as effective for patients across racial groups, regardless of the existence of a race-neutral formula or care standard. In a landmark article on the subject, Vyas et al. suggest physicians developing clinical algorithms ask three questions: "Is the need for race correction based on robust evidence and statistical analyses (e.g., with consideration of internal and external validity, potential confounders, and bias)? Is there a plausible causal mechanism for the racial difference that justifies the race correction? And would implementing this race correction relieve or exacerbate health inequities?"⁴ Nevada should not

¹ Vyas, D. A., Eisenstein, L. G., & Jones, D. S. (2020). Hidden in plain sight—reconsidering the use of race correction in clinical algorithms. *New England Journal of Medicine*, 383(9), 874-882. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMms2004740>

² American Heart Association. (2024). Race, racism, and risk prediction for cardiovascular disease. Available at: <https://newsroom.heart.org/news/race-racism-and-risk-prediction-for-cardiovascular-disease>.

³ Vyas et al. 2020.

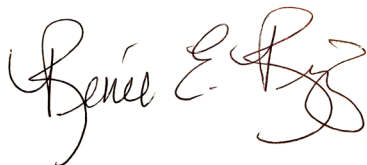
⁴ Vyas et al. 2020.

permit the use of race-based formulas or care standards for which regulators cannot find satisfactory answers to these questions, regardless of the existence of alternate formulas. Health care professionals can use their clinical judgment to find the best care plan for an individual patient without relying on race-based formulas or care standards.

Additionally, both a health formula and a care standard that do not explicitly take the race of a patient into account may still be racially biased. For example, a 2019 study by researchers Obermeyer et al. found that a health formula in a widely used algorithm systematically disadvantaged Black patients in allocating health benefits even though race was not a factor in the algorithm.⁵ Rather, it was the use of health care cost to determine which patients had more complex health needs that excluded sicker Black patients from additional support compared to white patients with the same risk score. Finally, a health formula and a care standard may be inapplicable to a particular patient. Thus, it is crucial that health care professionals can exercise their clinical judgment to determine whether a health formula or care standard is applicable to a particular patient, including overriding a health formula or care standard recommendation when clinically appropriate, without threat of discipline or discharge.

NNOC/NUU would welcome the opportunity to discuss this matter further. Our staff is well-versed in the problems that rigid adherence to health formulas and care standards present in providing equitable health care to all. **In closing, we urge you to amend sections 29, 32, and 35 of SB 192 to ensure that any permitted race-based formula or care standard meets high standards of scientific validation across racial groups and to pass these provisions into law.**

Sincerely,

A handwritten signature in dark ink, appearing to read "Renee E. Ruiz", with a stylized, flowing script.

Renee Ruiz
Government Relations & Community Organizer
National Nurses Organizing Committee/National Nurses United

⁵ Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447-453. Available at: <https://science.sciencemag.org/content/366/6464/447>.