

**MINUTES OF THE
SENATE COMMITTEE ON JUDICIARY**

**Seventy-ninth Session
June 3, 2017**

The Senate Committee on Judiciary was called to order by Chair Tick Segerblom at 2:10 p.m. on Saturday, June 3, 2017, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Tick Segerblom, Chair
Senator Nicole J. Cannizzaro, Vice Chair
Senator Moises Denis
Senator Aaron D. Ford
Senator Don Gustavson
Senator Michael Roberson
Senator Becky Harris

GUEST LEGISLATORS PRESENT:

Assemblyman Nelson Araujo, Assembly District No. 3

STAFF MEMBERS PRESENT:

Patrick Guinan, Policy Analyst
Nick Anthony, Counsel
Pat Devereux, Committee Secretary

OTHERS PRESENT:

Marla McDade Williams, Strategies 360
Jennifer Lazovich, CW Nevada
Mona Lisa Samuelson
PJ Belanger
Pete Rendon
Juhlzie Monteiro, R.N., *Cannabis Nurses Magazine*

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Summer Martin
Lennora Valles, President, Southern Nevada Women Veterans Coalition
Cindy Brown
Chris Thompson, Executive Director, Las Vegas National Organization for the
Reform of Marijuana Laws
Scott Lacombe, Techniek Consulting; Cannalysis Labs
Paula Rome
Abad Piza
Daniel Skogard
Timothy E. Addo, Cannabinoid Wellness
Madisen Saglibene, Deputy Director, Las Vegas National Organization for the
Reform of Marijuana Laws
Dawn Martinez
Chuck Callaway, Las Vegas Metropolitan Police Department
Wes Henderson, Executive Director, Nevada League of Cities and Municipalities
Dagny Stapleton, Nevada Association of Counties
Joshua Hicks, Willing.com
Scott Anderson, Chief Deputy, Office of the Secretary of State
Chelsea Capurro, LegalZoom
Heather Lundsford, Nevada Land Title Association

CHAIR SEGERBLOM:

We will open the work session on Assembly Bill (A.B.) 97.

ASSEMBLY BILL 97 (1st Reprint): Revises provisions relating to evidence collected from and the reimbursement of payment for forensic medical examinations of victims of sexual assault. (BDR 15-538)

PATRICK GUINAN (Policy Analyst):

Assembly Bill 97, as addressed in the work session document ([Exhibit C](#)), revises provisions for evidence collected from examinations of sexual assault victims. Assemblyman Steve Yeager, Assembly District No. 9, has proposed an amendment, [Exhibit C](#).

SENATOR FORD MOVED TO AMEND AND DO PASS AS AMENDED
A.B. 97.

SENATOR DENIS SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

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CHAIR SEGERBLOM:

We will open the work session on A.B. 414.

ASSEMBLY BILL 414 (1st Reprint): Requires the electronic recording of interrogations under certain circumstances. (BDR 14-600)

MR. GUINAN:

Assembly Bill 414, as addressed in the work session document ([Exhibit D](#)), provides for the electronic recording of certain interrogations. There are no amendments.

SENATOR HARRIS MOVED WITHOUT RECOMMENDATION
A.B. 414.

SENATOR FORD SECONDED THE MOTION.

THE MOTION PASSED. (SENATORS CANNIZZARO AND GUSTAVSON
VOTED NO.)

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CHAIR SEGERBLOM:

We will open the hearing on A.B. 422.

ASSEMBLY BILL 422 (2nd Reprint): Revises provisions relating to the use of marijuana. (BDR 40-983)

ASSEMBLYMAN NELSON ARAUJO (Assembly District No. 3):

I sponsored A.B. 422 for one reason: to preserve Nevada's medical marijuana program. Since voters approved recreational marijuana in November 2016, there have been a lot of questions about what medical marijuana will look like. When recreational marijuana is legalized, how can we save the medical program? How can we create incentives for medical marijuana patients? How can we ensure a medical program that is robust, accountable and can be modeled across the Nation for other states to follow?

Assembly Bill 422 will transfer oversight of a portion of the medical marijuana program from the Department of Health and Human Services to the Department of Taxation (DOT). The Division of Public and Behavioral Health (DPBH) will retain oversight of the patient portion of the program.

CHAIR SEGERBLOM:

What was the rationale for not transferring the entire program to DPBH?

ASSEMBLYMAN ARAUJO:

There was a strong desire to keep the medical marijuana card issuance and patient portal processes within DPBH. We feel there is a certain level of experience and credibility retained by keeping that part of the program at DPBH. Patients would be assured connections between DPBH and preferred providers would be retained. There was a sense of comfort that everything would not be transferred to DOT, and that something critical in the early phases of the program will stay within a department that knows how to tweak it.

CHAIR SEGERBLOM:

The DOT was put in charge of people's health, right?

ASSEMBLYMAN ARAUJO:

Yes, that was a big fear. If we are truly hoping to create a model program for other states to emulate, the DPBH should be intimately involved. This involves interactions with medical providers and with patients, some of whom have terrible illnesses.

Assembly Bill 422 will allow patients to obtain medical marijuana using their applications as they would obtain medications from pharmacies with prescriptions. It also allows DPBH to provide adequate oversight of that process and revoke cards if necessary. The bill will reduce fees associated with cards and allow patients to renew cards every two years, versus annually, depending on physicians' recommendations.

We are not reducing all fees, and a new standard fee will be imposed. If patients want to obtain cards, they will have the option of a 1-year card for no more than \$50 or a 2-year card for no more than \$100. Originally, the card had other fees associated with it and cost \$75 for the first year.

Assembly Bill 422 clarifies that dispensaries can recognize physician authorizations from other jurisdictions. The bill also allows potential employees to apply directly to the State to obtain a card to work at a medical marijuana establishment (MME), changing the current requirement that employers apply for work cards on behalf of employees.

CHAIR SEGERBLOM:

Is that in the independent contractor provision?

ASSEMBLYMAN ARAUJO:

Yes. Independent contractors may obtain approval to work in various MMEs. The bill will streamline requirements for renewing MME certificates and ban vending machines as a source of medical marijuana products.

You have my Proposed Amendment 5313 ([Exhibit E](#)) to A.B. 422. It contains language from section 3 of the original Senate Bill (S.B.) 487 defining marijuana sales prices for the purpose of *Nevada Revised Statutes* (NRS) 372A. The bill's taxation language is unaffected, but we brought language local governments had sought concerning dispensary regulation from S.B. 487 into A.B. 422.

SENATE BILL 487 (1st Reprint): Revises provisions relating to sales of marijuana and related products. (BDR 32-818)

CHAIR SEGERBLOM:

Did you work with Senator Julia Ratti, Senatorial District No. 13, on that process?

ASSEMBLYMAN ARAUJO:

Yes. Language from section 3.5 of S.B. 487 is in Proposed Amendment 5313, [Exhibit E](#), which requires reporting of certain information by MMEs and recreational marijuana establishments.

Proposed Amendment 5313 includes language from section 15 and sections 17.5 to 18.7 of S.B. 487 that cap taxes local governments can charge and regulations they can impose on MMEs. There was a desire to increase the original 3 percent tax. Section 65.99, subsection 4, paragraph (b) of the proposed amendment would revise NRS 372A.290 to direct money to DOT, instead of DPBH, to carry out regulation of MMEs. Proposed Amendment 5313 would also have DOT determine by regulation which provisions of NRS

453A.350 and NRS 453A.352 impose unreasonably impracticable restrictions on the operations of dual-license marijuana establishments and exempt them from such provisions. This would clarify and give more discretion to the DOT to be engaged in the process of determining which establishments can serve as dispensaries for both recreational and medical marijuana.

CHAIR SEGERBLOM:

The one thing from S.B. 487 that is not in A.B. 422 is the provision allowing Wendover, Fernley, Winnemucca and other small towns to have dispensaries.

ASSEMBLYMAN ARAUJO:

We added that to Proposed Amendment 5313, [Exhibit E](#), to allow communities with populations of less than 100,000 to obtain certificates. However, that would have required a two-thirds vote of the affected populace. Instead, we created enabling language and requested that the DPBH strongly consider communities with populations of 100,000 or less when reviewing license requests.

CHAIR SEGERBLOM:

There has been a lot of interest in small rural communities in marijuana establishments because of the local and State tax revenue they would generate. However, in 2015, any county or city that had not requested a dispensary license lost that option when the unclaimed licenses went to Clark County. The proposed amendment would allow them to get back those licenses.

SENATOR HARRIS:

Will there be another bill with the two-thirds provision in it? What will it include?

CHAIR SEGERBLOM:

Yes. Small counties and cities would have the right to request one dispensary license. If anyone testifying in support of A.B. 422 thinks something from S.B. 329 should be in A.B. 422, please say so.

SENATE BILL 329: Revises various provisions relating to marijuana concerning health and regulation. (BDR 40-361)

MARLA MCDADE WILLIAMS (Strategies 360):

I would ask for clarification on section 39 of A.B. 422 to ensure that although patients are limited to possessing up to 2 1/2 ounces of marijuana every

14 days, there will be no expectation that, despite provisions in section 41, MMEs will track those purchases.

CHAIR SEGERBLOM:

Is it your aim that dispensaries would not report excessive purchases to the State?

ASSEMBLYMAN ARAUJO:

The reporting mechanism for medical marijuana patient purchases is that DPBH may request that information from MMEs. However, that is not a mandate.

JENNIFER LAZOVICH (CW Nevada):

Assembly Bill 422 provides for MME ownership transfers. CW Nevada would like that retained after the bill is amended.

MONA LISA SAMUELSON:

In section 18, subsection 6 of Amendment No. 1073, patient grow rights are not sunsetted in 2018. People using marijuana as medicine need the right to grow at home, but that right sunsets in 2018. There is nothing in statute that allows for the sale of live plants and seeds.

CHAIR SEGERBLOM:

That was proposed in S.B. 329, and we can try and put it into A.B. 422.

MS. SAMUELSON:

We need to look at the needs of medical patients, not just those of recreational users. What we can obtain and afford at dispensaries is not what we have accessed for 17 years: actual medical marijuana. Plants need to be fresh and live. It needs to be clear in NRS that the ways patients use marijuana and products grown at home are protected .

PJ BELANGER:

I am battling my second autoimmune disease with marijuana. We want this far safer and more effective herb to be available forever in the forms and amounts patients need. Pharmacia is not the answer to the epidemics in this Country. Only patients, their medical providers and caregivers have the right to say how much marijuana patients need. The State cannot be involved with prescribing amounts of medicine. My mother is a medical marijuana patient and under current law, she could never grow her own plants.

Disabled patients and veterans need to be on the permanent medical registry. The permanently disabled need more than two years of treatment. The plant limit needs to be per cardholder, not household. The minimum limits do not reflect what 12 plants can produce for needy patients.

PETE RENDON:

We terminally ill patients need to be on the permanent registry. There will not be a quick return date for us to come back to life. All I want is another day without nausea or pain and to live to see remission. The limitation of my medicine is a life-or-death situation. As my cancer progresses, I need to remain proactive in my dosing. I should not have to continually come here to beg for understanding of my already complicated and painful situation. Recreational users get a lot more dignity, acknowledgement and understanding than do dying people.

JUHLZIE MONTEIRO, R.N. (*Cannabis Nurses Magazine*):

You have my written testimony ([Exhibit F](#)). *Cannabis Nurses Magazine* would like to add language ensuring grow rights for all cardholders in perpetuity and provisions allowing 12 plants per cardholder, not per household, in perpetuity. Stalks, stems and leaves are needed for medicine. Limiting plants should not be determined by medical professionals, Legislators or law enforcement who fear the black market will thrive. That market exists; allowing patients to access it will decriminalize it. Legislators and law enforcers have no medical expertise on the science behind marijuana to write prescriptions, recommend restrictions or limit the amount of medicine. This should be determined by the patient and medical provider.

We are concerned that after the approval of recreational marijuana, with the 44 million tourists who visit Las Vegas annually, existing MMEs will not be able to grow enough medicine to sustain the medical program. Patients cannot receive proper education and training in MMEs, which is unsafe. Patients need to be given priority in MME lines and fast-tracked like going to the emergency room with a critical condition.

Please give patients the legal right to consume medicine in hospitals, clinics, assisted living facilities, skilled nursing facilities, hospices, schools, treatment or rehabilitation centers and State facilities. Those provisions were stricken in bills this Session. How will the DOT be able to understand and properly serve patient needs?

SUMMER MARTIN:

I represent the pediatric medical marijuana patients of Nevada. Please give all patients grow rights and do not limit plants per household.

LENNORA VALLES (President, Southern Nevada Women Veterans Coalition):

You have my letter of support ([Exhibit G](#)). The Southern Nevada Women Veterans Association would like to see permanent grow rights for disabled patients and veterans. We would also like a limit of 12 plants per patient, not per household.

CINDY BROWN:

In addition to other testifiers' requests, I would like to add new patients must be allowed to grow. Restricting that right to people who had cards before 2013 is unfair discrimination. Most home growers' plants are tiny, so we need a limit high enough to be able to pull off a few leaves for daily juicing. We need to have more than two and a half ounces on hand.

CHRIS THOMPSON (Executive Director, Las Vegas National Organization for the Reform of Marijuana Laws):

Las Vegas National Organization for the Reform of Marijuana Laws agrees with all previous testimony about A.B. 422. We would like grow rights for patients who obtained cards after 2013. Limit the number of plants to 12 per cardholder, not household. Sisters should not have to share their pharmaceuticals; they should not have to share plants. Posttraumatic stress disorder should remain a qualifying condition for medical marijuana, as provided for in S.B. 329.

SCOTT LACOMBE (Techniek Consulting; Cannalysis Labs):

I own an MME and am a partner in Cannalysis Labs. The 12 plants per household limit should be changed to 12 plants per patient.

PAULA ROME:

I would like to see grow rights retained and the limit raised from 12 plants. In the last year, I have come off of 100 milligrams of Oxycontin and 750 milligrams of Robaxin with a screw protruding from my back. Marijuana patients are upstanding citizens, not criminals, and we are trying to overcome the stigma of reefer madness. Patients need grow rights to process stems and leaves daily.

ABAD PIZA:

I support all previous testimony about A.B. 422. There should be a permanent registry of patient growers because I am permanently disabled. Plant limits should be increased.

DANIEL SKOGARD:

My wife and I are patient growers. I agree with all previous testimony, including allowing 12 plants per cardholder. Two and a half ounces for a 14-day period is insufficient for someone like me, who uses tetrahydrocannabinol (THC)-A juice. Juicing is the best way to extract THC-A, which is an anti-inflammatory product. When the recreational program takes effect, we will probably run out of medicine. My personal grow probably will not sustain me.

TIMOTHY E. ADDO (Cannabinoid Wellness):

In section 22 of A.B. 422, medical patients are allowed to be caregivers who can grow for other patients. Nevada used to be a grow-your-own state, which is how we survived, by sharing equipment and growing amenities. We would like to continue that tradition. A collective gardening program could ensure enough medicine for all participants. I would like to extend the duration of the physicians' recommendation beyond three months. Please include "rare diseases" in the qualified conditions. I have a rare genetic mutation that I have to qualify as just pain. There are many ways of ingesting or absorbing medication, but patients are not allowed to do their own extractions. In Colorado, I only paid a state registry fee of \$15. I would like to see that in Nevada.

MADISEN SAGLIBENE (Deputy Director, Las Vegas National Organization for the Reform of Marijuana Laws):

I support most of A.B. 422, especially section 24, subsection 4, which provides parents or guardians may be caregivers to their children even if they are patients themselves. Thank you for lowering the registry fees. I would like to see a limit of 12 plants per cardholder.

DAWN MARTINEZ:

I support patients retaining their grow rights in perpetuity. Patients should be allowed to do their own extraction to make butters or full-extract cannabis oil. Each cardholder should be allowed to maintain at least 12 plants.

ASSEMBLYMAN ARAUJO:

I would like to see A.B. 422 pass with Proposed Amendment 5313, [Exhibit E](#).

CHUCK CALLAWAY (Las Vegas Metropolitan Police Department):

The Las Vegas Metropolitan Police Department is neutral on A.B. 422. We support the prohibition on vending machines and against detention centers and prisons. I want to caution the Committee about the differences between the medical and recreational programs. As the process moves forward, we have made it easier to get a card, expanded who can prescribe marijuana, allowed the 2 1/2 ounces and removed the 14-day period, increased the number of plants that may be grown, reduced the taxes and made it easier for tourists to get medical marijuana. That said, my caution is when the voters approved Question No. 2 on the November 2016 ballot, adults were allowed to possess up to an ounce and prohibited from growing at home within 25 miles of a dispensary. If it becomes easier to get a card, that is a circumvention of what voters approved.

Now that I have a card, I can home-grow, have two and a half ounces instead of an ounce and pay lower taxes. Officers in the field have to figure out all of this. If we stop people with more than an ounce of marijuana, we have to determine if they are valid patients. If they are tourists, we must determine if they are valid patients from other states.

CHAIR SEGERBLOM:

The converse is we want to keep our medical program, not differentiate between people who need medicine and tourists.

WES HENDERSON (Executive Director, Nevada League of Cities and Municipalities):

The Nevada League of Cities and Municipalities generally supports A.B. 422, especially provisions governing local government regulation of MMEs. We disagree with the imposition of a cap on local government business license fees. It should be on the record that this should not be considered precedent-setting.

DAGNY STAPLETON (Nevada Association of Counties):

The Nevada Association of Counties is neutral on A.B. 422. It limits some of the regulatory authority of counties, to which we agreed to address industry concerns. We are neutral on section 65.65 of Proposed Amendment 5313, [Exhibit E](#).

ASSEMBLYMAN ARAUJO:

Mr. Callaway's point goes to the heart of why we are presenting A.B. 422 as it stands. We did not want to water down a medical program that could be effective. We are keeping part of the program in DPBH because there are concerns it could just get lost in the DOT shuffle.

CHAIR SEGERBLOM:

We will close the hearing on A.B. 422 and open the hearing on A.B. 413.

ASSEMBLY BILL 413 (2nd Reprint): Makes various changes relating to electronic documents and electronic signatures. (BDR 12-597)

JOSHUA HICKS (Willing.com):

Willing.com does electronic wills and trusts and electronic and remote notaries. Our proposed amendment ([Exhibit H](#)) proposes to amend section 17, subsection 3, paragraph (b) of A.B. 413 by removing "and that meets any rules or regulations adopted by the Secretary of State." That language is in NRS 133, which deals with wills.

Section 38, subsection 1, paragraph (b), subparagraph (4) is restated as subsection 1, paragraph (c), which becomes subsection 1, paragraph (d). This corrects a drafting error in the bill. In section 45, subsection 2, "to the electronic mail address designated by the Secretary of State" is replaced with a specific email address or an email address designated by the Secretary of State.

SCOTT ANDERSON (Chief Deputy, Office of the Secretary of State):

The Office of the Secretary of State has lingering issues with the policy aspects of A.B. 413, but most of them can be resolved through the regulation process and development of national standards.

Assembly Bill 413 makes significant changes to the notary law. It allows notarization of documents by audiovisual communication or remote notarization, as opposed to the traditional in-person standard. There are concerns nationally and within our Office about allowing personal appearance by audiovisual communication or remote notarization. The bill allows notary publics registered as electronic notaries to electronically notarize signatures on documents of persons not physically located in Nevada or the Country.

There are concerns about jurisdiction and the validity of notarizations done by people outside of their jurisdictions. While there are no national standards for remote notarization, they exist for electronic notarization. Remote notarization is a different animal. The National Association of Secretaries of State and the Notary Public Association are developing standards in discussions over the coming year. Only Virginia and Montana have implemented remote notary laws. The provisions of A.B. 414 are closely aligned with Virginia laws. Texas just passed remote-notarization legislation, effective July 1, 2018.

There have been disagreements about the effective date of A.B. 414. The December 1 effective date will not allow proper development of standards and processes. We know electronic remote notarization is on the horizon, but we want to ensure it is implemented correctly in Nevada. We suggest a July 1, 2018, implementation date, which still may not be sufficient.

CHAIR SEGERBLOM:

Have you seen the proposed amendment, [Exhibit H](#)?

MR. ANDERSON:

Yes.

CHELSEA CAPURRO (LegalZoom):

LegalZoom supports A.B. 413.

HEATHER LUNDSFORD (Nevada Land Title Association):

The Nevada Land Title Association supports A.B. 413. You have our letter to that effect ([Exhibit I](#)). We agree that the implementation date be pushed back to July 1, 2018.

MR. HICKS:

Willing.com is neutral on A.B. 413.

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CHAIR SEGERBLOM:

We will close the hearing on A.B. 413. Seeing no more business before the Senate Committee on Judiciary, we are adjourned at 3:08 p.m.

RESPECTFULLY SUBMITTED:

Pat Devereux,
Committee Secretary

APPROVED BY:

Senator Tick Segerblom, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit / # of pages		Witness / Entity	Description
	A	1		Agenda
	B	6		Attendance Roster
A.B. 97	C	10	Patrick Guinan	Work Session Document
A.B. 414	D	1	Patrick Guinan	Work Session Document
A.B. 422	E	55	Assemblyman Nelson Araujo	Proposed Amendment 5313
A.B. 422	F	1	Juhlzie Monteiro	Written Testimony
A.B. 422	G	1	Lennora Valles / Southern Nevada Women Veterans Coalition	Letter of Support
A.B. 413	H	4	Joshua Hicks / Willing.com	Proposed Amendment
A.B. 413	I	1	Heather Lundsford / Nevada Land Title Association	Letter of Support