MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON JUDICIARY

Eighty-Third Session
February 24, 2025

The Committee on Judiciary was called to order by Chair Brittney M. Miller at 9 a.m. on Monday, February 24, 2025, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 3 of the Nevada Legislature Hearing Rooms, 7120 Amigo Street, Las Vegas, Nevada. Copies of the minutes, including the Agenda [Exhibit A], the Attendance Roster [Exhibit B], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/83rd2025.

COMMITTEE MEMBERS PRESENT:

Assemblymember Brittney M. Miller, Chair
Assemblymember Elaine H. Marzola, Vice Chair
Assemblymember Lisa K. Cole
Assemblymember Joe Dalia
Assemblymember Cecelia González
Assemblymember Ken Gray
Assemblymember Alexis M. Hansen
Assemblymember Melissa R. Hardy
Assemblymember Selena La Rue Hatch
Assemblymember Cinthia Zermeño Moore
Assemblymember Hanadi Nadeem
Assemblymember David Orentlicher
Assemblymember Erica P. Roth
Assemblymember Toby Yurek

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Cesar Melgarejo, Committee Policy Analyst
Karly O'Krent, Committee Counsel
Aaron Klatt, Committee Manager
Karyn Werner, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Teresa Benitez-Thompson, Chief of Staff, Office of the Attorney General
Jessica Perlick, Senior Deputy Attorney General, Office of the Attorney General
Aaron D. Ford, Attorney General
Nicole Reilly, Ombudsman, Office of Ombudsman for Victims of Domestic Violence, Sexual Assault and Human Trafficking, Office of the Attorney General
Serena Evans, Policy Director, Nevada Coalition to END Domestic and Sexual Violence
Angela Knott, Government Affairs Liaison and Deputy Public Defender, Washoe County Public Defender's Office
Paloma M. Guerrero, Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office
Tonja Brown, Private Citizen, Carson City, Nevada
Annemarie Grant, Private Citizen, Quincy, Massachusetts

Chair Miller:
[Roll was taken. Committee rules and protocol were explained.] We have two bills today. The first one is a hearing on Assembly Bill 15, which revises provisions relating to Medicaid fraud.

Assembly Bill 15: Revises provisions relating to Medicaid fraud. (BDR 18-446)

Teresa Benitez-Thompson, Chief of Staff, Office of the Attorney General:
We have with us from our Medicaid Fraud Control Unit, Senior Deputy Attorney General Jessica Perlick down in the Las Vegas office. She will be giving the contents of the presentation.

Jessica Perlick, Senior Deputy Attorney General, Office of the Attorney General:
As far as the PowerPoint is concerned, I will not rely on it completely. It has been provided for your information, but I will give you some high-level overview so that there is some context to the bill.

Essentially, what we want to do with the Medicaid Fraud Control Unit is to introduce you to who we are and what we do. We are a division of the Office of the Attorney General, made up of attorneys, law enforcement, civil investigators, auditors and analysts, and support staff

[page 2, Exhibit C]. We combat fraud within the Medicaid system, but we are not actually Medicaid. We are an independent agency that is 75 percent federally funded by a grant through the federal government. We investigate provider fraud [page 3]. We do not investigate recipient fraud. When we are doing investigations into the Medicaid system, we are looking at providers who are undermining the system in a variety of ways. That could be through typical fraud, which would be something like upcoding a doctor's visit from what would be a billing for a 45-minute code when really it is only 10 minutes that they have been seen for service, a pharmacist overbilling or using the wrong billing mechanism for a particular pharmaceutical, or individuals who are billing for services that have not been provided to the recipients they claim to have seen. There is a variety of fraud that we encounter and prosecute. We do have civil litigators and we have criminal prosecutors. Within our unit, we do civil and criminal cases. The fraud cases that I have spoken about could be civil or criminal.

We also have the authority to go into any facility that receives Medicaid funds, and we can review the treatment of elder and vulnerable adults [page 4]. Elder adults are people over the age of 60, and vulnerable adults are anyone over the age of 18 who needs assistance with their daily living activities; for instance, someone who lives in a long-term care facility who may have developmental issues or delays. When we are doing those investigations, it is into abuse and neglect of those individuals within facilities that receive money from Medicaid.

The third and final type of case we deal with, or that we review, are called *qui tam* cases [page 6], and those are essentially whistleblower lawsuits. They are brought by private individuals against large-scale or small-scale companies, but in our experience, they are typically large-scale companies, national companies that have a variety of branches throughout the United States. These are cases that we work jointly with the offices of the United States Attorneys, the U.S. Department of Justice, and other attorneys general from across the country. When we are doing those cases, they are typically under seal while they are being investigated. They could involve a variety of fraud schemes against a variety of types of providers or anti-kickback schemes or any other attempt to defraud the Medicaid and Medicare systems in those instances. Because those are joint cases, we typically are dealing with both Medicaid and Medicare. However, in our purview, we are only dealing with Medicaid within the state system. It makes the most sense to go into the details of the bill, and you will have this PowerPoint for your reference later.

Assembly Bill 15 is reasonably straightforward and related to what I have just talked about. Section 1 of the bill seeks to expand our existing authority to issue civil subpoenas in our civil investigations. Right now, what we can do is issue a subpoena to a provider that is the target of an investigation so we can obtain records. What we are asking is to also include the ability to have those providers come in for sworn depositions and to serve interrogatories. This is something that is done in other states. We actually modeled our proposed amendment on Massachusetts' existing statute. Ohio is another state with a large Medicaid population that has a similar statute.

Most importantly, when we are working with our federal counterparts in the *qui tam* litigation, they issue what are called "civil investigative demands" under their statute, 31 U.S.C. § 3733. Their civil investigative demand statute includes all the information that we are seeking to add to ours. This is not something that would be unusual to practitioners in this arena. This is also something that is very standard, especially within federal investigations. The benefit to us is that we would be able to fully flesh out allegations of fraud within the system prior to having to make a determination of whether to file a civil complaint. There is an ongoing benefit to the defense if they can have a more fulsome discussion and interaction with us throughout the course of our investigation.

I was recently at a conference in Washington, D.C., with a variety of practitioners, including defense counsel, and they spoke very positively about the ability to interact with investigators during the course of the investigation through the federal CIDs [Civil Investigative Demand], because they see it as a way to help their clients start remediating action that may have led to the investigation in the first place. It creates a better investigative interaction between our office and the defense bar. Additionally, by having to do this prior to filing a complaint, we would be able to give the defense the benefit of keeping it out of the public sphere for a longer period of time. If we file a complaint and start going through a traditional litigation process, that is all part of the public record. For some of these cases, it may not be what it first appears, so being able to do a more confidential investigation is to the benefit of everyone.

The second portion of our bill [section 2] addresses the Nevada False Claims Act. The Nevada False Claims Act conforms in large part to the federal False Claims Act. Because it does, Nevada receives a monetary financial benefit. When we recover funds during a case, whether a criminal or civil case, we must do what is called the Federal Medical Assistance Percentages (FMAP) and State Medical Assistance Percentages (SMAP) split. We send certain funds from recovery of restitution penalties back to the federal government because they partially fund our unit, and then we maintain a portion of those funds for the state of Nevada. The current split is 51/49 in favor of the federal government. That is because our Nevada False Claims Act conforms to the federal statute. However, recently the Nevada Supreme Court issued a decision in a case called *Orbitz*, in which they highlighted a distinction between the Nevada False Claims Act and the federal False Claims Act. In the federal False Claims Act, there is a prohibition against an individual bringing a lawsuit in which there is already an existing lawsuit against the same actors, the same agencies, for the same allegations. The Nevada statute prohibits a private actor from maintaining that lawsuit in the same context. Because of that distinction, there is a possibility we could be found to be out of compliance with our duty to conform to the federal statute. If that were the case, then our FMAP and SMAP split would actually be reduced by 10 percent and Nevada would only be able to retain 39 percent of recoveries as opposed to 49 percent.

What we are seeking to do in part two of this bill is to simply change the language of Nevada's false claims statute. Instead of section 2, subsection 3 saying, "An action may not be maintained," we would suggest that it be changed to "An action may not be brought." This would be in conformity with the federal statute, keep us in compliance, and ensure that funds stay in Nevada where they belong.

Finally, the third portion [section 3] of our bill is in reference to one of our criminal statutes under *Nevada Revised Statutes* (NRS) 422.570. We have a records offense, where any provider who is enrolled in Nevada Medicaid is required to keep certain documents and notes of services to ensure they have met the requirements to bill Medicaid for the services they have provided. If they do not, we can criminally prosecute them under NRS 422.570. However, right now there is only the ability to prosecute and convict of a gross misdemeanor offense. What we are seeking to do in this bill is to add the option of a misdemeanor offense for a couple of different reasons. One is that this would actually conform to our existing Medicaid fraud statute in NRS 422.540, which has the option of a gross misdemeanor, misdemeanor, and felony within the statutory scheme. We would just be seeking to include the lower-level offense in our records offense. It also helps conform the punishment to fit the crime. If this is a lower-level records offense that we are talking about, it would make sense that someone who is guilty of that could be convicted of a misdemeanor rather than a gross misdemeanor. It also allows our prosecutors to have more opportunity for negotiation with defense counsel. It provides defense counsel an opportunity to seek out a lower-level offense for their client, and it allows more options for the parties as these investigations go on.

Assemblymember Gray:
Since there is a conglomeration of federal and state funds, and the feds are putting in the 51 percent, can they be charged either federally or criminally? If one goes forward and fails, can they be charged by the other side?

Jessica Perlick:
We have done some joint cases with the Feds, and typically, they have gone forward separately. The 51/49 split is more about recovery after the fact of our investigations, whether civil or criminal. We can refer cases over to the U.S. Department of Justice; the U.S. Department of Health and Human Services' Office of Inspector General (HHS-OIG); or the Federal Bureau of Investigation, and they can do their own cases. They have taken cases from us before, in which case they would keep the complete balance of recovery. This is just for cases in which we have initiated the investigation.

Assemblymember Dalia:
I am just curious about section 3, the piece about the $650 dividing line between the misdemeanor and the gross misdemeanor. Is that based on caseload, or is that based on trying to conform with another part of the statutory scheme?

Jessica Perlick:
It is conforming with another part of the statutory scheme. I believe the Medicaid fraud portion also has a $650 split, so there is a different portion of the statute that it would be in conformance with.

Assemblymember Nadeem:
My question is regarding the investigation in a physician's office. What is the criteria for Medicaid fraud and for starting the investigation? It is my understanding that the physicians' offices are already hit and that the providers are not happy. We need more physicians in Nevada. What is the basic criteria you use for how you are going to proceed and how you are going to tell them they need to provide the records? Can any single person tell the Attorney General's Office—as a patient—that they are not happy? Is that a single complaint or is it a series of complaints? What is the process?

Jessica Perlick:
We have a robust referral process in which we review referrals on a biweekly basis. We receive them from a variety of sources, not just single patients who are dissatisfied with service. We do look for anything that would corroborate that information. We work with a variety of partner agencies, such as the Bureau of Health Care Quality and Compliance. We work with Adult Protective Services, Aging and Disability Services. We also work with the Surveillance and Utilization Review Unit within Nevada Medicaid, and we work with the review units within the managed care organizations themselves. We receive referrals that we take from a variety of sources, and we do an initial investigation to corroborate the information prior to going directly to the physician or to the office. We do understand the need for quality care within Nevada, and we do not want to undermine that. However, we do want to ensure that bad actors—especially bad providers who are not doing the work that they have said they are doing for this vulnerable population—are held accountable when that is the case.

Assemblymember Nadeem:
I want to make sure that it is a series of complaints that you receive before you take action. My understanding is that you receive a series of complaints from different sources and only then do you investigate.

Jessica Perlick:
There could be a single-source complaint, but we do some due diligence to corroborate the complaint rather than going directly in. We already have the ability to request records from providers. That is a very standard requirement, especially if they are Medicaid providers. They are required, as part of their enrollment, to allow investigators to come and request records. However, this would extend our investigative abilities into interrogatories. Typically, that is when an attorney is already involved as well. That would be something we would take into account in utilizing this action; that is the stage of the investigation, whether we have corroborated the allegations, the seriousness of them, how much more information we need beyond what we have already obtained through the records.

Assemblymember Yurek:
I believe you said this is legislation that is modeled after Massachusetts and, I think, Ohio. Let us stop all abuses of anything dealing with Medicaid. But I am curious, in those jurisdictions, how long has that been in place? Due to some of the increased administrative burdens and costs associated with responding to some of the discovery requests that are filed in these types of cases, have we seen any decline in the number of providers who remain enrolled and participating in Medicaid? Do you know, or is that a potential concern?

Jessica Perlick:
Unfortunately, I do not know the answer to that question. In terms of how long the legislation has been present in the other states, my sense is that it has been in place for a number of years. I would have to go back and check exact timelines, but in working with these attorney general offices from around the country, I know they have been doing this work, especially on the civil side, for a little bit longer than what we have been doing in our office. We have been building up our civil side, and this is a civil investigative authority that we are talking about, not criminal. Anything we are talking about, we are talking about a civil investigation, keeping it out of the criminal context. In terms of provider numbers and enrollment, it is not something I am concerned about at this point. I do not have numbers on that for you. It is something we could try to find out, but my sense is, if you are already a provider of Medicaid, you know your obligations, and this is just something that would be part and parcel to that. If you are acting above board, in theory it is not much more of a burden than what you already have to do.

Assemblymember Yurek:
I appreciate the clarification on that. I imagine those numbers are readily available, and if you guys have the opportunity to provide them, I would really be interested. I understand that you are not concerned. Certainly for those who are doing the right thing, we get it, but if this were to pass, I would be interested to know if we should anticipate seeing a decline due to cost, not just because they are bad actors and now it is going to cost them. Those numbers would be greatly appreciated.

Jessica Perlick:
If that is something we can obtain, I will work to provide them. One more response: The administrative burden that those providers have already exists if there is any kind of federal investigation into them, because this is standard with what the federal investigators already do. If they have ever encountered that on the federal side, if they have ever had to work with HHS-OIG, it is exactly the same type of investigation. It just gives us the authority to do the same thing and perhaps not enter into the federal system. I will see if that is something we can find, but that would be just one more response to that in terms of why I am not concerned.

Teresa Benitez-Thompson:
In addition to that, I think what might be helpful is for us to provide you with a little bit of history on some of the prosecutions that the Medicaid Fraud Control Unit has had and some examples of where they have intervened, because the types of providers they go after show

pretty egregious examples of abuse and neglect within the Medicaid system. I think that might help put it into context as well, so you understand the types of actions they look at and the types of actors they are looking at.

Assemblymember Gray:
When you look at charging somebody with a misdemeanor, a gross misdemeanor, or anything criminal, who do you actually charge? There are many people who come in contact with, and are responsible for, recordkeeping in a medical office that is hit and miss. You have records managers, office managers, clerks, doctors, and coding clerks who are required to input things. How do you determine whom to actually go after?

Jessica Perlick:
I am not clear on how they make those prosecutorial determinations. What I can say is that there is a part of the statute—I believe it is NRS 422.530—that imputes knowledge and responsibility on any owner of a facility or of a practice for criminal action that is taken under them. When we are talking about records offenses, we are talking about offenses in which there are no records to support the services that they have claimed to have rendered, or they are so vastly under supported that it has risen to a criminal offense within those offices. I can get additional information for clarification from our criminal prosecutors, but it comes after a significant amount of investigation to determine who is actually at fault.

Assemblymember Gray:
I agree with you about the office manager or the owner of the practice and the vicarious liability through what their employees are doing. Where I differ is the criminal case as opposed to a civil liability. If you could please get us that information. Before I could support this bill with a vote, I would really need to know who the target would be.

Chair Miller:
I know that you stated that you would get us those numbers, but are we speaking on the referrals that are received or the actual complaints?

Assemblymember Gray:
Whoever they would wind up charging with the criminal offense—the second part that they were talking about: misdemeanors, gross misdemeanors, charging for not maintaining the records properly.

Chair Miller:
Okay, so we are looking for the number of how many actual complaints, meaning you have gone forward with investigation. Earlier, it was very well clarified that a referral could come from anyone, any one person, or any one organization. But then there is the due diligence to further investigate to ensure there is something more behind this than just dissatisfaction or retribution, and you are at the point that, yes, there is something worth looking into here. To clarify again, do you want the referrals or the actual complaints? Maybe the terminology that we are using is mixing us all up.

Assemblymember Gray:
I do not think this really has any bearing on how you guys receive the complaints or the referrals. Any of you can decide to go forward with a prosecution. I guess a better way of stating this is, if you know who you are going to charge criminally at that point.

Jessica Perlick:
I believe I understand the request. From the knowledge that I have gained from speaking to our prosecutors, the records offense is typically a negotiation tactic on the defense side seeking to avoid an actual conviction for Medicaid fraud, because the records offense does not contain the words "fraud," or "falsifying documents," or anything like that within the language of the text. For lack of a better description, it is more palatable for the defense bar to take a records offense gross misdemeanor than a Medicaid fraud gross misdemeanor. That is one tool and one use of it. Whether we have a specific charge against a specific person in an existing criminal complaint is something I would have to find out.

Aaron D. Ford, Attorney General:
The first part of this bill is civil in nature. I suspect you are talking about section 3 of the bill. The vast majority of section 3 already exists; the ability to prosecute exists. Our job is justice, and we look to associate justice with ensuring that the punishment fits the crime. Right now, we do not have the ability to charge a misdemeanor. It must be a gross misdemeanor, so whoever it is that we investigate at this juncture may get a little harsher justice than necessary. What we are looking to do is to provide the ability for this office to effectuate justice in the way that is most appropriate under the circumstances. We look to allow a misdemeanor charge to take place here. The decision-making process has not changed relative to the ways in which the law currently exists and allows us to charge.

Assemblymember Marzola:
I think my question was answered, but since I have the mic, I would like to request a list of how many referrals you get in a year. How many referrals did you have in 2024? How many complaints were actually filed civilly, and how many criminally? Do you keep those statistics?

Teresa Benitez-Thompson:
We do keep stats like that. We have some of that information in our 2022-2024 Biennial Report, but what we can do is update that information since it is required to be published in the even-numbered years before the Legislature on August 1. Really, those numbers are contemporary until this past July, so we can bring them contemporary up until today and share those with you.

Chair Miller:
Not seeing any other questions, I will open it for testimony in support of Assembly Bill 15. Is there anyone in Carson City or Las Vegas who would like to testify in support of Assembly Bill 15? [There was no one.] Please open the lines. [There was no one.] I will open it up for testimony in opposition to Assembly Bill 15. Anyone in Carson City or Las Vegas? [There was no one.] Will you open the lines, please? [There was no one.] I will open it up for

neutral testimony. Anyone in Carson City or Las Vegas? [There was no one.] Will you open the lines, please? [There was no one.]

[Exhibit D and Exhibit E were submitted but not discussed and are included as exhibits for the hearing.]

I would welcome the presenters back up. Seeing they have no final words, I will close the hearing on Assembly Bill 15.

Our next bill presentation today is on Assembly Bill 45. There is a proposed amendment. I assume you will be presenting off that.

Assembly Bill 45: Revises provisions relating to certain public bodies. (BDR 18-504)

Teresa Benitez-Thompson, Chief of Staff, Office of the Attorney General:
I am here to present Assembly Bill 45. Next to me, I have the Ombudsman for the Committee on Domestic Violence, Nicole Reilly, and we will be speaking to A.B. 45. The Advisory Committee on the Rights of Survivors of Sexual Assault was established in Assembly Bill 176 of the 80th Session. The Advisory Committee had two main objectives that they were tasked with and had to get accomplished. First, to create a document explaining the rights of a survivor pursuant to the Nevada Sexual Assault Survivors' Bill of Rights, and then share that document and make it available to medical providers, law enforcement officials, and prosecutors.

Second was to distribute $150,000 in each fiscal year of 2019 and 2020 to award grants of money to organize, train, and recruit advocates for sexual assault. That was a one-time shot of funds. The Advisory Committee set to its work, and we believe it has accomplished its task. As a note about the one-time shot of money, the first $150,000 was actually reverted back to the Legislature in section 61 of Assembly Bill 3 of the 31st Special Session. The Office of the Attorney General, realizing the importance of this work, identified other grant dollars to supplant the funding, and all dollars in the end ended up being appropriated. The results of this work that those dollars funded can be found in the September 1, 2020, report to the Legislative Counsel Bureau, as well as a document titled "AB 176 Training the Trainers," produced by the Nevada Coalition to END Domestic and Sexual Violence, and the document "Sexual Violence Advocacy," produced by the Rape Crisis Center.

Now that the Advisory Committee has accomplished those two main objectives, ongoing monitoring of the work will be better accomplished by consolidating the Advisory Committee on the Rights of Sexual Assault Survivors into the Committee on Domestic Violence in *Nevada Revised Statutes* (NRS) Chapter 288. The Committee on Domestic Violence met and voted to consolidate ongoing functions from the Advisory Committee into their work and into their statutes, and A.B. 45 represents that consolidation. This consolidation is recommended by the Sunset Subcommittee of the Legislative Commission as well. The Attorney General's Committee on Domestic Violence has membership that is very much in common with the Advisory Committee on the Rights of Sexual Assault

Survivors, and the topics are very much similar and very much the same. I think that was one of the reasons why you saw the idea that it would make for a more congruent and cohesive conversation to move these topics into the Committee on Domestic Violence.

We will do a walk-through of the bill. What you will see in section 1 is a retitling from the Committee on Domestic Violence to the Committee on Domestic Violence and Sexual Assault. That is important because this reflects the landscape of the work being done out in the community. All of the service providers but one are now dual-service providers, meaning that they serve the domestic violence population, those who are the victims of that and also those who are the victims of sexual assault. The titling reflects what the contemporary happenings are out there within the nonprofit in the service community. With section 1, you are going to see that the titling and the name change is the majority of the bill with conforming language throughout sections 2 and 3 and sections 5, 6, and 7.

The biggest changes you are going to see are in section 4, subsection 2, the board compositions and the board duties. If you go to section 4 to look at those, you will see that within the Committee on Domestic Violence, there was support to change the composition to add members to ensure that the victims of sexual assault were fairly represented in here as well. We are requesting "One staff member of a program for victims of sexual assault." Also, because we previously had two survivors on the committee, we are more specifically designating that as "One survivor of domestic violence" and "One survivor of sexual assault." We are also requesting "One medical professional with experience in working with sexual assault forensic evidence kits." We thought that position would be important to come over from the Advisory Committee. You are also going to see in section 4 the duties of the committee that we are carrying over. On page 5, the new section 4, subsection 2, paragraphs (f), (g), and (h), makes recommendations regarding whether the need exists for additional sexual assault victim advocates, and if such a need exists, create a plan for how the state can provide ongoing evaluation and implementation of the rights of survivors pursuant to the Sexual Assault Survivors' Bill of Rights, identify the scope and nature if needed, make recommendations on how to fill those needs to the Legislature for consideration, and review the effectiveness of statewide programs. Those were some of the duties within the Advisory Committee on Sexual Assault that we thought were the ones we absolutely wanted to keep and retain within this committee.

You will see in section 9 of the bill that section 9 previously named and stood up a Sexual Assault Kit Working Group. That working group is no longer meeting. The Office of the Attorney General worked diligently to address the backlog of the sexual assault kits throughout the state. Ongoing monitoring of that falls within the Department of Public Safety, but we do want to take the majority of section 9 language and add the "Committee on Domestic Violence and Sexual Assault" in there, replacing the "Sexual Assault Kit Working Group."

That is the majority of the bill and how that consolidation works. If we turn our attention to the amendment [Exhibit F], it is in section 1. Within section 1 of the existing NRS, it says, "There is hereby created in the Office of the Attorney General the Victim Information Notification Everyday System." The acronym is VINE, and that is actually a specific vendor product. In 2013, that seemed to make sense to name it in statute. That no longer makes sense, so we would like to refer to it just as "a victim notification system" instead and not reference any specific vendor.

Assemblymember Roth:
It looks like "sexual assault victims' advocate" is defined in NRS but, on a practical level, are we looking at filling roles for advocates who are showing up to hospitals? Are these advocates that are going through the court process? Is that different? What void are we trying to fill?

Nicole Reilly, Ombudsman, Office of Ombudsman for Victims of Domestic Violence, Sexual Assault and Human Trafficking, Office of the Attorney General:
The advocates are going to the courts and to the hospitals, and they are getting trained. They are still community advocates if they are based in the community system. Advocates would be a little bit different. As far as the sexual assault advocates, they are speaking to community-based advocates, and all of those are trained, whether they are going to the court or to the hospital.

Assemblymember Hansen:
The Committee on Domestic Violence now meets and is still comprised of members. How often do they meet? Are you fully staffed with the existing members that you do have? I know you are asking for additional staff. We talk a lot about boards and commissions and committees, and I am sure this is a very active and engaged committee, but I would like to hear it on the record.

Nicole Reilly:
The Committee on Domestic Violence is very active. Statutorily, we meet three times a year, one of which is in a rural community. Based on identified issues or gaps, at times we do create subcommittees to work on those projects. Previously, we have had three subcommittees running along with the Committee on Domestic Violence, and we produced a lot of really great work across the state. We do have a couple of seats that we are looking to fill on the Committee on Domestic Violence, and we will be doing that this year. The members we are requesting to add will represent the sexual assault population. We already have a prolific number of those available who actually attend the meetings as members of the public right now. It would be very easy for us to fill those positions.

Chair Miller:
Not seeing any additional questions, I will open testimony in support of Assembly Bill 45.

Serena Evans, Policy Director, Nevada Coalition to END Domestic and Sexual Violence:
When the Advisory Committee on Sexual Assault was created, I was fortunate enough to serve on it. We did some incredible work, as Teresa Benitez-Thompson mentioned, and we fulfilled the duties, but sexual assault remains a huge issue here in Nevada. We are in strong support of continuing that work through the committee through the Attorney General's Office, and we are thankful they brought this bill forward.

Angela Knott, Government Affairs Liaison and Deputy Public Defender, Washoe County Public Defender's Office:
We strongly support A.B. 45. As with domestic violence, victims of sexual assault need more support and resources. Too many times, I have seen victims of sexual assault who are repeat victims of sexual assault. In the past year, I have had three cases where the sexual assault victim was a repeat victim. These are different victims with different defendants and different experiences. One victim was even a victim of domestic violence, and then a few years later was a victim of sexual violence. As with domestic violence, these stories are far too common. Assembly Bill 45 will provide resources to sexual assault victims to help better understand their experiences, and hopefully, we can find a way to break the cycle of violence. Support is needed to help educate those being victimized, to help end the cycle of violence that is both domestic violence and sexual violence. We need to help those who are trying to heal and to create a better life for themselves. Again, we fully support this bill and urge you to vote in favor of A.B. 45.

Paloma M. Guerrero, Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office:
We see this bill doing important work in ending what can be a never-ending cycle of violence. In our work, we see firsthand how today's victims can be tomorrow's defendants. Many survivors, often acting out of trauma and desperation, end up entangled in the criminal system, whether through defending themselves against their abuser, being coerced into illegal activity, or simply having nowhere safe to turn. Without proper support, these individuals face cycles of victimization, arrest, and incarceration. This bill is smart-on-crime legislation that can lead someone on a path to safety and stability, ensuring survivors receive the resources they need. Investing in support services is not just compassionate, but it is smart policy that prevents future criminalization and promotes justice.

Chair Miller:
Not seeing anyone in Las Vegas, will you open the lines please? [There was no one.] I will go ahead and open up testimony for opposition to Assembly Bill 45. Not seeing anyone in Carson City or Las Vegas, will you open the lines? [There was no one.] I will open it up for testimony in neutral. Is there anyone here in Carson City or in Las Vegas wishing to testify in neutral? Not seeing anyone, will you open the lines? [There was no one.] I will welcome the bill sponsors back up for any final words. [They indicated they had none.] I will go ahead and close the hearing on Assembly Bill 45. Next on the agenda is public comment. We will begin here in Carson City.

Tonja Brown, Private Citizen, Carson City, Nevada:
I am here to let you know that we will be reaching out to Attorney General Ford. We would like to put in a proposed amendment to Assembly Bill 63 and Senate Bill 66. I have a letter I would like to read.

> I am writing in support of the posthumous exoneration. My name is Ray Krone, and I have a personal experience in support of my position. I was convicted of a murder and kidnapping in Phoenix, Arizona, in 1992. Ten years later and DNA testing, I identified the true perpetrator, and I was released. I am originally from Pennsylvania and was stationed in Arizona at Luke Air Force Base in 1980. After my honorable discharge, I got a position with the U.S. Postal Service as a letter carrier. I had worked there for seven years and at the time of my arrest, I had no criminal record. I refused to plea bargain. I was on trial for only seven months. I was convicted in a three-day trial based mainly on bite mark identification. I was sentenced to death. I was 35 years old.
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> The majority in my family is all in Pennsylvania, a long way off. But they believed in my innocence and fully supported me for those ten years. They gave me strength to survive such an ordeal. I was found innocent and released; DNA saved my life. I know just how fortunate I am. The evidence was not only made available, but it was available before I was convicted. I can tell you that the prosecution objected and fought this all the way to my release. They were wrong. But, if I had been executed, my family, friends, and even the legal team believed in me and fought constantly on my behalf. They were convinced of my innocence and would not give up even against the full powers of the state of Arizona. Do you believe they would have quit their belief in the determination to prove my innocence after my execution? No, I can guarantee you that. How would you feel if you were in their shoes? This it is not a singular incident. Mistakes are made in our criminal legal system. I only ask that you recognize this as a definite possibility and allow for any unfortunate family of such a horrific situation, the opportunity to prove their loved one's innocence after death. I thank you for your time and request consideration, and this would also be applied for compensation for the families that they had gone through.

Chair Miller:
Anyone else wishing to make public comment? Not seeing anyone in Las Vegas, will you open the lines, please?

Annemarie Grant, Private Citizen, Quincy, Massachusetts:
I just want to echo my colleague, Miss Brown's statements and say that we have an amendment to A.B. 63, and we are informing the Nevada Attorney General about our proposed amendment. We hope that you all will support our amendment.

Chair Miller:
There are no other callers to provide public comment at this time, so with that, I will close public comment. That concludes our agenda. I will go ahead and adjourn today's meeting. I will see you all back tomorrow at 8 a.m. This meeting is adjourned [at 9:55 a.m.].

RESPECTFULLY SUBMITTED:

_____
Karyn Werner
Committee Secretary

APPROVED BY:

_____
Assemblymember Brittney M. Miller, Chair

DATE: _____

EXHIBITS

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
A.B. 15	C	Jessica Perlick, Senior Deputy Attorney General, Office of the Attorney General	PowerPoint presentation titled "An Introduction to The Medicaid Fraud Control Unit"
A.B. 15	D	Annette Logan-Parker, Chair, Nevada Rare Disease Advisory Council	Proposed Amendment
A.B. 15	E	Annette Logan-Parker, Founder, Cure 4 The Kids Foundation	Proposed Amendment
A.B. 45	F	Office of the Attorney General	Proposed Amendment