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RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

May 22, 2023

10:00 am

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Kerns

1. Call to Order and Roll Call to Establish Quorum (Cont.)

Member	SURG Role	Committee Role
Christine Payson	Sheriffs' & Chiefs' Assoc.	Member
Dr. Stephanie Woodard	DHHS Director Appointee	Member
Dr. Terry Kerns	Attorney General Appointee	Chair
Shayla Holmes	Rural Human Services (Lyon County)	Vice Chair
Gina Flores-O'Toole	SUD Treatment Provider	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

3. REVIEW AND APPROVE APRIL 19, 2023 RESPONSE SUBCOMMITTEE MEETING MINUTES

Chair Kerns

4. PRESENTATION ON OPIOID ANTAGONIST SATURATION PLAN

Michelle Berry, Senior Project Manager, and Morgan Green, Project Coordinator, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno

UPDATE ON OPIOID ANTAGONIST SATURATION PLAN

Substance Use Response Group (SURG)

Michelle Berry & Morgan Green

Senior Project Manager & Project Coordinator for SOR

University of Nevada, Reno, School of Public Health- CASAT

CASAT
Center for the Application of Substance Abuse Technologies
UNIVERSITY OF NEVADA, RENO

NEVADA STATE
Opioid Response - An STR/SOR Project

Nevada Department of Health and Human Services
Helping People
It's who we are and what we do.

Summary of Saturation Plan

- Nevada has set the goal of an opioid antagonist present at 80% of witnessed overdoses based on SAMHSA guidance.
- *For full saturation, that would be 115,000 units distributed annually*
  - *1 unit=2 doses*
- *Between September 30, 2021- September 29,2022 Nevada distributed 27,916 kits*
- *Distribution goals over next two years*
  - *Year 1: 40,000 units*
  - *Year 2: 55,000 units*

Targeted Distribution and Communication Strategy

- Improve relationships with industry, focusing on entertainment to expand more targeted distribution sites related to risky behavior such as casinos, sporting organizations, cannabis dispensaries, bars and clubs, and the sex industry.
- Expand jail-based distribution and relationships with criminal justice agencies outside of the metropolitan areas
- Initiate emergency room opioid antagonist distribution, possibly in partnership with ED Bridge and Zero Suicide
- Increase availability of Harm Reduction Vending Machines into hotspot locations
- Work with the Attorney General's Office to reduce barriers to access through state legislation

Targeted Underrepresented Population Efforts

- Increased production and distribution of culturally appropriate translated materials and direct outreach including trainings given in alternative languages.
- Continued partnership with OD2A to utilize focus group outcomes to tailor approaches.
- Expand partnerships with community organizations that are well connected with BIPOC communities including: human trafficking response programs, vaccination systems, crisis centers.
- Recruit Faith-Based Organizations to expand access to opioid antagonist resources and reduce harm reduction barriers related to stigma
- Engage with the Minority Health Equity Coalition to acquire guidance to identify partners to reach populations that are traditionally more resistant to outreach efforts

Distribution Timeline

Year 1 (in Quarters) and Goals and Activities	Y1 Q1	Y1 Q2	Y1 Q3	Y1 Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4
Goal/Activity to be completed by project staff & partners	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Goal 1: Increase the number of distribution locations serving high risk populations								
Activity 1: Increase the number of criminal justice/first responder distribution location by 1 quarterly	x	x	x	x	x	x	x	x
Activity 2: Increase 2 distribution sites serving the entertainment industry per quarterly	x	x	x	x	x	x	x	x
Activity 3: Increase the number of 1 medical setting/emergency department distribution location by 1 every 6 months		x		x		x		x
Activity 4: Increase the number of harm reduction vending machines by 4 annually				x				x
Goal 2: Improve outreach and distribution to BIOPC populations								
Activity 1: Produce culturally appropriate translated materials	x							
Activity 2: Increase number of Mutual Aid and Coalition distribution locations by 1 per quarter	x	x	x	x	x	x	x	x
Activity 3: Increase Faith Based participation in distribution by 1 every 6 months		x		x		x		x
Activity 4: Distribute through a labor association by 1 every 6 months	x		x		x		x	
Goal 3: State litigation to reduce barriers to access naloxone								
Activity 1: Support Attorney General's office with needed data, networking, and technical assistance					x	x		

Distribution Progress

	Year 1 Quarter 1	Year 1 Quarter 2	Year 1 Quarter 3	Year 1 Quarter 4	Year 2 Quarter 1	Year 2 Quarter 2	Year 2 Quarter 3	Year 2 Quarter 4
Goal/Activity to be completed by project staff and partners	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Goal 1: Increase the number of distribution locations serving high risk populations								
Activity 1: Increase the number of criminal justice/ first responder distribution located by one quarterly	X	X	X	X	X	X	X	X
Activity 2: Increase two distribution sites serving the entertainment industry per quarterly	X	X	X	X	X	X	X	X
Activity 3: Increase the number of one medical setting/ emergency department distribution location by 1 every six months		X		X		X		X
Activity 4: Increase the number of harm reduction vending machines by 4 annually				X				X
Goal 2: Improve outreach and distribution to BIPOC populations								
Activity 1: Produce culturally appropriate translated materials	X							
Activity 2: Increased number of Mutual Aid and Coalition distribution locations by 1 per quarter	X	X	X	X	X	X	X	X
Activity 3: Increase Faith Based participation and distribution by 1 every six months		X		X		X		X
Activity 4: Distribute through a labor association by one every six months	X		X		X		X	
Goal 3: State litigation to reduce barriers to access naloxone								
Activity 1: Support attorney general's office with needed data, networking, and technical assistance					X	X		

Current Distribution

- Between September 30, 2022- March 30, 2023
  - CASAT has distributed 17,305 units to agencies for distribution
    - SOR funded distribution through SNHD 2,167 units

    *These numbers do not include all of SHND distribution

  - Total under SOR 17,305 units (annual goal for year 1 is 40,000)

Naloxone Distribution Sites by County

County	Number of Distribution Sites
Carson City	3
Churchill	2
Clark*	13
Douglas	4
Elko	2
Esmeralda	0
Eureka	0
Humboldt	1
Lander	1
Lincoln	1
Lyon	2
Mineral	3
Nye	3
Pershing	1
Storey	1
Washoe	23
White Pine	0

Over-The-Counter Naloxone

- *FDA approved Narcan nasal spray for over-the-counter use on March 29, 2023*
- *Product is not currently available OTC*
- *There has not been a determination of cost at this point*
  - *Ongoing accessibility concerns for highest risk populations*
- *Unsure if Narcan will remain under insurance coverage*

- ***Other Opioid Antagonist Medication** expecting to receive FDA approval*
  - *Nalmefene HCL (injection already approved, nasal spray pending)*

Gaps

- *Currently the State Opioid Response Grant is the primary funder for the purchase of Opioid Antagonist Medication*

- *AB156 (2023)*

Presenter Contact Information

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5. PRESENTATION ON COMMUNITY NALOXONE ACCESS

Kalli Getachew, Emergency Department Nurse, Valley Hospital

6. PRESENTATION ON EMERGENCY DEPARTMENT BRIDGE PROGRAM

Josh Luftig, National Implementation Leader, Director of Harm Reduction - National Bridge Network and Sarah Windels, National Program Director - National Bridge Network; Fellow - Johns Hopkins Bloomberg American Health Initiative

Emergency Department Bridge Program

Substance Use Response Group (SURG)

Sarah Windels – National Program Director - National Bridge Network

Josh Luftig, PA-C– National Implementation Leader - National Bridge Network

Kalli Getachew, RN – Valley Hospital Medical Center, Las Vegas

Disclosures

- *No financial interests impact or may be perceived as having impact on the viewpoints and recommendations.*
- *This presentation is funded by the Foundation for Opioid Response Efforts (FORE)* forefdn.org
- *Our work with emergency departments in Nevada was funded through the Opioid Response Efforts (ORN)* https://opioidresponsenetwork.org

Introduction

Opioid-related overdose deaths 2019-2020

Across the U.S.

30% overall increase in opioid-related overdose deaths

In Nevada

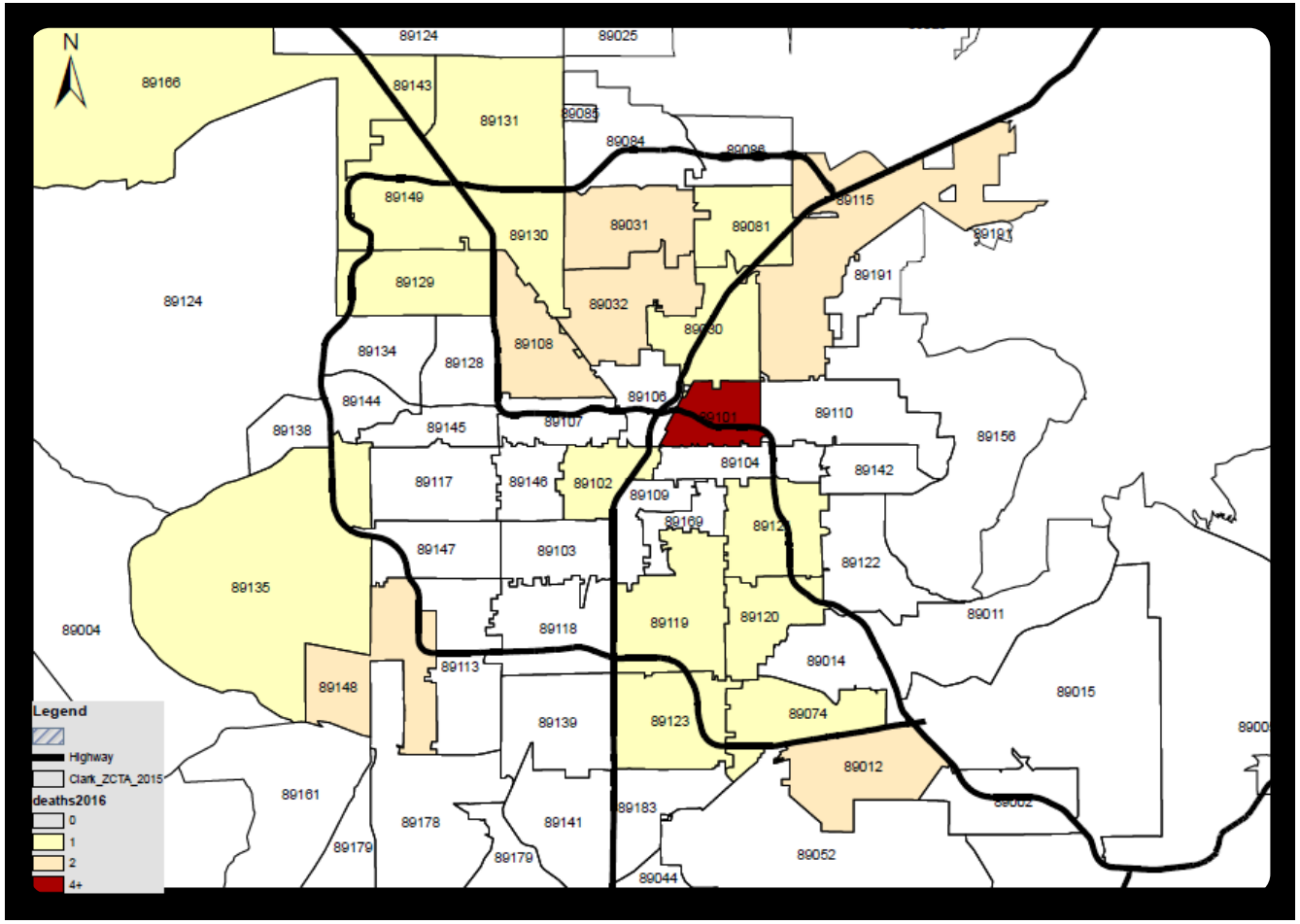
42% increase in opioid-related overdose deaths

227% increase in fentanyl-related overdose deaths

23% increase in opioid-related emergency department (ED) encounters

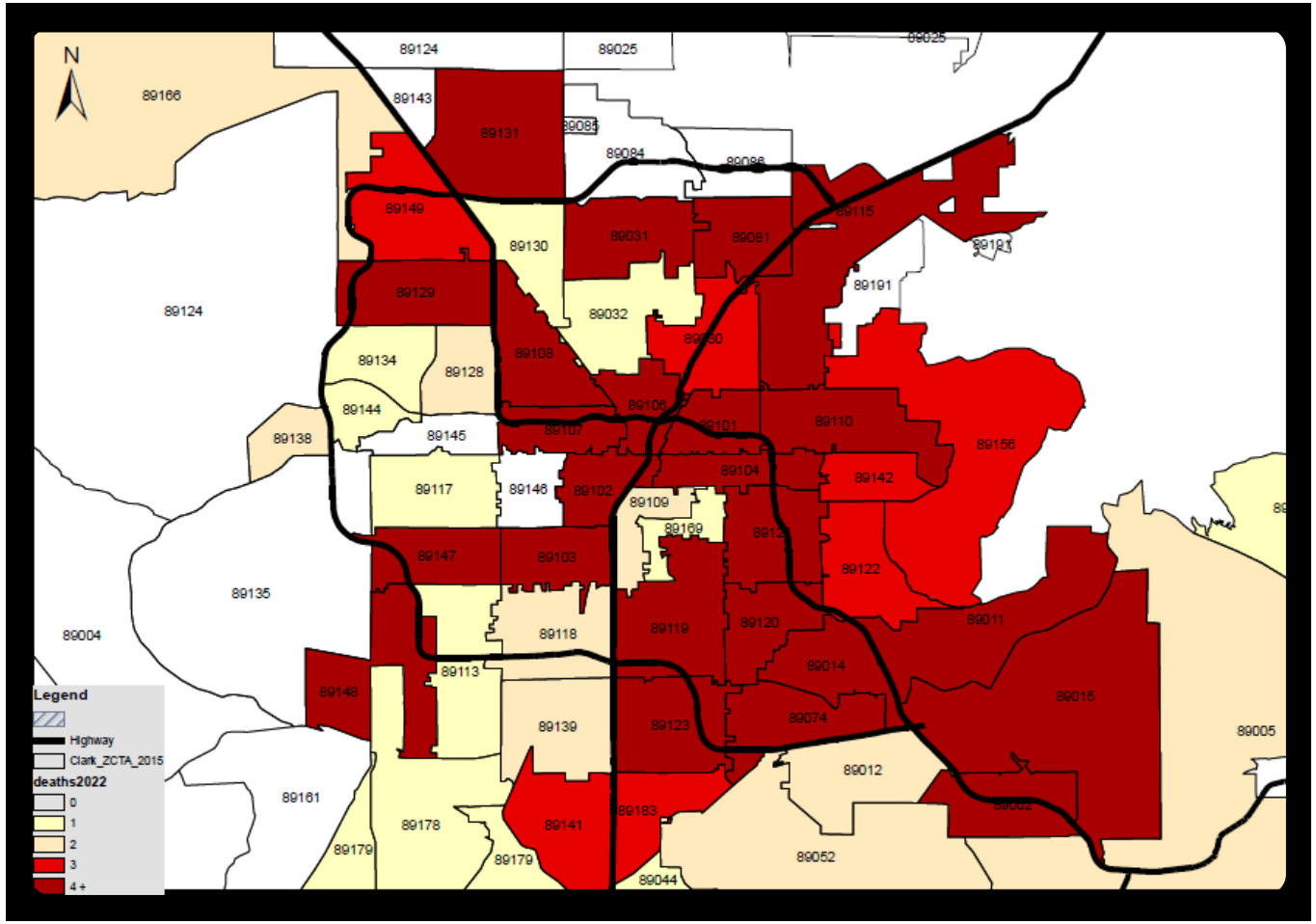
Source:
Nevada Opioid Needs Assessment and Statewide Plan 2022

Fentanyl Deaths by Resident Zip Code (2016)



Source: Nevada Electronic Death Registry System

Fentanyl Deaths by Resident Zip Code (2022)



Data Source: Nevada Electronic Death Registry System.

Slides courtesy of Southern Nevada Health District

Last Updated: April 5, 2023

Introduction

The experience of an emergency department nurse

- Increase in both intentional and unintentional fentanyl use
- Low Naloxone (Narcan) prescription fill rate

Bridge Impact: To-Date (250+ hospitals)

Patients seen for substance use disorders

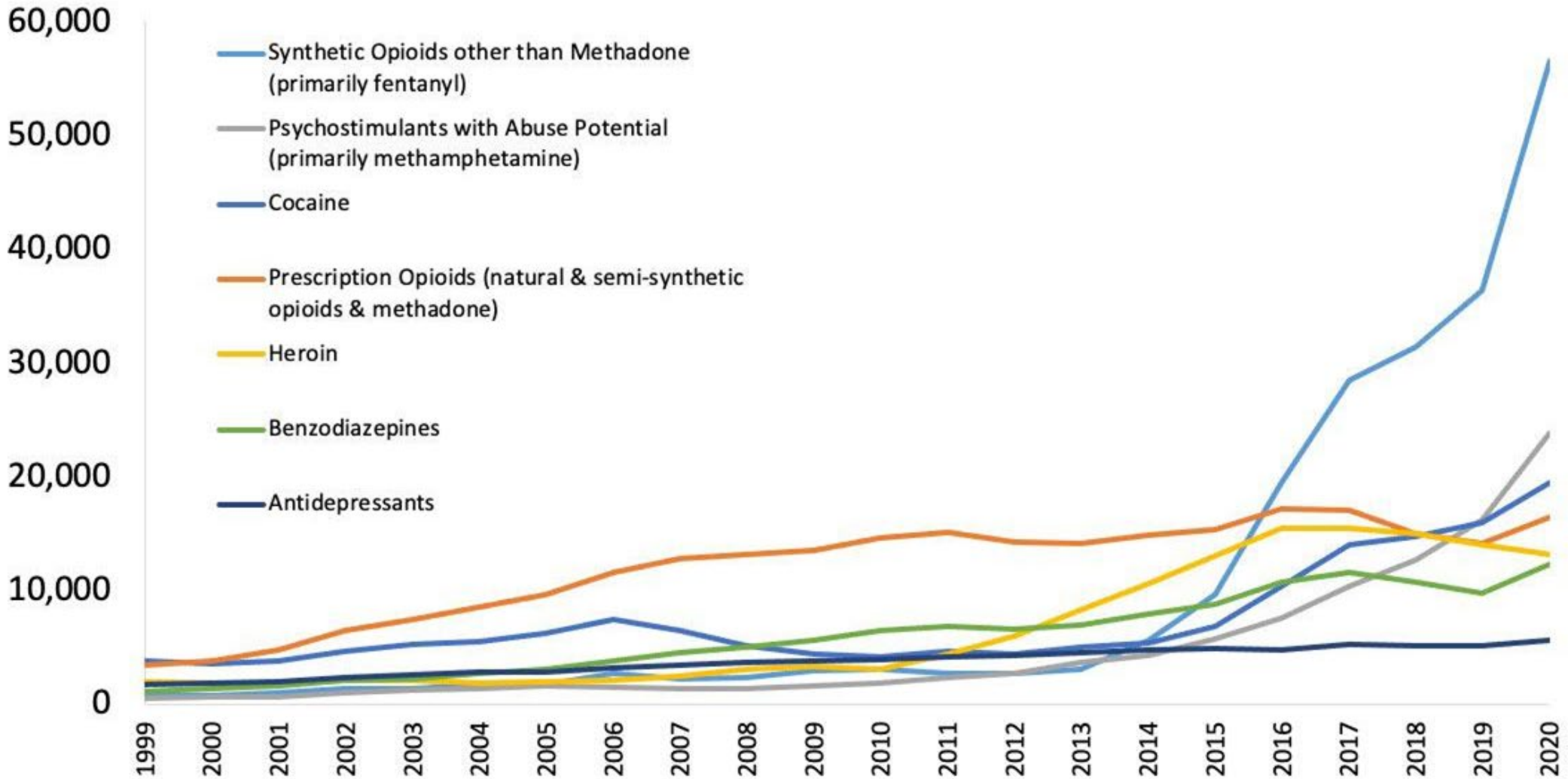
Patients identified with opioid use disorder

MAT was prescribed or administered

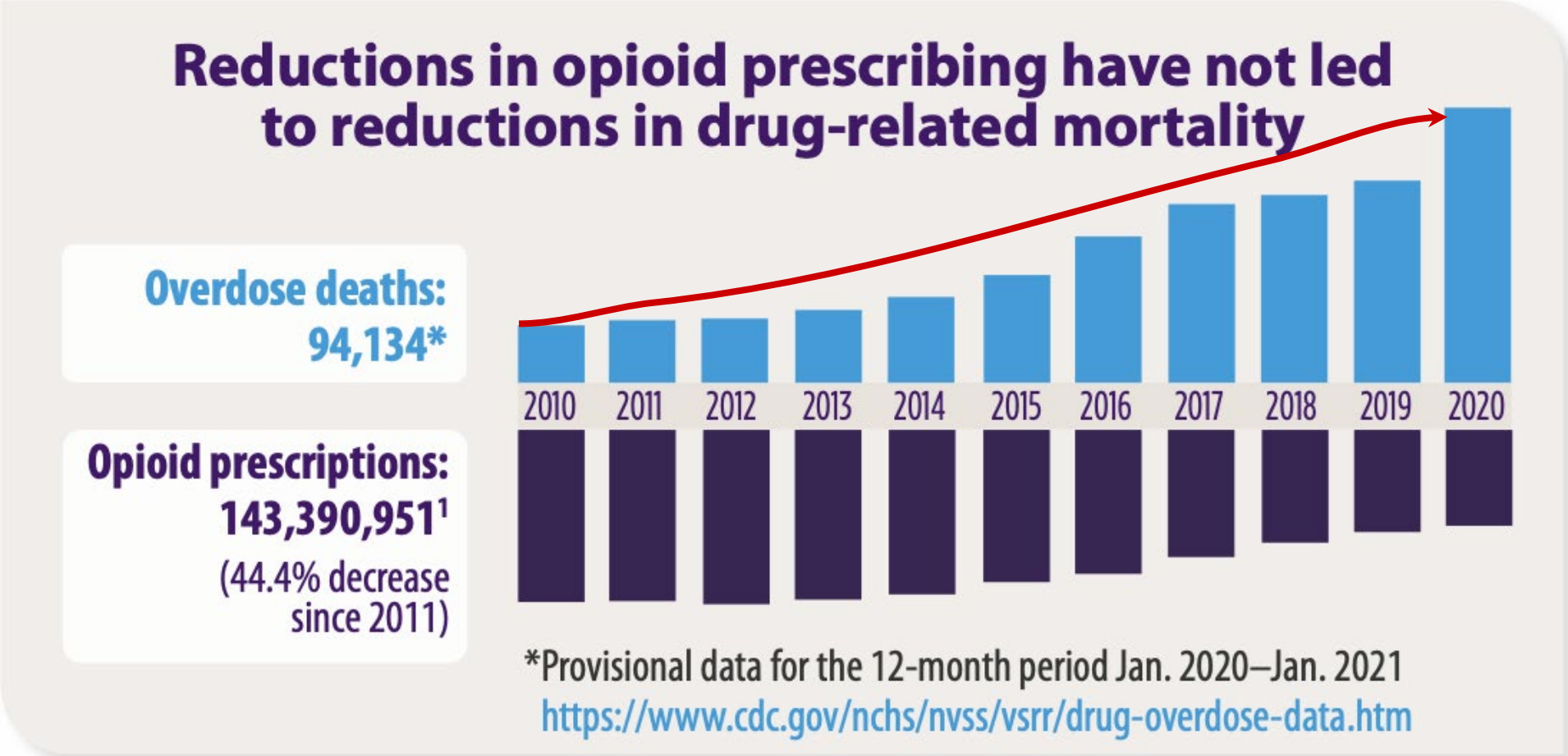
Naloxone toolkits ordered by hospitals

Source: CA Bridge

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



Opioid stewardship and overdose deaths



Abbreviations / Definitions

Opioids - fentanyl, heroin, morphine, hydrocodone, oxycodone, etc

OUD - Opioid Use Disorder

MOUD - Medication for Opioid Use Disorder, e.g. buprenorphine

MAT - Medication for Addiction Treatment or Medication Assisted Treatment, used interchangeably with MOUD

OD - overdose

Buprenorphine

First-line evidence-based treatment for OUD

Stabilizes patients with OUD

- Prevents craving and withdrawal
- Non-euphoric
- Prevents overdose
- Blocks the rewarding effects of opioid use

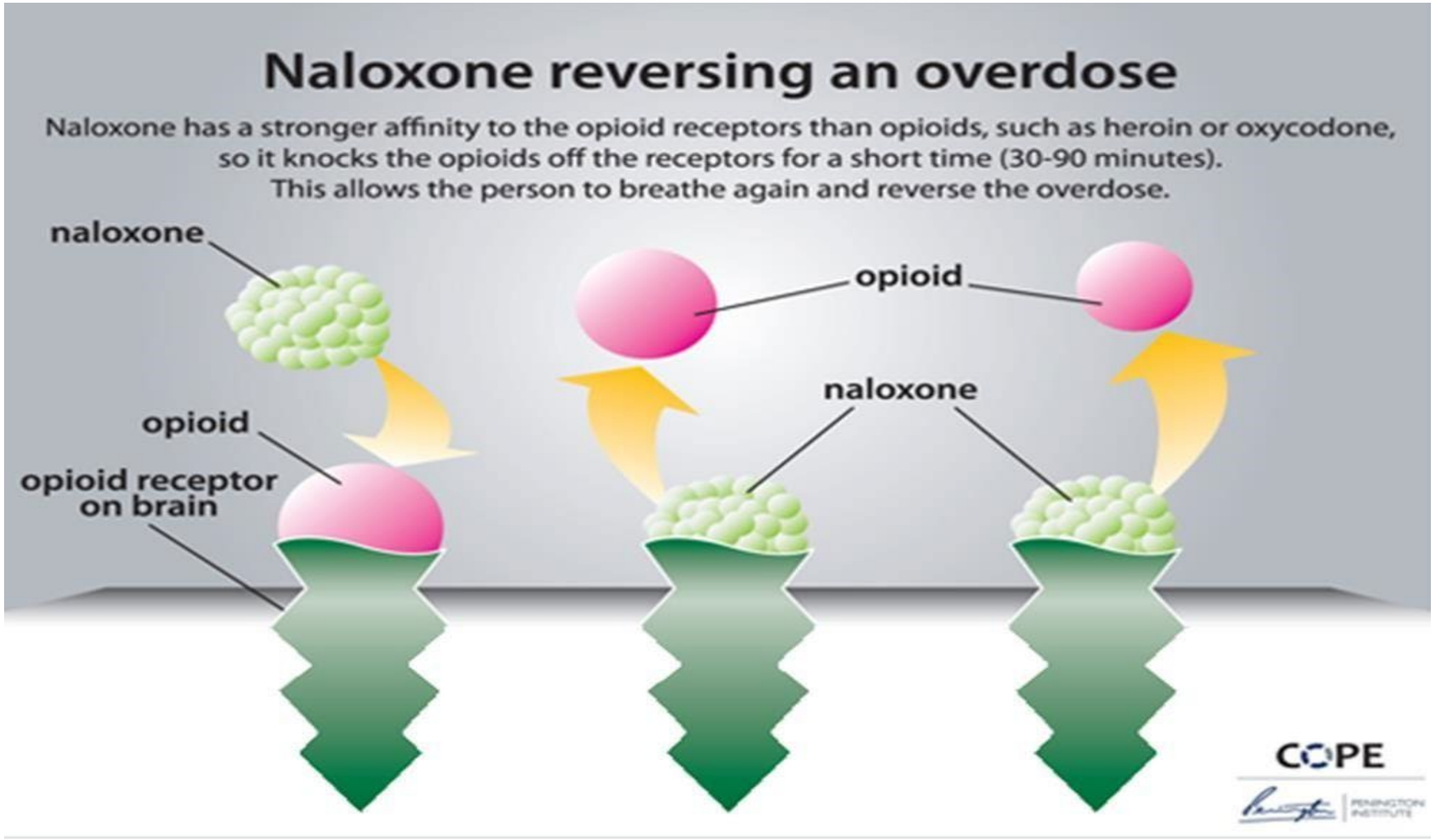
Common formulations

- Sublingual (under the tongue)
- Extended release monthly injectable

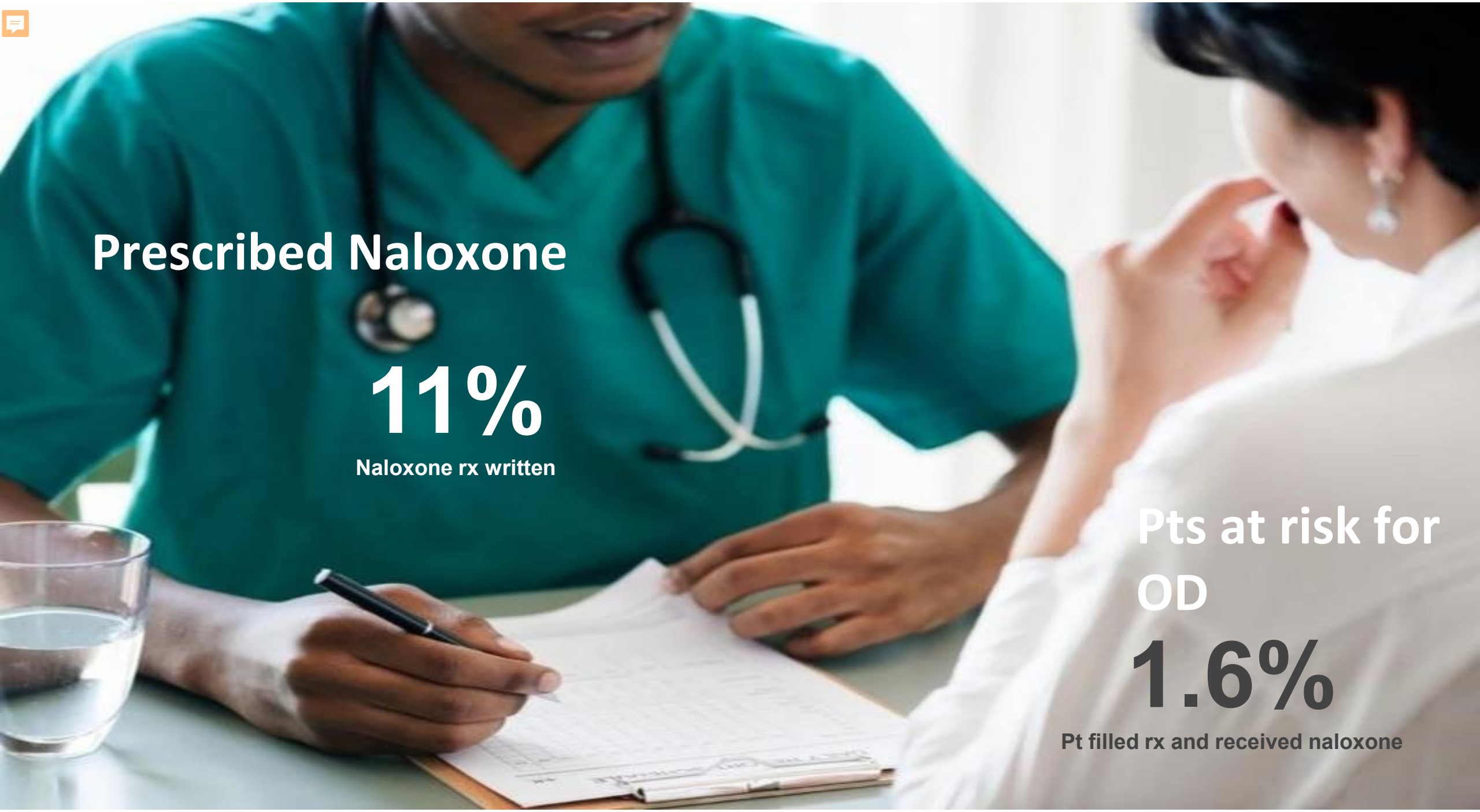
Naloxone

Opioid agonist blocker – Reverses overdose and blocks opioids for 30-60 min

- No known adverse effects, allergic reactions, potential abuse, no street value, not a controlled substance
- Community distribution since 1990's
- Common formulations:
  - Intranasal (nasal spray) – relatively inexpensive, simple to administer
  - Injectable – generally least expensive



http://www.copeaustralia.com.au/wp-content/uploads/FAQsAboutNaloxone.pdf


Prescribed Naloxone
11%
Naloxone rx written
Pts at risk for OD
1.6%
Pt filled rx and received naloxone

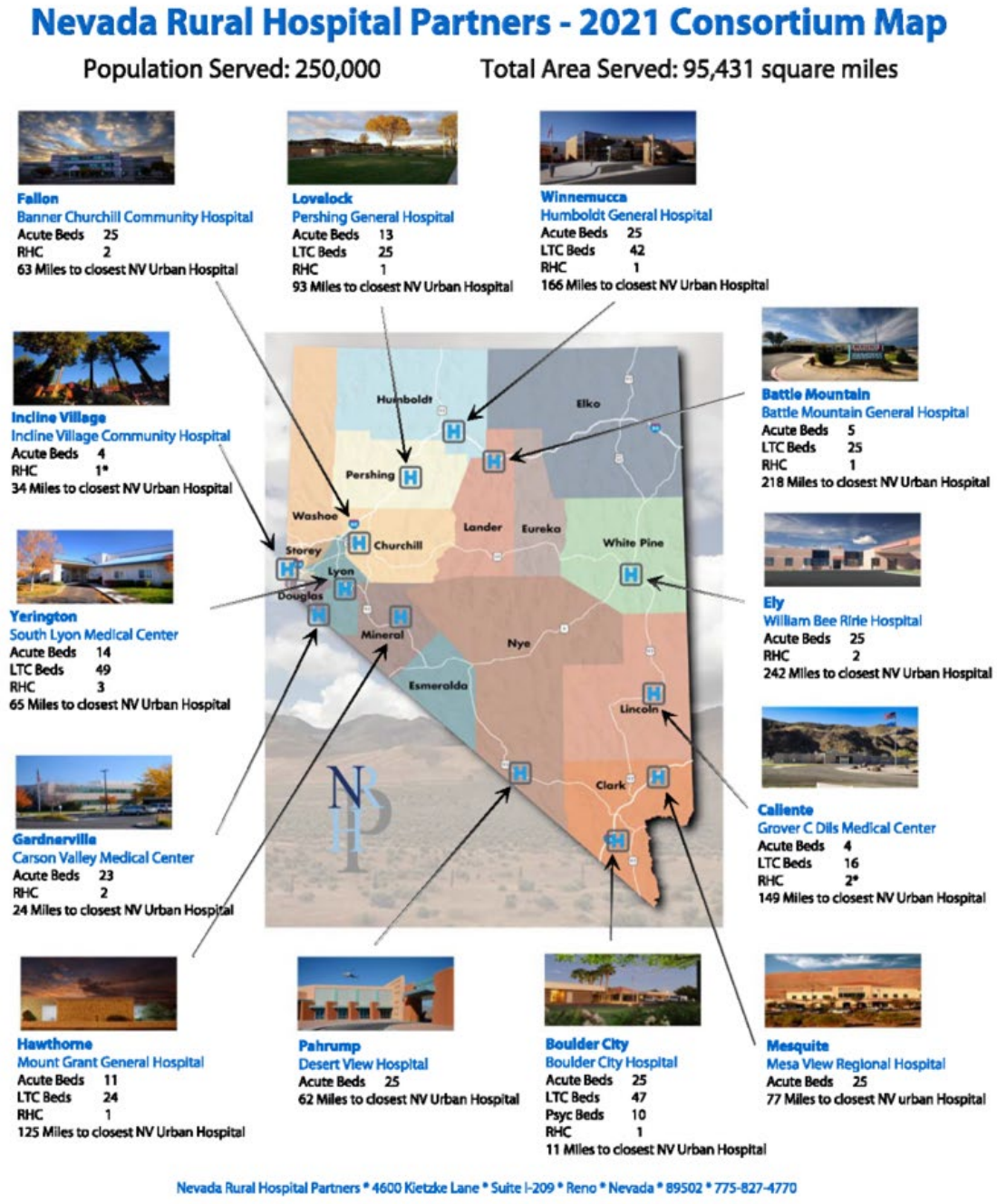
Why start from the emergency department (ED)?

The Emergency Department (ED)
The Ultimate Safety Net

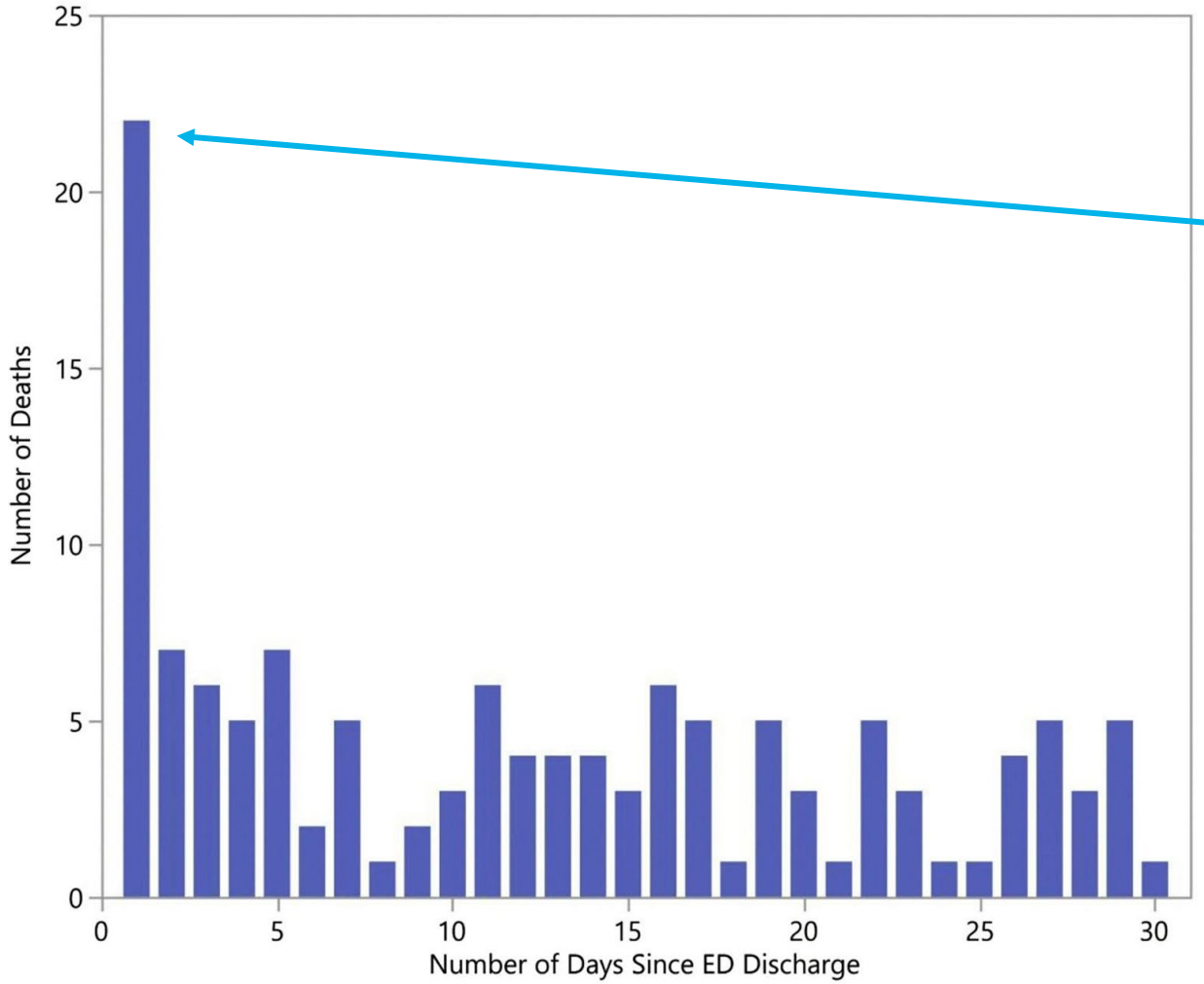
- Visible, easily accessible and near public transport
- Offer all-hours access, acute psychiatric stabilization, same-day treatment, and navigation to ongoing care
- Critical link to shelters and community treatment programs

EDs: Well distributed geographically

ED “safety nets” serve 250,000 in rural Nevada



Treatment When it Matters Most



Fatalities spike in the first 2 days after ED treatment for nonfatal overdose

Source: Weiner, Scott, et al.. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. Annals of Emergency Medicine. April 2, 2019.

Bridge Model

Revolutionizing the System of Care

Low-Barrier Treatment

Connection to Care and Community

Culture of Harm Reduction

Benefits of the ED Bridge Model pt.2

- High-risk populations are already being seen in the ED
    - An estimated 50% of ED visits are related to substance use disorder.
- EDs have a legal obligation to treat patients regardless of insurance or ability to pay
- Bridge model decreases length of stay, readmission rates, readmission to ICU rates, and expenses – up to almost $18,000 per encounter

Issues impeding ED naloxone distribution

Nevada: Naloxone distribution via standing order is permitted (NRS 453C.100) and a mechanism for EDs to apply for naloxone is in place (Nevada State Opioid Response naloxone distribution project), **but low barrier distribution is not occurring.**

- Complex regulatory environment has a chilling effect on ED/hospital participation
- Without guidance & regulation exemption EDs forced to follow complicated protocols with minimal impact

NRS = Nevada Revised Statutes

What's Working Well / Evidence Based Practice

California example:

- Board of Pharmacy, Heath and Human Services, and Dept of Public Health exempted EDs from regulations, provided they stored public distribution naloxone separately from hospital formulary medications and followed specific policies in the form of standard operating procedures (SOP)

- These SOPs were provided to hospitals as guidance

Impact

2018

320

rx written

88

rx filled

7

kits in hand / mo

Since 4/2019

65x

65-fold increased distribution rate

6,000+

kits directly distributed

500+

kits in hand / mo

Results: Statewide (California)

2018

0

EDs with high impact naloxone distribution

0

kits for free distribution

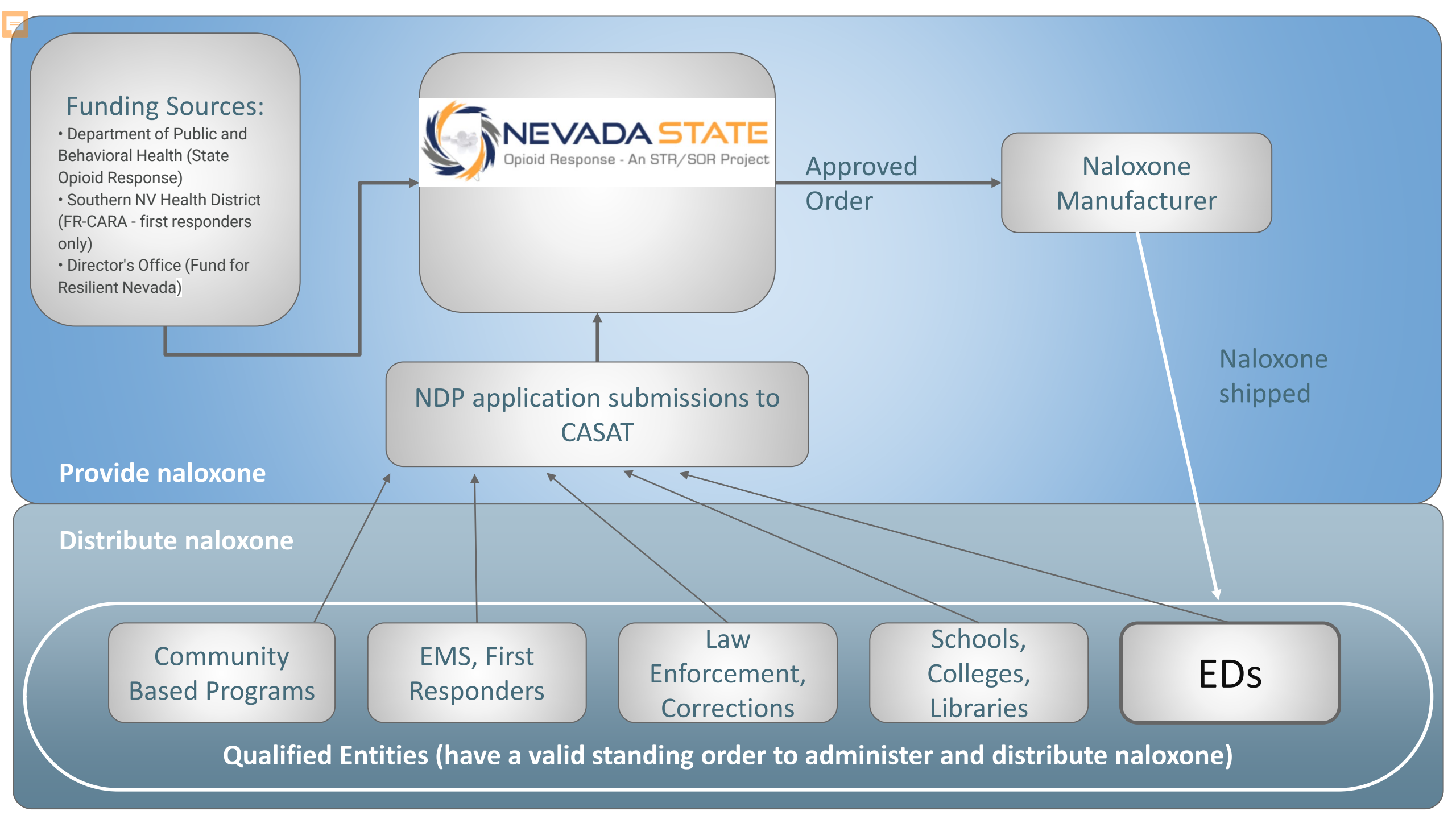
As of Q1 2023

165

EDs distributing naloxone

155,560

kits for free distribution


Funding Sources:
• Department of Public and Behavioral Health (State Opioid Response)
• Southern NV Health District (FR-CARA - first responders only)
• Director's Office (Fund for Resilient Nevada)
NEVADA STATE
Opioid Response - An STR/SOR Project
Approved Order
Naloxone Manufacturer
Naloxone shipped
NDP application submissions to CASAT
Provide naloxone
Distribute naloxone
Community Based Programs
EMS, First Responders
Law Enforcement, Corrections
Schools, Colleges, Libraries
EDs
Qualified Entities (have a valid standing order to administer and distribute naloxone)

Which regulations require exemption

- Regulatory domains include medication dispensing, labelling, maintenance, storage, packaging, and security.
- Regulations exempted in CA mapped to similar regulations in NV:
  - NAC 639.742 - 639.900, NRS 639.2801, and NAC 639.5007 - 639.520
  - Details provided in addendum

NAC= Nevada Administrative Code

NRS = Nevada Revised Statutes

Recommendations

Request state regulatory bodies (Nevada Board of Pharmacy (BOP), Nevada Department of Health and Human Services (DHHS), Nevada Division of Public and Behavioral Health (DPBH))

- **Permit low barrier distribution from Emergency Departments (ED)**
- **Permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for public naloxone distribution via standing order**

  – separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.

Draft language provided in the addendum

Recommendations pt.2

Template documents be made available to healthcare systems

- Templates such as SOP, standing order, log sheets, program description can be provided on an agency website, e.g. BOP, or 3rd party website, e.g. Center for the Application of Substance Abuse Technologies (CASAT)

Draft template documents provided in the addendum

Recommendations pt.3

Consider opioid settlement funds and other funding opportunities for

- Naloxone
- Fentanyl test strips
- ED-based peer support navigators
- Training for healthcare providers ED-based initiation of MOUD

REFERENCES

See addendum

References

Contact Information

Name	Josh Luftig, PA-C
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Email	jluftig@bridgetotreatment.org

7. 2023 LEGISLATIVE SESSION UPDATE

Vice Chair Holmes

Legislative Update (part one)

Senate Bills that overlap with 2022 SURG Annual Report recommendations from Response subcommittee:

- **SB4 –** Revises provisions governing certain programs to pay for prescription drugs, pharmaceutical services and other benefits.
  - SURG Recommendation #5 to expand outreach for overdose and deploy personnel to people released from institutional or other settings after overdose.
  - SURG Recommendation #13 to ensure Black, Latinx/Hispanic, Indigenous, and people of color communities receive overdose services and supplies.
  - Status: 4/24/23 - Passed Senate; 4/25/23 - Read in Assembly
- **SB35 –** Establishes the crimes of low-level trafficking in fentanyl, mid-level trafficking in fentanyl and high-level trafficking in fentanyl.
  - SURG Recommendation #1 to revise Fentanyl penalties
  - Status: 4/25/23 - Passed Senate; 4/26/23 - Read in Assembly
- **SB197 –** Prohibits unauthorized sale or possession of fentanyl or carfentanil and increases penalties for violation.
  - Status: No further action allowed
- **SB412 –** Increases penalty for possession of Fentanyl and other substances.
  - SURG Recommendation #1 to revise Fentanyl penalties
  - Status: 3/30/23 - Waiver granted

Legislative Update (part two)

Assembly Bills that overlap with 2022 SURG Annual Report recommendations from Response subcommittee:

- **AB132 –** Creates the Committee to Review Overdose Fatalities.
  - SURG Recommendation #10 Overdose Fatality Review Committees to identify system gaps and innovative strategies.
  - Status: 4/24/23 - Passed Assembly as amended; 4/25/23 - Referred to Senate HHS
- **AB156** – Ensure availability of medication-assisted Treatment in jails, detention centers, and correctional facilities, for people diagnosed with opioid use disorder, and continuation of treatment on release or transfer.
  - SURG Recommendation #5 to expand outreach for overdose and deploy personnel to people released from institutional or other settings after overdose.
  - SURG Recommendation #11 to expand access to MAT and recovery support for SUD, including bridge MAT programs.
  - SURG Recommendation #12 to implement follow-up, referrals, and linkage of care for justice involved individuals with opioid use disorder.
  - Status: 4/21/23 - Rereferred to Committee on Ways and Means (Exempt)

8. OVERVIEW OF RECOMMENDATIONS RECEIVED AND NEXT STEPS

Vice Chair Holmes

Recommendations Received and Next Steps

- **Recommendation #1:** Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law.
- **Submitted by:** Dr. Terry Kerns
- **Justification (from prior submission):**The Good Sam Act (SB 459) states that a person acting in good faith would not be arrested for drug related charges if they call 911, provide support to the person who overdosed and stay with them. However, according to the drug induced homicide law, which makes it a class A felony "If the death of a person is proximately caused by a controlled substance which was sold, given, traded or otherwise made available to him or her by another person in violation of this chapter, the person who sold, gave or traded or otherwise made the substance available to him or her is guilty of murder." Therefore, people are afraid to call 911 for those who have overdosed, out of fear of prosecution under NRS 453.333.
- **Research link(s):** See May 9, 2022, and August 23, 2022, Presentations
- **Possible presenters:** Christine Payson, Lisa Lee, Dr. Karla Wagner (presented previously)

Recommendations Received and Next Steps pt.2

- **Recommendation #2:** Revise NRS 453c.150 to include language similar to the State of Delaware: "Defendant made a good faith effort to promptly seek, provide, or obtain emergency medical or law enforcement assistance to another person who was experiencing a medical emergency after using a Schedule I or II controlled substance, and whose death would otherwise form the basis for criminal liability." or

  Rhode Island: "An eligible person will not be charged or prosecuted for the offense of controlled substance delivery resulting in death if a person, in good faith, without malice and in the absence of evidence of an intent to defraud, sought medical assistance for someone experiencing a controlled substance overdose and the evidence for the charge was gained because of the seeking of medical assistance. The protection only applies to the death of an adult and does not apply to the offense of controlled substance transaction resulting in death of a minor."
- **Submitted by:** Shayla Holmes
- **Justification:** These states and Vermont are the states that currently do not prosecute for Drug induced homicide or drug delivery resulting in death in relation to the good Samaritan laws.
- **Research Link:** http://legislativeanalysis.org/wp-content/uploads/2021/12/GOODSA1.pdf
- **Possible presenters:** Lisa Lee (presented previously)

Recommendations Received and Next Steps pt.3

- **Recommendation #3:** SUD/MH/MOUD assessment, treatment, recovery support, pre-release case management availability in incarcerated settings, implementation challenges and opportunities, and the 1115 waiver for Medicaid coverage 90 days pre-release.
- **Submitted by:** Dr. Stephanie Woodard
- **Justification:** The Federal government is encouraging states to apply for the new 1115 waiver. Readiness of the state jails and prisons to implement EHR's, billing systems, services and supports need to be assessed.
- **Research Links:**
  - https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf
  - https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/
  - https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx
  - The Common Wealth Fund: State Pushes for Innovative Ways to Improve Health Outcomes for Justice-Involved Individuals
- **Possible presenters:** Stacie Weeks, DHCFP Administrator on the 1115 waiver possibilities

  Bill Teel, DHHS FRN consultant, evaluating Nevada jails for MOUD treatment capabilities.

Recommendations Received and Next Steps pt.4

- Other Ideas to Discuss/Workshop?
- Presenter Suggestions?

9. DISCUSSION OF REPORT OUT FOR JULY SURG MEETING

Vice Chair Holmes

10. PUBLIC COMMENT

Public Comment (cont.)

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

11. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

OFFICE OF THE ATTORNEY GENERAL

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