



OFFICE OF THE ATTORNEY GENERAL

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RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

September 18, 2023

9:00 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
Vacant	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.
- If you are dialing in from a telephone:
 - Dial 669-444-9171
 - When prompted enter the Meeting ID: 868 3331 1069
 - Please press *9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE
AUGUST 21, 2023 RESPONSE
SUBCOMMITTEE MEETING
MINUTES**

Chair Kerns



4. 2023 RESPONSE RECOMMENDATIONS DISCUSSION

Chair Kerns

2022 RESPONSE RECOMMENDATIONS

Please refer to the 2022 SURG Recommendations Status July 2023 handout for details on the status of recommendations.

Guiding Principle: *Harmonize public safety and public and behavioral health responses to substance use in our communities and state.*

1. Revise penalties based on the quantity of Fentanyl, analogs, or other synthetic drugs of high potency that are trafficked. (NRS 453.3385, NRS 453.336, 453.339, 453.3395).
2. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose.
-  3. Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committees and recommend an allocation of funding to support the OFR to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.
-  4. Fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.

For Further Review:

Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel.

SUMMARY OF RESPONSE SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW

Please refer to the SURG Response Recommendations-September 2023 handout for additional details

1. Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law.
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..." 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..."

SUMMARY OF RESPONSE SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW, CONT.

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.
4. Wastewater-based epidemiology (WBE) for monitoring public health trends.
5. Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law.
6. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose.

2023 RESPONSE RECOMMENDATIONS DISCUSSION

Please discuss the following for each recommendation:

- Urgency
- Impact
- Capacity & feasibility of implementation
- How the recommendation advances racial and health equity

5. DISCUSS REPORT OUT FOR OCTOBER SURG MEETING

Vice Chair Holmes

6. PUBLIC COMMENT

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7. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

[https://ag.nv.gov/About/Administration/Substance
Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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