



## OFFICE OF THE ATTORNEY GENERAL

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# RESPONSE SUBCOMMITTEE

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Substance Use Response Group (SURG)

June 3, 2025

11:00 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	Subcommittee Role
Assemblymember Ken Gray	Member of the Assembly appointed by the Assembly Minority Leader	Member
Dr. Shayla Holmes	Rural Human Services (Lyon County)	Vice Chair
Dr. Terry Kerns	Attorney General Appointee	Chair
Nancy Lindler	SUD Treatment Provider	Member
Christine Payson	Sheriffs' & Chiefs' Assoc.	Member
Senator Jeff Stone	Member of the Senate appointed by the Senate Minority Leader	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 \*6 so the host can prompt you to unmute.
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

# **3. REVIEW AND APPROVE MINUTES FROM MAY 14, 2025 RESPONSE SUBCOMMITTEE MEETING**

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Chair Kerns

# **4. PRESENTATION ON EMERGENCY BRIDGE PROGRAM**

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Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Co-Founder/Chief Medical Officer, Elite 7 Sports Medicine

# A New Approach to Opiate Care: Empowering Hospitals With Resources and Innovation

Kelly Morgan MD





# PACT COALITION

PREVENTION, ADVOCACY, CHOICES, TEAMWORK



This project was supported in whole or in part by the Nevada Division of Public and Behavioral Health Bureau of Behavioral Health, Prevention, and Wellness through funding provided by the Nevada State Targeted Response to the Opioid Crisis Grant awarded by the Substance Abuse and Mental Health Services Administration (SAMSHA).

This project has been funded by grant number NH28CE003534 from the Centers for Disease Control and Prevention. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the CDC, or the U.S. Government.



# Nevada Statewide Statistics

## CURRENT STATUS - SUBSTANCE-RELATED DEPENDENCE (2023)

DATA AS OF 12/31/2023

Data below are displayed by the resident county of the patient visiting the hospital for a drug-related dependence. Rates are calculated per 100k population. There may have been multiple drugs involved in each record, therefore each category is not mutually exclusive. All substances include every drug-related visit not limited to alcohol, opioid, and stimulant. [Learn More](#)

SELECT A DRUG TYPE

All Substances

SELECT A HOSPITALIZATION TYPE

- ☒ Emergency Department
- ☐ Inpatient

SELECT A COUNTY/REGION

- ☐ North
  - ☐ Carson City
  - ☐ Washoe
- ☐ Rural
  - ☐ Churchill
  - ☐ Douglas
  - ☐ Elko
  - ☐ Esmeralda
  - ☐ Eureka
  - ☐ Humboldt
  - ☐ Lander
  - ☐ Lincoln

KEY METRICS

**72,618**  
TOTAL HOSPITAL ENCOUNTERS

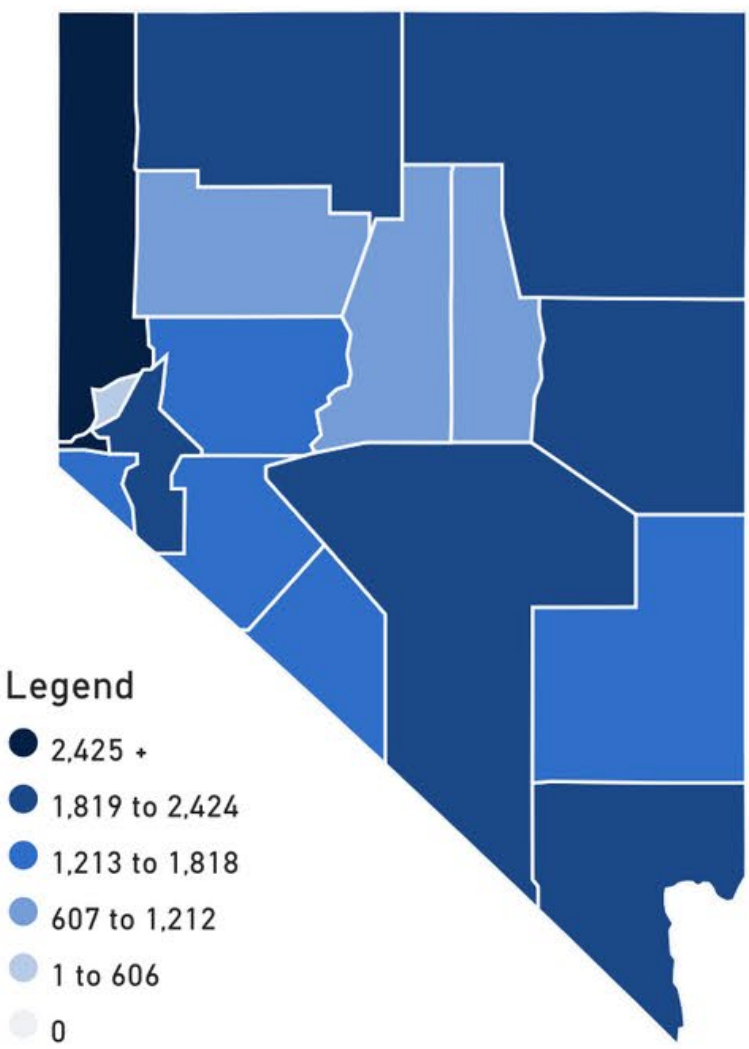
**2,189.7**  
AGE-ADJUSTED RATE

**2,219.4**  
CRUDE RATE

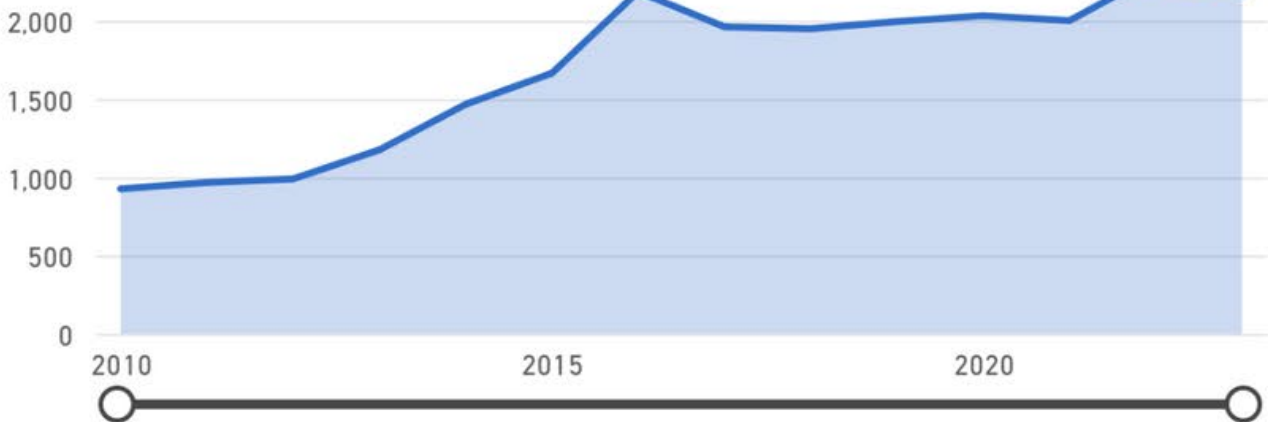
**Not Applicable**  
AVERAGE LENGTH OF STAY (DAYS)

**52.6%**  
PERCENT OF VISITS WITH MEDICAID PAYER

AGE-ADJUSTED RATE BY RESIDENT COUNTY



AGE-ADJUSTED RATE BY YEAR



COUNTY	POPULATION	DEPENDENCE	AGE-ADJUSTED RATE	CRUDE RATE
Carson City	59,039	1,707	3,027.5	2,891.3
Churchill	26,634	434	1,703.0	1,629.5
Clark	2,392,158	49,995	2,055.2	2,090.0
Douglas	53,510	666	1,384.0	1,244.6
Elko	56,426	1,296	2,255.3	2,296.8
Esmeralda	1,093	15	1,230.7	1,372.4
Eureka	1,888	14	843.8	741.5
Humboldt	17,862	345	1,939.3	1,931.5
Lander	6,225	48	775.9	771.1
Lincoln	4,984	66	1,327.1	1,324.2
Total	3,271,898	72,618	2,189.7	2,219.4

# Substance Use Affects the Entire Hospital



01

**1 in 11** Emergency Department (ED) visits are made by adults with a substance use disorder (SUD)

02

**11.9%** of all hospitalized patients have an SUD, many of which are unrecognized or undertreated.

03

Admitted patients with substance use have **longer lengths** of stay and **higher rates of readmission**.

04

Untreated withdrawal increases stress and anxiety for patients and care providers, causing **unnecessary conflict/frustration** and **reduced staff morale and productivity**.



# Challenges That Exist in the Current System



## Stigma

Difficult patients, often with co-morbidities and mental health, social determinants of health challenges



## Disconnect

Between hospitals and outpatient follow-up



## Lack of Understanding

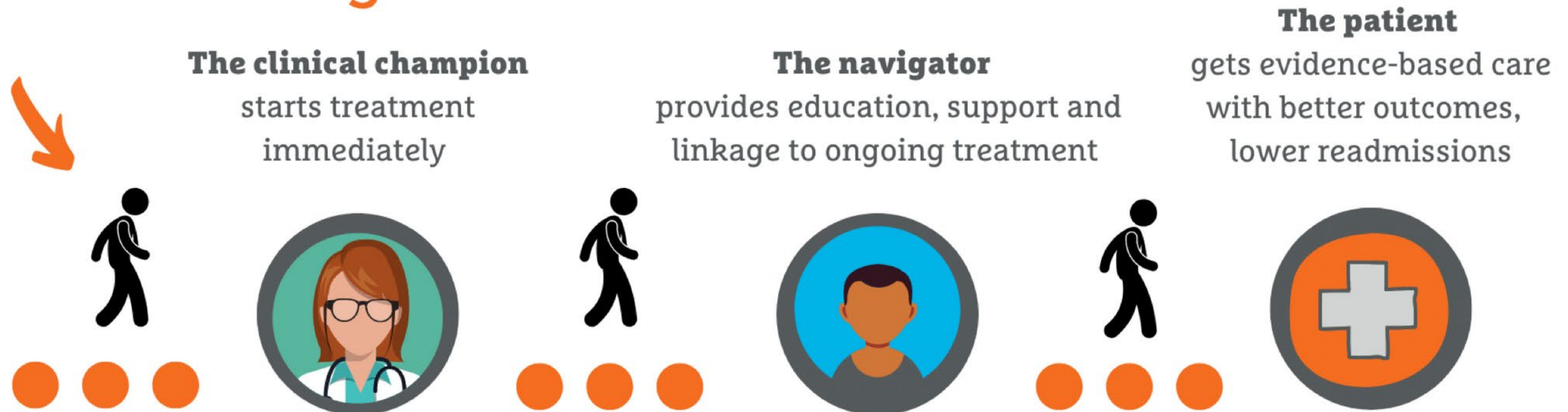
Reimbursement process/rates and grant funding of navigators





# The National BRIDGE Model

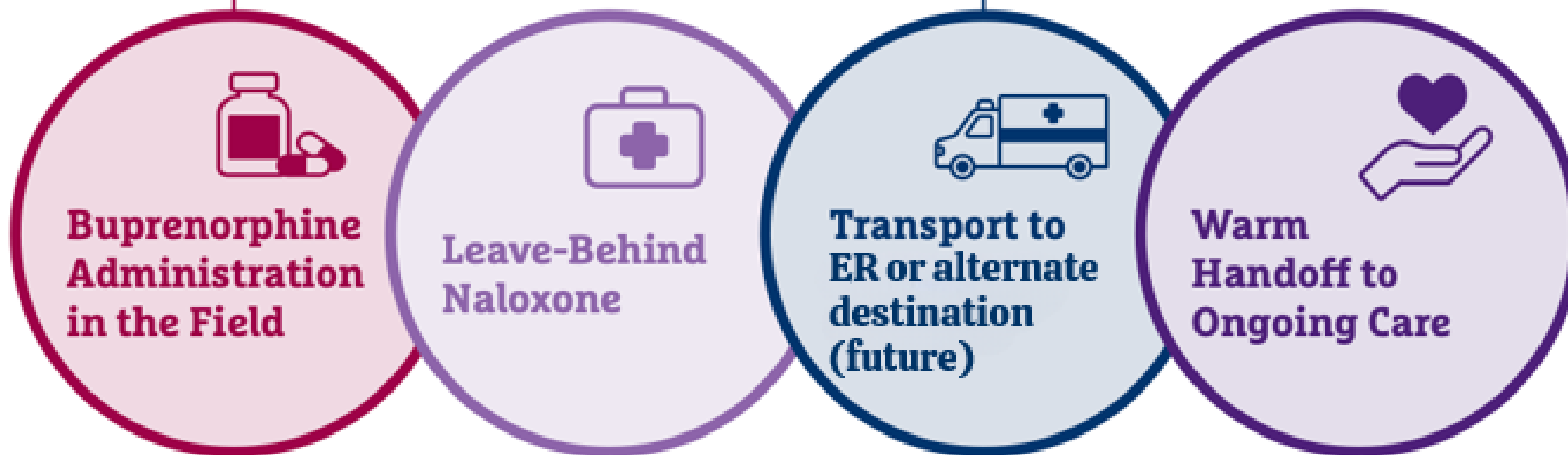
## The CA Bridge Model in Action



# The EMS Bridge Model

- EMS personnel assess patient eligibility and treat with buprenorphine. Buprenorphine is a safe and effective addiction medication that reduces withdrawal symptoms, relapse, and overdose risk.

- Currently no opioid receiving hospitals in Nevada. Therefore, ALL hospitals need to have a plan to address people who present after a non-fatal overdose or with signs of opiate withdrawal.



- EMS personnel leave naloxone kits with patients and other community members to use in future emergency situations to reverse overdoses.

- Patients are connected to trained navigators who provide clinical and social support to ensure patients receive ongoing care and treatment.





# Evidence-Based Medicine

## **Buprenorphine as a standard of care**

Why not have a SUD czar similar to STEMI, Sepsis, and Stroke value-based reimbursement may mandate review

## **ER initiated BUP**

Has increased rates of retention in treatment at the critical 30 day mark (78% vs 37%)

## **Peer Navigators**

50% who engaged with PRSS were engaged with treatment vs 16% without

# Buprenorphine Saves Lives

## Mortality Risk Compared to the General Population





# What may be coming down the pike in terms of reimbursement...

## Value-based Metrics

- DEA put an education mandate for MAT education training for renewal for all holders of a DEA license
- DEA has set the stage to encourage BUP and navigation services as the standard of care
- ACEP has published a white paper on BUP and full support of harm-reduction strategies and screening for other disease processes
- Sets the stage for value-based metrics similar to Stroke, STEMI, etc.



**In an ER visit for an opioid overdose where a physician initiates buprenorphine treatment, several CPT and HCPCS codes may be used to capture the services provided. These codes include:**

**Emergency Department Evaluation and Management (E/M) Codes:**

- 99282: Level 2 - Low complexity
- 99283: Level 3 - Moderate complexity
- 99284: Level 4 - Moderate to high complexity
- 99285: Level 5 - High complexity

**Medication Administration Codes:**

J0575: Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine (used for medication reimbursement)

**Opioid Treatment and Counseling Codes:**

- G2213: Initiation of medication for opioid use disorder (OUD) in the emergency department
- H0050: Alcohol and/or drug services, brief intervention (e.g., SBIRT – Screening, Brief Intervention, and Referral to Treatment)

**Diagnosis Codes (ICD-10):**

- T40.1X1A: Poisoning by heroin, accidental (unintentional), initial encounter
- T40.2X1A: Poisoning by other opioids, accidental (unintentional), initial encounter
- T40.3X1A: Poisoning by methadone, accidental (unintentional), initial encounter
- F11.20: Opioid dependence, uncomplicated
- F11.21: Opioid dependence, in remission
- F11.22: Opioid dependence with intoxication
- F11.23: Opioid dependence with withdrawal
- Psychiatric Evaluation and Counseling (if provided):
  - 90791: Psychiatric diagnostic evaluation (without medical services)
  - 90792: Psychiatric diagnostic evaluation (with medical services)
  - 90832-90837: Psychotherapy (30, 45, or 60 minutes)

**Additional Codes for Observation or Prolonged Services:**

- 99218-99220: Initial observation care, per day
- 99224-99226: Subsequent observation care, per day
- 99354-99357: Prolonged service in the inpatient or observation setting requiring direct patient contact beyond the usual service
- Toxicology Screening (if performed):**
  - 80305: Drug test(s), presumptive, any number of drug classes, by immunoassay
  - 80306: Drug test(s), presumptive, qualitative, using instrumented systems
  - 80307: Drug test(s), definitive, quantitative





# Changes That Are Occurring

01

The Pharmacy Board passed legislation (SB 325 passed 2021) that pharmacists could de novo prescribe buprenorphine.

02

Updates on reimbursement ROI

03

Addictive medicine consult service and DOP should be standard

04

Telehealth has been approved for navigator services



# System That Will Be Put in Place



## Nursing Education

Online courses for all nursing staff, in addition to training hosted yesterday for ER Charge & Triage Nurses



## Warm Line Handoff

Connection to a Navigator 24/7



## Documentation of Services

Utilizing EMS software to document services, providing proof of navigator consult.



## Prescribing Plan

All patients should leave with a prescription for buprenorphine.



## EMS BUP Trial

Will be launched later this year with LVFR and Henderson Fire



# Return on Investment



## Benefits of Navigator in the ED

- Improves hospital workflow
- Reduces hospital cost
- Improves performance metrics
- Increases provider satisfaction



## Decreased Length of Stay

- Decreased length of stay by 1-2 days
- Decreased readmissions by 30%
- Decreased ICU use on re-admissions



## Reduced Hospital Costs

- An average savings of \$17,780 per patient for under 9 hours of engagement at a cost of \$343
- 27% decrease in costs



## Improved Performance Metrics and Increasing Provider Satisfaction

- AMA rates decrease
- Less risk of 30 day bounce backs



# The Ask

- Admin buy-in
- Willingness to push education about the topic
- IT tracking to assess success or need to pivot
- Help with take home naloxone
- Take home BUP (3 day supply)
- Allow for coordination for rapid testing of infectious disease (HIV, Hepatitis, etc)





# QUESTIONS?

## Phone

702-885-2460

## Email

KellyMorganMD@gmail.com

## Google Drive with Resources



## LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION MODEL SUBSTANCE USE DISORDER TREATMENT IN EMERGENCY SETTINGS ACT

MARCH 2023



This project was supported by Grant No. G21990NDCP03A awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government. Research current as of September 2022.

# **5. PRESENTATION ON MEDICATION ASSISTED TREATMENT (MAT)/MEDICATIONS FOR OPIOID USE DISORDER (MOUD) ACCESS IN CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CBHCS)**

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Mark Disselkoen, MSW, LCSW, LADC. Project Manager, Center for Application of Substance Abuse Technologies (CASAT), University of Nevada, Reno

Lori Follett, Social Services Chief II, Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), Behavioral Health Benefits Coverage Team

# Presentation on Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CBHCs)

See separate meeting attachment labeled “Item 5-CCBHC Presentation SURG Response 6-2025.v2”

# **6. UPDATE ON WASTEWATER SURVEILLANCE OF HIGH-RISK SUBSTANCES IN NEVADA**

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Daniel Gerrity, Ph.D., P.E.

Principal Research Scientist, Southern Nevada Water Authority

Edwin Oh, Ph.D.

Professor, Neurogenetics and Precision Medicine Lab, University of Nevada Las  
Vegas

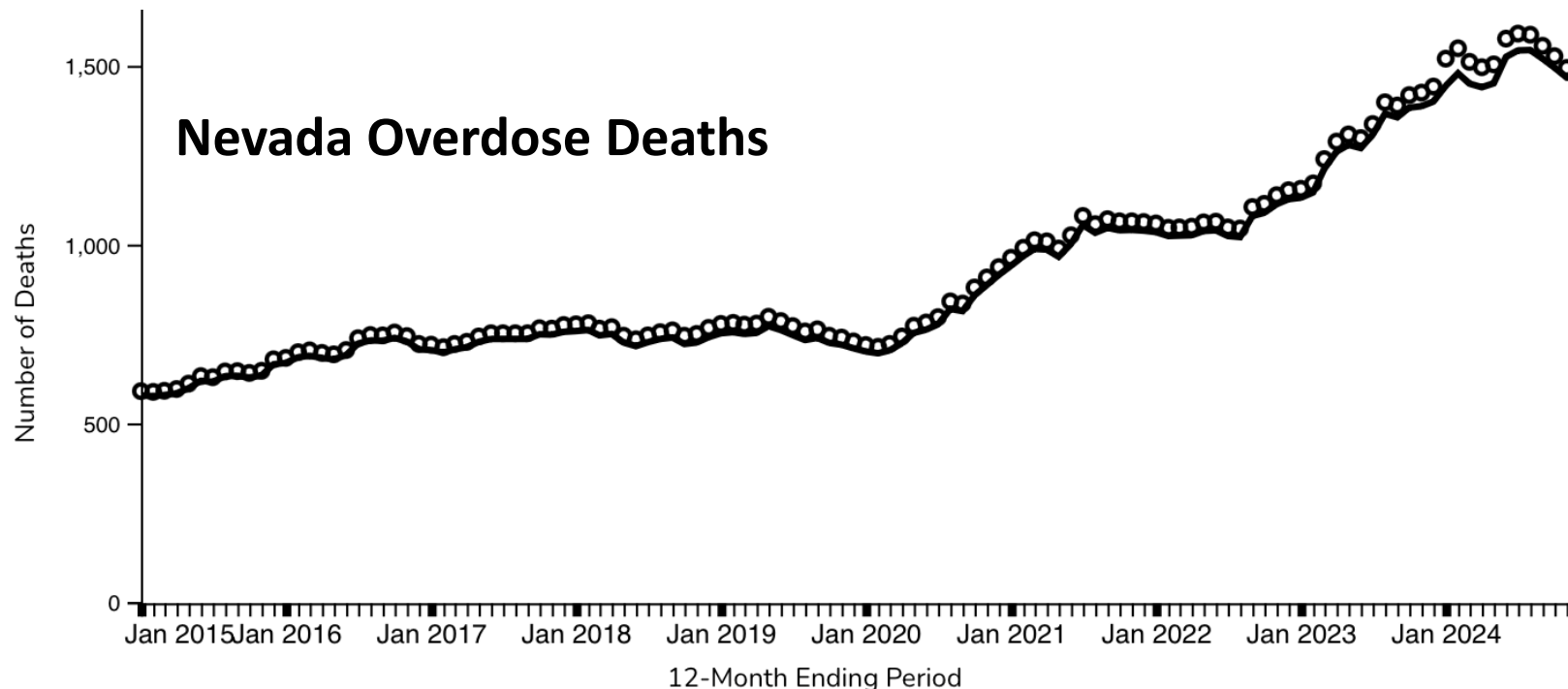
# Nevada Opioid Epidemic

## Opioid Overdose Mortality

Rate per 100,000 Population\*  
2019-2023

	2019	2020	2021	2022	2023
Clark County*	9.9	16.0	15.4	15.3	19.5
Nevada*	8.8	13.5	12.8	13.9	19.6
United States**	15.5	21.4	24.7	25.0	24.0

- Considerable increases in per capita overdose rates in 2020 **and 2023**



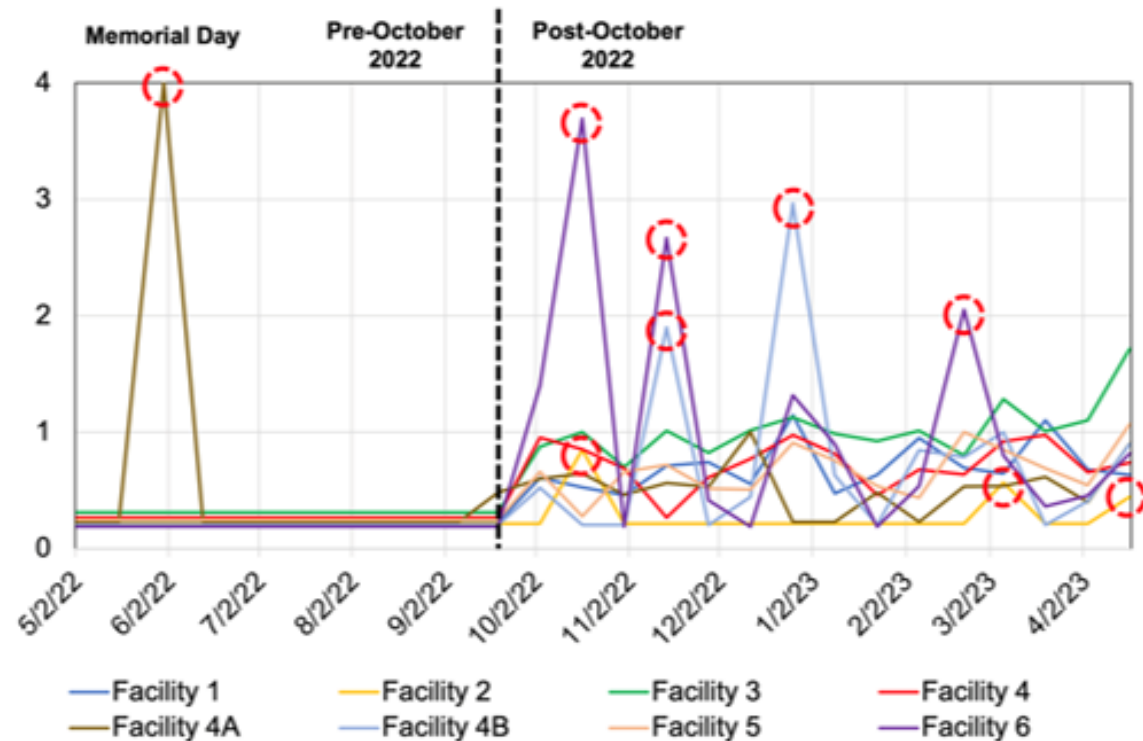
- Overall increase in Nevada overdose deaths from 2023 to 2024 **but signs of slowing**

**Sources:** Southern Nevada Community Health Assessment Report (2025); CDC National Vital Statistics System (2025)

# Nevada Wastewater Surveillance

- Considerable increases in per capita overdose rates in 2020 and **2023**

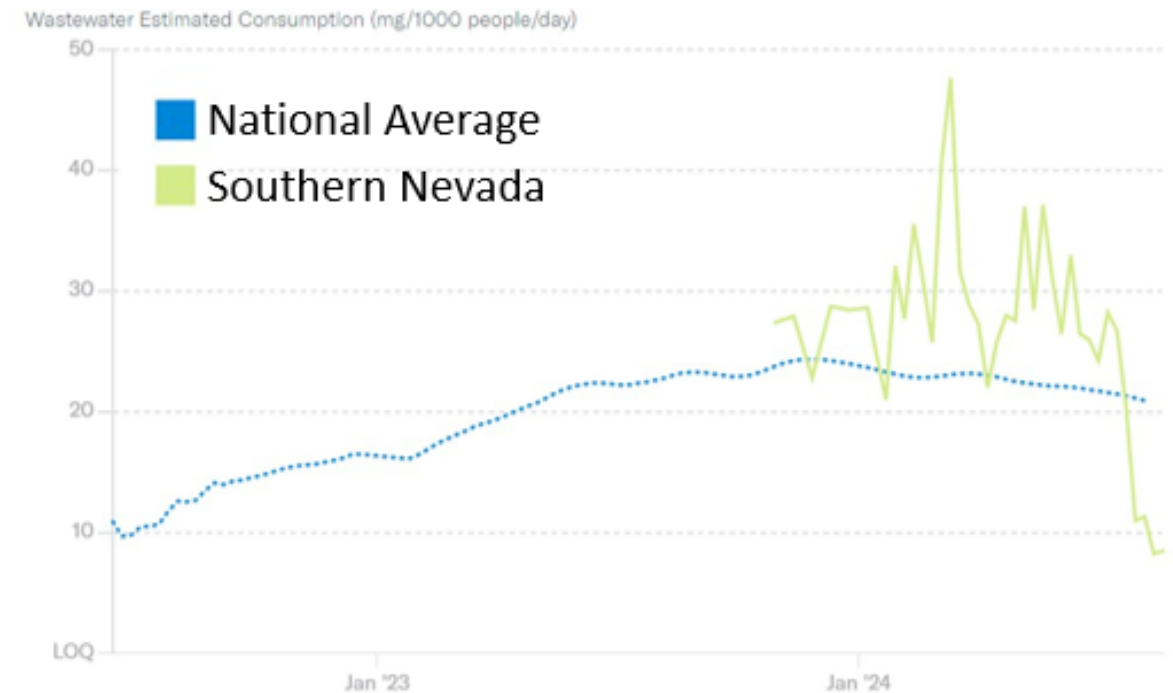
## Norfentanyl in Wastewater:



Source: Gerrity et al. (2024) Sci. Tot. Environ.

- Overall increase in Nevada overdose deaths from 2023 to 2024 **but signs of slowing**

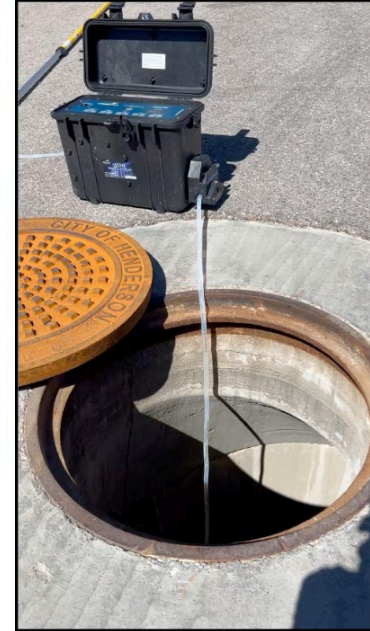
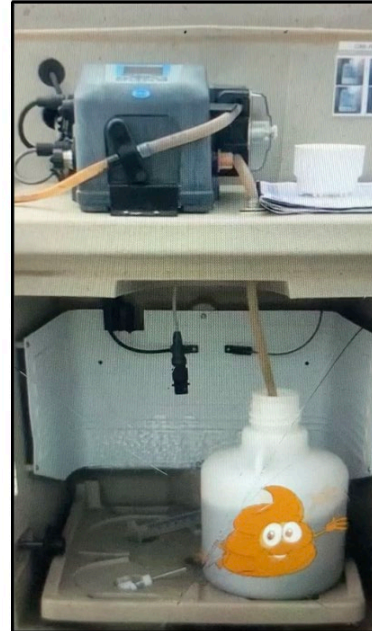
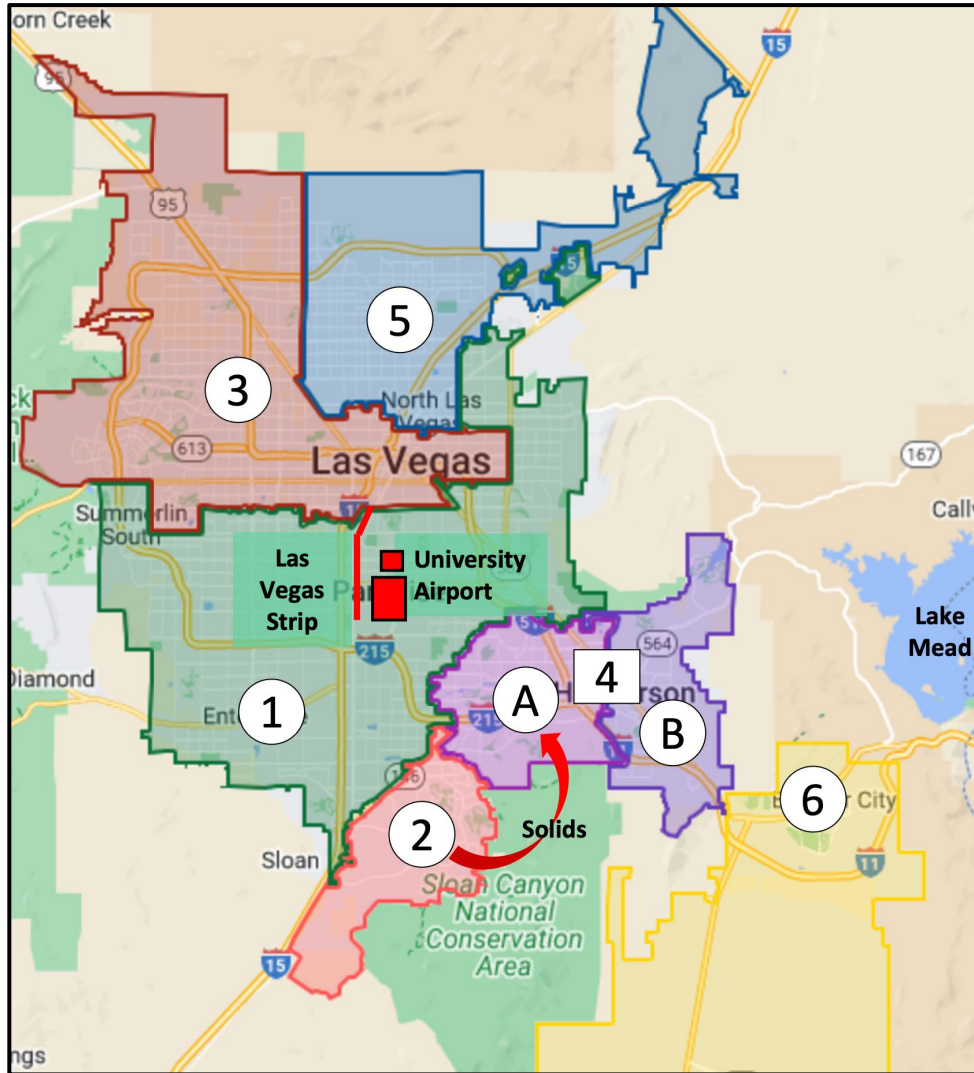
## Norfentanyl in Wastewater:



Source: Biobot/NIDA (2024)

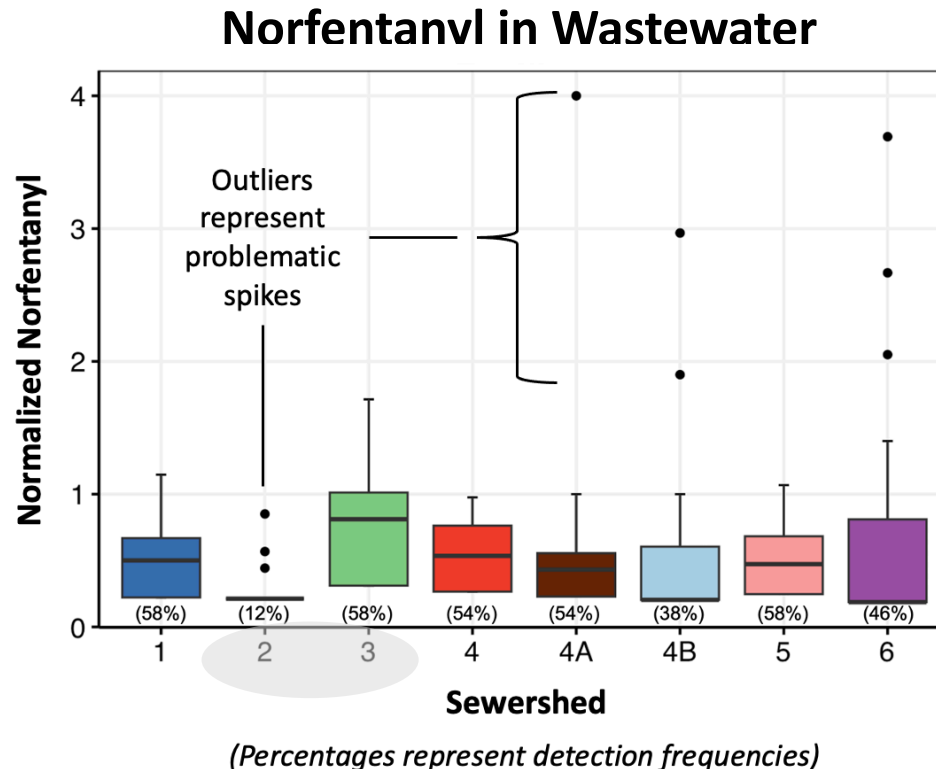


# Wastewater Surveillance Sampling



# Sewershed Wastewater Surveillance

- **Objective:** Identify concerning spikes in high risk substance (HRS) use
- **Policy/Health:** Identify times and locations for targeted interventions
- **Scale:** Centralized wastewater treatment facility (or collection system)



## 2022/2023 Overdose Rates:

Lowest: 80 per 100k → Sewershed 2

Highest = 337 per 100k → Sewershed 3

# Fund for a Resilient Nevada (FRN)

- ***Collaboration:*** UNLV (Ed Oh), UNR (David Hanigan), CSN (Doug Sims), SNWA (Dan Gerrity)
- ***Priority Area:*** *Target 7 - Provide high quality and robust data and accessible, timely reporting*
- ***Requested Funding:*** \$750k/year in 3 one-year projects (**shortened year 1 nearly complete**)
- ***Overview of Project***
  - Target population = **youth** (~13-17) + **transitional age youth** (18-24)
  - Manhole sampling at **college/university campuses** and urban and rural **high schools** in Nevada
  - Manhole sampling specific to **bars/nightclubs**
- ***Potential Public Health Actions***
  - Awareness/outreach programs
  - Naloxone deployment
  - Fentanyl test strips to bars/nightclubs

# FRN Project Flyer

## What's in the wastewater?

Wastewater monitoring for opioids and other high-risk substances provides information for public health interventions and response.

**60%** of 2023 overdose deaths in Nevada involved an opioid.

**43%** of those overdose deaths involved fentanyl.

**355** youth, adolescents, and transitional age youth (TAY) were admitted to a hospital with opioid-related dependence in 2023.



Source: [Fund for a Resilient Nevada Annual Report](#), January 1, 2023, through December 31, 2023 (dhhs.nv.gov).

Community wastewater has been analyzed for opioids and other high-risk substances in urban areas throughout the U.S., including in Las Vegas, NV.

Interventions informed by community wastewater monitoring can include:



Public health awareness campaigns



Access to fentanyl test strips



Naloxone access and training for overdose response



A pilot program, supported by Fund for a Resilient Nevada (FRN), is implementing wastewater monitoring for opioids and their metabolites on college/university campuses in Nevada.

Learn more about wastewater monitoring on your campus:

Visit [empower.unlv.edu](https://empower.unlv.edu)

Email [sciencefromthetap@gmail.com](mailto:sciencefromthetap@gmail.com)

Locate addiction and recovery services in Nevada:

Call 1-866-535-5654 or 2-1-1

Visit [nevada211.org](https://nevada211.org)

## Frequently Asked Questions (FAQs)

### What is this project?

This project is implementing a statewide wastewater monitoring program for fentanyl and other opioids (and their metabolites).

### Where is wastewater monitoring occurring?

Wastewater samples will be collected from one or more utility access holes on or near campus at colleges and universities in Nevada, including University of Nevada, Las Vegas (UNLV), University of Nevada, Reno (UNR), Nevada State University (NSU), and College of Southern Nevada (CSN).

### Why is this being done at universities?

This program is focused on youth (0-18) and transitional age youth (18-24), which includes college and university students.

### What is the timeframe for this project?

During the first phase of this project, wastewater sampling will occur approximately biweekly from April through July of 2025.

### What results will be obtained from this project?

Each wastewater sample will be analyzed for the presence and concentration of several opioids and opioid metabolites. While some wastewater samples may originate from a specific building's wastewater utility access point, we are not able to identify the specific source location from within that building.

### How will the results be shared?

This project will generate reports, summarizing trends in wastewater concentrations of opioids and their metabolites over time, to be shared with project partners including campus administrators, student health and wellness staff, and public health agencies. In the future, results will also be shared on an online dashboard.

### What will be done based on the results obtained from this project?

Results may be used to inform public health interventions, including awareness campaigns, trainings, and justification for additional wellness resources, like naloxone supplies or fentanyl test strips.

Results obtained from this project are for public health purposes only. Due to the anonymized nature of wastewater, the results **cannot** be used for punitive actions or criminal prosecutions. Student, staff, and visitor privacy will remain protected.

### How is this project funded?

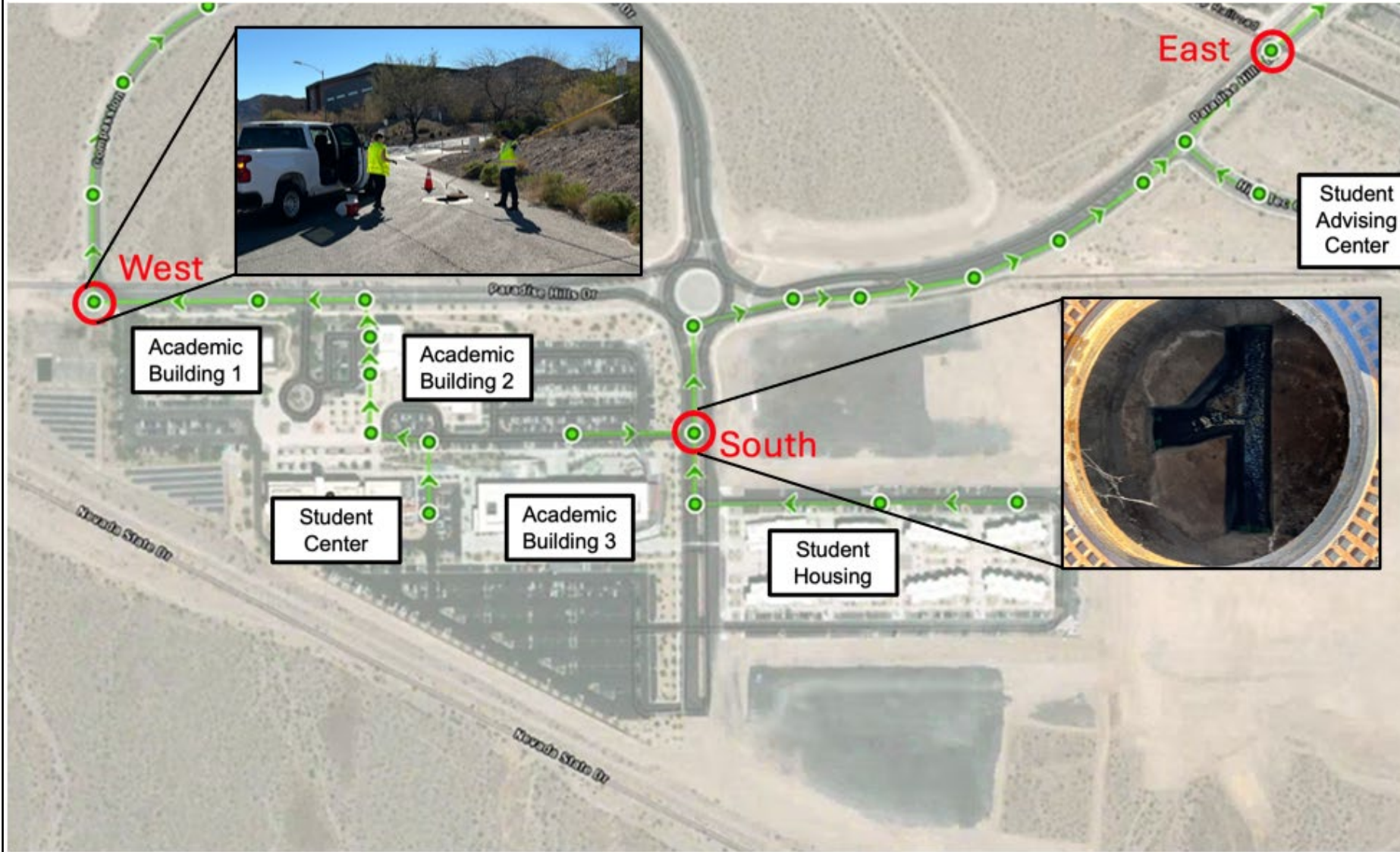
This project is supported by Fund for a Resilient Nevada (FRN). FRN is administered by the Nevada Department of Health and Human Services (DHHS) to address the impacts, risks, and harms of opioid use in the State of Nevada. FRN is funded by Nevada's allocation of recent opioid litigation recoveries.

### How can I learn more about this project?

Visit [empower.unlv.edu](https://empower.unlv.edu) or email [sciencefromthetap@gmail.com](mailto:sciencefromthetap@gmail.com) to learn more.



# Nevada State University Sampling



## Timeline:

- Samples collected **Sunday/Monday/Tuesday** mornings
- Samples processed and analyzed by **Tuesday** afternoon
- Data shared with project partners **Wednesday** morning
  - Nevada State University (Student Wellness)
  - City of Henderson Mobile Crisis Intervention Team
  - Southern Nevada Health District

# Nevada State University Summary

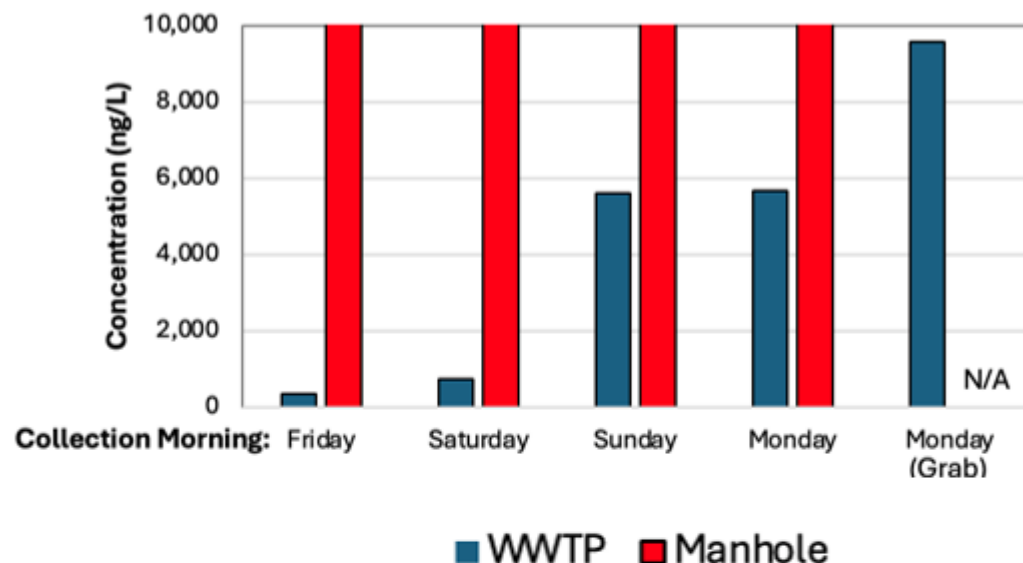
REPORTING DATE	OVERALL DETECTION FREQUENCY			DETECTIONS IN MOST RECENT WEEK			
5/8/25	(N = 12 samples per site to date)			(N = 3 samples per grab site and 1 sample for composite)			
Target	West (Grab)	South (Grab)	East (Grab)	West (Grab)	South (Grab)	South (Comp.)	East (Grab)
Fentanyl	0%	0%	0%	0	0	Non-Detect	0
Norfentanyl	0%	0%	0%	0	0	Non-Detect	0
Xylazine	0%	0%	0%	0	0	Non-Detect	0
Heroin	0%	8%	8%	0	0	Non-Detect	0
Acetylmorphine	0%	8%	8%	0	0	Detected	0
Morphine	0%	25%	42%	0	0	Detected	0
Codeine	0%	0%	8%	0	0	Non-Detect	0
Hydrocodone	0%	0%	0%	0	0	Non-Detect	0
Oxycodone	0%	0%	0%	0	0	Non-Detect	0
Tramadol	8%	0%	17%	1	0	Non-Detect	1
Methadone	0%	0%	0%	0	0	Non-Detect	0
EDDP	0%	0%	0%	0	0	Non-Detect	0
Methamphetamine	25%	58%	58%	1	2	Detected	2
Amphetamine	50%	75%	83%	1	0	Detected	1
Cocaine	0%	0%	0%	0	0	Non-Detect	0
Benzoylcegonine	0%	8%	17%	0	0	Detected	1
Ecgonine Methyl Ester	0%	0%	0%	0	0	Non-Detect	0
Ecgonine	0%	0%	0%	0	0	Non-Detect	0
Norcocaine	0%	0%	0%	0	0	Non-Detect	0
THC	0%	8%	17%	0	0	Non-Detect	0
THC-COOH	50%	92%	100%	2	3	Detected	3
THC-OH	25%	42%	83%	1	0	Non-Detect	2
MDMA	0%	0%	0%	0	0	Non-Detect	0
MDA	0%	0%	0%	0	0	Non-Detect	0

\*Samples collected every 2 weeks on Sundays, Mondays, and Tuesdays

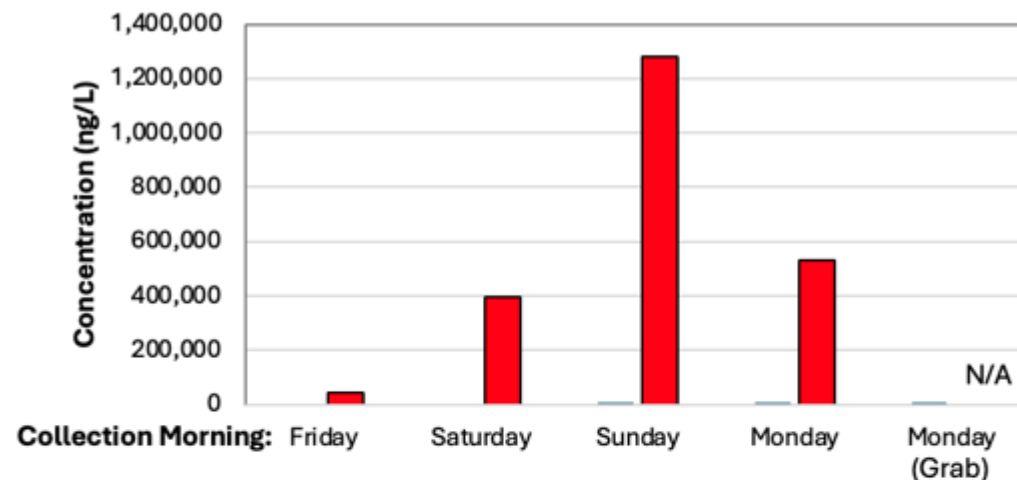
- No detections of fentanyl, norfentanyl, or xylazine so far
- Heroin or its major metabolite detected in two separate weeks at the student housing complex manhole
- Composite sampling picks up signals that grab samples might otherwise miss

# Electric Daisy Carnival (EDC) 2024

## MDMA (Ecstasy) Concentration

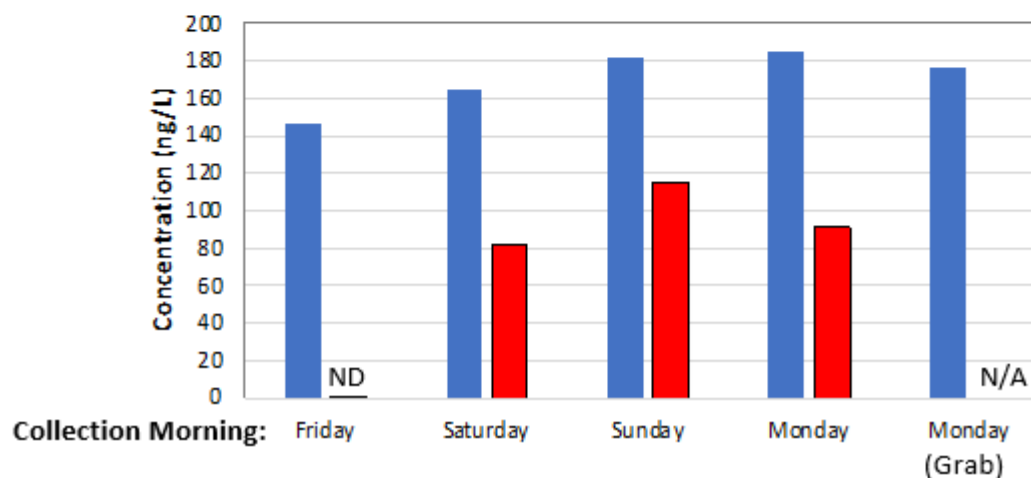


## MDMA (Ecstasy) Concentration



Sampling repeated in 2025  
(data are pending)

## Norfentanyl Concentration





# References

## Overdose Data :

- Southern Nevada Community Health Assessment Report (2025): <https://www.healthysouthernnevada.org/tiles/index/display?id=356966798698245621>
- CDC National Vital Statistics System (2025): <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

## High Risk Substance Wastewater Surveillance Data:

- Biobot/NIDA (2024): <https://biobot.io/press-release/biobot-analytics-awarded-nida-funding-for-nationwide-wastewater-based-monitoring-program-for-high-risk-substances-and-others-associated-with-health-risks/>.
- Gerrity, D., Crank, K., Oh, E.C., Quinones, O., Trenholm, R.A., Vanderford, B.J., 2024. Wastewater surveillance of high risk substances in Southern Nevada: Sucralose normalization to translate data for potential public health action. Sci. Tot. Environ. 908, 168369. <https://doi.org/10.1016/j.scitotenv.2023.168369>.
- Zhuang, X, Moshi, M.A., Quinones, O, Trenholm, R.A., Chang, C-L., Cordes, D., Vanderford, B.J., Vo, V., Gerrity, D., Oh, E.C., 2024. Spatial and temporal drug use patterns in wastewater correlate with socioeconomic and demographic indicators in Southern Nevada. JAMA Network Open. In press. Preprint: <https://doi.org/10.1101/2024.02.02.24302241>.



# Disclosures

- These efforts were supported by the following:
  - **U.S. Centers for Disease Control and Prevention (NH75OT000057-01-00)**
  - **Nevada Department of Health and Human Services (Traveler Health)**
  - **Nevada Department of Health and Human Services (Fund for a Resilient Nevada)**
- We would like to acknowledge the collaborating wastewater agencies for their assistance with sample logistics and the following individuals for their contributions: Casey Barber, Isabelle Bastien, Andrew Black, Ching-Lan Chang, Eric Dickenson, Rick Donahue, Dan Fischer, Kimberly Franich, Gregory Halstead, Janie Holady, Frank Licari, Cassius Lockett, Anil Mangla, Devon Morgan, Michael Moshi, Oscar Quinones, Jessica Steigerwald, Brittney Stipanov, Rebecca Trenholm, Brett Vanderford, and Phillip Wang.

# Contact Information

<b>Name</b>	<b>Daniel Gerrity, Ph.D., P.E.</b>
Title	Principal Research Microbiologist, Southern Nevada Water Authority (SNWA)
Phone	725-202-5173
Email	<a href="mailto:Daniel.Gerrity@snwa.com">Daniel.Gerrity@snwa.com</a>

<b>Name</b>	<b>Edwin Oh, Ph.D.</b>
Title	Professor, University of Nevada Las Vegas (UNLV)
Phone	702-895-0509
Email	<a href="mailto:Edwin.Oh@unlv.edu">Edwin.Oh@unlv.edu</a>

# **7. DISCUSS PROPOSED 2025 RESPONSE SUBCOMMITTEE RECOMMENDATIONS**

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Chair Kerns

# Recommendation #1

**Submitted by:** Dr. Shayla Holmes

**Description:** Prohibit the sale of all psychoactive substances, including hemp-derived cannabinoids and psychoactive mushrooms, to individuals under 21 years of age, aligning with existing cannabis regulations.

**Implement Clear Labeling Standards:** Mandate that all products containing psychoactive compounds have standardized labeling, including clear warnings about potential health risks and age restrictions.

**Restrict Sales Locations:** Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.

**Enhance Enforcement Mechanisms:** Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.

# Recommendation #1 (cont.)

**Justification:** In Nevada, it is illegal for individuals under 21 to purchase or possess cannabis products, including Delta-9 THC, unless they are medical marijuana cardholders. Additionally, over-the-counter (OTC) medications containing dextromethorphan (DXM) cannot be sold to minors under 18 without a prescription.

However, certain substances, such as hemp-derived Delta-9 THC products (containing less than 0.3% THC by dry weight) and psychoactive mushrooms, may be legally accessible due to their specific chemical compositions and lack of comprehensive regulation. This creates potential loopholes that could allow minors to obtain and misuse these substances.

**Action Step:** Bill Draft Request (BDR), Regulatory or Licensing Board



# Recommendation #2

**Submitted by:** Dr. Terry Kerns

**Description:** Revise this recommendation to also include desistance: Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.

**Justification:** Desistance is potentially a more accurate way to measure program impact.

**Action Step:** State agencies that support diversion and deflection programs have a definition of recidivism. Also have a working group to address this.

# **8. REVIEW 2025 RESPONSE SUBCOMMITTEE MEETING TOPICS**

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Chair Kerns

# Planning for 2025 Response Subcommittee Meetings

## **Current Topic and Presenter Suggestions for Upcoming Response Meetings:**

- Workforce - Dr. Sara Hunt, Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE NV), UNLV
- Defining Recidivism – Washoe County Sheriff's Department
- Drug and Alcohol Prevention, Education, and Enforcement - Officer Jermaine Galloway

*Please email Subcommittee staff with any speaker recommendations.*

## **Response Subcommittee Meeting Dates:**

- August 5, September 2, November 4 from 11:00 am - 12:30 pm

# **9. PUBLIC COMMENT**

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# 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 \*6 so the host can prompt you to unmute.
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.



# **9. ADJOURNMENT**

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# 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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