

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

August 7, 2024
3:00 p.m.

Zoom Meeting ID: 825 0031 7472

Call in audio: 1 253-205-0468

No Physical Public Location

Members Present via Zoom or Telephone

Chair Jessica Johnson, Vice Chair Erik Schoen, Senator Fabian Doñate, Debi Nadler, Angela Nickels

Attorney General's Office Staff

Terry Kerns and Rosalie Bordelove

Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

Members of the Public via Zoom

Ally Abbatangelo, Trey Abney, Laura De La Cruz Flores, Jose Esquibel, Marco Mendez, Abe Meza, Sabrina Schnur, Kat Reich, Rick Reich, Jennifer Tongol, Belz & Case Government Affairs Representative, Jessica Bear, "aacero," Chelsi Cheatom, Alex, Teresa Benitez Thompson, Trey

1. Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 3:02 pm.

2. Public Comment (*Discussion Only*)

Chair Johnson and Ms. Rodriguez read public comment guidance and Chair Johnson asked for public comment.

Ms. Nadler offered a public comment informing subcommittee members and other attendees that the "Welcome to Fabulous Las Vegas" sign will be lit purple for International Overdose Awareness Day from Thursday, August 29 to Tuesday September 3rd. She added that there will also be an event on Saturday, August 31st at 7:30 p.m. for anyone who has lost a loved one or wants to be there.

Chair Johnson thanked Ms. Nadler and seeing no other public comment, Chair Johnson moved to agenda item 3.

3. Review and Approve Minutes from June 5, 2024 Prevention Subcommittee Meeting

Chair Johnson asked for a motion to approve the minutes from the June 5, 2024, Prevention Subcommittee.

- Vice Chair Schoen made a motion to approve the minutes.
- Debi Nadler seconded the motion.
- The motion passed unanimously.

4. Update on Harm Reduction Shipping Supply Program (*For Possible Action*)

Rick Reich, Program Director, and Kat Reich, Administrative Manager, Trac-B Exchange

Chair Johnson offered as a reminder and point of orientation for any new attendees to the SURG Prevention Subcommittee meeting that the focus of this year's work is to refine the recommendations from 2023. She noted that the goal of today's meeting was to delve into the 2023 Harm Reduction recommendations. The complete details of these are provided in the 2023 Harm Reduction Recommendations handout posted on the [SURG Website](#).

Chair Johnson thanked Mr. Reich and Ms. Reich and noted that each had been given a copy of the language related to the Harm Reduction recommendation around shipping supply in order to provide additional justification and background to the recommendation in order to refine and present it again to the subcommittee in September.

Harm Reduction Recommendation #14 in 2023 Annual Report: Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly. (See slides 8-10 of the meeting PowerPoint for additional details, available on the [SURG Website](#)).

Chair Johnson asked Mr. Reich and Ms. Reich if they had any suggested changes to the recommendation or if they could inform the subcommittee of any barriers or challenges around implementation of their current shipping program.

Mr. Reich explained that shipping is a lot like vending in so far as it is a non-judgmental type of interaction and avoids face-to-face agency-based interactions requiring people to talk or do something more than simply receive supplies. He added that shipping also allows for information to be added into the shipping container for people that they may not have otherwise taken if they were in a storefront or were asked directly if they wanted more information. These types of interactions typically offer a five-minute window wherein most people say they don't need more information and then leave. By putting information inside the vending products and shipping containers, certain messages of importance, potentially for specific areas, can be communicated more effectively.

Mr. Reich noted that they are currently shipping about 40 packages a month and that this number is nowhere near their capacity for what could probably be done. Currently, distribution is primarily a result of word-of-mouth and people finding the site and asking for supplies. He explained that they have not tried to get information or promote the program to the rurals and other areas. Mr. Reich elaborated that the cost and method of advertising is one component of how to get information out to these areas (e.g., work with local agencies, advertise in local newspapers). One potentially successful method that Trac-B Exchange is considering is to work with agencies in rural Nevada communities to coordinate bimonthly pick-up dates where they would bring a van out to these communities and pick up trash cans full of sharps containers. Doing so would also present an opportunity to get information out there. Another idea is to work with prevention groups in the communities and have them distribute sharps containers with information attached about how to contact Trac-B Exchange to dispose of the needles or information about when they might be in the area.

Mr. Reich emphasized that in terms of harm reduction shipping supply, it's a very cost-effective way of getting supplies out there and it is more anonymous than coming in face-to-face.

Chair Johnson thanked Mr. Reich and suggested that one way of refining this recommendation could be to focus on expanding or building on what's already happening in terms of shipping rather than "providing for." She asked Mr. Reich if there was a cost estimate for the program itself, and then a cost estimate related to the sharps collection.

Mr. Reich said that each package is approximately \$12 and the supplies included are typically syringes, alcohol wipes, and a sharps container; there is now an abundance of syringes, which are provided by the state. He explained that packaging is fairly easy and inexpensive (a sharps container is roughly \$2-3 and the syringes are about \$0.06 each), though it becomes expensive if other things are added (e.g. wound care kits).

Mr. Reich noted that the focus for the future is around syringe/sharps container returns. He explained that they have received supplies via donations that allow them to receive returned syringes in sharps containers, legally, in hazardous box shipping containers via the mail. They currently have 500 of these to get them started and it costs almost the same, if not more, than what it costs to mail the syringes out. Mr. Reich continued that the cost of each batch that goes out is in the neighborhood of \$25-35 per individual per month.

Ms. Nadler asked Mr. Reich if there was a separate box for naloxone or fentanyl test strips.

Mr. Reich indicated that they go into the same box. He elaborated that they've used both nasal and injectable naloxone in every package; what they do in the vending machine is what they're trying to do in mail order because of the anonymity and the non-judgmental approach.

Ms. Nadler followed up and asked if individuals need to check what supplies they need when they order and if there is a limit to how many boxes a person can receive.

Mr. Reich said they'll ship as much as they need. He explained that they may ship 40 syringes in a box, along with a sharps container, alcohol wipes, a tourniquet or two, first aid equipment, naloxone, test strips, and information on how to use it all. He clarified that the reason they don't ship 400 syringes at a time is because the idea behind harm reduction is to interact with people in order to help them lessen the harm upon themselves, and that even mailing products offers a route to interacting with people and a way to get messages to them (e.g., a sticker on a product, a brochure in a box of syringes). Each time an individual uses the service offers an additional point of interaction about Naloxone, test strips, condoms, treatment, peer services, etc.

Ms. Nadler asked if the receiver is required to sign for it.

Mr. Reich clarified that it's just dropped out with no signature required. They also don't require their full name (individuals can use initials or c/o) but they do need a physical address. He added that when reporting to other agencies they redact all but the city and zip code so they can report the area but maintain anonymity.

Ms. Nadler thanked Mr. Reich and added that she asked the question out of concern for children opening the boxes.

Vice Chair Schoen asked Mr. Reich what percentage of need they are filling.

Mr. Reich indicated they only have one or two addresses that they're mailing to in the rural communities. He noted that people could be sharing boxes, but that likely this indicates that they are barely breaking the surface in terms of meeting need. He added that vending is more problematic and better suited for urban areas.

Vice Chair Schoen thanked Mr. Reich for his response and clarified the intent of his question, explaining that if they knew they were hitting 10% of the need, this could inform the budget needs built into the Harm Reduction recommendation under discussion.

Ms. Reich commented that for any of the communities they are currently reaching, they are reaching less than 10%. She elaborated that they don't have enough community buy-in or program awareness shared via word-of-mouth. Ms. Reich continued that even with clients/partners doing secondary distribution in their own communities, Trac-B Exchange is still meeting less than 10% of the need.

Vice Chair Schoen asked what the annual budget is for shipping and supplies.

Mr. Reich indicated that it has decreased this year, having shipped as many as 50 or 60 boxes a month. He noted that if they were doing returns, the estimate would be \$40 dollars per box, increasing from \$30-40, to cover incidentals. Mr. Reich indicated that they are currently shipping an average of 40 boxes per month, but this could increase to 60-70, and hopefully thereafter increase further to get closer to 100 a month in order to reach areas not currently being reached.

Chair Johnson noted time constraints and suggested that the subcommittee could connect back with the Track-B Exchange team to learn further details around budget needs. She noted that the subcommittee could revise this recommendation to incorporate expansion needs.

Chair Johnson thanked Mr. Reich and Ms. Reich from Trac-B Exchange for helping the subcommittee weigh in on this recommendation and moved on to agenda item 5.

5. Discussion and Revision of Harm Reduction Recommendations *(For Possible Action)*

For full recommendation details, please refer to the handout 2023 Harm Reduction Recommendations posted on the [SURG Website](#).

Chair Johnson moved to discussion and revision of 2023 Harm Reduction Recommendations (see slide 12 of the meeting PowerPoint for details, available on the [SURG Website](#)). The first recommendation under discussion is #10 from the 2023 Annual Report:

Harm Reduction Recommendation #10 in 2023 Annual Report: *Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification in handout 2023 Harm Reduction Recommendation).* (See slide 18-20 for additional details).

Chair Johnson welcomed José Esquibel to provide details relating to this recommendation. She highlighted that Mr. Esquibel had been involved in similar efforts in the state of Colorado and invited Mr. Esquibel to provide additional background.

Mr. Esquibel introduced himself as the Director of the Colorado Consortium for Prescription Drug Abuse Prevention, launched by Governor John Hickenlooper with funding from former Attorney General Suthers in 2013. The Consortium is currently housed under the University of Colorado's Anschutz Medical Campus. He added that the group has helped to coordinate the statewide response to the opioid crisis from prescription drugs through heroin, and now with fentanyl.

Mr. Esquibel explained that in 2017, the Consortium began working with the state's legislature and formed an opioid and other substance use disorder study committee, an interim study committee, in which they were able to bring subject matter experts from the fields of prevention, harm reduction, treatment and recovery, and alternatives to criminal justice/incarceration in order

to begin to not only update drug policy laws, but also put together legislation to make the best use of opioid settlement funds.

Mr. Esquibel indicated that he wanted to discuss the harm reduction work because they've worked with harm reduction professionals in the field, looked at what's going on across other states, and looked at some of the LAPP Model Laws, and worked with the National Public Health Law Network to gradually continue to improve things. He wanted to highlight in particular some of the things they've done recently in response to the changes in the way that people are using drugs, i.e., moving away from needles where they'd had many service programs, and towards smoking which required updates as communicated by harm reduction people in the field.

Mr. Esquibel shared Section 5 and 7 of Colorado House Bill 24-1037 (available [here](#)). He explained that if the subcommittee were seeking to make changes or additions to policies around harm reduction, there are some things that are helpful to know that had to be done in Colorado.

Mr. Esquibel highlighted Section 5: *In Colorado Revised Statutes, 18-18-428, add 5 (1)(b)(III) as follows: 6 18-18-428. Possession of drug paraphernalia - penalty - exceptions. (1) (b) (III) This section does not apply to the possession of drug paraphernalia that a person received from an approved syringe exchange program created pursuant to section 25-1-520 or a program carried out by a harm reduction organization, as defined in section 12-30-110, while participating in the program.*

He explained that it was through their syringe exchange or syringe service programs that they authorized several things to occur and made sure that there were protections for people who receive supplies from harm reduction, which not only includes syringes but now also includes smoking materials. He elaborated that they had to make sure that the drug paraphernalia law applied to the statutes cited, as it wasn't obvious that they would apply to smoking supplies. He advised that when seeking to change/add policy, ensure that it's done in conjunction with drug paraphernalia possession law and ensure that there's some exemption for people.

Mr. Esquibel moved to Section 7: *In Colorado Revised Statutes, 25-1-520, add (2.3) and (4.5) as follows: 25-1-520. Clean syringe exchange programs - operation -approval - testing supplies. (2.3) A clean syringe exchange program operating pursuant to his section may purchase and distribute other supplies and tools intended to reduce health risks associated with the use of drugs, including, but not limited to, smoking materials. (4.5) A clean syringe exchange program operating pursuant to this section may acquire and use supplies or devices intended for use in testing controlled substances or controlled substance analogs for potentially dangerous adulterants.*

He clarified that his group had added to the cited statutes language around harm reduction programs that purchase and distribute other supplies and tools intended to reduce risks, and they made sure to say "including, but not limited to, smoking materials." He continued that this was something they wanted to make sure was included and that there is some similar model language from other states. He added that they also incorporated the piece around acquiring and using supplies or devices for testing to address fentanyl test strips. Mr. Esquibel noted that this was all added to existing legislation and welcomed questions from the subcommittee.

Sen. Doñate asked about the initial feedback received. He asked if there was any pushback from some of the police department or any other opposition when the bill came through the Colorado Legislature.

Mr. Esquibel said they did not receive any pushback on the harm reduction bill. He noted that they'd had a really good working relationship with law enforcement. He added that not a lot of attention was paid to this bill because they were also running a safe use site bill, which received a lot more attention and resistance. Mr. Esquibel also noted that the votes received were likely partisan and that they have a Democratic majority. He offered to have additional conversations outside of this meeting if anyone was interested.

Chair Johnson thanked Mr. Esquibel for joining and for providing an overview of how Colorado has looked to tackle this particular piece of legislation. Seeing no additional questions, she returned to Harm Reduction recommendation #10 regarding smoking supplies.

Chair Johnson experienced technical difficulties and temporarily turned meeting facilitation to Vice Chair Schoen.

Ms. Rodriguez returned to Harm Reduction recommendation #10 and reminded subcommittee members that the recommendation could be revised/modified during the meeting or by subcommittee members outside of the meeting.

Vice Chair Schoen suggested refining the recommendation to make it a bit more targeted. He welcomed ideas from other subcommittee members on how to revise recommendation #10.

Sen. Doñate commented that this is a touchy subject and recommended that they include law enforcement in the conversation, particularly with regards to paraphernalia. He continued that, though there are state trends around decriminalization, it's crucial to involve law enforcement in any conversation prior to a bill draft request that involves definitional changes or criminalization.

Vice Chair Schoen thanked Sen. Doñate and suggested the subcommittee reach out to people in law enforcement while refining this recommendation.

Ms. Nadler expressed agreement with Sen. Doñate and agreed that the subcommittee should involve law enforcement in refining the recommendation.

Vice Chair Schoen asked if anyone had a recommendation of who would be a good presenter from law enforcement.

Dr. Kerns suggested Christin Payson, a SURG member and representative from the Nevada Sheriffs' and Chiefs' Association, to whom she could likely take this recommendation and obtain feedback.

Chair Johnson, having resolved her technical difficulties, resumed facilitation of the meeting. She thanked Dr. Kerns for her suggestion and indicated that the subcommittee would contact SURG member Payson about this recommendation. She added that the way Colorado framed it was different from the subcommittee's formulation in recommendation #10. She asked if subcommittee members would support including language from both and offering the opportunity for integrated language as its presented to member Payson.

Vice Chair Schoen did like that the Colorado language was simplified and likely would have a better chance. He emphasized his agreement with Sen. Doñate and Ms. Nadler that a perspective from law enforcement would be crucial in revising/finalizing language.

Chair Johnson agreed and indicated that the subcommittee would work with staff to reach out to SURG member Payson and other law enforcement leaders to understand what modifications need to be made.

Sen. Doñate, referring to N.R.S. 453.554, said changes would be significant and suggested understanding first if this makes the job more difficult for law enforcement. He added that ultimately folks need the care they need but that with the way it's described, it changes the entire section of NRS.

Chair Johnson thanked Sen. Doñate for his recommendation and welcomed additional comments from the subcommittee around recommendation #10.

Dr. Kerns indicated that there was a subject matter expert in the District Attorney's Office who could review the recommendation, as well as contact in the Public Defender's Office.

Chair Johnson thanked Dr. Kerns and agreed with the need for a comprehensive review by subject matter experts (SMEs). She asked if the subcommittee would support these SMEs weighing in on language to review at another meeting.

Vice Chair Schoen and Ms. Nadler agreed.

Chair Johnson moved to recommendation #7 and asked if the subcommittee had any revisions/changes to this recommendation.

Harm Reduction Recommendation #7 in 2023 Annual Report: Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state. (See slides 11-15 for additional details).

Chair Johnson reminded subcommittee members that this recommendation is specific to settlement dollars and created with an eye towards a sustainable source, since the state opioid response grant is a grant through SAMHSA.

Ms. Nadler asked if this would be a spot to incorporate language about putting something in the classrooms, at least in high school.

Chair Johnson thanked Ms. Nadler for her comment and clarified that she was referencing naloxone on school campuses. She explained that in her current understanding, it is available for response but not for access, so this recommendation focused on increasing opportunities for naloxone access.

Vice Chair Schoen recalled that this recommendation was presented in a very nuanced way, with a push for more accessibility throughout the state.

Chair Johnson indicated that she viewed the recommendation as focused on sustainability, in other words keeping naloxone access in the state, ensuring access to overdose reversal medications regardless of federal grant funding or priorities. She added that this was one component of many for a comprehensive, evidence-based, overdose response.

Vice Chair Schoen thanked Chair Johnson for the explanation and reminder of the initial rationale. He agreed that it would be good to have a dependable regular supply and a commitment to that supply rather than make it contingent on grant funding. He asked if there was a more predictable, sustainable, regular source of funding that could support this.

Chair Johnson noted that Rhode Island had a successful approach and that an SME from Rhode Island had previously presented. She suggested more language in the recommendation around sustainability or framing this recommendation to DHHS for a sustainable saturation plan over time.

Vice Chair Schoen agreed with Chair Johnson and added that perhaps instead of language around utilizing specific funds, the subcommittee could ask DHHS on an annual or biannual basis to come up with a saturation or accessibility plan for Naloxone that would be regularly revisited and updated.

Chair Johnson agreed with Vice Chair Schoen and offered to take this recommendation on to workshop it and bring it back to the subcommittee for review and feedback at a future meeting and moved on to recommendation #8.

Harm Reduction Recommendation #8 in 2023 Annual Report: Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd (2022). Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation. (See slides 16-17.)

Vice Chair Schoen commented that the figure that would be nice for a reimbursement rate is between \$40-50 dollars an hour that would get paid to the agency to pay their overhead costs, benefits, and livable wages. He continued that though they are far away from this rate at the moment, there is an appetite and an interest in increasing the reimbursement rate as well as the monthly cap currently in place. He noted that community health workers cannot bill for several hours monthly so trying to increase the monthly caps is important.

Sen. Doñate asked who this recommendation was directed towards (e.g., DHHS, Governor's Office)?

Chair Johnson thanked Sen. Doñate for the question and commented that the recommendation does need additional wording and direction, and that it may have been a combination of several recommendations revised over time.

Vice Chair Schoen clarified that recommendations were not specific in their wording as they were meant as a call out for anyone who wanted to take them up. Reiterating Sen. Doñate's concern, he added that specificity at this point would help them get these across the finish line.

Sen. Doñate commented that the more specific and targeted they are the better chance they have of being implemented. He suggested clarifying and being specific about the priority (e.g., recruitment, retention, compensation). He noted that if the priority were reimbursement, it doesn't necessarily have to be a bill draft request but can go directly to the State Medicaid Director.

Vice Chair Schoen offered to revise/draft and then share Sen. Doñate for feedback, focusing on reimbursement.

Dr. Kerns added that after presenting recommendations from the 2023 Annual Report, there was some interest from policy boards around this recommendation. She suggested reaching out to the Washoe Regional Policy Board as they may have taken this on.

Vice Chair Schoen offered to reach out to Dorothy Edwards.

Hearing no other comments, Chair Johnson moved to recommendation #13.

Harm Reduction Recommendation #13 in 2023 Annual Report: *Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:*

- *Work with harm reduction community to identify partners/ locations and provide guidance and training.*
- *Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.*
- *Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.*
- *Articulate principles and plans for what will happen to the data.*

Chair Johnson introduced Marco Mendez, from the Southern Nevada Health District as an SME for this recommendation, to speak about the implementation of a drug checking program.

Mr. Mendez explained that the drug checking program at the Southern Nevada Health District involves sample collection at outreach events and through partner agencies. He added that it is mail based and that they work with a lab in Maryland through the National Institutes of Standards and Technology to perform qualitative testing of drug residues from used paraphernalia. He continued that this program was piloted in late 2022 and fully implemented as of September 1, 2023. The program has been able to sample and receive results from roughly 600 paraphernalia items so far. Mr. Mendez explained that costs are minimal and that supplies for testing are provided by the lab, so the costs involved are primarily just for mailing samples to the labs.

Chair Johnson asked Mr. Mendez if he has any recommendations/modifications based on his experience from implementation so far.

Mr. Mendez said that upon an initial review, he suggests revision of the beginning language which he currently interprets as implying centralized data collection for the whole state. He explained that he recommends including language supporting regional implementation with standardized measures statewide for the sake of reporting, emphasizing that local jurisdictions are best equipped to respond to findings from community drug checking.

Chair Johnson asked the subcommittee for any additional comments or questions.

Chair Johnson suggested amending this recommendation to incorporate a localized or regional implementation that then identifies some statewide surveillance indicators that might be beneficial for overdose prevention means. She added that this recommendation is currently focused on guiding implementation and asked if there was any additional recommendations from the subcommittee on how to focus this more effectively.

Vice Chair Schoen commented that this recommendation was aspirational and that the value of the recommendation was in the possibility of an up-to-the-second updated database that people could check in on and see what was coming through the drug supply and have a way of being better informed. He noted that this could be a significant difference, but was unsure of how to go about doing it.

Sen. Doñate said if there was a way to do this, it would be facilitated by DPBH. He noted that health districts have been receiving dollars through the newly established Public Health Improvement Fund, so they could potentially tie dollars from this fund to implementing some sort of program and possibly require the health districts to develop a plan.

Chair Johnson asked if this would provide for a regional approach and also make way for the rurals.

Sen. Doñate explained that health districts will be receiving funds from the Public Health Improvement Fund and will have additional discretion of how to use those dollars. He continued that typically DPBH coordinates for the rural counties so that for those who don't have the infrastructure of the health districts, it would be through coordination with DPBH.

Chair Johnson thanked Sen. Doñate for his guidance and welcomed any additional comments. Hearing or seeing none, Chair Johnson thanked Mr. Mendez for sharing his experience and insights and moved to recommendation #15.

Harm Reduction Recommendation #15 in 2023 Annual Report: *Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.* (See slides 24-26 for details).

Vice Chair Schoen commented that the Nevada Northern Regional Behavioral Health Policy Board, representing four or five counties, is putting forward a Bill Draft Request directly relating to peers that would help accomplish the goal of this recommendation. He explained that the idea would be to elevate peers and recommended working with Medicaid to see what they could do to raise the reimbursement rate as well as clean up some of the language in NRS. Vice Chair Schoen added that he'd have to get the specific recommendations from the director of the policy board. He offered to share this recommendation with them to see what kinds of thoughts and feedback they may have.

Chair Johnson thanked Vice Chair Schoen and noted the possibility of combining this recommendation with recommendation #8, also about reimbursement.

Vice Chair Schoen agreed with Chair Johnson and offered to look further into this.

Chair Johnson moved to recommendation #18.

Harm Reduction Recommendation #8 in 2023 Annual Report: *Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.* (See slides 27-29 for details.)

Chair Johnson clarified that this is already allowable in Nevada law but the recommendation is a more strategic engagement with different systems that might be engaging with people who have experienced a nonfatal overdose.

Vice Chair Schoen noted that part of this is already covered (i.e. being able to administer or provide naloxone) but the other portion of this is the protocol to dispense naloxone. He asked Chair Johnson if she thought it was a good idea to narrow the recommendation.

Chair Johnson confirmed and suggested one strategy to incentivize different providers or provider types who might interact with people experiencing non-fatal overdoses is to provide overdose education and naloxone to those individuals or wraparound services to people in order to engage in care and recovery services. She added that this may be outside of the scope of the Prevention Subcommittee but that perhaps could be picked up by the Treatment and Recovery Subcommittee.

Vice Chair Schoen asked what an incentive for a provider would look like.

Chair Johnson clarified that it could be reimbursement for the education provided. She welcomed additional comments from the subcommittee and asked if there were any suggestions for revisions.

Dr. Kerns offered as additional context that there has been a presentation from the Nevada Opioid Center of Excellence (NOCI) where they'd talked about places around the state, such as EMS, who are doing CPR classes and that they provide education on naloxone free of charge. She added that they also have some EMS in the state, and a few police departments, doing this as well.

Chair Johnson thanked Dr. Kerns for this information.

Vice Chair Schoen commented that if this were a regular part of CPR classes, it would be something that would have perpetuity in terms of exposure for people to get education around Naloxone and how it's utilized. He added that if there were a way to fit that in, then it could add some real depth.

Chair Johnson confirmed that the subcommittee's intention was to modify this recommendation to require overdose education and how to administer naloxone as part of CPR.

Vice Chair Schoen noted that this was a compelling idea but that they'd have to do a bit more to better understand the pros and cons of that recommendation.

Chair Johnson offered to work with staff to come up with someone more concrete and bring it back for further discussion at a future meeting.

Vice Chair Schoen agreed with this plan.

Chair Johnson welcomed any additional comments and seeing or hearing none, she thanked the subject matter experts present at the meeting and moved to agenda item number 6.

6. Upcoming Prevention Subcommittee Meetings and Next Steps *(For Possible Action)*

Chair Johnson reviewed upcoming meeting dates and scheduled presenters (see slides 31-32). She noted that there was interest from Ms. Nadler and others about hearing some type of a recommendation around school ID badges and asked if subcommittee member Angela Nickels was available to share any information about this.

Ms. Nickels commented that Safe Voice, the suicide hotline, is included on school badges that per the Senate bill and per the NRS.

Chair Johnson thanked Ms. Nickels and clarified that it was Senate Bill 249 Nevada Revised Statute 388.1.4553 that indicates that student identification badges are required to include information on the National Suicide Prevention Hotline, the 988 line and the Safe Voice line, with the website as well as the number. She added that recommendations related to information

around school ID cards could be added to a future meeting agenda or that they could work with staff to get those recommendations out for implementation.

Ms. Nadler asked if this was something that's going to be in effect or if it's already done.

Ms. Nickels clarified that has been done for years, at least since 2020 and all students are mandated to wear their ID badges.

Ms. Nadler commented that where her children went to school, the middle school and high schools don't have them as of this year.

Ms. Nickels reiterated that these are mandated and it's in the schools' regulations and policies and has been law since at least 2020, though she was unsure of the precise year.

Ms. Nadler asked what happens if a school is not complying.

Ms. Nickels was unsure, though likely there would be a conversation with the principal of non-compliant school.

Ms. Nadler followed up and asked Ms. Nickels if this was also in middle school and/or elementary school.

Ms. Nickels commented that she knew for sure it was mandated for middle school and high school but was unsure about elementary school as they may not have an ID requirement.

Chair Johnson offered to follow up about the specifics following the meeting or have staff work to follow up on this. She added that any additional recommendations beyond school IDs could be entertained at the August 26th Prevention Subcommittee meeting.

In the interest of time, Chair Johnson tabled agenda item 7: Approach to Recommendations Ranking Process for a future agenda item and moved to agenda item number 8.

8. Public Comment (*Discussion Only*)

Seeing and hearing no public comment Chair Johnson moved to agenda item number 9.

9. Adjournment

Chair Johnson thanked subcommittee members and others in attendance adjourned the meeting at 4:34 p.m.