

## 2023 RECOMMENDATIONS AND LEGISLATION ADDRESSED

To understand the extent to which subcommittee recommendations do or do not address the founding legislation assigned, the following information is provided:

- Legislative language and subcommittee assignments;
- Summary table presenting the 2023 Annual Report Recommendations according to their priority and the component of the legislation that is addressed;
- Comprehensive table presenting full recommendation text according to priority and the component of the legislation that is addressed.
- Table detailing special populations addressed by each recommendation.

## LEGISLATIVE LANGUAGE AND SUBCOMMITTEE ASSIGNMENTS

AB374 (2021 Session) Sec. 10, Subsection 1 is comprised of components A-Q. In 2021, guidance from Vice Chair Tolles, Dr. Woodard and Dr. Kerns determined subcommittee alignment. Assignments for 2023 recommendations were as follows:

### PREVENTION SUBCOMMITTEE (PRIMARY, SECONDARY, AND TERTIARY):

- **(a)** Leverage and expand efforts by state and local governmental entities to **reduce the use of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants, and identify ways to enhance those efforts through coordination and collaboration.
- **(g)** Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to **ensure that controlled substances are appropriately prescribed** in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.
- **(j)** Study the efficacy and expand the implementation of programs to: (1) **Educate youth and families about the effects of substance use and substance use disorders**; (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.

### TREATMENT AND RECOVERY:

- **(c)** **Assess and evaluate existing pathways to treatment and recovery** for persons with substance use disorders, including, without limitation, such persons who are members of special populations.
- **(e)** Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to **treat and support recovery from opioid use disorder and any co-occurring substance use disorder**, including, without limitation, among members of special populations.
- **(f)** **Examine support systems and programs for persons who are in recovery** from opioid use disorder and any co-occurring substance use disorder.

### RESPONSE:

- **(d)** Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by **reviewing existing diversion, deflection, and reentry programs** for such persons.
- **(i)** Develop **strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses** and plans for implementing those strategies.

- **(k) Recommend strategies to improve coordination between local, state, and federal law enforcement and public health agencies** to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.
- **(l) Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
- **(m) Study the effects of substance use disorders on the criminal justice system**, including, without limitation, law enforcement agencies and correctional institutions.
- **(n) Study the sources and manufacturers of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances.
- **(o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
- **(p) Evaluate the effects of substance use disorders on the economy of this State.**

THE FOLLOWING ITEMS WERE CONSIDERED **CROSS-CUTTING**:

- **(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use**, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- **(c) Assess and evaluate existing pathways to treatment and recovery** for persons with substance use disorders, including, without limitation, such persons who are members of special populations. *This component is assigned to the Treatment and Recovery subcommittee but all subcommittees are assigned to review how recommendations impact the following special populations:*
  - a. Veterans, elderly persons and youth;
  - b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems;
  - c. Pregnant women and the parents of dependent children;
  - d. Lesbian, gay, bisexual, transgender and questioning persons;
  - e. People who inject drugs; (as revised)
  - f. Children who are involved with the child welfare system, and
  - g. Other populations disproportionately impacted by substance use disorders.
- **(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations.**
- **(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders**, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-



based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.



TABLE 1: SUMMARY TABLE OF RECOMMENDATIONS LISTED IN RANKED ORDER

Subcommittee	Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
P	1.		X					X	X		X							
TR	2.		X	X		X					X							X
P	3.	X		X														
TR	4.			X		X												
P	5.	X	X								X							
TR	6.		X	X		X					X							X
P	7.		X					X										
P	8.	X	X	X							X							
R	9.		X	X	X	X	X		X	X	X			X			X	X
HR	10.										X							
R	11.	X	X	X	X	X	X			X	X	X						X
R	12.			X	X					X				X	X	X		X
HR	13.		X								X							
HR	14.		X								X							
HR	15.		X								X							
TR	16.		X	X							X							
TR	17.			X		X	X											X
P	18.		X					X										
P	Unranked		X					X										
R	Unranked									X		X			X		X	X

SUBCOMMITTEE  
ASSIGNMENT  
SUMMARIES:

**Prevention (P)**

A, G, J(1)

**Harm Reduction (HR)**

J(2)

**Treatment and  
Recovery (TR)**

C, E, F

**Response (R)**

D, I, K, L, M, N, O, P

**Cross-Cutting**

B, C, H, Q



TABLE 2. FULL RECOMMENDATION TEXT TABLE

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming. <b>(Prevention Subcommittee)</b>		X					X	X		X							
2. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments. <b>(Treatment and Recovery)</b>		X	X		X					X							X
3. Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults. <b>(Prevention Subcommittee)</b>	X		X														



Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
4. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement. <b>(Treatment and Recovery)</b>			X		X												
5. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts. <b>(Prevention Subcommittee)</b>	X	X								X							
6. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder. <b>(Treatment and Recovery Subcommittee)</b>		X	X		X					X							X



Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
<p>7. 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. <b>(Prevention Subcommittee)</b></p>		X					X										
<p>8. 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. 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. <b>(Prevention Subcommittee)</b></p>	X	X	X							X							



Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
<p>9. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example implement follow up and linkage to care for individuals leaving the justice system).  Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.  Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation. <b>(Response Subcommittee)</b></p>		X	X	X	X	X		X	X	X			X			X	X
<p>10. 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.) <b>(Harm Reduction)</b></p>										X							





Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
<p>11. 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 those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included. <b>(Response Subcommittee)</b></p>	X	X	X	X	X	X			X	X	X						X



Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q		
<p>12. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.</p> <p>Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death. <b>(Response Subcommittee)</b></p>			X	X					X				X	X	X			X	
<p>13. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</p> <ul style="list-style-type: none"> <li>• Work with harm reduction community to identify partners/ locations and provide guidance and training.</li> <li>• Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</li> <li>• Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</li> <li>• Articulate principles and plans for what will happen to the data.</li> </ul> <p><b>(Harm Reduction)</b></p>		X								X									



Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
14. 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. <b>(Harm Reduction)</b>		X								X							
15. 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. <b>(Harm Reduction)</b>		X								X							
16. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. <b>(Treatment and Recovery Subcommittee)</b>		X	X							X							



Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	
<p>17. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including:</p> <ul style="list-style-type: none"> <li>• ensure adequate funding for these priorities,</li> <li>• target special populations,</li> <li>• increase reimbursement rates, and</li> <li>• offer standalone service provision opportunities.</li> </ul> <p><b>(Treatment and Recovery Subcommittee)</b></p>			X		X	X												X
<p>18. 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.</p> <p><b>(Prevention Subcommittee)</b></p>		X					X											



# Statewide Substance Use Response Working Group (SURG)

## Response Subcommittee

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
<b>(Unranked)</b> Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density. <b>(Prevention Subcommittee)</b>		X					X										
<b>(Unranked)</b> Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada. <b>(Response Subcommittee)</b>									X		X			X		X	X



**TABLE 3. RECOMMENDATIONS AND TARGET POPULATION IMPACTED**

Subcommittee	Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems <sup>1</sup>	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs; (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
P	1.	X						X
TR	2.	X	X	X	X	X		X
P	3.	X						X
TR	4.	X					X	
P	5.	X			X		X	X
TR	6.			X			X	
P	7.		X			X		X
P	8.	X	X	X	X	X	X	X
R	9.		X			X		X
HR	10.		X			X		X
R	11.	X		X	X	X		X
R	12.	X	X			X		X
HR	13.					X		X

<sup>1</sup> Full definition of this target population: Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems



# Statewide Substance Use Response Working Group (SURG) Response Subcommittee

Subcommittee	Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems <sup>1</sup>	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs; (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
HR	14.					X		X
HR	15.		X					X
TR	16.	X		X	X	X		X
TR	17.	X	X	X	X	X		X
P	18.		X			X		X
P	Unranked							X
R	Unranked	X	X	X	X	X	X	X