

Month to be considered based on date submitted	Sponsoring Member(s)	Recommendation	AB374 Section 10 requirements	Cross-cutting elements (B,C,H,Q)	Special Populations (Please cut and paste from the list below, include all that apply)	Justification	Research/Links	Action Step (e.g., BDR request, expend. of settlement funds, DHHS Policy, etc.)	Short Term or Long Term?	Fiscal Note? If yes, approximate amount.	Member Comments and Feedback	Urgency	Impact
July	Victoria Gonzalez, Executive Director Nevada Department of Sentencing Policy Presentation at February Interim Health - Elyse Monroy	Collaborate with the Coordinating Council, other stakeholders and partners to collect data and measure criminal justice outcomes	M. Study SUD effect on CJ-LE-Corrections	H	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;	There are gaps in being able to collect data to evaluate: Programs Recidivism Success rates							
July		A statewide forensic lab that would support surveillance sample testing and other types of bio-surveillance using standardized protocol	D. Criminal Justice System Supports	B									
July	Presentation at February Interim Health - Elyse Monroy	Standardized data sharing agreements between public safety and public health that support data sharing and allow for redisclosure to inform risk messaging.	I. Develop LE-PH prevention strategies	H, Q	This would likely help all populations experiencing SUD and overdoses	Current systems limit data sharing and often first responders and public health don't fully understand the investigations, procedures, language, and sometimes conflicting priorities of the other discipline.	https://www.cdc.gov/php/docs/forensic_epidemiology/coursemrguide.pdf	Create and implement a joint forensic epidemiology course for drug overdose investigations similar to the forensic epidemiology course for investigative response to bioterrorism events (see research link).	Long term	Likely yes for developing course and then to provide funding for participants to attend. Not sure of exact dollar amount.	I have taught and participated in the referenced course as well as responses and found that those who have participated in the course are more open and understand the need to share data/joint responses. This course opens lines of communication and has often led to those who participated to data sharing agreements.	Mid-level urgency	High impact
July	Presentation at February Interim Health - Elyse Monroy	Review existing state funding formulas for antemortem and toxicology testing.	I. Develop LE-PH prevention strategies	Q									
July	Presentation at February Interim Health - Keith Carter	Study the outcomes of mixing various drugs together	K. Recommend LE-PH coordination	Q	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								
July	Presentation at February Interim Health; Dr. Woodard	Reform criminal justice services to include MAT, peers, social determinants of health, harm reduction strategies, reduce criminalization and punitive practices towards individuals with OUD.	I. Develop LE-PH prevention strategies	Q	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								
July	Presentation at February Interim Health; Dr. Woodard	Implement follow-up and referral with linkage of care for incarcerated and court-involved individuals.	D. Criminal Justice System Supports	Q	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								
July	Presentation at February Interim Health; Dr. Woodard	Recognize the decision to initiate and maintain MAT should be made collaboratively by the individual and the provider, not the court systems.	O. Study effectiveness of criminal and civil penalties	B	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								
July	Presentation at February Interim Health; Dr. Woodard	Coordinate with specialty courts to provide front-end comprehensive evaluations to determine co-occurring disorders and provide comprehensive treatment.	D. Criminal Justice System Supports	C	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								
July	Presentation at February Interim Health; Dr. Woodard	Identify which treatments are essential services within the criminal justice system, and develop corresponding policies.	I. Develop LE-PH prevention strategies	C	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								
July	Presentation at February Interim Health; Dr. Wagner	Increase targeted Naloxone distribution	D. Criminal Justice System Supports	Q	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								
July	Presentation at February Interim Health; Dr. Wagner	Harmonize criminal justice and public health responses to promote access to treatment and medical care	O. Study effectiveness of criminal and civil penalties	Q	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								
July	Presentation at March Interim Health; Misty Allen	Develop safe spaces for LGBTQ and gather data.		B, C, H	d. Lesbian, gay, bisexual, transgender and questioning persons;								
July	Presentation at March Interim Health; Misty Allen	Partner with Project Aware and DCFS		B, C, H	a. Veterans, elderly persons and youth								
July	Presentation at March Interim Health; Catherine Lowden	Violence prevention communication on shared risk and protective factors to address gangs, SUD, and suicide (overlap)	I. Develop LE-PH prevention strategies	H	a. Veterans, elderly persons and youth								
July	Presentation at March Interim Health; Dr. Andrew Freeman	Employ safety checks within mobile crisis teams through technology. (overlap)	I. Develop LE-PH prevention strategies	B	a. Veterans, elderly persons and youth								
July	Presentation at March Interim Health; Dr. Andrew Freeman	Develop and encourage public-private partnerships for crisis response team services (overlap)	K. Recommend LE-PH coordination		g. Other populations disproportionately impacted by substance use disorders.								
July	Presentation at March Interim Health; Dr. Andrew Freeman	Explore co-response models with para-professionals and caseworker training for children's mobile crisis (overlap)	K. Recommend LE-PH coordination	Q	a. Veterans, elderly persons and youth								
July	Presentation at March Interim Health; Dr. Andrew Freeman	Develop all-payers reimbursement for crisis services (overlap)	K. Recommend LE-PH coordination	Q	g. Other populations disproportionately impacted by substance use disorders.								
July	Presentation at March Interim Health; Dr. Andrew Freeman	Report metrics for system component functioning (overlap)	D. Criminal Justice System Support	H	g. Other populations disproportionately impacted by substance use disorders.								

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July	Andrew Freeman	Establish youth crisis-stabilization units. (overlap)	K. Recommend LE-PH coordination	Q	a. Veterans, elderly persons and youth								
July	Megan Freeman, DCFS	Invest in a multi-disciplinary, cross Department School Based Behavioral Health team. (overlap)	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth								
July	Elizabeth Manley	Establish oversight group for residential interventions with links for aftercare	K. Recommend LE-PH coordination	B	f. Children who are involved with the child welfare system,								
July	Elizabeth Manley	Establish single assessment tool across youth populations, e.g., CANS		C	f. Children who are involved with the child welfare system,								
July	Elizabeth Manley	Build system of care incorporating all funding sources		Q	f. Children who are involved with the child welfare system,								
July	Christine Payson	Funding for an independent medical examiner for reports that verify the specific cause of death in overdose cases where the source of the drug supply has been identified, and can be prosecuted.	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	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; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	DA wants these causation experts to provide the reports before they will go forward with prosecution, particularly in cases where there are poly-drugs in the victim's system.		Bill Draft Request Expenditure of Settlement Funds	Long Term	Yes; costs and possible funding source for position to be identified	Member Flores-O'Toole expressed support for this recommendation. How many independent medical examiners are needed-1, possibly more depending on need. How can the need be met across the state to ensure rural counties benefit from having a medical examiner?		
July	Christine Payson	Funding for additional police Overdose Response Teams, to respond to and investigate overdose related crimes	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	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; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	By arresting the source of supply; dealers and traffickers who bring this poison to our communities are removed from the streets.	https://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html	Bill Draft Request Expenditure of Settlement Funds	Long Term	Yes	How many teams do we currently have, how do?	3-Urgent	3-High Impact
July	Christine Payson	Amend NRS to assign lengthier prison sentences to dealers that sell fentanyl, with or without knowledge, in the state of Nevada. If a dealer's drug sales are directly correlated to an overdose event, fatal or non-fatal, additional charges should be applied. Trafficking weights of fentanyl should also be lowered to previous law standards.	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	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; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	While the intent of the legislation was to address Nevada's growing prison population and the expense of that growth to Nevada taxpayers, it did not consider the public safety threat stemming from increased weights involving deadlier drugs like fentanyl being trafficked in the community and the impact to overdose victims and their families. It also fails to separate drug users from drug dealers which allows the latter to manipulate the justice system for financial gain. Increasing weights of deadly controlled substances like fentanyl is allowing dealers to traffic more drugs in the community without being held accountable for the harm they have created. Legislatures should put the safety of its people first by sending a message to drug dealers that Nevada will not tolerate fentanyl related harm to its citizens, specifically to children. Not all scheduled controlled substances in this bill should be created equal	https://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html	Bill Draft Request Expenditure of Settlement Funds	Long Term		Update from Christine Payson 6/1: Meetings have been held with members of the Assembly, however, there is not currently a sponsor for this amendment. Once there is a sponsor, the Office of Intergovernmental Services will submit legislative intent to the Legislative Counsel Bureau who will draft the actual language based on the proposed intent. Resource provided by Dr. Terry Kerns: http://leg.colorado.gov/bills/hb22-1326	3-Urgent	3-High Impact
July	Shayla Holmes	Create an expungement program to make community re-entry from criminal justice systems less traumatizing and for finding quality jobs sooner.	D. Criminal Justice System Support M. Study SUD effect on CJ/LE/Corrections	Q	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	Individuals re-entering the community frequently face many barriers around their convictions making it difficult to create a sustainable healthy lifestyle. An expungement program for those with substance use related convictions would benefit, it could also increase peer specialist employment and utilization.	https://doi.org/10.1007/s11469-018-0041-3	Bill Draft Request	DHH Long Term	Unsure	Gina Flores-O'Toole expressed support. There is 1-Not urgent		3-High Impact
July	Shayla Holmes	Crisis outreach response team (similar to or enhancing MOST, ACT, LEAD teams) to "respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) for up to 45 days after the overdose." Teams to be dispatched to anyone being released from an institutional setting who is being discharged post overdose or suspected overdose.	I. Develop LE-PH prevention strategies K. Recommendations for LE/PH coordination	Q	c. Pregnant women and the parents of dependent children; e. People who inject drugs; (as revised)	The research and pilot program has been utilized in Arizona, Texas, and Missouri.	White, M., Perron, D., Watts, S., Malm, A. (July 3, 2021). Moving Beyond Narcan: A Police, Social Service, and Researcher Collaborative Response to the Opioid Crisis. American Journal of Criminal Justice (46:626-643). https://doi.org/10.1007/s12103-021-09625-w	Expenditure of Opioid Settlement Funds	Long Term	Cost of local teams increased capacity	May consider presentations from pilot programs	2-moderate	3-High Impact
July	Shayla Holmes	Naloxones – mandate access and availability of Naloxone at public locations similar to stop the bleed kits and AED's.	I. Develop LE-PH prevention strategies	B		Potentially low cost response to reduce overdoses in communities.	Hodge, J.G., Gullinson, C. L., Barraza, L., Augur, H.R., Castagne, M., Cheff, A., Hensley, D., Sobek, M., Weissberg, A. (2019) Innovative Law and Policy Responses to the Opioid Crisis. The Journal of Law, Medicine & Ethics (47: 173-176). DOI: 10.1177/1073110519840498	Bill Draft Request Expenditure of Settlement Funds	Unsure	\$275/per box, multiple locations through the state		2-moderate	2-Moderate
July	Shayla Holmes	Create community-higher education (community colleges and universities) partnerships with the purpose of having inter-professional continuing medical education (CME) sessions to discuss opioid related treatment, prevention, and response	L. Evaluate information sharing on trafficking systems I. Develop LE/PH prevention strategies K. Recommendations for LE/PH coordination	B		Educating providers in parallel with other community members would be critical to achieving community-wide improvements in SUD prevention, intervention, and recovery.	Palombi, L.C., Medina, S., Ronayne, K., Dahly, A., Blue, H. (2021). Interdisciplinary Health Care Professionals' Perceptions of the Causes and Consequences of the Opioid Crisis: Developing Rural Community Partnerships to Increase Access to Naloxone. Journal of Community Engagement & Scholarship, University of Alabama Press.	Expenditure of Opioid Settlement Funds DHHS Policy	Long Term	Unsure		1-Not urgent	2-Moderate

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July	Shayla Holmes	Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs	B, Q		When alternative pain treatments are more readily available and more cost effective for the consumer there will be a reduction in opioid prescribing and seeking.	Ramezani, A., Roberto, L.K., Andrade, Jr., A.L., Demasa, c., Carver, R., Raheel, A., Khan, R.A, Aria, L., Rockers, D., Barry, L., Rasmussen, C., Malekafzali, S., Aura, M.A., Cohen, C., Rogers, C.G., Llod, S. (2018). Taking on a Community Solutions Process (Co-Solve) to the pain and Opioid Epidemic: A Multidisciplinary and Multi-institute Pain Panel and Community Response in Sacramento, California. California Journal of Health Promotion (16,2: 66-73). Vincenzen, K.A., McMahon, B., Lange, J., Forziat-Pytel, K., (2019). Systemic Issues in the Opioid Epidemic: Supporting the Individual, Family, and Community. International Journal of Mental Health and Addiction (17: 12414-1228). https://doi.org/10.1007/s11469-018-0041-3	Bill Draft Request	Long-term (2+ years)	Unsure	May also be appropriate for consideration by the 2-moderate	2-moderate	3-High Impact
July	Shayla Holmes	Pain education and awareness at the community level for all age groups.	A. Reduce substance use	B, Q	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	Education and awareness needs to happen at community, state, and national levels for all ages, starting with a young age about the impacts of opioids. Education should also include helping the society to address misconceptions about people who use opioids, as misconceptions may delay timely and effective treatment.	Ramezani, A., Roberto, L.K., Andrade, Jr., A.L., Demasa, c., Carver, R., Raheel, A., Khan, R.A, Aria, L., Rockers, D., Barry, L., Rasmussen, C., Malekafzali, S., Aura, M.A., Cohen, C., Rogers, C.G., Llod, S. (2018). Taking on a Community Solutions Process (Co-Solve) to the pain and Opioid Epidemic: A Multidisciplinary and Multi-institute Pain Panel and Community Response in Sacramento, California. California Journal of Health Promotion (16,2: 66-73).	Expenditure of Opioid Settlement Funds	Long-term (2+ years)	Unsure	May also be appropriate for consideration by the Prevention Subcommittee	1-Not urgent	3-High Impact
July	Shayla Holmes	Increase SBIRT (screening, brief intervention, and referral to treatment) to all social services such as, senior services, WIC, home visiting, housing assistance, etc.	A. Reduce substance use	B, C	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	Collecting data from universal SBIRT would increase understanding of economic impact across the state as well as increase avenues to access treatment.	Palombi, L.C., Medina, S., Ronayne, K., Dahly, A., Blue, H. (2021). Interdisciplinary Health Care Professionals' Perceptions of the Causes and Consequences of the Opioid Crisis: Developing Rural Community Partnerships to Increase Access to Naloxone. Journal of Community Engagement & Scholarship, University of Alabama Press.	Expenditure of Opioid Settlement Funds DHHS Policy	Long-term (2+ years)	Cost to train on SBIRT	May also be appropriate for consideration by the Prevention Subcommittee	2-moderate	3-High Impact
July	Shayla Holmes	Create opportunities focused on increasing chemical-free leisure activities in rural areas.	A. Reduce substance use	B, Q	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	Using a systems theory lens, the individual, family, and community are all impacted by the opioid epidemic. Community response solutions should address the subsystems as well.	Vincenzen, K.A., McMahon, B., Lange, J., Forziat-Pytel, K., (2019). Systemic Issues in the Opioid Epidemic: Supporting the Individual, Family, and Community. International Journal of Mental Health and Addiction (17: 12414-1228). https://doi.org/10.1007/s11469-018-0041-3	Expenditure of Opioid Settlement Funds	Unsure	Unsure	May also be appropriate for consideration by the Prevention Subcommittee	1-Not urgent	2-Moderate
August	Dr. Terry Kerns	Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law (453.33).	O. Study effectiveness of criminal and civil penalties	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	The Good Sam Act (SB 459) states that a person acting in good faith would not be arrested for drug related charges if they call 911, provide support to the person who overdosed and stay with them. However, according to the drug induced homicide law, which makes it a class A felony "If the death of a person is proximately caused by a controlled substance which was sold, given, traded or otherwise made available to him or her by another person in violation of this chapter, the person who sold, gave or traded or otherwise made the substance available to him or her is guilty of murder". Therefore people are afraid to call 911 for those who have overdosed, out of fear of prosecution under NRS 453.333.	Nevada SB459 (Good Samaritan Law): https://www.leg.state.nv.us/App/RELIS/REL/78th2015/Bill/2161/Overview See Colorado's Fentanyl Felony legislation as an example of addressing good samaritan laws and test strips: http://leg.colorado.gov/bills/hb22-1326	BDR			From Dr. Woodard: Changes to NRS 453 were made in the 2021 session to exclude the use of fentanyl and analog testing from the definition of drug paraphernalia and provide immunity for individuals who in good faith support an individual in testing their drugs to identify toxins, etc. Further policy changes could provide protections for harm reduction interventions to allow for the distribution and protections for persons who, in good faith, engage in harm reduction interventions. https://www.leg.state.nv.us/nrs/nrs-		
August	Dr. Stephanie Woodard	Establish a pre-arrest deflection program that enables law enforcement officers, working with community providers to divert eligible individuals away from the criminal justice system and into community-based behavioral health interventions and social services, when appropriate.	K. Recommend LE-PH coordination	C	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;	This model builds off work done in 2019 through AB236. This recognizes that withdrawal management alone does not constitute treatment through a complete episode of care and must be conducted with the recognition that episodes of withdrawal management/detoxification can contribute to greater risk for continued use and overdose. This risk increases when conducted in controlled environment.	https://legislativeanalysis.org/model-law-enforcement-and-other-first-responder-deflection-act/ https://www.centerforhealthandjustice.org/chjweb/tertiary_page.aspx?id=73&title=The-Police--Treatment-and-Community-Collaborative-(PTACC)	BDR	Long			2-moderate	
August	Dr. Stephanie Woodard	Modernize Nevada Civil Protective Custody Laws (NRS 458.175 and NRS 458.250) to ensure that standards of care are followed and do not contribute to dangerous acute episodes of detoxification/withdrawal management without necessary linkage to follow-up care, recovery support, or formal treatment, and offer for Medication for Opioid Use Disorder/Alcohol Use Disorder.	K. Recommend LE-PH coordination	B, C	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 system		https://www.leg.state.nv.us/nrs/nrs-458.html	BDR	Long			2-moderate	
August	Dr. Stephanie Woodard	Establish statewide and regional Overdose Fatality Review Committees to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies.	I. Develop LE-PH prevention strategies K. Recommendations for LE/PH coordination	B, C	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.	By conducting a series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies, but across systems. While there has been a Supreme Court decision on this statute, the language is still very much misinterpreted and has caused confusion in the medical community, perpetuates stigma within community and the medical system, and has contributed to women not obtaining necessary prenatal and substance use disorder treatment for fear of prosecution.	https://www.cossagresources.org/Tools/OFR https://projects.propublica.org/graphics/maternal-drug-policies-by-state	BDR	Long			3-Urgent	
August	Dr. Stephanie Woodard	Modernize Nevada's statute that can be interpreted that substance use during pregnancy constitutes child abuse (NRS 200.508).	O. Study effectiveness of criminal and civil penalties	H	c. Pregnant women and the parents of dependent children;		https://www.gutmacher.org/state-policy/explore/substance-use-during-pregnancy	BDR	Long			2-moderate	

