| Bill # | Summary | Digest Excerpts | Relevance to SURG | Committee | Status |
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| <u>SB4</u> | Revises provisions governing certain programs to pay for prescription drugs, pharmaceutical services and other benefits. (BDR 40-220) | Expands allocation of Fund for a Healthy Nevada for grants, contracts or agreements to pay for Rx, services and benefits to residents beyond previous target population of senior citizens and persons with disabilities. | Expansion of these funds could be used to cover Rx, services and benefits for treatment of substance use. (SURG Recommendation #5 to expand outreach for overdose and deploy personnel to people released from institutional or other settings after overdose) (SURG Recommendation #13 to ensure Black, Latinx/Hispanic, Indigenous, and people of color communities receive overdose services and supplies.) [AB374 Sec10 Paragraphs (e), (f) and (q)] | Health and Human Services (Senate) | Do Pass 3/9/23 |
| <u>SB35</u> | Establishes the crimes of low- level trafficking in fentanyl, mid-level trafficking in fentanyl and high-level trafficking in fentanyl. (BDR 40-423) | Section 8 of this bill excludes fentanyl from the controlled substances in schedule II for which the provisions governing the crimes of low-level trafficking and high-level trafficking apply. Section 1 of this bill instead establishes the crimes of low-level trafficking in fentanyl, mid-level trafficking in fentanyl and high-level trafficking in fentanyl. | Changes penalties for fentanyl trafficking. (SURG Recommendation #1 to Revise Fentanyl penalties) [AB374 Sec10 Paragraph (o)] | Judiciary (Senate) | No action yet for this bill. |

| <u>SB117</u> | Revises provisions relating to community health workers. (BDR 40-333) | Section 2 of this bill authorizes the Director to include in the State Plan [Medicaid] coverage for services of community health workers who are supervised by other types of providers of health care. | Expands Medicaid coverage to Community Health Workers. (SURG Recommendation #6 to Expand Medicaid for preventive services and access to care.) (SURG Recommendation #15 to enhance compensation of health and behavioral health care workers; sustain/expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists.) [AB374 Sec10 Paragraph (q)] | Health and Human Services (Senate) | 2/21/2023 - Heard, No Action |
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| <u>SB119</u> | Provides for the continuation of certain requirements governing insurance coverage of telehealth services. (BDR S-336) | This bill repeals that expiration, thereby making permanent the provisions of existing law requiring a third-party payer who is not an industrial insurer to cover services provided through telehealth, except for services provided through audio-only interaction, in the same amount as services provided in person or by other means. | Extends coverage for telehealth services. (SURG Recommendation #11 to expand access to MAT, and SUD recovery support including telehealth.) [AB374 Sec10 Paragraphs (e) and (f)] | Health and Human Services (Senate) | No action yet for this bill. |

| <u>SB128</u> | Revises provisions relating to fentanyl and certain related opioids. (BDR 40-544) | AN ACT relating to health care; prohibiting a person from holding himself or herself out as a certified community health worker unless he or she holds certain certification; establishing a civil penalty for such a violation; authorizing Medicaid coverage for the services of certain community health workers; and providing other matters properly relating thereto. | Clarifies certification for Community Health Workers and expands the range of professionals who can provide oversight and supervision. (SURG Recommendation #15 to enhance compensation of health and behavioral health care workers; sustain/expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists.) [AB374 Sec10 Paragraph (q)] | Health and Human Services (Senate) | No action yet for this bill. | | |
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| <u>SB191</u> | Makes certain changes relating to applied behavior analysis. (BDR 38-545) | Section 1 of this bill requires the Director to include in the State Plan coverage for the cost of services provided by behavior analysts, assistant behavior analysts and registered behavior technicians to Medicaid recipients who are less than 27 years of age. | Expands Medicaid coverage to behavior analysts, assistant behavior analysts and registered behavior technicians for recipients under 27 years of age. (SURG Recommendation #6 to Expand Medicaid for preventive services and access to care.) [AB374 Sec10 Paragraph (q)] | Health and Human Services (Senate) | No action yet for this bill. | | |
| <u>SB197</u> | Establishes and revises the penalties for certain offenses involving fentanyl and carfentanil. (BDR 40-579) | Section 1 of this bill specifically prohibits the unauthorized sale of fentanyl or carfentanil or the possession of fentanyl or carfentanil for the purpose of sale and establishes penalties for violations of that prohibition which are greater than those set forth under existing law for the unlawful sale of a controlled substance classified in schedule I or II or the unlawful possession of such a controlled substance for the purpose of sale. | Prohibits unauthorized sale or possession of fentanyl or carfentanil and increases penalties for violation. (SURG Recommendation #1 to Revise Fentanyl penalties) [AB374 Sec10 Paragraph (o)] | Health and Human Services (Senate) | No action yet for this bill. | | |
| | ASSEMBLY BILLS | | | | | | |

| <u>AB69</u> | Expands the loan repayment program administered by the Nevada Health Service Corps to include certain providers of behavioral health care. (BDR 34-399) | Section 8 of this bill expands that program [NV Health Service Corps] to also include the repayment of loans on behalf of providers of behavioral health care who commit to practicing on a full-time basis for at least 2 years in Nevada: (1) in a hospital or other inpatient setting, an outpatient setting or providing crisis management services; (2) as a full-time faculty member with teaching responsibilities in a program of education or training for practitioners or providers of behavioral health care at an institution within the Nevada System of Higher Education; or (3) providing behavioral health care to pupils in kindergarten through 12th grade in public schools in this State. | Expands loan repayment for behavioral health providers under the Nevada Health Service Corps (SURG Recommendation #15 to enhance compensation of health and behavioral health care workers) [AB374 Sec10 Paragraph (q)] | Assembly Committee onEducation | Amend and do pass as amended |
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| <u>AB115</u> | Revises provisions relating to substance use disorders. (BDR 40-726) | Sections 2-10 of this bill authorize the establishment of programs for the prevention of overdoses and disease, which provide a hygienic space where persons who are at least 18 years of age may consume drugs that they have obtained before arriving in the space. Sections 2-5 of this bill define relevant terms. Section 6 of this bill authorizes the board of county commissioners in a county whose population is 100,000 or more (currently Clark and Washoe Counties) to authorize the establishment of a program for the prevention of overdoses and disease that operates at one fixed or mobile site upon determining that the program is likely to achieve certain purposes relating to the reduction of harm caused by the consumption of drugs. | Authorizes establishment of hygenic spaces for drug consumption to reduce harm. [AB374 Sec10 Paragraph (i)] | Health and Human Services (Assembly) | No action yet for this bill. |
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| <u>AB132</u> | Creates the Committee to Review Overdose Fatalities. (BDR 40-721) | Section 3 of this bill: (1) creates the Committee to Review Overdose Fatalities within the Department; and (2) requires the Director of the Department to appoint 10 members to the Committee, who must be certain persons or represent certain groups or organizations. Section 4 of this bill sets forth the powers and duties of the Committee, | Creates Committee to Review Overdose Fatalities, similar to the Committee to Review Suicide Fatalities (SURG Recommendation #10 Overdose Fatality Review Committees to identify system gaps and innovative strategies.) [AB374 Sec10 Paragraph (i)] | Health and Human Services (Assembly) | 3/1/2023 - Heard |

| <u>AB137</u> | Revises provisions relating to fetal alcohol spectrum disorders. (BDR 40-327) | Sections 2-6 of this bill expand the applicability of those provisions (that any report is confidential and may not be used for criminal prosecution) to apply to all fetal alcohol spectrum disorders. | This bill creates the Committee to Review Overdose Fatalities within DHHS, similar to the existing Committee to Review Suicide Fatalities. | Health and Human Services (Assembly) | 3/6/2023 - Heard |
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| <u>AB138</u> | Provides Medicaid coverage for certain types of behavioral health integration services. (BDR 38-332) | Existing law requires DHHS to develop and administer a State Plan for Medicaid which includes a list of specific medical services required to be provided to Medicaid recipients. Section 1 of this bill requires such covered medical services to include behavioral health services that are delivered through evidence-based, behavioral health integration models. | Expand State Plan for Medicaid to cover evidence-based behavioral health services. (SURG Recommendation #6 to Expand Medicaid for preventive services and access to care.) (SURG Recommendation #14 to increase capacity including access to treatment facilities and beds for intensive care coordination to divert youth at risk of higher-level of care and/or system involvement.)[AB374 Sec10 Paragraphs (e), (f) and (q)] | Health and Human Services (Assembly) | 2/20/2023 - Heard |

| <u>AB156</u> | Revises provisions relating to substance use disorders. (BDR 40-331) | Sections 2 and 7-9 of this bill require a public or private penal institution or facility and the sheriff, chief of police or town marshal responsible for a local jail or detention center to take reasonable measures to ensure: (1) the availability of medication-assisted treatment for an offender or prisoner who has been diagnosed with an opioid use disorder to the same extent and under the same conditions as other medical care for offenders or prisoners; and (2) the continuation of such treatment when such an offender or prisoner is released or transferred. Sections 2, 8 and 9 also prohibit such an institution, facility, local jail or detention facility from discriminating against such treatment or an offender or prisoner who is receiving such treatment. Sections 2 and 7-9 require the Department of Corrections, an official who is responsible for local jail or detention facility or the Department of Health and Human Services, depending on the circumstances, to take reasonable measures to ensure the continuation of such treatment for an offender or prisoner who is released or transferred. Sections 3 and 6 of this bill require a program of treatment for offenders with substance use or co- occurring disorders who have been sentenced to imprisonment in the state prison to include medication- assisted treatment where required by section 2. Sections 4 and 5 of this bill clarify that certain provisions concerning the eligibility of an offender to participate in a program of treatment for offenders with substance use or co-occurring disorders and the removal of an offender from such a program do not affect the ability of an offender who has been diagnosed with an opioid use disorder to receive medication-assisted treatment. | Ensure availability of medication-assisted Treatment in jails, detention centers, and correctional facilities, for people diagnosed with opioid use disorder, and continuation of treatment on release or transfer. (SURG Recommendation #5 to expand outreach for overdose and deploy personnel to people released from institutional or other settings after overdose) (SURG Recommendation #11 to expand access to MAT and recovery support for SUD, including bridge MAT programs.) (SURG Recommendation #12 to implement follow-up, referrals, and linkage of care for justice involved individuals with opioid use disorder.)[AB374 Sec10 Paragraphs (e) and (f)] | Health and Human Services (Assembly) | Discussed as BDR |
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| <u>AB201</u> | Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325) | AN ACT relating to behavioral health; requiring the Commission on Behavioral Health to provide certain oversight and make certain recommendations concerning the children's behavioral health system of care; requiring the formulation and operation of comprehensive state plans to provide behavioral health services for adults and children; requiring the certification of persons and entities who receive federal or state money to provide such services; requiring the adoption of clinical standards of care for the provision of such services; revising certain duties of the Commission, regional behavioral health policy boards and mental health consortiums of this State; and providing other matters properly relating thereto. | Expands use of MAT, including to certain correctional facilities, with provision of training and information. (SURG Recommendation #11 to expand access to MAT and recovery support for SUD, including bridge MAT programs.) (SURG Recommendation #12 to implement follow-up, referrals, and linkage of care for justice involved individuals with opioid use disorder.)[AB374 Sec10 Paragraphs (e) and (f)] | Health and Human Services (Assembly) | Discussed as BDR |
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| <u>AB277</u> | Establishes provisions governing rural emergency hospitals. (BDR 40-637) | Existing law authorizes the Division to issue an endorsement as a crisis stabilization center to certain medical facilities that provide behavioral health services designed to de-escalate or stabilize a behavioral crisis. (NRS 449.0915) Section 5 of this bill authorizes the Division to issue such an endorsement to a rural emergency hospital if the rural emergency hospital meets certain requirements. Existing law requires the Director of the Department to develop and adopt a State Plan for Medicaid which includes, without limitation, a list of specific medical services required to be provided to Medicaid recipients | DHHS endorsement for rural emergency hospitals to serve as crisis stabilization centers providing behavioral health services, leveraging Medicaid payment source. Recommendation #6 to 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. [AB374 Sec10 Paragraph (q)] | Health and Human Services (Assembly) | No action yet for this bill. |