

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-Second Session
June 2, 2023**

The Committee on Health and Human Services was called to order by Chair Sarah Peters at 3:26 p.m. on Friday, June 2, 2023, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda [[Exhibit A](#)], the Attendance Roster [[Exhibit B](#)], and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/82nd2023.

COMMITTEE MEMBERS PRESENT:

Assemblywoman Sarah Peters, Chair
Assemblyman David Orentlicher, Vice Chair
Assemblywoman Cecelia González
Assemblywoman Michelle Gorelow
Assemblyman Ken Gray
Assemblyman Gregory T. Hafen II
Assemblyman Brian Hibbetts
Assemblyman Gregory Koenig
Assemblywoman Sabra Newby
Assemblyman Duy Nguyen
Assemblywoman Angie Taylor
Assemblywoman Clara Thomas

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Senator Dallas Harris, Senate District No. 11
Senator Melanie Scheible, Senate District No. 9
Senator Rochelle T. Nguyen, Senate District No. 3
Assemblyman Max Carter, Assembly District No. 12



STAFF MEMBERS PRESENT:

Patrick Ashton, Committee Policy Analyst
David Nauss, Committee Counsel
Shuruk Ismail, Committee Manager
Terry Horgan, Committee Secretary
Ashley Torres, Committee Assistant

OTHERS PRESENT:

Lea Case, representing Nevada Primary Care Association; Nevada Public Health Association; Children's Advocacy Alliance; and Nevada Psychiatric Association
Cassie Charles, Campaign Director, Progressive Leadership Alliance of Nevada
Sarah Adler, representing Nevada Advanced Practice Nurses Association; and National Alliance on Mental Illness, Nevada Chapter
Briana Escamilla, representing Planned Parenthood Votes Nevada
Brian Harris, Voter Education Organizer, Battle Born Progress
Mindy Lokshin, M.D., M.S.P.H., Chair, Parkinson Support Center of Northern Nevada
Benjamin Challinor, Director of Public Policy, Alzheimer's Association
Blayne Osborn, President, Nevada Rural Hospital Partners
Barry Cole, Private Citizen, Reno, Nevada
Elyse Monroy-Marsala, representing Nevada Public Health Association; and Nevada Psychiatric Association
Julie Monteiro, President, Integrative Providers Association; and representing Coalition for Patients' Rights
James Creel, representing Compassion Center; and Center for Incubation and Findings Research
Katree Saunders, Vice President, Pardon Me, Please; and representing Coalition for Patients' Rights
Catherine Nielsen, Private Citizen, Carson City, Nevada
James Garvey, Private Citizen, Las Vegas, Nevada
Jennifer Dalton, Private Citizen
Richard Whitley, Director, Department of Health and Human Services
Patrick D. Kelly, President and CEO, Nevada Hospital Association
Joanna Jacob, Manager, Government Affairs, Clark County
Katie Roe Ryan, Director, Public Policy, Dignity Health-St. Rose Dominican
Connor Cain, representing Sunrise Hospital; Sunrise Children's Hospital; and HCA Healthcare
Jonathan Norman, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers
Phyllice Pichon, Legislative Intern, University of Nevada, Reno
Marla McDade Williams, Deputy Director, Programs, Department of Health and Human Services

Cadence Matijevich, Government Affairs Liaison, Office of the County Manager,
Washoe County
Keira Fincher, Legislative Intern, University of Nevada, Reno
Dustin Hines, Ph.D., Assistant Professor, Department of Psychology, University of
Nevada, Las Vegas
Rochelle Hines, Ph.D., Assistant Professor, Neuroscience, Department of
Psychology, University of Nevada, Las Vegas
Eduardo Martinez, Private Citizen, Sparks, Nevada
Jon Dalton, Private Citizen, Reno, Nevada
Scot Rutledge, representing Deep Roots Harvest
Kate Cotter, Executive Director, Nevada Coalition for Psychedelic Medicines
Andrew LePeilbet, Chairman, United Veterans Legislative Council
John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public
Defender's Office
Constance J. Brooks, Vice President, Office of Government and Community
Engagement, University of Nevada, Las Vegas
Mike Cathcart, Business Operations Manager, Finance Department, City of
Henderson
John T. Jones, Jr., Chief Deputy District Attorney, Legislative Liaison, Clark County
District Attorney's Office; and representing Nevada District Attorneys
Association
Jake Matthews, representing Chamber of Cannabis
Pamela Del Porto, Executive Director, Nevada Sheriffs' and Chiefs' Association
Beth Schmidt, Director-Police Sergeant, Office of Intergovernmental Services,
Las Vegas Metropolitan Police Department
Sheila Bray, Community Partnerships Coordinator for Clark County, Extension,
University of Nevada, Reno
Matthew Wilkie, Private Citizen

Chair Peters:

[Roll was taken. Committee rules and protocol were reviewed.] Welcome to Assembly Health and Human Services. We are at that point in the session where everyone is everywhere at the same time, so I appreciate all the folks who can be here at the moment. With that, we are going to get started. We have every bill that has come to my Committee on the agenda today. We are going to see how many we can get through before we have to roll them to tomorrow, so we will get started with Senator Harris's bill, Senate Bill 439 (2nd Reprint).

Senate Bill 439 (2nd Reprint): Revises provisions relating to communicable diseases. (BDR 40-987)

Senator Dallas Harris, Senate District No. 11:

Thank you, Chair and members of the Assembly Health and Human Services Committee for taking the time to hear Senate Bill 439 (2nd Reprint). Senate Bill 439 (2nd Reprint) is the product of the Governor's Advisory Task Force on HIV Exposure Modernization.

The first time this task force was put into effect was over the interim in 2019-2021. In 2021, we modernized the state's HIV laws. HIV transmission is now no longer a felony and is treated like other communicable diseases. We decided that the work clearly was not done, so we reconstituted that task force to see if there were other areas that needed improvement. Senate Bill 439 (2nd Reprint) is the result of that work, which is why it is a thick bill, but this is a very complicated topic. In its simplest form, this bill helps ensure the state is prepared to deliver essential services during an emergency. It opens up access to treatment for HIV, specifically when it comes to the cost of prescription drugs, not just for HIV, but also for gonorrhea and substance use disorders.

I can go through the individual provisions, but I am not quite sure you want me to do that given how large this bill is. I will note that there were a few changes made on the Senate side to ensure we could bring all of the folks along. This bill passed out of the Senate unanimously after lots of work and discussions. I am hoping to keep it short so you can get to the rest of the bills, but I am happy to answer any questions Committee members may have.

Chair Peters:

Thank you for the brief presentation. We have had this bill for a little over 24 hours, so folks, I am going to give you a second to gather your thoughts. Let me know if you have questions on this particular item. Can you talk a little bit about what is written in this multipage document and how you imagine that to work in the space among the different entities who are involved and under this purview?

Senator Harris:

As I mentioned, we worked on the HIV Exposure Modernization Task Force and as part of that task force, we ensured we had members from the stakeholder groups that would be affected by this legislation. That included folks from the State Board of Health. What you see before you are items they will support and need in order to deliver better services for these affected populations. In general, they do a great job of working together with providers and ensuring folks in the community are informed about good health practices. I imagine this piece of legislation will make that effort a bit easier for them to really provide the services that are very much needed in this state in particular.

Chair Peters:

Are there questions from the Committee?

Assemblywoman Newby:

Thank you, Senator Harris, for presenting this bill. In section 14.5, you talk about folks who are self-insured, and it specifically speaks to "county, school district, municipal corporation, political subdivision, public corporation or other local government agency." I am wondering if some of the other health trusts or health funds that are not one of those entities are also covered in this bill. That is question number one. The follow-up is, I know some of the self-funded plans, at least for local governments, are under a larger umbrella of health care agreements with folks not in local government, and I wonder how it plays with that.

Senator Harris:

Thank you for that question. To your first question, no, those other trust funds you mentioned, those health trusts are not covered under this piece of legislation. As to how it would work for local governments that cover other larger groups of people, that question might be outside my understanding of insurance. I believe we have someone from Clark County in the room who may be able to answer how their program works. As complicated as health insurance is, my understanding is limited. When it comes to some of those other funds, they are not under the jurisdiction of this bill.

Assemblywoman Taylor:

Thank you for bringing this important bill to modernize the laws. I like the part about it being retroactive for those to report as those laws have been repealed and to no longer punish people as those laws were determined to be unnecessary. This is personal as I have had two very close family members die as a result of being exposed to HIV, so I am going to ask if you would allow me to be a cosponsor.

Senator Harris:

Absolutely. I welcome as many cosponsors as we can take, and it is very much appreciated.

Chair Peters:

Are there any other questions? Seeing none, we will move into testimony. We will start with support testimony in our physical locations starting here in Carson City and moving to Las Vegas.

Lea Case, representing Nevada Primary Care Association; and Nevada Public Health Association:

I am Lea Case on behalf of the Nevada Primary Care Association and the Nevada Public Health Association in support.

Cassie Charles, Campaign Director, Progressive Leadership Alliance of Nevada:

Hello, Chair and members of the Committee. We are here in support of this policy and would like to thank the bill sponsor for bringing this forward.

Sarah Adler, representing Nevada Advanced Practice Nurses Association:

Good afternoon, Madam Chair and members of the Committee. I am proudly representing the Nevada Advanced Practice Nurses Association who are in support.

Chair Peters:

Seeing no one else in Carson City, we will move to Las Vegas. [There was no one.] Okay, we will go to the phone lines. Is there anyone on the public line who would like to testify in support of S.B. 439 (R2)?

Briana Escamilla, representing Planned Parenthood Votes Nevada:

Good afternoon, Chair and members of the Committee. I am calling on behalf of Planned Parenthood Votes Nevada, and we are in strong support of S.B. 439 (R2) and are very appreciative to Senator Harris for introducing this legislation.

Brian Harris, Voter Education Organizer, Battle Born Progress:

Good afternoon, Chair and Committee. On behalf of Battle Born Progress, we are in support of S.B. 439 (R2). This bill will ensure that public health authorities continue to provide uninterrupted service during a public health emergency. This is essential to keeping those living with HIV healthy and safe. In addition, this critical bill ensures access to prescription drugs to treat HIV and other communicable diseases for folks living within the Department of Corrections. It requires health providers to also undergo at least two hours of HIV stigma training on HIV stigma discrimination and implicit bias. We would please urge your support for S.B. 439 (R2). Thank you for your time.

Chair Peters:

Are there any other callers on the line? [There were none.] We will move into opposition testimony. If there are folks in Carson City or Las Vegas who would like to provide opposition testimony, I would invite you to the table. Seeing nobody coming to the table, is there anyone on the public line for opposition testimony on S.B. 439 (R2)? [There was no one.] We will move on to neutral. Is there anyone in Carson City or Las Vegas to provide neutral testimony? Seeing no one coming to the table, is there anyone on the public line for neutral testimony? [There was no one.] Do you have closing remarks, Senator Harris?

Senator Harris:

I really appreciate the Committee's time, especially at this point in the session. I wanted to put on the record that in the Senate, Bradley Mayer and Joelle Dodson were in support. I think they missed the quick notice that this hearing was happening.

Chair Peters:

We are going to close the hearing on Senate Bill 439 (2nd Reprint) and open the work session on Senate Bill 439 (2nd Reprint), as we have been approved to waive the 24-hour rule by Speaker Yeager. Are there any questions before I take a motion? Assemblywoman González also wants to be added as a cosponsor on the bill, so the motion would be to amend adding Assemblywoman González, Assemblywoman Taylor, and Assemblywoman Peters onto the bill as cosponsors.

ASSEMBLYWOMAN TAYLOR MADE A MOTION TO AMEND AND
DO PASS SENATE BILL 439 (2ND REPRINT).

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMEN GRAY, HAFEN, ORENTLICHER, AND THOMAS WERE ABSENT FOR THE VOTE.)

We are going to move on to Senate Bill 390 (2nd Reprint), which enacts provisions relating to neurodegenerative diseases.

Senate Bill 390 (2nd Reprint): Enacts provisions relating to neurodegenerative diseases. (BDR 40-135)

Senator Melanie Scheible, Senate District No. 9:

Joining me today by video is Dr. Mindy Lokshin to present Senate Bill 390 (2nd Reprint). Briefly, S.B. 390 (R2) creates a health registry for people with neurodegenerative diseases, which include Parkinson's, Alzheimer's, and multiple sclerosis (MS). The bill is designed so that it will be able to be ramped up over the course of the next few years to possibly include other diseases and to expand the type and quality of data included in the registry. It is designed to be an opt-in system. We heard some concerns from our partners in public health that it is onerous for hospitals and providers to catalog every report they need to provide to governmental agencies. We heard those concerns and are happy to amend it to make it an opt-in process so providers who see a lot of patients with neurodegenerative diseases and want to be involved in research can share that information with the registry in a confidential and practical way. It does not penalize any providers who do not participate or patients who choose not to participate. The purpose of developing a registry is to ensure we are able to conduct research on neurodegenerative diseases as well as contact people who are affected by these diseases and provide them with resources, information, and keep them updated on progress with the research that happens with the registry.

I am happy to say we have worked closely with the University of Nevada, Las Vegas (UNLV) Department of Brain Health, and they have agreed to house the registry. I have had numerous conversations with them over the last six months to ensure they are willing and able to take on this project and that it fits within the scope of their work. This would be enhancing research already being done at UNLV. By creating the registry, we open up a whole new avenue of contacts for potential research candidates as well as an additional funding source. This will also help us get a handle on the first step. When you want to address a problem or when you want to do research into a particular disease, you have to get a lay of the land. You do that by creating a registry to get a sense for where people are who are affected, how frequently they are being diagnosed, their prognoses, their treatment, and things like that. I am not the expert in the field; Dr. Lokshin is the expert, and I will hand it over to her and we can walk through the provisions of the bill if you like.

Chair Peters:

I have a clarifying question. You mentioned an amendment for making this opt-in. That is the amendment that was adopted in the previous hearing.

Senator Scheible:

Yes. All the amendments were adopted on the Senate side. We are not proposing any amendments here.

Mindy Lokshin, M.D., M.S.P.H., Chair, Parkinson Support Center of Northern Nevada:

[Mindy Lokshin supplied an email in support, [Exhibit C.](#)] I am a retired family physician and have a master's degree in public health. I urge you to support S.B. 390 (R2) for three main reasons. The first is to better identify the number of people affected by neurodegenerative diseases such as Parkinson's, Alzheimer's, and MS. They are very difficult to diagnose and have very limited treatment options at this time. Due to the severe physician shortage in our state—neurologists are even rarer—we do not have very good statistics on the incidence because these diseases are not being timely or properly diagnosed quite often. Based on national studies, we can estimate that 1 percent of our population has Parkinson's; 2 percent has Alzheimer's; and half a percent might have MS. That is a minimum of 40,000 people in Nevada with neurodegenerative diseases. We need better data in order to properly allocate resources for public health, disability support, and medical education. We also need to better identify the risks for getting these diseases and, hopefully, begin preventive measures.

Nevada has one of the fastest-growing aged populations due to being a retirement destination. We also have large veteran populations, and both populations are at much higher risk for developing neurodegenerative disorders, so we really need a research registry to better track our population and identify risk factors in order to decrease risk in the future. The third reason is to better involve our community in research. People are becoming more and more resourceful and interested in self-education regarding their own health. This research registry would have a public-facing portal for people to opt in for medical studies, which would greatly increase their understanding of symptoms and diseases and significantly improve research and allocation of medical resources.

For the over 40,000 people in Nevada with neurodegenerative disorders and the millions without, we really need this research registry to properly identify those affected, to begin reducing the risks of developing these diseases, and to provide a way for people to opt in for research. This bill will have even more far-reaching effects. I have been in contact with some agencies that are very interested in applying for other major grants that with this bill in place, would be very complementary and facilitate greater funding to help people and our state with these diseases.

Chair Peters:

We will move on to questions. I want to take a moment to express my appreciation for this bill. About 15 years ago when I was in college, I took an environmental toxicology class and did a research project. My grandfather had recently been diagnosed with Parkinson's Lewy body disease. I started looking at what could have been contributing factors to that. The research that was available 15 years ago was minimal, so I appreciate trying to move this forward and seeing how far we can go with optional participation. I love for people to

participate. It could help families and folks who are dealing with these neurodegenerative diseases. Are there any questions from the Committee? Seeing none, we will move into testimony. We will start with support testimony in our physical locations and invite folks up to the tables in both Carson City and Las Vegas.

Benjamin Challinor, Director of Public Policy, Alzheimer's Association:

We are in support of this bill as we were in support of state registries in Georgia and South Carolina. I did want to mention that if this state registry is passed and approved, it will greatly benefit the Nevada Memory Network, which is Senate Bill 297, which looks to create a more robust diagnosis for Alzheimer's and other dementias, as Alzheimer's is one of the diseases mentioned in section 5 of the bill. The more we can do to make sure we are able to identify, research, and help those in need and their families, the better. That is why we are here in support.

Blayne Osborn, President, Nevada Rural Hospital Partners:

In the other house, we spoke in neutral on this bill as we did not love some of the mandatory reporting provisions placed on hospitals. We had some concerns and want to thank and sincerely appreciate Senator Scheible and the sponsors for hearing and addressing those concerns. We are happy to move into support here.

Barry Cole, Private Citizen, Reno, Nevada:

I am trained as both a psychiatrist and as a neurologist in neurodegenerative disorders, so I sit right between these two major disciplines. I am very enthusiastic about supporting S.B. 390 (R2).

Elyse Monroy-Marsala, representing Nevada Public Health Association:

We urge your support for this bill for all the reasons stated today.

Julie Monteiro, President, Integrated Providers Association; and representing Coalition for Patients' Rights:

We echo Dr. Mindy Lokshin's testimony today. A state research and registry is excellent. We need more of this and thank you for all your writers. This is a perfect bill.

James Creel, representing Compassion Center; and Center for Incubation and Findings Research:

We are an Oregon research institute with extensive background in neurological and neurodegenerative disease, and we support this bill. We appreciate your putting it before your Committee and thank you for all your time.

Katree Saunders, Vice President, Pardon Me, Please; and representing Coalition for Patients' Rights:

I am also with the Coalition for Patients' Rights. I am a long-time medical cannabis patient, and I support this bill because I have had traumatic brain injuries. I think that other mental

things involving your brain are very helpful. I support this bill because people with Parkinson's and Alzheimer's need to have better services and better care. Thank you for bringing this legislation up to date.

Chair Peters:

Thank you for the testimony. Seeing no one else coming to the table in Las Vegas, we will move to the phones. Is there anyone on the public line to provide support testimony for S.B. 390 (R2)?

Catherine Nielsen, Private Citizen, Carson City, Nevada:

Good afternoon, Chair and members of the Committee. Many of you know me from my professional role, but these comments are my own as a constituent only. My aunt was diagnosed with MS in the 1970s; my father-in-law was diagnosed last month with Parkinson's. However, the hardest portion of my life comes from my immediate family. My husband and I share three daughters. I was 27 when I was diagnosed with multiple sclerosis and severe epilepsy. My husband, who is nearly 33, is in the beginning stages of developing a disease rather similar to frontotemporal dementia. Some of you may know and be familiar with this terrible disease. It is the one Mr. Bruce Willis was recently diagnosed with. Many patients have seizures and other ailments that go alongside this degenerative brain condition. When we got married, I envisioned him and me growing old together, rocking in matching chairs on our front porch. This dream for us will not happen. We know this. We need this registry to ensure our future generations do not encounter all of the pain and suffering we have. It is vital that this bill passes to allow for earlier access to information and hopefully prolong the life and livelihood of those who receive these devastating diagnoses. I am begging you to pass this measure.

James Garvey, Private Citizen, Las Vegas, Nevada:

I am representing myself. I am a master in divinity and a master of arts and psychedelic spirituality, and I support this bill. I have worked with a lot of individuals who have gone through these diagnoses of a variety of neurodegenerative diseases. There are a slew of new clinical studies showing how effective certain things are in treating these diseases. Creating or passing this bill can open up a slew of potential for so many different helpful processes and treatments for these people. Without passing it, we cannot do that, so I am in support of this bill.

Chair Peters:

Are there other callers? [There were none.] We will move to opposition in our physical locations. Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony today? Seeing no one coming to the desk, is there anyone on the public line to provide opposition testimony on S.B. 390 (R2)? [There was no one.] We will move to neutral testimony. Is there anyone in Carson City or Las Vegas to provide neutral testimony today? Seeing no one coming to the desk, is there anyone on the public line for neutral testimony?

Jennifer Dalton, Private Citizen:

I am calling on behalf of myself. I did not get to call in support of this bill or testify in support, but I would like to testify in support.

Chair Peters:

We can move your testimony to the support category, and we appreciate your calling in. Is there anyone else on the line for neutral testimony? [There was no one.] Senator, do you have closing remarks?

Senator Scheible:

I would be in trouble if I did not tell you about a very special guest who came to the Senate hearing and was not able to make it today to testify in support. His name is Ben Scheible. He is my dad, and he has Parkinson's. It was a really big deal for me that he was able to be by my side in the Senate committee. The scheduling was too much for him over here, but if you ever met my dad, you would remember. He is very outgoing. He loves this process, and he always wants to be involved in this process. It is hard to see Parkinson's taking away some of his ability to do that, so I really appreciate your taking the time to hear this bill.

Chair Peters:

We will close the hearing on Senate Bill 390 (2nd Reprint) and open the work session on Senate Bill 390 (2nd Reprint). Are there any questions before I take a motion to do pass? [There were none.]

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS SENATE BILL 390 (2ND REPRINT).

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMAN HAFEN WAS ABSENT FOR THE VOTE.)

We are going to move on to the hearing for Senate Bill 435 (2nd Reprint), which revises provisions relating to Medicaid. I believe Director Richard Whitley is here to present.

Senate Bill 435 (2nd Reprint): Revises provisions relating to Medicaid. (BDR 38-1069)

Richard Whitley, Director, Department of Health and Human Services:

I am here today to present Senate Bill 435 (2nd Reprint) as amended in the Senate. The bill relates to the implementation of a private hospital tax requested by the Nevada Hospital Association on behalf of its members, pursuant to *Nevada Revised Statutes* (NRS) 422.3794. This bill serves to implement that provider tax by permitting the Department of Health and Human Services to share a portion of the revenue from the assessment with operators not subject to paying the assessment if such use is supported by a poll of the majority of the

operators who would be required to pay the assessment. The provision is being proposed because it is important that we protect our critical access hospitals in the rural frontier areas of our state because there is a risk the Centers for Medicare and Medicaid Services in acknowledging this request for supplemental payment will review all of our supplemental payments, which would impact the critical access hospitals in rural frontier Nevada. Although the risk is low, the goal here is to prevent any adverse impact that could result from these changes to the State Plan for benefits to private hospitals. Additionally, the bill sets aside up to 15 percent of revenues collected from the tax for two purposes. The first is to support the administrative costs to operationalize this, and the second purpose is to support efforts to improve community-based behavioral health services and reduce the burden on hospital emergency rooms and intervene earlier to reduce facility-based behavioral health care.

In October 2022, the U.S. Department of Justice (DOJ) substantiated a complaint due to overutilization of children's behavioral health care in residential settings. Working with the Attorney General's staff, we are having weekly negotiations on the improvements in children's behavioral health. If this bill passes, it would go to the Interim Finance Committee with a proposal for both the administrative costs and to add additional behavioral health services to the Medicaid plan and also look at increasing rates for community-based services with the goal of preventing the need for higher levels of care. That concludes an overview of this bill, and we are happy to answer any questions.

Chair Peters:

Thank you so much for the presentation. A lot of work has gone into this piece of legislation. I really appreciate how much folks have come together to ensure that this is in the best interest of the state and our providers. Are there questions from the Committee? [There were none.] We are going to move into testimony. I will invite support testimony to the tables in our physical locations, Carson City and Las Vegas.

Blayne Osborn, President, Nevada Rural Hospital Partners:

Thank you, Madam Chair and members of the Committee. This bill does two very good things: protects our public critical access hospitals, as was stated; and adds much-needed resources and funding for behavioral health in this state. We are happy to be here in support.

Lea Case, representing Children's Advocacy Alliance:

I am here on behalf of the Children's Advocacy Alliance. I would like to thank Mr. Osborn for going before me and giving that wonderful support testimony. The Children's Advocacy Alliance is also in support. You may have read the Department of Justice report on the inappropriate institutionalization of children and youth with dual diagnoses, and we believe this can help bring our kids back to our state and provide those services that are necessary.

Patrick D. Kelly, President and CEO, Nevada Hospital Association:

We support this bill as well.

Joanna Jacob, Manager, Government Affairs, Clark County:

Clark County is in support of S.B. 435 (R2), especially the provision giving resources to the state to address children's behavioral health and to address the conditions that were described in the DOJ report. We have been working on this for a long time, so we appreciate the efforts of Director Whitley, Governor Lombardo's Office, and Ms. Weeks to bring this to a hearing today and over the finish line, hopefully. We urge your support.

Katie Roe Ryan, Director, Public Policy, Dignity Health-St. Rose Dominican:

Dignity Health-St. Rose Dominican is also in support for all the reasons the previous speakers have given.

Elyse Monroy-Marsala, representing Nevada Psychiatric Association:

We are in strong support of this bill. We would like to extend our appreciation to Director Whitley and Medicaid Administrator Weeks for ensuring they were able to address behavioral health capacity through this provider tax program.

Sarah Adler, representing National Alliance on Mental Illness, Nevada Chapter:

I am speaking for NAMI Nevada. This is an exciting day and exciting bill. Over the last ten years or so, we have seen so much stigma fall away from mental illness. At the same time, we are seeing different pieces of resources and funding being committed and knitted together to create a much better safety net and more community-based services. We think this is another great step.

Connor Cain, representing Sunrise Hospital; Sunrise Children's Hospital; and HCA Healthcare:

We are also in strong support. We believe this is not only an investment in Medicaid services, but more importantly, in access to care for our most vulnerable Nevadans. We urge your support.

Jonathan Norman, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers:

We represent foster kids and a lot of kids in the community, and we are in support of this bill.

Chair Peters:

Seeing no one else coming to the table in Carson and nobody at the table in Las Vegas, we will move to the phones. Is there anyone on the phone lines to provide support testimony on S.B. 435 (R2)?

James Creel, representing Compassion Center:

We are in support of this bill.

Chair Peters:

Are there any other callers? [There were none.] We will move on to opposition. I would invite opposition to the tables in Carson City and Las Vegas. Seeing nobody coming up to the tables, we will move to the phones. Is there anyone on the phone line for opposition

testimony to S.B. 435 (R2)? [There was no one.] We will move to neutral. Is there anyone who would like to provide neutral testimony in Carson City or Las Vegas? Seeing no one coming to the table, is there anyone on the public line for neutral testimony? [There was no one.] Do you have closing remarks? [There were none.] We are going to close the hearing on Senate Bill 435 (2nd Reprint) and open the work session on Senate Bill 435 (2nd Reprint).

Are there any questions from the Committee before I take a motion to do pass? [There were none.]

ASSEMBLYWOMAN THOMAS MADE A MOTION TO DO PASS
SENATE BILL 435 (2ND REPRINT).

ASSEMBLYMAN NGUYEN SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMAN HAFEN WAS ABSENT FOR
THE VOTE.)

We are going to hear Senate Bill 380 (2nd Reprint), which revises provisions relating to the Extended Young Adult Support Services Program.

Senate Bill 380 (2nd Reprint): Revises provisions relating to the Extended Young Adult Support Services Program. (BDR S-991)

Senator Rochelle T. Nguyen, Senate District No. 3:

I am here to turn this over to one of our delightful interns who has been working out of Senator Pazina's office this legislative session. I am going to turn it over to Phyllice Pichon, and I know Marla McDade Williams is here to answer any technical questions Ms. Pichon might not be able to answer.

Phyllice Pichon, Legislative Intern, University of Nevada, Reno:

It is my pleasure to present Senate Bill 380 (2nd Reprint), which pertains to extended foster care programs throughout the state of Nevada. Extended foster care programs allow youth to retain in or reenter care beyond their eighteenth birthday. This critical resource allows young people to gain more time to develop critical life skills, relationships, and resources that can help them thrive as adults.

In 2021, the Legislature passed Senate Bill 397 of the 81st Session which allows agencies that provide child welfare services to establish extended foster care programs pursuant to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. Specifically, S.B. 397 of the 81st Session enabled the continuation of a legacy state program regarding extended foster care titled "Step Up"—which the state and relevant jurisdictions explored—a pilot program to access available federal dollars with the goal of a transition to complete federal funding should that program prove beneficial. At the request of those

stakeholders, which include the State, Clark County, and Washoe County, Senator Nguyen sponsored Senate Bill 380 (2nd Reprint) that is before this Committee today. The legislation extends the effective date of the program to July 1, 2025, to give those stakeholders more time to implement this important program, and makes several changes necessary for the implementation of the program that were not originally contemplated in the legislation from last session. With me today is Joanna Jacob of Clark County to present the substance of the bill and the proposed amendment.

Joanna Jacob, Manager, Government Affairs, Clark County:

I believe that may have just been a carryover because we did amend this bill in the Senate, so I am here to help address any questions along with Ms. McDade Williams.

Chair Peters:

Are you ready for questions from the Committee?

Assemblywoman Taylor:

It sounds to me like this is a Step Up program, a program which gives another year for those foster youth after aging out. Does this require or is it permissive after the amendment?

Joanna Jacob:

Step Up is a program that was implemented under the leadership of former Speaker Barbara Buckley many years ago. It was a program that was ahead of its time when talking about assistance needed for kids who are aging out of foster care. Right now, it is a requirement. It was a mandate passed many sessions ago. It has been in place in Clark County, Washoe County, and for the state, but it is funded 100 percent by the General Fund because foster care on the federal level cuts off at age 18. When we say it is a voluntary program, it is voluntary for the child if they feel they need extra support, which many of them do. If you think about your kids who are 18, often many of them are not ready to enter the world without additional supports. In Clark County, we just got our recent stats. We have 310 foster kids who have voluntarily entered into the program, so they get additional supports from our Clark County Department of Social Service. They transition from child welfare to social service at that time. About 97 percent of the kids who age out choose to enter into this program because it helps give them additional case management and supports that they got while they were in foster care. It continues on until they get to age 21.

What we were trying to do in the bill from last session referenced in the testimony was find some federal funding to offset and transition this program to something that could be federally supported because federal policy is now catching up with Nevada's vision when we put this in place many years ago. In order to access federal funding, we asked for the additional time because we cannot just take a subset of the program. This is why we are trying to do this. We have to extend everybody in foster all at once statewide. We cannot just do it in Clark County and Washoe County. Everybody must go altogether. That is why we are trying to work collectively with Washoe and Clark Counties and the State and bring it

back next session—hopefully with the extended date. That is why we asked Senator Nguyen—and would like to thank her very much for sponsoring this bill—so we can get the policy right.

Assemblywoman Taylor:

Thank you. I appreciate that.

Chair Peters:

Are there any other questions from the Committee?

Assemblyman Nguyen:

Ms. Jacob, you mentioned you want to make sure everybody is able to do this at the same time. Are there any anecdotal things the rural areas are doing that may need a little bit of adjustment or ramping up? Washoe and Clark are the bigger counties and obviously they are going to have a lot more resources. I am wondering how the rurals are going to be able to benefit from this.

Marla McDade Williams, Deputy Director, Programs, Department of Health and Human Services:

Before I start, I want to extend my appreciation to Senator Nguyen for moving this bill forward for us. We have prepared a budget to add in certain portions that would move the state forward. We found we did not have an adequate budget for all the activities and programs to take kids up to age 21. It is a matter of ensuring that we are planning appropriately, and that is what this measure does. It allocates funding so we can get our state plan in place by the end of this calendar year and then move the services forward in 2025. They are piecemealed right now, but the budget we will eventually move forward into the next session of the Legislature will be comprehensive for the entire state, including the Division of Child and Family Services' responsibilities as well as those for the counties.

Assemblyman Nguyen:

I want to be clear. I understand right now for the smaller counties, the rural counties, that the Department of Health and Human Services is taking on some of the responsibility because obviously Washoe and Clark Counties have more resources.

Marla McDade Williams:

We provide services up to age 18 for those we can. I do not believe we provide services to children up to age 21 at this point. This would allow all of us to move forward and provide that service up to the age of 21, but right now, we are limited to 18.

Joanna Jacob:

If I could just follow up, I will add to what Ms. McDade Williams said. Our structure of child welfare gives the state oversight, and then it is administered in Washoe County under block grants. That ends at age 18. The State will file a plan to seek the approval to extend foster care up to additional ages. We are going to work together. There is reporting built into this to the Interim Finance Committee so we can keep track and keep the Legislature

informed on what this is going to look like and what age we can go up to as everybody goes up to additional ages. We are going to be working collaboratively among Clark, Washoe, and the State on this so we can have a statewide policy. That is where we will get the state support, and then children in the rural counties will come along altogether because that is a requirement for the federal funding.

Assemblyman Nguyen:

Thank you, Ms. Jacob for clarifying that. That was my point. I was making sure Clark County is at the table, but I want to make sure we talk about how we can uplift some of the other voices that may not be here at the table, ensuring we cover the entire state of Nevada. Even though I represent Clark County, I am starting to learn about some of the issues in our rural communities and want to make sure they are not last on the list as well.

Chair Peters:

Are there other questions?

Assemblywoman Thomas:

Thank you for the presentation. Of course, I love the program and I love the extended care for those who age out. Logistically, what services are given to 18- to 21-year-olds? What wraparound services are given?

Joanna Jacob:

I will take this one because we have the program, although I am not an expert day to day on everything they do. For example, I have talked to some of our kids who are in this program. If you are enrolled in school or employed, you get a case manager assigned to you who helps you navigate paying rent and dealing with all the things you may need to do to support yourself. I see Legal Aid is here. They are a partner in this program because they also get legal aid representation and court oversight, and Mr. Norman can speak to that.

Jonathan Norman, Statewide Advocacy, Outreach and Policy Director, Nevada Coalition of Legal Service Providers:

Yes, they have a case manager from the Department of Family Services who helps them navigate social services and things like signing a lease. I think they get \$773 a month if they are working or in school, and that program is flexible. It is trying to keep the kids on the program. They also keep their client attorney assistance program (CAAP) attorney, so I will have kids call me who are trying to buy a car. They will ask questions such as, is 15 percent interest good, and things like that. There are also other benefits that come with it. They get a move-out stipend that can cover up to \$1,000 when they get their own place—a one-time deal—and also navigating things like getting into college and completing a FAFSA [Free Application for Federal Student Aid]. So, all those supports are there. They have an office in Clark County where they have resources for the kids. They have printers and computers the kids can use in case they do not have them. It is supports that walk with that kid. Does it cover the cost of living as a young adult? No, but it is a big step in the right direction if you get those services. It is an awesome program.

Assemblywoman Thomas:

Thank you for sharing that because it brings clarity to the program. For the record, and especially in the Assembly, I thought that was something, because these kids are special.

Chair Peters:

Thank you for the comment and those words. Are there any other questions?

Assemblyman Hibbetts:

I am going to ask a question about money, but it has nothing to do with justification or explanation. It is a clarification. If I am reading correctly, the total expenditure is going to be just over \$1.7 million, and anything not used by September 19, 2025, is reverted back to the General Fund. Is that correct?

Senator Nguyen:

To clarify, this is to allow staff to get ready to implement this program to provide those services in the rural areas the state has been responsible for as well as in Clark County and in Washoe County. Instead of only moving people with special needs up into the 21-year-old age group, we want to move every child in foster care up to age 21 and provide the services Mr. Norman spoke about. The funds that were allocated will get us to the point where we can apply for federal funds so we are not paying for it any longer. The counties are not paying for it and the state is not paying for it. This allows us the ability to ramp up with that accountability piece where they are reporting back to the Legislature every six months to the Interim Finance Committee to make sure we are on the right track and do not have to come back here and ask for yet another extension. In talking with Clark County, Washoe County, and the State, we want to be able to draw down those federal funds so we can provide these resources to all foster children up to the age of 21.

Joanna Jacob:

To support what Senator Nguyen is saying, the staffing is needed. I will give you a very concrete example. The federal funding requires face-to-face visits on a monthly basis where we are doing those visits telephonically or by Zoom right now. This is why there are going to be additional staffing needs for both the State and Clark and Washoe Counties to ramp up as we start working on case management plans and requirements to do the federal funding. I wanted to give you a contextual example of why we are trying to ramp up staffing in order to be ready on July 1, 2025, for the debut.

Senator Nguyen:

For the record, this also goes to Assemblyman Nguyen's previous question. Clark County and Washoe County are providing those services, but the State provides these resources for all the other counties.

Chair Peters:

Seeing no other questions, we will move into testimony. I will invite those folks who would like to provide support testimony.

Joanna Jacob:

Joanna Jacob for Clark County, obviously here in support. I wanted to make sure we are also registered in support and want to thank both the State and Senator Nguyen for assisting us with this issue. We look forward to working on this with you in the interim.

Cadence Matijevich, Government Affairs Liaison, Office of the County Manager, Washoe County:

Good afternoon, Madam Chair and members of the Committee. I am representing Washoe County here in support of this bill. We, too, would like to express our thanks to Senator Nguyen for all the work she has done with us, not only on the whole bill but particularly on that funding piece to get us ready to go live on July 1, 2025, is really important. So we thank her. At times we may have frustrated the heck out of her, but in the end it was a team effort. We appreciate it and would respectfully ask for your support.

Lea Case, representing Children's Advocacy Alliance:

Good afternoon, Madam Chair and members of the Committee. I am here today on behalf of the Children's Advocacy Alliance and echo the comments of my colleagues who thanked Senator Nguyen for this important piece of legislation to move us forward. This state plan in foster care has several moving parts. Assemblywoman Thomas has worked on this and become very familiar with the intricacies of the trifurcated system of foster care in our state. I would also add that Foster Kinship is in support of this as well.

I heard a question from Assemblyman Nguyen about foster care. There is an exhibit on Assembly Bill 166 that goes into detail, and I will submit that to the Committee, so if anybody needs an overview, it will be very helpful.

Jonathan Norman:

I was a CAAP attorney, so I have worked a lot with foster kids. I think I have five or six kids still on my caseload who are on Step Up. It has been one of the most successful programs the county has rolled out, so having that go statewide for all the kids and having adoption subsidies and guardianship subsidies be extended is pretty powerful. I had one kid who joined the Marines right out of high school. He was still eligible for that ongoing support, so when he came back from boot camp, he connected with me and his social services worker—a poor substitute for family and parents but the people who were consistent in his life. We love the bill and appreciate Senator Nguyen.

Chair Peters:

Thank you for the testimony. Seeing nobody else coming to the table in support in Carson City or Las Vegas, is there anyone on the public line with support testimony on Senate Bill 380 (R2)?

James Garvey, Private Citizen, Las Vegas, Nevada:

I am testifying in support. I would also state that I have been a recipient of similar programs and have been in foster care in my young life. Without programs like this during the key

transitional state of going from child to adult, I very well might have ended up homeless on the streets without programs similar to the ones being put forth with this bill, so I am in strong support as a success story of similar programs.

Chair Peters:

Thank you for your testimony. Is there anyone else on the line?

James Creel, representing Compassion Center:

This is James Creel with Compassion Center, and we are in support.

Chair Peters:

Thank you. Is there anyone else on the line? [There was no one.] We will move into opposition testimony for S.B. 380 (R2). Is there anyone in Carson City or Las Vegas who would like to provide opposition testimony? Seeing no one coming to the table, is there anyone on the public line for opposition testimony? [There was no one.] I will move on to neutral testimony. Is there anyone in Carson City or Las Vegas who would like to provide neutral testimony today? Seeing no one coming to the table, would you check the line for neutral testimony for S.B. 380 (R2)? [There was no one.] Do we have closing remarks?

Senator Nguyen:

I love this bill, and I appreciate the time you have taken and the questions that were asked here. This is a perfect example of something Nevada got right when then-Speaker Buckley brought this. Now, this idea and this program are being replicated nationally. It is exciting to see things that have started off at the state level, at an incubation level, be taken nationally. I appreciate your support on this bill.

Chair Peters:

Thank you, Senator Nguyen. We will close the hearing on Senate Bill 380 (2nd Reprint) and open the work session on Senate Bill 380 (2nd Reprint). Are there questions before I take a motion? [There were none.]

ASSEMBLYMAN NGUYEN MADE A MOTION TO DO PASS SENATE BILL 380 (2ND REPRINT).

ASSEMBLYWOMAN GONZÁLEZ SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED. (ASSEMBLYMAN HAFEN WAS ABSENT FOR THE VOTE.)

I will take all of the floor statements for the meeting today.

We will move on to Senate Bill 242 (1st Reprint), which requires the Department of Health and Human Services to establish the psychedelic medicine working group.

Senate Bill 242 (1st Reprint): Requires the Department of Health and Human Services to establish the Psychedelic Medicines Working Group. (BDR S-39)

Senator Rochelle T. Nguyen, Senate District No. 3:

Before I turn this over to Keira Fincher, my intern who presented this in the Senate and who will be able to give you some background, I want to explain. This bill came from a constituent. I was giving away some Legos. My kids were no longer using them, and they were collecting dust, so I put them on our neighborhood Facebook page and offered to give them away. One of my neighbors came up, we were talking, and she asked, "Are you the Assembly person?" I was in the Assembly at that time, and I said, "Yes, I am." I asked her what she did in this community and where she lived. She said she was a psychiatrist, and we started talking over the exchange of Legos in our neighborhood on my front yard. We started talking about psilocybin, we started talking about micro dosing and ketamine. We started talking about alternative therapies and treatments, the research, and where things were going in this area. I became fascinated with it, later read some books on it, and started talking to people in the community. I started looking at the research that was being done across this country. If you say "mushrooms," your phone will listen to you, and you will get a bunch of information about it. I would encourage you to look at some of that information and at what state legislators are doing across this country. Most recently, a similar type of bill passed in Missouri and in Texas. There are ballot initiatives in Oregon and Colorado that have had overwhelming support.

The people who come to you are not people who look like they are out of the Woodstock video or have rolled in wearing EDC [Electric Daisy Carnival] costumes. They are first responders; they are firefighters, police officers, and veterans. They are people who do not traditionally fit the bill of someone you would think of when we talk about mushrooms or psychedelics. With that, I will turn it over first to Ms. Fincher to go through some background history. We have the Drs. Hines, who are both professors in the Neuroscience Department at the University of Nevada, Las Vegas, to answer any technical questions. I also have one of your colleagues who has been an amazing ally, Assemblyman Carter. I will turn it over to Ms. Fincher.

Keira Fincher, Legislative Intern, University of Nevada, Reno:

Good afternoon, Chair Peters and members of the Assembly Health and Human Services Committee. I am a Nevada legislative intern from the University of Nevada, Reno. I wanted to thank Senator Nguyen for allowing me to present Senate Bill 242 (1st Reprint) once again and thank the Committee for giving me the honor of presenting this bill. Today I have with me Eduardo Martinez, Assemblyman Max Carter, and Drs. Rochelle and Dustin Hines.

This bill has changed a lot since its introduction in the Senate a couple of months ago. The Psychedelic Medicines Working Group is a diverse group of people working to end the current mental health crisis we have in the state. In section 3.5 is a list of some of

the members. There will be one member from the Department of Health and Human Services, from the Attorney General's Office, the Department of Veterans Services, the president of the State Board of Pharmacy, and one member each appointed by the Majority and Minority Leaders of the Senate and the Majority and Minority Leaders of the Assembly. Of those appointed by the Governor, we include a member from the military, a licensed psychiatrist or clinical psychologist who has experience working with substance use disorder, someone with experience working with post-traumatic stress disorder, a member with experience researching the therapeutic use of entheogens, a representative of tribal governments, an advocate for the research of entheogens; and, lastly, a representative of Nevada law enforcement. They will study the effects of entheogens and review federal, state, and local laws and regulations concerning its uses.

Additionally, the Nevada Psychiatric Association had concerns about the Open Meeting Law as it relates to this bill. Senator Nguyen reached out to Eileen O'Grady with the Legislative Counsel Bureau's Legal Division and was told that, as written, this working group would be subject to the Open Meeting Laws based on the definition of "public body" in *Nevada Revised Statutes* (NRS) 241.015.

In closing, it is our responsibility to explore alternatives and encourage the ones who protect us, to quote Assemblyman Carter, to "heal loudly." It is the least we can do. I am going to pass the microphone to Assemblyman Carter. Dr. Rochelle Hines and Dr. Dustin Hines are also available for questions as well as Eduardo Martinez.

Assemblyman Max Carter, Assembly District No. 12:

Thank you very much, Chair and members of the Committee. I appreciate all you are doing because we are doing the same thing. I will keep this brief because I know what a struggle it is right now. As most people in these chambers know—because I believe in "healing loudly"—six years ago I lost my wife in a very traumatic way. Working through that odyssey and creating a path that brought me to sitting here in front of you today, I found yoga, meditation, and learning through self-regulation how to bring that back down. Through cognitive behavioral therapy, talk therapy, I learned how to identify what was going on inside of me, the hypervigilance. Through eye movement desensitization and reprocessing, the therapist helped me push some of that hypervigilance and those symptoms of both post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder back, but I was still dealing with the triggers. I was still dealing with emotional flashbacks. Post-election, I plunged hard.

The reason I am here now is that my psychiatrist is Senator Rochelle Nguyen's neighbor, Dr. Shaili Jain. She is a leader in this field, and I went through eight or ten ketamine sessions between the election and being what my therapist decided was safe for me to be here in Carson City. Ketamine is a powerful drug that is used in psychedelic therapy, but it is very short duration. If psilocybin could have been used, it would have been one or two sessions. The antidepressive effects and the long-term effects of ketamine are measured in days or weeks, whereas with psilocybin, studies are showing months to years.

That is why I am talking here today. We need to open ourselves up to this. Yes, it was a bit scary signing my name onto Senator Nguyen's bill, but I knew it was the right thing. I knew that was what I was coming here for because I believe in healing loudly, and the response has been almost as high as it was for the first bill I talked to you about—human composting. My constituents have been very vocal, and the stories have been heartbreaking. Most of them start with, My brother did two tours in Iraq; my dad did three tours in Iraq; my cousin did a tour in Afghanistan, and unfortunately, most all of them end with, But they committed suicide, and if this had been in place, maybe they would still be here. That is why I urge you to push this forward. Let us start moving forward. If Arizona can put \$5 million towards studying this, we can.

Keira Fincher:

Now I will turn it over to the Doctors Rochelle and Dustin Hines.

Dustin Hines, Ph.D., Assistant Professor, Department of Psychology, University of Nevada, Las Vegas:

Good afternoon, Chairwoman Peters and esteemed members. I am here today to help present Senate Bill 242 (1st Reprint). I want to thank Senator Nguyen for bringing this bill forward and inviting us to present with her. I am an assistant professor at the University of Nevada, Las Vegas (UNLV). I hold a doctorate degree in neuroscience and have over 20-plus years extensively researching therapies for disorders of mental health.

Rochelle Hines, Ph.D., Assistant Professor, Neuroscience, Department of Psychology, University of Nevada, Las Vegas:

I am an associate professor at UNLV, and I have Ph.D. in neuroscience. I also have over 20 years of experience studying the way the brain communicates through chemical neurotransmitters and receptors in the brain. Together, Dustin and I operate a lab that studies the effects of substances with therapeutic potential. We hold a Drug Enforcement Administration (DEA) researcher registration and currently access a variety of substances under this registration. Our work is published in top journals in the field and we are both highly cited researchers, so it is this experience we bring for your consideration today.

Dustin Hines:

I do not have to tell anyone here that Nevada is facing a mental health crisis. Nevada's suicide rate—and I get emotional every time I say it—is nearly double the national average, and suicide is the second-leading cause of death for people between the ages of 10 and 34 in Nevada. Nevada is also home to over 218,000 veterans, but our veterans need better mental health support to address PTSD operator syndrome, to provide a better quality of life, and decrease the chance of death by suicide. As scientists with careers that have focused largely on finding novel or innovative mental health care components, we are here to talk about the growing body of scientific information and evidence suggesting that psilocybin, a naturally occurring psychedelic compound found in certain species of mushrooms, has the potential to be a safe and effective treatment for multiple mental health conditions including PTSD.

Rochelle Hines:

Studies have shown that psilocybin can bring relief for patients suffering with PTSD, treatment-resistant depression, and substance use disorder. One study conducted at Johns Hopkins University found that a single dose of psilocybin, when combined with psychotherapy, was associated with significant reductions in depression and anxiety symptoms in patients with life-threatening cancer.

A recent *New England Journal of Medicine* article demonstrated that a single moderate dose of psilocybin along with psychological support provided significant relief of treatment-resistant depression symptoms for at least three weeks, and many patients experienced longer beneficial effects. Another study published in the *Journal of Psychopharmacology* found that psilocybin-assisted therapy was more effective than conventional treatments for smoking cessation, and an article in the *Journal of the American Medical Association* found that heavy drinking days were significantly reduced in patients with alcohol use disorder following psilocybin-assisted therapy.

Dustin Hines:

We are also beginning to understand both in our lab and other labs how this works. What we know is that psilocybin increases something called neural plasticity. Plasticity is the capacity of the brain to change, and it does this at the level of the little connections called synapses. By making new synapses, they can lead to long-lasting brain changes and brain function. A recent study, again published in the *Journal of Psychopharmacology*, showed that psilocybin forms most of the growth of new connections of neurons, thereby strengthening the existing neurons.

Rochelle Hines:

While some may be concerned about the potential for psilocybin to be abused, studies have shown that it has a low potential for abuse. Evidence suggests that psilocybin may be effective in treating abuse of other substances like alcohol and nicotine. Other epidemiological studies have shown that lifetime psilocybin use is associated with lower odds of opioid use disorder, and research also shows that psilocybin has a wide therapeutic window with little to no toxic effect on the body or brain. In fact, we know that psilocybin has been used safely by experienced practitioners of traditional medicine in multiple cultures for millennia. Recent major national surveys indicate low rates of abuse, low rates of treatment seeking, and low rates of reported harm resulting from psilocybin use. A recent study indicated 0.06 percent adverse events in a study of over 9,000 patients.

Dustin Hines:

Given this growing body of evidence about the safety and efficacy of psilocybin, we urge you to consider this growing body of research and consider this bill. Doing so will provide us a new path and put Nevada at the forefront of this research and of this change. Thanks for your attention on this very important issue, and we hope you will take this opportunity to help improve mental health for Nevadans.

Keira Fincher:

We are ready for questions now.

Chair Peters:

I just want to say thank you for bringing this. I know that the initial bill is not what we ended up with today, but I think that the integration of research—what you are working on at UNLV and the policy arena—helps us knit that together in a nice way. Hopefully, in the next legislative session we can work together on some solutions that integrate the sciences into the policy. Are there questions?

Assemblyman Gray:

I want to say I am disappointed with where this bill wound up, but it was a good effort. I am going to make an unusual request. Eduardo Martinez has a guest with him today who was going to testify on behalf of this bill. I would like to ask if he could be brought up to tell his story and field some questions.

Chair Peters:

Can we do that in support?

Senator Nguyen:

I would love to be able to have him testify and Eduardo Martinez as well. During the Senate hearing, we had hundreds of people here, so if you have the opportunity to go back and watch that hearing, it is worth your time. If you would allow them some additional time outside of the two-minute limit to present their story, that would be wonderful.

Chair Peters:

There is value in hearing stories, especially when we are talking about something that is a taboo subject, if you want to bring them up before we move into testimony.

Senator Nguyen:

Do you have any other questions you would like us to answer?

Chair Peters:

We have Assemblyman Orentlicher for a question.

Assemblyman Orentlicher:

Thank you for bringing the bill. This is a study group, so obviously there are a lot of steps, but we have heard your copresenters talking about the research, which is good to know about. How does the research demonstrating the safety and efficacy compare to the kinds of studies you would need if you were trying to gain Food and Drug Administration (FDA) approval? I know this is an illegal substance federally, but if you could make an application to the FDA, how does your research compare to what you would need for the FDA to demonstrate safety and efficacy?

Rochelle Hines:

There is a ton of interest and research going on in this area. Currently we are on the verge of a substance, 3,4-methylenedioxy methamphetamine (MDMA), which is different than what we are talking about here, being approved via an FDA route for the treatment of PTSD. The goal is that these studies have the scientific rigor and design to meet the rigorous standards of the FDA, and that these substances eventually become approved for clinical use in that way. That is the goal.

Dustin Hines:

For psilocybin, I would say we are about two years away for a similar thing. If your question was directed to the state of Nevada, most of our research at this point is largely what we would call preclinical heading towards IND [investigational new drug]-enabling.

Senator Nguyen:

There are other states doing more clinical programs. Even here in Carson City at Carson Tahoe Hospital, they are looking at expanding and collaborating with Stanford University to study the effects of this and do clinical studies here. Johns Hopkins also has a pretty extensive program, as does New York University.

Chair Peters:

We will invite the final presenters before we go into official testimony.

Eduardo Martinez, Private Citizen, Sparks, Nevada:

I would like to thank Senator Nguyen for her courage and willingness to sponsor this bill and allow me to help present this bill. I am a Marine Corps veteran who served in Afghanistan in 2012, and I have worked with the veteran's community in different capacities since 2017. Over the past decade as awareness of suicide among our veterans grew, so did a wider awareness of the ongoing mental health epidemic our state is suffering from in recent years. Many Nevadans were pushed to the edge with the Route 91 shooting, the isolation caused by the COVID-19 pandemic, and increased tensions between our law enforcement communities and the public we are sworn to protect. Prior to this crisis and following since, many Nevadans have suffered from PTSD, major depressive disorder, anxiety, and many other mental health conditions that are contributing to the instances of suicide in our state. According to the Centers for Disease Control and Prevention (CDC), 603 Nevadans committed suicide in 2020. In 2019, it was 642. Many of these Nevadans are veterans, many are former law enforcement officers, many are firefighters, many are frontline health care workers, and everyday colleagues. Often not discussed is how some manage to avoid this tragic fate because they found something that worked. Sometimes this was church, volunteerism, community involvement, or access to a mental health provider. For some, this has been through a substance called psilocybin.

Today, many Nevadans attempt to self-medicate, as it is difficult to find mental health providers who are affordable, would accept your insurance if you have insurance, and see you in a timely fashion. If the stars are aligned, then you hope you found the right provider who can truly offer help. Unfortunately for some, hope is dashed when they finally do

connect with that provider either because of a personality clash or a lack of effectiveness in the existing therapeutics. This leads to that hope falling away. This leads many down the path of self-medication for their depression, PTSD, anxiety, or potentially as well as for their end-of-life anxiety. With our current laws, we implicitly say it is okay to self-medicate with alcohol, gambling, and antidepressants that make you numb to the world. Somehow, our state has created a perverse incentive for our veterans, law enforcement officers, and everyday Nevadans who think it is better to turn to a bottle of alcohol to ease their pain than access this natural medicine that is antiaddictive and enables a person to heal from an experience versus simply numbing out.

Are there risks associated with psilocybin? Yes, just like anything else. It is a substance that should be used responsibly, but because of our nation's laws, both the public and our scientific communities often lack understanding of it because the people most knowledgeable about the substance fear prosecution. Some organizations say we fail to appreciate the risk associated with the substance. We disagree. Senate Bill 242 (1st Reprint) would create a working group that raises awareness on both the benefits and the risks associated with the substance. As written, this working group includes three members explicitly asked to bring their medical and scientific expertise to the substance. Nearly ten years ago, another Marine and I had the responsibility to inform the mother of another Marine of the untimely passing of her son. Since that time, I have seen how the lack of access to mental health providers, and for many others the lack of effective treatment options, have created distress in our mental health providers community, broken the bonds of family, and contributed to many families having to suffer this devastation. Committee members, we ask for your support on S.B. 242 (R1).

Jon Dalton, Private Citizen, Reno, Nevada:

Good afternoon, Madam Chair and members of the Committee. I am a retired U.S. Navy SEAL [Sea, Air, and Land]. I did 23 years in the military as a SEAL and over a decade in a JSOC [Joint Special Operations Command] special missions unit. I am also an advocate for psychedelic medicine. Assemblyman Gray, thank you very much for calling me out. Over the course of 11 combat deployments, I was at the tip of the spear for our nation's conflicts. This includes years of counter drug missions down in South America pre-9/11. To our law enforcement brethren, I definitely understand what the war on drugs really means as it pertains to narcoterrorism and drug cartels. This is not that; but regrettably, I also witnessed the impact of trauma on my own teammates and how existing psychiatric therapeutics have failed us in preventing suicide among our nation's top warriors.

As SEALs, we are experts at identifying unconventional solutions for unconventional problems. This is why I believe psychedelic medicine is the solution to this epidemic. It is a very unconventional solution to what is not an unconventional problem but is a rampant epidemic. In this vein, fellow SEALs I know created nonprofit organizations to fly veterans out of the country to locations where the use of psychedelics is legal, and the results have been unprecedented successes. A Nevada Assemblyman once told me we were on the leading, bleeding edge of advancing psychedelics, and that gave him great concern. He felt we were moving a little too fast. As a constitutional conservative, I appreciated that

statement; however, I am here to tell you that we are no longer on the leading, bleeding edge. Currently, 28 states are in the process of or have already enacted policy reform to include legalization and regulation, decriminalization, and studies for medical use. To my fellow conservative brethren legislators who may not know this, that included nine red states, including Texas, with patriots like Dan Crenshaw, Ted Cruz, and Rick Perry leading the way in bipartisan efforts with federal legalization for therapy as it pertains to veterans and even active-duty military through the National Defense Authorization Act.

At this point, Nevada is not on the leading, bleeding edge. We are mid-pack at best despite being the worst in the nation for mental health. For the sake of our nation, for the sake of our state, we need to get ahead of this. I mentioned that I am a conservative, so you will understand some of the language. Sixties-era hippies like Timothy Leary did nuclear levels of damage to these irrefutably effective medicines by introducing them into the hippie counterculture with phrases like "Turn on; tune in; and drop out." For decades, this destroyed the use of medical medicines like this that have been successfully used in medical capacities for many years—arguably for thousands of years—but were used successfully in the '40s, '50s, and '60s without any recreational component whatsoever.

I thought these were just a bunch of hippie drugs being used by hippie veterans to get high. I have come to realize, and I can personally testify to this, that I could not have been more wrong. Rather than drop out of society, these extraordinary medicines allow the users to lean in, to lean forward, to become fully functional members of society rather than people stricken with severe anxiety, major depressive disorder, PTSD, et cetera. In all those states, when legislators update their understanding of the potential psychedelic medicines provide as I did and can provide game-changing improvements to mental health, every time they let go of outdated stigmas and false narratives and give these medicines a chance, they can become powerful tools to stamp out some of our state's worst and most prevalent mental health disorders.

I finished what I had originally come here to say and go a little bit further and echo what the Drs. Hines, Eduardo Martinez, and Senator Nguyen said, in the last 12 months, I have lost seven SEAL brothers to suicide. That is a massive number for such a small group of elite warriors, and two more to death by alcoholism, so you might as well make that number nine, because that is what it is. I found myself in a really dark place psychologically, struggling, and as a SEAL, you do not expect to have something like severe anxiety or depression. It should not happen to me. I am the guy they call on when the stress is high, when the pressure is high, when things have to happen with 100 percent success. Why am I feeling this kind of stress? Why am I feeling this kind of anxiety? I do not understand. I had a couple of close friends say, Hey Jon, you need to look at this stuff, this possible psychedelic medical treatment. I said, You know what, guys, I appreciate that. I am good. I am not doing that. It is not my cup of tea; that is not where I am. It was not until things got worse for me—really bad and dark—that I reached out to Marcus Capone who runs something called Vet Solutions. It is one of the largest organizations to help get guys the psychedelic treatment. I am a rule follower. I do not break the law. I do not want to do this stuff.

I cannot do this here in Nevada, so I cannot do it. That is how simple that was to me, so I had to go to a location where it is legal. They helped me do that. I did this also because I had tried the gamut via selective serotonin reuptake inhibitors. They were not effective; they did not work and the quality of life sucks when you are on them.

In short, the results were profoundly transformative. They were transformative and a life-changing measure I never thought possible. They were on a scale akin to the birth of my son. It was that big a deal. I recognized things about myself in terms of my own capability to have emotion, to feel emotion, and to open that emotion up. To recognize how much I had closed that off because of combat deployments and the need to be able to function day after day in that environment, and the fact that I was not in the environment anymore. It took this kind of medicine. It did not take therapy; it took this kind of medicine. I will advocate, though, that this kind of medicine with psychotherapy is the most effective. I do not want to give the wrong impression by saying that, but simple psychotherapy was not going to do the job whatsoever. This was the most massive improvement I could ever hope for. The results changed my life; I am sitting here today testifying on something I never would have expected. We appreciate it. Ladies and gentlemen, that is all I have. I appreciate your time, and I am honored to be here.

Chair Peters:

Thank you so much. Assemblyman Hafen, did you have a question or comment?

Assemblyman Hafen:

I want to thank you for bringing this forward. I know you put a lot of time and energy into it. I have one request when this moves forward: that you include in the study and bring back to us the information on the effects of brain development at different age levels and all the way up until the brain is fully developed. I was told the female brain develops sooner than the male brain. I do not know if that is true or not, but for the record, I think it is. I am very concerned about a lot of the different drugs that are on the market and the effects they have on youth—whatever information is available. You talked about all the different studies out there, and I would ask that you bring that information back to us so we can have that information next session. I want to again thank you and Assemblyman Carter for working on this. I look forward to this moving forward.

Senator Nguyen:

Obviously, this started off a little bit more ambitious. Assemblyman Gray is disappointed, and I was disappointed too, but I think this is something we need to support. It is something that is coming, and we should be on the forefront of it, not in the middle of the pack or behind. Without this bill passing, I worry that we are behind. I liken this to the cannabis industry. It came on a ballot. If you look at the *Nevada Independent*, it polls very high, so I would have concerns that we are not ready for something the people want and are ready for, and this will put us in a position. Some of the things the working group is tasked with are by no means limiting. The working group is a very diverse group of people, and I hope they would consider all the things you are speaking to.

Chair Peters:

I appreciate that, and I think there may be an opportunity to send a letter of support to the federal delegation for encouraging the research behind this and the funding for research behind not just psilocybin or psychedelics, but also encouraging the continued research on cannabis as well. Assemblyman Gray, did you have a comment?

Assemblyman Gray:

For those of you who know, 22 a day, so anything we can do to bring that number down. We found sending guys to the Department of Veterans Affairs (VA)—they get a box of pills and are sent on their way. Most of the time there may be a little bit of an effect, but it is not working for everybody. We need to figure out what works for each individual person, whether they are military or law enforcement—any of those guys who deal with those traumas and repeated traumas. That is why I wanted him to get up here and share his story.

Senator Nguyen:

People sharing their stories: As Assemblyman Carter testified, healing loudly is important because other people can see there is a community out there suffering, and whom traditional medicine is not working for. I want to make it very clear that I do not see this as something that is replacing traditional psychiatry or traditional medicine, because that does work for some people. I think it is incumbent on our state to make sure we are on the forefront of policy and research in other areas to expand those treatments for all Nevadans.

Assemblyman Gray:

A caveat, I would not condone using this alone without the services of a psychologist or psychiatrist. This has to go hand in hand for any of this to work to include the medications the VA prescribes.

Chair Peters:

We had a bill on collaborative care and making sure we have people working with you to ensure your treatments are meeting your mental and physical needs together. I appreciate so much the passion behind this bill. We are going to move into testimony and start with support testimony in the physical locations beginning here in Carson City, moving to Las Vegas, and then to the phones.

Scot Rutledge, representing Deep Roots Harvest:

I am here on behalf of Deep Roots Harvest. We are in full support of the things that were said. I have friends who had personal experiences with some of the substances we have talked about today, and I can tell you that life-changing is not a superfluous term. It was mentioned earlier that you can google "mushrooms," and the literature, the films, the podcasts, and all the information out there is an overwhelming body of evidence that this does work. We should definitely go forward in Nevada with a program. Just so you know, the state of Connecticut has an assisted therapy program that is launching, and the state of Oregon does as well. We will certainly not be the first to propose something like this in the future, but I definitely would like to see Nevada take a leadership role.

Kate Cotter, Executive Director, Nevada Coalition for Psychedelic Medicines:

Good afternoon, Chair Peters and members of the Committee. I would like to extend my gratitude also to Senator Nguyen for sponsoring this bill. I am cofounder and executive director of Nevada Coalition for Psychedelic Medicines and Sierra Psychedelic Society. I have devoted my life to education and advocacy around psychedelic medicines because of the profound healing I experienced from natural remedies such as psilocybin. I suffered from a lifelong treatment-resistant anxiety disorder, punctuated by deep bouts of depression, both of which led to substance issues which I battled for years. Decades of therapy and pharmaceutical medications were ineffective at treating these conditions. Psilocybin was the key to resolving the anxiety, depression, and substance use issues. The neurogenesis and neural plasticity initiated by psilocybin allowed me to repattern and smooth out deeply rooted neural grooves. This process is well documented in the scientific literature, and I can testify to the astonishing healing these medicines can offer. I am happier and healthier than I have ever been, and it would be accurate to say I owe my life to this medicine.

We can reference countless studies from beacon academic institutions such as Johns Hopkins, Stanford, Harvard, University of California, Berkeley, University of California, Davis, New York University, and Imperial College London just to name a few showing the efficacy of psychedelic medicines such as psilocybin for treating depression, anxiety, PTSD, addiction, and obsessive-compulsive eating disorders. Several of these studies show lasting improvement at the 6- or 12-month mark after only one or two doses.

These classic psychedelic compounds are not a panacea nor are they safe for some to use. But they are a remarkable and effective alternative to pharmaceutical medications that often largely prove ineffective and carry with them an array of detrimental side effects. Compounds like psilocybin show tremendous therapeutic potential, and we are proud Nevada will join the conversation alongside 17 other states with active legislation on this issue. Senate Bill 242 (1st Reprint) is a critical step toward investigating these lifesaving therapies and bringing healing to our communities and state. I humbly urge you to support this bill. Thank you for your time and attention.

Andrew LePeilbet, Chairman, United Veterans Legislative Counsel:

I represent all the veterans in our state. We started off three months ago with this bill in opposition. I grew up in that era of the hippies we heard about, and I was the opposite side of that program back then. Anything drug wise, our group was anti. Anyway, we got educated over the last three months. That is an amazing thing. We learned a lot about it and the promising effects that can exist. As a veterans' group, our biggest concern is those suicides, and we see the potential here. We moved from opposition to neutral the last time we testified, and now we have moved all the way up to support. We are highly in favor of this working group. Let us get it done so we can save more Nevadans.

John J. Piro, Chief Deputy Public Defender, Legislative Liaison, Clark County Public Defender's Office:

You may wonder what a public defender's nexus to this is. As a lawyer, we deal with significant mental health crises. What we do not deal with on the front end, we deal with in

the criminal justice system. It is a highly ineffective place to deal with that. I am also a veteran, and a lot of my friends have suffered a lot of trauma and are still dealing with that from their time in the military. This is an avenue to help people. Obviously, we move slower. I liked the original bill a lot better than the pared-down bill, but I know that as my friend Senator James Ohrenschall says, "You come to this building and you do not get revolution, you get evolution." This is the first step in the evolution, and we hope to be back next session with data to move us even further along. I strongly urge your support.

Barry Cole, Private Citizen, Reno, Nevada:

I am a psychiatrist/ neurologist. I learned in my master in public administration program that incrementalism is how government works. You do not get it in the first session. It takes three sessions to get what you really want. Entheogens are as old as time. They are probably a lot older than psychiatry, psychology, and religion, if we really think about it. This bill is vanilla. It does not legalize anything. It says we should ask questions; we should study; we might learn something. If we study these compounds, we might understand how best to use them and for whom they should be used. Opponents will say there is a chance a young person will be exposed and develop some serious mental illness—perhaps schizophrenia. I want to reassure you or educate you that the frequency of schizophrenia is 1 per 100 regardless, whether young people use these products or not, 1 in 100 will eventually be schizophrenic. That is biology. We heard about neural plasticity. That explains chronic everything: chronic pain, chronic depression, post-traumatic stress disorder. This is such an important topic that the Nevada Psychiatric Association, not known for radical liberalism, is going to devote an eight-hour preconference on Valentine's Day next year, February 14, 2024, in Las Vegas. We are doing eight hours on psychedelics and their role in psychiatry. I am going to see if I can get the entire Legislature comped; I am still working on it.

There are too many veterans who have done too many tours. It used to be that you went to Vietnam for 13 months if you were a Marine. It was for 12 months if you were in the Army. Now you go to someplace 8, 10, 12 times. I am amazed by how many combat tours I have had patients tell me about. Psychotropic meds are not rapid acting. I want to remind you that an antidepressant takes one to two months to become effective. Electroconvulsive therapy takes one to two weeks before you begin to see the change. These entheogens might be able to start helping people in hours to days, and you have heard the treatment effect goes on for months, maybe a year. I thank my neurobiology colleagues in Las Vegas, and I hope you will consider supporting S.B. 242 (R1).

Constance J. Brooks, Vice President, Office of Government and Community Engagement, University of Nevada, Las Vegas:

We are in full support of S.B. 242 (R1) and we appreciate Senator Nguyen and her thoughtful method by which she developed this legislation and especially the inclusion of UNLV researchers in that process. This is a perfect example of how UNLV desires to be utilized as a resource to help solve some of the challenges for Nevadans. As a social worker and also

as someone whose family has suffered the aftermath of suicide, I am very much looking forward to the results of this working group and of this legislation so that it will benefit individuals and will also help to make mental health not so much of a crisis for our state.

Mike Cathcart, Business Operations Manager, Finance Department, City of Henderson:

We want to thank Senator Nguyen and all the stakeholders for the work that has been put into this bill. We are supportive of S.B. 242 (R1). As my colleagues said, we look forward to the results and working on this further next session, so the City of Henderson is in support.

John T. Jones, Jr., Chief Deputy District Attorney, Legislative Liaison, Clark County District Attorney's Office; and representing Nevada District Attorneys Association:

I am here on behalf of the Nevada District Attorneys Association in support of S.B. 242 (R1). I also want to thank Senator Nguyen and Mr. Martinez for working with us over several meetings on this bill. We do understand that the current research is promising, and we look forward to engaging in the discussion going forward.

Jake Matthews, representing Chamber of Cannabis:

We are in support of S.B. 242 (R1).

Pamela Del Porto, Executive Director, Nevada Sheriffs' and Chiefs' Association:

We are in full support of the bill, Senate Bill 242 (1st Reprint), and we want to thank Mr. Martinez and Senator Nguyen for working with us on this.

Beth Schmidt, Director-Police Sergeant, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department:

We are in support of S.B. 242 (R1). We want to thank Senator Nguyen for bringing this bill and for bringing together the stakeholders. We also want to thank Mr. Martinez for all the work he has put into this. We acknowledge as a police department, and the largest in this state, that mental health is a priority in the state. Mental health treatment is a priority. A significant challenge with psilocybin is how to conduct clinical research on a federally prohibited substance. Psilocybin is a naturally occurring fungal product, so it presents unique challenges when it comes to conducting studies, efficacy assessments, and quality controls. We 100 percent support the establishment of this working group and the incredible involvement from UNLV. We appreciate law enforcement being included in this working group, and we fully support S.B. 242 (R1).

Sheila Bray, Community Partnerships Coordinator for Clark County, Extension, University of Nevada, Reno:

We would like to support this bill as well and extend our thanks to Senator Nguyen and her colleagues for bringing this forward. We think we can learn a lot through this research and to help us as well as the community moving forward.

Chair Peters:

Seeing no one else coming up to the table in Carson City and no one at the table in Las Vegas, we will move to the phones. Is there anyone on the phone line for support testimony on Senate Bill 242 (1st Reprint)?

James Creel, representing Compassion Center; and Center for Incubation and Findings Research:

I am with Compassion Center and the Center for Incubation and Findings Research. We had originally submitted testimony in opposition to the reworking of the bill. After further review, we are in full support of the work group bill and encourage your Committee to pass it.

Matthew Wilkie, Private Citizen:

I am a 13-year pharmacy professional in Assemblyman Gray's district. I am calling in support of S.B. 242 (R1). It is evident that there has been growing interest in the therapeutic benefits of psychedelic medicines, and it is important that we have a comprehensive understanding of their potential uses and risks. By the creation of this working group, we can ensure that there is a focused effort to study these issues and provide essential information to policymakers and the public. The establishment of this working group would also demonstrate a commitment to evidence-based commitment to surrounding drug policy. Too often, decisions regarding drug policy are made on misunderstanding or misinformation. By conducting thorough scientific studies, we can make informed decisions that prioritize public health and safety. I urge you to vote in favor of this bill.

Brian Harris, Voter Education Organizer, Battle Born Progress:

I am speaking on behalf of myself and Battle Born Progress and calling today to show support for S.B. 242 (R1). This bill supports research into conducting studies that include clinical trials involving persons who are 18 years of age or older to study the use of MDMA or psilocybin in the treatment of mental health and other mental conditions. Senate Bill 242 (1st Reprint) also protects individuals partaking in these trials and does not cause them to be in violation of the law. This is a step in the right direction in furthering the study of solutions to mental health issues and how these substances can help treat them while at the same time not punishing folks for partaking in these trials. We are in full support of S.B. 242 (R1), and we urge the Committee to move this bill forward.

Chair Peters:

Next caller, please. [There were no other callers.]

[\[Exhibit D\]](#) was submitted but not discussed and will become part of the record.]

We will move into opposition. We will take opposition testimony in Carson City and Las Vegas and then move to the phones. I do not see anyone coming to the table in Carson City, but I see some folks in Las Vegas; however, no one is coming up for opposition. Okay, then we will go to the phone lines for opposition testimony on S.B. 242 (R1). [There was no one.]

[[Exhibit E](#) was submitted but not discussed and will become part of the record.]

We will move to neutral in Carson City and Las Vegas.

Julie Monteiro, President, Integrative Providers Association; and representing Coalition for Patients' Rights:

We really thank you for the last-minute amendments to S.B. 242 (R1). We truly believe you have been listening, and this bill has gone from decriminalization to a bill creating a working group. With that, we have changed from opposition to neutral. There are just a few things we would like to see tweaked in the bill or added. From experience with the cannabis industry—we have had legislation for 23 years now—and medical patients still cannot utilize cannabis for mental health. I hope we do not run into the same guidelines we have in the past and that this bill still has some room. We see that we have expanded mental health. We would like to see expanded mental health to more than just mental health but to other disease states in item 1 on page 2. They believe they only have a focus on mental health, and it does not include all the disease states.

We question why we are allowing mental health to take a lead for the studies when medical cannabis still is not an acceptable mental health treatment in Nevada due to it being a Schedule I drug, so take those into consideration. On item 3 of our testimony that we submitted [page 2, [Exhibit F](#)], we would like to see the expanded experts have some knowledge or training on entheogens as a requirement. One of the things we noticed in cannabis legislation was that the working group, the green group, had no idea or understanding of what entheogens were or what this bill actually has, so pick and choose people who have a basic knowledge or understanding or are willing to get that understanding. We would like to see the working group be carefully balanced to represent the entirety of Nevada's demographics as it has the potential to establish a psilocybin monopoly. We have seen that in the powers that be with the cannabis program who established working groups to buy themselves more time to control the market that truly belongs to "we the people."

You have to remember it is a simple, natural fungus profile that does not need adulteration or synthesizing. Last, on page 3 lines 33 through 35, this seems to be a dispensary model and not a right to grow. Nevada should also consider rights to grow options allowing something like a 10-square-foot mushroom grow canopy space. We would like to see research on that because we all remember the \$700 ounces that were "safe" and "affordable," and how accessible and affordable it was to the patients who went directly to the illicit market.

Chair Peters:

Did you say you have these written down and in our exhibits?

Julie Monteiro:

No, because you made these amendments, so I am making these additions verbally. We will go ahead and send them to you [[Exhibit F](#)].

Chair Peters:

If you are asking for some amendments to be made on this bill, I am going to reclassify you as being in opposition. We are on day 117 with a quick turnaround of three days in the other house for any bills we send back over there, so if you want those changes, please send them in writing for us to review.

Julie Monteiro:

We will do that, and I hope you read it. Thank you very much.

Katree Saunders, Vice President, Pardon Me, Please; and representing Coalition for Patients' Rights:

[Katree Saunders supplied additional testimony, [Exhibit G](#).] Thank you for your time today, Chair and esteemed Committee members. I am a long-time patient advocate. I represent the Coalition for Patients' Rights and Pardon Me, Please. Part of me healing out loud is keeping the Nevada State Legislature accountable for my PTSD. I am also from a family of veterans. My sister served in the Army. My son currently serves in the Air Force. I have lost family members, my brother-in-law, to suicide from being a veteran as well as my friend, Dina, and other friends and family members. If they were able to have safe access to this medicine, maybe they would still be here today. The reason I am speaking today is because psilocybin has helped me in my journey with PTSD and healing from the trauma sustained by the Nevada state government as well as the Nevada State Legislature, changing the laws to exclude me in the cannabis industry after I was set up by the district attorney under Operation Chronic Problem after meeting President Obama and protecting over 800 patients here. Those patients now have access to dispensary cultivation licenses, labs, et cetera, and ancillary businesses while my life is still destroyed.

I am still caught up from the effects of the drug war from having a federal felony on my record. Psilocybin has helped me process these things and release some of my anger and heal some of my brain synapses, so I am able to process and articulate things and move things in a manner to progress social justice for myself and others who have been affected by the war on drugs. Today I am in neutral because I do not want this to end up looking like the cannabis industry dispensaries. I see there is in this section 3.5, subsection 2(c), "Review existing and ongoing research on the therapeutic use of entheogens" is very good because we need more research and people need to be able to have safe access without being criminalized for it.

It also says, "Develop a strategic, measurable and actionable plan to allow access to safe and affordable entheogens so that such entheogens may be used for therapeutic purposes." That looks like language that is going to probably be proposing dispensaries for the future. I do not want it to look like where just old white men had access and we still do not have ownership for people who have been most affected by the war on drugs as well as

minority ownership. It also needs to be stated there needs to be representation for minorities who are knowledgeable about entheogens. There also needs to be research on how to grow your own mushrooms so we do not end up like Oregon and other states with high-priced treatment that is not available for the most vulnerable. I am on the borderline of being homeless, and I cannot afford the prices at dispensaries now, so I do not want it to be the same model moving forward. Also, these study groups should consider the social detriments of mental health such as poverty, discrimination, and lack of access to health care which can have a significant impact on mental health outcomes. In addition to these issues you have mentioned, the study group should also consider the following mental health issues: substance abuse, eating disorders, self-harm, and post-traumatic stress disorders, anxiety disorders, and depressive disorders. By considering a wide range of mental health issues, the study group can develop policies and programs that will effectively address the needs of all individuals.

Here are some specific actions the group can take: recruit members of minority groups for the study; hold public hearings and gather people from the community and minority groups; conduct research on the impact of social detriment of mental health on minority groups; develop policies and programs that address all the needs of individuals regardless of their race, ethnicity, and social impact status. By taking these actions, the study group can ensure the needs of all individuals in Nevada are met and the mental health system is equitable for all.

Chair Peters:

Is there anyone else in Las Vegas who would like to provide neutral testimony? And I think I am going to qualify that as opposition testimony because of the request for changes to the bill.

Lea Case, representing Nevada Psychiatric Association:

Good evening, I am here on behalf of the Nevada Psychiatric Association (NPA). I am glad to be here in neutral on behalf of the NPA. We sincerely appreciate the clarification of the applicability of the Open Meeting Law to this working group. Just last week, we learned that a working group that is housed under the Department of Health and Human Services was no longer determined to fall under the Open Meeting Law, and that was a working group we have been following for several years, so that became concerning immediately. We appreciate that we have many members and a variety of opinions among members and several of them would like to weigh in, and there is the potential for one psychiatrist on this working group. If you have one psychiatrist, you have maybe three opinions in a differential diagnosis, so we need to make sure we have many voices represented on this working group.

I would like to add that psychedelics are not a panacea. They are not a cure-all for all mental illnesses, and they are contraindicated in people who live with schizophrenia, psychosis, high blood pressure, or any uncontrolled cardiovascular condition. I am sure that will come up in the discussions in the working group as well. It is also contraindicated for use in children, youth, and adolescents. I am sure this will all be discussed in the working group, and we look forward to robust participation from the Nevada Psychiatric Association's members.

As Dr. Cole mentioned, on February 14, 2024, in Las Vegas, there is the Nevada Psychopharmacology Conference. The preconference is titled "Psychedelics in Psychiatry and Mental Health." It is open to all participants, although it is geared toward continuing medical education for physicians, nurses, and folks like that. I have attended in the past, not this psychedelic conference, and found it enlightening. We would love to have as many of you join as possible.

Chair Peters:

We will go to the phones now. Is there anyone on the phone line for neutral testimony on S.B. 242 (R1)?

James Garvey, Private Citizen, Las Vegas, Nevada:

This is James Garvey, master of divinity, master of arts and psychedelic spirituality. I am speaking on behalf of the Las Vegas Psychedelic Society, as president and co-director of Decriminalize Nature Nevada, as an individual who has been actively involved in the legislative process surrounding S.B. 242 (R1) who wants to express my position of neutrality now that the bill has removed all parts related to decriminalization. First and foremost, I would like to commend the efforts made by the legislators and all the stakeholders involved in the creation and progressing of S.B. 242 (R1). It is evident that the bill has undergone significant revisions, and it is important to acknowledge the hard work and dedication put forth by everyone involved.

As president of the Las Vegas Psychedelic Society and co-director of Decriminalize Nature Nevada, my primary focus has been on advocating for policies that promote safe and responsible use of psychedelic substances as well as supporting individuals in accessing the potential therapeutic benefits associated with the substance. However, with the removal of all sections pertaining to decriminalization in S.B. 242 (R1), the bill has evolved beyond the scope of our original objectives. Given these circumstances, it is appropriate for me to adopt a position of neutrality with respect to the current version of S.B. 242 (R1).

While I recognize the importance in legislative initiatives and shaping the legal landscape surrounding psychedelics, it is essential to acknowledge that different perspectives exist within the community I represent. Consequently, I choose to remain neutral in order to respect the diversity of opinions within our community and allow individuals to form their own judgments on the matter. Please note that my neutrality should not be construed as disengagement or indifference. I remain committed to facilitating open, constructive dialogue around the responsible use of psychedelics, advancing education and risk management efforts, and fostering an inclusive environment for the exploration of psychedelic experiences. I appreciate your understanding of my position and the importance of maintaining a sense of impartiality as an advocate for the psychedelic community. Should you require any further information or wish to discuss this matter in more detail, please do not hesitate to contact me at your convenience. Thank you for your attention and for considering my perspective. I look forward to continued collaboration and mutual support in

our shared pursuit of enhancing the well-being and understanding of individuals through the responsible exploration of psychedelic substances. Thank you again, and speaking on behalf of myself, James Garvey, I look forward to being able to heal loudly.

Chair Peters:

Thank you. Are there any other callers? [There were none.] We are going to close the hearing on S.B. 242 (R1). We will open the work session on Senate Bill 242 (1st Reprint).

Assemblyman Gray:

On behalf of my fellow veterans and other folks you know who need this, I would like to make a motion.

Chair Peters:

Thank you.

ASSEMBLYMAN GRAY MADE A MOTION TO DO PASS SENATE BILL 242 (1ST REPRINT).

ASSEMBLYWOMAN TAYLOR SECONDED THE MOTION.

Is there any discussion on the motion? [There was none.]

THE MOTION PASSED UNANIMOUSLY.

We are going to roll our last agenda item. That took a lot longer than we thought it was going to, and the Revenue Committee has to meet followed by the Ways and Means Committee. We are going to move on to our last agenda item, which is public comment. Is there any public comment? Seeing no one coming to the table in our physical locations in Carson City or Las Vegas, please check the phone lines for public comment. [There was no one.] We are rolling Senate Bill 350 (2nd Reprint) to tomorrow. I will close out public comment. Everyone, please keep your eyes on your email because we will be meeting tomorrow at the call of the Chair. With that, we are adjourned [at 5:45 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblyman David Orentlicher, Vice Chair

DATE: _____

EXHIBITS

[Exhibit A](#) is the Agenda.

[Exhibit B](#) is the Attendance Roster.

[Exhibit C](#) is a copy of an email dated May 31, 2023, submitted by Mindy Lokshin, M.D., M.S.P.H., Chair, Parkinson Support Center of Northern Nevada, in support of Senate Bill 390 (2nd Reprint).

[Exhibit D](#) is a letter dated June 1, 2023, titled "Senate Bill 242 Would Begin an Important Process for Regulating Psilocybin," submitted by Geoffrey Lawrence, Research Director, Reason Foundation, in support of Senate Bill 242 (1st Reprint).

[Exhibit E](#) is a copy of a letter dated June 1, 2023, submitted by Vicki Higgins, Cofounder, Coalition for Patients' Rights of Nevada, in opposition to Senate Bill 242 (1st Reprint).

[Exhibit F](#) is a letter dated June 1, 2023, containing proposed amendments to Senate Bill 242 (1st Reprint) submitted by Julie Monteiro, President, Integrative Providers Association; and representing Coalition for Patients' Rights.

[Exhibit G](#) is written testimony submitted by Katree Saunders, Vice President, Pardon Me, Please; and representing Coalition for Patients' Rights, in opposition to Senate Bill 242 (1st Reprint).