NEVADA LEGISLATURE
JOINT INTERIM STANDING COMMITTEE ON THE JUDICIARY

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MINUTES

January 19, 2024

The first meeting of the Joint Interim Standing Committee on the Judiciary for the 2023-2024 Interim was held on Friday, January 19, 2024, at 10 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Committee's meeting page. The audio or video recording may also be found at https://www.leg.state.nv.us/Video/. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Brittney Miller, Chair
Senator Melanie Scheible, Vice Chair
Assemblywoman Danielle Gallant
Assemblywoman Elaine Marzola

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblyman Ken Gray
Assemblywoman Selena La Rue Hatch (Alternate for Assemblywoman Cecelia González)

COMMITTEE MEMBERS ATTENDING REMOTELY:

Senator Dallas Harris
Senator Lisa Krasner

COMMITTEE MEMBER ABSENT:

Assemblywoman Cecelia González (Excused)

OTHER LEGISLATORS PRESENT:

Rochelle T. Nguyen, Senate District 3 (presentation only)

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Diane C. Thornton, Chief Principal Policy Analyst, Research Division
Christina Harper, Manager of Research Policy Assistants, Research Division
Jen Jacobsen, Research Policy Assistant, Research Division
Karly O'Krent, Senior Deputy Legislative Counsel, Legal Division
Michael Viets, Principal Deputy Legislative Counsel, Legal Division

Items taken out of sequence during the meeting have been placed in agenda order.

AGENDA ITEM I—CALL TO ORDER AND OPENING REMARKS

Chair Miller:

Good morning. I want to welcome everyone to the Joint Interim Standing Committee on the Judiciary (JISCJ). This is the first meeting of our interim season. We have members joining us in Carson City, Las Vegas, and virtually. Those that are virtual, please make sure that you turn your microphone off when you are not speaking, and make sure that you have your camera on so that we are always aware that we are maintaining a quorum. I would also like to note that today Assemblywoman Gonzalez will not be here. Instead, Assemblywoman La Rue Hatch is covering for her in Carson City. Our committee secretary will now call roll.

The first thing I would like to do is start with brief introductions of everyone that will be on the Committee. This is a joint committee between the Assembly and the Senate. First, I would like everyone, when I call your name, to please tell us your district and how long you have been on Judiciary or your experience with this Committee. I would like to start with Vice Chair Scheible.

Vice Chair Scheible:

I am Melanie Scheible. I represent Senate District 9. I have been in office since 2018 and served on the Judiciary Committee for the last three sessions and interims.

Senator Krasner:

Good morning, everyone. It is wonderful to be here. I am Senator Lisa Krasner. I was first elected to the Assembly in 2016 and served on the Judiciary Committee in the 2017, 2019, and 2021 Sessions. I was elected as a State Senator by the people of Nevada in 2022. I served on the Judiciary Committee in the 2023 Session. I am very happy to be here and see all of you as well. Thank you.

Senator Harris:

Good morning. I am Senator Dallas Harris. I represent Senate District 11, and I have been serving on the Senate Judiciary Committee since my first session, which was 2019. Glad to be with you all. Thank you.

Assemblyman Gray:

Good morning. I am Ken Gray from Assembly District 39. I joined Judiciary in my first session in 2023. Glad to be back.

Assemblywoman Gallant:

Good morning. I am Danielle Gallant from Assembly District 23. I was elected in 2023, and this is my first year in Judiciary. Thank you.

Assemblywoman Marzola:

I am Assemblywoman Elaine Marzola representing Assembly District 21. I was first elected in 2020 and served my first session in 2021. I have been on the Judiciary Committee since 2021 and have served on the interim committee as well.

Chair Miller:

I am Brittney Miller. I chair the Assembly Judiciary Committee, and I represent Assembly District 5. I was first elected in 2016 and served on the Judiciary during the 2017 and 2019 sessions. I took a sabbatical and went to Ways and Means, and then I came back for this last session. This is actually my first interim on Judiciary.

I also would like to introduce our LCB staff who will be assisting with our interim. Just like with our members, we have staff that will be in Carson City, down here in Las Vegas, and virtual. So first, we have Diane Thornton, who everyone knows from the Research Division, along with Patrick Guinan. They will be serving as our Committee Policy Analysts. They help with background information and research on the issues that come before the Committee. We also have Karly O'Krent, who is here with us, and Michael Viets from the Legal Division, who serve as Legal Counsel. Nancy Morris is from the Fiscal Division and will be serving as our Fiscal Analyst. Jen Jacobson is our Committee Secretary, also from the Research Division, and is in Carson City right now. We also have our staff from Broadcasting and production Services (BPS) that make all this possible.

I mentioned that Assemblywoman La Rue Hatch was covering for Assemblywoman Gonzalez but forgot to give her an opportunity to introduce herself.

Assemblywoman La Rue Hatch:

Good morning. I am Selena La Rue Hatch. I represent Assembly District 25 up here in the North, and I served on Judiciary last session. I am very happy to be here this morning. Thank you.

Chair Miller:

Thank you for covering, Assemblywoman La Rue Hatch. As you all know, not everyone can always make every meeting. It is important to have members that can jump in and support us in that way.

A few housekeeping issues—this does run a little different than when we are in regular session. Agenda items can be taken out of order as they are listed. Two or more agenda items may be combined, and an item may be removed from the agenda or a discussion of an item on the agenda may be delayed at any time. In fact, today we are already changing the agenda. We are jumping aroun a little, so the order of the agenda will be Agenda Items V then VIII, then Agenda Items VI, VII, IX, and so on. Meeting materials can be accessed on the Committee's web page located on the Nevada Legislature's website, which we refer to as NELIS.

There are a lot of materials for today's presentation, so you will want to access them online. I would also like to say that when you see members looking at their screens the whole time, members are accessing all the materials because we do not have paper copies up here. Please do not take it that members are not engaged or paying attention; they are listening and researching. You can also sign up for electronic notifications related to our Committee's activities on the Legislature's website.

For those of you just joining or tuning in for the first interim committee, it does run a little different than session meetings. We do not have lawmaking capacity during the interim. We are not actually making laws, passing laws, hearing bills, and such. The interim is more of an inquiry and a chance for studying and researching possible issues to determine what types of issues we would like to move forward with in the regular session. You will see that during presentations, members will have a lot of questions because the last day of interim is about deciding and voting on which bills we would like to move forward with. When you see the committee bills that happened during regular session, the interim is how those committee bills are developed.

Since members will have a lot of questions, and we only have six meetings scheduled, meetings will typically last all day during the interim, so we also ask presenters to stick to 15-minute presentations. If you are presenting as in a group presentation, please make sure that members have time for questions.

We will have two public comment sections: one at the beginning of the meeting and the other at the end again. We ask anyone making public comment to keep their comments to two minutes. You may make public comment in a couple different ways. You can call in, or you can email your comments to the committee secretary or mail your comments to the Research Division of the LCB.

We will take a 30-minute lunch break around 12:30 p.m.

Finally, I just want to remind everyone to please turn off anything that is going to make any type of electronic noise with alerts or rings or anything like that. With that, we will move on to public comment.

AGENDA ITEM II—PUBLIC COMMENT

Chair Miller:

This first public comment section will have a maximum time of 30 minutes, if necessary, this morning. We will have public comment again at the end of today's meeting. Anyone making public comment, please make sure that you state and spell your name clearly for the record. We ask that you keep it to two minutes. Legislative Counsel Bureau staff, Ms. Thornton, will be keeping time. She will give you a little notification if we hit that mark. I would like to welcome anyone here in Las Vegas that would like to approach to make public comment.

Ben Strahan, Wildland Firefighter, Nevada:

My name is Ben Strahan, and I have been a professional Wildland Firefighter for the last 23 years. Over these last 23 years, I have been on almost every catastrophic wildfire in the West and have witnessed the complete annihilation of our forests, land recourses, and communities. I have lost friends to fire, and unfortunately, I have lost many brothers and sisters to suicide. A recent study found that wildland firefighters reported rates of anxiety, depression, post-traumatic stress disorder (PTSD), and suicidal ideation at rates two to ten times that of the general population. The Firefighter Behavioral Health Alliance found that firefighters are more likely to die by suicide than in the line of duty. In an organization known as Grassroots Wildland Firefighters' survey, 60.2 percent of partners and spouses reported that their wildland firefighter had been impacted by an incident at work that resulted in mental health challenges. In a survey regarding barriers to recruitment and retention, 78.5 percent of wildland firefighters said they suffered from mental health issues

they attributed to the stresses of fighting fire. Only a third of respondents felt they could seek mental health care during fire season. Alone in my home on November 2020, after one of the most destructive wildfire seasons in the West, I found myself sitting on the edge of my bed with a loaded gun in my hand. The impending guilt I felt for just existing became too much. When I put the gun to my head, and it did not go off after pulling the trigger, I realized there was a bigger plan for me. I needed help, and the current health system was failing me. Fears of being on life-long medication and years of therapy led me to seek out psilocybin treatment in Mexico. It alleviated my thoughts of suicide and started my healing process. I stand here now in support of policy reform around psychedelic medicine, for widely accepted legalized access, especially for our first responders in need of non-addictive profound treatment for mental health. I thank you for this opportunity, and I thank you deeply for your time today. (Agenda Item II A).

Gehrig Tucker, Resident, Carson City, Nevada:

Good morning, Chair Miller, Vice Chair Scheible, and members of the Committee. I would like to thank Senator Nguyen for spearheading legislation on this issue, and the Legislature for their support of the working group. My name is Gehrig Tucker, and I would like to offer a personal testimony in support of policy reform around psychedelic medicine. The archetype of many members of the military and first responders is that of the "warrior servant": men and women who would willingly expose themselves to danger day in and day out for their fellow humans, and all with a smile on their face knowing they are serving. During my time in the military, this was something that made me feel like I was understood for the first time in my life because it seemed a lot of people were just like me. It is a beautiful aspect of these types of people; however, there is always a catch. These “warrior servants” will go to the ends of the world for others, but when it comes to ourselves, accepting help and extending even the slightest amount of compassion inward is often met with guilt, or even shame. That was my case. In 2017, a friend and I started a cancer foundation and walked 1,000 miles to fundraise. Seven hundred and fifty miles in, we were contacted to help a boy from Carson City who had brain cancer, and of course we gladly accepted. Right before we got back, he died, and all the promises we made him never came to fruition. I buried so much hate, anger, guilt, and shame because I could not face it. I could continue with story after story, but the theme remains the same: I want to serve others, and in the process go through difficult experiences that I then internalize that negative emotion. I never thought of myself as a friend or showed myself a shred of compassion or grace. I would extend it to the infinite degree for those I hold close to my heart, but never myself. My mind and soul were degrading, and in January of last year I had an unplanned meeting with suicide. I had the good fortune of having a tribe of family and friends who were always there for me. Unfortunately, even after attempting all modern treatments I could get access to, none helped give my mind and soul reprieve from the grips that guilt and shame had on me. My back was against the wall, and I knew my time on Earth was limited if I did not heal these mental and spiritual infections. On August 25th, I did MDMA, and for the first time in my life, I felt compassion and love for myself. Instantly, I went from my brain hinting toward suicide every single minute of the day, to loving myself, and thus, loving those around me. Being free from those negative emotions allowed me to be the best version of myself not just for me, but also society. This legislation has the opportunity to save the lives of those warrior servants who protect us, and yet are also the most likely demographic to fall victim to suicide from injuries incurred on the job. Widely accepted legalized access is crucial to preserving this community. Education in this new realm of society is paramount, and if we truly love our veterans and first responders like we say we do, this is a great opportunity to showcase that. Thank you. (Agenda Item II B).

Monte Ramage, Resident, Reno, Nevada:

Good morning, Chair Miller, Vice Chair Scheible, and members of the committee. I would like to thank Senator Nguyen for her hard work to pioneer legislation on this issue. I would like to offer a personal testimony in support of policy reform around psychedelic medicine. Born and raised in Reno, I was a typical and healthy kid: promising future, varsity athlete, and honor student. However, upon entering college, I became ensnared in a culture dominated by drug and alcohol use. I succumbed to a vicious cycle of drug and alcohol addiction and clinical depression that lasted for over four years, severely damaging my physical and mental health. My struggles with addiction and depression intensified after graduating from the University of Nevada, Reno (UNR). After a shoulder surgery in March of 2022, I became addicted to prescribed oxycodone. I became despondent and teetered on the brink of suicide. During this time, I engaged in talk therapy but denied the use of psychiatric medications due to concerns about side effects and dependency, seeking instead a solution that targeted the root of my issues, not just the symptoms. In my desperation, I turned to psilocybin as an alternate therapeutic modality. It was not a magic bullet, but it did indeed become an integral component of my journey to recovery. Through its careful and intentional use, I was able to unearth the underlying dynamics of my depression and addiction. Psilocybin enabled the spiritual awakening, allowing me to reconcile with my task, ascribe meaning to my suffering, and deepen my connection with God. I have now been cleaned from opiates, marijuana, alcohol, cocaine, and nicotine for over a year and a half. This medicine is a remarkably effective and powerful tool when used responsibly and with proper guidance. In closing, I serve as a living testament to the remarkable healing capabilities of psilocybin. My story symbolizes the extensive potential for recovery and personal development from responsible psilocybin use. I implore the Committee to consider the immense impact that access to psilocybin could have on individuals facing comparable struggles. Thank you.

Nick Shepack, State Deputy Director, Fines and Fees Justice Center (FFJC):

We just want to welcome everybody back. We are looking forward to a productive and informative interim session. I want to just let everyone know that the FFJC submitted a public comment that details items we hope you will consider this session, which includes fines and fees, of course, the cost of incarceration in Nevada jails, a follow-up on Assembly Bill 116 (2021)—traffic decriminalization—and follow-up on some of the other legislation that was passed last session. I will not take up any more of your time today since you have access to this document. Welcome back, and we look forward to working with you all. Thank you very much. (Agenda Item II C).

Gerald Mayes, resident, Las Vegas, Nevada:

In 2002, I graduated high school, and five days later I was on the yellow footprints of the Marine Corps Recruit Depot for Camp Pendleton to become a United States Marine. Ten short months later, I was placed in rounds down range in Iraq. It has been 21 years since that, and I am still suffering from those impacts of war on my then-young mind. I have struggled mightily navigating these impacts on my life throughout the years, dealing with suicidal thoughts, as that was just the tip of the iceberg. It was not until a recommendation to try psilocybin after a low point in my life. I have to say it has been life altering. I feel like I have gotten my life back and can be present in my family and my community as a member. On behalf of the over 200,000 veterans in our state, I am asking for legal avenues for our veterans to return back to a sense of normalcy and to give them their lives back. We owe them that for their sacrifices. I believe this legislation is the correct avenue to begin this process. I thank you for your time.

Douglas Christopher Orton, Resident, Reno, Nevada:

Good morning, Chair Miller, Vice Chair Scheible, and members of the Committee. I would like to thank Senator Nguyen for her hard work on an issue very close to my heart. I would like to thank the Legislature, as well, for their support of the Working Group. My name is Douglas Christopher Orton, and I am here to offer my personal testimony in vehement support of policy reform around and in favor of psychedelic medicine. For over forty years, I have navigated the murky waters of mental and emotional health challenges. Traditional treatments have provided limited relief, no relief at all, or at times even made things dramatically worse. In all these experiences, the journey was arduous. It was not until I explored the realm of psychedelic medicine that I experienced a profound shift in my well-being. These substances, when used responsibly and under proper training and guidance, have the potential to alleviate the grip of conditions like—but not limited to—depression, anxiety, and PTSD. The transformative power of psychedelic-assisted therapy became evident as I began my deep dive-style research into psychedelic medicine. I am forever grateful to have grown up in a relatively conservative religious home and never took any illicit drug, never drank alcohol, and never smoked a cigarette. Because of my past, it was a difficult decision to finally embark on my therapeutic journey, but under the guidance of experienced and loving experts, I was blessed to confront deep-seated issues, gaining insights which had eluded me for years. The empathetic and introspective nature of these experiences allowed me to reframe my perspectives and therefore my life, fostering healing in ways I could not have previously imagined. The effect of psychedelic medicine on my life is beyond words or description. The best I can say is I am now someone who can live my life in alignment with my personal values. I make mistakes, and I still have struggles like all of us, but I now have the ability to be emotionally and psychologically flexible, where before I was trapped in rote trigger and response scenarios creating misery for those around me, including my loved ones and definitely for myself. I am eternally grateful for the miracle of psychedelic medicine. I know if it is treated with the respect it deserves, it can do so much more than the modern pharmacological industry is able to do without psychedelics. It is essential to destigmatize psychedelic medicine, and this happens from talking about it. Open dialogue promotes education and dispels misconceptions, fostering a more informed and accepting society. With careful deregulation and a commitment to ethical practices, we can harness the benefits of psychedelic medicine to improve the lives of countless individuals grappling with mental health challenges. In conclusion, I urge this Committee to consider the transformative potential of psychedelic medicine. By championing thoughtful policy reform, we have an opportunity to redefine mental health treatment, offering hope and healing to those who need it most. Thank you very much for your time and consideration. (Agenda Item II D).

Tonja Brown, Advocates for the Inmates and the Innocent:

I want to discuss the agenda item for discussion for possible topics to be addressed at future meetings. We hope that you will consider what we are asking of you today. We would like to see the law changed for those who have been convicted of a crime to life without the possibility from 18 to 25, but 21 would be good. We would also like to see change in life sentences without to life with the possibility of parole if the person was convicted of a crime but did not participate in the actual death. We would also like to put a life sentence on those who have the possibility of parole from a minimum of 10 years to a maximum of 20 years. We have people in prison who have been in for 30, 40, 50 years, and they are not the same person. If the male brain does not mature and develop until around the age of 25, we are sentencing these individuals for crimes that we believe they should not be in as long for. I mean, if we are going to convict them and send them in, then we should go by what the guideline and the medical professionals and this research and study shows, so let us keep it

under 25. That would be great. Also, guardianship is another issue, especially with the recent Hillygus and Handte case, and also the Pardons Board. I will bring that up under the second public comment. I believe Annemarie Grant may be on the phone to call in because there is something else that she has some information on that I think you would be interested in hearing. Thank you.

Annemarie Grant, Advocates for the Inmates and the Innocent:

Good morning. I am Annemarie Grant with Advocates for the Inmates and the Innocent. I just want to echo my colleague, Ms. Brown's requests for some discussion on emerging adult sentencing. I would like to mention that the Supreme Court of Massachusetts just ruled it unconstitutional to sentence minors to life without parole. I would also like to see some discussion of oversight of the county jails in the State of Nevada because currently there is absolutely zero oversight of the county jails, and that is totally ridiculous. As many of you know, my brother was killed at the Washoe County Jail—hog tied and asphyxiated to death. I would like to see some discussion on that. Thank you.

AGENDA ITEM III—REVIEW OF COMMITTEE'S DUTIES AND RESPONSIBILITIES

Chair Miller:

Diane Thornton, Chief Principal Policy Analyst with the Research Division of the LCB, will be presenting on this item.

Diane Thornton, Chief Principal Policy Analyst, LCB:

Good morning. My name is Diane Thornton, and I am the Chief Principal Policy Analyst with the Research Division of the LCB, and I will be serving as your Committee Policy Analyst this interim. In your meeting materials, you will find the Committee Brief on the JISCJ (Agenda Item III). This brief provides background information and summarizes the major issues related to this Committee. It also includes pertinent information on membership, possible meeting dates, anticipated meeting topics, and relevant reports and studies. As you know, the jurisdiction of this Committee is wide-ranging and includes everything from cannabis to civil procedure, corrections, crimes and punishments, gaming, guardianship, and even property rights. Last interim, this Committee focused on certain topics including corrections, domestic violence and sexual assault, fines and fees, human trafficking, juvenile justice, housing, indigent defense, traffic laws, and public safety. This interim, there are some mandated activities from the passage of last session that includes Senate Bill 35, which was passed during the 2023 Legislative Session. This requires the Committee to conduct an interim study concerning certain matters relating to forensic laboratories, and today's agenda will be addressing this topic. Additionally, there are bills that were passed that require various entities to submit reports to this Committee. All of these reports are listed in the brief. Also listed are statutory mandated reports from the Executive Branch that are required to be submitted. If any of the Committee members are interested in reviewing any of these reports, please feel free to reach out to me. As you may be aware, this Committee must conclude its work by August 31, 2024, and the Legislative Commission has allocated up to six meetings for this Committee. In addition, this Committee may request up to 15 bill draft requests (BDRs), five of which must relate to juvenile justice. The final meeting, as the Chair had mentioned earlier, will contain a work session for members to vote on the BDRs to be sent to the 2025 Legislature to consider. Finally, the brief contains a list of our Committee staff and their contact information. We are available to assist the Committee and its members on any issues related to the matters before this Committee. In addition, the employees of the Research Division are available to provide information and assistance on a

confidential basis to individual members of the Legislature on any topic. Thank you, Chair. That concludes the Committee overview.

AGENDA ITEM IV—DISCUSSION OF POSSIBLE TOPICS TO BE ADDRESSED AT FUTURE MEETINGS

Chair Miller:

The next agenda item is the discussion of possible topics to be addressed at future meetings. First, I want to remind members again that at any time, please go ahead and email either Vice Chair Scheible or myself with any topics that you would like us to consider putting on the agenda. Again, as Ms. Thornton said, there are a number of items that we are mandated to address, but we will try to fit in whatever else we can within our allotted time. The issues that are currently under consideration will include juvenile justice, updates from Nevada's Department of Corrections (NDOC), fines and fees, updates from the Department of Indigent Defense Services (DIDS), housing, human trafficking, and an update on SB 104 (2023), which is civil infractions/driver's license suspensions. The next thing I would like to do is to appoint Vice Chair Scheible as the point-person to discuss the implementation of SB 307 from the 2023 Session, which relates to solitary confinement. Vice Chair Scheible, do you accept?

***Vice Chair Scheible*:**

Yes, I do. Thank you.

Chair Miller:

We will have a presentation regarding that at a future meeting. If you are wondering what a point-person is, Vice Chair Scheible will be working with a working group to help with that transition into implementation. Also, future dates that we so far have reserved for upcoming meetings are February 23, April 26, May 31, July 26, and August 30. There may be a June meeting, but we are not sure yet. Also, I will have you take note that right now on NELIS, it says that the February 23 meeting will start at 10 a.m. We can almost guarantee it will not start at 10 a.m. It will start earlier. We just like to give you a little time to sleep in on the first one, but because these meetings can go all day past five o'clock in the evening, plan on more of an 8:30 a.m. or 9 a.m. start time. With that, Vice Chair, do you have anything you would like to add?

Vice Chair Scheible:

I have just a few brief remarks if you do not mind. Thank you, everybody, for taking the time to be here. I just want to follow up on the SB 307 (2023) conversation. Like Chair Miller said, we will have some further conversations, and we will be continuing to address that issue this year. For those who do not still have numbers memorized, SB 307 is the bill that we implemented in the last session to require NDOC to phase out their solitary confinement policies and implement new policies that are safer and more humane. That is a long process. The purpose of the working group is to provide a little bit of oversight, frankly, to make sure that those changes are being implemented in a timely fashion and that we reach completion and implementation before the next session. I am happy to head that up, and we will keep all of you posted on any meetings and any updates. We will also be bringing updates directly to this Committee on what is happening with the implementation of SB 307. I also want to thank everybody who has already reached out to me about future topics. I see some of them as the written public comments, and we appreciate that and look

forward to working with all of you this year. Thank you for that. Also, I did not mean to misspeak and call it a working group. I will just be working with stakeholders.

AGENDA ITEM V—PRESENTATION CONCERNING SERVICES PROVIDED TO PERSONS AFFECTED BY DOMESTIC VIOLENCE, SEXUAL ABUSE AND HUMAN TRAFFICKING

Chair Miller:

We are ready to move on to our next item, which is a presentation concerning services provided to persons affected by domestic violence, sexual abuse, and human trafficking. We have Ms. Liz Ortenburger, the Chief Executive Officer (CEO) from SafeNest. I do want to remind every single presenter that I like to keep the presentation to 15 minutes so that we have time for members' questions. And with that, Ms. Ortenburger, please proceed when you are ready.

Liz Ortenburger, CEO, SafeNest:

Thank you very much for the opportunity to present today, and just a shout out and thank you to all the veterans that are in the room that spoke during public comment. Thank you for your service. This is a presentation about an opportunity that we have as a state that we have in place now, but we are not executing it. Well, first a little bit about SafeNest— We are a large domestic and sexual violence agency. We serve over 25,000 clients a year, with over 146,000 different services. We have 89 full-time staff, and we are in 11 to 65 locations, depending on how much outreach we are doing. I want to thank this Committee and the Legislature as a whole for the passages of the strangulation bills that we had the last go-around, as well as the change in the arrest window and the training updates that were all passed.

So, what is domestic violence? We tend to think of domestic violence in the State of Nevada as sitting separately from sex or human trafficking and sexual violence. But in reality, these things are very linked. Eighty percent of domestic violence overlaps with sexual assault and overlaps with human trafficking because the trafficker is a Romeo or family pimp. In sexual assault, most sexual assault is perpetrated by a friend or family member or known acquaintance. The profile of domestic violence in Nevada shows that 68 percent of our perpetrators of domestic violence are male, and 32 percent are female. These stats come from the Nevada Crime Report. We tend to think of domestic violence as a purely female survivor, but we have 32 percent of women being arrested for domestic violence as well. The age group is between 18 and 54, with the largest age group being 25 to 34. The race breakdown is 58 percent White, 35 percent Black, and 4 percent Asian. Male perpetrators tend to struggle with alcoholism, and in fact, 70 percent of male perpetrators also abuse alcohol. They have anger at a partner and feel they have a right to control, and they also do this in self-defense. Female perpetrators also use self-defense, uncontrolled anger, provocation of the partner, and retaliation for jealousy and anger. This data all comes from meta-analysis, peer-reviewed data. Domestic violence perpetrators are heavily linked to mass shootings, and 68.2 percent of all mass shootings start in domestic violence. They are also linked to cop killers, with 80 percent of all cop killers having a known domestic violence incident on their record. In homes where child abuse is happening, 93 percent of the time, so is domestic violence. When we look at the profile of a domestic violence survivor, 70 percent are female, and 30 percent are male. The same age breakdown as with perpetrators and pretty much the same racial breakdown as perpetrators. By way of note, the Nevada crime stats do not keep an ethnicity, so we do not have Latino or non-Latino numbers. Female victims were generally victims in child abuse and are economically

dependent. In fact, low-income women are five times more likely to be victims of abuse. They have a lack of social support, fear for their lives, but 66 percent will return. Of that 66 percent, 97 percent of them will return more than once, and every time a victim returns, the risk goes up. Male victims feel shame, and they are less likely to identify the abuse. Female perpetrators generally use the legal system as a method of abuse because we are slanted and biased to believe that the victim is female, so they say, "I will call the police on you" or "I will use the court system against you." That was in a pretty stunning report that came out just two years ago. Male victims stay to protect the kids, and they do fall victim of the bias. This is how domestic violence breaks down in the stats for Nevada.

Last year, we had 29,000 police-involved incidents with domestic violence. Now, that is not the number of 911 calls. In Clark County, for example, we had 100,000 domestic violence 911 calls, but 29 percent of the time, the police described it, upon arriving on the scene, as a domestic violence incident. For the entire state, there were 14,000 arrests on scene. There are a number of arrests that also happened on warrant, but that data is not kept in publicly viewable databases. Of those 14,000 arrests, 13,000 court cases and rulings were made. A little note on that, we do not know what those rulings were. That was a bill that did not pass last legislative session. This is as far as the data goes. We have met with the Chief Administrator of the Courts to find out if we get a segmentation of rulings happening in the domestic violence space, and that appears impossible at this point in time.

So, what about the children? We have 14,000 children on the scenes of domestic violence last year, and 76 percent will repeat the cycle of domestic violence as survivor or as an abuser. When folks ask me, why does it feel so bad here? It is this snowball, and this is every year. These are only the kids that were noticed on scene when police arrested. That does not include the other percentages where there was domestic violence with a 911 call, but no action was taken. When we put this all together, we have at minimum 40,000 people a year, in our state, that are being directly affected by domestic violence.

We have a batterer's intervention program, which comes up every time I talk about domestic violence. Do batterers' intervention programs work? Is it worth it? Is making somebody go to 26 weeks too much? There is no data, and all of that is true. The meta-analysis regarding domestic violence abuser programs prove that they do work. But, they have very important elements of that program that we are not enforcing here in this state. There has to be an adherence to an evidence-based curriculum. There are really five evidence-based curriculums that are used. In Nevada, SafeNest is a provider of batters' intervention programming. All we are asked on our application is what evidence-based program are we using. It is never audited as to whether we are actually using that, and there is no pre- and post-data that is collected by the state to know if our programs are making a difference. Independently, SafeNest collects its own data. To my knowledge, we are the only program in the state that collects pre- and post-data on our clients in our batters' intervention program. Intervention programs that include the risk-need responsibility framework, which is commonly known in incarcerated individuals, but it is also a phenomenal therapeutic tool for people who are struggling. We have to understand what the risk is for that domestic violence perpetrator. Is it alcoholism? Is it financial insecurity? Is it childhood abuse? Without knowing the risks, a provider cannot have the appropriate need and responsive framework to make that batters' intervention program as successful as possible. There has to be a partner and ex-partner support program alongside. As I told you, 66 percent are going back. That number could probably vary and be higher or lower, but roughly 66 percent. Yet, none of our batterers' treatment programs require a partner program alongside, and it is the number one most requested element of batters' treatment programming by survivors. When your abuser changes and stops using abuse, oftentimes our survivors do not know how to react, "you are not talking to me" or "you are walking

away" or "you are taking a quiet moment," and now I am angry because I feel like I am being ignored as a survivor. When we can incorporate programs for survivors and children alongside that abusive partner, we have the opportunity to create a safe household.

An adjacent substance abuse program is absolutely necessary along with post-intervention support. So, after graduating from the 26 weeks, couples counseling, family counseling, and children's therapy are incredibly important, which the data shows are incredibly helpful to stopping these cycles of abuse. When we look to the next legislative session to reform on the Nevada's code, what we are looking to do is to create a committee around the treatment program because when we all have, unfortunately, another mass shooting, and we stand up and say we need more mental health support, how tragic would it be if it is one of the 13,000 cases in which a treatment plan was provided, and we did not do our very best? Having a committee to oversee these programs and audit these programs with a robust certification program would help. These programs have to be required to, at minimum, remit pre- and post-data on the abusers in the program. The facilitator training right now is done very ad-hoc. The facilitator training needs to be done by an accredited university, and we have partnered strongly with UNR. The University of Nevada, Reno is doing a phenomenal program with domestic violence advocacy training, and they could also do this for clinical facilitator training in the batters' space and incorporate the risk-need responsivity framework. We must hold judges, and not just judges but really all of us working in this space, accountable for supporting folks that are using abuse through this program, and holding them accountable to completing these programs as well as partner and ex-partner program alongside the batters' treatment programs. Thank you. (Agenda Item V).

Chair Miller:

Thank you for that, and you actually had some time to spare. Very impressive, Ms. Ortenburger. Members, are there any questions?

Vice Chair Scheible:

Thank you so much for this presentation. I thought it was really interesting that you mentioned that SafeNest does keep some of its own pre- and post-data, and you do not know of other organizations that do. I know that you have worked on this issue for many years and in many different arenas. Is that something that other states do better or other jurisdictions do better? Do they have government agency that collects and analyzes the pre- and post-data?

Ms. Ortenburger:

Yes, and we could be the leaders in the nation of how to actually do this. We are small enough as a state that the data would not be overwhelming, but having a repository and then allowing artificial intelligence loose on the data that is scrubbed of identifying information, to understand trends—we could really lead the space in the country with this data, but also on the microlevel, it should be material for a judge to know that someone is coming out of these programs more abusive. I will share, we had a client two years ago that on his pre-and post-data, it shows that unfortunately, he was an outlier; the program did not help him. What appeared was that he developed a substance abuse issue along the way while he was in the 26-week program. He was more abusive by all of the stats after the program. I have no mechanism to give that information to a judge, and quite frankly, the judge has no mechanism to do anything with. Under my confidentiality rules, I cannot even let his survivor partner, whom they we are still together, know that this program was not

successful for him. Our recommendation is a substance abuse program alongside this program, and there is no opportunity for that.

Vice Chair Scheible:

What would it take to become that leader? I am guessing it would take money and a policy change.

Ms. Ortenburger:

Yes, my recommendation is that we start charging the folks, including myself, that are doing these batters' intervention programs. We should be paying an annual fee that will help cover some of the cost. Then working with behavioral health, creating a database to drop this data in. If we all use the same domestic violence inventory tool and are putting the data into the database, then it becomes pretty much a computer thing where they can speak to each other. Then we can use that data to evaluate program effectiveness across the landscape of who is providing it, but also, judges should be able to react to the information coming out of these programs when someone does not complete or completes with a score that shows there has not been a rehabilitation. We also need to change the code so that we can communicate with survivors regarding their abuser.

Vice Chair Scheible:

Makes sense to me. Thank you.

Assemblywoman Gallant:

I used to serve on the S.A.F.E. House board, and I recall that there was a huge expense for the data that the State ran, and we had to report. Do you recall something like that? Would it be possible to utilize that system in this case?

Liz Ortenburger:

There is an annual form that we fill out for behavioral health as providers where the expense would be having a trained facilitator do it. There is some level or code that that person needs to have. I do not know if it is some kind of license that person needs to have to fill out that data for the state. It is possible that S.A.F.E. House was paying a facilitator to do that information. But, to date, the state does not charge any kind of fee in this space to be licensed to do the work.

AGENDA ITEM VI—PRESENTATIONS ON PSYCHEDELIC SCIENCE AND THE IMPACT OF THERAPEUTIC USE ON VETERANS AND LAW ENFORCEMENT

Chair Miller:

This will be presentations on psychedelic science and the impact of therapeutic use on veterans and law enforcement. We have multiple presenters, but I am first going to hand it over to Senator Nguyen, who will do an introduction. Senator, will you be introducing all of the presenters?

Rochelle T. Nguyen, Senate District 3:

We have choreographed this to manage our time pretty well, so I am just going to introduce everyone, and then turn it over to them, and they know their roles.

Chair Miller:

Ok. And we have four presenters, including the three here in Las Vegas, so the other must be in Carson or virtual?

Senator Nguyen:

I believe so, and if I can have them all come up to the table there in Las Vegas, that would probably make it easy.

Chair Miller:

Ok. Thank you. We see Dr. Tabaac approaching in Carson. So now we have all four of our presenters. Senator Nguyen, please proceed.

Senator Nguyen:

Thank you. Rochelle Nguyen representing Senate District 3. I want to thank the Chair and Vice Chair of this interim committee for allowing this presentation. During the last legislative session, I had the honor and privilege of presenting SB 242, which addressed psychedelics. It was heard in the health care committees for both the Assembly and the Senate. In going through that process, a lot of the bill, as it was introduced, touched on a lot of issues that, in retrospect, we realized would probably be best suited in this space, in the Judiciary, and the Interim Judiciary being the perfect place to have those kinds of conversations. I think it is very timely with the other agenda items for today because it addresses some of the concerns during the legislative session. Sometimes committee hearings do not have the ability to have those presentations, so I am grateful that also on today's agenda are people from our law enforcement community because I wanted to give them more than the three minutes that would be allocated during session to address some of the concerns that they have. With that, we do have a very brief introduction into this world of psychedelics. Just some historical, scientific, educational, medical, and regulatory information, just to give the Committee some background because I know a lot of people are not as familiar. Here today we have a very Nevada-led coalition that is a broad coalition. We have people that are teaching at the University of Nevada, Las Vegas (UNLV). We have doctors that are practicing in Carson City, and we have people from the law enforcement community, retired and active from both up North and down South and in between. I am really excited that we are able to have that very specific Nevada presence. So, with that, I will turn it over to my speakers to begin their presentations.

Jon Dalton, President, Nevada Coalition for Psychedelic Medicines, and Retired Navy Seal Officer:

Good morning, Chair Miller, Vice Chair Scheible, and members of the Committee. I would like to thank Senator Nguyen for being the champion of this issue and the Legislature for their support of the upcoming Psychedelic Medicines Working Group. You know, even Navy Seals need heroes, and, in this case, Senator Nguyen is that hero since she has been advancing and pushing this forward. Your bravery goes well noticed. My name is Jon Dalton, and I would like to say that I am a proud Nevada. This is the best state in the country. I hunt here. I explore these beautiful and remote lands on my motorcycle. My son and I love camping in the basins and ranges here, and I am humbled to be invited today to provide my presentation. I was a career Navy Seal officer for 23 years. During my time in the Seal teams, after September 11, I conducted 11 combat deployments to Afghanistan and Iraq. I suffered seven traumatic brain injuries, some PTSD, and my medical records show that the real damage is likely to thousands of sub-concussive events related to blast exposure.

At the tail end of my career, I began suffering from anxiety and depression related to those injuries. It got bad to the point I recognized I needed to do something. The United States Department of Veterans Affairs (VA) tried putting me on SSRIs. They sucked and decreased my quality of life and did not work. They call it being SSRI-resistant, and then when one also factors in spending the rest of your life on them, the challenging withdrawals, and the fact that they only treat the symptoms rather than the cause, it is widely accepted that they are not an effective solution. I had a Seal brother recommend I try psychedelics to treat these issues. Some of you probably heard me say in the past that my immediate reaction was that I had no interest in taking a bunch of hippie drugs. I am a staunch conservative. That is how I roll. However, my situation deteriorated to the point that I started researching psychedelics, much the same as I would analyze an enemy target package, to determine risk-to-force and mission success. I learned these were not the drugs that I thought they were. I also learned that I could not take them here in the United States, and I had to go to Mexico of all places. Well, I did, and the results were profound and transformational. The manner in which they healed me involved things happening on the neurological level with adaptive neuroplasticity, as well as finding myself in an ineffable state of consciousness that allowed me to examine memories and core issues that I discovered were the root cause. Some of that was kind of bizarre, but it worked.

I was not the only Seal to go do this. Since 2017, over 1,500 Seals and other special operations veterans have engaged in psychedelic-assisted therapy and have had to do so by leaving the country. We recognize it is an unconventional solution but were not going to let the United States get in the way to do it. We will leave the country if we must, so we can do it legally. It is not good business when veterans, or any Americans, must leave the country to seek out a legitimate solution to improve their mental health. This was driven home for me personally, during 2022 to 2023, when I lost eight Seal brothers to suicide and three to death by alcohol, all with mental health issues like mine. Psychedelics could have prevented the deaths of those warriors. There have been some groundbreaking developments within the U.S. Department of Defense (DOD) that are relevant to today's discussion. I would like to bring them up quickly. On December 14, President Biden signed the 2024 National Defense Authorization Act (H.R. 2670, 118th Congress). Section 723 of that document states that the "Department of Defense to study treatment of certain conditions using certain psychedelic substances" on active duty, military personnel. Certain conditions are identified as post-traumatic stress and traumatic brain injury. The substances are 3,4-Methylenedioxy-methamphetamine (commonly known as "MDMA"), psilocybin, Ibogaine, 5-Methoxy-N,N-dimethyltryptamine (commonly known as "5-MeO-DMT"), qualified plant-based alternative therapies. The DOD is not doing this study because they are uncertain if these medicines are safe; they know they are safe because studies already confirmed that. This is the type of study done to conduct due diligence before ramping a program up to full operational capability.

On January 5, the VA announced research to study certain psychedelic compounds in treating PTSD and depression. The compounds are MDMA and psilocybin. The Secretary of the VA, Denis McDonough, stated that this is an important step to explore the efficacy of a potential new set of promising treatments that could improve the health and quality of life for veterans. Please note that he did not say that it was to explore the safety. That is because these medicines are already recognized as safe. Ladies and gentlemen, the VA is ahead of us on this. That is not a good sign when the VA is more leading edge than you are. Nevada loses roughly two people per day to suicide. Veterans are 7 percent of the Nevada population, yet they represent 20 percent of those daily suicides. We passed SB 242 on June 2, 2023, From that day to this day, we have lost 231 Nevada souls to suicide. That includes the ones that are in the process of that right now. That number does not account for the thousands of souls of the family members who are devastated by their deaths. That

number also does not account for the tens of thousands of Nevadans who have been diagnosed with mental health conditions that are treatable by psychedelic medicine. Technically, over 1.1 million Nevadans have stated that they have either depression or anxiety at certain times in their life. We have the power to devastate that number. That power lies in the Psychedelic Medicine Working Group, which has not yet begun. We have done nothing for seven months. This is a call to action. I am asking for the help of this committee and the entire Nevada Legislature who overwhelmingly voted "yes" on SB 242 to help get that working group executed. Help get it started, please. Nevada lives are literally at stake with this. Thank you.

Dustin Hines, Ph.D., Assistant Professor, UNLV, and The Hines Group:

I am Dr. Dustin Hines, and I am with UNLV. Thank you to the Chair, Vice Chair, and absolutely thank you to Senator Nguyen. As somebody that has studied the brain for over 30 years and has studied serotonin, which is the neurotransmitter that these drugs work on, I would like to give you a little background education. The first thing that I need to do is to educate you on stigma. We have this idea that drugs are good, or drugs are bad. You even heard it from John's testimony that he thought drugs were bad. Drugs are neither. Where do we get this stigma? Part of the stigma comes from the idea that we have scheduled drugs. We have said through the Controlled Substance Act (CSA) (H.R. 18583, 91st Congress) that things like psychedelics are the worst drugs. They are Schedule I, and we will talk about that today. Drugs are not good or bad; it is our relationship with drugs that is good and bad. What defines Schedule I is that they have no therapeutic use, but these drugs have a lot of therapeutic use. The other thing I always like to tell people is that there are groups of drugs and drugs classes, and what we are talking about today are psychedelics.

Psychedelics are a unique class. They are largely defined as drugs that work on a single receptor, the 5-HT2A receptor, that is the type of serotonin receptor. These are drugs like LSD, NBOMes, Ayahuasca, and psilocybin that we are largely talking about here today. When we look at these groups of drugs, I do not like to look at the scheduling. I like to look at how they are lethal or how they harm people. We can make a simple graph that gets shown to everyone who takes a basic psychopharmacology class. At the top right of the graph, you will see heroin, which has a really high active dose, which means you need very, very little, microscopic amounts for it to be active, and at the same time, it is also very addictive. If we look at the bottom left of this graph, we see LSD and psilocybin. This graph has been around for 20 years showing that these drugs are not bad drugs, if there is such a thing, and further, now we know these drugs not only are not bad drugs; they help with addiction. I think when this graph gets updated, LSD, psilocybin, and all the psychedelics will not even be on the graph anymore. I think that there is always a worry about what is going to happen if people take these drugs. In the initial graphic, you saw that people were jumping out of windows. Is that going to happen? What are the adverse effects? If we look at the far right where you can barely see a bar there, these are the adverse effects from people who have taken magic mushrooms or psilocybin. The brief history of this drug, and this is really important to tell you, we really came into our understanding of psychedelics, tongue-in-cheek, in the 1930s, when Dr. Albert Hoffman accidentally took LSD and had one of the first psychedelic trips on LSD. Since then, we have really moved forward with this psychedelic renaissance that started probably in 2014 to 2015. Since then, companies like MAPS Public Benefit Corporation and Compass Pathways are already in the U.S. Food and Drug Administration (FDA) phase 2/3 clinical trials. In looking at these compounds as therapeutics, I say tongue-in-cheek because we know these have been safe drugs that have been used in incredibly rich traditions and cultures for millennia. These are not toxic compounds. These are not lethal compounds, and so really what we are talking about is our

own culture and the Western introduction to these compounds. Maria Sabina was using these drugs to treat mental health with her culture for hundreds of years. It is really just in the last ten years that the West, largely through Michael Pollen's book *How to Change Your Mind,* came into magic mushrooms for a new time or a second resurgence.

Another thing I like to talk about, as we are talking about magic mushrooms and what is in magic mushrooms, is alkaloids. The two major alkaloids that are the active compounds in mushrooms are psilocybin and psilocin. Those are the actual drugs. These drugs work on that serotonergic receptor, and they are highly specific to that receptor. That means they do not have off-target effects. The 5-ht2a receptor is largely what is affected by magic mushrooms, and a lot of other systems are not, other than some systems in your gut, and that is what makes them really safe. I do not need to get too much into this, but I always like to show this video. This is what we show in our lab. This is a mouse on psychedelics, and so you can see it is not doing anything crazy. It is not jumping around. It is not chewing its legs off. This is research we are doing at our lab every day of the week at UNLV. What we are trying to understand, and what we have some scope into, is what is happening in these mice and in the brains of anyone that is using these compounds is that we are making new connections. You heard from all the beautiful public testimony that you do the drug, but then you got to do the work, you got to get into therapy, and you have got to change things. It is creating behavioral flexibility so that people can get into therapy and make change. We know it works. We know how it works. Again, here is some of the research done by Nevadans, in my lab, showing that if you take a normal neuron and give it psychedelics, you give it chances to make new connections.

We are in a mental health crisis. Nevada is 51 in the nation in mental health, and that is not something to be proud of. As Jon attested, we have lots of drugs out there. There is one drug, insulin for diabetes, we know what to use. We are trying to use combinations of SSRIs and SNRIs, and if they work, that is great. They typically do not work in over 80 percent of people. So, we call those people treatment resistant, which is not a good word. We have drugs that we know are effective psychedelics, and we are not using them. I often get questions about how these drugs stack up to known drugs, so if you can see in this graph on the left, we have all these red dots and all the blue dots. All the red dots are psilocybin being used as a treatment for depression, compared to one of the major drugs also being used. It is way better. We know it is better. We know it is safer, yet we are not using it. In conclusion, I think John said it best: we are behind the VA, and that is one thing I think about. The DOD, and a lot of other trials that I have been in, is the last to come on board, and they are ahead of us. It really is time, as Nevadans, to push this forward. Thank you. (Agenda Item VI A).

Lieutenant Diane Goldstein (Ret.), Executive Director, Law Enforcement Action Partnership:

Good morning, Chair Miller, Vice Chair Scheible, and distinguished members of this Committee. My name is Diane Goldstein, and I served for 21 years as a police officer, retiring as the first female lieutenant in my agency. At the time of my retirement, I was a division commander, which included leading our peer counseling program and our crisis negotiations team. As a sergeant, I led a multi-agency special investigations unit that focused on narcotics, gangs, and career criminals. I am a constituent as well as the Executive Director of the Law Enforcement Action Partnership. We are a nonprofit group of criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing police resources on the greatest threats to public safety and working toward healing police-community relations.

Policing professionals in the United States, and around the world, have recognized we can no longer rely on arrest as a means to address a public health issue. Saving lives and reducing the crime and disorder caused by underlying problematic drug use are not mutually exclusive. A response that can achieve both ends requires a paradigm shift toward evidence-based practices that closely link public health and enforcement strategies with their most important outcome, saving lives. At its core, our drug control strategies should prioritize saving lives, and in fact, Chief August Fulmer, the father of the American police scene, stated that "drug abuse was best treated by scientists and medical providers and not by law enforcement." Our state faces an unprecedented addiction crisis as our friends and relatives from every walk of life numb their underlying traumas with substance use. In our communities, nearly three of our neighbors lose their lives to opioids, and another two lose their lives to alcohol every single day, both among the highest rates in the country. While the situation can sometimes seem hopeless, treatments with psychedelics, such as psilocybin mushrooms, offers much hope.

The Nevada Legislature passed SB 242, which needs to convene the Psychedelic Medicines Working Group to craft an actionable plan for legalizing therapeutic use as an issue of public health. This bill is historic and a first step towards saving lives by helping destigmatize cutting-edge treatments for the underlying mental health challenges that drive addiction. The Working Group should also consider either the decriminalization of, or a reduction of penalties for personal amounts to help remove the stigma that prevents patients from reviewing dosage and preparation protocols with their therapists and doctors.

Of the cities and jurisdictions that have decriminalized these naturally occurring fungi, none have seen any significant public health or public safety issues. In fact, in the United States, 60 years ago, psychedelics were being researched widely prior to President Nixon's War on Drugs, which wrongly placed this class of substances under Schedule I without any evidence to support that designation. Since people struggling with substance use disorder are statistically more likely to get wrapped up in criminal behavior, these benefits for mental and behavioral health can have big impacts on community health and public safety. And, for those who have already been arrested for a crime, psychedelics have been shown by a study of over 200,000 inmates to substantially reduce the likelihood of reoffending, particularly those who have a substance use problem. The bottom line is that people who can work through their traumas live happier, healthier, and more productive lives.

An additionally study in 2017 reflects that lifetime psychedelic use was associated with a reduction of odds in committing past criminal acts, including property crime or violent crime. Plant-based psychedelic use is so low that even in the annual U.S. Drug Enforcement Administration (DEA) Drug Threat Assessments, they historically have never been mentioned as a public safety concern. Notably, the DEA is only reporting synthetic new psychoactive substances and does not list any of the substances that we think should be decriminalized. Fortunately, we have seen new research over the past decade that is helping to reduce the stigma associated with psychedelics. A peer-reviewed and controlled study of 44,000 Americans in the U.S. published in the *Journal of Psychopharmacology* found that one dose of psilocybin mushrooms is associated with a 40 percent reduced risk of developing opioid use disorder. This finding was backed by a follow-up study that suggested an even stronger beneficial effect. Psychedelics can also catalyze introspective experiences that can help people understand why they are drinking excessively, helping people chart a new course for their lives. Every Nevadan that suffers from PTSD, major depressive disorder, or substance use disorder, stands to benefit from access to these breakthrough therapies. This is particularly true for first responders. Having lost friends from law enforcement to suicide, I really, really believe strongly in this issue. Law enforcement, who suffer traumatic stress at a rate five times higher than that of civilians, has some of the

highest rates of spillover violence that results in excessive use of force in our communities or in domestic violence, and alcoholism and substance use disorder. We owe it to these public servants, to all first responders, to study and implement these alternative treatments, so they have the choice to heal rather than just numb themselves to the daily traumas they experience on the job. I would like to end this by thanking you for this opportunity to share my experience in support of the implementation of SB 242 and its Working Group. (Agenda Item VI B-1) (Agenda Item VI B-2).

Burton Tabaac, MD, FAHA, Neurologist, Carson Tahoe Hospital:

Good morning. My name is Burton Tabaac. Ladies and gentlemen of the Interim Judiciary Committee, I am honored to join you today to discuss the potential benefits of supporting psychedelic therapeutics in our state. As we navigate the landscape of mental health, it is crucial to consider innovative approaches that may offer relief to those in need. Psychedelic-assisted therapies have shown promising results in addressing mental health conditions such as PTSD, depression, anxiety, and addiction. Rigorous research conducted at some of the country's top academic institutions have indicated that therapeutics including psilocybin, MDMA, and Ibogaine, when administered responsibly, can contribute to significant improvements in patients' well-being that is sustainable and long lasting. Moreover, supporting psychedelic therapeutics aligns with the growing national trend towards mental health awareness. By embracing progressive solutions, our state has the opportunity to be at the forefront of this transformative movement, fostering a compassionate and forward-thinking approach to mental health care.

In terms of safety, it is important to emphasize that psychedelic therapies are administered in controlled settings by trained professionals. This ensures a secure environment, minimizing any potential risks associated with these treatments. Novel safety data has shown that contrary to 1960s reports, psychedelics do not carry toxicity nor lead to dependency. Schedule I drugs are substances or chemicals defined as drugs with no currently accepted medical use and a high potential for abuse. This is clearly a political designation rather than a medical one. Additionally, the economic implications of supporting psychedelic therapeutics should not be overlooked. By investing in these alternative therapies, we can stimulate job creation within the health care sector, supporting the growth of specialized professionals and contributing to the overall economic well-being of our state. The cost to the system for current failed drug policy can also not be understated.

As we consider the positive impact on individuals and communities, it is imperative to acknowledge the changing societal attitudes towards these treatments. Public perception is shifting, and embracing psychedelic therapeutics reflects our commitment to evolving with the times, respecting the latest medical evidence, and prioritizing the mental health of our communities. Supporting psychedelic therapeutics is not an exploration into uncharted territory; it is an investment into the well-being of your constituents. By endorsing the aim to investigate psychedelics and delineating appropriate pathways to sustainable treatment, we have the opportunity to signal our commitment to progressive, evidence-based approaches to mental health care, positioning our state as a leader in fostering a healthier, more compassionate society. I am confident that together we can pave the way for a brighter future in mental health treatment within our state. I attend today as a neurologist, clinical associate professor, medical researcher of psychedelics, and advocate for the advancement of knowledge, to challenge stigma, and answer your questions on the potential of psychedelics to heal. I am eager to compare the current standard of care to psychedelic therapeutics and clarify any misconceptions dating back to the Nixon-era misinformation on the war on drugs and share the latest evidence of why psychedelics

work, underscoring safety, and highlighting a pathway to regulation that has medical support. Thank you for your time and consideration. (Agenda Item VI C).

Chair Miller:

Thank you to all four presenters. We do have some questions. The first question will come from Carson City from Assemblyman Gray.

Assemblyman Gray:

Thank you, Madam Chair. Good morning, Dr. Tabaac. I have a question for you. My family has dealt with this. I actually lost a brother last year to drug addiction and a lifelong, constant searching for a way to self-medicate his psychological problems away. I will not go into that, but I am also a veteran and have seen firsthand the devastation on veterans having to deal with PTSD and the suicide issues that go along with that. Looking at our jails and our prisons, we have so many people sitting behind bars for crimes related to drug use and drug offenses. I am not going to get into the question of whether they should be sitting there or not; that is for the courts and juries to decide based on the laws we have. What I am wondering is, does the science show if these substances are addictive? I mean, are we just going to replace one addiction with another? And also, what does the science say about actually treating drug addictions? Can we get them off of everything if the right protocols are followed? Would this be considered a gateway for any other kind of drug? Those are my questions. Thank you.

Dr. Tabaac:

Thank you so very much for your questions. I am sorry for your loss, and I appreciate your listening here. Psychedelics, interestingly, not only do not lead to addiction, but they have the potential to treat addiction. When someone is abusing an illicit substance, often they are using that to self-medicate, as you emphasized, and that pathway is often treating the symptoms of an underlying struggle with mental illness. Psychedelics get to the core root of a problem and allow people to think and reassess, to shift their perception in a different way. If you think of your mind as a snow-covered hill in which your thoughts are sleds, over time, the grooves are dug deeper and deeper, making it difficult to escape the paths that are created, and then these paths become ingrained. Psychedelics allow for a fresh mound of snow, so to speak, to be laid, so that new paths, thoughts, and connections can be made. This is a potential way to consider how psychedelics are effective at treating the ruminating thoughts and loops that are fostered through states of depression, anxiety, and addiction. In just one study that was conducted at Johns Hopkins University, people who were addicted to nicotine and smoking cigarettes were enrolled and given one dose of psilocybin. From that study, at a one-year follow-up, more than half of the enrolled participants no longer were addicted to smoking cigarettes. That is the most successful smoking cessation treatment ever studied. Currently, at Johns Hopkins, there is another trial that is currently recruiting patients to investigate the potential for psilocybin to treat opioid addiction. Already in the past several years, there is substantial evidence to support psilocybin as being very effective and safe at curing, and we do not use that term in medicine often, but curing alcohol addiction. Thank you for the question.

Assemblyman Gray:

Madam Chair, may I follow up, please? If we could, can we get copies of those studies sent to the committee? I would love to see those. And for the record, like I said, anything we can do to cut down that 22 a day is worth looking into. As a staunch conservative, as my fellow

compatriot there, the Navy Seal, this is kind of outside our wheelhouse usually, but we care about our brothers and sisters and are willing to do anything we can to help save them.

Dr. Tabaac:

Absolutely. I would be very happy to share those studies with you. Those articles are open access with impressive statistical significance, and I will be sure to make sure that you receive them. Thank you.

Chair Miller:

Can you actually send those to the Committee? That way, all the members will have access to them. Thank you for that. Our next question is from Assemblywoman Gallant.

Assemblywoman Gallant:

Thank you, Chair. First of all, Dr. Tabaac, I have to say that was the best analogy I have ever heard on the brain pathways and the snowfall. So, thank you for that. That was amazing. Dr. Hines, I do have a question. The FDA and the DEA are currently looking into the medical benefits of psilocybin. Do you feel like there would be any benefits for us to get ahead of these federal agencies?

Dr. Hines:

Thank you for that question. That is a great question. The answer is absolutely. In a month, I am sitting on a committee with the FDA to see how fast they can do it. Why would the FDA want to do something fast? Well, I think it is back to what Dr. Tabaac was talking about how there are ways for people to profit off of this by being able to control it. I think by us, as Nevadans, getting ahead of it, number one, we can get people who might be potentially suicidal, not suicidal today, that is one. And two, how this infrastructure rolls out would probably be slow in the hands of the feds. We can set up our own infrastructure. So, absolutely yes. The FDA has decided this is safe, and they are going to try and get it done as fast as they can.

Chair Miller:

Thank you. Our next question is from Assemblywoman Marzola.

Assemblywoman Marzola:

It was answered.

Chair Miller:

Thank you for that. I am not seeing any additional member questions at this point. I will go ahead and ask my question. I believe it is for you, Dr. Hines, when you were talking about the creation of synapses. That was one part that I had not known before. That was interesting knowing that they decrease as we age. And so, I was wondering, has there been any studies or research done on neurological diseases such as Alzheimer's, Parkinson's, things where a basic jumpstart to our brain would be necessary?

Dr. Hines:

I love great questions from smart people. So, thank you. We are doing that research in our lab right now, looking at animal models of Alzheimer's disease. Some basic background is that when you are developing, you go through things called critical periods. That is the only time you get a lot of new spines. What we are finding now is at any age, psychedelics are capable of opening up these critical periods. Again, there are other people with clinical trials, and I cannot remember the company's name—I saw it the other day—that has actually launched some psilocybin-based chemicals to help with early- to mid-phase Alzheimer's disease. With Parkinson's disease, there might be, but I am just not up on that disease as much. It is kind of like nicotine: if you can cure withdrawal and addiction from nicotine, you can cure anything. If you can help with Alzheimer's disease, you can help with all neurodegenerations. So, super promising.

Chair Miller:

Thank you for that. Thank you to all the presenters and members for your questions. Dr. Tabaac has a statement. Please proceed.

Dr. Tabaac:

Thank you so much. I would like to add to my colleague Dr. Hines' response in regard to clinical applications beyond the mental health realm. The preclinical model that Dr. Hines is pursuing looking at Alzheimer's is quite fascinating. To add to that, the latest evidence is progressing in human models as well. I think it is really important to underscore the concept of what a critical period is. This was a groundbreaking paper that was published in *Nature* led by my mentor, Dr. Gül Dölen, who just signed with University of California, Berkeley. A critical period is a time window that is often readily open in infancy and childhood where learning can take place. There are all different types of critical periods. There is one for language, one for vision, and then over time, that window closes, and there is pruning of the neuronal pathways. If you take a child, for example, that is born with cataracts, and you wait until they are nine or ten years old to intervene with a surgery, they will remain blind because that critical period for learning vision closed. What this groundbreaking, paradigm-shifting paper in *Nature* showed is that all psychedelics reopen critical periods to allow for relearning. It reverts the brain back to a nascent state akin to that of childhood, which can promote profound healing at an organic cellular level. Beyond just shifting perception, which is what we see in a psychological perspective, the implications expand beyond neurodegenerative diseases like Parkinson's and Alzheimer's. And there is work being done to look at, for example, Ibogaine to treat traumatic brain injury and psilocybin to treat stroke. So, to have Nevada's support and approval of research pathways and other measures of regulation to investigate this can benefit such a large population of patients and loved ones.

Chair Miller:

Thank you for that follow-up. We have a follow-up question from Vice Chair Scheible.

Vice Chair Scheible:

Thank you. Excuse me, I wanted to go back to Lieutenant Goldstein, and I apologize if this is repetitive because I know that we covered some of this. But I wanted to make sure that I understood clearly whether concerns about decriminalization leading to unsafe use and increases in crime have been raised in other jurisdictions that have already implemented some of the policies that we are talking about. I am not sure if you mentioned Denver, or if

those other communities had any results back on the decriminalization, or if any of these policy changes resulted in the increase in crime or decrease in safety that had been feared.

Lt. Goldstein (Ret.):

I was recently on a panel in Denver at the MAPS conference with a public safety first responder deputy chief who helped implement both Denver's lowest level priorities decriminalization, because they started before the recent ballot measure, and is also responsible for the implementation of the recent ballot measure that passed last year. When asked that question, he jokingly turned around and said, "You know, we in law enforcement have lots of problems, and psychedelics is not any of it." There is a Denver report that we have access to that I am happy to share with the Committee that talks about both the public health and the public safety portions of it. Our organization does work in multiple states and internationally, and I have spoken to a number of law enforcement professionals, whether it is in Amherst or internationally, who have been responsible for implementation or responding to these types of issue. Everyone across the board says no, and so we need to continue to obtain data, and we need to quantify it. Law enforcement has not necessarily done the best job of doing that in the past, but all the anecdotal information that I am receiving on the ground says it has not been either a public safety or a public health concern. Thank you.

Mr. Dalton:

I just want to let you know that one of the coauthors of that Denver report, Bryan Lang, is in Carson right now sitting at the desk just in case there was a question that you guys might have related to that Denver report, and he is a Nevada resident.

Vice Chair Scheible:

If he would also like to just weigh in. I think that Lieutenant Goldstein did an excellent job, but we would value your input.

Bryan H. Lang, CEO, Trans World Health Services, Inc.:

I worked on the Denver report following the passage of the proposition of decriminalization of psilocybin in Denver. The proposition mandated an assessment of effects on crime, effects on hospitalization, effects on resource utilization, mental health, et cetera, et cetera. We found in the report that there was essentially no increase in crime and no increase in hospitalizations. There really was not any substantive effect that we could find as we evaluated that. However, as part of that, we developed a training program for law enforcement, for mental health first responders, for paramedics, for emergency medical technicians, for both fire as well as ambulance services in Denver that we piloted and that could be rolled out very easily across anywhere in the country. What we found in working with law enforcement in the pilots was that there was a significant deficit in understanding of the effects of psilocybin, the effects of psychedelics, on how to differentiate when they are responding to drugs of various types, as well as psychedelics and the differentiation between the two. So, it was extremely well received. The results of the trainings were extremely positive, and we would like to see that education as part of anything we do, so that the appropriate people can understand what they are doing when they are faced with this in the wild. However, having said that, as Chief Montoya, who I had the opportunity of working with extensively said, it really was not a problem in Denver.

Chair Miller:

Thank you so much for jumping in and following up and giving us that extra information as well. Thank you to all the presenters. With that, we will go ahead and close this agenda item, and we will move on to the next agenda item.

AGENDA ITEM VII—PRESENTATION ON LAW ENFORCEMENT'S CONCERNS REGARDING THE LEGALIZATION OF PSYCHEDELICS

Chair Miller:

The next agenda item is a presentation on law enforcement's concerns regarding the legalization of psychedelics. We have Chief Deputy District Attorney John Jones from the Clark County District Attorney's Office and Detective Joshua Garber from the narcotics crime section of the Las Vegas Metro Police Department (LVMPD). Once you are ready, please proceed.

Joshua Garber, Detective, Narcotics Crimes Section, LVMPD:

Good morning, Chair Miller and the JISCJ. My name is Detective Joshua Garber of the LVMPD. I had been a member of the Department since 2008, and for the past seven years, I had been assigned to the Major Violators/Narcotics Crime Bureau. Currently, my role in narcotics is the training coordinator for the police department. I oversee the education and instruction of officers on criminal narcotics law. For the past three years, I have also been assigned to the Crisis Negotiation Team. In addition to my role at LVMPD, I was a member of the Cannabis Compliance Board Public Safety Subcommittee. The LVMPD Narcotics Crime Section prioritizes our investigations to investigate drug trafficking organizations, drug suppliers, manufacturers, and drug traffickers. In 2023 alone, our unit seized 75,933 gross grams of psilocybin. I want to thank Senator Nguyen for her thoughtful presentation on the impacts of therapeutic uses of psychedelics, especially in regard to veterans. Perhaps science-based research and regulating spaces under the right conditions might have positive results. However, at this time, LVMPD is opposed to any broader attempts to legalize or decriminalize psilocybin or other hallucinogens. Whereas therapeutic benefits may be seen when facilitated by medical teams with science-based research that meets federal grant standards, our concerns are for the individual and the community as a whole. If a person taking psychedelics outside of a medical facility experiences violent outbursts, hallucinations, states of agitation, psychosis, or loss of a sense of reality—frankly, more work needs to be done on the front end, and legalizing psilocybin is premature. Thank you for your time this morning. Now, I would like to pass the presentation to Deputy District Attorney John Jones, but I will be available for any questions.

John T. Jones, Jr., Chief Deputy District Attorney, Clark County District Attorney's Office:

Thank you, Chair Miller and members of the Committee. My name is John Jones here on behalf of the Clark County District Attorney's Office, and I will be brief because I know we want to get to lunch. I want to start off by saying that I too was impressed by the presentations today, and I will acknowledge that the presentation today is similar to what I have been reading about the health benefits of psilocybin. But I want to focus on two things. One is that we have heard psilocybin classified as medicine, and I think increasingly we are finding out that that is true. It is a medicine. But every time we find that a medicine has a positive benefit, we then do not rush to legalize it completely. That leads me to my second point, and we have heard this from several of the doctors who testified today, about it being used in a controlled setting with professionals with proper guidance

and training. That is what we want to focus on. We have no objection to legislation which authorizes research programs and clinical studies in this state with regard to psilocybin. I agree with the proponents that the research indicate that we should be doing that in this state. What we do not want to see, at this point, is to parlay those positive studies that were testified to today into complete legalization of psilocybin. Generally, we think that is a step too far at this point. Now, that being said, we are happy to engage in any of these conversations regarding these bills, and we look forward to working with Senator Nguyen and the other proponents as we move towards the 2025 Session. Thank you Chair, and I as well am happy to answer any questions.

Chair Miller:

Thank you for that presentation. I believe Assemblywoman La Rue Hatch has a question from Carson City.

Assemblywoman La Rue Hatch:

Thank you for being with us this morning to testify. It sounds like you are open to some nuance on this issue and maybe finding that middle way. My question is, do you believe that these should be scheduled the same as heroin, or do you think that we should find some other place to be regulating these substances?

Mr. Jones:

It is good to see you, Assemblywoman. Thank you for the question. I will say that is well beyond my pay grade. I am not a scientist. I will say to prepare for this hearing, I did attempt—and I will use the word attempt—to read some of the medical journals and studies regarding psilocybin, but some of the vocabulary was well beyond my current capabilities. I will leave that discussion to the medical professionals, and I do understand that there are attempts to reclassify and reschedule psilocybin. I have heard anywhere from two, three, or four, depending on who you talk to. I think that is outside of the law enforcement realm at this time. But I will say considering some of the research that we heard, it may be improperly classified right now as a Schedule I.

Chair Miller:

Thank you for that. I have a question, and either one of you could answer, but maybe more for Detective Garber. I was just wondering when you mentioned all the number of arrests related to this. We know that often, obviously, possession is a crime because the law says it is a crime. But we also know that when it comes to drug use, it is also the drug-related crimes that come with it. Is there any data that pertains to violent offenses, or gang violence, or weapons theft, or other related crimes to that that we see with other drugs? Do we have any data on that here in Nevada, or anywhere, if there are other related crimes or if the only crime is just possession?

Detective Garber:

The data we have is just that we had 41 arrests in 2023 where psilocybin was present during the arrest. I do not have it broken down. I could get those statistics for you, where that was possibly related. You could also Google the news, and you could hear there was a homicide in 2023 where the suspect told the family members that he took mushrooms.

Mr. Jones:

When Senator Nguyen reached out, she did ask that I attempt to bring statistics, and I did look through our case management system, but unfortunately, we do not break down possession of controlled substance by what substance they were possessing. So, unless I went through every possession of a controlled substance case, I would not be able to tell you how many of those cases were actually psilocybin. I have kept track of what I have personally seen since Senator Nguyen reached out, and that was about a month ago. I have had two cases involving psilocybin, and both of them were a higher level, more than 14 grams. That is the most I have at this point. I can tell you that my office is adopting a new case management system in August of this year, and we have been told by the supplier of that case management system that it will have better reporting capabilities than our current case management system. I am hopeful that I will be able to get better data from our case management system going forward.

Chair Miller:

That would be helpful. Thank you for that. I do not see any additional questions, unless you have any follow up. Thank you for your presentation. With that, I will go ahead and close this agenda item.

AGENDA ITEM VIII—PRESENTATION ON DRUG TESTING PERFORMED BY PUBLIC HEALTH PROGRAMS

Professor Karla Wagner, Ph.D., UNR School of Public Health:

Good morning, Chair Miller, Vice Chair Scheible, and members of the Committee. Thank you so much for the invitation to speak today. Also, thanks to Diane Thornton and BPS for making it possible for me to join the meeting this way. I am a professor of Public Health at the School of Public Health at UNR. I have been asked to give this presentation as a brief overview of the emerging public health strategy of providing drug testing for public health purposes. Later today, you are going to hear from forensic labs and crime labs about how they test drugs for forensic purposes, and they are going to give you a much more nuanced understanding of how the actual testing works. They are the experts in the lab. What I am here today to talk about is how we use drug checking and drug testing aligned with principles and practices of public health to improve public health outcomes for people who use drugs. So, imagine that you are a person who is living with a nut allergy. You have had this allergy for your whole life, and you know how it affects you. The symptoms used to be mild, like you would get tingling in your hands or in your throat and maybe break out in hives, but as you have gotten older and you have been exposed more, you have noticed that the ongoing exposure that you used to tolerate has resulted in more severe reactions. The last time you ate nuts, you experienced difficulty breathing and swelling of your tongue and throat, and you required medical intervention. You now carry an EpiPen in case you experience that severe anaphylaxis again, so that you or someone who is with you can administer that medicine to you in case you are accidentally exposed. So obviously, given these changes, you are trying to make safer choices about the food you consume so that you do not trigger the effects of that allergy. You are at the store buying a bag of pretzels, and you are trying to choose between these two bags. They are pretzels, and probably either one is fine, until you turn the bag over and you take a closer look at the ingredients list. The one on the left has a warning label that tells you that it was made in a facility that may use peanuts. There are no nuts in the ingredient list, but the information on this warning label suggests to you that the pretzels in this bag may have inadvertently come into contact with peanuts through cross-contamination at the facility. Given your sensitivity

and the seriousness of the symptoms, you choose the pretzels on the right. The same scenario, but this time you are at an afternoon barbecue, and you are deciding between two drinks, one that contains 20 percent alcohol by volume (ABV), made of Captain Jack's Spiced Rum and one that contains 2.4 percent alcohol by volume. You have lots of work to do this afternoon, and while you want to have a drink, you need to keep your wits about you. So, you choose the one with 2.4 percent ABV, which is clearly labeled as such so that you can make the safer choice for yourself. You see where I am going with this, right? The illicit drug market is unregulated. We do not have an ingredient list to tell us if there are potential contaminants in the drugs that people are using. We also do not have information about the potency of the desired ingredients that are in the drugs. People who use drugs are trying to make choices to stay safe, but they do not have all the information that consumers of alcohol or other regulated products like pretzels have at their disposal. If you are lucky, the drugs have some sort of color or image or a stamp that can be used to identify which dealer that they come from, but often, even that is not the case. The research that my team is doing at UNR with people who use drugs suggests that people are doing all kinds of things to try to keep themselves safe in this completely unregulated environment. That includes buying from trusted sources, but often those sources are disrupted when somebody is arrested and incarcerated. It also includes using sensory cues like looking at the color of the drug, or the texture, or the smell to see if you can identify contaminants like fentanyl in the drugs. But you can imagine all the problems that result from that and how inconsistent and unreliable those methods are. This is where public health drug checking comes in.

There is a range of drug checking technology that can be used to provide various levels of information about what is in people's drugs. On this slide, you just see a few examples, and moving from left to right, there is increasing cost, time, complexity, and information that is provided by these different technologies. These technologies have been around for decades, and they are in use in many other settings, including in the criminal legal system like crime labs. It is being repurposed for use in community settings to inform community health and public health priorities. On the left, you see an example of fentanyl test strips which were originally created for use in urine drug screens, but now they are more widely available so that people can test their drugs for the presence of fentanyl. Test strips provide a qualitative test result indicating the presence or absence of just the drug they are testing for. So, this is an example of a fentanyl test strip, but we also have test strips for xylazine and benzodiazepines. Reagents, on the next slide, are similar in the way they work because test strips and reagents can only tell you about the presence or absence of the drug they are designed to test for.

Programs are increasingly looking towards other technologies like spectrometers. As you move right on the slide, spectrometers analyze the molecular structure and composition of substances and can provide a unique fingerprint of the substance. So, the device on the far right is a liquid or gas chromatography mass spectrometer, and that is the most sophisticated. That is what you are going to hear about later from the labs. The chromatography part separates the substance into its component parts, and then the spectrometer identifies the components. So, imagine that you have one of those pretzels. It is going to pull it apart into the flour and the salt and the nuts, and then it is going to tell you how much of each of those components is in the substance. So, you can see how these different technologies answer different questions on the left. You can ask the question like, "Does this substance have fentanyl in it?" And you are going to get a yes or no answer on the right. You can ask the question, "What is in this bag of powder?" and you are going to get an answer that tells you what the various components are and how much of them are present this. So how does this work? Depending on the type of technology you are using, you have options, but there are tradeoffs as you are making these decisions. Test strips

which we now have for fentanyl, benzodiazepines, and xylazine can be basically used anywhere by anyone. You dissolve a little bit of the drug in water. You dip the strip, and you wait for the results. It kind of works like a COVID test. They are low-cost, but they do not give you any information about any other drugs or contaminants that is in the substance, only a positive or negative for the thing you are testing for. They also cannot tell you how much fentanyl is in there. Is this a pill that is made out of fentanyl, or is this a pill that was made in the same place that was processing fentanyl and therefore a little bit of fentanyl was introduced through cross-contamination, like those pretzels.

On the other end of the spectrum is the mass spectrometer, which can tell you a lot more information about content and purity, but it is much more expensive, and it needs to have the infrastructure and the specialized personnel to run it. This is what you get when you use a fentanyl test strip. It is just like a COVID test, but backwards, in terms of reading it. You expose the paper strip to the solution, and you wait for red lines to appear. In this case, two lines equal negative for fentanyl, and one line equals positive for fentanyl, so it is the opposite of the way you would read your COVID test. You can see these can be done in a clinic, in a harm-reduction setting, or these can be done in the field. I have been with people who have done these by the river. This is what you get from a mass spectrometer. It is a lot more detailed. It shows you what is in the substance, how much of it, and it can distinguish between fillers and cut, and the actual drugs of concern. When a drug checking program is functioning, they can provide that kind of detailed analysis on every sample that is sent to them and report out in a public facing website.

One of the model drug checking programs is Erowid, and their website Drugsdata.org, which offers mail-in drug checking service, is what you are seeing on the left of the screen here. The screenshot on the left shows samples from Austin, Texas. I just searched for Austin, and they showed us all these samples that had been submitted. I could not find any samples submitted from Nevada. You see that there are entries on the left of each drug. And if we click on one, like the second one here, you can see the detail that will come up on the right. You can see that this drug was sold as fentanyl, expected to be fentanyl, and then when it was tested, the ratio of fentanyl to 4-ANPP was 5 to 1 with no other substances detected. This drug was mostly fentanyl, 4-ANPP is just a byproduct of the manufacturing process, so this is a pill that was sold as fentanyl and had fentanyl in it. But look at the one in the fourth row, you see many more ingredients here including fentanyl, fentanyl byproducts, and methamphetamine in a pill that was sold as oxy. And below that, you see another M30 that kind of looks like the first one we were looking at, sold as oxy but only containing acetaminophen, the ingredient in Tylenol. If you put yourself in the shoes of the person that is living with a nut allergy again, you can kind of imagine how scary the world would be if you had no information to help you avoid the life-threatening consequences of inadvertent exposure to nuts. The same principles are true as we are thinking about scaling up public health drug checking programs. We need more information about what is in the drugs that people are using and that these programs provide. When people have that information, data suggests that people make safer choices about what they consume.

The results are used in a number of different ways and at different levels. At the individual level, people get more information from this service about what is in their drugs, and it helps them make decisions about what they are going to take, how they are going to use it, and in what social context they are going to use it. At the community level, it provides surveillance data that can help us stay on top of emerging threats, warn people about bad batches, and monitor what is going on in near real time. Without this kind of system, our best surveillance data come from the toxicology results that are done after an overdose death, and you can see the obvious problem with that. We cannot wait for people to die to learn what is going on in our drug supply by testing decedents. We have to get the

information before people die, and the way we get that is through a public health drug checking program that is monitoring drugs that are coming off the streets in near real time.

A well-designed public health drug checking program is one that is deeply integrated with and informed by the community of people who are using the service. It is not just a surveillance system; it is a program that is set up to promote autonomy of the users of the service by providing them with information they need to make safer choices. So, it is feeding information back in real time, and it is maintaining it, like that website, so that we can see what is going on at a higher level. it is designed with and by the community who will use it, connecting consumers of the service to the public health infrastructure and technology but doing the program with them instead of to them. It returns information to the community as quickly as possible so that we have that near real-time information pipeline that can alert us about new threats before people die. People in the U.S. and abroad have been studying these programs, and the research evidence clearly suggests that people want these services, and people will use these services when they are tailored to the local community. With their input, people are concerned about the risks of drug use and are motivated to use programs that can give them more information when they use those programs. The research data tell us that people change their behavior to adjust the risks. As with any public health service for people who use drugs, there are obvious barriers to overcome, mostly due to the criminalized nature of drug use. People are deeply worried about the criminal, legal consequences of participating in these kinds of programs, just like several years ago when we addressed fears related to calling 911 for an overdose by passing the 911 Good Samaritan law that was designed to address those fears by providing protections for people who call 911 to get medical help. We need to be sure that these programs are established in a policy environment that protects people from the consequences that they worry about and makes it easy for them to make safer choices. On this last slide, I give you some links both to the Erowid's data dashboard that I was showing you earlier and to two other programs, one run by the University of North Carolina (UNC) Drug Checking Service, and one in Massachusetts that is a joint venture between Brandeis University and the Massachusetts Department of Public Health. I should say at this point, in Nevada, we do not have a robust drug checking program. We do have a few places that are trying to do some of this work. We have a fairly robust fentanyl test strip distribution system that is also now distributing xylazine test strips. Those are the ones that give you the positive "yes" or "no," but they do not give you any more information. The concern with that is that as new substances emerge, we do not see them because our test strips are not testing for them. We also have a fairly robust naloxone distribution system. Naloxone, as you know, is the medicine that reverses opioid overdoses but does not address other concerns like xylazine or benzodiazepines. So with that, I will conclude and hopefully take some questions if you have them. (Agenda Item VIII).

Chair Miller:

Thank you so much, Dr. Wagner. We will start with Vice Chair Scheible.

Vice Chair Scheible:

Thank you so much for making this presentation. I know that I reached out to you after hearing your testimony during session to try to understand a little bit better what your research has shown and what your perspective is on fighting the fentanyl crisis in general. Over the last several months, we have taken this wide focus on "how do we stop people from dying from fentanyl overdoses" and try to pare down and look at a number of different ways that we can address this one problem. Later today, we are going to hear about utilizing technology in the law enforcement setting to get better data on concentrations of

fentanyl and concentrations of other drugs within the samples that are seized in law enforcement operations. I just want to clarify that all of your research includes and utilizes data from samples that are not seized in a law enforcement intervention, so the pool of data is larger or different from the data that we would be getting from a law enforcement agency. Is that accurate, or am I missing something?

Professor Wagner:

Thanks for the question and the clarification. You are exactly right. These kinds of public health programs are testing samples that are brought to the program by people who use drugs, and one of the differences is that drugs that are tested in a crime lab through law enforcement seizures by definition were not used by people. They were seized often in large quantities, and sometimes they are street-level buys, but often they are large quantities of drugs that are seized and tested in a crime lab for forensic purposes. They are being taken out of circulation and tested; whereas, these kinds of programs are actually getting submissions from people who use drugs, often in smaller amounts. It is a different submission process, and it gives us a different sense of what is going on in the street.

Vice Chair Scheible:

It almost sounds to me like we are creating this network or creating this relationship with people who are utilizing drugs, the people who are primarily affected by the fentanyl crisis, and they are then becoming a part of the solution by participating and providing information in a two-way street so that we can get to the root of the problem without necessarily having the fear of an impending arrest in order to participate in being part of the solution.

Professor Wagner:

Yes, that is exactly the idea.

Vice Chair Scheible:

I just wanted to make sure that I was understanding the way that this research is conducted, and not just the research, but that the research then becomes programming to prevent specifically functional overdoses today, but as you said, xylazine overdoses tomorrow, and the next iteration next month and year and time after that. So, thank you so much.

Professor Wagner:

Maybe can I offer an example. These programs largely are a service, right? They are a public health service that is doing surveillance and returning information to people who use drugs, but they can also produce data that gets used by researchers like me to answer research questions. Earlier this year, we undertook an analysis of the data that was collected through the UNC's drug checking program because I had been hearing people talk about fentanyl in stimulant samples, and there was a lot of concern about the prevalence of fentanyl contamination of methamphetamine and cocaine. I was able to go to the UNC group and ask the question about how much fentanyl is actually showing up in the stimulant samples that you guys are receiving for people on the street. We were able to analyze their data and write a paper that showed that we were seeing fentanyl in about 9 percent of the methamphetamine and about 20 percent of the cocaine samples that were submitted to the drug checking program. So, to me, this is a really important function and another reason that the community-based nature of these programs is really important. There is a narrative about fentanyl being in everything, and fentanyl is in a lot of things, but I was able to

analyze data that told us exactly how much fentanyl was in the samples that they were receiving. The problem with that analysis, for our purposes in Nevada, is we had like four Nevada samples in that data set. So, scaling up these programs so that they capture data from a larger area is going to be important in making sure that research like that can generalize, and we can actually have database responses to questions like: "How much fentanyl is in the methamphetamine?" and "Is it in everything?" Our analysis showed that it was in about 9 percent of the meth that we were testing. That is a lot if you are a person on the street who is using drugs, but it is not in everything.

Vice Chair Scheible:

I am assuming that it could also vary by location, right? So that was UNC, and they found that you are much more likely to have contaminated cocaine than methamphetamines, but it could be reversed in Las Vegas or in Pahrump or Reno or Elko. It could be that in this particular geographic area, we happen to have more methamphetamines with fentanyl than cocaine, right?

Professor Wagner:

Quite right. So, the UNC program received submissions from across the country, and we did notice a lot of geographic difference in the prevalence of fentanyl. That makes sense because drug distribution and trafficking channels are different. We were able to look across at samples submitted from the East versus samples submitted from the West. But to your point, there were only four samples in that analysis that came from Nevada, and we do not have the data from Nevada to speak to this larger national issue.

Chair Miller:

Thank you for that. Our next question is from Assemblywoman La Rue Hatch.

Assemblywoman La Rue Hatch:

Thank you, Chair, and thank you for presenting to us today. My question is on these community drug checking programs. Can you speak to any states or municipalities that have robust programs, and typically who runs those programs? Is it the local municipality? Is it a private group? Is it the state? If you could give us a little more information on that, that would be helpful. Thank you.

Professor Wagner:

On the last slide that I think you should have, I showed you three programs. The two that are probably most relevant to answering your question are the one at UNC, which is run by a lab at the UNC, and the one in Massachusetts, which is a partnership between Brandeis University and the public health jurisdiction. They function better, I think, when there is the sort of university partnership with a public health entity that can do the service component. Thank you.

Chair Miller:

Thank you again, Dr. Wagner, for your response. At this time, I do not see any additional questions. So, thank you for your presentation, and we can go ahead and close this agenda item. Thank you. With that, again, we are a little bit out of order, and we are moving to the next agenda item.

AGENDA ITEM IX—UPDATE FROM THE DEPARTMENT OF PUBLIC SAFETY (DPS) NEVADA STATE POLICE ON THE STATE FORENSIC CRIME LABORATORY AND SENATE BILL 412 (2023) FOR THE PURPOSE OF PURCHASING MACHINES CAPABLE OF TESTING FENTANYL AND ITS DERIVATIVES AND MEASURING THE CONTENTS THEREOF

Sheri Brueggemann, Deputy Director, DPS:

My name is Sheri Brueggemann, and I am the Deputy Director with DPS. DPS has been lucky enough to have been approved, for two sessions now, to develop our headquarters building hopefully in the next biennium. In that headquarters building in Carson City, we are planning a lab. This will be the first state lab for the State of Nevada. We are the only state that does not have a state lab at this time. Our goal will be to multiply efforts to ensure the efficient and effective administration of public safety, justice, and victim restoration. This is the initial concept for our lab which will be part of that same building. This is going to be on Carson Street where the old armory was located. You can see here this would be the evidence contribution. This would be the tech area where they would write reports. This is their management system, and in this area is all the testing areas. It is very, very flexible right now and dynamic because we are still looking to be able to provide whatever services are needed in the state to supplement our local county labs, Washoe and Metro.

What is a forensic crime lab? Well earlier, Dr. Wagner and Senator Scheible described the perfect difference between our lab and the Reno lab for the Department of Health and Human Services (DHHS). We are not looking to do anything but collect evidence and determine the forensic value of all the evidence and make sure that it is supporting the charges leading to incarceration and solving crimes and that sort of thing. The census found that 326 publicly funded forensic crime labs received 3.3 million requests for services and that controlled substances analysis requests counted for 33 percent of the testing, and state-run crime labs received nearly 60 percent of all those requests. Crime labs had a backlog of about 700,000 requests that had not been completed within 30 days of submission. In Nevada, this has been a continuing problem for all of us, including the county labs. They work in conjunction with us, and we are hoping to add to that, to work in concert with the Committee on Intoxication, to establish criteria for alcohol and polydrug substance testing, as well as establish current and evolving standards for qualitative testing on fentanyl and it is derivatives.

The gap in state crime lab fulfills capacity issues, which is really the main issue of the capacity issues within the county labs. Washoe and Metro certainly help us out, and they do fine work for us. We just hope to address capacity in terms of being able to turn things around a little quicker and prioritizing our own needs. Fentanyl and derivative testing is something we want to get into, and then we also have the cannabis compliance or testing coming up. Today, I have one of our experts down there in Las Vegas regarding cannabis compliance, Kara Cronkhite, and she is working with us to determine the type of testing that is needed. We expect the revenue coming in from the Cannabis Compliance Board to cover these costs and partial costs for the lab operation. Senate Bill 35 (2023) is an act relating to controlled substances. You were discussing this further, and this is where we hope to be helpful in being able to perform the necessary testing and quantitate the amount of fentanyl in the samples to ensure those trafficking fentanyl charges are charged appropriately. Section 575 of SB 412 that states that $500,000 from the State General Fund will go to DPS for the purpose of two machines that are capable of testing for fentanyl and its derivatives and measuring the content thereof and in mixtures. We have moved that money into a special account, and it was there while we were determining the legislative intent regarding to whom this money was to go. It is understood at this time that it should

be split between both Washoe and Metro. Unfortunately, my understanding is that the single amount of $250,000 per lab is not enough to properly outfit at least one of them. So, we are still exploring what we need to do to handle this and send the money over to the labs that need it.

Recently, we went to Ohio to look at their crime labs. They have been extremely helpful in helping us develop a lot of what we are looking for in terms of abilities to do—our lab, we are hoping, is not going to be huge in terms of dealing with a lot of volume, but we want it to be expansive so that it can deal with anything, any of the latest or newest testing possibilities, and those are changing almost daily. The robotics in the Ohio crime lab were spectacular. It was a three-story building. Obviously, we will not have that. But to a much smaller degree, we should be able to do quite a bit more than we are capable of doing right now.

These are a broad listing of the types of testing that we would like to do, and I believe a Senator might have requested that we be able to help with the backlog of sexual assault kits, so we will make sure that we are capable of doing that. We also hope to be able to supplement anything that the Washoe or Metro labs are having trouble keeping up with the volume, whatever that might be, and we intend to work with them very closely. Our startup costs for the labs will come from the State General Fund and Highway Fund, and we expect the cannabis testing to do about 50 percent of the cost of the startup. Private industry funding includes cannabis testing fees and surcharge for chemical analysis. The Forensic Crime Scene Investigation not included in the LVMPD contract requires about $10,000 per investigation, and that is a guesstimate on what we have seen so far. Those charges to the Investigation Division are not budgeted or accounted for, not that it is not worth it; it is just the funding was not and is not there. Washoe County limits their forensic crime scene to Northern Nevada, although just recently, they helped us out with the Esmeralda case and did a wonderful job, so we appreciate that as well. That is really all I have, and I can certainly answer questions. I am not the expert in all the topics you were discussing earlier, although I did really enjoy it. It was very interesting, and I would love to be able to help in any way we can. Thank you for that. (Agenda Item IX).

Senator Krasner:

Hello. Thank you chair for allowing me to ask a question. Director Brueggemann, you said there is not enough money right now. How much money needs to be allotted so that Las Vegas Metro Crime Lab has the money it needs, Washoe County Crime Lab has the money it needs, and then the Carson City Lab has the money it needs? How much money do we need to allot for the next session? Do you know that number, please.

Deputy Director Brueggemann:

I do not. I do know that the Investigation Division of DPS is the one division that has not received any funding of any significance for over 12 to 13 years. So originally, the investigation unit had 30 to 45 more employees that were grant funded back in, I would say 2012. Then when we lost that grant funding due to the recession. We never got those positions back. During that period of time, we lost an awful lot of other things as well. The Investigation Division is 100 percent funded from the State General Fund, which obviously is contentious because we have to rely on what is left over. There is so much more they could do if they had the services with our own forensic investigative unit that would go in and collect the evidence, and in our own lab, we would be able to do so much more for the state and relieve a significant portion of the capacity issues. I know we had several requests in that did not make it through the budget process and not far enough for the Legislature to

even look at it. I know that it was more than a million dollars, and probably closer to 2 to 3 million dollars to go into the investigation division. Then they would be able to pay for the services they need.

Assemblywoman La Rue Hatch:

Thank you, Chair, and thank you for coming with us today to present on these issues. My question is, if the money is being set aside right now for the fentanyl quantitative testing for Washoe and Las Vegas, is the State Crime Lab planning on purchasing their own machine with their own budget, or will we only have those two in those two areas?

Deputy Director Brueggemann:

Yes, that was part of the questions that the department had as well as we went into reviewing the bill. We will plan to have it, but it will be part of the capital improvement plan (CIP) of the building that will include the equipment. So right now, Investigation does not even have the handheld unit, and there was a grant that came out of DHHS that handed out handheld fentanyl testing units to all of the counties, but the state did not get any. Often, we are forgotten, and so we need to go out and look for another grant to get our own handheld, just for our investigative units to have them out in the field. But we do not have the funding right now. We fully expect the lab to be fully operational with the latest and greatest equipment, and that will be covered in the CIP, which will be up for your approval in the 2025 Legislature.

Assemblywoman La Rue Hatch:

Thank you for that. If we are to approve this in the next legislative session, do you have a timeline for when you would be up and running after that?

Deputy Director Brueggemann:

I would expect it would be the two years after that. We have suggested and propose that we could do a temporary location for a state lab, but that really adds quite a bit of cost to move equipment, move people, and get that up and running sooner. It is something we certainly can consider, but I would say that we would be up and running at the end of Fiscal Year 2026-2027.

Assemblywoman Gallant:

Thank you. One of the things that came up last session was the issue within the labs like in Nevada, we do not have the ability to be able to test the quantity of a particular substance, so if something tests for fentanyl, it is just a flat positive test for fentanyl. Is this lab going to be able to include that type of technology, so that we can measure the quantity of it?

Deputy Director Brueggemann:

Yes, absolutely, and there are machines out there right now that can do it. I believe the intent of the $500,000 was intended for the counties to install that type of equipment.

Kara Cronkhite, Division Chief, Cannabis Compliance Board:

I do not want to add anything. I just really appreciate your time and consideration today. Thank you.

Chair Miller:

Thank you. And with that, I will close this agenda item, and we will move to the next agenda item, which is an update concerning implementation of SB 35 (2023).

AGENDA ITEM X—UPDATE CONCERNING IMPLEMENTATION OF SENATE BILL 35 (2023), WHICH ESTABLISHES CERTAIN CRIMES RELATING TO FENTANYL AND REQUIRES THE JOINT INTERIM STANDING COMMITTEE ON THE JUDICIARY TO CONDUCT AN INTERIM STUDY CONCERNING CERTAIN MATTERS RELATING TO FORENSIC LABORATORIES

A. PRESENTATION FROM LVMPD

David Gouldthorpe, Forensic Lab Manager, Criminalistics Bureau, LVMPD:

Good afternoon, Chair, Vice Chair, and Committee. Thank you for allowing us this time. I am the Chemistry Manager at the Las Vegas Metro Forensic Lab. We are here to talk about SB 35 and quantitating drugs, specifically fentanyl. LVMPD Forensic Lab, the seized drug unit, is the largest forensic lab in Nevada. We service Clark, Nye, Lincoln, and Esmeralda Counties. We serve all agencies, including the State, except for Henderson and Boulder City Police. We have had an increase in case submissions, an increase over 30 percent over the last year, and we had 1,500 seized drug cases that were submitted. I have four full-time forensic scientists and two part-time forensic scientists that do seized drug analysis.

This last legislative session, SB 35 specifically, Section 14, came out and said that the possible upgrading of forensic laboratories in the state to enable the labs to perform quantitative testing of all controlled substances, that is a challenge. There is no other forensic lab that I am aware of that does quantitative testing except for the DEA and U.S. Customs and Border Protection (CBP). So, this would be the first forensic lab that would do quantitative testing or purity testing, and we would focusing mainly on fentanyl at this time. The DEA and CBP do quantitative testing on fentanyl for investigative purposes only. They do not do it for criminal charges because in the United States, sentencing guidelines does not include actual weight; it is a net weight, so qualitative testing is sufficient. Now, defining the terms quantitative versus qualitative—quantitative is purity and how much of that drug is actually in a sample. For example, in a pill, you would do a quantitative analysis on that pill. You would say how much percent of that pill has a certain target analyte or substance. Qualitative testing is that pill contains what substances, where we do not tell you how much is in it, we just say that that pill has these types of substances or drugs whether it is controlled, noncontrolled, or other substances. Now, qualitative testing is done throughout the United States every day by all the forensic labs and seized drug units. Qualitative testing is always done. We say what is there and that is it. State laws for the different states in the United States say that is sufficient; we do not get into actual weights or purities.

The reason quantitative analysis is not typically performed is that it is a cost thing, but overall, it is a safety thing. When we are dealing with fentanyl, safety is a big thing. We have heard about fentanyl over the past several years, and one of the sayings out there right now is that one pill can kill. The DEA has done research, and they figure a lethal dose of fentanyl is 2 mg, and 2 mg is a very small amount. To give an analogy, if you take a sugar packet, like a Splenda or an Equal or Sweet'N Low, that is 1 gram. If you dump that out and you make 1,000 little piles of all the same size and take two of those little piles, that is 2 mg, that is a very small amount, and that is a lethal dose according to the DEA along with DHHS. In order to do quantitative testing, we would have to grind this stuff. A

lab would have to grind it to make it homogeneous into a fine powder, and that is basically weaponizing it. You make it into a really fine powder, and the aerosolization is greater. You increase the exposure rate of whoever is handling it at the time of grinding, and throughout the process until that item is either destroyed or stored forever. We have had small submissions where it is a single pill, and we have had large submissions where it is thousands of pills. Depending on that submission, we would have to grind larger quantities and increase the exposure rate of the people handling it, and even after handling it, storing it, transporting it, and even opening it in court for discovery purposes, if they asked to see the evidence.

Another safety factor is after the analysis, how do we properly dispose of everything that was used to analyze the case and even the evidence afterwards, when the case has been adjudicated? As I said, CBP and the DEA do quantitate or determine the purity of the drug, but it is for investigational purposes only. The United States sentencing guidelines do not specify that it has to be actual weight, so it is only for investigational purposes. We did find one private lab, NMS Labs, that does quantitate fentanyl, and three of the fentanyl derivatives, and they will do it as a fee, but there is no local county or state labs that are doing it currently. There is a cost for any lab in order to do quantitative analysis, but the biggest cost is the risk to human life which is an unnecessary risk that could be taken in order to do this quantitative analysis. I think it is an unnecessary risk for what is going to be the result of it. In summary, the biggest thing is in order to prepare the samples, we would have to grind them. Right now, fentanyl is typically seen throughout the country in a pill form. It is a counterfeit pharmaceutical, so those would have to be ground up. Depending on what the statutory thresholds are, it depends on how many pills would have to be ground up. It could be hundreds if not thousands of pills. Grinding it into a small powder increases the aerosolization rate with also increasing the exposure risk to not only the analysts but anybody else who may come in contact with it. I will pass the mic over to my director. Thank you. (Agenda Item X A).

Cassandra Robertson, Director Laboratory Services, Criminalistics Bureau, LVMPD:

Good afternoon. I just want to drive home that with our LVMPD Forensic Laboratory, we are not willing to take the risk to put our scientists, as well as our evidences technicians and anyone else that may come in contact with the packaging after these pills have been ground into a powder form, which then could be dangerous to anyone that comes in contact with it.

Kimberly Murga, Executive Director, Criminalistics Bureau, LVMPD:

I think the biggest thing to recognize is that there is no other state, local, or federal laboratory that is currently quantitating fentanyl right now for criminal investigative purposes. We scoured all over the United States, and we could not find another lab. The only two labs that are performing quantitative analysis of fentanyl and fentanyl derivatives are the CPB and the DEA, but it is for investigative purposes only. It is not for criminal investigations. There is one private laboratory that performs a limited amount of fentanyl quantitation for some derivatives, and it is at the cost of about $900 per sample. So, if that is something that the Committee would be interested in now, those samples can be shipped off by the different agencies in Nevada to get that quantitative testing performed. So basically, that it is just the safety thing. We are not interested in weaponizing fentanyl in the forensic lab. We are not interested in putting our own forensic scientists at risk. An extensive HVAC system would have to be implemented in order to do this, and there is just not a standard protocol that we can adopt in order to bring this online safely, and it is not in line with what other forensic laboratories are currently offering. Thank you.

Vice Chair Scheible:

Thank you. It took us a long time to get to where we got in SB 35. We obviously required the interim to do this study for a reason because there were hours of conversations with law enforcement agencies across the state about the possibility of doing quantitative analyses. Now you are coming in and basically telling us "No." So, where was this, "It is too dangerous" and "We can't do it" while we were having the conversation during session?

Executive Director Murga:

I do not recall being requested to testify. David, were you requested to testify to the safety of this proposal?

Mr. Gouldthorpe:

I was never asked to testify. We always pushed back whenever there was a BDR regarding SB 35 on quantitating. We never wanted to quantitate. The forensic lab did not want to quantitate.

Assemblywoman La Rue Hatch:

I would also like to echo my colleague's comments. I think I, and several others, only supported this bill because of the quantitative testing, and we agreed to the limits that we had because of that. So, my question is not, are we going to do this or not? My question is, how do we do this safely? I would just like to know what are the safety precautions that are taking place right now? And are there no other dangerous substances that your lab deals with? And if there are dangerous substances, what are the processes that you are using now?

Mr. Gouldthorpe:

There are dangerous substances; however, the lethal dose, that amount is not as small as it is with fentanyl. We do have engineer controls in the lab at this time. However, we do not quantitate the samples, so we do not have to grind them into powders and everything like that. So, we do have engineer controls, but at this time in Nevada, we do not quantitate any drug except for THC, but that is a federal thing, and that is another discussion. But we do not quantitate anything, so we do not have to homogenize it and make it into a powder.

Executive Director Murga:

We were surprised with our extensive research of other forensic laboratories to find out who else is doing this. So, one of the things in forensic science is we want to make sure that we are competitive with other labs; what the cutting-edge technology is; what other labs are doing; what the trends are for the future. Not one other lab that we could find in another state, another municipality, another county, was doing this or even moving to bring this online. So, we only found one private laboratory that can quantitate a limited number of fentanyl.

Assemblywoman La Rue Hatch:

Chair, can I just follow up briefly? My question is about the safety. When we were in session, the one thing we were told was that the only reason we could not do this was because those machines cost so much money, which is why we allocated money to purchase a machine. If you are saying there are other things that need to be done, what needs to be

done? Whether you have a number or whether you just have equipment that is required, what needs to be done so that this testing can occur safely?

Executive Director Murga:

We would probably have to have a whole new ventilation system installed. This might not be able to integrate with anything else that is in the building because we do not want to expose anybody else to the same air that might be sucked up and then taken out of the building. We would have to have an isolated area that would need to be on the level of an extremely controlled environment where it has its own separate air exchange, its own separate laboratory, its own separate folks working in there, with its own separate clothing and protective measures, to ensure that there is no risk of the inhalation of any amount of fentanyl which can cause death.

Assemblywoman Gallant:

I am going to also share the same sentiment of my colleagues because I think all of us, when we were hearing this bill, did not want another war on drugs. We have a lot of people with their intent of purchasing one type of substance and then finding out that there is fentanyl in it, and then they could be looking at some pretty tough charges. I understand safety and health are really important for our labs, but I am also curious what your stance is in terms of the safety and the welfare of somebody that might have inadvertently purchased fentanyl? And then also what their future looks like if we do not have the ability to be able to test quantitatively.

Executive Director Murga:

So right now, we do offer qualitative testing for fentanyl. We can determine that it is fentanyl. We have a number of tests in the forensic laboratory as well as a number of handheld devices, which was referred to in the previous discussion. They are called TruNarc devices. We can put those devices on a mixture of a powder and determine what type of fentanyl it is. It has up to 60 different derivatives, if I am not mistaken. David Gouldthorpe can correct me if I am wrong. So, we have the ability to determine the presence of fentanyl and then take the appropriate safety measures to ensure that our officers and anybody analyzing is well protected. We are just talking about quantitative, and the lethal dose amount is so low, and that may be why many of the other labs are not doing it in addition to the safety concerns.

Assemblywoman Gallant:

I understand what the labs can and cannot measure, but per SB 35, does anybody recall what the amount was again? Anyway, it was a couple of grams. So, if somebody buys a whole bunch of pills, which maybe they think is MDMA or coke, and that was their intent to buy that, as awful as it is, it was not their intent to buy fentanyl. But our law does not—it will just get measured as 15 grams of fentanyl and not 10 grams of coke and 5 grams of fentanyl. The criminal charges on 15 grams of fentanyl is pretty severe. My question is in terms of somebody who had the intent to purchase another type of substance could be facing much stricter charges and what the future of their life looks like because I think we also need to take that into account, their well-being and their safety. Yes, they made a bad decision, but does it need to completely destroy their lives for the next 30 years?

Mr. Gouldthorpe:

I believe the statutory thresholds that came out in SB 35 were between 28 and 42 and 42 and 100 grams for trafficking. I think that is what it was. Typically, the ones that we see, that counterfeit M-30 tablets that are common across the country, weigh about 1/10 of a gram each. And so, somebody that has to get to low-level trafficking, if it is 28 grams, they need 280 tablets. It is a lot of tablets for just personal use. As you know, and as you have stated, our lab can do qualitative. We can say that that pill contained fentanyl. But my opinion is, I do not know why anybody needs over needs 280 tablets of suspected fentanyl. From a weight standpoint, 280 tablets is a lot. That is more than a personal use for possession. If we had to quantitate up to 28 grams, that would be about 14,000 tablets to get to that, and that is averages and taking other things. There might be more or less, but it is about that many ablets.

Chair Miller:

I would like to get us back on track a little bit because, as mentioned before, this Committee, between both houses, did spend a lot of time on this bill and in all the different challenges and questions. The concern here is that we are hearing different things from different entities. We just heard from the State with their anticipation of the ability to do this, yet now it sounds like you are saying that you will not be doing this. My question would be, have you even tried to attempt a plan? I think we would appreciate if there was a plan. If moving forward, if you did need to do this, has there been that kind of plan put into place or discussed?

Executive Director Murga:

The plan? Well, what we started to do is what we initially do with anything that is new. Anything that is new, we post on different forensic list serves, and we contact other laboratories. We have lots of connections with other entities and contacted them to find out what they are doing and how they were able to accomplish it. So, when we found out that nobody else is doing it, we kind of hit a brick wall. I will say if the state is interested in bringing quantitative analysis of fentanyl and fentanyl derivatives online, I think that is a good place to start because they can handle it. One of the beauties of building a laboratory from ground up is they can probably create the proper ventilation requirements, everything that is needed. But again, they may be the first in the nation doing this, so they are going to have to come up with a lot of those protocols and procedures on their own in order to ensure that they do it in a way that is safe.

Chair Miller:

Ok. Thank you. I do not see any additional questions, so we will go to Item B under the same agenda item.

B. PRESENTATION ON THE COST, BENEFIT, AND IMPACT OF SENATE BILL 35 (2023) BY THE WASHOE COUNTY SHERIFF'S OFFICE (WCSO) FORENSIC SCIENCE DIVISION

Steve Johnson, Director, Forensic Science Division, WCSO:

Thank you, Chair, Vice Chair, and the Committee for allowing us to present on this topic today. This is a very significant topic, as you heard from our colleagues down in Las Vegas. This is a very significant bill when it comes to forensic and forensic analysis. My name is Steven Johnson, and with me, I have our Supervising Criminalists over our Chemistry Units,

Brad Taylor. A little background on our laboratory. We provide forensic services for 13 of the 17 counties in Nevada and one county in northern California. I would like to thank the Deputy Director of DPS for the acknowledgment of the work our team did in Esmeralda County yesterday. We do recognize that there are a few counties that are underserved in forensic services, and although we do not commonly enter into contracts with them, we will help out as needed. So, I would like to thank her for that acknowledgment. For this presentation, we wanted to focus on the three main elements that were listed in the senate bill, and that is the cost, benefit, and impact of quantification. I am going to present these in reverse order because I think it is important to talk about impacts and benefits first before we get into the numbers. Before I start, I will pass the explanation of qualitative versus quantitative analysis over to Brad to discuss. (Agenda Item X B).

Brad Taylor, Supervising Criminalist – Chemistry (Breath, Controlled Substances, Toxicology), WCSO

My name is Brad Taylor. As mentioned, I am the Supervising Criminalist of our chemistry section which includes the controlled substance section drug analysis. So, there is a brief statement from Las Vegas about qualitative and quantitative. That is obviously where this is starting, and we prepared a very simple description of those, as well as how they affect and what they represent. I think part of that was the labs' questions with SB 35 was the reasons why there is a desire to quantitate versus continue qualitative analysis, which is the industry standard. So qualitative analysis tells you if there is a particular drug present and as mentioned, qualitative analysis tells you how much of that drug is present. So qualitative is a 'yes or no' answer to that question of, is there a controlled substance there? The quantitative is the percent answer to that question. What percentage of the controlled substance is in that sample? The qualitative is how the current laws in Nevada are written.

We, all labs, as mentioned, forensically the standard is qualitative analysis, and the reason we do that is because that is how the law is written. The way the law is written, it does not matter if there is a mixture of different drugs; there is a weight associated with the drugs that are found and then what drugs are there, it is any mixture containing that substance. That is how the current laws are written. Then it is up to the courts to decide how that information is handled. The drugs that the labs provide the identification for, the courts and the law provide how that gets used. For quantitative analysis, it is not currently how the drug laws in Nevada are written. So, there is no reason for labs to have had this capacity or to be built in that kind of capacity. Qualitative analysis provides very little uncertainty in the testing, if any, and that is one of the major advantages to qualitative testing. The process as implemented provide almost no question that the drug is there. Quantitative analysis will introduce much more uncertainty to the testing process, and that is in how we prepare samples, and there becomes an uncertainty associated with it, and that is something that would be introduced in the process if quantitative is needed. Qualitative analysis, finally, is rapid. It can be accomplished with many analytical techniques and is flexible within the labs. We are built to be able to use multiple instruments to achieve the same goal, and that allows us to be flexible and quick in turnaround when we do analysis for that purpose. Quantitative analysis is much more cumbersome, and it needs dedicated processes and personnel in the lab. It is more rigid. An example of both of those is if an instrument goes down in our current process, we have other instruments that can do that work to get an identification. With quantitative analysis, it is very specific to the instrument in the process that you are doing, and if that instrument goes down, you have to have a redundancy at minimum to continue work. You cannot just move to another or pivot and continue to get the work out to the courts as needed.

Director Johnson:

From our research, we too have not been able to find any other state that performs quantitative analysis to support possession or trafficking charges. One consideration, before we jump into impacts or benefits, that the state would need to make is we would need to create new possession and trafficking weight thresholds if we go from a qualitative to a quantitative system. If the state does not change those thresholds, we run the risk of drastically increasing the amount of drugs that could be trafficked within the state of Nevada. Laboratories will not have the ability to quantify all controlled substances, so the State will need to consider how qualitative and quantitative analysis will be handled in the courts and especially when you have a sample that has a mixture of two. This was mentioned earlier with Professor Wagner's presentation, and I think it is a good point. There is no quality control for illicit substances, and so currently, if an individual user purchases an illicit substance, they know what they are being told they are purchasing and how much they are buying, the number of pills or the weight of that sample. In a system with quantitative analysis, they do not have the ability to confirm that amount, and so that currently does not exist for them. So, this creates a situation where we have a risk to the user of buying a substance that contains more of what they thought was in there and then being held to a trafficking level as opposed to a possession level.

With the benefits and impacts, I do want to preface this by stating that we, my laboratory and myself, were not really provided with the goal of this switch from a qualitative to a quantitative system. What is the problem statement? What are we really trying to accomplish here? Without that, we had to approach this idea of benefits and impacts to how our system currently works. And so, from a forensic laboratory, there is no benefit to moving from a qualitative to a quantitative system. We would have to develop a number of different testing protocols and processes in order to validate and meet those statutory requirements, and those are labor intensive. The time to complete analysis per sample is estimated to increase by about four to six times. So, it is going to take us longer to process the same sample, more sample or additional samples would be needed to analyze in order to support charges. An important piece in science is that we have known reference standards of material when we are doing this type of work, and currently there may not be complete reference materials for all controlled substances out there. So again, this ties back to an evaluation that we would have some substances with a quantitative and some with a qualitative.

Quantitative testing would significantly increase annual operating and personnel costs. It would also significantly increase the exposure to hazardous drugs for laboratory evidence staff, as previously mentioned by our colleagues at Las Vegas Metro. All cases would need to be tested for court, which would increase the number of cases analyzed by our laboratory. Brad can discuss our testing protocols in a little more detail, if needed. But in a quantitative system, essentially law enforcement, the courts, the lab, would not know what is there until a complete analysis is performed. The increase in testing time would significantly increase delays and turn around and report writing. And then, quantitative testing would significantly increase analysts' time spent in court testifying. Again, that is removing our people from the lab doing the work and having them testify.

There are some impacts to the court system and law enforcement agencies as well, and I would highly encourage input from these stakeholders because although we do work with them, we are not experts in those areas. One impact that would apply to both the courts and law enforcement agencies is there would be a delay in charging. As I mentioned, quantitative analysis would have to be performed or full testing would have to be performed before we know what we are looking at in a quantitative system. Additionally, in the court

system, if those exhibits are presented in court, the jurors, the judges, attorneys would be exposed to a hazardous substance. From the law enforcement side, there is going to be a significant increase to cost per sample. A lot of the agencies we work with provide service for over 70 local state, federal, and tribal agencies in our laboratory, and they pay for the services, for the work conducted, for their agencies. There would be a large increase in cost, and those costs would go on to those agencies as well.

For a cost analysis, I do know there were conversations in the last legislative session around fentanyl and fentanyl derivatives. This bill specifically says all controlled substances, so I tried to break this out into three different categories for this Committee to look at. Our laboratory does not have safety equipment needed to even start the analysis. We are in the basement of our sheriff's office, and one of the essential pieces of equipment that we would need is a chemical fume hood, which requires ductwork to go through from the basement up through the building. One would be needed for quantifying fentanyl and fentanyl derivatives and two to four more. There is additional safety equipment that would be needed as well as instrumentation costs. If it is just quantifying fentanyl, we could possibly upgrade one of our instruments. If we are moving to derivatives or all controlled substances, we would need to purchase a new instrument. That is just about half a million dollars per instrument.

I do want to emphasize some of the time to implement these processes because just the validation on an instrument alone doing normal casework could take 12 to 16 months. I think this is important because I know the Deputy Director for DPS talked about hopefully having a laboratory up and running within a few years. Depending on their approach through accreditation and meeting these types of standards, it could take longer if quantitative analysis is going to be conducted. We would need an increase in personnel resources. So right now, we have two full-time equivalents to handle all the controlled substances for the northern and central part of the state. We would need to increase between one and six analysts depending on the study and how this is conducted. Additionally, we would have ongoing costs for safety equipment, instrumentation, and personnel as listed in this table. I do have listed here that we would need four to six additional analysts if we were to quantify all controlled substances. Our laboratory does not have the space to house five or six additional bodies. So, there would be additional construction costs that we would need to expand into their last areas that we have available within our laboratory for both office space and sample prep space. Additional cost to our laboratory information management system would be needed. We are going through some of these additions right now, and those costs could be $200,000 or more.

Lastly, if quantification of fentanyl or fentanyl derivatives were required, a second LC-MS-MS would be needed. This instrument is about a half a million dollars. Before I open it up for questions, I do want to share that we have, through this study in preparation for this presentation, tried to look at all the different elements and moving to a quantitative system. I have had many conversations with my team and my sheriff, and my sheriff and I both share the same concerns as Las Vegas Metro when it comes to quantifying fentanyl and fentanyl derivatives. We do not want quantification of fentanyl and fentanyl derivatives within our laboratory for those same reasons, the value and the risk to our people is great, and we value them and do not want to put them in the way of any additional harm through this process. With that, I will finish this presentation and I am open for questions.

Vice Chair Scheible:

I put Metro's representatives on the spot from their laboratory. I think it is only fair that I do the same to you because I am very frustrated that we did not hear these concerns

during session. We had many conversations about the quantitative and qualitative analysis of fentanyl. In case it is not clear, the reason that this Committee is interested in the question of determining how much of a substance is fentanyl versus other substances is because we are concerned about people who do not intend to purchase fentanyl, purchasing substances that have fentanyl in them. They believe they are purchasing a gram of cocaine; they believe they are purchasing five grams of methamphetamine, and what they are actually getting is one half of a gram of fentanyl or one gram of fentanyl or whatever the case may be. That is our concern, and that is our interest. Over a very long 120-day session when we had multiple conversations about how we can differentiate between the person who is carrying, on purpose, 10 grams of fentanyl versus the person who is carrying, on accident, 9.5 grams of cocaine and 0.5 grams of fentanyl, we all asked, where is the science? Can this be done? How much would it cost? What would it look like? And we did not have time to unpack that in the legislative session. So, we put this interim study into SB 35, and now, in just a couple of months, the answer that we are getting is nope, cannot be done, too dangerous, no benefits to doing this. I mean, it seems like this answer was already predetermined at the time that we were having the conversation on SB 35. Where was this all session when we were having this conversation?

Director Johnson:

Thank you, Vice Chair, for the question. I do understand the frustration that you and this Committee share. A lot of the questions that were directed to me specifically and my team was what would be needed once the study came out. We started diving into, how would this look? What are the additional considerations besides just equipment, instrumentation, and personnel? And so, when we started doing that evaluation, the safety concerns really popped up. We did know there were safety concerns in the beginning because we discussed the need for a chemical fume hood, but as we investigated more for this study and for this Committee, we discovered that the risk that we were presenting to our analysts is far greater than we realized. So, I will apologize to this Committee for not having that information available during the legislative session. We were looking specifically at instrumentation, equipment, and personnel costs that would be needed. The additional safety concerns came up as we continued to go down this path to prepare information for the study.

Vice Chair Scheible:

Thank you, and I appreciate that because if there is new information, that is the point of putting the study into law, and I appreciate that you did not have all of the answers at the time that we first asked. That is why it sounds like you are saying that it did take longer than 120 days to get to all of these factors. And so, I appreciate that you have put in the work, and I appreciate you coming to us with the concerns that were not raised before because no one knew to raise them. I appreciate that. Thank you.

Assemblywoman La Rue Hatch:

Thank you, Chair, and thank you for coming in to share these concerns. I do appreciate that. Washoe has at least broken down for us the ways we can get there, the cost to get to this place. My question is two-fold. We just heard from the State lab that they are planning on doing quantitative testing and are talking to Washoe and Las Vegas about getting those machines to you to do that. The first part of my question is, have you talked to them and coordinated with them? The second part of my question is the reason we put this study in is because we know that this is part of the Colorado fentanyl bill and that they are in the

process of creating their crime lab to do quantitative testing. So, have you looked into the Colorado model, and what they are doing and how they are able to do this, and we are not?

Director Johnson:

Thank you for the question. For the first part of the question, no, I have not been in contact with the DPS regarding their laboratory. I would be more than happy to go over any information that we could provide them in order for them to be successful. For the second part of the question, the question is asking can something be done? I am a scientist, and as a scientist, we are very objective. The short answer to that question is, yes, this could be done. We are also looking at this from a management system and asking the question of should we be doing this with our analysts? That was the information that I provided at the end. I have not looked into the Colorado laboratory, and I would be happy to do some research on that, if needed, for this Committee, but I have not.

C. PRESENTATION ON QUANTITATIVE ANALYSIS OF FENTANYL/SEIZED DRUGS BY THE CITY OF HENDERSON POLICE DEPARTMENT (HPD) FORENSIC LABORATORY

Tanya C. Hiner, Criminalistics Administrator, HPD:

Good afternoon, Chair and Committee. Thank you for inviting us here today. My name is Tanya Hiner. I am the Criminalistics Administrator for the HPD Forensic Laboratory. With me today is Afton Martinez. She is our Senior Forensic Toxicologist overseeing the sections of blood, alcohol, toxicology, and seized drugs. Some of the topics that I want to cover today have already been covered by the previous two presentations. I will not spend a lot of time on them, but I wanted to talk about the background, safety concerns, costs, increased turnaround times and increased backlogs, testing limitations, and then the unknowns. We have already had some pretty good definitions between qualitative and quantitative analysis, so I will not spend much time with that. Similar to the previous two presentations, we were not able to find any other lab in the United States performing quantitative analysis for criminal or legal use. We actually searched worldwide. We only found one project announcement that was out of a Kosovo lab who are also seeking a worldwide project announcement trying to find specialists so that they can also learn how to do quantitative analysis in their laboratory right now there. That announcement says that they lack fundamental training in the quantitative analysis of drugs, and their goal is to also initiate this in their laboratory. They were seeking worldwide help with that endeavor.

Similar to the other two laboratories and other labs in the United States, we conduct qualitative analysis. We do that with a very small sample in a very controlled environment, which makes it safe to handle in the laboratory. Very, very small doses of fentanyl, as previously described, can be lethal. Similar to what Las Vegas Metro described, as small as six to seven granules of salt can be a lethal dosage. According to Lexipol, dry fentanyl products are not likely to cause toxicity if handled under a hood with proper protection. The most concerning route of fentanyl exposure is inhalation of airborne powder or aerosolized fentanyl. In the Henderson Forensic Laboratory, we have received bricks of fentanyl with examination net weight of approximately 2.2 pounds for quantitative analysis. That entire brick would need to be pulverized into a fine airborne powder. That 2.2 pounds, or approximately a kilogram, according to the DEA, can kill approximately 500,000 people. That would need to be pulverized in our lab, mixed, and homogenized to make that an even mixture for testing in a quantitative analysis.

Similar to the other labs, that creates safety hazards for testing, cleanup, and emergency response if needed, so if somebody goes down in the lab, who is going to go in if there is an accidental exposure in that lab in large quantities without putting themselves at risk? Plus, repackaging, storage, disposal, transportation, and presentation in court.

Some of the things that we looked into was personal protective equipment (PPE), building safety, storage safety, disposal safety, and transportation. According to the National Institute for Occupational Safety and Health, areas that contain large quantities of fentanyl powder should have a self-contained breathing apparatus and a Level A protective suit. That includes a totally encapsulated chemical and vapor protective suit, a self-contained breathing apparatus, and then multiple layers of PPE. When we are talking about fentanyl in a fine particulate form, you must do the three Cs of safety, which are containment, control, and capture. The Henderson laboratory right now is building a new laboratory. This was a good opportunity for us to talk to our architects and our building construction managers about what it would take to create a building safe enough to perform this testing, especially with large quantities of fentanyl, and were able to go through safety concern. We want to reduce dermal ingestion, inhalation, and ocular exposure to fentanyl powder by all staff, not just the ones performing the testing. Because there were no other laboratories performing this testing in the forensic science world, and our architect is a forensic science lab expert, we looked at other labs that do weaponized powders and mirrored the development of this extra annex for testing off of that. We wanted it completely independent from the laboratory to minimize exposure risk and wanted all the equipment—mechanical, electrical, plumbing, and fire protection—to be completely separate to avoid any kind of crossover utilities or cross contamination to the staff with a negative pressure lab with an adjoining vestibule. We actually went through and designed this, making sure that the walls were airtight to have a clean-room vestibule, so that as you are exiting the lab after testing, there is a full air wash down to remove any fentanyl powder or residuals with the air exchanges/returns low to the floor, so that powder falls. It is not then repeatedly in the air from walking on the sealed concrete floors. We basically want no texture or corners where fentanyl residue can hide, and then we mapped out and designed this lab with proper ventilation HEPA filters, in addition to the hood, for maximum safety. The total cost after we built this out, inspected out, was approximately $26 million for the annex for the fentanyl quantitation laboratory.

Some of the questions that came up with the architect and our construction manager was the potential for ventilation from the lab of airborne fentanyl into neighborhoods. Our new laboratory is in a neighborhood with houses across the street, so would there be a need for any kind of assessment of a facility of this nature being in a resident neighborhood? We also have concerns because those laboratory spaces have to have vendors, repair personnel come in for instrumentation, and custodial concerns for them entering that space. Looking into guidance for protection for employee health and safety, workers' compensation for injury or death of laboratory employees due to fentanyl exposure—these are some of the questions that came up, and then, similar to the other laboratories, safety concerns for repackaging this pulverized fentanyl powder, waste, storage, disposal, even disposal of PPEs such as gloves that may have residue, and concerns with non-disposable laboratory products such as glassware that has to be reused and washed. Do we want fentanyl powder going into the water system as we wash our glassware?

Other safety concerns for transportation in confined vehicles for disposal or court. Additional instrumentation needed for this testing would be the purchase of two LC/MS Q-trap or Q-TQF instruments for testing. Similar to what Washoe said, you have to have redundancy for testing in case one of those instruments goes down. Each of those instruments range from about $500,000 to $800,000 per instrument. Each one of those instruments have to be validated for methods because there are no standards. We do not really know the cost

and time for that. Then each one of those instruments also has about $46,000 of preventative maintenance per year per instrument. We would also need additional personnel, a minimum of three additional full-time employees.

Right now, approximately 30 to 40 percent of all our cases submitted to the laboratory for analysis do contain fentanyl. That is a recurring cost of approximately $420,000 a year. Right now, the Henderson Forensic Laboratory has about one and a half full-time employees that do seize drug analysis. Our average backlog last year was 44 cases with about a 45-day turnaround time. The only section in our lab that does perform quantitative analysis is our toxicology section, and that is for performing quantitative analysis after a drug has already been digested. That is one sample per case, one matrix—which is blood—and we test for 37 drugs. Last year, we had a backlog of 60 cases throughout the year. That average turnaround time, per that one sample with that one matrix and 37 drugs, was 231 days. Proposed quantitative analysis of all seized drugs where we have unlimited samples per case, unlimited matrices, and testing for upwards of 200 to 300 drugs, you are going to see backlogs that increase and are greater than that 231 days that we see in toxicology.

This chart breaks it down that if you have a really small case, one sample, when we do qualitative analysis, that one sample, one test, can take a couple of days. That same test doing quantitative analysis may be able to be completed in two to three weeks. If there is more than one drug in the exhibit, that could be a few months. If you have multiple exhibits, that can take about a month, maybe a little longer right now, but with quantitative analysis, that one case could take over a year to complete. So, one of the testing limitations is matrix matching. To conduct quantitative analysis, a standard of the drug in the same matrix needs to be utilized as a control to test against. In seized drugs, there are many matrix variations. So, a tablet that you purchase from a pharmacy is formed when an active drug is embedded in inert material, so you can have a drug with acetaminophen or Tylenol. It is not the same when it is made in a clandestine production laboratory. They have no quality control checks, so drugs that are recovered can be in many different matrices—there are wax, pills, edibles, powders, and biologicals. In order to match, especially with edibles, you have various different things that you would need the same recipe for in order to matrix match to do that testing. Currently, there is only relatively pure powders on the market through limited vendors in order to do those testing. Our projected financial impact, like I said, that separate annex for safety would be about $26 million: $1.1 million for instrumentation, with an additional $100,000 annual preventative maintenance costs after three years; and $500,000 for personnel and training on an annual. Then, with the method and development of matrix matching, we do not know the cost of that because we do not have any standards to go off of. Also, increased PPE, we do not really know that cost, nor do we know the cost of any safety studies that may be necessary, because we could not find any other laboratories conducting this, There are no standards, no protocol, no guidelines, no training, and no one to assist us to answer these questions in our development. As the previous two labs have talked about, there is unknown safety risk to our scientists, other laboratory personnel, evidence, custodians, building maintenance, and possibly the surrounding neighborhood. That risk is pretty great. Thank you. (Agenda Item X C).

Assemblyman Gray:

Thank you, Chair. The first question I have is, given that brick of fentanyl that you had that you had in your presentation—I am going to be real simple here—I am going to assume that there is an even distribution of fentanyl throughout that brick, which I would hypothesize that most distributors would want that so their product is good. Would you be able to take a very small portion of that and pulverize it and be able to extrapolate or interpolate the

amount of fentanyl in that brick? And two, the Nevada National Guard with their service team have a rolling lab. I do not think it costs anywhere near what the lab you had described would, and they are capable of dealing with some of the most dangerous substances known to man. They do not test quantitatively, so that would be different, but have you guys talked with them at all, or maybe the U.S. Centers for Disease Control and Prevention (CDC), about their clean rooms that they deal with extremely dangerous things? Because that number seems awfully, awfully high for a room to do that kind of testing. I am not a scientist, but this does not seem like it is new territory with handling hazardous substances, just a substance that is new.

Ms. Hiner:

Thank you for the question. To address your first question, that brick, because similar to the M-30 pills, you can have a bag of M-30 pills, and in that same bag, according to the DEA, those pills each can range from 0.02 milligrams upward to 5.1 milligrams in the same batch. Those pills are made from those bricks. Those bricks are not homogenized. They are not the same quantity of fentanyl throughout that entire brick because they are made in a clandestine lab. Presumably, because these pills are made from those bricks, one section of that brick contains no fentanyl or very little, and another has a lot more, so that is why it needs to be pulverized and homogenized so that it is an even mixture in order to perform that testing to get an idea of what that amount of that entire brick is fentanyl.

To answer your second question, the plans that we had, it is not just a laboratory room because we would need separate mechanical, electrical, plumbing, and fire protection. It is actually a separate annex. It does include restroom facilities or office space because we do not want those people that are working with large amounts of fentanyl powder coming into the laboratory to do other work. They would have to be in completely separate annex. That may be why that price is so high. To answer your second question also, we have not contacted those entities. These are just the numbers that we got from our architect and our construction manager going through all the safety protocol based on other labs that test weaponized powders.

Assemblyman Gray:

Honestly, it sounds like you guys are trying to reinvent the wheel. I mean, anthrax is weaponized into a highly aerosolized powder as well. This is a new substance but not a new process. You do not want those people leaving those labs. The XRP van that they use their rolling lab, they are capable of dealing with it. I am not trying to be flippant here, but you have told us exactly why we cannot do this, but tell us how we can do this and be cost-effective about it because this is something that has to be addressed. We have to be able to do this. In the conversations that Chair Miller and I had with some of the other folks at the end of last session, we were all pulling our hair out trying to figure out a way to craft laws dealing with quantities. We have got to be able to figure this out somehow. So, it is not biased. It is not an impossible task, but we have got to be able to figure out how to do it.

Ms. Hiner:

I agree. It is just that the small laboratory, especially Henderson, we do not have the capability currently nor will we in our new facility to perform this testing. The state laboratory that was previously on the agenda, that may be an option if they are able to develop quantitative analysis in their laboratory. That may be something similar to what I think they mentioned that the state of Colorado was doing.

Assemblywoman La Rue Hatch:

My question is about the qualitative versus the quantitative. During session, we were told the only barrier to the quantitative was those testing machines, and that it was otherwise a similar process, and we are learning that apparently it is not. My question is, how is the qualitative testing done? Are you not having to pulverize? Are you not having to test the entire brick or the entire bag? Why is it that we have to do this huge process for quantitative but not for qualitative?

Ms. Hiner:

Thank you for the question. For qualitative analysis, we do not have to pulverize that brick. We can take a very small core sample and test it and maybe one or two. It does not have to be pulverized. It is then put into a vial and then put on the instrument to test because it is determining the presence of fentanyl, and that can be throughout that brick. But when we are talking about qualitative analysis and the various different amounts that can be distributed in that brick is why it needs to be pulverized. You cannot just take one small sample because it is going to be different throughout the entire brick. So right now, we can just take a very small sample underneath the hood and test it qualitatively to determine the presence of fentanyl.

Assemblywoman La Rue Hatch:

I need a little more explanation of why is it that with qualitative, we can assume that there are certain things throughout the brick if we are just taking one sample and we missed the fentanyl section, but it is in another section of the brick. Why is that ok, but in quantitative, we have to pulverize the entire thing to make sure that we have gotten the whole substance tested?

Afton Martinez, Senior Forensic Toxicologist, HPD:

We have to, for qualitative, just take a sample and put it on the instrument. For quantitative, because we are trying to figure out the percentage of that brick or the concentration of that brick, it has to be homogenized so that we know we are getting an accurate quantitation.

Vice Chair Scheible:

Thank you. I am actually not going to ask you the same question I asked the other labs because I think we have exhausted that. But I want to ask, in your crime lab, you get a sample from an officer on the street who impounds a baggie of a white substance. Let me ask first, have they done a field test on it before they send it to the lab for testing?

Ms. Hiner:

Yes, we do. We do field testing. It is not a requirement that every sample is field tested before it is sent to the laboratory, and when it is sent to the laboratory, we do not necessarily know the results of that field test because we try to remain non-biased, and we test things initially from the start.

Vice Chair Scheible:

OK. So, when you test them initially from the start, what is the first thing that you test for?

Ms. Hiner:

A small sample is taken. It is put into a vial with liquid. They can do testing that is the equivalent of field testing in the laboratory, so they can do a color test. Because we do two-phase testing, we typically will do a color test or a microscopical test depending on what the substance looks like. Then a small sample is put into basically a vial. It is put onto the gas chromatography-mass spectrometry and run, and that gives you a spectrum that shows what drugs or what elements are in that sample.

Vice Chair Scheible:

So, it shows the clear positive/negative, presence/absence, of how many different substances?

Ms. Hiner:

It does not necessarily give you a clear yes/no; it gives you a spectrum. Then the scientists analyze that spectrum to determine what that equals to as far as what substances. In the Henderson laboratory, we currently test between 200 and 300 different substances.

Vice Chair Scheible:

When that scientist is producing a report for law enforcement, or court, or the prosecutor's office, their report would come back with having analyzed the spectra that this sample contained these three substances, or it was positive for fentanyl? What is the next step in that process?

Ms. Hiner:

It is a report that explains that this sample was positive for this and what the overall net weight was.

Chair Miller:

I do not see any additional questions on this, so I will go ahead and close this agenda item. So, thank you for that. With that, our next agenda item looks like it is public comment.

AGENDA ITEM XI—PUBLIC COMMENT

Chair Miller:

I just want to remind everyone that is either here in Las Vegas or up in Carson City or on the line that we will open it up for public comment.

Tonja Brown, previously identified:

Thank you, Chair Miller. As many of you know, I have been advocating for years to get a law created to establish a petition for factual innocence posthumously so that the families whose loved ones were wrongfully convicted can be given the opportunity to exonerate their loved ones posthumously. Mr. Mark Bettencourt, who is with the Nevada Coalition Against the Death Penalty, has provided written public comment (Agenda Item XI A). We ask that you consider this. We do not want to see any innocent person executed, which now brings me to ask for your consideration and recommendations to establish a petition for factual innocence posthumously. With the newest technology in forensic genetic genealogy that is

being used by law enforcement agencies throughout the country, including the Carson City Sheriff's Office—on March 17, 2015, the human remains were discovered buried in a shallow grave, and through partnering with the DNA Doe Project, the Carson City Sheriff's Office developed a DNA profile from the remains and was able to perform genetic genealogy. The human remains were identified as Joyce A Rogers. On September 20, 2020, a human skull was found with the assistance of the Carson City Sheriff's Office Search and Rescue Unit, and the remains were sent to the Washoe County Medical Examiner's Office. A DNA profile was done on the remains, and there were no DNA matches from the law enforcement database. The Carson City Sheriff's Office partnered with Intermountain Forensics in Salt Lake City to develop and extend; the DNA profile was obtained, it was uploaded to Geni Tree Matches and Family Tree DNA databases. When this was done, the human remains were identified as Ronald V. Hendrix, who disappeared 28 years ago. The family was able to have closure. Again in 2018, the arrest of Joseph James DeAngelo, infamously known as the Golden State Killer, was identified through genetic genealogy, and it put that on the map. It is a new technology. We ask this Committee for consideration regarding forensic DNA testing in order to posthumously exonerate those who have passed away, along with that evidence that never made it at trial, and we would ask that perhaps you can contact and reach out to the Carson City Sheriff's Office because I believe they would be instrumental in explaining how forensic genealogy testing can benefit in solving crimes posthumously and even currently. We ask that a presentation be made by them if that is possible. Just one other thing as an advocate and somebody whose family member was wrongfully convicted. I can tell you that on September 20, 2023, the Nevada Pardons Board had a discussion to hear posthumous pardons, and they all agreed to hear posthumous pardons. There was the exception to hear factual innocence, posthumous pardons because they lack the funding. The Legislature is the only remedy to allow this to happen. Thank you.

Bryan H. Lang, previously identified:

My name is Bryan Lang, Chair Miller, Vice Chair, and members of the Judiciary Committee. Thank you for considering the discussion today about psychedelics. I have a couple of comments about safety and the tradeoffs involved. First, let us be clear. It is the duty of law enforcement to enforce the laws, and psilocybin is currently a Schedule I drug, federally deemed illegal in all states. In prior testimony today, it was reported in 2023 that 75,000 grams of psilocybin were seized by law enforcement. That is 165 pounds. An average person using psilocybin for personal use would be in possession of one to four grams of psilocybin mushrooms. Assuming the upper limit of four grams, that is 18,750 uses. At a very conservative 5-percent usage level, that is the equivalent of about two nights psilocybin mushroom use at Electronic Daisy Carnival in Las Vegas. That is a very, very, very small amount of total use. If I recall correctly, in previous testimony on SB 242 (2023), it was reported that most Nevada arrests around psilocybin involve people trafficking in multiple illegal drugs, of which psilocybin mushrooms was just another one of their illegal product offerings. For the existing or the new case management system in Las Vegas, it would be exceptionally useful to query how much of the psilocybin seizure is related to individual possession versus drug trafficking, and specifically multi-drug trafficking. Over the course of testimony around SB 242, you have heard passionate stories from citizens, veterans, and law enforcement staff regarding the mental health benefits they have received through the use of psilocybin. Unless they traveled overseas, as Jon Dalton and over 1,700 veterans have done when their own country has failed to treat them, these passionate stories arise from illegal use. The issue that faces our lawmakers: what are the risks and rewards of any decriminalization measures? Do the benefits presented outweigh the concerns presented? On a national level, 150 people in the U.S. died daily from fentanyl overdose. A comprehensive literature review has attributed one confirmed death from psilocybin overdose ever—a woman who had had a heart attack after a heart transplant

ten years prior, and three other suspected deaths. Ever. In testimony by Professor Hines today, he presented a rate of people taking drugs who sought emergency medical attention. Psilocybin mushrooms was reported as 4/10 of 1 percent over 11,000 respondents, as stated in the 2021 Psilocybin Mushroom Policy Review Panel report in Denver. With the costs of fentanyl overdoses, for the costs of all of the issues we have, please consider contrasting the prospects of decriminalization with respect to overall public health benefit. Thank you. (Agenda Item XI B).

Lisa Lee, Doctoral Candidate, Walden University:

Good afternoon. My name is Lisa Lee, and I am a doctoral candidate in public health, a person in long-term recovery, and a harm reduction specialist and researcher. Having listened to the testimony today, it was great to hear Dr. Wagner talk about community drug checking as a public health strategy to combat the overdose crisis. Also hearing the presenters today concerned about fentanyl exposure, it was interesting given the many small harm reduction programs across the world that are conducting quantitative drug checking with no issues. There are several individuals that I would like to call attention to for possible technical assistance on this issue. One is Dr. Tracy Green. She has been doing community drug checking for quite some time on the East Coast. The other one is Yarra Alex Estrada. She works with the New York City Department of Health and Mental Hygiene, and she conducts quantitative drug checking at OnPoint NYC, which is an overdose prevention center, the first in the U.S. The other one is, as Dr. Wagner pointed out, UNC faculty, Dr. Nabarun Dasgupta. These folks are specialists in the field. They are subject-matter experts that could provide guidance. I also wanted to call attention to the presenters which were providing misinformation and urban mythology that has been widely circulated by law enforcement and is not based in scientific evidence. I would urge this Committee to review the Joint Statement from the American College of Medical Toxicology and the American Academy of Clinical Toxicology about fentanyl exposure. Thank you for your time and your continued efforts on SB 35 and why so many of us in public health and harm reduction lobbied against this regressive bill. (Agenda Item XI C).

Annemarie Grant, Advocates for the Inmates and the Innocent:

My brother Thomas Purdy was 38 years old when he was hog-tied down by police during a mental health crisis when he asked for help. He was then dumped at the Washoe County jail, still hog-tied and asphyxiated by multiple deputies and not provided any medical attention afterwards. I would like to ask that you support a petition for factual innocence posthumously. I would also like to see major discussion on oversight of the county jails. In 2023, the Legislature passed laws that affected NDOC, such as you could not do away with in-person visits and maintaining actual physical mail. Well, the Washoe County jail does exactly the opposite of that, and there are no in-person visits. There is no actual physical mail being delivered there. That is the least of the problems at that jail. I would like you all to go to Reno Cop Watch on Facebook. There is a post of a man named Robert Ramirez who was a whistleblower during his one-year incarceration at the county jail. If you look at his booking photo, and then you look at his booking photo one year later at NDOC, that man is emaciated and starved. His eyes are sunken in. I mean, it actually made me physically sick to see it and to know that they are still abusing people at the jail who are yet to be convicted of a crime simply awaiting their day in court. Also, it does not seem the Sheriff of Washoe County is following his duties under the NRS to report jail deaths within 48 hours to the County Commissioners. I put in a records request for all of those 48-hour reports because there have been multiple deaths at the jail cell, and the county commissioners told me they do not have any. So please have a discussion about oversight of the county jails, and please use at least a minimum of four of your bills to get oversight of the county jails

because people are dying there. I do not want other families like mine to continue to know this heartache. Thank you.

Chair Miller:

Thank you. Next caller.

Broadcasting and Production Services:

Chair, you have no more callers at this time.

Chair Miller:

Then I will go ahead and close public comment. We have one brief final comment from Assemblyman Gray.

Assemblyman Gray:

Thank you, Madam Chair. I wanted to bring this up earlier when we are talking about future topics, and I know we are going to be speaking about human trafficking as we are developing that topic. One thing I would like to suggest is that we look at going after the demand. Let us look at actually classifying "Johns" that are illegally taking part in this activity as Tier 1 Sex Offenders.

Chair Miller:

Thank you for that. And again, I just want to remind everyone that during that item, I had to ask that you email either Vice Chair Scheible or myself. That way, we—at least, I—will not forget it. Again, that continues for any members that have any thoughts because of course, you will think of stuff that comes up even after we leave. As stated before, there are some things we are mandated to look into with studies and reports we have to do, so this is really about a time allotment within our six meetings, which brings me back to our next thing. Our next meeting is scheduled for February 23, 2024. NELIS says 10 a.m., but it most likely will not start at 10 a.m., so be prepared to start at least by 9 a.m. We will make sure that we publish that adjusted start time soon so everyone can plan too. So, thank you for that comment, Assemblyman Gray. I just want to thank staff and members and the public and presenters and everyone who participated for making this a fantastic first day of the JISCJ. Thank you, everyone.

[Subsequent to the meeting, public comment was submitted by:

- Shaun Griffin, Chair, Nevada Prison Education Project (Agenda Item XI D);
- Jodi Hocking, Executive Director, Return Strong (Agenda Item XI E); and
- Leslie Turner, Co-Director, Mass Liberation Project Nevada (Agenda Item XI F).]

AGENDA ITEM XII—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 2:43 p.m.

Respectfully submitted,

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Jen Jacobsen
Research Policy Assistant

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Diane C. Thornton
Chief Principal Policy Analyst

APPROVED BY:

_____

Assemblywoman Brittney Miller, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	*PRESENTER/ENTITY*	*DESCRIPTION*
Agenda Item II A	Ben Strahan, Wildland Firefighter, Nevada	Public comment
Agenda Item II B	Gehrig Tucker, Resident, Carson City, Nevada	Public comment
Agenda Item II C	Nick Shepack, State Deputy Director, Fines and Fees Justice Center	Public comment
Agenda Item II D	Douglas Christopher Orton, Resident, Reno, Nevada	Public comment
Agenda Item III	Diane Thornton, Chief Principal Policy Analyst, LCB	Committee brief
Agenda Item V	Liz Ortenburger, Chief Executive Officer (CEO), SafeNest	Microsoft PowerPoint presentation
Agenda Item VI A	Dustin Hines, Ph.D., Assistant Professor, University of Nevada, Las Vegas, and The Hines Group	Microsoft PowerPoint presentation
Agenda Item VI B-1	Lieutenant Diane Goldstein (Ret.), Executive Director, Law Enforcement Action Partnership	Microsoft PowerPoint presentation
Agenda Item VI B-2	Lieutenant Diane Goldstein (Ret.), Executive Director, Law Enforcement Action Partnership	Written Testimony
Agenda Item VI C	Burton Tabaac, MD, FAHA, Neurologist, Carson Tahoe Hospital	Written Testimony
Agenda Item VIII	Karla Wagner, Ph.D., Professor, University of Nevada, Reno, School of Public Health	Microsoft PowerPoint presentation
Agenda Item IX	Sheri Brueggemann, Deputy Director, Department of Public Safety	Microsoft PowerPoint presentation
Agenda Item X A	David Gouldthorpe, Forensic Lab Manager, Criminalistics Bureau, Las Vegas Metropolitan Police Department	Microsoft PowerPoint presentation

AGENDA ITEM	***PRESENTER/ENTITY***	***DESCRIPTION***
Agenda Item X B	Steve Johnson, Director, Forensic Science Division, Washoe County Sheriff's Office	Microsoft PowerPoint presentation
Agenda Item X C	Tanya C. Hiner, Criminalistics Administrator, City of Henderson Police Department	Microsoft PowerPoint presentation
Agenda Item XI A	Mark Bettencourt, Nevada Coalition Against the Death Penalty	Public comment
Agenda Item XI B	Bryan H. Lang, CEO, Trans World Health Services, Inc.	Public comment
Agenda Item XI C	Lisa Lee, Doctoral Candidate, Walden University	Public comment
Agenda Item XI D	Shaun Griffin, Chair, Nevada Prison Education Project	Public comment
Agenda Item XI E	Jodi Hocking, Executive Director, Return Strong	Public comment
Agenda Item XI F	Leslie Turner, Co-Director, Mass Liberation Project Nevada	Public comment

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