

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-second Session
March 23, 2023**

The Senate Committee on Health and Human Services was called to order by Chair Fabian Doñate at 3:31 p.m. on Thursday, March 23, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Fabian Doñate, Chair
Senator Rochelle T. Nguyen, Vice Chair
Senator Roberta Lange
Senator Robin L. Titus
Senator Jeff Stone

GUEST LEGISLATORS PRESENT:

Senator Dallas Harris, Senatorial District No. 11
Assemblyman Max Carter, Assembly District No. 12

STAFF MEMBERS PRESENT:

Destini Cooper, Policy Analyst
Mary Ashley, Committee Secretary

OTHERS PRESENT:

Lea Case, National Alliance on Mental Illness, Nevada Chapter; Nevada Public Health Association; Nevada Psychiatric Association
Misty Grimmer, Cox Communications
Fergus Laughridge, Rural Regional Behavioral Health Policy Board
Russell Rowe, AT&T; University of Nevada, Las Vegas
Michael Hillerby, Charter Communications
Charles Duarte, Alzheimer's Association
Peter Reed, Director, Sanford Center on Aging, University of Nevada, Reno

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Darrol Brown, United Veterans Legislative Council
Alejandro Rodriguez, Nevada System of Higher Education
Nicholas Schneider, Vegas Chamber
Drew Franklin, Cleveland Clinic, Lou Ruvo Center for Brain Health
Cindy Brown, Coalition for Patient Rights
Julie Monteiro, Coalition for Patient Rights; Compassion Center
P.J. Belanger, Coalition for Patient Rights
James Garvey, Las Vegas Psychedelic Society
Aaron Crouse, Sierra Psychedelic Society
Keira Fincher, Intern to Senator Nguyen
Dustin Hines, Assistant Professor, University of Nevada, Las Vegas
Rochelle Hines, Associate Professor, University of Nevada, Las Vegas
Bruno Moya, Nevada Coalition for Psychedelic Medicines
Eduardo Martinez, Decriminalize Nature Nevada
Jason Walker, Washoe County Sheriff's Office
Beth Schmidt, Las Vegas Metropolitan Police Department
Bryan Lang
Greg Rea, Nevada Coalition for Psychedelic Medicines
Rebecca Gasca
Wendy Carreon
Melly Paluay, Heroic Hearts Project
John Jeffrey
Diane Goldstein, Executive Director, Law Enforcement Action Partnership
Jaden Rae
John J. Piro, Deputy Public Defender, Clark County Public Defender's Office
Kate Cotter, Sierra Psychedelic Society
Blair Zika
Justin Watkins
Shane Terry
Francis Trezza
Michael Cathcart, City of Henderson
Erika Ryst, M.D.
Jennifer Noble, Nevada District Attorneys Association
Greg Herrera, Nevada Sheriffs' and Chiefs' Association
Katrice Saunders
Taylor Atkins, Sierra Psychedelic Society
Bob Pisa
James Creel, Coalition for Patient Rights
Bri Padilla, Executive Director, Chamber of Cannabis

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CHAIR DOÑATE:

We will open with Senate Bill (S.B.) 237.

SENATE BILL 237: Revises provisions relating to crisis intervention. (BDR 39-312)

SENATOR DALLAS HARRIS (Senatorial District No. 11):

I am here to present S.B. 237. Our former colleague, Senator Julia Ratti, and the Senate Committee on Health and Human Services sponsored S.B. No. 390 of the 81st Session. This bill was passed to implement the State's 988 Suicide & Crisis Lifeline. To implement the program, the State Board of Health (SBH) was responsible for adopting regulations to impose a surcharge on each access line. During the process of adopting the regulations, the SBH had difficulty defining what the rate would apply to. Senate Bill 237 will codify the rate at 35 cents. We need to start collecting this surcharge fee, so the 988 program can be fully set up. We have the support of the telecommunications companies, but we needed to ensure we have the correct fee rate.

I submitted a proposed amendment (Exhibit C). Section 1, subsection 1 of the amendment states the SBH will impose a surcharge fee of 35 cents. Subsection 2 states the money will be collected monthly and remitted to the SBH before the end of the subsequent month. Subsection 7 has a provision requiring companies and providers to report the average number of lines subject to the SBH fee. The SBH has the option to adjust the rate every five years in subsection 9. The adjustment is based on inflation and will ensure we can adequately fund the 988 program.

These are permissive regulations that are not mandatory. If necessary, the SBH and companies subject to this fee will collaborate. The last piece of the amendment clarifies definitions and ensures we are capturing the vendors that the federal government has suggested should be subject to the fee.

SENATOR TITUS:

The original version of this bill used language "up to 35 cents" and the decision was to go for that maximum amount. Can you explain why that happened?

SENATOR HARRIS:

I did not participate in the regulatory process. However, the rate of 35 cents was based on a discussion between the SBH and the stakeholders. The process

was in compliance with Chapter 233B of the *Nevada Revised Statutes* (NRS). The SBH gave notice and provided an opportunity to comment. It is my understanding that the determination was based on the projected number of lines and the type of funding needed to implement this program.

SENATOR TITUS:

Originally, the bill required a two-thirds vote for passage because it imposed a new fee. Do you know why S.B. 237 is not a two-thirds bill? Do you think it is because the fee has been established and we are now clarifying who to charge?

CHAIR DOÑATE:

That is my understanding, but I will let Senator Harris respond. We can also request Legal Counsel to research and respond.

SENATOR HARRIS:

I would agree with Chair Doñate.

SENATOR TITUS:

We should establish why S.B. 237 does not require a two-thirds vote because it has a fee. The reason may have to do with changing an established fee, but Legal Counsel can clarify it for us.

CHAIR DOÑATE:

We will have Committee Counsel look into it.

SENATOR TITUS:

I appreciate this bill because the 988 line is critical. We were unaware of problems on who would pay the fee. It sounds like the 988 program has not been implemented the way it should have been.

LEA CASE (National Alliance on Mental Illness, Nevada Chapter):

We support S.B. 237. Since the original approval, our organization has worked on the regulatory process. It has been a long drawn-out process and we are happy to see some of these clarifications going into State law. We will continue to participate in the regulatory process.

MISTY GRIMMER (Cox Communications):

We appreciate Senator Harris having an open door to hear our concerns with the original draft of S.B. 237 and to make the requested amendments to this bill.

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Most notable was changing the bill to have the SBH, rather than the Public Utilities Commission of Nevada (PUC), manage the fee. Cable and internet companies are not regulated by the PUC, and we wish to remain out of that forum.

A temporary regulation will go into effect seven days from today and the funds will start being collected. Senate Bill 237 is still necessary to clarify the statute about the definitions of phone lines. Telecommunication law is varied and complicated. It is never as simple as saying the fee applies to a phone line. Our position remains constant; there should be a direct nexus between the tax collected and the service provided. The nexus for this bill is not exactly close. However, we recognize the Legislature and the federal government have already established this policy. Cox Communications also recognizes suicide prevention is a public health crisis. Funds simply must be found even if a more closely connected funding source is not available. For those reasons, we encourage the passage of this bill as amended.

FERGUS LAUGHRIDGE (Rural Regional Behavioral Health Policy Board):
We support S.B. 237.

RUSSELL ROWE (AT&T):
We want to express our gratitude to the bill sponsor for working with us on the mandatory language. We are neutral on S.B. 237.

MICHAEL HILLERBY (Charter Communications):
I will echo the comments of my colleague, Mr. Rowe. We are neutral on S.B. 237.

SENATOR HARRIS:
I want to thank the Committee for hearing this bill today. I encourage you to move as expeditiously as possible so we can fix the definitions.

CHAIR DOÑATE:
We will close the hearing on S.B. 237 and open the hearing on S.B. 297.

SENATE BILL 297: Provides for the establishment of the Nevada Memory Network. (BDR 40-298)

CHARLES DUARTE (Alzheimer's Association):

I am reading my testimony ([Exhibit D](#)) to present S.B. 297. I am presenting this bill with Dr. Peter Reed from the Sanford Center on Aging, University of Nevada, Reno (UNR). The bill proposes to expand memory assessment clinics, enhance the training of primary care providers to screen for dementia, and support those living with the disease, their families and caregivers after a diagnosis.

This bill was brought forward by the Interim Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. We are grateful to the Committee for bringing this bill forward. The diagnosis model on page 2 of [Exhibit D](#) consists of four components. I have included an infographic ([Exhibit E](#)) to show the system of care that S.B. 297 proposes.

The first part is a screening and referral from a primary care provider (PCP) to the memory assessment clinic. This part could be incorporated as a part of a Medicare annual wellness exam. Nevada needs more neurologists and geriatric specialists. Our State is one of 20 states considered a neurology desert. Given the lack of these specialists, we depend primarily on the PCP to do his or her best to diagnose the disease. It is important the patient is referred for differential diagnosis to memory clinics.

The second part is the memory assessment clinics. These clinics will have specialists including neurologists, neuropsychologists, geriatricians, and geriatric advanced practice nurses. These specialists are trained in diagnosing dementia and will work with patients and their care partners.

The third part of this is a handoff back to the PCP. A warm handoff will allow the clinics to provide a comprehensive person-centered care plan to the PCP. It will involve the patient and the care partner.

The fourth part is the dementia care navigators who provide care coordination. In addition, they provide referrals to community-based services meeting the needs of the patient and the care partner. The navigators have access to in-home care, monitor the wellbeing of the care partner and provide access to care partner support, such as respite.

We have five main goals for this proposal. The first is to improve the screening of Nevadans with memory loss with a sustainable annual wellness visit model.

The second is to establish memory assessment clinics in northern and southern Nevada. The clinics will work with both public schools of medicine, the Cleveland Clinic's Lou Ruvo Center for Brain Health (CCCBH) and Renown Neurology Institute. The third is to improve patient health outcomes through an early and accurate diagnosis and to support the needs of care partners. The fourth is to reduce the overall cost of care associated with the dementia diagnosis. The last goal is supported by oversight and evaluation of project performance and direct data collection for research.

Some statistics on Nevada and Alzheimer's are provided in the fact sheet ([Exhibit F](#)). Many studies have revealed an early diagnosis of dementia can change things for this population. It allows access to new treatments in the pipeline and gives someone in the early stages—or the mild cognitive impairment stage—an opportunity to be fully involved in their own care planning. Finally, early diagnosis with in-home support can delay unnecessary hospitalizations, as well as a nursing facility care. Early diagnosis will save the Medicaid program significant funds. In 2020, Nevada spent \$203 million on individuals with a dementia diagnosis. In the next two years, the number of diagnoses is expected to increase by 30 percent.

PETER REED (Director, Sanford Center on Aging, University of Nevada, Reno):
I am pleased to have this opportunity to share my support for [S.B. 297](#) and its proposal to establish the Nevada Memory Network. The impact of Alzheimer's disease and dementia is significant in Nevada, and it is rapidly growing. As noted in [Exhibit F](#), we expect a 30 percent increase in the number of Nevadans living with dementia between 2020 and 2025. This is the third fastest rate of increase in the Nation with as many as 64,000 Nevadans projected to be living with dementia.

It is imperative to develop a more robust capacity to identify people living with dementia and provide them with ongoing support. It starts with an early and accurate diagnosis. Many people, who may be living with dementia, do not have a diagnosis of the condition causing their symptoms. This is particularly true among people in the earlier stages. While there is no current treatment available to reverse the course of the major dementia-causing diseases, there are many benefits to receiving a diagnosis as early as possible.

Early diagnosis lets people directly participate in conversations and decisions regarding their future. It connects the patient and family with community-based

support and services to promote a higher quality of life. It allows access to medications that may reduce symptoms and increase quality of life. Finally, an accurate diagnosis may reduce the psychological distress of not knowing why cognitive changes are occurring.

Over the past decade, there has been extensive collaboration between Nevada's state agencies, universities and community-based organizations. Nevada has emerged as a national leader in dementia innovation for community-based support and services, professional education and risk reduction. In 2016, the federal Administration for Community Living awarded a grant to the Aging and Disability Services Division creating the Dementia Friendly Nevada program. This program is now led by the UNR School of Public Health's Dementia Engagement, Education and Research (DEER) program.

Robust professional education is happening Statewide through the U.S. Health Resources and Services Administration's Geriatrics Workforce Enhancement Program at UNR and the University of Nevada, Las Vegas (UNLV). The Division of Public and Behavioral Health received funding from the Centers for Disease Control and Prevention (CDC) for an initiative to partner with Dementia Friendly Nevada. The funding was used to raise awareness of dementia as a public health issue. Nevada has established a robust network of community support for people living with dementia and for their families. However, these resources are only helpful when someone knows they may need them.

Unfortunately, Nevada's healthcare system has lagged behind due to the lack of specialists who can provide comprehensive dementia assessments and diagnosis. In addition, primary care providers have a limited understanding on how to identify potential dementia and refer patients to appropriate specialists for a thorough assessment. To the extent that there is clinical capacity, it is not well integrated to help patients access the various services needed when facing this complex condition.

Senate Bill 297 will help to close the gap in healthcare services by establishing an integrated Statewide approach for identifying, diagnosing and supporting Nevadans living with dementia. Launching the Nevada Memory Network is designed to reach PCPs, as outlined in recommendation number four of the 2023-2024 Nevada State Plan to Address Alzheimer's Disease and Other Dementias ([Exhibit G](#)). In January 2023, this Plan was submitted to this Committee by the Nevada Task Force on Alzheimer's Disease.

We are leveraging partnerships between academic, clinical and community organizations, including the UNLV and UNR Schools of Medicine, Renown, the CCCBH, the Sanford Center on Aging, the DEER program and the Alzheimer's Association. This partnership is an integrated network to ensure all Nevadans are identified when they are experiencing changes in cognitive function. This population will receive a comprehensive assessment, an accurate diagnosis and a connection to support and community resources on an ongoing basis. The model we have outlined will be replicated in both northern and southern Nevada and extended to our rural communities by telehealth. The Nevada Memory Network will be a Statewide resource.

I look forward to UNR's Sanford Center on Aging and the School of Medicine aiding in the Nevada Memory Network's success. We will play a role in educating and training the PCP on effectively identifying people at risk. In turn, the PCP will refer them to the Network's memory assessment clinics for an accurate diagnosis. After a diagnosis is made, the Sanford Center will provide ongoing support and serve as a connector to all available community and clinical services.

When developed and launched, the Nevada Memory Network will fill a gap in our State's clinical services for dementia. It is a needed resource for our ongoing efforts to ensure high quality of life and well-being for all Nevadans, including those living with cognitive impairment.

SENATOR STONE:

Is the 30 percent increase in Nevada driven by the baby boomer generation?

MR. DUARTE:

Yes.

SENATOR STONE:

As part of the wellness checkup, is this going to include nurse practitioners and physician assistants? You mentioned telehealth in the rural areas, and we may not have a PCP to perform the exam.

MR. DUARTE:

For our purpose, a PCP includes participation of advanced practice nurses, physician assistants and other licensed professionals. It is not isolated to a

physician, but advanced nurse practitioners and physician assistants who serve in that capacity as a PCP.

SENATOR STONE:

The bill states the appropriation will be made to the Nevada System of Higher Education (NSHE) to support the establishment of the network. Can you tell me more about the budget and where the funding is coming from?

MR. DUARTE:

The funding would be managed by NHSE's Schools of Medicine to its academic partners, serving as the clinical hubs for the memory clinics. We included part-time clinicians, understanding it may be challenging to hire full-time neurologists at the salary level we would offer. Neurology practices specializing in dementia diagnostic work are not moneymakers. For example, the state of Georgia has a larger system and their funding is about \$7 million a year. These clinics are not breaking even and need to be subsidized.

When we projected the budget, we included a part-time clinician, a social worker, a medical assistant and care navigators at each clinical hub. We would need four care navigators to provide after-care support. We did project patient revenue. We estimated the number of patients seen with a 20 percent clinical member serving patients. Our projected clinical revenue in year two is slightly lower than the revenue for year three. Based on our projections, the costs are not offset by the revenue and it will need a subsidy amount.

I have submitted the projected budget ([Exhibit H](#)) to the Committee. We will hire a Statewide director by January 2024 and the clinical services would be established six months later. The Memory Care Network would be fully operational in fiscal year 2024-2025. This is a fiscally responsible budget, but it takes into consideration patient revenue generated primarily from Medicare services.

CHAIR DOÑATE:

You are correct. Section 2 of the bill shows the appropriation from the General Fund to NSHE for the administration of this program.

SENATOR TITUS:

It is frustrating that we discuss Alzheimer's disease with dementia. Dementia is just an umbrella term and there are many types of dementia, including drug-induced dementia. Dementia can be caused by a lot of things.

My concern with S.B. 297 is the plan to employ or contract with people to serve as community-based dementia care navigators. Is this a new provider type? Will you apply for a National Provider Identifier? Can you explain to me the process?

MR. REED:

A dementia care navigator is a conceptual title not a new licensed provider. The ideal candidate would likely be a social worker with a master's level social work degree and quite likely a licensed clinical social worker. The candidate would understand the network of available community resources. They receive the recommendations from the memory assessment clinic and in turn help families navigate the available resources.

SENATOR TITUS:

I am not familiar with this job title. Is it correct there is no such entity?

MR. REED:

In different programs around the Country, they have used the job title dementia care navigator. However, there is no specific provider type or licensed entity. It is essentially a social work specialty.

SENATOR TITUS:

As a PCP, I must fill out a medical record when I see a patient. Before finalizing the record, I do many mental checks on the patient. A PCP is doing a dementia surveillance on a patient already. As a long-term care medical director, I have been asked to perform a competency test on a patient. It is difficult to find a place to refer my patient to for treatment.

As you both mentioned, Nevada has a limited supply of neurologists I can refer the patient to for an early intervention or treatment. I can prescribe early Alzheimer's medications, but ideally the patient should be under the care of a neurologist. I am worried you will not be able to adequately staff the clinics. We do not have enough social workers now. You are already setting up a program that you have admitted you cannot stand up right now due to staffing. You are

budgeting for part-time employment. I support the concept but am concerned you are diluting the staff that we do not have already. I am concerned about the providers that you feel you are going to have when I do not think we have them.

MR. REED:

You are correct. There is a limited capacity for us to make a comprehensive assessment and diagnosis of dementia. This bill is proposing an integrated model approach to build hubs in both northern and southern Nevada. Currently, the neurologists in northern and southern Nevada have waiting lists for patients referred by their PCP for a comprehensive assessment. We hope to build a model where it would not be solely performed by the neurologist. We would develop this model to support the patients with a neuropsychologist who is able to do the comprehensive cognitive assessment. The results would inform the neurologist as well as the clinical social worker. The clinical social worker is looking at the life situation and psychosocial risk factors as it relates to the patient's whole life with Alzheimer's disease and other dementias.

We are going to create a specific integrated memory assessment hub and, over time, the hub team can be replicated. This is one of the interesting elements. In a clinical setting, there are certain services that are not billable. The assessments and work performed by a neurologist is billable. The assessments and work performed by a social worker to provide psychosocial assessments may not be billable as part of a hub team model. There is a need for leveraging both clinical, academic and community-based partners as well as financial support from the State for those elements that cannot be billed. Over time, we can recruit new neurologists. We will be hiring new social workers, rather than existing staff, to be a part of this team. We hope we can identify providers who are interested in moving to Nevada to deliver their services.

SENATOR TITUS:

It sounds great; however, I am realist. The bill states any unused funds on September 19, 2025, will return to the State. If you have not been able to make this work, then the funds will revert. Can you get this done in the upcoming biennium? I hope you can but am concerned. I am in favor conceptually of the policy, but I may have a different attitude when I am on the money side of this bill.

MR. REED:

We understand your concerns. We have had discussions with the medical director from CCCBH and with the only neurologist diagnosing dementia at Renown. They have the same concerns; there is only one person. But we need to start somewhere, and we have to bring forward a proposal to hopefully build a capacity.

Over a year ago, we met with representatives from Georgia. They started their program about four years ago. Georgia ran into the same issues. They had to convince clinical partners to be a part of this process and demonstrate an effective way for patients to flow through the practices and be referred to memory clinics. Staffing the memory clinics with positions needed to diagnose dementia took effort and time. However, Georgia has been successful. We hope to be able to replicate its program. We are motivated to achieve this capacity. It is for the 50,000 people currently living with dementia in Nevada and for those who do not have a diagnosis yet. We are aware of the hurdles, but we want the opportunity to address this issue. We need to increase our capacity to deal with patients who have dementia or will receive a dementia diagnosis.

CHAIR DOÑATE:

One potential recommendation is changing the employer contract for community-based dementia care navigators rather than creating a whole new subset. We could just say employ community health workers with specialized training in dementia. We can discuss it offline. There is a precedent and there are people who have the adequate training.

DARROL BROWN (United Veterans Legislative Council):

Our council represents all major veteran service organizations in Nevada and around 500,000 veterans and their families. We have a substantial amount of people supporting S.B. 297. It will provide excellent care whether you are a veteran or not. Many Nevadans served in the U.S. military and could be affected by this problem. It is something that sneaks up on you. This is a step forward to help Nevadans with dementia. When this bill is enacted, I hope they will look at the U.S. Department of Veterans Affairs and the State veterans homes in their memory care units.

ALEJANDRO RODRIGUEZ (Nevada System of Higher Education):

We support S.B. 297 and the opportunity for our schools of medicine to collaborate with partners on this important issue.

LEA CASE (Nevada Public Health Association):

We support S.B. 297. Dementia is a public health issue because the burden is large, the impact is major and the interventions can make a difference. Strengthening the dementia care workforce is a public health priority.

RUSSELL ROWE (University of Nevada, Las Vegas):

I am here on behalf of UNLV and its president, Dr. Keith Whitfield. Dr. Whitfield has a Ph.D. in Lifespan Developmental Psychology and has been studying cognitive aging for over 30 years. He is a member of the National Advisory Council on Aging for the National Institute on Aging. Over his career, most of the \$20 million earned in grant funding was for the study of health and cognitive aging in African Americans.

At UNLV, we have one of the most prominent researchers of clinical studies on Alzheimer's disease. Our faculty studies aging through our School of Medicine, Department of Brain Health and our partners at the CCCBH. We strongly support S.B. 297 and look forward to dedicating UNLV resources toward achieving the goals of this legislation.

NICHOLAS SCHNEIDER (Vegas Chamber):

We support S.B. 297. This bill brings our medical schools in the north and south into the fold to provide additional access to health care in a challenging specialization and provides additional opportunities for talent development. We urge your support.

DREW FRANKLIN (Cleveland Clinic, Lou Ruvo Center for Brain Health):

This bill will increase early diagnosis and treatment for patients with dementia. We support S.B. 297.

CINDY BROWN (Coalition for Patient Rights):

I was unaware this bill would be heard before the "mushroom bill." Mushrooms will help with dementia. My husband is suffering from dementia from a series of small strokes. He used to be unable to drive and follow the instructions on a GPS. In part due to mushrooms, he can do that again. The other part is following Dr. Dale Bredesen's protocol. Dr. Bredesen has a book on reversing Alzheimer's. I would recommend the Committee read his book. I am in support of this bill.

JULIE MONTEIRO (Coalition for Patient Rights; Compassion Center):

We support S.B. 297. Dementia and Alzheimer's are severe conditions. I agree with earlier testimony, it is advancing and we cannot wait. My mother had Alzheimer's and we had to decide if she should receive care in Nevada or California. There are more services available in California, but it is necessary to have a support system and screenings. I commend you for hearing this bill because it is necessary to address dementia and Alzheimer's. Whether you realize it or not, you, a family member or someone you know will come down with dementia. It is a fact, and the State needs to start making preparations. If needed, our organization is available to assist and research.

P.J. BELANGER (Coalition for Patient Rights):

The Nevada Memory Network is needed. I am 60 years old and have been battling autoimmune diseases my whole life. If we do not have these services implemented, people like me will slip through the cracks. A lot of people are aging and are trying to get alternative choices in medical freedom. It is important we pass this bill. We also need to look at what Ms. Brown testified about options for memory care.

JAMES GARVEY (Las Vegas Psychedelic Society):

I support S.B. 297.

AARON CROUSE (Sierra Psychedelic Society):

I am here to represent people and their families dealing with dementia and Alzheimer's. In early 2000 after many doctor visits and a minor stroke, my grandfather was diagnosed with Alzheimer's. The options for the care he needed did not look good. I became his caregiver for the last four months of his life, because there were not a lot of resources available. Caring for him was a unique experience for my grandfather and our family. It was not until he received hospice care that we received an education on Alzheimer's. The hospice workers were able to inform us on what was happening, and it did help our family. Had the knowledge or resources been given earlier, our experience would have been different for everyone involved.

A few years later, my grandmother on my other side spent four or five years going through something that was not diagnosed until after she passed away. The results of her autopsy showed she had Lewy body dementia. She was a lifelong resident of Clark County. After many different treatments and doctors, the only thing that gave her peace was acupuncture. If there was more

assistance and resources, it would have made the experience better for everybody involved.

MR. DUARTE:

We are grateful for the opportunity to present S.B. 297. We appear today on behalf of people living with dementia and their families and caregivers and our partners who helped put this proposal together.

CHAIR DOÑATE:

We will close the hearing on S.B. 297 and move on to the last item, S.B. 242.

SENATE BILL 242: Revises provisions relating to certain controlled substances.
(BDR 40-39)

SENATOR ROCHELLE T. NGUYEN (Senatorial District No. 3):

I am here today to present S.B. 242. I think this is the first time we have discussed this topic in the State. I see that we have people in the overflow room in Carson City, as well as in this room, which is packed. It appears we have about 40 people in Las Vegas to testify on this bill. If I could just get a show of hands for those who are a first-time voter or a first-time participant in the Legislative process. It brings me joy, as a legislator, that people are participating in the Legislative process. These are people who want to see change.

I always start with how this idea became S.B. 242. Similar to my other bills, this one came from the communities I serve. It started with a toy exchange on my social media page, when I posted an offer to give toys away. My neighbor, Dr. Shaily Jain, responded and when she came over, we began to chat. She asked if I was the same person as on the ballot. I replied yes. At the time of the conversation, I was serving in the Assembly. I asked her about her profession and found out she is a psychiatrist.

I informed her I had recently read a book by Michael Pollan about psychedelics and mushrooms. Dr. Jain said she was interested in that research and offered to work with me to move legislation on this topic. She said it is in line with the science and current research. This conversation is what turned into S.B. 242. I have with me today, Keira Fincher, an intern and student at UNR.

KEIRA FINCHER (Intern to Senator Nguyen):

I am a Nevada legislative intern from UNR. I am here to discuss the use of the controlled substances, psilocybin and psilocin. They are naturally obtained substances from certain types of fresh and dried mushrooms. I have with me Assemblyman Max Carter, Dr. Dustin Hines, Dr. Rochelle Hines, Bruno Moya and Eduardo Martinez.

The Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, nearly halted all research in the U.S. regarding the effects of hallucinogens on people. In 2000, the Food and Drug Administration (FDA) approved scientists to study psilocybin and psilocin. Since this approval, states across the U.S. have begun to research the effects and benefits of this substance. Oregon became the first state to legalize the adult use of the naturally occurring substance. As of 2020, Oregon allowed supervised studies to use these substances to counter depression and post-traumatic stress disorder (PTSD). In 2021, Texas passed legislation authorizing the study of psilocybin. Colorado's Natural Medicine Health Act of 2022 allowed for the use of psilocybin at state-regulated healing centers under the supervision of trained professionals.

Senate Bill 242 protects and promotes the health, welfare and safety of Nevadans. It will allow for the same vital research in our State. We are facing a multifactor mental health crisis. Despite advances in medicine and efforts to broaden care, Nevada is still facing alarming rates of suicide and a stalemate in the types of mental health services we can legally offer. Increased availability of mental health providers has been shown to be helpful in reducing suicide. As of 2021, our State, in general, and our rural communities, in particular, have a severe lack of providers. Suicide is a leading cause of death for Nevadans; we are eighth in the Country. It is the second leading cause of death for Nevadans between the ages of 15 and 24.

As of 2020, Nevada veterans die by suicide at a rate of 47.5 per 100,000 of the veteran population. The suicide rate for veterans was 57.3 percent higher than for nonveteran adults. Many veterans and first responders spend years cycling through various mental health providers and treatments because they cannot find a treatment that works. Many groups have stepped in to provide access to this critical substance by flying veterans to Latin America where it is legal to use psilocybin. These groups create hope to rebuild the community of veterans who are trying to overcome their military trauma. One group is the

Heroic Hearts Project, which was created by former Army Ranger Jesse Gould. This group sets up retreats in Latin America where veterans can access psilocybin.

Another group, Veterans Exploring Treatment Solutions, was started by former Navy Seal Marcus Capone. This group creates access to psilocybin and other natural medicines to aid in overcoming military trauma. These two groups and other organizations recognize the value of these substances and have dedicated themselves to ending the increasing veteran suicide rate. They provide supervised access to psilocybin and research into its benefits. It is the same mindset that helps Nevada veterans, former law enforcement officers, other first responders and adults over the age of 21.

Therapeutic uses of psilocybin and psilocin is recognized worldwide as a promising substitute for existing minimal medications used to treat mental health conditions. As a breakthrough therapy designated by the FDA, these substances are proven to be effective in helping with depression and PTSD. As the validity of this research is finalized, psilocybin should not be grouped with cocaine, fentanyl or any other Schedule I drugs listed by the U.S. Drug Enforcement Agency (DEA). It is critical that Nevadans are protected from prosecution for exploring solutions that work for them. Senate Bill 242 is doing what others like Texas, Oregon, Colorado, Washtenaw County in Michigan, and multiple cities in Massachusetts and Washington have already done. They have opened the door for more treatment options that work.

ASSEMBLYMAN MAX CARTER (Assembly District No. 12):

I met with Senator Nguyen, and, as she described this bill, I realized she was referring to my psychiatrist, Dr. Jain. A lot of people know my story because I am very open. I struggle with chronic depression and have experienced firsthand side effects associated with mainstream antidepressants. The only real medicine that I ever had was my wife of 30 years. She was a stabilizing influence that I did not know I needed until she was gone. When my wife died traumatically six years ago, it amplified and intensified my underlying depression and layered complex PTSD. Since two weeks after her accident, I have been working with a therapist.

Looking back, I can see several plateaus in the last six years where I thought I was fine. However, these plateaus were resting spots until I moved to the next stage. Recovery applies to everything including mental health, grief, trauma and

addiction. It is all the same and recovering from traumatic episodes in our lives takes work. The most recent plateau, or step in my recovery, has been ketamine therapy. My psychiatrist, Dr. Jain, uses this FDA-approved psychedelic as an aid in her treatment for major depressive disorder. The sessions occur in her office under direct supervision and the effects have been transformational for me. It helps to release me from the “woulda, coulda, shouldas” that are fostered in depressive episodes.

This bill is about psilocybin and its therapeutic uses. It is my understanding that ketamine therapy is of short duration. It is arguable whether it is a psychedelic or a dissociative. It does work and has good short-term antidepressive qualities. It is a breakthrough towards building trust for other substances. As studies have shown, psilocybin is more powerful. I have gone through eight or nine ketamine sessions; in comparison, it probably would have been one or two psilocybin sessions. The effect of ketamine is measured in weeks and months, but the lingering effect of psilocybin is measured in months and years. This is why we need to consider this bill for our State. We have veterans, active duty soldiers, first responders and common people seeking and benefiting from psilocybin therapy. Unfortunately, it is happening in the shadows. This is the first step towards bringing this promising therapy into the light where it belongs.

SENATOR NGUYEN:

I would like to turn this over to Dr. Dustin Hines and Dr. Rochelle Hines. We talk a lot about research taking place in other schools like Ohio State University, Johns Hopkins University School of Medicine or Imperial College London. Part of my motivation for this bill are these two UNLV professors. They will be presenting the science behind these substances and how it works. They will also present the opportunities for research needed to be proactive in dealing with this area.

DUSTIN HINES (Assistant Professor, University of Nevada, Las Vegas):

I am an assistant professor at UNLV, and I have a Ph.D. in neuroscience. I have over 20 years studying the brain. My passion has always been to find more effective therapies for mental health disorders because there have not been new improvements since the 1960s or 1970s.

ROCHELLE HINES (Associate Professor, University of Nevada, Las Vegas):

I am an associate professor at UNLV, and I have a Ph.D. in neuroscience. I have over 20 years of experience studying the way the brain communicates through

chemical neurotransmitters and how substances act on the brain. My colleague and I operate a lab that studies the effects of substances with therapeutic potential. We operate this lab using DEA researcher registrations. Our work is published in some of the top journals in our field. We are both highly cited researchers with thousands of citations of our work. Based on this experience, we bring this bill for your consideration today.

MR. HINES:

It is well known that Nevada is facing a mental health crisis. We are nearly double the national average for suicide. Suicide is the second leading cause of death for people between the ages of 10 and 34. This is not something to be proud of.

We can be proud of the over 200,000 veterans in the State, but we need to improve their mental health care. We need to address common ailments like PTSD and Operator Syndrome. The State needs to provide a better quality of life and decrease the risk of death by suicide.

As a scientist with a career that is focused almost solely on innovation for mental health, depression is a lethal disease. We are here to speak about the growing body of evidence suggesting psilocybin, other psychedelics and the compounds within psilocybin, specifically magic mushrooms, have the potential to be safe and effective treatments for mental health conditions, including PTSD.

MS. HINES:

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

A recent *New England Journal of Medicine* article demonstrated that a single moderate dose of psilocybin, and psychological support, provided significant relief of treatment-resistant depression symptoms for at least three weeks. It is worth noting that these patients had tried at least three other therapies with no relief from their symptoms. Another study published in the *Journal of Psychopharmacology* found that psilocybin-assisted therapy was more effective than conventional treatments for smoking cessation. An article in the *Journal of*

the American Medical Association found that after psilocybin-assisted therapy, heavy drinking days were significantly reduced for patients with alcohol use disorder.

MR. HINES:

We are beginning to understand how psilocybin works. We have connections in our brain, called synapses, and plasticity is the activity of putting synapses together. Plasticity is regulated past development, meaning it is hard to get new synapses to form all the time. Psilocybin may promote what is known as a neural plasticity. A recent study published in *Neuropharmacology* found it created a new type of synapses called filopodia. We are researching psilocybin and other psychedelics in our lab. We can show areas of the brain that are important to be connected or reconnected in disorders of mental health. These compounds are highly effective.

MS. HINES:

Some may be concerned about the potential abuse of psilocybin; studies have shown the potential is quite low. Evidence suggests psilocybin may be effective in treating the abuse of other substances like alcohol and nicotine. Other epidemiological studies show lifetime psilocybin use was associated with lower odds of opioid use disorder. Research shows that psilocybin has a wide therapeutic window with little to no toxic effect on the body or brain. It is important to note that psilocybin has been used safely by experienced and skilled practitioners of traditional medicine in multiple cultures for millennia. Recent major national surveys also indicate low rates of abuse, treatment seeking and reported harm resulting from psilocybin use.

MR. HINES:

Given the growing body of evidence, supporting the safety and efficacy of psilocybin, we urge you to consider this bill. Doing so will provide a path for new potentially effective treatments and put Nevada at the forefront of this type of treatment and research. This is an important bill to improve mental health for Nevadans.

SENATOR NGUYEN:

I appreciate this Committee's indulgence, because it is the first time we have discussed this topic. It is important to see the different aspects of how impactful this legislation would be. I would like to have Bruno Moya and Eduardo Martinez testify on their perspectives.

BRUNO MOYA (Nevada Coalition for Psychedelic Medicines):

I am a U.S. Marine Corps veteran of the Iraq War and a Nevada social worker since 1989. I hope to educate and encourage those who may not be open to unusual mental health treatments. Psilocybin has changed my life and the lives of many veterans. In 2008, I decided to take a leap of faith and try psychedelics. I am currently in a foreign program for psychedelic therapy where we have academic and tribal teachers from Dr. Robin Carhart-Harris from the Imperial College London to Dr. Torsten Passie, a leading researcher and psychiatrist in psychedelic therapy.

That first experience changed my life. I would compare it to stuffing years of therapy into one night. This treatment allows me to look and explore areas in my life causing the deepest wounds and hindering me from having a fulfilled life. Growing up in a border town in Mexico and experiencing trauma from war, caused me not to feel but to go through the motions. After my experience with psilocybin, my inability to feel was washed away. When I came home after my treatment, I felt like I had finally come home.

In 2003, my unit took the southeast side of Baghdad, Iraq, where the Defense Ministry was located. Upon arrival, we began to take heavy fire but, in the end, we captured the Defense Ministry. This victory came at a cost of many civilian lives as families attempted to escape the city and were caught in the crossfire. I remember one family made a wrong turn and drove straight into our line of fire. To this day, I cannot forget them.

After leaving the marines, I had difficulty settling down. I was emotionally numb and hypervigilant. My first experience of psychedelics changed me. Although my PTSD symptoms are not entirely gone, my relationship with my wife and daughters has improved.

I had to travel outside of the Country to get treatment. It is untenable for someone suffering from a debilitating mental health issue to travel out of the Country. It requires them to update their passport, buy a plane ticket and travel to another country to get help. We have the power to offer help in our State if S.B. 242 is passed. Other states are changing policy on psychedelics, and we should not be the last one to change.

The compounds are not drugs but are medicine. The veteran, first responder, medical and police department communities experience a lot of a trauma to

keep us safe. At the same time, the substances providing the most significant positive results are illegal but are some of the safest. This bill will allow the study of psilocybin containing 3,4-methylenedioxy-methamphetamine (MDMA) and mushrooms. These are substances that have the potential to heal our veterans and allow them to finally come home.

Decriminalizing psilocybin to the proposed amounts may sound like a big gamble, but science tells us this substance is safe. It is not addictive and no known overdose quantities have been found. For most people, one time is all that is needed. It is safer than alcohol, which has zero medicinal use.

This bill would designate a working group of 12 Nevada residents who will advise the State on its findings. Senate Bill 242 aims to allow members of our community struggling with severe mental health to use a substance with significant potential to heal their wounds. I work with veterans daily and my wife is a trauma nurse. I am familiar with the dire situations of our veterans, police, first responders and medical professionals and what they deal with. My study with PTSD and moral injury has led me to understand psychedelics have the best long-term positive effects. As a social worker, I am in the trenches every day. Psychedelics are not part of the problem that people suffer from.

I urge this Committee to pass this bill. It takes courage to make real change. With our current state standings on mental health treatment and access, this bill would change that for so many.

EDUARDO MARTINEZ (Decriminalize Nature Nevada):

I am here as a lobbyist and a Marine Corps veteran. In 2012, I served in Afghanistan and over the past seven years, I have worked for the Nevada veterans community. Before I start my testimony, I want to ask a question. Is it a crime for an individual to want to heal themselves?

Over the past decade, as awareness of suicide among veterans grows, so does the awareness of the ongoing mental health epidemic in our State. The isolation caused by the COVID-19 pandemic and the increased tensions between law enforcement and the public has pushed many Nevadans to the edge. According to the CDC, 603 Nevadans committed suicide in 2020, 642 in 2019 and 657 in 2018. This is a rate of nearly two Nevadans a day. They are veterans, former law enforcement, firefighters, front line healthcare workers and everyday Nevadans. They have left behind devastated families, neighbors and colleagues.

We do not discuss how many of these individuals avoided this tragic fate because of something they found like a church, a volunteer project or other community involvement. Others have benefited from psilocybin that we are discussing in this bill.

As a State, we have taken the initiative to address the challenge of mental health. We created the Nevada Office of Suicide Prevention. We also initiated participation with the Governor's Challenge to Prevent Suicide and the Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. These projects intend to prevent suicide in our State by helping to connect Nevadans in need of mental health resources. Our community leaders, faith leaders and community coalitions tell us to seek help, but the help is months away. If you are lucky enough to get an appointment, you are hoping the therapist can truly help you get better. For those that cannot afford a therapist or cannot make an appointment, they have taken a step back and feel misled. It pushes them down a path of developing additional mental health problems. They will turn towards alcohol, unleash their anxiety and frustration on their families or turn to illicit drugs for relief. Senate Bill 242 can change this.

The existing law states that psilocybin is a Schedule I substance with a high potential for abuse and no accepted medical use. After 20 years of research, we know this is not the case. We want to work with our law enforcement community to maintain public safety. We have heard criticism that people are self-medicating in an unsafe manner. The reality is, even without psilocybin, many are attempting to self-medicate within our current laws. Unfortunately, it is okay to self-medicate with alcohol, gambling or antidepressants. Somehow our State has created a perverse incentive for veterans, law enforcement officers and everyday Nevadans to believe it is better to turn to alcohol than using a natural medicine that is nonaddictive and is safe to use.

Are there risks associated with psilocybin? The answer is yes, but like anything else it is a substance that should be used responsibly. Due to our laws, communities lack an understanding of it because the most knowledgeable people on this topic fear prosecution. If you were to adopt S.B. 242, the greatest beneficiaries are our veterans, law enforcement officers and everyday Nevadans over the age of 21.

Our colleagues in the law enforcement community will tell us that changing the existing laws increases the danger for our officers. We disagree with this

statement because it has not been the case in other jurisdictions with reduced prosecutable penalties associated with psilocybin. We support our brave law enforcement officers for the risk and dangers they take on. We also recognize that they, like our veterans, are susceptible to developing PTSD, anxiety and depression. We ask our law enforcement agencies how many officer suicides are too many? How many lawsuits for wrongful death or injury are preventable? How long will our law enforcement agencies ask our officers to turn to alcohol instead of psilocybin?

We ask for your support on S.B. 242. We ask for your help in desensitizing mental health and to stop prosecuting our heroes.

SENATOR NGUYEN:

There is a stigma around mental health, especially for our first responders, veterans and law enforcement officers. These are the people we call when we need help. They are not used to asking for help, but we do hear them. We hear their calls for help and know that S.B. 242 will help them. Veterans, law enforcement, first responders and all Nevadans deserve the right to explore treatment options in the safety of their own homes. We want to reduce the prosecution of people who wish to heal themselves and protect those who protect us. It is the least we can do.

CHAIR DOÑATE:

Although I was not alive in the 1980s, we still see the ramifications of the War on Drugs. We have forbidden our researchers to understand what this process could entail, and it has persisted for generations. In the same breath, this has been available in cultures longer than any of us have been alive. As people in public health, it is our due diligence to ensure we have the precautions in place and can monitor it from a clinical setting. Can you go over the proposed amendment ([Exhibit I](#)) regarding the criminal penalties?

SENATOR NGUYEN:

I did want to bring up the failure of the War on Drugs. It has failed on the classification of how we look at drugs. In the interim, I am a criminal defense attorney, so I know firsthand the disproportionate treatment we have with drugs. It is important to address the criminal penalties and the criminal provisions regarding the simple possession of mushrooms.

Per NRS 453.336, if you have possession, even for personal use, it is punishable as a Category B felony. It carries with it one to ten years in prison and a fine of not more than \$50,000. It is the same penalty for possession of 28 grams of mushrooms as 28 grams of fentanyl. Anyone who knows about fentanyl knows 28 grams of fentanyl is not the equivalent of 28 grams of mushrooms. Yet in our law, they are treated as the same.

For people unfamiliar with the criminal justice system, Category A felonies are at the top. Examples are murder, rape, child molestation, et cetera. Category B felonies are just below these crimes. It is the most disproportionate penalty and punishment for this type of possession, and it is problematic. Possessing twenty-eight grams of methamphetamine, mushrooms, fentanyl or heroin are not the same. It is important have a distinction because of these differences.

I did include the study in this bill because of everything we have heard today. We need to be at the forefront of that study. If you talk to the two Dr. Hines, they will tell you this is potentially putting Nevada at the forefront of this kind of bio research not only in this Country but in the world. I would love for people to come to Nevada to work on cutting-edge research on addiction, PTSD and depression. We are hearing about research studies on brain repairs after strokes and many other things. I am sure there are people who will testify in different areas.

In summary, it is important to include the proposed amendment because there is a difference between 28 grams of mushrooms and 28 grams of fentanyl. The amendment addresses it.

CHAIR DOÑATE:

I have a question for Dr. Hines. Has there been a request for a proposal from the National Institutes of Health? Has the grant process become more prevalent over the years? Given the current law, are you forbidden from applying? What is the perspective from the researchers?

MR. HINES:

About two years ago, most grants for this subject would probably be denied. In the last year, there has been a tsunami of people putting in for grants. People are now understanding these compounds change lives. Part of the understanding is due to the Multidisciplinary Association for Psychedelic Studies and the Hopkins studies. This is becoming the new mental health area because

we have not had any solutions for 40 years. There are all kinds of novel things we are understanding.

SENATOR STONE:

I am a pharmacist and one of our specialties was making topical, oral and injectable ketamine. We did see some significant responses. I want to thank our veterans for being here today. I have seen the evidence of what some of the hallucinogens can do when it comes to depression, alcohol cessation, drug addiction and PTSD. As I recall, psilocybin mimics the effects of serotonin. It tends to cause explosive neuronal activity to reach certain areas of the brain that conventional medications do not. Dr. Hines, can you comment on your research? Is that still the way it works?

MS. HINES:

These drugs all have a common mechanism of action targeting a specific type of serotonin receptor. The name of the receptor called 5-HT_{2A} receptor, which is another way to say serotonin. It has been shown that after using a psychedelic, there is an increased functional connectivity in the brain. Regions of the brain cordoned off from communicating with other regions are now interconnected again. Our research is to look at animal models and we can see physical changes in the structure of neurons and the connections that they form with other neurons. Although research has been difficult in acquiring a DEA license, we have been able to do some of this research and uncover some of these mechanisms ourselves. These substances have a powerful effect on brain connectivity.

SENATOR STONE:

Senator Titus and I come to the table with years of experience. The first thing I want to discuss is the inconsistencies with the scheduling of drugs. It is difficult to believe that marijuana is still considered a Schedule I drug. I do not think there is any question about the effects of marijuana. I was one of the earliest proponents of medical marijuana when I was an elected official in California. The DEA defines marijuana as having no medicinal value, but the FDA has approved Marinol which has a THC derivative. Since it is on the Schedule I list, it does not allow for research and development to further identify the utilization of THC for a number of things like medical wasting, et cetera.

Psilocybin has the same issue. I appreciate that we have some researchers working on this. Despite the numerous documentaries and books, psilocybin has medical benefits. The federal government needs to review the rescheduling of these drugs so we can do the appropriate research and development on them. The common theme we have heard today is the treatments are medically supervised.

When we first came out with the legalization of marijuana, it required a prescription from a doctor. We wanted to monitor marijuana prior to making it legal without any physician oversight. We are analyzing all the potential side effects of drug interactions. We have significantly progressed over the years, and it is now legal without a prescription and can be used recreationally. I have no problem with what is proposed; to study it and report back to us. My concern is someone not familiar with magic mushrooms. What if a young child gets their hands on it? If we make it quasi-legal, are we going to encounter some quality control issues that we discussed earlier?

I agree with Senator Nguyen that 12 grams of fentanyl is not equivalent to 12 grams of magic mushrooms. It is apples and oranges when it comes to a lethal dose. Twelve grams of fentanyl will kill a lot of people, but the same amount of magic mushrooms will not. However, the research has shown psilocybin has little abuse. It is difficult to become physically addicted, but you could become mentally addicted to it. The risk of long-term side effects is more associated with a drug like LSD to have dangerous flashbacks. It is not something that is reminiscent with this drug.

My concern is quality control. There are many varieties of mushrooms that have this ingredient in them. We also have a variety of mushrooms that have significant toxicity which can damage your liver, heart, kidneys or cost your life. I am worried, if we open the floodgates quickly, cartels will sell mushrooms that can cause harm. I appreciate your compelling testimonies and agree traditional medications have not always been effective. I am also aware of the suicide rate in Nevada. The suicide rate in veterans is alarming. We need to mitigate the problem. Psilocybin can help with PTSD and help some of our veterans. I am all in favor of it.

In summary, psilocybin has a place in our medical resources to treat conditions that we have not been able to treat historically. If a medical doctor or psychobiologist Ph.D. is involved in treating patients, there should not be any

criminal penalties. We need a framework to ensure quality control. People would need to know that you cannot drink alcohol while taking psilocybin. They would need to know family or friends need to be present when taking the first dose of psilocybin. The side effects can be unpredictable and produce powerful hallucinations. Neurons are exploding in the brain and reaching areas that traditional pharmacological agents have not been able to reach. I look forward to continuing this discussion with you. There are many people that can benefit from this drug. I just hope we can do it in the right way.

SENATOR NGUYEN:

I welcome a more expansive program. In some of the places that brought about this type of legislation, it came through ballot initiatives rather than through legislators. People are speaking out about their desire to legalize psilocybin. It passed overwhelmingly in two states that had it on their ballots. That tells us that the public wants this. Unfortunately, we had to wait for the public to tell us about marijuana. It is interesting how far we have come in the last ten or even five years. This is one of the reasons I wanted to bring this legislation forward. I wanted Legislators to lead the conversation.

This bill does not completely decriminalize psilocybin. Other states, like Colorado and Oregon, already decriminalized mushrooms completely. It allowed them to create treatment programs to help people in need.

In part, S.B. 242 will allow psilocybin to be studied. We need to allow people to possess it. We are walking a fine line because, federally, it is a Schedule I drug. It is also a Schedule I drug in Nevada. It is an attempt to compromise, but also bring some common sense. There is a difference between 28 grams of mushrooms and 28 grams of fentanyl. Our laws should reflect this difference. I look forward to working with you.

SENATOR TITUS:

I do appreciate you bringing this bill forward because we need a discussion about psilocybin. Preventing the study or research into drugs available for some time needs to stop. I have some questions on the actual bill rather than the proposed amendment. You did raise the age to 21. Would that be the age allowed under the research category or is it only for possession?

SENATOR NGUYEN:

Our intention is age 21 across the board.

SENATOR TITUS:

I have a large Native American population in my district, and they use peyote mescaline. This bill does not address it. Is there any thought on the use of peyote? Dr. Hines, are there any studies on the use of peyote as another resource?

MR. HINES:

We have looked at almost every psychedelic and have looked at mescaline extensively. We are working on a paper to inform the public that every psychedelic is different and will likely treat different ailments. Mescaline, the main active ingredient in peyote, seems to be good for alcohol use disorder. Please note, this is all preclinical data. There are some psychedelics that have rapid rise time and are not favorable for people with anxiety. Mescaline is good for alcohol use disorder and may work for those with anxiety disorders.

SENATOR TITUS:

I have concerns about impairment. I want to acknowledge the majority of people appearing in Las Vegas and Carson City have never attended a Legislative hearing, but are passionate enough about this to show up. We do need to think forward in this State. I want to have further discussions with Senator Nguyen on S.B. 242. We need to get past the archaic concepts about drugs in general. How can we study them if we do not have access to them?

SENATOR NGUYEN:

I am glad we are having these conversations because we can come up with solutions that make sense. My attempts at crafting this amendment on possession is a commonsense thing. We need to get to a place where we are not treating fentanyl and mushrooms in the same breath. They should not carry the same potential one-to-ten-year penalty. I appreciate these conversations and know we will continue to have them.

SENATOR DOÑATE:

I will invite law enforcement officials forward to answer a few questions. It is my understanding that there are not a lot of arrests for psilocybin. Do you collect data on this or has there been a conversation on it?

JASON WALKER (Washoe County Sheriff's Office):

We do not have many mushroom arrests. The cursory data I was able to gather revealed that four times last year we encountered large amounts of mushrooms.

We do not run into small amounts of mushrooms. We generally run into 3.1 pounds. In Washoe County, when we do run into mushrooms, it is generally with other drugs.

BETH SCHMIDT (Las Vegas Metropolitan Police Department):

Our narcotics section, or the main section encountering psilocybin, impounded 29 pounds of dried psilocybin last year. It is our understanding 0.01 to 0.05 is the average dose. If this average is incorrect, I would ask the doctors from UNLV to provide the correct information.

MR. HINES:

Dosing can be confusing because there are all kinds of conversions between ounces and grams. The average dose would be one-sixteenth of an ounce, which is about 1.75 to 2 grams. A massive dose would be about 5 grams and microdosing is about 0.1 of a gram or 100 micrograms.

Ms. SCHMIDT:

Considering the average dose is 1.75 to 2 grams, and we recovered 29 pounds, or 13,000 grams, it is concerning. We are researching the data on the amount recovered from a street arrest and they have a small amount of psilocybin. I am uncertain if our patrol officers would necessarily know what they are looking at when it is a small amount. The most concerning thing is with fentanyl use; we are seeing a recreational increase in psilocybin. We are seeing an increase in its use at nightclubs and at large music events.

To give you some perspective, last year Las Vegas had a large multiday music event, and we made 19 arrests for narcotics and impounded 437 grams of psilocybin. Our narcotics section is seeing a market for psilocybin. This market is driving the production or the sale of it. The 29 pounds recovered were predominantly from the narcotic section's search warrants. When they are performing a search, they find other drugs present.

CHAIR DOÑATE:

In your example of the music festival, are the individuals only carrying psilocybin or are they carrying other substances as well?

MR. WALKER:

We have run into both situations.

Ms. SCHMIDT:

Our narcotics detectives are seeing multiple drugs and they were unable to break it down from that large event.

The Las Vegas Metropolitan Police Department (LVMPD) has an overdose squad. This squad will go out on fentanyl overdose deaths. Last year, they recovered 6,700 grams of psilocybin at the scenes. The fentanyl, not the psilocybin, caused the overdose, but we did find it at the scenes.

CHAIR DOÑATE:

Can you talk about the wellness programs for your officers?

Ms. SCHMIDT:

Sheriff Kevin McMahill has the wellness program as a top priority. We need to take care of our officers, emergency medical technicians (EMT) and our firefighters. If we want them to take care of our community and address the issues of homelessness, mental illness and addiction, then we must focus on them. The reality is, since it is prohibited at the federal level, our officers are not allowed to use marijuana or psilocybin. As a result, there is no opportunity for our officers. We are looking at data-driven, peer-reviewed programs for all of our employees.

We do not disagree about the potential benefits of psilocybin, and the research will benefit Nevada by looking at other states. The reality is the LVMPD's Wellness Program cannot allow its employees to have access to psilocybin.

MR. WALKER:

Officer wellness is top priority, and we have peer groups working shoulder to shoulder on the patrol calls. We also staff licensed clinical social workers (LCSW). They are available to the officers 24 hours a day. The stigma of getting help is in the past and we do reach out to a LCSW. We are only as good as we are good.

Ms. SCHMIDT:

I would like to echo my colleague. When I started my career, we never talked about mental health or being afraid. We never talked about trauma or PTSD. It is a welcome change to be in an industry that now does talk about it. Mental health care is free to us and everyone who lives in the officer's home. It is the value of care for our officers.

SENATOR STONE:

Are you aware of any specific call where there was a psychotic episode related to psilocybin or any other hallucinogens?

MS. SCHMIDT:

The *Las Vegas Review-Journal* published an article recently. We had an unfortunate event a couple of weeks ago involving a young man at a Las Vegas hospital. He had a gunshot wound to his face and, by his own admission, he was high on mushrooms, the street name for psilocybin. Tragically, our investigation revealed he had shot and stabbed his friend. Today he is sitting in jail and is accused of open murder. It is likely that recreational use of psilocybin played a role in this tragic crime. Now two families are without their sons. It is incredibly tragic, and it concerns us.

SENATOR STONE:

It worries me as well. Youngsters may not understand the power of some of these medications.

MR. WALKER:

We respond to mental health calls all day long. However, I cannot attribute it specifically to psilocybin.

CHAIR DOÑATE:

We do understand cases like the one referenced in the article, but we also see violent encounters with alcohol. We understand, through the studies published over the years, controlling the narrative as to what is appropriate and what is not. I appreciate you for coming forward.

BRYAN LANG:

My lifetime work is in medical and psychiatric quality improvement. How do we do a better job of healing? This is my fifteenth year of working in psychedelic harm reduction, promising new psychotherapeutic compounds and therapies, and training development for law enforcement, mental health professionals, physicians, EMTs, first responders and consumers. I am the co-author of the *Mandated Evaluation Report* for the Denver Psilocybin Mushroom Initiative. Psilocybin has been used for over 9,000 years. There are three confirmed deaths due to toxicity of psilocybin.

The FDA granted psilocybin breakthrough status and safety toxicity issues have been cleared. It is expected to be approved for therapeutic use in 2024. Australia just legalized it for therapeutic use. Five hundred years ago, the Swiss physician Paracelsus said, "the dosage makes it either a poison or a remedy." Nearly 500 deaths occur annually in the U.S. from acetaminophen. The CDC reported over 140,000 alcohol-related deaths annually, with no FDA clinical trials to assess medical benefits. A 2022 study of psilocybin revealed that of the 9,233 users, 19 sought emergency care. All but one returned to normal after 24 hours.

A 2010 *United Kingdom Drug Harms* report rated some substances relative to their harm of use to self and others. Psilocybin was rated sixth out of 100. For the same report, tobacco was rated number 26, methamphetamine 33, heroin 55 and alcohol 72. The last one is 12 times the relative harm to self and others. The lethal dosage of psilocybin is about 22 pounds of fresh or 2.2 pounds dried. It would not go well for anyone to eat 22 pounds of mushrooms.

Earlier testimony talked about the increase in recreational use. Dried mushrooms are easy to see whether they are contaminated or not. The only reports of contamination of mushrooms we have seen have been in capsules from the dark net. Eating mushrooms is safer than the powdered substances.

CHAIR DOÑATE:

Thank you for your comments. You can submit your additional testimony to the Committee staff.

GREG REA (Nevada Coalition for Psychedelic Medicines):

We are in support of S.B. 242. I represent a rapidly growing community of conservative people discovering that ancient psychedelic substances is an incredibly powerful tool for mental health. I was a Reno police officer, serving 12 years on the Special Weapons and Tactics team. After leaving the police department, I became an evangelical Christian pastor. I was a law-abiding conservative until the age of 56 when I tried psilocybin.

The first time in the therapeutic, albeit illegal, setting changed my life and freed me from a seven-day-a-week alcohol habit brought on by decades of hypervigilance and exposure to trauma stemming from my police service. Since then, I have made friends with many former first responders and military

veterans, who through experiencing the ceremonial use of these compounds with a professional guide, were able to experience healing. We have former police officers, firefighters, Navy SEALs, explosive ordnance disposal technicians, emergency room nurses and trauma surgeons. They have seen and experienced an overwhelming amount of human suffering, which has had devastating effects on their mental health and families.

These compounds provide the miracle of psychological healing. I have seen marriages saved, relationships restored, suicides prevented and addictions healed. As warriors, we took the oath to protect and serve others. We are trapped inside the hurt locker of pain and suffering experienced while carrying out our oath. We have the most to lose by breaking the law but it is needed for our healing. We simply know too much about the safety and benefits of these substances and now have an ethical and moral obligation to allow their use in a legal manner. I was a soldier in the war on drugs. Now I am a soldier of healing. I do not care to be an outlaw but I will do what I must to bring this healing to my brothers and sisters in service. I appeal to you to pass this bill.

REBECCA GASCA:

As a ten-year Nevada lobbyist, I had the privilege of working on hundreds of bills relating to civil liberties including criminal justice, drug policy reform, and plant-based health interventions including medical cannabis and kratom. However, I never expected to testify in a personal capacity in such a meaningful way.

On May 30, 2020, I suffered severe trauma while serving as a volunteer during the George Floyd protests as an American Civil Liberties Union legal observer. I was unexpectedly shot 3 times by a Reno police officer with 40-millimeter compressed pepper bullets that exploded on impact on my body. That evening, I walked into an empty parking lot by myself, far away from any protesters. However, I was close enough to law enforcement so they could read my legal observer vest clearly identifying the capacity in which I was serving. After I raised my hands above my head to show that I was not a threat, I was first shot in my left arm. Standing in shock, I was shot a second time in my upper right thigh near my groin. Overwhelmed, I sat down on the pavement, but the officer continued to shoot at me with his pepper bullets exploding on the ground near my side. When I stood up, I was shot a third and final time in my upper left thigh near my groin. I could do nothing but turn and walk away.

The trauma I suffered from being shot was extreme. The physical trauma resulted in massive bruising, and I still have scar tissue and adhesions where I was shot. However, those injuries are nothing compared to the lasting effects it had on my personal and professional life. From that incident, I suffer from severe PTSD-related symptoms and cognitive distresses.

I was unable to lobby during the Eighty-first Session because the effects prevented me from running my firm. I have been fortunate to have amazing medical and mental health support. I tried many traditional psychological and psychiatric interventions, but nothing helped me cope with the PTSD ongoing effects until I resorted to psilocybin. I had never used any psychedelics in any recreational setting during my years of drug policy reform and related advocacy work. I simply followed the many years of clinical research and outcomes that have been spoken about today. That is why I chose to work with trained facilitators, who supported me while I consumed psilocybin, micro-dosing psilocybin in amounts that are sub-perceptual.

MR. GARVEY:

I have a master of arts in psychedelic spirituality and a master of divinity. I am currently working on my Ph.D. dissertation. I am here to support S.B. 242. I was initially drawn to suicide, and I needed to seek answers. I wanted to heal my spiritual and emotional distress. Around six years old, I was first hospitalized for an attempted suicide. I spent the rest of my childhood on a variety of medications and in therapy. In high school, I ended up homeless. At age 19, I had the opportunity to experience the transformative powers of psilocybin. My life changed forever.

I have worked with anthropogenic plants and fungi, including psilocybin, for over a decade. During that time, I have experienced these substances with people from all walks of life, including teachers, lawyers, law enforcement, veterans, doctors, artists, chefs, legislators, businesspersons, people on full disability and many others.

Every day, more Nevadans seek me or people like me to ask where they can access mushrooms. Some are for curiosity, but the numbers are rapidly tilting to individuals who have tried every possible option the system offers. People are at the end of their rope, begging for answers or a chance not to be in pain, depressed or suicidal. People contact me begging for help to live and allow them to hope.

Currently in Nevada, hope is criminalized. The only legal option is to recommend travel to a place where they will not be prosecuted. In some cases, the trip could cost their entire life savings for a chance to feel normal. I am tired of sending people to other countries to access something that can grow anywhere safely. Mushrooms have been used by humans for thousands of years. A substance like this is safer than children's Tylenol.

I am working on continuing the education and awareness of what can be accomplished by enabling Nevadans to have access to mushrooms without fear of prosecution. Let us decriminalize hope.

WENDY CARREON:

I am a mother, a researcher, a medicine woman, and a curator of life-altering experiences. Psilocybin has changed my life by making peace with my past, which included a volatile and abusive childhood, a miscarriage and sexual trauma, including sodomy. I have lost a domestic partner to suicide. My partner was a veteran who had multiple hospitalizations, opioid dependency as well as heroin abuse.

These beautiful and powerful allies have helped guide me to a profound path of self-healing that continues to teach me how to be better to myself and others. They have helped me pave the road towards continuing my education as a mycologist, as well as a business owner. They currently help me manage my stress, including my child's most recent cancer diagnosis. These medicines have taught me and continue to teach me about love, compassion, establishing healthy boundaries, transparency within myself and how to express it with others. I speak on behalf of those too afraid to share, for those in pain and those in despair. I speak on behalf of the fungi. They are here to teach us how to coexist within ourselves and with each other. They lead the path to wholesomeness. How many people know someone who can benefit from these medicines?

MELLY PALUAY (Heroic Hearts Project):

I am a Visayan-Ilonggo immigrant inhabiting Nuwuvi Southern Paiute ancestral lands. I support S.B. 242 and the decriminalization of psilocybin and the study of MDMA. This bill can bring change in the lives of Nevadans and their families for generations to come.

However, I urge you to study any proposed amendments to this bill. I will withhold my support of this bill if revisions are made that harm the protection of peyote for Native Americans. I ask you to follow the guidance of the Indigenous Peyote Conservation Initiatives. Peyote is a mescaline-containing cacti that is gravely endangered and has been a historically protected sacrament for Native Americans. Some mescaline-containing cacti are not endangered and do not take up to ten years to grow a viable seed, such as Huachuma, San Pedro or the Peruvian Torch cacti. These are not sacramental for Native Americans.

As a combat veteran of the Afghanistan War, a registered nurse and an ambassador of the Heroic Hearts program, I am aware of the decades of research supporting psilocybin effectiveness to help treat many mental health ailments. Mental health can affect every aspect of a person including their physical, emotional and spiritual selves. It can also affect their personal and professional relationships with others, their livelihood, their finances and more.

I currently work in a ketamine clinic, where it is used as an anesthetic with psychedelic properties. However, ketamine treatments are expensive, making them inaccessible to the public. Every day at work, I see patients from all walks of life undergo ketamine infusions and make strides to overcoming their major depressive disorder, treatment-resistant depression, PTSD, complex PTSD, anxiety, death anxiety, chronic pain, addiction and substance abuse disorders.

I support S.B. 242, because I want everyone to have safe access to the same profound healing that psychedelics can provide.

JOHN JEFFREY:

I am here to speak in favor of S.B. 242. I am a chemist, a researcher with a degree in physiology and food chemistry and someone who experienced extreme trauma in childhood. In Chicago, where I grew up, I was exposed to addiction and, as a young man I struggled with alcohol and drug abuse. I witnessed the deaths of many of my loved ones to these struggles. I have dealt with depression and suicidal thoughts. Neither therapeutic treatment nor pharmaceutical drugs were able to give me relief from the trauma of these experiences. However, in my early twenties, I had four personally administered treatments of psilocybin mushrooms. Later in life, I worked with indigenous healers outside this Country. These two therapies have largely relieved me of my burdens and allowed me to experience a sense of hope. I did not believe it was possible. I have witnessed transformations in military veterans, first

responders and many others who have suffered trauma and experienced relief using psilocybin mushrooms. I am urging support for S.B. 242 as a personal freedom for Nevadans and to recognize the scientific evidence showing it is relatively safe as a healing medicine.

I would second the desire expressed previously to exclude peyote from this bill. It is increasingly in an endangered status, and it has a sacred relationship to Native American tribal religions.

DIANE GOLDSTEIN (Executive Director, Law Enforcement Action Partnership):

I served as a police officer for 21 years. Our nonprofit group of professionals speak from firsthand experience. Our mission is to make communities safer by focusing police resources on the greatest threats to public safety and working towards healing police-community relationships. Policing professionals in the U.S. have recognized we can no longer rely on arrest to address a public health issue. Saving lives and reducing crime 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 linked closely to public health and enforcement strategies. It will produce the most important outcomes, which is saving lives. In our work, we see how destructive outdated drug laws can be to individuals and communities. Decriminalizing the possession and personal use of plant-based psychedelics will allow the police to prioritize serious threats to public safety and redirect resources to strategies that work, rather than requiring a disproportionate criminal response.

A 2017 study reflects that a lifetime of psychedelic use was associated with a reduction in committing criminal acts, including property and violent crime. Plant-based psychedelic use is so low, the annual DEA drug threat assessment does not mention it as a public safety concern. Notably, the DEA is only reporting new synthetic psychoactive substances and does not list any of the substances that would be decriminalized in this bill. In a time rampant with opiate overdoses, police and veteran suicides caused by PTSD, and unaddressed mental health crises in this Country, no one should go to jail for using a healing psychedelic to treat mental health issues. I urge this Committee to move this legislation forward. We are in support of S.B. 242.

JADEN RAE:

I am the author of the *Microdosing Guide and Journal* and write columns for the *Vegas Cannabis Magazine* and the *Tahoe Cannabis Magazine*. I microdose on

magic mushrooms every day. I am engaging in an activity that is illegal and punishable for up to ten years in jail and \$50,000 in fines. I do this because it saved my life. I too believe in healing loudly. I have suffered from postpartum depression, anxiety and alcoholism. Doctors prescribed me a cocktail of pharmaceuticals and none of them worked for me. The side effects of these pills were worse than the depression. I was suicidal. I leaned on alcohol to numb the pain and was a walking zombie. It turns out I was not alone. One in ten Americans turn to selective serotonin reuptake inhibitors to manage anxiety and depression. More than half of them battle addiction to the very medication that is supposed to help them.

A recent Johns Hopkins study found that psilocybin treatment was four times more effective than traditional methods for treating depression. I do not use psilocybin to get high. I use a tiny dose, just one-tenth of a dose is life changing. This tiny mushroom, smaller than a tiny safety pin, is my daily dose. It is one ingredient from Mother Nature, and it is not a manufactured chemical. I am no longer on any prescription medications and all side effects have disappeared. After 27 years of being an alcoholic, I have completely quit. It is all thanks to microdosing psilocybin. My path is clear; it is as if the fog has been lifted.

Despite the legal ramifications, I lead a weekly Zoom call to provide a safe place for people to learn about psilocybin. We focus on safety and dosage. I do this because of misinformation on the Internet. You are correct; there are dangers because psilocybin is illegal. That is why we rely on the Internet.

JOHN J. PIRO (Deputy Public Defender, Clark County Public Defender's Office):
Nevada is in last place in mental health care and our suicide rates are terrible. This is a way we can help people, especially in rural areas where few practitioners are moving. This is a commonsense way to move our State forward and put us on the cutting edge. I strongly urge your support.

KATE COTTER (Sierra Psychedelic Society):
We support S.B. 242. I offer personal testimony as I have dedicated my life to bringing awareness and education to psychedelic medicines. I suffer from a severe, lifelong treatment-resistant anxiety disorder punctuated by deep bouts of depression, both of which culminated into a serious alcohol addiction I battled for years. Microdosing psilocybin accomplished in a matter of weeks what decades of therapy and medication had not been able to touch.

Microdosing psilocybin with the stated goal of addressing the substance use was the key to my recovery. It was not a magic bullet, and it requires a great deal of personal work. I am happier and healthier than I have ever been in my life. I owe my life to this medicine.

These compounds are remarkable, and we have an extraordinary opportunity to bring healing to countless lives. We have been conditioned for over 50 years to associate this natural remedy with some dangerous substances on the Schedule I list. Many in this room have devoted their careers to fighting a war on drugs and keeping our community safe. Understandably, it is a polarizing issue for those who remain skeptical or opposed. I would humbly ask you to consider the decades of research showing the medical value, and the nonaddictive properties of psilocybin. We need to stop prosecuting people who are seeking healing. Senate Bill 242 has the potential to save lives and I urge you to support this bill.

BLAIRE ZIKA:

I began my journey with psychedelic medicines after my husband, a U.S. Marine Corps veteran, chose to commit suicide on Saint Patrick's Day in 2016. From that experience, I have received a full initiation rite as a shamanic journey guide. I have witnessed the healing benefits for many veterans within our communities and others in Nevada. I personally have gained healing experiences, profound clarity and a sense of connection to a life experience.

If we choose not to move forward with S.B. 242, we are doing a disservice to the lives of every human who is navigating profound trauma, immense grief, and PTSD, especially our veterans and first responders. We are deeply grateful for the experience to speak on this and for the safety created for us to do so. There is a medicine from the earth that is here to nurture us and that is not lost on any of us. If one person chooses life because of these medicines, then it is worth it.

JUSTIN WATKINS:

This bill means a lot to my family. I live with anxiety and depression as well as many other members of my family. I am here to advocate for passage of this bill. It is a way we can get the mental health treatment we deserve. I am a struggling alcoholic and, after this hearing, I will go get a drink. It is the only avenue where I find peace. After about 350 hours of research on the

therapeutic benefits of psilocybin, I think we are a little behind. I support this bill.

SHANE TERRY:

I am here to support S.B. 242. I am a service-disabled veteran with 14 years of active service and 3 combat deployments. My last assignment was at Nellis Air Force Base. In 2014, I left the military to participate in the launch of Nevada's Medical Marijuana Program. Although I am here now in my individual capacity, I have been honored to serve as a former president of the Nevada Cannabis Association and am currently serving on the Nevada Cannabis Advisory Commission. I have seen firsthand the beneficial effects cannabis legislation has had on our community. It allows patients to use plants as medicine and to benefit from other natural medicines, such as mushrooms, for veterans suffering from physical and emotional traumas. It was only a decade ago when veterans' options were limited to opiates and other pharmaceutical treatments that often left them a shadow of their former selves. Fighting a battle of depression directly contributes to veterans losing their lives to suicide.

Cannabis has been beneficial for the treatment of PTSD and other trauma. From my personal experience, cannabis holds a fraction of the healing powers I found with psilocybin and other anthropogenic plant medicines. I have seen firsthand veterans finding transformational healing from just one experience with psilocybin.

Anyone having a therapeutic experience with psilocybin will empathize with the humbling moment when I saw a former leader of SEAL Team 6 process more trauma in one night than he had released in ten years. Imagine the work that could have been done if it had been under the care of a licensed clinician. The word about plant medicines is out. Veterans and other people are knowingly putting themselves at criminal risk that could destroy their careers to seek the treatment they need. We need to recognize the benefits, stop ruining lives and start saving lives by decriminalizing the possession of a substance that is far less harmful than alcohol.

FRANCIS TREZZA:

I am a certified ethical hacker and member of the information security community. I have never had the opportunity to use psilocybin, but I have heard of its transformative healing powers. It is a natural psychedelic compound, and it should be legal. I would like to one day try it under a therapeutic environment.

Nevada has had the opportunity to take a bold step forward in mental health by decriminalizing psilocybin. The State could open its door to a wide range of potential benefits for both individuals seeking treatment and society. I know there is fear surrounding legalization and decriminalization of drugs. As someone who lived in Portland, Oregon, for over a year, I have seen the negative effects of decriminalization.

Psilocybin seems to be different than other drugs. Research from reputable universities such as Johns Hopkins has shown psilocybin can be an effective treatment for depression and anxiety. It is being studied for other issues such as PTSD, traumatic brain injury and addiction. Decriminalization would benefit society by reducing the burden on the criminal justice system, as well as benefiting the Nevada economy by becoming an early adopter of psilocybin decriminalization. We can position ourselves as leaders in a growing field, attract new businesses and investment. In conclusion, decriminalization provides numerous benefits to individuals and society. It would mean access to a safe treatment option for people like me who suffer from mental health issues.

Ms. SCHMIDT:

The LVMPD opposes S.B. 242 as written because it is a decriminalization bill. Psilocybin is a Schedule I controlled substance and is prohibited at the federal level. Decriminalization of psilocybin is a threat to public safety. We acknowledge addressing mental health is a priority for this State and our citizens. Setting decriminalization aside, we do not disagree with making psilocybin medically available as perhaps the next step.

Psilocybin is a naturally occurring fungal product and it presents unique challenges for conducting studies, efficacy assessments and quality controls. Clinical research is being conducted on psilocybin in other states. We know the research is underway elsewhere. Is Nevada adequately informed and prepared for the next step to study psilocybin? There are concerns on how to conduct research on a federally prohibited substance in Nevada. We support Senator Nguyen's concept of creating a working group and we ask that law enforcement be included. We acknowledge psilocybin research is a complex issue. We are opposed to S.B. 242 as it is written, but we look forward to working with Senator Nguyen on this important issue.

MR. WALKER:

The Washoe County Sheriff's Office is opposed S.B. 242. I echo the comments of my colleague, Ms. Schmidt. I understand and agree with enabling research to produce treatment for mental health. The concern is it needs to be used in a controlled environment with supervised usage. It is a public safety issue, like prevention of impaired driving on the highways. A 2021 study showed of the 384 total fatalities, 224 or 58.33 percent, were the result of polysubstance use. It is my understanding psilocybin can stay in your system for up to 24 hours, depending on the dosage and the physical makeup of the person. We are willing to continue to work with Senator Nguyen to possibly improve our position.

MICHAEL CATHCART (City of Henderson):

We oppose S.B. 242 as amended. We support research components. We are available to participate in a planned working group for the proposed amendment. We do hope there are breakthroughs in the areas of depression, anxiety and PTSD.

However, Henderson is in opposition to section 4 of the amendment, [Exhibit I](#), which decriminalizes up to 6 ounces for anyone over the age of 21. This section is a big step and may have severe unintended consequences to our community. We would like to see more research and discussion on the impact of psilocybin on our community. I agree with Senator Stone that we are in the same lane that he was talking about. We would like to see more research and supervision around this substance. We are opposing this bill as it is written now.

LEA CASE (Nevada Psychiatric Association):

Our members have been discussing S.B. 242 since the bill was released. The amendment is causing us to have some concerns. We appreciate that the bill sponsor has moved the age from 18 to 21, but the brain is still developing until about the age of 25 or 26. We prefer to see usage under clinical supervision rather than at an individual's home.

We are concerned about the work group in the proposed amendment, specifically section 3, subsection 2, paragraph (c), subparagraph (i). It is currently written "One Member is currently licensed to practice medicine, psychology, or psychiatry within the state of Nevada." Our Association prefers it to be limited to a psychiatrist license to practice medicine in Nevada, preferably someone in addiction medicine.

ERIKA RYST, M.D.:

I am a Nevada State Board of Medical Examiners certified psychiatrist. I am double licensed in general psychiatry and child and adolescent psychiatry. For nearly 20 years, I have practiced child psychiatry in Nevada. I appreciate this bill and the opportunity to discuss this topic.

As a child psychiatrist, I am concerned how this bill can affect young people. There is a large body of research indicating hallucinogens are harmful to the developing brain of someone 25 years or younger. It can predispose a person to long-term psychotic mental illness like schizophrenia. In addition, driven by legalization, teenage substance use can give the perception of safety and low risk. Decriminalizing these substances will effectively tell young people it is safe. It will increase the use of these substances, and, unfortunately, some research is not quite as glowing as what was presented today.

The research, although promising and interesting, is in its infancy. We know little about the safety of psilocybin. An editorial from *The New England Journal of Medicine*, written by a full professor, had some concerns around the existing research. There are a lot of methodological problems with the existing research. We do not know if it is safe, particularly for people whose brains are still developing. For this reason, I would ask for there to be more thought put into the bill as it is written.

JENNIFER NOBLE (Nevada District Attorneys Association):

We oppose S.B. 242 as it is written. These substances may have a therapeutic value for someone experiencing PTSD, medical-resistant depression, anxiety, and a variety of psychiatric and mental health disorders. We recognize there are Nevadans suffering with these challenges. The therapeutic use of these drugs should be limited to a safe, controlled medical setting and under a doctor's supervision. Similar to FDA-approved mental health medications, it should require a prescription from a physician.

Although the presentation referenced safety and bills authorizing studies in Oregon and Texas, the amendment makes it clear there are no safeguards for S.B. 242. It does not attempt to facilitate research or studies. It does not limit the use in a person's home. It is the legalization of psilocybin and MDMA. The physical effects of these drugs vary and can include hallucinations, sensory experiences, delusions and even terror in some instances.

The psychedelic amphetamine MDMA can distort time and perceptions and have a stimulant effect lasting one to three hours. Broad legalization of these substances with no studies, no controls and no safeguards would be a mistake and a threat to public safety on our roads. We look forward to continuing to work with you on this legislation.

GREG HERRERA (Nevada Sheriffs' and Chiefs' Association):

The testimony I have heard today has been compelling, including Mr. Rea's. However, I am here in opposition of S.B. 242. Our concerns remain in line with Ms. Schmidt, Mr. Walker and Ms. Noble.

MS. BROWN:

Our Coalition for Patient's Rights helped to change Nevada laws to allow marijuana dispensaries. We are neutral on S.B. 242 because of a few holes in the bill as written. The section on patients should be reviewed and improved. One of the concerns brought up today was about safety. If interested, I can provide a name of a doctor who can aid in writing guidelines for testing. It may be possible to test psilocybin in the cannabis laboratories. It will avoid additional cost to build an independent laboratory.

MS. MONTEIRO:

I have been an advocate for patients' rights on medical cannabis, a gateway drug to health and wellness. Psilocybin is only the second plant-based medicine introduced into legislation. There will be more plant-based medicines. As a medical professional, I ask, how do we keep the public safe and educated as we move forward?

Looking at S.B. 242, I noticed the sections for research. I would ask that it be expanded to include ADHD, autism spectrum and categorically complex disease states. In addition, the bill states that Nevada Department of Health and Human Services will approve these studies. Our Coalition asks who and what board will be approving? How will the board be selected? What are the rules used for the process? What is the appeals process that will avoid lawsuits against the State? We ask these questions because of the development of the cannabis industry. When the Cannabis Board was created, it had no guidelines or rules and it caused legislative and judicial issues that exist even today.

We recommend a plant-based medicine board. It would include cannabis and hemp. I am only referring to the medical side, not the recreational. I support the

LVMPD for stating that recreational use is completely different from medical use. We need to return to the medical route for all the plant-based medicines.

KATRICE SAUNDERS:

I am a longtime patient advocate and mother of a son serving in the military. I have been affected by the drug war at the State level and the federal level. In Nevada, I have helped patients obtain safe medical access. In 2010, I was affected by DEA agents, posing as undercover patients. After going to prison for protecting patients, I was excluded from working in the cannabis industry.

Psilocybin treatments have helped with my PTSD and has kept me ten years free from opiates. I am passionate about veterans' rights because my brother-in-law, who was a veteran, died by suicide. Having a safe access to this medicine and providing treatment for people with mental health illnesses is important. I am neutral on S.B. 242, because there should be more studies on this medicine. Peyote is sacred and should be separate from this bill.

TAYLOR ATKINS (Sierra Psychedelic Society):

Nine years ago, I attempted suicide by overdosing. At the age of 14, I was hospitalized for my attempt and was diagnosed with major depressive disorder, generalized anxiety, agoraphobia and ADHD. At this time, I was put on various antidepressants and mood stabilizers, all of which caused me to experience horrific adverse reactions and side effects. At the age of 16, I developed Stevens-Johnson Syndrome, a side effect of a mood stabilizer, causing me to break out in lesions all over my body. I still have lasting scarring from this condition. At this point, I was placed in numerous studies for adolescents with medication-resistant depression, all of which were unsuccessful at treating my deep sadness. Throughout my teenage years, I continued to experience intense suicidal ideation.

By the time I turned 20, I knew something needed to change. I needed to try a natural healing modality. I was introduced to microdosing a natural compound psilocybin by taking a non-psychoactive amount of this medicine. For the first time in my life, I experienced dramatic relief in my depression, suicidal ideation and anxiety. It was able to heal my disordered mental health in a way pharmaceuticals were not. I am proud to say, today I am thriving. I no longer experience life-ending thoughts. I am a productive member of society and an advocate and support for those who are suffering with suicidal thoughts. Natural medicine remedies are the reason I can be here today.

I have family members on both sides who have completed suicide. They were never able to find healing. I stand here today for those who do not have access to natural healing modalities. I do not endorse the use of psilocybin, but there needs to be access to more natural treatment methods. I am neutral on S.B. 242.

BOB PISA:

I am a native from Las Vegas and I have used cannabis and psychedelic substances since I was about five years old. I have been arrested and called a terrorist by our justice system. I have basically spent my entire life alone. I am not saying that I am a good person or a bad person. At the end of the day, these substances not only helped save my sister from cancer, but they helped me cope with an assault.

CHAIR DOÑATE:

Is this testimony in neutral?

MR. PISA:

I was in favor of it, but I am a cannabis patient. I do understand there are cultural problems with it. I think it would be better to be in neutral.

JAMES CREEL (Coalition for Patient Rights):

We are neutral on S.B. 242 as it is written. It needs to expand the parameters on governing and issuing the licenses, as well as the conditions in which research is done. We echo the statements about setting up actual research for it and making sure that it is done under the supervision of medical professionals.

SENATOR NGUYEN:

I am moved by the outpouring of support. That is what this bill allows Nevadans to do. I encourage your support of S.B. 242.

CHAIR DOÑATE:

For all those who came in on either side, it is incredibly heartwarming to see you engaged in the political process. For many of you, it was the first time, and we thank you for joining us. I will close the hearing for this bill. We have received 17 letters in support of this bill ([Exhibit J](#) and [Exhibit K](#)).

We have reached the last item on the agenda. It is public comment.

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BRI PADILLA (Executive Director, Chamber of Cannabis):

We are Nevada's largest 501(c)(6) professional trade organization for the cannabis industry. We are here as witnesses to the power of plant-based medicine. Our Nation's mental health crisis is worse than ever. Psychedelics have shown great promise in treating mental health issues, including PTSD, anxiety and depression. We need to improve the standards set for decriminalization and legalization of plant-based solutions. The therapeutic benefits proposed by S.B. 242 makes me inspired by all the dialogue we heard today. I look forward to working on this bill with the sponsors and our stakeholders. It is important legislation that needs to get passed.

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CHAIR DOÑATE:

Having no further public comment, this meeting is adjourned at 6:35 p.m.

RESPECTFULLY SUBMITTED:

Mary Ashley,
Committee Secretary

APPROVED BY:

Senator Fabian Doñate, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.B. 237	C	3	Senator Dallas Harris	Proposed Amendment
S.B. 297	D	6	Charles Duarte/ Alzheimer's Association	Support Testimony
S.B. 297	E	6	Charles Duarte/ Alzheimer's Association	Infographic on Nevada Memory Network
S.B. 297	F	7	Charles Duarte/ Alzheimer's Association	2023 Alzheimer's Statistics Fact Sheet
S.B. 297	G	8	Peter Reed/Sanford Center on Aging	Nevada State Plan to Address Alzheimer's Disease and Other Dementias
S.B. 297	H	10	Charles Duarte/ Alzheimer's Association	Proposed Budget
S.B. 242	I	25	Senator Fabian Doñate	Proposed Amendment Scot Rutledge Partners Agentum Partners
S.B. 242	J	48	Senator Fabian Doñate	16 Letters of Support
S.B. 242	K	48	Senator Fabian Doñate	ACLU Letter of Support