

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, December 13, 2023
2:00 p.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
3315 Conference Room, Grant Sawyer Building, 555 E. Washington Blvd., Las Vegas

Zoom Webinar ID: 841 1615 6896

Note: All presentation materials for this meeting are available at the following link:
[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

Members Present via Zoom or Telephone

Chelsi Cheatom, Dorothy Edwards, Jeffrey Iverson, Nancy Lindler, Debi Nadler, Christine Payson, Erik Schoen, Steve Shell, Dr. Beth Slamowitz, Assemblywoman Claire Thomas

Members Present in Las Vegas

Attorney General Aaron Ford (2:08 p.m.), Dr. Lesley Dickson, Jessica Johnson,

Members Present in Carson City

Shayla Holmes

Members Absent

Senator Fabian Doñate, Assemblywoman Melissa Hardy, Angela Nickels, and Senator Seevers-Gansert

Attorney General's Office Staff

Matthew Feeley, Dr. Terry Kerns, Mark Krueger, Ashley Tackett, and Teresa Benitez-Thompson

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, Kelly Marschall, and Emma Rodriguez

Other Participants via Zoom or in person

Diane Anderson, Amanda Annan, Hannah Branch, Tray Delap, Karina Fox, Morgan Green (CASAT), Ryan H., Lisa Lee, Kelsey Meyer, Elyse Monroy, Megan Quintana, Bryce Shields (Pershing County DA), Alex Tanchek, Jennifer Tongol, Breanne Van Dyne (DPBH), Joan Waldock (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Dr. Kerns called the meeting to order at 2 p.m. Ms. Rodriguez called the roll and confirmed a quorum.

Dr. Kerns noted that agenda item **#5 Update on Opioid Litigation, Settlement Funds, and Distribution** would be moved down in the agenda to accommodate member schedules.

2. Public Comment

Dr. Kerns and Ms. Marschall read instructions for public comment, including in person, call in, or email. There were no public comments.

3. Review and Approve Minutes for October 11, 2023, SURG Meeting

Chair Ford asked for a motion to approve the minutes.

- Mr. Iverson made the motion.
- Mr. Shell seconded the motion.
- The motion carried unanimously.

4. Reappointment of SURG Members

Chair Ford reappointed the following members:

- One advocate for persons who have substance use disorder and family members of such persons – **Debi Nadler**
- One person who is in recovery from a substance use disorder – **Jeffrey Iverson**
- One person who provides services relating to the treatment of substance use disorder – **Nancy Lindler**
- One representative of a substance use disorder prevention coalition – **Erik Schoen**
- One representative of a program to reduce the harm caused by substance use or misuse – **Chelsi Cheatom**
- One representative of a hospital – **Steve Shell**
- One representative of a school district – **Angela Nickels**

5. Update on Opioid Litigation, Settlement Funds, and Distribution

(This item was taken out of order, after agenda item #9)

Mark Krueger, Chief Deputy Attorney General, Office of the Attorney General, Bureau of Consumer Protection provided the update. Chief Krueger described a transition from a primary focus on recoveries to support for programmatic reporting of expenditures. His office has requested reports from all the counties, cities, and other signatories to the One Nevada agreement regarding the use of opioid funds for programs and services, to meet reporting requirements that are due after January 1st. The Department of Health and Human Services (DHHS) will compile all that information. Within the Attorney General's Office, staff are working to build a cloud-based reporting program where the signatories can upload their reports throughout the year, continuously as funds are spent.

Chair Ford thanked Chief Krueger for his report, and he noted the confusion in the media and elsewhere about the role of the Office of the Attorney General. Funds that are recovered are distributed to the counties and cities and other signatories to the One Nevada agreement, and to DHHS. The Attorney General's Office does not distribute funds to organizations directly providing programs or services.

Chief Krueger added that DHHS has discretion for the state portion of the funds, and the other signatories have discretion for how to spend their portions of the funds. He also referenced the Advisory Committee for Resilient Nevada (ACRN) as a source for establishing funding priorities. He reiterated that the Attorney General's Office does not make decisions on expenditures.

Chair Ford noted further that the SURG does not make decisions on how the money is spent. He raised the question of how people can find out what DHHS has done with funding.

Chief Krueger referenced the DHHS website with a link for the programs under the Fund for Resilient Nevada (FRN): <https://dhhs.nv.gov/Programs/FRN/Home/>. This site includes documents from each settlement or bankruptcy court order, confirming the appropriate use of funds. It will also include reports, but there will be a time lag because they will only come in on a yearly basis, until a cloud-based reporting system is completed.

Dr. Kerns added that Dawn Yohey from DHHS was scheduled to report at this meeting, but has been rescheduled to next spring to include all the new reports coming in.

Chair Ford reflected on the dilemma of getting timely information under the yearly reporting structure and commended his team for working on the cloud-based reporting system, which they hope will include DHHS and all the other signatories.

Dr. Dickson commented that the treatment facility she works in has not seen any money. Chair Ford referred her to the website link, which was provided in the chat and onscreen: <https://dhhs.nv.gov/Programs/FRN/Home/>. Chief Krueger added that Dawn Yohey is very responsive to inquiries if members want to reach out to her at DHHS.

Chair Ford thanked Chief Krueger for his report and moved to agenda item #10.

6. Subcommittee Reports and Recommendations

Ms. Marschall explained that changes were made to this subset of recommendations that were remanded back to subcommittees following the October meeting of the SURG. She referred to the handout posted online at [https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/) and provided to members with more detail for SURG Combined Recommendations. Ms. Marschall also noted that members could ask questions, vote, or pull items for discussion after each subcommittee presentation. Resulting recommendations would then be included in the ranking process under agenda item #7.

- Ms. Johnson, Chair, Prevention Subcommittee, presented recommendations for Harm Reduction. She thanked Ms. Cheatom for revising the language for HR2, noting that the bolded language was all new, and additional background was available in the longer recommendations document:
 - AS REVISED: HR 2. **Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.**
 - Ms. Cheatom provided more thorough recommendation language; the Prevention subcommittee added “evidence-based” and examples of the harm reduction supplies.
 - The justification/background and qualitative elements (impact, capacity and feasibility, urgency, and racial and health equity) were also updated based on Ms. Cheatom’s input.
- Ms. Johnson reported reaching out to the Network for Public Health Law to identify additional resources for the language incorporated below (more detail is included in the full recommendations document).
 - AS REVISED: HR 4. Create a bill draft request at the legislature to change the **Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)**
 - The justification in the full recommendation table includes proposed draft language to change NRS 453.554, based on changes the Maine legislature made in 2021 to remove many items from the drug paraphernalia law, including smoking equipment.
- Ms. Johnson explained that the Treatment and Recovery Subcommittee declined to combine HR5 with another recommendation for Peer Recovery Support Specialists (PRSS), but the Harm Reduction Subcommittee amended their language to include both Community Health Workers (CHW) and PRSS for better reimbursement and evidence-based harm reduction educational requirements to obtain certification. She also noted that Vice Chair Schoen provided additional justification/background and qualitative elements in the full Recommendations document.

•AS REVISED: HR 5. **Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.**

- *This was originally remanded to the Treatment and Recovery subcommittee, who elected not to combine the recommendations.*
- *The Prevention subcommittee re-worded with the language above to keep both CHW and PRSS as part of a team of outreach workers, noting both have been historically underfunded.*
- *Changes were also made to the justification/background and qualitative elements.*

There were no additional questions or comments. Chair Ford asked for a motion to adopt these harm reduction recommendations as revised.

- Ms. Johnson made the motion.
 - Ms. Cheatom seconded the motion.
 - The motion carried unanimously.
- Mr. Schoen, Vice Chair, Prevention Subcommittee, presented the following recommendations, with updates in bolded font, noting additional justifications and background were provided in the full recommendations document.
- AS REVISED PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in **SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium)** for ages 0-24 and review the funding allocations annually. **This funding should not be at the expense of existing programming.**
 - *Added additional information to recommendation language on SAPTA funding levels.*
 - *Added additional justification/background on cost effectiveness.*
 - AS REVISED PS 2. **Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed** using a local lead agencies model to reach \$2 per capita, a recommended funding goal **from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.**
 - *Revised recommendation language to include the percentage to equate to \$2 per capita.*
 - *Added additional information to justification stating that a 15% set aside of the approximate \$41 million received annually for the State of Nevada would be about \$6.15 million, which gets close to the \$2 per capita.*

There were no additional questions or comments. Chair Ford asked for a motion to adopt these prevention recommendations as revised.

- Mr. Iverson made the motion.
 - Ms. Nadler seconded the motion.
 - The motion carried unanimously.
- Mr. Shell, Vice Chair, Treatment and Recovery Subcommittee, presented their recommendations. He noted the change in bold font to replace “opioid use disorder” with the broader term, “substance use disorder.”
- AS REVISED: TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with **substance use disorder.**
 - *Replaced opioid use disorder with broader reference to substance use disorder.*

- Mr. Shell explained that subcommittee members felt strongly about retaining the original language in the following recommendation:
 - TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: 1) ensure adequate funding for these priorities, 2) target special populations, 3) increase reimbursement rates, and 4) offer standalone service provision opportunities.
 - *Remanded back to Treatment and Recovery Subcommittee to combine with HR 5. Treatment and Recovery declined combining the recommendation and shared this information with the Prevention Subcommittee. (See Prevention Subcommittee recommendation HR 5.)*

There were no additional questions or comments. Chair Ford asked for a motion to adopt these treatment and recovery recommendations as presented.

- Mr. Shell made the motion.
 - Dr. Dickson seconded the motion.
 - The motion carried unanimously.
- Dr. Kerns, Chair, Response Subcommittee, presented their recommendations, with changes in bold, including language provided by other subcommittees.
 - AS REVISED: RS 1. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (**for example, implement follow up and linkage to care for individuals leaving the justice system**).

Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care for People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.

Recommend legislation to require DHCFP¹ to apply for and implement the 1115 Waiver to Increase Health Care for People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.

•*Combined with TRS 2.*

- AS REVISED: RS 2. **Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study** to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. **Funding for this study may be available through the Fund for a Resilient Nevada.**
 - Revised to direct specific entity to conduct a feasibility study.*
- AS REVISED RS 3. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual **and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families)** following an

¹ Division of Health Care Financing and Policy, DHHS

overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.

- *Combined with HR 3.*

- Dr. Kerns explained that the following recommendation was removed from consideration until 2024, after the Clark County Overdose Fatality Review Task Force meets in February.
 - AS REVISED RS 4: Review the operations and lessons learned from Clark County’s Overdose Fatality Review Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance’s Overdose Fatality Review: A Practitioner’s Guide to Implementation. (See also Overdose Fatality Review for additional resources.)
 - *Removed for further consideration in 2024.*
- Dr. Kerns noted the original RS 5 was for an independent medical examiner. The subcommittee heard a presentation from Dr. Knight, Washoe County Medical Examiners Office, regarding their primary mission to conduct investigations to determine the cause of death for family members, as a separate function from prosecution, although it may support law enforcement or public health purposes. Dr. Knight recommended a compliance study, as well as postmortem investigations, as referenced below. Dr. Kerns reviewed [NRS 259.050](#) subsection 3² as well as [NRS 259.053](#)³ for the record.
- Dr. Kerns noted that Dr. Knight also explained that Washoe County does these examinations for most Nevada counties, and Clark County does their own and they also do Lincoln and Nye counties. Washoe County gets about \$30,000 funding from Overdose Data to Action (OD2A) grants, but the cost is about \$500,000 annually for toxicology testing.
 - AS REVISED:
 - RS 5a. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.
 - RS 5b. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.
 - *Revised with input from the Washoe County Medical Examiner.*

² 3. If it is apparent to or can be reasonably inferred by the coroner that a death may have been caused by drug use or poisoning, the coroner shall cause a postmortem examination to be performed on the decedent by a forensic pathologist unless the death occurred following a hospitalization stay of 24 hours or more.

³ **Postmortem examination by forensic pathologist: Determination of cause of death; death certificate.** If a forensic pathologist performs a postmortem examination on a body under the jurisdiction of the coroner:

1. The forensic pathologist shall determine the cause of death of the decedent; and
2. The certifier of death shall record on the death certificate the exact cause of death as determined by the forensic pathologist.

• *Revisions support determining cause of death for both public health and law enforcement purposes.*

- The following recommendations have been provided to the Joint Advisory Task Force:
 - Request the recommendation to “Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law” be considered by the Joint Advisory Task Force to look at public health messaging best practices to educate the public on the Good Samaritan Law and create targeted messaging for people who use drugs; this should also include education and training for Law Enforcement.
 - Recommend the Joint Advisory Task Force optimize available data to inform actions and update community response plans. Should the Task Force not take this recommendation up, the Response Subcommittee will move this recommendation forward.
- Dr. Kerns explained that if the Joint Advisory Task Force does not take up these items, the following recommendations should be considered for further review by the SURG Response Subcommittee:
 - The Response Subcommittee will investigate where inadequacies exist in the Good Samaritan Law.
 - Review the operations and lessons learned from Clark County’s Overdose Fatality Review Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance’s Overdose Fatality Review: A Practitioner’s Guide to Implementation. (See also Overdose Fatality Review for additional resources.)

Chair Ford asked if Washoe County specified who should do a compliance study and whether the requested funds would be for county positions. Dr. Kerns said it would be a county expense within Washoe County, but funds also come from other counties for which Washoe County provides this service. However, they are requesting additional funding for these services.

Ms. Johnson asked if Dr. Knight suggested what the scope of the compliance study would be. Dr. Kerns recalled that the cited NRS took effect in 2019, for cases where substance use is suspected, and to list that as the cause of death, if determined by the pathologist. Dr. Kerns thought this might be a LCB (Legislative Counsel Bureau) study. She elaborated that Dr. Knight suggested the compliance study to determine if the NRS is being implemented. Ms. Johnson asked if the OD2A grant included funding for additional follow-up testing or if it was limited due to costs. Dr. Kerns said that Dr. Knight’s office was poised to pay an additional \$500,000, but it is at taxpayer expense.

Chair Ford agreed that this could be an LCB compliance study. With no further questions, Chair Ford asked for a motion to accept these revised recommendations.

- Ms. Holmes made the motion.
- Ms. Nadler seconded the motion.
- The motion carried unanimously.

Chair Ford called for a 5-minute break, and called the meeting back to order at 2:39 p.m.

7. Review Slido Process and Complete Ranking Exercise for Prioritization of SURG

Recommendations

Ms. Duarte, Social Entrepreneurs Inc., reviewed the ranking process and referred to the handout with the *Preliminary Recommendations Rankings*, with member detail, from the October 11, 2023, SURG meeting. She noted that final details for member rankings will be included in the Annual Report. Members would select their top five priority recommendations from the total list including those that were remanded and revised under agenda item #6. Because the Slido application has a character limitation, members could review the full recommendations available in the handout. Ms. Duarte explained that the survey was for members only, noting that the survey would need to be redone if any non-members submitted a vote. Votes could be submitted on a cellphone or laptop, using the QR code and the poll number provided. Ms. Duarte explained that members could change the order of their top five by selecting the item they want to move and dragging it up or down. The chat function was available for any technical questions.

(Note: Dr. Kerns completed the ranking exercise on behalf of Chair Ford.)

Ms. Duarte noted that 13 votes had been submitted. Chair Ford called for a 10-minute break for the results to be tallied and prepared for presentation and called the meeting back to order at 3:04 p.m.

(Note: This agenda item was reopened for members to redo their rankings to include their names for transparency in the public record. Eleven of the thirteen earlier rankings were recorded as “anonymous,” due to a technical problem with the Slido application. Ms. Duarte explained that members could add their names at the bottom of the application.)

8. Review Ranking Results to Include in the Annual Report

Ms. Duarte shared on screen the results of the priority rankings from the thirteen SURG members present.⁴ Three of the total twenty recommendations did not receive any priority votes; members discussed retaining these three recommendations for inclusion in the Annual Report, as other recommendations that were not ranked.

Chair Ford asked for a motion to approve the results for the Annual Report, including the three unranked recommendations:

- Mr. Iverson made the motion.
- Mr. Schoen seconded the motion.
- The motion carried unanimously.

(Note: This agenda item was reopened for the members to review the results from the second Slido ranking exercise, due to technical difficulties.)

Ms. Duarte shared the updated results of the priority rankings from the thirteen SURG members present. There

were some minor differences in the second set of rankings, as members reconsidered the recommendations, resulting in two recommendations that did not receive any priority votes. Again, members discussed retaining these recommendations for inclusion in the Annual Report.

Chair Ford asked for a motion:

- Mr. Schoen made the motion.
- Mr. Iverson seconded the motion.

⁴ Assemblywoman Thomas was present for part of the meeting but was unavailable during the Slido ranking exercise which is why there were 13 votes but 14 members present.

- The motion carried unanimously.

9. Review Draft Annual Report

Ms. Hale reviewed the template for the Annual Report, highlighting the following sections: Executive Summary, Methodology, Recommendations, and Appendix to be updated with the new member rankings, background information, and updated status for the 2022 Recommendations.

Chair Ford noted that the cover page should be updated to replace “Advisory Commission on the Administration of Justice” subcommittee to the Joint Standing Committee on the Judiciary. Chair Ford further noted that the final report would be sent out for the January meeting for review and approval.

Ms. Holmes suggested consistent ranking for recommendations on page 1 (Executive Summary) and again when they are listed later in the report with additional information. Ms. Hale explained that the Executive Summary would be updated with the results of the new ranking, and the full recommendations would also be in order by the new ranking.

Mr. Schoen asked about how the report would be disseminated. Chair Ford said it would be on the SURG website and he could probably issue a press release, in addition to distributing the report to the Governor and to the Legislature.

Mr. Schoen emphasized the amount of work going into the recommendations and prioritization, suggesting it should be utilized or at least considered in the decision-making process. Chair Ford agreed that the report could be amplified and suggested this for discussion at the January SURG meeting.

Chair Ford commended the members for their great work, noting the ease of his work as chair due to the hefty work and the knowledge of the members. He asked for a motion to approve the report format as amended per discussion.

- Ms. Nadler made the motion.
- Ms. Johnson seconded the motion.
- The motion carried unanimously.

(Note: Chair Ford opened agenda item **5. Update on Opioid Litigation, Settlement Funds, and Distribution** at this juncture.)

10. Review and Consider Items for Next Meeting

Dr. Kerns presented potential items for the January 2024 meeting.

- Approval of SURG Annual Report
- Selection of Vice Chair
- Proposed 2024 Subcommittee Membership, Meeting Schedule, and Process
- Bylaws Attendance Policy
- Presentation on Proposed Equity Lens from the Office of Minority Health and Equity
- Update on Opioid Litigation, Settlement Funds, and Distribution

Dr. Kerns added Chair Ford’s request for:

- Discussion on distribution of the Annual Report.

Chair Ford reported that the Advisory Council of Prosecutors requested more than ex-officio membership on the SURG and so an agenda item is needed for:

- Members to discuss whether to pursue authorization in the statute to allow additional members.

Ms. Edwards asked about allowances for potential legislation going into the 2025 session.

Chair Ford explained that they can consider moving recommendations toward bill draft requests (BDRs). Although BDRs are not specifically allocated to the SURG, they could use one from those allocated to his office. Also, there are four legislators on the SURG who may use BDRs from their allocations. There may also be other sources of legislation for the SURG to support, but they tend to be confidential until the start of session. Additionally, people can bring legislation to the SURG to determine whether it is worthy of their support.

Dr. Kerns added that if they become aware of BDRs that are aligned with SURG recommendations, they can add their support to those, such as SURG statements made in support of the Regional Behavioral Health Policy Boards recommendations for the 2023 legislative session.

Ms. Edwards committed to keeping her eye on other related recommendations coming from the Washoe Regional Behavioral Health Policy Board, where she works.

Chair Ford also committed to testifying on behalf of the SURG on legislation they support. He added that Teresa Benitez-Thompson runs the legislative team for the Attorney General's Office and can support testimony on behalf of the SURG.

11. Public Comment

Dr. Dickson referenced expanding access to MAT (Medication Assisted Treatment) and noted that there is a lot of talk about limited access to treatment, but in the meantime, she is sitting there with no patients. One problem is they have to charge patients to see them, and a lot of them are on Medicaid, or they don't have any way to pay. Medicaid managers put up a lot of barriers, making people jump through hoops to get prior authorization. They never know whether it will be required or not, even for medications like suboxone or buprenorphine that they have been using for over 20 years. They spend so much time on paperwork when they need to spend more time on treatment. They have a federal grant to help pay for treatment, but the federal government hasn't released the funds yet. It's hard to expand access to MAT without funding.

(Note: Agenda Items #7 **Review Slido Process and Complete Ranking Exercise for Prioritization of SURG Recommendations** and #8 **Review Ranking Results to Include in the Annual Report** were reopened due to a technical problem with the Slido ranking application, resulting in anonymous responses for all but two members.)

(Return to Public Comment) Ms. Nadler said this may be better addressed privately to Attorney General Ford, because she believes certain pharmacies are dispensing medicine inappropriately to individuals who are shopping for refills through multiple pharmacies. Chair Ford recommended that she contact him offline.

12. Adjournment

The meeting was adjourned at 4:02 p.m.

Chat Record

02:43:59 Kelly Marschall, SEI (she/her):

<https://wall.sli.do/event/94SEMjbganiVP8YdMqZN8o?section=be37feb0-3d55-4d66-9f36-c31f50639b41>

02:48:14 Kelly Marschall, SEI (she/her): the slido.com code is 1839782

03:06:01 Dorothy Edwards: I had to submit as anon. The form rejected my email address.

03:27:32 Joan Waldock: <https://dhhs.nv.gov/Programs/FRN/Home/>