MEETING NOTES

Statewide Substance Use Response Working Group **May 26, 2026**
Treatment and Recovery Subcommittee Meeting **11 a.m.**

Zoom Meeting ID: 865 8016 1096
No Physical Public Location

Members Present via Zoom or Telephone
Stephanie Cook, John Firestone, Assm. Heather Goulding, Guiseppe Mandell, Dr. Jose Partida Corona (joined at 11:13), and Steve Shell

Members Absent
Assm. Rebecca Edgeworth

Office of the Attorney General
Christy Jones Brady; Terry Kerns; PhD; DAG Joseph Peter Ostunio; and Ashley Tackett

Social Entrepreneurs, Inc. Support Team
Laura Hale and Kim Hopkinson, PhD

Members of the Public via Zoom
Jess Angel, Bob Higgins, Maddy Larson, Roberta Miranda-Alfonzo, Sabrina Petrel, Maddison Proctor, Cherylynn C Rahr-Wood, Cesar Reyes, Beth Scott, Kimberley Sarandos, Karina Tomco, J. Waldock

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Shell called the meeting to order at 11:01 a.m. and reminded members that if they need to depart a meeting prior to adjournment for any reason, they are asked to formally announce their departure for the record to ensure accurate minutes. He further noted that Dave Briggs is no longer a member of this subcommittee, and thanked him for his participation, camaraderie, and support, and wished him well.

   Chair Shell was excited to have John Firestone joining as a new subcommittee member, noting that he is the Executive Director of the Life Change Center in Reno, and has a ton of experience in this space.

   Kim Hopkinson called the roll and confirmed a quorum.

   Chair Shell thanked Kim and noted that Member Firestone has been appointed to the full SURG as *a person who provides services relating to the treatment of substance use disorders.*

   Mr. Firestone thanked members for having him, noting the great opportunity and letting the group know that his lane is within opioid treatment. The Life Change Center is an outpatient

opioid treatment program. He is also the President of the Nevada Opioid Treatment Association.

2. **Public Comment**
   Kim Hopkinson read a statement on public comment guidance and reminded participants to not use the chat for anything other than technical assistance, to ensure compliance with the open meeting law. Chair Shell asked for public comments. Hearing none, he moved on to the next agenda item.

3. **Review and Approve Minutes from March 24, 2026, Treatment and Recovery Subcommittee Meeting**
   Chair Shell explained that because the minutes from the March 24th meeting were not posted online in advance of this meeting, approval of these minutes would be postponed until the next meeting.

4. **Review Draft Proposed SURG Recommendations Discussed at April 8, 2026 Meeting**
   At Chair Shell's request, Kim Hopkinson reviewed the recommendations that have been submitted by the other subcommittees and were reviewed at the April 8th meeting of the full SURG[1].

   She noted that these recommendations are subject to change, and that some updates have already been made during May meetings of the other subcommittees. Final versions will go to the full SURG meeting in June.

   - Prevention and Harm Reduction
     - *Recommendation #1: Request guidance from the Nevada Board of Pharmacy be posted to their website and communicated to pharmacists to clarify regulations pertinent to the distribution of naloxone in hospitals to permit low-barrier naloxone distribution from emergency departments, and permit Eds to adopt a naloxone-specific standard operating procedure for public naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*
     - *Recommendation #2: Create a bill draft request to set aside cannabis wholesale tax to 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.*
   - Response
     - *Recommendation #1: Recommend that mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl including: any isomer, ester, ether, salt, or salt of an isomer; any synthetic, semi-synthetic, or chemically modified derivative; and any compound containing mitragynine, 7-hydroxymitragynine, or mytragynine pseudoindoxyl as an active pharmacological ingredient,*

[1] Recommendations presented at the SURG meeting are available at https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification be added to the Schedule 1 of NAC 453.510.

- *Recommendation #2: Prohibit the sale of phenibut (β-phenyl-γ-aminobutyric acid), including: any isomer, ester, ether, salt, or salt of an isomer of phenibut; any synthetic, semi-synthetic, or structurally modified derivative; and any compound that acts as a GABA-B receptor agonist or functional equivalent with similar depressant or psychoactive effects to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing phenibut or its derivatives have standardized labeling, including clear warnings about potential health risks and age restrictions.*

  Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities. Enhance Enforcement

  Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.
- *Recommendation #3: Prohibit the sale of amanita muscaria and its psychoactive constituents, including: muscimol, ibotenic acid, and any isomer, ester, ether, salt, or salt of an isomer thereof; any synthetic, semi-synthetic, or chemically modified derivative of muscimol or ibotenic acid; and any compound that produces hallucinogenic, dissociative, or neuroactive effects substantially similar to those substances to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing such psychoactive constituents have standardized labeling, including clear warnings about potential health risks and age restrictions.*

  Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.

  Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.
- *Recommendation #4: Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism and desistance, and standardized policies related to measuring and reporting recidivism. Additionally, require that all publicly funded or publicly administered reentry programs define success using clear, behavior-based outcomes and that programs articulate what meaningful behavior change looks like for participants using tools for measuring engagement, goal attainment, and behavioral milestones.*
- *Recommendation #5: Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Deterra Bags) and to provide education to community members (i.e., youth and senior groups). Prevention coalitions will also provide a one-page document with information*

about opioid overdoses, disposal, and available addiction assistance to be provided with opioid prescriptions. Board of Pharmacy will provide education via their website and work with the Nevada Opioid Center of Excellence for a continued education course.

Chair Shell thanked Kim Hopkinson for this presentation before moving to the next agenda item.

5. Discuss and Revise Proposed Treatment and Recovery Subcommittee Recommendations

Chair Shell reviewed recommendations from this subcommittee and noted that while there were no changes recommended at the meeting of the full SURG, members reserve the right to make necessary changes during this meeting. Feedback for member consideration was provided as noted below.

Chair Shell further noted that five excellent recommendations from Dr. Partida-Corona were not included for the current year's report due to time constraints, so they will be considered for 2027.

The following five recommendations were reviewed.

Recommendation #1
A retrospective assessment or/and prospective study would be conducted to assess the outcomes of all patients following discharge from certified withdrawal management facilities within five years of discharge, including trends in the patterns of step down and use of MOUD, to examine potential contributors to overdose and develop best practices for continued care after treatment.

Chair Shell reminded members that they made some revisions in March before it went to the full SURG in April. He further noted that member Kyra Morgan highlighted during the April 8th meeting that the Office of Analytics and Nevada Health Authority do similar analyses, and that it is recommended that a meeting with Madison Lopey, the Chief Biostatistician take place to help determine what resources could be dedicated to this project.

Mr. Firestone asked if withdrawal management facilities include opioid treatment programs and people going through those programs. Chair Shell asked Ms. Cook for her recollection of the subcommittee's prior discussion. Ms. Cook explained that this links back to which agencies are certified for withdrawal management services, such as OTP (opioid treatment providers) but not limited to that.

Mr. Firestone noted potential impact on the OTP workforce if they are asked to track people for a number of years after discharge. Ms. Cook thought the intention was for a data-based approach at a higher systems level to conduct an assessment and study. This would include

the Office of Analytics, Nevada Health Authority (NHA), and the Office of State Epidemiology.

Assm. Goulding asked where the language came from regarding collection of data for five years after discharge and if that is realistic. Chair Shell recalled that this recommendation was based on a study from Connecticut that Ms. Cheatom had originally brought to the subcommittee.

Mr. Mandell referenced that many one-year studies in Nevada and elsewhere that have not been sufficient because the [overdose] numbers continue to go up, with a lot of relapses and death in the second year. As a person in long-term recovery, and having lost a brother to fentanyl overdose, Mr. Mandell knows this to be true. He noted that there are a lot of people in recovery for five years or so who would stay in contact and participate in that study, because we're missing something with those one-year studies and success rates.

Assm. Goulding appreciated that one year is a short time and asked how likely it is to be successful collecting data for five years with possible attrition of participants and the resulting impact to the study.

Dr. Partida-Corona noted that medical records are kept for seven years. With shorter studies, they may claim success too early. In the first year, folks are plugged into all sorts of supportive services, but they need to look at the longer-term survival rates for this relapsing, remitting, chronic disease process, regardless of data limitations. Assm. Goulding appreciated this additional information and clarification.

Ms. Cook agreed that a five-year study could be challenging due to the shifting environment, but they need to study different pieces and components of systems of care to identify where the biggest gaps are and what is needed over the longer term.

Chair Shell confirmed that members were okay with moving the recommendation forward without any revisions.

Kim Hopkinson asked if they would like her to add the notes about partnering with the Office of Analytics, NHA, and the Chief Biostatistician to the backup and justification documents. Chair Shell supported this and did not see any opposition from other members. Kim invited members to let her know of any other additions they would like for any of the recommendations. She also noted that members of the public could view the recommendation back-up and justification document as part of the April 8th full SURG meeting materials on the SURG webpage.

Recommendation #2
Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services.

Hospitals would receive Department funds to hire peer recovery specialists if they meet the following specific criteria: adoption of delineation of privileges for addiction medicine as a medical specialty, as well as established protocols for the inclusion of midlevel providers and peer recovery navigators.

Chair Shell noted that Dr. Partida Corona had made a great recommendation that was incorporated into his original recommendation. Dr. Partida Corona had also suggested adding Community Health Workers (CHW) to this recommendation, and supported inclusion of Peer Recovery Specialists (PRS), as well. He also noted there would be fewer problems with background checks for CHW.

Chair Shell also cited feedback from Jessica Johnson, Chair, Prevention Subcommittee, regarding supervision training for PRS that could be added to the recommendation or the summary notes. He further confirmed for Dr. Partida Corona that this training would be for the providers to supervise PRS and CHW.

Dr. Partida Corona thought it would be okay to add this feedback to the summary but wanted to leave the greatest amount of flexibility to the hospitals because recruiting addiction specialists can be challenging, particularly in rural hospitals, or for telemedicine settings.

Chair Shell asked for a motion to make the proposed revision to this recommendation a follows:

Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services.

Hospitals would receive Department funds to hire peer recovery specialists and/or community health workers if they meet the following specific criteria: adoption of delineation of privileges for addiction medicine as a medical specialty, as well as established protocols for the inclusion of midlevel providers and peer recovery navigators.

- Dr. Partida Corona made the motion.
- Assm. Goulding seconded the motion.
- The motion carried unanimously.

Recommendation #3:
Recommend that state funding be increased for Contingency Management, to be used to support people in recovery through rewards for reaching their recovery goals.

Chair Shell noted there was no feedback on this recommendation from the April meeting of the full SURG.

Mr. Mandel noted that he felt he should step down as lead for this recommendation (having taken over from Ms. Cheatom) due to his work with Vogue Recovery Centers and a possible conflict of interest. Ms. Cook and Mr. Firestone also noted potential conflicts of interest. Chair Shell offered to serve as lead for this recommendation going forward, and with no other volunteers, he asked for a motion to switch the designated lead to himself.

- Dr. Partida Corona made the motion.
- Mr. Firestone seconded the motion.
- The motion carried unanimously.

Recommendation #4
Elimination of prior authorizations needed for starting medication assisted therapy with buprenorphine and buprenorphine products of all types for opioid use disorder. This would apply to all payors including Medicaid MCOs (Managed Care Organizations).

Chair Shell referenced a question from SURG member Noël Chounet, if members had thought about making this recommendation for treatment in general, rather than being specific to MAT. Dr. Partida Corona said that by referencing buprenorphine specifically, it does not open the floodgates for non-evidence-based medicine treatment. Eventually they may find a medication like buprenorphine for stimulant use disorder, but they could wait until then to bring specific medications into the fold so as not to make it too broad.

Chair Shell agreed with this. Mr. Firestone said the practice he works with uses long-term injectable buprenorphine products with language for no pre-authorization through the pharmacy, but every time they submit, they're required to get pre-authorization through the pharmacy.

Dr. Partida Corona thought injectables would be included because they're listing all products that have buprenorphine. Recently they did eliminate prior authorizations for injectables, and he is also having problems. But this would give a second level of support and after a while, they will be filing two different adoptions of elimination of prior authorizations. Mr. Firestone thanked Dr. Partida Corona.

Assm. Goulding asked if they could broaden it by saying evidence-based treatment, or if that would make it too broad. Dr Partida Corona said that then the problem becomes who decides what evidence-based medicine is. ASAM (American Society of Addiction Medication) delineates the practice of addiction medicine and has plenty of proof that buprenorphine does work. One study may have a modicum of positive results, but should you adopt that as well?

Assm Goulding asked about using *FDA Approved* to broaden without broadening too much. She thought she may be barking up the wrong tree, but the specificity requires that they come back later. Dr. Partida Corona was not sure which delineation to use to open it up. He noted that Oxycontin is FDA approved but not for opiate disorder, so it depends on interpretation.

Ms. Cook noted that the recommendation specifying *opioid use disorder* is key because it removes prior authorization only in this case without opening floodgates. Mr. Firestone said this is good language from his standpoint, and if there is a promising medication for OUD coming down the pipeline, they would have time to make new recommendations for future legislation. Assm. Goulding thanked members for the discussion.

Chair Shell said that no further action was required on this recommendation due to previous approval.

Recommendation #5
Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for Medications for Opioid use Disorder (MOUD).

Seeing no questions or comments for this recommendation, Chair Shell moved to the next agenda item.

6. Rank Recommendations

Kim Hopkinson walked members through the process of ranking, and how the weights are determined based on relative priority. Each member was asked to verbally provide their ranking, then the SEI team will verify their ranking was entered correctly.

Chair Shell called for a five-minute break at 11:47 a.m. for members to review their recommendations for ranking, and called the meeting back to order at 11:53 a.m.

Kim clarified that each recommendation gets assigned a different number from 1 to 5, so two recommendations cannot get the same rank. She confirmed that a ranking of "1" is the highest ranking.

Assm. Goulding ranked the recommendations as follows:

- 1st – Recommendation (Retrospective study) ranked #2
- 2nd – Recommendation (Addiction consult services) ranked #3
- 3rd – Recommendation (Contingency management) ranked #5
- 4th – Recommendation (Elimination of prior authorization) ranked #1
- 5th – Recommendation ranked (Not impose dosage limitations) #4

Kim Hopkinson confirmed that the ranking is correct. The member agreed.

Dr. Partida Corona ranked the recommendations as follows:

- 1st – Recommendation (Retrospective study) ranked #4
- 2nd – Recommendation (Addiction consult services) ranked #3

- 3rd – Recommendation (Contingency management) ranked #5
- 4th – Recommendation (Elimination of prior authorization) ranked #2
- 5th – Recommendation (Not impose dosage limitations) ranked #1

Kim Hopkinson confirmed that the ranking is correct. The member agreed.

Member Mandell ranked the recommendations as follows:

- 1st - Recommendation (Retrospective study) ranked #2
- 2nd - Recommendation (Addiction consult services) ranked #1
- 3rd - Recommendation (Contingency management) ranked #5
- 4th – Recommendation (Elimination of prior authorization) ranked #3
- 5th - Recommendation (Not impose dosage limitations) ranked #4

Kim Hopkinson confirmed that the ranking is correct. The member agreed.

Member Firestone ranked the recommendations as follows:

- 1st - Recommendation (Retrospective study) ranked #4
- 2nd - Recommendation (Addiction consult services) ranked #2
- 3rd - Recommendation (Contingency management) ranked #1
- 4th - Recommendation (Elimination of prior authorization) ranked #3
- 5th - Recommendation (Not impose dosage limitations) ranked #5

Kim Hopkinson confirmed that the ranking is correct. The member agreed.

Member Cook ranked the recommendations as follows:

- 1st - Recommendation (Retrospective study) ranked #4
- 2nd - Recommendation (Addiction consult services) ranked #3
- 3rd - Recommendation (Contingency management) ranked #5
- 4th Recommendation (Elimination of prior authorization) ranked #2
- 5th - Recommendation (Not impose dosage limitations) ranked #1

Kim Hopkinson confirmed that the ranking is correct. The member agreed.

Chair Shell ranked the recommendations as follows:

- 1st - Recommendation (Retrospective study) ranked #5
- 2nd - Recommendation (Addiction consult services) ranked #2
- 3rd - Recommendation (Contingency management) ranked #3
- 4th - Recommendation (Elimination of prior authorization) ranked #1
- 5th - Recommendation (Not impose dosage limitations) ranked #4

Kim Hopkinson confirmed that the ranking is correct. The member agreed.

The Treatment and Recovery Subcommittee was unable to receive rankings from the following member who was not in attendance: Assm. Edgeworth

Based on the current compiled rankings, the subcommittee concluded with this collective ranking to be presented to the full SURG at its June meeting:

1st - Recommendation #4

- Elimination of prior authorization

2nd - Recommendation #2

- Addiction consult services

3rd - Recommendation #5

- Not impose dosage limitations

4th - Recommendation #1

- Retrospective study

5th - Recommendation #3

- Contingency management

Chair Shell asked for a motion to approve this ranking:

- Dr. Partida Corona made the motion.
- Ms. Cook seconded the motion.
- The motion carried unanimously.

7. Presentation of Treatment and Recovery Subcommittee Recommendations at June SURG Meeting

Chair Shell explained that he could present the recommendations as ranked to the full SURG in June as Chair, or sponsors could present their recommendations. Kim Hopkinson confirmed that the SURG meeting would be held on June 10th from 2 to 5 p.m.

Dr. Partida Corona said he would not be opposed to presenting the recommendations he is championing. Ms. Cook said she would like to have Chair Shell present her recommendation, but she would be there for any questions.

8. Review 2026 Treatment and Recovery Subcommittee Meeting Topics and Timeline

Kim Hopkinson reviewed subcommittee meetings for the rest of the year, as follows:

- June 23rd, if needed for final adjustments to the recommendations following feedback received at the June full SURG meeting. She noted that this 2025-26 report will cover 18 months, based on the scheduling adjustments under AB19, then future reports will go back to covering 12 months.
- For the 2026-27 report, there will be subcommittee meetings in September, November, and December to work toward the next slate of recommendations. Additional recommendations may be submitted along with those already submitted, via the SurveyMonkey link provided by SEI.

The full SURG will meet in June to review final ranked recommendations and approve the annual report template. Then in July the full SURG will meet again to approve the actual Annual Report. In October, the full SURG will meet again for presentations from subject matter experts, as well as other standard topics.

Chair Shell reminded members that they already have five great additional recommendations submitted by Dr. Partida Corona that they will continue to review, with possible presenters, at future subcommittee meetings.

9. Public Comment

Kim Hopkinson read public comment guidance, and Chair Shell asked for public comments.

Dr. Terry Kerns highlighted receipt of an email from the Bureau of Behavioral Health, Wellness, and Prevention that Nevada Medicaid is conducting rate review surveys, as required by state law. Different medical services are surveyed to make sure the reimbursement rate provided by Medicaid matches what it actually costs to provide services.

Beth Scott had a question on proposed recommendation #2 and whether adding a certified Peer Recovery Specialist would satisfy the concern about supervision raised during discussion of that recommendation in an earlier agenda item.

- Chair Shell invited Dr. Partida Corona to address this question.
- Dr. Partida Corona said he wouldn't be opposed to adding that language, and the same for Community Health Workers, given that the idea is to professionalize them. Plus, without those certifications, they are not going to get reimbursed by most insurances.

Kim Hopkinson asked DAG Joseph Peter Ostunio to provide clarity as to whether the subcommittee could discuss Beth Scott's suggestion, given that it was raised during a public comment period. DAG Ostunio explained that because members already took action as a subcommittee on voting and ranking recommendations before this question was raised in public comment, the members can't really talk about it, but the Chair could put it on a future agenda.

Chair Shell thanked DAG Ostunio for this clarification and said he would consider this item for a future agenda.

Mr. Mandell wanted to thank each and every person who is part of the SURG Treatment and Recovery Subcommittee and those who have joined from the public for their commitment to this work.

10. Adjournment

Chair Shell adjourned the meeting at 12:20 p.m.

Chat File

00:19:26 Kim Hopkinson (she/her):Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.

01:22:36 Kim Hopkinson (she/her):Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.