

## DRAFT MEETING NOTES

Statewide Substance Use Response  
Working Group Meeting

Wednesday, June 10, 2026  
2:00 p.m.

### Meeting Locations:

#### Offices of the Attorney General:

100 North Carson Street  
Carson City, NV 89701  
Mock Courtroom

McCarran Center - State of Nevada Campus  
1 State of Nevada Way, Suite 100  
Las Vegas, NV 89119  
Conference Room 225/226

Virtual via Zoom

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

Robert Banghart (joined at 2:50); Stephanie Cook; Dr. Jose Maria Partida Corona (joined at 2:11); John Firestone; Peter Handy; Jessica Johnson; Stacey Lance; Kyra Morgan; Senator Dina Neal (joined at 2:11); Wendy Nelsen; Christine Payson; Steve Shell.

### Members Present in Las Vegas

Guisepppe Mandell and Bud Schawl (joined at 2:14)

### Members Present in Carson

Noël Chounet and Shayla Holmes

### Members Absent

Attorney General Ford; Senator Jeff Stone; Chelsi Cheatom; Nicole Hicks; Assemblymember Rebecca Edgeworth; Assemblymember Heather Goulding; Rosa O'Bannon

### Attorney General's Office Staff

Assistant Attorney General Christine Jones (CJ) Brady; Chief Deputy Attorney General Mark Krueger; Terry Kerns, Ph.D.; and Ashley Tackett

### Social Entrepreneurs, Inc. (SEI) Support Team

Margaret Del Giudice; Crystal Duarte; Kim Hopkinson; and Mary O'Leary

### Other Participants via Zoom or In Person

Ashlyn A; Linda Anderson; Chyna Balzer – Nevada (OD2A-S); Ben (SUPTRS); Katie Brandon (WCRMEO); Lori Bryan; Nevada CASAT; chlee; Shayla Gransbery; Heather Kerwin; Alyssa Planas; Sabrina Petrel; Maddie Proctor; Belkis Quezada (DHS DO FRN); Cherylyn C. Rahr-Wood; Jamie Ross; Sabrina; Kimberley Sarandos; Beth Scott; Riley Shepard (NV-OD2A); Morgan Sollano; Katie M. Snider, Ph.D.; Victoria Soriano (DHS DO FRN), Joan Waldoock (DHS DO FRN); Samm Warfel NDVS (she/her); 1-(702) 908-4734

*Unless otherwise identified, members of the public are listed by their name or number as it appeared on Zoom.*

### 1. Call to Order and Roll Call to Establish Quorum

Vice Chair Steve Shell called the meeting to order at 2:03 pm.

Crystal Duarte, Social Entrepreneurs, Inc. (SEI), called the roll and confirmed a quorum after ensuring that no SURG members were categorized in Zoom as Attendees instead of Panelists.

Ms. Duarte reminded members of the importance of attending meetings in their entirety when possible and Vice Chair Shell reminded attendees that should a member need to leave prior to the meeting adjournment, they must announce their departure to the Chair or Vice Chair.

The specific guidance was entered into the meeting chat by Mary O’Leary (SEI) and read: *If a member must depart a meeting prior to adjournment for any reason, the member shall formally announce their departure for the record to ensure accurate minutes and to allow the Chair to confirm that a quorum remains in accordance with Nevada’s Open Meeting Law.*

Vice Chair Shell moved to Agenda Item #2.

## **2. Public Comment**

The Vice Chair read public comment guidance and asked if anyone present in Vegas, Carson, or online would like to make public comments.

Jamie Ross offered public comment. Ms. Ross introduced herself as CEO of the PACT (Prevention, Advocacy, Choices, Teamwork) Coalition working in Clark County Nevada. She commended the SURG on their thoughtful activities and recommendations and thanked members for their efforts. She emphasized that the SURG has the PACT Coalition’s full support.

Vice Chair Shell thanked Ms. Ross and, seeing or hearing no additional public comment, moved to Agenda Item #3.

## **3. Review and Approve Minutes from April 8, 2026, SURG Meeting**

Vice Chair Shell welcomed a motion to approve the minutes from the prior SURG meeting.

- Wendy Nelsen made the motion to approve the meeting minutes.
- Noël Chounet seconded the motion.
- The motion carried unanimously.

Vice Chair Shell moved to Agenda Item #4.

## **4. SURG Member Appointment and Subcommittee Assignment**

Dr. Terry Kerns introduced new member, John Firestone, Executive Director of the Life Change Center, who has joined the SURG as someone who provides services relating to the treatment of substance use disorder (SUD). Dr. Kerns recalled that Dave Briggs had previously served in this role but resigned due to time constraints and conflicts.

Member Firestone introduced himself and underscored his pride in serving on the SURG. He highlighted his experience with substance use disorder treatment with the Life Change Center where they help people who are struggling with heroin and fentanyl use, and all classes of opioids. He continued that he also serves as President of the Nevada Opioid Treatment Association (NOTA). Member Firestone reiterated his enthusiasm for working with the SURG as a committee member.

Dr. Kerns thanked Member Firestone and concluded her introduction under Agenda Item #4.

Ms. Duarte noted that SURG members Senator Dina Neal and Dr. Jose Maria Partida Corona joined the meeting thus comprising 14 members in attendance.

Vice Chair Shell welcomed Member Firestone and moved on to Agenda Item #5.

Presenter for Agenda Item #5, Chief Deputy Attorney General Mark Krueger, was delayed in joining the meeting, so Vice Chair Shell moved to Agenda Item #6 (see below) until Mr. Krueger could join, at which point the Vice Chair Shell would return to Agenda Item #5.

## **6. Presentation on Subcommittee Recommendations and Rankings**

Vice Chair Shell introduced Prevention Subcommittee Chair Jessica Johnson to present Prevention subcommittee recommendations for review by the SURG. Recommendations are listed by subcommittee in ranked order and begin on slide 11 of the Meeting PowerPoint available on the [SURG website](#).

Ms. Duarte announced that member Bud Schawl had joined the meeting. She then noted that between the April and June SURG meetings, subcommittees convened to review and revise recommendations. Changes to recommendation language or justification/background details are reflected in the meeting PowerPoint, and in the text below, via **red underlined** text (justification/background and other details can be found in supporting document, *2025-2026 Ranked Recommendations Compilation*, also available on the [SURG website](#),

Member Johnson read Prevention Recommendations 1-3 in ranked order, after which she welcomed feedback.

### **Prevention Recommendation #1:**

Support **identified partner/agency in introducing** a bill draft request in the 2027 legislative session that would double the annual state investment in primary prevention **to protect prevention infrastructure** via a general fund dollar line item committed to BBHWP's prevention programming for people aged 0-24. Monies should be directed to local lead agencies that prioritize evidence-based programming.

*For example, if the current level of investment was \$1.6 million, then this would be raised to \$3.2 million for the next biennium. This funding should not be at the expense of existing programming and should be the State of Nevada's contribution to Prevention efforts; additional Federal and/or other monies that are secured would not change the target allocation of State dollars for primary prevention efforts.*

**Submission Details:** Submitted by Erik Schoen in 2024, re-elevated for 2025-2026, refined following discussion at November 2025 Prevention Subcommittee meeting and presentation from Stephanie Cook, last edited 5/20/2026.

Member Johnson noted that this recommendation was highlighted at the April SURG meeting and has been carried forward from previous reports by the Prevention Subcommittee. Edits made during the last subcommittee made are indicated in red. Feedback received in the past included a need to identify a specific champion for Bill Draft Requests (BDR) to help carry forward these recommendations. Member Johnson indicated that the Prevention Subcommittee has not identified an individual or entity, this would be a follow-up action.

### **Member Johnson continued with Prevention Recommendation #2:**

Create a bill draft request to set aside **funding\* for youth vaping prevention ~~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. **\*Given that vaping is a delivery method for cannabis, nicotine, and other substances like fentanyl, multiple funding sources should be considered, including the cannabis wholesale tax, tobacco or vaping settlement, tobacco tax dollars, the Fund for Resilient Nevada, or other appropriate sources as related to substance use.**

**Submission Details:** Submitted by Debi Nadler in 2024, co-sponsored by Jessica Johnson, re-elevated for 2025-2026, edited live during March 18, 2026 Prevention Subcommittee meeting, edited on April 30, 2026 to further reflect subject matter expertise, last edited 5/20/2026.

Member Johnson explained that this recommendation underwent the most editing since the last time it was presented to the SURG. She explained that data presented at a meeting of the Joint Interim Standing Committee on Health and Human Services indicated a need for additional support for youth vaping prevention to address the delivery mechanism for multiple substances and continue to support prevention across the state. Member Johnson pointed committee members to the recommendation supporting documentation (*2025-2026 Ranked Recommendations Compilation*) for significant updates that support the changes to this recommendation.

Member Johnson continued to **Prevention Recommendation #3:**

*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 (EDs) and permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for **public community-based** naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

**Submission Details:** Submitted by Jessica Johnson on 4/29/2025, last edited 5/20/2026.

Member Johnson explained that, since this was presented to the SURG in April, there was recommended language from the subcommittee for a sample post that could be provided to the Nevada Board of Pharmacy should this recommendation move forward. This language is included in the *2025-2026 Ranked Recommendations Compilation* supporting documentation.

Having read the three recommendations, Member Johnson welcomed questions or feedback from the SURG.

Vice Chair Shell thanked Member Johnson and invited members to comment on any of the Prevention Subcommittee recommendations.

Dr. Kerns, regarding Prevention Recommendation #1 or any recommendations calling for a BDR, indicated that it was her understanding that the first deadline for BDRs is July 1, 2026.

Vice Chair Shell thanked Dr. Kerns and invited further feedback from the SURG.

Senator Neal explained that the bill drafts have an August deadline, so if there is a need to identify a person to carry it, they would need to be identified promptly to meet the August deadline, which is the first deadline, the second deadline is in December.

Vice Chair Shell thanked Senator Neal and asked Member Johnson if they already had someone in mind to carry it forward as a BDR.

Member Johnson stated that the Prevention Subcommittee does not have anyone in mind. She added that Senator Neal has recently joined the Prevention subcommittee and they are grateful for her leadership and expertise. She reiterated that no one has been identified at this point and the Prevention Subcommittee would welcome any suggestions or volunteers.

Vice Chair Shell invited additional discussion regarding Prevention Recommendations 1-3.

Senator Neal thanked Member Johnson for the acknowledgment and noted that, relating to Prevention Recommendation #2, the Nevada Tobacco Control and Smoke-free Coalition will be presenting at the July 8 Joint Interim Standing Committee on Revenue. Senator Neal clarified that it has not been determined whether it will be taken on as an interim bill, but it is being presented at the July 8 meeting so that the Interim Revenue Committee can consider the measure.

Member Johnson thanked Senator Neal for the helpful information.

Vice Chair Shell welcomed additional feedback, and hearing none, moved on to the Treatment and Recovery Subcommittee Recommendations.

As Chair of the Treatment and Recovery Subcommittee, Vice Chair Shell emphasized that there were numerous recommendations that were considered through this subcommittee, many of which will be carried into the next report cycle for FY27.

Vice Chair Shell then asked Dr. Partida Corona to read **Treatment and Recovery Recommendation #1:**

*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).*

**Submission Details:** Submitted by Jose Maria Partida Corona, MD, FASAM on 3/22/2026, updated at 3/24/2026.

Dr. Partida Corona explained that the goal in mind is to avoid jumping through hoops with prior authorizations to initiate therapy given the narrow window of opportunity when a patient arrives to their point of care and are willing to initiate care.

Vice Chair Shell thanked Dr. Partida Corona and, in keeping with Member Johnson's review of all recommendations prior to the discussion thereof, Vice Chair Shell asked Dr. Partida Corona to continue with **Treatment and Recovery 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 **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.*

**Submission Details:** Submitted by Steve Shell on 6/17/2025, updated on 3/24/2026.

The updated recommendation above combines one originally submitted by Steve Shell on 6/17/25 and one submitted by Dr. Jose Maria Partida Corona, MD, FASAM on 3/23/2026.

Member Dr. Partida Corona commented that "community health workers" had mistakenly not been included in this recommendation.

Vice Chair Shell thanked Member Dr. Partida Corona and added that during the next Agenda Item, the word "certified" can also be added before "peer recovery specialists and/or community health workers."

Dr. Partida Corona continued with **Treatment and Recovery Recommendation #3:**

*Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for Medications for Opioid Use Disorder (MOUD).*

**Submission Details:** Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026, updated on 3/24/2026.

Vice Chair Shell read **Treatment and Recovery Recommendation #4:**

*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.*

**Submission Details:** Submitted by Chelsi Cheatom on 8/20/2025; co-sponsored by Stephanie Cook on 11/18/25; updated on 3/24/2026.

Vice Chair Shell noted that this was something the Treatment and Recovery Subcommittee found that other states were doing and that would be necessary to help plan for the future and see the outcomes of programming.

Vice Chair Shell continued with **Treatment and Recovery Recommendation #5:**

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

**Submission Details:** Submitted by Chelsi Cheatom on 9/25/2025; co-sponsored by Guiseppe Mandell on 3/24/26; updated on 3/24/2026; [lead changed to Steve Shell at 5/26/2026 Treatment and Recovery meeting.](#)

Having completed a readthrough of all Treatment and Recovery Recommendations in ranked order, Vice Chair Shell invited comments from SURG members.

Member Johnson, relating to Treatment and Recovery Recommendations 1 and 3, asked if prior authorization for the medications noted in the recommendation are managed at the state level, and therefore could be at the power and control of state Medicaid to change, or if they are federally managed medications.

Dr. Partida Corona indicated that it is at the insurance level, such that each company can put up prior authorization requirements, but that most take their lead from Medicaid.

Vice Chair Shell thanked Dr. Partida Corona and welcomed a comment from Member Bud Schawl.

Member Schawl noted that the state, through MCOs and Medicaid, can provide direction in terms of what they want Medicaid and MCOs to honor, and they can have significant influence and even go as far as directing certain things, particularly within MCOs and Medicaid. He added that he had a question related to Treatment and Recovery Recommendation #2.

Before Member Schawl continued with his question, Ms. Duarte pointed to request to comment in Carson City on Treatment and Recovery Recommendation #1.

Member Noël Chounet clarified that her comment was related to Treatment and Recovery Recommendation #2 and so Vice Chair Shell returned to Member Schawl for his question.

Member Schawl, relating to Peer Recovery Support Specialists (PRSS), asked if the Treatment and Recovery Subcommittee had given any thought to the barrier of background checks for certified PRSS and how to mitigate that in hiring, particularly within the healthcare environment.

Vice Chair Shell thanked Member Schawl for the question and explained that his understanding was that the state is currently reviewing background check requirements and had recommended that the state consider dropping the requirement for a felony from the current 5 to 3 years to remove some barriers. He added that the state's work on this is ongoing.

Vice Chair Shell turned to Member Chounet regarding her comment on Treatment and Recovery Recommendation #2.

Member Chounet discussed Community Health Workers (CHW) in tribal communities, explaining that they are called Community Health Representatives and are not necessarily recognized as one-to-one with regards to CHWs. She continued that as the SURG looks to include CHWs in recommendations, it would be important to consider Community Health Representatives and be mindful of the large tribal community in Nevada, making efforts to be inclusive in these recommendations.

Vice Chair Shell thanked Member Chounet for the comment and asked for clarity as to whether she was suggesting that this recommendation be worded as “Community Health Worker/Representative.”

Member Chounet affirmed that as her recommendation for Treatment and Recovery Recommendation #2.

Vice Chair Shell welcomed additional feedback from the SURG regarding Treatment and Recovery Recommendations 1-5.

Stephanie Cook asked if the term Community Health Worker applies to individuals that are certified, explaining that the intent of the language here was to refer to certified Community Health Workers.

Dr. Partida Corona indicated that there is a certification for Community Health Workers.

Member Cook elucidated that she understood the language in Treatment and Recovery Recommendation #2 to be referring to certified individuals, officially referred to as Community Health Workers.

Dr. Partida Corona asked if there is a certification for Community Health Representatives.

Member Chounet stated that she would obtain more information to confirm but that her understanding is that there is a distinct certification for Community Health Representatives.

Vice Chair Shell thanked Member Chounet and welcomed additional comments. Seeing none, he noted they'd take this under consideration in the next Agenda Item where they'd take motions on these recommendations.

Vice Chair Shell, seeing and hearing no additional comments, invited Dr. Kerns to read **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, regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification be added to the Schedule I of NAC 453.510.*

**Submission Details:** Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026.

Dr. Kerns recalled the prior SURG meeting where members recommended adding language to three Response recommendations to include scheduling as Category 1 or to restrict sales to people under 21 years of age, which the Response Subcommittee discussed at their meetings since the last SURG in April. She added that, as had been previously noted at the last SURG meeting, the Board of Pharmacy has moved forward with categorizing Kratom as Schedule I and had met on April 16, 2026. Dr. Kerns continued that the Response Subcommittee let the Board of Pharmacy know about Response Recommendation #1 as a current draft recommendation, though they understand that the process was already underway. Considering this, and in tandem with current data showing the dangerous effects of Kratom products, the Response Subcommittee decided not to add language in this recommendation to restrict sales to people under 21 years of age and to just leave it as recommendation categorizing it as Schedule I.

Dr. Kerns moved on to **Response Recommendation #2:**

*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.*

**Submission Details:** Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026.

Dr. Kerns reminded the SURG that recommendations from the prior meeting had been to include possibly scheduling or prohibiting sales to under 21. She explained that the subcommittee determined that there were not enough research or data on amanita muscaria and its effect to warrant adding the Schedule I language, so the recommendation remains as is, to prohibit sales to people under 21 years of age.

Dr. Kerns continued with **Response Recommendation #3:**

*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.*

**Submission Details:** Submitted by Dr. Terry Kerns on 2/18/2026, revised on 2/3/2026, and 3/12/2026.

Dr. Kerns noted that no changes were recommended, and none have been made.

She continued with **Response Recommendation #4:**

*Recommend state agencies under the legislative, judicial, and executive branches involved with **adult** 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.*

**Submission Details:** Submitted by Dr. Terry Kerns on 5/16/2025, updated on 8/5/2025 and 5/14/2026.

Dr. Kerns highlighted a comment from the April SURG meeting by member Kyra Morgan about a current definition of recidivism for youth used within the state so the Response Subcommittee added the word 'adult' to the recommendation to reflect awareness of this.

She moved on to **Response Recommendation #5:**

*Prohibit the sale of phenibut ( $\beta$ -phenyl- $\gamma$ -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.*

**Submission Details:** Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026.

Dr. Kerns noted that with phenibut, as with amanita muscaria, the Response Subcommittee determined that the research and data on effects were insufficient to warrant adding the Schedule I language to this recommendation.

Having read all Response Recommendations, Dr. Kerns welcomed comments or questions.

Dr. Partida Corona asked about Response Recommendation #1, agreeing that Kratom is a big risk in the community, but expressing a lack of certainty regarding whether scheduling something as Schedule I would reduce use in the community. He suggested that prior to implementing this, the recommendation include language for a study that would assess whether this change reduces the number of deaths associated with Kratom use. Member Dr. Partida Corona elaborated that the goal is use-reduction in the community, either through making it Schedule I or by reducing access, so the aim of this language addition would be to determine if making something Schedule I reduces damage to the community.

Dr. Kerns agreed that this suggestion makes sense and welcomed member Shayla Holmes to weigh in as she submitted this recommendation.

Member Holmes noted that it is known that substance misuse is not solved by regulation, but the issue with Kratom now is that it is publicly and readily available in such a way that does not make it apparent to consumers that it is dangerous. She continued that many presentations have discussed Schedule I vs sales restrictions and other things that can be done, as seen in some of the other Response recommendations, but that with Kratom specifically, the subcommittee decided to go for Schedule I due to the amount of associated deaths in the state underscoring the need for this to be addressed as a public safety measure. She clarified that including Kratom in Schedule I will not prevent those who utilize underground substances from finding it, but it will potentially save the lives of those who are purchasing it over the counter and unaware of its potential effects.

Dr. Partida Corona wondered if a combination of restricting sales to those over 21 years of age and taxing it, similar to what was done with cigarettes, would achieve the same outcome as it had with cigarette use, which went down with certain populations, in part because of how well aware people became of the dangers of smoking. He emphasized that the dangers of Kratom are significant but that educating the population as to why it's dangerous may be the best way to reduce use, which is why he considers restricting sales by age and placing a tax on Kratom to be a better route than pursuing Schedule I.

Member Holmes expressed respect for Dr. Partida Corona's reasoning, but urged people to consider that what was done with cigarettes took a lot of time to educate the community on tobacco, and this work is still ongoing with vaping and cigarette alternatives. She added that cigarettes kill people over time, but that Kratom is killing people immediately via overdose. Reiterating the legitimacy of the reasoning to use sales restriction and taxation as a way to reduce use, she underscored grave concerns about the number of people that will die if additional and immediate action is not taken, citing the Coroner's Office and current death data as motivating the Response Subcommittee's decision to include language for categorizing Kratom as Schedule I.

Dr. Partida Conora expressed appreciation for Member Holmes' point of working within a narrow window of opportunity given that these deaths are happening at a younger age and commented that, at

the very least, we would learn whether categorizing it as Schedule I will reduce use and that this will be important information to learn.

Member Johnson thanked the Response Subcommittee and asked, with regards to Response Recommendation #1, if a Schedule I change had been adopted by any neighboring states.

Member Holmes affirmed that several states have it as Schedule I and several others are in the process of doing so.

Member Johnson thanked Member Holmes and stated that she had a question relating to Response Recommendation #3.

Member Rob Banghart joined the meeting.

Dr. Kerns noted that she was contacted by a lobbyist working with Kratom manufacturers and they were in favor of scheduling everything other than the natural form of Kratom and indicated that the Kratom industry is in favor of scheduling all synthetics and semi-synthetics.

Member Bud Schawl asked Vice Chair Shell for, and received, permission to read a comment from Dr. David Obert, Medical Director for UMC Emergency Medicine, who provided the following statement, read aloud by Member Schawl:

*Schedule I classification of whole-leaf kratom is not supported by current evidence and would likely produce net harm by impeding research and potentially increasing use of more dangerous opioids. However, concentrated 7-OH products warrant controlled substance status given their higher abuse liability. The priority should be product standardization, surveillance, and clinical trials to establish whether kratom constituents have legitimate medical applications for pain or opioid use disorder.*

Vice Chair Shell thanked Member Schawl and welcomed Member Johnson to continue with her question about Response Recommendation #3.

Member Johnson expressed enthusiasm seeing a distribution through the prevention coalitions, which will ensure diffusion and reach throughout the state. She asked if there are funds associated with the recommendation, a collaboration, or if its aligned with an action that prevention coalitions are already undertaking statewide.

Dr. Kerns explained that the funding, noted in the supporting documentation (provided in *2025-2026 Ranked Recommendations Compilation*), was to request funding from the Fund for Resilient Nevada.

Member Johnson thanked Dr. Kerns and requested to pose an additional comment on Response Recommendation #2 and #5, pausing first in case SURG members had feedback on Response Recommendation #3.

Member Guiseppe Mandell commented, with regards to 7-OH or Kratom, that he's been getting calls from a major hospital and Director of Case Management indicating a big uptake in Kratom sales (now being purchased at Walmart) and they want to know who they could report it to. He added that, as someone working in the treatment centers, 7-OH and Kratom abuse is a problem because they cannot get authorization for treatment because they are not Schedule I narcotics, and the associated withdrawal is severe. He emphasized that education is important because currently there is a lot of information that says it's a beneficial alternative to opiates, and there is a large amount of information about unproven health benefits causing people who wouldn't otherwise use an opiate to try it. Member Mandell added that, based on lived experience, it doesn't currently have value on the black market so if it was a Schedule I drug, there would not be an immediate uptake of black-market sales for Kratom on the streets and that it would likely be sold at what the market value is for fentanyl or heroin, as far as opiates, and it would phase its way out.

Member Schawl suggested it be made a Schedule I but also provide some legislative relief or caveat for being able to use it for research studies to study the drug.

Member Holmes indicated that she wasn't sure what the clinical trials are and if Schedule I drugs can be included, though she knows that some scheduled narcotics are in trials so categorizing it as Schedule I in Nevada won't necessarily limit its ability to go through appropriately vetted and approved studies. She offered to do additional research on this.

Dr. Partida Corona commented that, after hearing Member Holmes and Member Mandell, he was now convinced that Kratom should be Schedule I.

While on the topic of Kratom, Dr. Kerns shared an anecdote from the Drug Endangered Children's conference she'd been to recently. A nurse practitioner that worked with neonatal abstinence syndrome in the Midwest presented about a baby they were treating who had the worst withdrawals they'd ever seen. They did not know what the baby was exposed to as the mother denied any illicit drug use. Ultimately, they discovered the mom was using Kratom without realizing its effects, thinking it was a supplement.

Dr. Kerns asked if Member Johnson had additional questions.

Member Johnson asked if it was appropriate to comment on Response Recommendation #2 and #5.

Vice Chair Shell asked Member Cook, who had her hand raised, if she had something to contribute to the current discussion.

Member Cook confirmed she did and stated that the Substance Use and Mental Health Services Administration (SAMHSA) are working with the Food and Drug Administration (FDA) on Kratom to issue treatment guidance. She added that Tennessee is scheduling this now so they may be a good state to use as a reference point or for guidance.

Dr. Kerns added that the Board of Pharmacy process is not quick, that it may be a two-year process to get it scheduled.

Member Holmes confirmed that it is a two-year process, and it began with their first public hearing after which there will be several others. She offered that there are other states, such as Arizona, Wisconsin, that have successfully scheduled it.

Member Cook announced that she would need to leave the meeting.

Vice Chair Shell confirmed that quorum remained following Member Cook's departure. Vice Chair Shell recognized Member Firestone who had raised his hand.

Member Firestone, speaking on behalf of opioid treatment centers, offered support for the Schedule I classification but also underscored the need for medication assisted treatment guidance as they do not currently have clear guidance on how to treat Kratom.

Dr. Kerns pointed to Member Schawl who had a comment.

Member Schawl added that Dr. Obert, quoted above, is in favor of the Schedule I classification as well, particularly for 7-OH.

Vice Chair Shell thanked members for their feedback and returned to Member Johnson for her comments on Response Recommendations #2 and #5.

Member Johnson, reflecting on presentations from Nevada Tobacco Prevention Coalition to the Prevention Subcommittee, recalled that funds earned through the cannabis wholesale tax are not earmarked for prevention. She asked if the Response Subcommittee considered, and Dr. Partida Corona had discussed this earlier, an opportunity for taxing these psychoactive substances and appropriating

these funds for prevention, specifically for ages 0-24, to help ensure youth are educated about these substances.

Dr. Kerns thanked Member Johnson for her comment.

Member Holmes didn't recall discussing taxation and expressed support for Member Johnson's suggestion as a way to move funds to prevention.

Dr. Kerns agreed with Member Holmes.

Member Johnson offered to share any resources from the presentation noted in her comment above as the Prevention Subcommittee had received a lot of recommendations that outline the variety of funding sources to help identify resources specifically for prevention. She continued that if a tax were levied as part of these recommendations, the need to identify specific prevention use has been a lesson learned across the state.

Dr. Kerns thanked Member Johnson and expressed interest in these additional resources.

Vice Chair Shell opened the floor to other questions or comments.

Member Nelsen added that with Kratom, one of the biggest issues for sales among youth is that Kratom is sold in single shot bottles marketed like energy drinks to people who are unaware of the dangers. She added that prevention streams often don't cover Kratom, and that discussions at the federal level have occurred. She expressed enthusiasm for where this is headed in terms of prevention and messaging.

Vice Chair Shell thanked Member Nelsen for her comment and invited additional feedback on Response recommendations. Hearing and seeing none, he moved on to item #7 for possible action.

## **7. Approval of 2025-2026 Recommendations**

Vice Chair Shell explained that under this Agenda Item, recommendations could be voted on and/or changes could be proposed and then voted on by the SURG. Beginning with the Prevention Subcommittee recommendations (as written above and on PPT slides 13-15), Vice Chair Shell opened the floor to members to propose a motion to approve as is and as ranked or to make a motion to change any recommendations.

Member Holmes made a motion to approve as ranked Prevention Recommendations 1-3.

Member Dr. Partida Corona seconded the motion.

Motion passed unanimously.

Vice Chair Shell moved on to Treatment and Recovery Recommendations. As mentioned during discussion under Agenda Item #6, the subcommittee wishes to add the word *certified* to Treatment and Recovery Recommendation #2 and reminded the SURG that Member Chounet had feedback regarding Community Health Representatives. Vice Chair Shell opened the floor for any motion regarding this specific recommendation.

Dr. Partida Corona motioned to make the change with "certification" and "representative" in Treatment and Recovery Recommendation #2.

Vice Chair Shell clarified that this motion was to add the word *certified*.

Dr. Partida Corona confirmed that this was correct and that it was to add 'representatives' after workers. (See suggested change in red text below.)

### **Treatment and Recovery 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 and/or **certified** community health workers/**representatives**, 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.*

Member Banghart seconded the motion.

The motion carried unanimously.

Vice Chair Shell welcomed a motion to approve the full slate of recommendations from Treatment and Recovery pending another motion to make a change.

Member Dr. Partida Corona motioned to approve, as ranked, all Treatment and Recovery Recommendations (PPT slides 17-21).

Member Chounet seconded the motion.

Member Johnson noted that Member Chelsi Cheatom's name was spelled incorrectly on the slide.

Vice Chair Shell confirmed that this misspelling was not in the recommendation itself, but in the justification section, so correcting this does not require a motion.

Dr. Partida Corona pointed out that Vice Chair Shell's name was also misspelled in the justification notes.

With these misspellings noted for correction in the future, Vice Chair Shell welcomed any additional comments.

The motion carried unanimously.

Vice Chair Shell moved on to the Response Subcommittee recommendations to entertain a motion to change a specific recommendation and/or approve all recommendations.

Member Johnson asked if the subcommittee was planning to add details about taxation to recommendations #2 and #5 in future subcommittee discussions or if this is the only opportunity to review and approve these recommendations.

Dr. Kerns asked if this should be added under Actions in the supporting documentation and that the recommendation language itself be unchanged.

Member Johnson asked the SURG if policy makers or other participants could help provide guidance. She added that an action step would be one place to make this explicit, but that similar to how restricting Kratom sales are included in the recommendation itself, she asked if the Response Subcommittee would be open to adding details there in a similar fashion around taxation.

Member Holmes indicated that, given the timeframe, an amendment could be made to Response Recommendation #2 to enhance enforcement mechanisms and add a line that says, "*and create and identify taxation mechanisms for prevention purposes*" and the associated action items could also be workshopped for the report.

Member Johnson agreed with this as a way to solidify appropriating funds for prevention under the *enhancing enforcement mechanisms*. She noted that this would be for Recommendation #2 and #5. She thanked Dr. Holmes and Dr. Kerns.

Member Holmes made a motion to amend Response Recommendation #2 and #5 to add the line ‘*explore taxation options for prevention.*’ (Suggested changes in red text below.)

**Response Recommendation #2:**

*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.*

***Explore taxation options for prevention.***

**Response Recommendation #5:**

*Prohibit the sale of phenibut ( $\beta$ -phenyl- $\gamma$ -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.*

***Explore taxation options for prevention.***

Member Nelsen seconded the motion.

Dr. Partida Corona asked to put ‘*options for education and prevention*’ to open up the option to do research as to whether these changes are making a difference.

Member Holmes clarified that this would need to be a separate motion.

Motion to add ‘*explore taxation options for prevention*’ passed unanimously.

Vice Chair Shell invited a motion to be raised for any other amendment.

Member Schawl made a motion to add ‘*for education*’ to the line just added via the previous passed motion for Response Recommendation #2 and #5. (Recommended changes reflected in red text below.)

**Response Recommendation #2:**

*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.*

*Explore taxation options for **education and** prevention.*

**Response Recommendation #5:**

*Prohibit the sale of phenibut ( $\beta$ -phenyl- $\gamma$ -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.*

*Explore taxation options for **education and** prevention.*

Dr. Partida Corona seconded the motion.

The motion was approved but not unanimously.

Ms. Hopkinson noted an opposition in Carson City by Member Chounet.

Vice Chair Shell entertained a motion to approve the full slate of Response Recommendations (PPT slides 23-29) as revised and ranked.

Member Schawl made a motion to approve Response Recommendations as ranked.

Dr. Partida Corona seconded the motion.

Member Handy raised a point of order to Response Recommendation #1 as he deemed it outside the scope of the SURG's purview and statutory authority to recommend scheduling a substance as Schedule I to the Board of Pharmacy. He elaborated that the SURG can make recommendations to the Board of Pharmacy to ensure controlled substances are appropriately prescribed in accordance with provisions of Chapter 639, and that doesn't include Schedule I substances, which by their nature are prohibited from being prescribed.

Vice Chair Shell thanked Member Handy for raising this concern. He asked for any additional discussion regarding the motion on the table. Hearing none, he called for a vote.

Motion approved but not passed unanimously with Mr. Handy in opposition.

Vice Chair Shell thanked all subcommittees for their work and discussion and moved to Agenda Item #8.

**8. Review Annual Report Template**

Ms. Duarte reviewed the Annual Report Template (posted on the SURG website as supporting meeting materials) with a new report date of August 1. She noted that an Executive Summary that briefly explains

the role of the SURG, how recommendations are developed, and includes the final recommendations can be pulled out of the report for quick review, while the rest of the report includes much more detail on processes and recommendations.

Ms. Duarte walked through the template, which includes an overview section noting changes to the reporting schedule and membership, and a process section identifying current Chairs and explaining how the recommendations are developed. Recommendations changed and approved through this meeting would be input into the template as well as the associated justification, background, etc. Ms. Duarte clarified that some additional information by subcommittee members will be in appendices along with other details such as research links.

Appendices B and C include all recommendations with tables and charts to see which target populations are being impacted by these recommendations to help committee members in their future work.

Appendix D is a work in progress and will include updates on the 2024 recommendations. Ms. Duarte noted that SEI had asked all reporting entities with any updates that might have occurred in the last six months to provide input by June 15; this information will be valuable to members for future work as well.

Ms. Duarte continued reviewing the template, noting that Appendix E contains information regarding SURG membership and presentations received, which will give the public a better idea of how recommendations are formed.

Upon reviewing the template, including the space for settlement updates and the AG's signature, Ms. Duarte welcomed questions regarding format and noted that the report will be voted on for final approval at the July SURG meeting so if there were any recommended changes, they'd need to be suggested promptly.

Vice Chair Shell invited any questions or comments. Seeing or hearing none, he thanked Ms. Duarte and returned to Agenda Item #5, which had been tabled to allow time for the presenter to join the meeting.

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

Mr. Krueger summarized recent activities regarding settlements. Regarding Purdue Pharma, the plan for the bankruptcy has been confirmed by bankruptcy court. It is not likely to receive payment until later this year, potentially September or October, but the bankruptcy court confirmation is half of the settlement; the other half is a settlement with the Sackler family and that has been accepted. Work continues to file a consent judgment to finalize that private settlement. Mr. Krueger emphasized that the good news is that there are reports that Nevada will get at least as much money as was projected, if not more, due to the sale of some of the assets from the Purdue company as it emerges as a new company from bankruptcy, with a total recovery of \$57,941,000.

Mr. Krueger continued that there is a settlement with several other companies totaling about \$8.9 million. Regarding these, consent judgements have just been filed, so payments are anticipated sometime in September as well. This concluded his updates; Mr. Krueger invited questions.

Vice Chair Shell welcomed questions from those in attendance and, seeing or hearing none, thanked Mr. Krueger for the updates and moved to Agenda Item #9 (items #6, #7, and #8 having been completed prior to item #5).

### **9. Review and Consider Items for Next Meeting**

Member Kerns read the information on slide 33 of the meeting PPT.

July 2026

- Approve 2025-26 Annual Report

October 2026

- Presentations from Subject Matter Experts: Crisis Stabilization Centers and Morbidity and Mortality Rates (pending)
- Overview of Open Meeting Law (pending)

Vice Chair Shell opened the floor for comments, and, hearing or seeing none, moved to Agenda Item #10.

#### **10. Public Comment**

Vice Chair Shell read public comment guidance and asked for public comments.

Member Mandell thanked the SURG for their work and commitment to the cause. He highlighted the input from Member Chounet regarding the tribal community, which he welcomed and appreciated.

Seeing or hearing no other comments from Southern Nevada, Vice Chair Shell welcomed comments from Northern Nevada.

Member Chounet thanked everyone for their work on these recommendations. She noted that having completed her first year on this committee she sees the depth of research and passion that goes into this from both committee members and SEI and expressed enthusiasm and gratitude for the report and work that went into it.

Hearing and seeing no public comment, Vice Chair Shell moved to adjourn the meeting.

#### **11. Adjournment**

The meeting was adjourned at 3:35 p.m.

**Chat Record:**

*From Mary O'Leary (she/her) to everyone 02:03 PM:* If a member must depart a meeting prior to adjournment for any reason, the member Schawl formally announce their departure for the record to ensure accurate minutes and to allow the Chair to confirm that a quorum remains in accordance with Nevada's Open Meeting Law.

Members of the public joining by phone are not able to view information shared in the chat. Please do not use the chat for items other than technical support, as this becomes part of the public record. Exercise caution with links which may appear in any meeting chat as they could be malicious.

*From Rob Banghart to all panelists 02:50 PM:* Just wanted to check in I'm here

*From Mary O'Leary (she/her) to everyone 03:32 PM:* Members of the public joining by phone are not able to view information shared in the chat. Please do not use the chat for items other than technical support, as this becomes part of the public record. Exercise caution with links which may appear in any meeting chat as they could be malicious.

DRAFT