

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, December 11, 2024
2:00 p.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
1 State of Nevada Way Building, AGO Suite #100, Conference Room 224, Las Vegas, NV

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, Dr. Shayla Holmes, Nancy Lindler, Debi Nadler, Angela Nickels, Christine Payson, Erik Schoen, Steve Shell, Dr. Beth Slamowitz, Senator Jeff Stone, and Assemblywoman Claire Thomas

Members Present in Las Vegas

Dr. Lesley Dickson, Jessica Johnson

Members Absent

Senator Fabian Doñate, Attorney General Aaron Ford, Assemblywoman Melissa Hardy, and Jeffrey Iverson

Attorney General's Office Staff

Dr. Terry Kerns, Mark Krueger, Deputy Attorney General Joseph Ostunio, and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, and Kelly Marschall

Other Participants via Zoom or In person

Ally Abbatangelo, Tray Abney, Linda Anderson, J. Baez (UNR), Lauren Beal, Jennie F. Bear, Allison Cladianos, D. Davidson, Trey Delap, Brian Evans, Luke Flanagan, Becky Follmer, Tina Gerber-Winn, Morgan Green, T. Guajardo, Lisa Kelso, Heather Kerwin, Shannon Lepe, Stacey Lockhart, Ms. Marcie, Jamee Millsap, Roberta Miranda-Alfonzo (BeHERE NV), Laura Oslund, Chyna Parker (DPBH), Dr. Partita-Corona, Cherylyn Rahr-Wood, Sabrina Schnur, Katie M. Snider, Alex Tanchek (SSGR Firefly Notetaker), Marcie Trier, and Pauline Whelan

1. Call to Order and Roll Call to Establish Quorum

Vice Chair Shell called the meeting to order at 2:01 p.m. Ms. Marschall called the roll and confirmed a quorum.

2. Public Comment

There was no public comment.

3. Review and Approve Minutes for October 9, 2024, SURG Meeting

Vice Chair Shell asked for a motion to approve the minutes.

- Ms. Payson made the motion to approve the minutes.
- Ms. Nadler seconded the motion.
- The motion carried unanimously.

4. SURG Member Appointments and Subcommittee Assignments

Dr. Kerns reviewed the appointments made and pending as reflected below. Additional appointments will be made in January.

Members and Appointees to be Reappointed

Current Member	Role	Term End Date
Attorney General Ford	Attorney General	January 1, 2025
Dr. Beth Slamowitz	The Director of the Department of Health and Human Services, or his or her designee	January 1, 2025
Senator Fabian Doñate	One member of the Senate who is appointed by the Senate Majority Leader	January 1, 2025 *reappointment made until 2027
Assemblywoman Clara Thomas	One member of the Assembly who is appointed by the Speaker of the Assembly	January 1, 2025
Assemblywoman Melissa Hardy	One member of the Assembly who is appointed by the Assembly Minority Leader	January 1, 2025
Senator Jeff Stone	One member of the Senate who is appointed by the Senate Minority Leader	January 1, 2025 *reappointment made until 2027

Current Appointee	Role	Term End Date
Jessica Johnson	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more	January 1, 2025
Dorothy Edwards	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000	January 1, 2025
Dr. Shayla Holmes	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000	January 1, 2025
Dr. Lesley Dickson	One provider of health care with expertise in medicine for the treatment of substance use disorders	January 1, 2025
Christine Payson	One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization	January 1, 2025

Dr. Kerns further reviewed current member subcommittee assignments, as reflected below. Members may reach out to their Subcommittee Chair or to SEI to indicate if they want to remain on their subcommittee or if they would like to switch or join a subcommittee. Legislators can join subcommittees if time permits. In the last legislative session, membership for legislators was paused until after session so that they wouldn't have attendance requirements and there wouldn't be quorum issues during the session.

Current Subcommittee Membership

Prevention

- Senator Fabian Doñate
- Jessica Johnson (Chair)
- Debi Nadler
- Angela Nickels
- Erik Schoen (Vice Chair)

Treatment & Recovery

- Chelsi Cheatom
- Dr. Lesley Dickson
- Dorothy Edwards
- Jeffrey Iverson
- Steve Shell (Vice Chair)
- Assemblywoman Claire Thomas

Response

- Shayla Holmes (Vice Chair)
- Dr. Terry Kerns (Chair)
- Nancy Lindler
- Christine Payson
- Senator Jeff Stone

SURG Members Not on a Subcommittee:

- Assemblywoman Melissa Hardy
- Dr. Beth Slamowitz

Dr. Kerns noted that the January meeting would include the appointment of a Vice Chair to the overall SURG and also the Chairs and Vice Chairs to each of the subcommittees would be appointed in January.

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

Chief Deputy Attorney General Mark Krueger, Bureau of Consumer Protection provided the update. He reported an updated total recovery of \$1,147,992,000 and some change -- a fantastic recovery! The state share under the

Fund for Resilient Nevada (FRN) will have recovered \$519 million, netting to about \$422 million after attorney fees. That will be coming in over a staggered period of time through 2043, in regular increments. The [Fund for a Resilient Nevada Dashboard](#) shows all the recoveries through the last fiscal year, with the source and associated defendants.

Chief Krueger added that the US Supreme Court reversed the Bankruptcy Court's ultimate rule and the proposed order, which paused everything. A negotiated mediation has begun and is ongoing with several continuances. It is due to either *mediate out to get a settlement in place or things will implode* on December 23rd. They remain hopeful that it will result in a settlement.

Ms. Nadler thanked Chief Krueger for his presentation. She asked what the projected funds are for Nevada from Purdue. Chief Krueger was reluctant to guess. At one time they were hoping for \$50 million for our state. He is hoping that it will remain or may even increase, but there are a lot of questions as to what they would be recovering.

Vice Chair Shell thanked Chief Krueger for his presentation.

6. Presentation of Subcommittee Recommendations and Rankings for Review and Approval

Vice Chair Shell explained that Subcommittee Chairs would be providing overviews of their recommendations, and the Draft Annual Report is available for the full recommendations, as finalized and ranked by each of the subcommittees in their November or December meetings. Vice Chair Shell also summarized the review process as outlined below.

Following the presentation from each subcommittee:

- Any SURG member can request discussion and/or changes to any recommendation.
 - Any proposed change must be voted on by the full SURG (separate motions for each recommendation).
- For each subcommittee, once all recommendations are approved, any SURG member can request changes to the ranking order.
 - Any proposed change must be voted on by the full SURG.

Subcommittee Chair Johnson presented **Prevention Subcommittee** recommendations, in rank order as follows:

1. Recommend to DHHS/DPBH/Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request 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.
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.
3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.
4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds 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.

Dr. Kerns asked Ms. Johnson if they had someone in mind to create a bill draft request (BDR) for the 15% set-aside funds. If not, is it too late to get those submitted this year? Ms. Johnson said they didn't have anyone in mind or recommended by subject matter experts (SMEs) or appointees.

Senator Stone explained that there was a deadline yesterday for senators to submit bill drafts, but they will have another opportunity to submit bills when they begin the session in February.

Dr. Dickson asked where the funds would go. Ms. Johnson explained that the SMEs [presenting to the subcommittee] suggested allocation using a local lead agency's model, which is how tobacco dollars are currently allocated – usually through the Nevada Tobacco Control and Smoke Free Coalition. Her understanding is that those agencies are distributed geographically throughout the state.

- Senator Stone made a motion to approve the recommendations.
- Ms. Nadler seconded the motion.
- The motion carried unanimously.

Subcommittee Chair Johnson presented the **Harm Reduction** Recommendations, in rank order as follows:

1. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:
 - Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.
 - Work with harm reduction community to identify partners/ locations and provide guidance and training.
 - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
 - Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
 - Articulate principles and plans for what will happen to the data.
3. Harm Reduction Shipping Supply: 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.

In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide Association for Peers, and (2) better define supervision requirements for Peers under the age of 18.

Ms. Johnson identified redundancies in Recommendation #3 and suggested taking a vote on amended language today if possible. She also noted that the Prevention Subcommittee considered an additional recommendation for Harm Reduction which they opted not to include. This would have changed the paraphernalia definition as it related to smoking supplies, utilizing Maine or Colorado definitions as examples. Although SMEs provided some feedback on how to restructure that recommendation, subcommittee members determined not to include it. Public

comment received by the Prevention Subcommittee asked for inclusion of the discussion within the SURG Annual Report.

Dr. Kerns asked if they have anyone in mind to take forward the bill draft under Recommendation #4. Mr. Schoen referenced a BDR from the Northern Regional Behavioral Health Policy Board on which he serves. This would lift up Peers (Peer Recovery Support Specialists or PRSS) under the age of 18, but he doesn't think it addresses the "Association" part.

Dr. Dickson asked if legislation is needed to establish an association. Mr. Schoen did not believe that a BDR is needed to establish an Association. The thrust of the recommendation is to *support whatever it takes to help bring peers into being fully integrated for mental health care because we need them*. Anyone interested in sponsoring a bill could point to this as agreement with those kinds of approaches and strategies. Ms. Edwards noted that the related bill from the Northern Regional Behavioral Health Policy Board is [AB60](#).

Before voting on the Harm Reduction recommendations, Ms. Johnson reviewed the redundant language under recommendation #3, noting that some language had been updated, for example, changing "Fentanyl test strips" to "test strips," while additional information was reordered. She suggested that the intent may have been to amend the language, but they forgot to edit out the first paragraph. Ms. Marschall edited out the text in the first paragraph for member consideration.

- ~~3. **Harm Reduction Shipping Supply: 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.**~~

In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

Dr. Kerns asked if there is already a mechanism for returning sharps and products for destruction, and whether funding should be included. Ms. Johnson explained that they referenced only shipping and travel costs in the recommendation because the specific SME presenters reported existing funding for destruction. However, others who take on this work might need funding for destruction.

- Ms. Payson made a motion to approve the Harm Reduction recommendations as amended.
- Ms. Edwards seconded the motion.
- The motion carried unanimously.

Subcommittee Chair Shell reviewed the **Treatment and Recovery** Recommendations, in rank order as follows:

1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.
2. Support BDR 95 to ensure Narcan be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of Narcan which can

take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.

3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.

Subcommittee Chair Shell explained that he had made the first recommendation to this subcommittee based on experience throughout the state where hospitals are not able to hire experienced PRSS because of the existing statutes which prohibit employment for people with a felony record within the last seven years. This recommendation seeks to change that statutory limitation to be within the last three years.

The second recommendation was submitted by Ms. Edwards, based on a presentation by Michelle Berry. Vice Chair Shell noted that BDR 95 ([see list](#)) is co-sponsored by Assemblywoman Brown-May and Senator Titus.

The third recommendation was submitted by Ms. Cheatom. The fourth recommendation is based on a presentation from SME Dr. Kelly Morgan.

Ms. Nadler asked if wording could be added to the first recommendation to require drug testing to ensure they are not still using (drugs). Her son had a counselor who was three years into recovery and *when he fell, the dominoes collapsed*. She asked if there is random drug testing. Assemblywoman Thomas opined that whoever hires them would automatically have them generally drug tested. To subject them to separate testing would bring undue attention, which she thought would take it a bit far. Vice Chair Shell confirmed that hospitals and other employers do have their own drug testing requirements. Ms. Nadler cited her experience with many other moms who have also lost their children, and they have seen the cracks (in the system) and what has happened.

Ms. Nadler asked a second question about the availability of Narcan within the school systems. She thought the wording was that schools "shall" carry Narcan, rather than "must," and *they don't carry it because of that one word in the bill that was passed*.

Ms. Edwards confirmed that BDR 95 would require that Narcan be available on NSHE campuses, but she wasn't sure if the specific language is "shall" or "must." She usually makes the distinction between "shall" or "may," but she would defer to legislators on that question. Ms. Nadler thought the word might be "may," which Ms. Edwards thought would make it permissible rather than required.

Ms. Johnson explained that part of the language in the legislation Ms. Nadler referred to is related to school nurses having epi-pens on site, where she believed requiring them would have added a fiscal note, so "may" was used to be more permissible, and helped to move the legislation through.

Deputy Attorney General Ostunio confirmed that "shall" is a requirement, whereas "may" is optional, so those are very stark differences. He thought "must" would be the same as "shall" with both terms meaning an obligation, but he later suggested that "must" would generally be much stronger than "shall," with no ambiguity.

Ms. Nadler reiterated that it was probably "may" that was used in the legislation for the school system. She loves everything the SURG is doing, but she doesn't see anything directed at the school system for our kids.

Ms. Johnson asked about the specific use of "Narcan" versus "Naloxone" or if "opioid overdose reversal medication" had been considered. Ms. Edwards liked the broader reference, although this had not been part of the original presentation. As support staff for the subcommittee, Ms. Marschall thought the intent was for the broader

scope of medications to achieve the objective. Senator Stone suggested “narcotic antagonists” which would encompass a range of medications; he also confirmed that these would be administered in the same manner.

Dr. Kerns referenced previous legislation that specified “opioid antagonist,” which is referenced in other state documents. Senator Stone said that would be great. Ms. Marschall made the change to this recommendation.

Dr. Kerns asked if the subcommittee members have anyone in mind to carry the BDR. Vice Chair Shell was not aware of anyone slated to carry the BDR. He asked members about changing the word “shall” to “must.” Ms. Nadler, Ms. Cheatom, Ms. Lindler, and Assemblywoman Thomas supported this change.

Dr. Kerns also noted that BDR 95 is focused on the Nevada System of Higher Education and not high schools or middle schools. Ms. Nadler asked if they could be added. Dr. Dickson appreciated the desire to have this in the public schools, but she noted they have different administrations, needing a separate bill, and working with multiple school boards around the state. Assemblywoman Thomas agreed with Dr. Dickson, adding they would also need to address charter schools, and so forth.

Ms. Nadler asked who she should contact to modify the language in the existing bill. Vice Chair Shell suggested reaching out to Assemblywoman Brown-May and Senator Titus as co-sponsors of the bill. Dr. Kerns added that for prior legislation, Ms. Nadler could reach out to the Legislative Counsel Bureau (LCB) to find out who sponsored that legislation for the schools.

- Ms. Nadler made a motion to approve the recommendations as amended.
- Senator Stone seconded the motion.
- The motion carried unanimously.

Subcommittee Chair Kerns presented the **Response Subcommittee** recommendations in rank order, with consideration of previous guidance from the larger SURG.

1. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.
2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.
3. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.
4. Review the operations and lessons learned from the Clark County Regional Opioid 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. Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner’s office for personnel.

5. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.
6. Implement a voluntary program to install “drug take back bins” in retail pharmacies.

Dr. Kerns noted that the Fund for Resilient Nevada (FRN) did fund the wastewater project out of UNLV and the Southern Nevada Health District, and the subcommittee supports those continued efforts.

For the recommendation to resolve the conflict between the Good Samaritan Drug Overdose Act and the Drug Induced Homicide Law, there has been some education for law enforcement and will continue out of CASAT (Center for Substance Abuse Technologies), as well as public messaging campaigns under the FRN or DHHS (Department of Health and Human Services). The intent is to expand coverage to a greater population of individuals living with substance use disorder, as there are still people who are afraid to call 911 out of fear of being arrested. Dr. Kerns believes that Senator Stone is willing to take this on as a BDR; a white paper and research has been provided to him.

Dr. Kerns reached out to the Clark County Opioid Task Force, and they were in the process of getting their report finalized, with copy to the SURG. There are a lot of great recommendations in the draft report which Dr. Kerns has seen.

Ms. Nadler asked about previous discussions with Chair Ford regarding actions on the Good Samaritan language, with billboards. She noted that 90% of kids use with other kids, but 90% are found alone. She would be willing to work with Senator Stone on this as it is one of her strongest passions. Dr. Kerns recalled a joint meeting between the SURG and the ACRN with a discussion of billboards. Senator Stone said he would be happy to meet with Ms. Nadler on this issue. He got the information a little bit late for the last BDR deadline but would consider this for the next deadline in February. Ms. Nadler added that she works with a lot of other states and a lot of bills have been passed which might help Nevada.

Ms. Johnson asked who would be responsible for emptying the bins under recommendation #6, and whether similar programs are already in existence. Senator Stone noted that there is already a voluntary program, and the pharmacies pay for the costs of the bins and disposal. It has been organized by the pharmacies at this point in time, but they’re hoping some of the settlement money could offset the costs to get more bins and more pharmacies involved. A very large brand-new incineration center in Reno should be built and operational, that might make things even less expensive to pick up and incinerate. He has a BDR for the drug take back program to include specifics of how that will all come together. Dr. Kerns suggested involving the coalitions who work with the police departments. There are five incinerators regionally throughout the state that were funded by the Attorney General’s Office in 2017-2018 that perhaps could work with these drugs to be incinerated. She believes Nye County is trying to get a second one for Lincoln County, as well.

- Senator Stone moved to approve the recommendations.
- Assemblywoman Thomas seconded the motion.
- The motion carried unanimously.

Mr. Schoen commented on how impressed he is with both the depth and the breadth of recommendations, reflecting increased sophistication this year. He is really impressed with the work of all the different subcommittees and the potent set of ideas that can be borrowed and used and leveraged for this next legislative session and into the future.

(Vice Chair Shell called a 5-minute recess at 3:16 p.m.)

7. Review Updates to Annual Report Template

Ms. Hale recalled that the draft template had been presented at the previous SURG meeting, with updates based on subcommittee meetings from November and December. Additional changes that the members voted on under agenda item #6 will be updated for the final report in January.

An overview was provided for the remainder of the report, under the following sections.

- Detailed recommendations from pages 7 – 25 include Action Steps, Impact, Capacity and feasibility of implementation, Urgency, and Racial and health equity
- A table of Appendices is listed on page 26 as follows.
 - Appendix A (pp 27-36) – Research Links
 - Appendix B (pp 37-47) – Target Population Impacted
 - Appendix C (pp 48-57) – Legislation Addressed
 - Appendix D (pp 58-69) – Status of 2023 Recommendations (as of October 2024)
 - Appendix E (p 70) – Information regarding SURG Membership, Structure, & Activities
 - Appendix F (p 71) – Information Regarding Opioid Settlement Funds
 - Appendix G (p 72) – Signature page

Regarding the status of prior years' recommendations, each year the Annual Report will include the status of the recommendations from the year immediately preceding. These updates are provided by various Divisions of the Department of Health and Human Services. Prior years' status reports will be linked online under the [SURG Information Page](#), which is separate from the main [SURG website](#) that includes all meeting materials posted in compliance with the open meeting law, in order by the most recent date.

Ms. Hale encouraged members to review their respective sections of the report to bring any questions or concerns to the attention of staff in order to finalize changes for the January 13th meeting.

Dr. Kerns thanked SEI staff for the extensive amount of work they put in to put this great report together. Vice Chair Shell seconded that.

8. Review and Consider Items for Next Meeting

Dr. Kerns highlighted that the meeting on January 13th is on a Monday at 1 p.m., rather than typical meetings on Wednesday at 2 p.m., to include the items bulleted below.

- Approve Annual Report and Discuss Distribution
- Select Vice Chair for SURG
- Proposed 2025 Subcommittee Membership, Meeting Schedule, and Process
- Select Chairs and Vice Chairs for subcommittees

Dr. Kerns also reviewed the typical Schedule of Meetings.

- Full SURG (Quarterly)
 - Second Wednesday of the month from 2:00 to 5:00 p.m.
- Prevention Subcommittee
 - First Wednesday of the month from 3:00 to 4:30 p.m.
- Treatment and Recovery Subcommittee
 - First Tuesday of the month from 12:00 to 1:30 p.m.
- Response Subcommittee
 - First Tuesday of the month from 11:00 a.m. to 12:30 p.m.

If the overlap of meetings presents a problem for anyone, they should let staff know so they can consider possible adjustments.

9. Public Comment

Dr. Partida-Corona, a member of Nevada ASAM (American Society of Addiction Medicine), said one of the obstacles they are running into is a problem of getting addiction specialists to work in the hospital setting, based on a delineation of privileges, which allows for specialization of different fields. For example, upon admission to a hospital, a hospitalist serves as the primary physician, and say (for example) hemodialysis is needed, they consult nephrology which is paid as a separate specialty. That does not exist for addiction medicine, which is why you have no addiction services in hospitals. For the most part, the only time those services are supported is by grants or

universities. This is low lying fruit that would allow for Medicare and Medicaid and other insurances to pay for that specialization of services in the hospital setting.

Dr. Partida-Corona clarified that he is in Las Vegas, but he knows it's a problem statewide. He believes it would be a simple lift for hospitals to set up delineation of privileges for addiction specialties to have access to these funds, which he thinks is pretty basic to allow an avenue for physicians to practice their specialty in that hospital setting.

Chair Shell suggested this could be a presentation to a SURG subcommittee at a future meeting.

10. Adjournment

Vice Chair Shell adjourned the meeting at 3:39 p.m. and wished everyone a great holiday season and looked forward to seeing everyone at the next meeting in January.

Chat Record

01:12:38 Kim Hopkinson (she/her): Please do not utilize chat for anything other than technical issues because the content is not necessarily available to the general public, which is a requirement of the open meeting law.

01:14:22 iPhone: Can you hear me?

DRAFT