

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

March 18, 2026
2:30 p.m.

Zoom Meeting ID: 813 0733 6896

Call in audio: 1 (253) 205-0468

No Physical Public Location

Members Present via Zoom or Telephone

Chair Jessica Johnson, Vice Chair Wendy Nelsen, Chelsi Cheatom, Kyra Morgan (departed at 4:28 p.m.), Noël Chounet (joined at 2:50 p.m.), Rosa O'Bannon, Stacey Lance

Attorney General's Office Staff

Joseph Peter Ostunio, Esq.; and Terry Kerns, PhD

Social Entrepreneurs, Inc. (SEI) Support Team

Kim Hopkinson, PhD; Mary O'Leary; and Kasey Docena

Members of the Public via Zoom

Bquezada; Cherylyn C Rahr-Wood; Dave Wuest, DZarl; j.waldock, Lisa Sheretz, Northern Nevada Public Health; Malcolm Ahlo (He/Him) - S. NV. Health District; Mark Funkhouser; MBOELTER; Riley Shepard, NV OD2A; Sabrina Petrel; 17028306496

1. Call to Order and Roll Call to Establish Quorum

Chair Jessica Johnson called the meeting to order at 2:31 p.m.

Chair Johnson read out the new information from the Office of the Attorney General. 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. Chair Johnson thanked the members in advance for their participation in this procedure.

Chair Johnson turned it to Ms. Mary O'Leary to lead the roll call and establish quorum. After quorum was established, Ms. O'Leary announced that new SURG member Senator Dina Neal elected to join the Prevention Subcommittee. While unable to join the current meeting, Senator Neal will join for the May meeting.

With that, Chair Johnson moved to agenda item #2.

2. Public Comment (*Discussion Only*)

Ms. O'Leary read public comment guidance, and Chair Johnson asked for public comments.

Kim Hopkinson noted in the chat: "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."

Kim Hopkinson said she did not see anyone for public comment. She noted the comment in the chat asking members not to use the chat for anything other than technical assistance requests.

Anything in the chat becomes a part of the public record and may not be available to anyone who is calling in. Things that are put in the chat may not be visible to people who call in by phone, so it can create challenges in ensuring everyone receives the same information. Therefore, she kindly reminded everyone to use the chat only for technical assistance requests only.

Chair Johnson thanked Kim Hopkinson. Seeing or hearing no public comment, Chair Johnson moved to agenda item #3.

3. Review and Approve Minutes from November 5, 2025, Prevention Subcommittee Meeting *(For Possible Action)*

Chair Johnson stated that it has been a while since the Subcommittee had the opportunity to meet with each other. She hoped that the extended period would give members ample opportunity to review the minutes. She opened the floor to any discussion, and hearing none, she asked for a motion to approve the November 5, 2025, Prevention Subcommittee meeting minutes.

- Kyra Morgan made a motion to approve the minutes.
- Rosa O'Bannon seconded the motion.
- The motion passed with one abstention from Chelsi Cheatom. She was not on the Subcommittee at the time.

The motion carried, and the minutes were approved. Chair Johnson moved to agenda item #4.

4. 2026 Timeline Reorientation and Review of Recommendations Submission Process *(For Possible Action)*

Chair Johnson described how changes have occurred this year in terms of next steps for the SURG reporting cycle. She walked members through the meetings for 2026-2027 to ensure it accurately is reflected in members' calendars. Chair Johnson noted that the June 17th meeting will be the last Subcommittee meeting before the 2025-2026 SURG Annual Report is finalized. The dates are below.

Prevention Subcommittee 2026 Meeting Timeline

3:00 pm - 4:30 pm PST on the following third Wednesdays of the month:

2025-2026 Report Cycle:

- *March 18th*
- *May 20th*
- *June 17th*

2026-2027 Report Cycle

- *September 16th*
- *November 18th*
- *December 16th*

Chair Johnson turned it to Ms. O'Leary to walk members through the Subcommittee and full SURG meetings for the rest of the year. The information shared is listed below.

Subcommittee Meeting Topics and Timeline

February 2026 (Cancelled)

- *Discuss Preliminary Recommendations*

March 2026

- *Discuss Preliminary Recommendations*
- *Subject Matter Expert Presentations as Requested*

May 2026

- *Finalize and Rank Preliminary Recommendations for Presentation at June SURG Meeting*
- *Subject Matter Expert Presentations as Requested*

June 2026

- *Finalize Recommendations Based on Feedback from SURG, if Needed*

September, November, December 2026 (start of new report cycle)

- *Subject matter expert presentations and development of recommendations*

Please email Subcommittee staff with any speaker recommendations.

Full SURG Meeting and Revised Reporting Timeline and Topics

January 2026 (FFY26 Quarter Two)

- *Approve Final Progress Report*

April 2026 (FFY26 Quarter Three)

- *Presentations on Peer Certification and State Budget Process and an Update from the Fund for Resilient Nevada*
- *Review Preliminary Recommendations from Subcommittees*

June 2026 (Additional Meeting)

- *Review Final, Ranked Recommendations*
- *Approve 2025-26 Annual Report Template*

July 2026 (FFY26 Quarter Four)

- *Approve 2025-26 Annual Report*

October 2026 (FFY27 Quarter One)

- *Presentations from Subject Matter Experts*

Ms. O’Leary summarized by saying the Subcommittees will develop recommendations, take it to the full SURG for review, return to the Subcommittee to make refinements and rank, then the full SURG will finalize and approve. As this process continues, members can email the SEI Team for SME or speaker presentations for recommendations. Gathering input from inside and outside perspectives can strengthen the recommendations made by the Subcommittee. Following this discussion, Ms. O’Leary proceeded to walk members through the process of submitting recommendations.

Chair Johnson thanked Ms. O’Leary. The Chair opened the floor for any possible questions for clarification for new members. She also clarified for new members that it’s a new process to understand, and for old members, it may be an adjustment—so she wanted to provide an opportunity for clarity who may need it. She expressed looking forward to everyone’s input, as they are subject matter experts across the State of Nevada.

She emphasized bringing forth any ideas that members would like to be incorporated into this year's Annual Report before the May due date. It is also okay to submit recommendations at a later time. For those recommendations, they will be added in the subsequent year's Annual Report or at a different juncture. The Chair noted that currently, there are three recommendations so far that will be discussed to potentially be finalized.

Chair Johnson moved to agenda item #5.

5. Tobacco and Cannabis Prevention Funding Landscape and Recommendation (*For Discussion Only*)

Chair Johnson introduced the speakers, Lisa Sheretz and Malcolm Ahlo, noting that their recommendations had been considered by the SURG Prevention Subcommittee in previous years. Mr. Ahlo expressed appreciation for the opportunity to present on behalf of the Nevada Tobacco Control and Smoke-Free Coalition as past president and introduced Ms. Sheretz, the Coalition's current president.

Ms. Sheretz provided an overview of the youth vaping epidemic, emphasizing that tobacco use remains the leading cause of preventable death in the United States and that most adult smokers begin before age 18. She shared 2023 YRBS data indicating that 33.6% of Nevada high school students and 17.6% of middle school students have tried vaping, with notable rates of chronic use. While some declines were observed between 2019 and 2021, recent trends show continued concern, particularly among middle school students.

Mr. Ahlo presented on cannabis, explaining distinctions between marijuana and hemp and highlighting the risks of adolescent use, including addiction and impacts on brain development through age 25. Nevada data shows 28.7% of high school students and 11% of middle school students have tried cannabis. While overall use has declined compared to national trends, methods of consumption have shifted significantly toward vaping.

The presenters highlighted a major funding gap in prevention efforts. Despite Nevada generating approximately \$214 million annually from Nevada Tobacco Revenue, zero dollars are put towards prevention efforts. Similarly, Nevada accumulates \$32.932 million dollars of other Tobacco Taxes; however, no amount of that is put towards prevention. The Juul Settlement produces \$14.6 million dollars, yet nothing offered to prevention either. Lastly, of the \$36.5 million from the Master Settlement Funding, only about 0.5% is allocated to tobacco prevention, ranking the state 46th nationally. Similarly, none of the \$118 million in cannabis tax revenue is directed toward prevention. National reports reflect poor grades for Nevada in tobacco control funding and related measures.

During this portion of the presentation, Member Noël Chounet joined the meeting at 2:50 p.m.

Continuing with the discussion of ratings, the American Lung Association's 2024 State of Tobacco Control Report noted that Nevada got an "F" in 'Funding for State Tobacco Prevention Programs'. Moreover, Nevada got a "C" in the 'Strength of Smokefree Workplace Laws'. Over 70,000 Nevadans are exposed to secondhand smoke where they work daily. In 'Level of State Tobacco Taxes', 'Coverage and Access to Services to Quit Tobacco', and 'Minimum Age of Sale for Tobacco Products to 21', Nevada also received "F's".

Ms. Sheretz then outlined evidence-based strategies, including comprehensive, statewide tobacco control programs focused on prevention, cessation, and reducing secondhand smoke exposure. She emphasized significant gaps in funding, resources, and cessation services.

Ms. Sheretz and Mr. Ahlo presented several recommendations:

- Allocate and prioritize tobacco control and prevention funding with tobacco settlement funds (i.e., Master Settlement dollars, Tobacco Tax dollars, Juul Settlement dollars, etc.)
- Dedicate funding towards tobacco control and prevention programs at a minimum of \$2 per capita (\$6.4 million annually) through any of the following methods: 1) increase the price of tobacco products, 2) amend the current NRS to reallocate the Master Settlement Agreement funds to 17%, or 3) have any settlement funding as a result from tobacco litigation be given to tobacco control and prevention

Parallel recommendations were made for cannabis prevention, including creating a bill draft request to set aside \$6.4 million from the cannabis control and prevention funds from the wholesale tax and the retail tax.

Mr. Ahlo explained that there are two different ways cannabis is taxed in Nevada: the retail tax, and wholesale tax. The retail tax is 10% of the excise tax, and 100% of that 10% goes to the State Education Fund (SEF). The second type of tax for cannabis is the wholesale tax. Only parts of this tax go back to the State Education Fund. First, 15% goes to the Cannabis Compliance Board (CCB) to take any administrative or enforcement costs off the top of the wholesale tax. Then, this money goes to local governments that would then take what they need to enforce cannabis control. Then the remaining funds get reverted to the State Education Fund. The Nevada Tobacco Control and Smoke-Free Coalition recommends that \$6.4 million dollars should be carved out, alongside the CCB and local governments taking their portions, out of the wholesale fund/tax before the money gets reverted to the SEF, for cannabis use prevention and control.

Concluding the presentation, Mr. Ahlo thanked the Subcommittee for using and acknowledging the tobacco control recommendations from the last cycle, by including it in one of the final Prevention Subcommittee recommendations. They appreciated it and were hopeful that the recommendations that were shared today will be leveraged for this year's efforts.

Chair Johnson thanked the presenters for their presentations and sharing their knowledge on this topic. She asked if the Subcommittee members had any questions.

Member Chounet was interested in more insight about the 'F' grade for the Tobacco 21 initiative. She knew that in Nevada, an individual must be 21 to purchase tobacco, so she was curious about the rating system, especially around that piece of the tobacco control program.

Mr. Ahlo explained that the 'F' grade in Nevada for the Tobacco 21 laws is twofold. One reason is because the sales rate for those that are under 21 is quite high compared to other states. The second reason is that Nevada has a low tobacco licensing fee of only \$50 a year per tobacco retail establishment. Additionally, inspections of tobacco retailers from the Attorney General's office only occur once every three years. However, best practices indicate inspections should occur annually to make sure that tobacco retailers are checking IDs and enforcing the Tobacco 21. Ms. Chounet thanked Mr. Ahlo for the information.

Chair Johnson asked if there were other questions from members of the Subcommittee. Hearing none, the Chair stated that she noticed that the presentation on marijuana focused on combustibles and others. She wanted to know if they had any information on edibles, if staff have experienced this when working with minors, what use looks like among young people, and if there are any policies and regulations.

Mr. Ahlo replied that when talking to school officials and administrators, they mention that edibles are a big problem and that they see youth using edible products. Mr. Ahlo explained that when an individual consumes an edible, there is a delayed onset to the effect of the THC. So, if a minor takes an edible at 7:00 a.m. before going to school, they might take another edible an hour later since the effects are so delayed. This doubles the dosage and can increase the likelihood of an episode that the school would then have to address.

Mr. Ahlo then outlined another issue that the schools are having. Schools are having a difficult time enforcing or finding edibles because these can come in various forms—they can look like candies, gummies, etc. However, when looking at YRBS data, the data indicate that edible usage is very low in comparison to vaporized marijuana product usage. Therefore, edibles might not be a problem that needs to be addressed currently, especially with the little funding that is available. But if observational data and interviews from people who are in the field are taken into account, edibles *are* a problem.

The Chair thanked him for that very comprehensive answer. She shared that it seemed as though sometimes it is not possible to measure things, but that efforts can be made in understanding what the impacts look like. She shared that she is aware that other states that have retail cannabis, such as Washington or Colorado, there are clear state policies on labeling and selling for cannabis edibles. She asked if Mr. Ahlo was aware of what that policy landscape looks like in Nevada.

Mr. Ahlo shared that the state of Nevada is not behind on their labeling standards. When the Cannabis Compliance Boards (CCB) do their labeling, packaging, and marketing, they are very good at labeling cannabis products. Nevada does not market to youth and has proper labeling and proper packaging. He said that the obvious preference would be *zero* marketing, but the CCB upholds the standards and are responsible cannabis sellers. The Chair thanked him for that answer and was glad to hear this.

Chair Johnson thanked the presenters for their clear recommendations. She asked, based on their experience, what kinds of efforts have worked and what are some that have received pushback. She asked if they could share more about the Master Settlement Funds and the State Education Funds.

Mr. Ahlo explained how the Master Settlement Fund works. Every year, Nevada gets a deposit, and that deposit is determined by the number of smokers in Nevada. The number for 2024 was \$36.5 million. Once that deposit gets distributed to Nevada, it goes into the Fund for Healthy Nevada (FHN). FHN divides the money between various social and public health organizations that support different kinds of services. The concern the Nevada Tobacco Control and Smoke-Free Coalition has is that the origination of this money is tobacco money, and the Master Center Agreement Fund's intention was to decrease smoking, vaping, and decreased combustible cigarette use for youth. He believed that the money is not being used as intended.

Mr. Ahlo returned to the three recommendations stated earlier in the presentation and explained that the Coalition is not trying to take money away from these social and public health organizations. However, it is important to recognize that tobacco control needs funding.

If the language in NRS 439.620-630 is not changed to reflect a 17% increase from the Master Settlement Agreement, then the other two options are to raise the price of tobacco products using pricing strategies/tobacco tax strategies, and/or any settlement funds, like the Juul Settlement funds, for tobacco control.¹ With these options, there are multiple ways to obtain the \$6.4 million dollars.

Ms. Sheretz added to Mr. Ahlo's remarks. She explained that tobacco use has long-term effects and health costs to Nevada that are devastating, yet preventable.

Chair Johnson asked if Member Chelsi Cheatom had a question. Member Cheatom asked if there was a list of who is currently receiving the funding from those sources that Mr. Ahlo mentioned. Mr. Ahlo replied that he can provide Ms. Cheatom and the Subcommittee with the current list of organizations.² He noted that this list changes annually because organizations must apply.

Mr. Ahlo realized he never answered the question about taking away from the State Education Funds. He restated that, of the retail cannabis tax, 100% goes to the SEF. The \$74.5 million dollars goes to the SEF regardless, and the Coalition does not want to touch those funds; they want that money distributed to that. What they do hope for is to receive an allocation from the \$37 million dollars that currently automatically goes to the Cannabis Compliance Board and the local government before the remainder is given to the SEF.

Member Chounet then asked if there was any intent to utilize the requested funding increase toward addressing non-combustible tobacco products or nicotine products. She shared that she has specifically seen a surge of pouches being advertised as being 'healthier' and as tools to stay awake. She believed that these are similar tactics that were used for tobacco products historically. She wondered where this would fit in with the proposed tax increase or funding increase.

Mr. Ahlo noted that this is similar to the edible conversation from earlier. If they were looking at the current YRBS, there is less than three percent of people who have self-reported that they use nicotine pouches. He stated that in prevention work, they may be a little behind the curve when following data trends. So, he personally believed that young people are using nicotine pouches at much higher levels.

Ms. Sheretz shared that recently Northern Nevada Public Health was working with the Gecko Club at Davidson Academy on the University of Nevada, Reno (UNR) campus. The Gecko Club is the environmental club of the Davidson Academy Public High School. The Club did an environmental assessment of the UNR campus after the Nevada Tobacco Control and Smoke-Free Coalition did some education about the toxic tobacco waste from vapes. The Gecko Club found a large amount of nicotine pouches on the ground, under bushes, near Lake Manzanita's shore. This has environmental implications as nicotine is a toxic, hazardous waste. Ms. Sheretz

¹ To read NRS 439.620-630, please visit the following link: <https://www.leg.state.nv.us/nrs/nrs-439.html#NRS439Sec620>.

² Mr. Ahlo followed up after the meeting, providing the SFY24 Fund for a Healthy Nevada Annual Report. This was posted as a meeting material for the March Prevention Meeting: <https://ag.nv.gov/uploadedFiles/agnv.gov/Content/About/Administration/SFY24%20Fund%20for%20a%20Healthy%20Nevada%20Annual%20Report.pdf>.

stated that they are trying to catch up with emerging products that contain nicotine, and the Coalition will continue to address them with tobacco funding.

Chair Johnson thanked Ms. Sheretz and Mr. Ahlo again and transitioned the group to agenda item #6.

6. Discuss and Draft Proposed 2025 Prevention Subcommittee Recommendations (For Possible Action)

Chair Johnson opened the agenda item, saying that they were going to go through the current list of draft recommendations and have discussions about what they want to workshop or put forward as a Subcommittee. She noted that the subject matter experts (SMEs) in the meeting, such as Ms. Sheretz, Mr. Ahlo, and Mr. Dave Wuest, and Ms. Darla Zarley, were invited to ensure the Subcommittee's recommendations are grounded in what would be impactful for Nevadans.

Chair Johnson described the first recommendation, which was originally submitted by prior Member Debi Nadler and was included in the 2024 Annual Report:

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.

The Chair said that what she heard Mr. Ahlo was slightly different than the recommendation because it wasn't related to cannabis retail, but rather cannabis wholesale funds. Mr. Ahlo agreed and said that he would suggest amending the language to "*cannabis wholesale tax*" instead of "*retail funds*", so the cannabis wholesale taxes can be distributed using local agency models to reach \$2 per capita or \$6.4 million.

Chair Johnson asked if there were additional changes to the recommendation. Mr. Ahlo indicated that he would strike out the 15%, because if they say \$2 per capita, this might not equate to 15%. He also noted that cannabis tax, whether it is retail or wholesale, is decreasing every year—less people are buying cannabis products. These changes were reflected on the slide. The Chair thanked him for the wordsmithing.

Vice Chair Wendy Nelsen brought up other tobacco products that are under a different tax, OTP or "Other Tobacco Products". She noted that the state of Nevada gets \$30.8 million a year from this. Vice Chair Nelsen shared that if they are hearing feedback from principals and people in schools that nicotine pouches are an occurring issue, she suggested it may not be a bad idea to address this with the cigarette tax. Doing a 1% increase on the OTP could equate to about \$1 million. As Mr. Ahlo was saying with marijuana, there may be a decrease in people buying cannabis products, but she mentioned people may buy these substances on the street—illegally. She was curious about how to make proper changes to the OTP taxes and if the SMEs had any anticipation of who would push back on that proposed change.

Mr. Ahlo expressed that there will be push back from a lot of people on the tobacco tax if a tobacco tax increase is suggested. Examples would include the tobacco industry, casino industries, even members of the public. Mr. Ahlo then shared that there are people on the prevention side who may be hesitant about a tax on other tobacco products, because they may use key words like "*harm reduction*". Mr. Ahlo noted that a statement from the Nevada Tobacco Control and Smoke-Free Coalition is: "*Safer does not mean safe*". The Coalition believes that all

tobacco products, including other tobacco products, cigars, and combustible tobacco products, should be taxed at an equitable rate across the board.

The Chair thanked Vice Chair Nelsen and Mr. Ahlo and asked the Subcommittee if there were any additional discussions or amendments relating to the recommendation.

Mr. Ahlo clarified the use of the local lead agencies model found in the Coalition's recommendations for cannabis and tobacco. If funding goes to local lead agencies, this ensures that the money being used is grounded in evidence-based best practices.

The Chair thanked him and said that if there was no further discussion, this Subcommittee can present this proposed recommendation in April to move it forward in the Full SURG meeting, to be incorporated into the 2025 Annual Report.

- Member Stacey Lance made the motion to approve moving forward with this recommendation.
- Member Kyra Morgan seconded the motion.

The Chair clarified that the Subcommittee approved this recommendation with the amendments, and they agreed.

With this, Chair Johnson stated that they will bring this recommended to the full SURG to present and make final edits.

The Chair then proceeded with the next recommendation.

Request guidance from the Nevada Board of Pharmacy 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 naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.

Chair Johnson felt that the recommendation may be wordy and was open to wordsmithing; she wanted to hear thoughts from two previous presenters from the Board of Pharmacy, Ms. Darla Zarley and Mr. Dave Wuest.

Mr. Wuest stated that he was willing to answer any questions and appreciated the thoughtfulness of the Subcommittee. The Chair thanked him.

Vice Chair Nelsen asked the reasoning behind the “*keep posted to their website*” language in the recommendation. Chair Johnson said she has heard from community members that they wanted something that they could point to for ongoing guidance. In reviewing the Board of Pharmacy's comprehensive, resourceful website, it seems that an FAQ page and other pages could be a natural fit for a long-term reference.

Mr. Wuest shared that if the Subcommittee offered this recommendation, more details would need to be provided by the Subcommittee to support the Board of Pharmacy.

Chair Johnson noted that in submitting this recommendation, she included language in the justification and some examples of what she thought would be helpful for this website posting. The information she provided was based on the National Bridge Guidance, who worked in the

state of California to increase distribution and access of naloxone at hospitals and urgent cares throughout the state, which successfully resulted in reducing overdose deaths.

Member Kyra Morgan asked for confirmation that the recommendation did not have to do with the regulations on the distribution of naloxone in hospital settings, but rather, communicated guidance related to that. Chair Johnson agreed and said that when Mr. Wuest and Ms. Zarley previously presented to the Subcommittee, they shared that some hospitals in the state already distribute naloxone in this way. This led to the identification of a gap in shared understanding around what the guidance is from the Board of Pharmacy. Therefore, this recommendation is really meant to address that gap and to provide accessible guidance for hospitals.

Chair Johnson asked for any final discussion on the recommendation. Hearing none, she asked if members were interested in sharing this proposed recommendation to the April full SURG meeting.

- Vice Chair Nelsen made the motion to move this recommendation forward.
- Member Morgan seconded the motion.

The Chair continued to the next recommendation, which was elevated and refined from initial inclusion in the 2024 Annual Report. Chair Johnson noted that this Subcommittee, especially the new Member Neal, could later identify a partner or agency to help introduce a Bill Draft Request (BDR) for the 2027 legislative session.

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 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.

Chair Johnson noted that this recommendation was workshopped in the November Prevention meeting with input from Treatment and Recovery Subcommittee Member Stephanie Cook, a subject matter expert.

Member Chounet asked if there was any way to be more specific as to how the state should fund this since the state's general fund is already maxed. Providing guidance on how this could be funded may be beneficial for this recommendation.

Vice Chair Nelsen agreed with Member Chounet's point to be more specific on how this will be funded. She read through Treatment and Recovery Subcommittee Member Cook's notes and is aware that there is a lot of effort towards treatment currently, and prevention is important too. She was curious about what the pushback would look like, especially with the shortage in Las Vegas income.

Chair Johnson thanked her and turned to other Subcommittee members for any thoughts on challenges or opposition to this item.

Member Morgan agreed with the comments that were made that funding should not be at the expense of existing programming. Chair Johnson thanked her and asked Mr. Ahlo if he wanted to weigh in about other possible funding ideas.

Mr. Ahlo reminded the Subcommittee that one of the Coalition's proposed recommendations was to increase the price of tobacco products. If there was an increase in the price of tobacco products by \$2, this would generate over \$70 million for the general fund.

To be more specific, he offered the following amendments to the recommendation: “*through an increase of tobacco tax money allocated for primary prevention.*” This effort would create a new funding stream into the state of Nevada, without taking away from existing social programs.

Ms. Sheretz noted that some states have dedicated prevention dollars to a trust fund. She suggested that this could be another potential option. The Chair thanked all the SMEs for their thoughts and contributions.

Member Chounet thanked Mr. Ahlo for his feedback and said it got her thinking about what other legal substances are taxed and where that funding goes. She mentioned alcohol as an example. Member Chounet felt that it may be a little bit late in the game to look at opportunities to increase or reallocate the alcohol taxes. However, she respected and appreciated that this money is not tied to federal funding, because what she has heard in the state is that prevention is pushed to lean heavily on federal funding, like Medicaid funding; yet Medicaid funding is getting cut.

The Chair thanked Member Chounet for her comment. Vice Chair Nelsen said she believed that this recommendation needs further robust discussion to make it work. Chair Johnson asked if there was a Subcommittee member who was interested in doing research on this recommendation to bring it forward to the May meeting with additional changes. Vice Chair Nelsen offered to do so, with support from any other members. The Chair thanked her and said she can share the background research done by SEI and any additional information from Treatment and Recovery Subcommittee Member Cook’s presentation.

The Chair moved to the next recommendation, and turned it to Member Stacey Lance, who submitted the recommendation.

Create a coordinated county and statewide referral hub that helps medical and human service providers quickly connect people with needed services, including fast access to treatment and support for pregnant women with substance use concerns. Bring coalitions and committees together to set shared best practice standards and reduce silos. Explore trauma informed approaches, such as placing Community Health Workers or Peer Recovery Specialists in Eds and other clinical setting to provide warm handoffs, start referrals, and support Plans of Safe Care under Nevada’s CARA requirements—helping reduce prenatal exposure, improve birth outcomes, and prevent removals at birth.

Member Lance shared that she has reached out to people within Washoe County Human Services Agency. They have two separate specialty tracks. One of them is called Safe Babies, and the other one is START, which stands for Sobriety Treatment and Recovery Team. Member Lance also reached out to Renown and got connected with Rebecca Gonzalez at Northern Nevada Public Health. She received a bunch of other connections to reach out to but has not had the opportunity yet. She was open to any feedback and further discussion.

Chair Johnson thanked Member Lance, congratulated her on her first recommendation, and turned it to the Subcommittee for discussion. Vice Chair Nelsen said the Rural Transformation Grant would be great language for anybody to include. The Chair shared that she thought about the role of the Response Subcommittee and possibly developing this to become a joint recommendation between the two Subcommittees. She asked Member Lance for her thoughts.

Member Lance believed that made sense, and in relation to the Prevention Subcommittee, she thought about exposure to infants and preventing children from future trauma, removals, and child welfare involvement. She wanted to know if there was a process for joint recommendations.

Response Subcommittee Chair Terry Kerns, PhD, was available on the call.

Response Subcommittee Chair Kerns said this recommendation can be brought forward at the next Response Subcommittee meeting for member input. She believed they would be open to partnering on this recommendation. Member Lance said if she can get the date for that meeting and the process, she would appreciate it. Response Subcommittee Chair Kerns will send her an invite and add her to the agenda. Chair Johnson thanked them both.

Member Chounet said this was a wonderful idea and, based on what she has heard, there are agencies in rural Nevada who are working on similar paths. She mentioned prior SURG Member Erik Schoen, who has done work within that space as well. She suggested that prior Member Schoen as a great subject matter expert to present. Member Chounet noted she is currently doing some work in the rural areas around living room models, which Response Subcommittee Chair Kerns may also be familiar with. Member Chounet complimented the hub model and noted that people may buy into this vision, especially those who are looking at it under the Rural Health Transformation Program that Member Nelsen spoke to.

Response Subcommittee Chair Kerns shared that she has listened to some Rural Health Transformation Program meetings. She liked Vice Chair Nelsen's idea about pushing this program, and for timeliness, putting it as a justification or a program for some of the communities to look at. She was curious about the timeline. If this becomes a joint recommendation between the two Subcommittees for August 1st, she was wondering if it was going to be too late.

The Chair asked if there was anyone connected to the Rural Health Transformation Program that had any information to share. Member Chounet said that they are a member of that steering committee. If this goes forward for a recommendation to SURG in August, most funding should have already been allocated within Year One of the Rural Health Transformation. So, this would come too late for allocation of that funding. That funding is allocated through requests for applications and requests for proposals.

Member Chounet also noted that many of them are due in the April to May timeline. So, it all depends on how this fits in.

Chair Johnson thanked her for her insight. The Prevention Subcommittee will work with the Response Subcommittee, and if there are no other revisions, they can share it at the April SURG meeting. She asked the members for their thoughts on having this be a joint recommendation. Vice Chair Nelsen said she liked it and offered that they should share this with people who are doing their applications since there are gaps that may need attention.

Chair Johnson moved to the last recommendation. This was adapted from a 2024 recommendation about naloxone saturation in Nevada.

Recommend to Nevada DHHS to develop and share a biannual naloxone 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. The distribution should ensure reach and saturation based on overdose burden, and ensure it is staffed appropriately to allow for timely turnaround for naloxone access.

The Chair shared that, in the previous Advisory Committee for Resilient Nevada, there was some discussion around naloxone distribution. In her role at the Southern Nevada Health District, she heard from community members outside of Clark County that they had challenges with gaps in naloxone access in other parts of the state. This prompted her to believe there was opportunity to revisit this discussion as a Subcommittee, and if this recommendation were to evolve, it would need to address the gaps and opportunities around naloxone access.

Vice Chair Nelsen noted that this has been an issue out in Pershing County where they hold Burning Man. It has been an issue in getting enough naloxone for that event.

Chair Johnson thanked everyone for the discussion. She believed that there was opportunity to think about settlement funding as a baseline and then using grant dollars as they are available to increase or identify where there are gaps in the state. However, thinking about what is needed from a community-level intervention for naloxone access is going to be important long-term.

Member Chounet asked for clarification if they were thinking of available maps or a supply chain as to where people can access naloxone, or whether they were looking at community-level saturation in general. She began to list several barriers such as how to find a steady supply, reasonable distribution, finding people who may need it most, and individuals who may not have access to community-based services due to lack of transportation or remoteness. She asked for more clarity on how this would be accomplished to ensure it was available and what the process would be.

The Chair said she had not thought about how they well identify this yet, but she was open to recommendations. Given the diversity of Nevada, she imagined there are different opportunities in different counties like Clark and Washoe than in Nye and Pershing County. The goal of this recommendation was to ensure a saturation plan based on overdose burden across the state. Then, communities could identify where that naloxone access might need to be, within the scope of the law.

Vice Chair Nelsen explained that some funding may ask for the people who are distributing naloxone to gather accurate information as to who is using it through QR codes. An issue that she noted is that individuals that are needing naloxone are not wanting to fill out these QR codes with their information.

Chair Johnson thanked her for her contribution. She summarized that the recommendation should include words like “*low barrier*” or “*low data tracking*”. The Chair shared that what she knew, and maybe what others on the call were privy to, was that because overdose education and naloxone distribution is the best practice, it's often not recommended to collect data about the use, but rather to have it as an optional item. She was happy to investigate if the committee was in favor of that.

Member Chounet said she liked this recommendation, but she wanted to emphasize that she wants to ensure the naloxone is available and accessible. There is an opportunity to add language in the recommendation to ensure accessibility, especially for the rural and frontier communities, in creating new avenues for accessibility. From her experience as a first responder, there is hesitation about distributing naloxone in several different cases. In sum, she was wondering if there was an opportunity to make the recommendation more specific and tangible.

The Chair said it sounded like the Subcommittee was recommending more engagement around this item, such as adding language around “*low barrier access*”, “*ensuring accessibility*”, and thinking through data collection. Member Chounet said she agreed and believed that a map, or something of that nature, that identifies where naloxone is distributed can be helpful. The Chair said she was aware that there are a few different efforts of mapping that have happened over the years that may be locally based. She noted accessibility and including a map or an easy click button for people to access that resource.

Chair Johnson thanked everyone for the discussion and asked for their thoughts on including this in April as something the Subcommittee is workshopping. Vice Chair Nelsen stated that the Subcommittee could move it forward, if possible, as a recommendation being workshopped.

The Chair thanked her and moved to the next slide, which was to discuss any potential recommendations that any members wanted to bring forward.

Member Chounet summarized some of the general topics that were covered in today’s meeting and thought about how to create more sustainable funding and what it would look like for Emergency Medical Services (EMS), hospice, or rural home health care providers around both naloxone distribution and Dterra bags or other disposal systems. Member Chounet noted that those in rural communities may not know the options for disposals of opioids or have any comfort in distribution. Much like the Board of Pharmacy recommendation, there is a strong desire for Standard Operating Procedures (SOPs) to ensure they comply with best practices and avoid going outside of the scope of practice. Member Chounet wasn’t sure if there was any appetite for such a recommendation.

Chair Johnson asked for clarity on whether Member Chounet was interested in something like a “leave-behind initiative”, which would allow those groups to leave naloxone in the community or for the community to deploy naloxone if someone suspects an overdose. Member Chounet agreed that it would be more of a leave-behind initiative. She proposed creating some standards behind a leave-behind initiative that would provide a sense of security and bring awareness.

Chair Johnson thanked her and said that the Subcommittee, in previous years, had looked at the STOP Act³ in Maryland.

The Chair believed that the provisions under this Act may have mandated naloxone distribution. She noted that the language was broadly defined, but first responders could leave naloxone if there was a suspected opioid overdose; however, she did not want to misquote the details of the Act.

³ The STOP Act (Statewide Targeted Overdose Prevention Act) was effective as of July 1, 2022. This requires certain organizations to provide naloxone, Narcan, and another opioid overdose reversal drug (OORD) to those they serve. For more information, please visit: <https://health.maryland.gov/pha/NALOXONE/Pages/STOP-Act.aspx>.

There may be language to start with in terms of groups that could be impacted, or groups that could be impactful in the opportunity. She suggested, maybe based on the geography of Nevada, there are additional groups this might be relevant for. Overall, she recommended starting with language from Maryland.

She offered that Ms. O’Leary may be able to provide that information to Ms. Chounet, because it may have been in either the 2023 or 2024 Subcommittee recommendations. Then she called on Response Subcommittee Chair Kerns.

Response Subcommittee Chair Kerns thanked the Chair. She noted that there was a similar recommendation previously from the SURG. The Response Subcommittee is also working on free naloxone and (opioid) drug disposal kits. This may be another chance to collaborate between the Subcommittees. The Chair said this was fantastic news and that this work is broadly focused, allowing for cross-cutting between the Subcommittees.

Member Rosa O’Bannon had a follow-up question from Mr. Ahlo’s presentation. When thinking about the cannabis taxes, as it’s already coming into the education fund, she was curious if there would there be an opportunity to recommend that one percent of the cannabis tax money be allocated for prevention within the school system, specifically at middle schools. Through her brief research, she found that if they can reallocate, specifically at least one percent for prevention, there would be about \$100 million as an internal opportunity for these funds to go directly to the school districts.

Ms. Sheretz thanked her and shared that based on her experience of being in the schools, there are dedicated professionals working hard every day to keep the school together, that she would hesitate to add another demand upon them. The health districts exist for prevention—at least in the chronic disease realm. So that was her immediate reaction to this potential recommendation. However, they are standing by ready to implement.

Mr. Ahlo wanted to second what Ms. Sheretz stated. However, he believed that Member O’Bannon’s suggestion was great, but if they are following the CDC’s best practices on prevention, he suggested that tackling the one percent carve-out for the school districts only tackles one component of the larger issue. It would still need to incorporate evaluation, mass reach, and all these other components to become a comprehensive program. He noted that they would support it—with other elements as part of that recommendation as well. Member O’Bannon thanked them for the clarification.

Chair Johnson thanked everyone for their engagement and closed the discussion. Mr. Ahlo wanted to quickly address Ms. Cheatom’s request about who gets funded under the Master Settlement Agreement and asked how to deliver the information to her. The SEI Team will receive the information to release it to the Subcommittee. Chair Johnson then transitioned to agenda item #7.

7. Discuss Topics of Interest from the Subcommittee (For Possible Action)

Chair Johnson introduced the following items that were discussed in November for potential ideas to focus on organically.

- *Integrating prevention strategies in crisis situations*
- *Strengthening the prevention component within emergency medical services, especially in rural communities*

At 4:28 p.m., Member Morgan let the Subcommittee know that she had to depart from the meeting. Quorum was not lost.

For the topics of interest, Chair Johnson reminded the group of the guidance from the full scope of the SURG related to AB374, paragraphs A through Q, related to primary, secondary, and tertiary prevention and harm reduction efforts. Chair Johnson then opened the floor for any additional discussion on this item.

Member Chounet said she sees the Subcommittee having future discussions about integrating prevention strategies in crisis situations to align with the suggested recommendation about the central “hub-and-spoke” model. Additionally, there could be crossover with the leave-behind initiative and the Response Subcommittee. She also believed that there were possibilities within the emergency medical services component, as often they are the providers in rural and frontier Nevada.

The Chair agreed that these sound like topics of interest to the group. She asked if other members had any topics or gaps that they would like to discuss, or if they had SMEs that they would like to bring forth. The SEI Team can support Subcommittee efforts to connect with subject matter experts, which includes groups in other states. She shed light on the SMEs that provided their guidance on the recommendations in ensuring they are actionable and address the gaps in the community. If there were additional recommendations that come up between now and the next meeting, Chair Johnson noted that Ms. O’Leary would be ready to receive them for discussion.

Member Chounet expressed another topic of interest. Sustainability and increases in funding models were discussed at great lengths during this meeting. She noted that there is some drive from DHS and DPBH to look at Medicaid for some funding stability within prevention. However, she personally felt there was a lack of understanding as to what that looks like. There has been discussion about universal prevention, , and to her understanding, there may be reimbursement possibilities around some secondary and tertiary prevention, especially within treatment-type settings. She was curious about what sustainability options or opportunities there were for primary prevention. This could be tied into the emergency medical services piece as an opportunity to encourage first responders to leave naloxone or Deterra bags through the leave-behind policy, by billing it under primary prevention as practice. She wanted to know if there was an opportunity, through primary prevention efforts and reducing population substance use onset and addictions at a later age, where they could reduce that burden on CMS later. Additionally, she hoped to look to create funding within Medicaid. Looking for guidance, she wanted to know if there were recommendations or ways to build that into a model for prevention.

The Chair thanked Member Chounet for sharing what she was seeing in the community and identifying gaps. Chair Johnson said that they may need a presentation on this topic and noted that there were coalition representatives on this Subcommittee—Vice Chair Nelsen and Member Cheatom. She opened the floor for discussion.

Vice Chair Nelsen shared that there has been a push about having the coalitions bill Medicaid to utilize peer support specialists because they had an increase in billing. However, the coalitions currently do not have the ability to do this. For Vice Chair Nelsen’s coalition, they are an action agency as well, but certain efforts are not related to treatment.

After speaking with people who work at Silver Summit, Vice Chair Nelsen shared that was the direction coalitions are being pushed towards, but coalitions are unclear on how to accomplish these efforts and are currently trying to navigate this. Silver Summit said they may possibly have classes available for them and Vice Chair Nelsen said she was willing to learn anything to ensure she was abreast of how this can work.

Vice Chair Nelsen continued, noting that stigma is a big issue, but it is not their coalition's biggest issue. They focus on youth, since they have youth teams. However, on the action agency side, they have seen stigma. There is a lot to navigate; and, in prevention, there have been shifts due to funding streams.

The Chair thanked Vice Chair Nelsen and echoed that there has been a shift in this direction. To support other Subcommittee members in understanding, it would help if Ms. Nelsen could clarify what she meant about opportunities for focus in prevention, where the opportunities to work more closely with Medicaid are, and what gaps exist in that model. She asked Member Cheatom if there was anything she wanted to add.

Member Cheatom didn't have anything to add but seconded what had been said. In her line of work, Member Cheatom described they are also currently working with peer recovery support specialists. They were also looking at the possibility of billing their time, but they do not have clarity about what that looks like, especially with peer recovery support specialists providing a multitude of services to different kinds of clients. She encouraged more discussion around this, especially from people who may have plans on what this might look like.

Chair Johnson asked for members to share any possible SMEs with Ms. O'Leary or Kim Hopkinson that may be connected to any of the recommendations that they consider or currently workshoping. Member Chounet thanked her and believed that this discussion could provide lots of opportunities for future recommendations and guidance to better support prevention efforts.

Chair Johnson asked if there were any other topics of interest. Seeing none, she moved onto agenda item #8.

8. Public Comment *(Discussion Only)*

Chair Johnson opened the floor for public comment, and asked Ms. O'Leary to read the public comment guidance. Kim Hopkinson noted in the chat, *"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."*

Chair Johnson noted seeing no comments, and she closed the period of public comment before proceeding to agenda item #9.

9. Adjournment

Chair Johnson thanked subcommittee members, presenters, and others in attendance and adjourned the meeting at 4:44 p.m.

Meeting Chat Log:

Kim Hopkinson (she/her) 2:34 p.m.

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Kim Hopkinson (she/her) 4:41 p.m.

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.