MEETING NOTES

Statewide Substance Use Response Working Group **May 14, 2026**
Response Subcommittee Meeting **12:00 pm**

Zoom Meeting ID: 884 0825 1817
Call in audio: (719) 359-4580
No Physical Public Location

Members Present via Zoom or Telephone
Robert Banghart; Peter Handy; Dr. Shayla Holmes; Chair Kerns; and Christine Payson

Members Absent
Nicole Hicks; Bud Schawl; Senator Jeff Stone

Office of the Attorney General
Joseph Peter Ostunio, Esq., Deputy Attorney General (DAG)

Social Entrepreneurs, Inc. (SEI) Support Team
Crystal Duarte, Kasey Docena

Members of the Public via Zoom
Jess Angel; Jamie Bartlett (Nevada CASAT); Katie Brandon – WCRMEO; Dustin Cerny; Cade Grogan; Maddy Larson; Nevada CASAT; Sabrina Petrel; Cherylyn C Rahr-Wood; Beth Scott; Marcie Trier, LCADC, LCPC
Unless otherwise identified, members of the public are listed as their name appeared on Zoom.

1. Call to Order and Roll Call to Establish Quorum
Chair Kerns welcomed everyone to the meeting.

Chair Kerns called the meeting to order at 12:00 p.m. and Ms. Duarte called the roll and established a quorum.

Chair Kerns reminded Members that if they 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. Peter Handy noted that he will be leaving around 12:30 p.m. It was noted that the subcommittee will lose quorum when Member Handy departs, so items would likely be taken out of order.

2. Public Comment
Chair Kerns read the statement on public comment and provided call-in information. She reminded Members and attendees about using the chat.

No public comment was made and Chair Kerns continued to agenda item #3.

3. Review and Approve Minutes from March 12, 2026, Response Subcommittee Meeting
Chair Kerns introduced the item and asked if there were any discussions around the meeting minutes. Chair Kerns proposed a change on page 11, in the third paragraph, "the first pharmacist," but rather "the first pharmacy technician". She asked for a motion to approve the minutes from the March 12, 2026, Response Subcommittee meeting with the revision noted above.

- Shayla made the motion to approve the minutes with Chair Kerns' change.
- Christine Payson seconded the motion to approve the minutes.
- The motion carried unanimously with no abstentions.

With no further discussion, Chair Kerns thanked Ms. Duarte and suggested that the Subcommittee move to agenda item #5 since Member Handy had to depart from the meeting at 12:30 p.m.

5. Discuss and Revise Proposed 2025-2026 Response Subcommittee Recommendations
Chair Kerns introduced the agenda item and reminded members that this information was in the handout. Chair Kerns read the first recommendation.

> ***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 1 of NAC 453.510.*

This recommendation did not include age restrictions, as it was intended that it would be added to Schedule 1. Chair Kerns noted that at the April 8th SURG meeting, Chair Ford suggested an option to add an age restriction of 21. Chair Kerns called on Member Holmes for additional comments.

Member Shayla Holmes stated that the Board of Pharmacy (BOP) has started the process to have these substances under Schedule I. She noted that the BOP has made previous attempts in the past to schedule these compounds, but efforts were not successful at that time. Member Holmes also shared that there was another way to get this prohibited through Nevada Revised Statute (NRS), if these efforts to get it included in schedule I don't work. If a Bill Draft Request (BDR) is proposed at the legislative session stating that these substances should be illegal, this can bypass that scheduling process.

The Chair asked for clarification if Member Holmes wanted to change the language or keep the existing recommendation as is. Member Holmes said she was unsure if these things would happen independently or if she needed to request a change in the NRS, or what the process should be. Member Holmes also verified if the language in the recommendation was correct in reference to NAC (Nevada Administrative Code).

Members then discussed adding this to the list of Schedule I controlled substances or proposing a BDR and what impact it has on possession versus sale and manufacture and if scheduling distinctions could be made (i.e., if everyone would receive the same penalty once this is listed as schedule I). Member handy noted that you could add mitragynine and its compounds to the substances under NRS 453.322, subsection 5 and make penalties stricter for sale than for possession. Member Handy noted that there are lesser penalties when you list something in schedule III.

Member Holmes noted that as it is now, it is not illegal and there is no recourse. What we want is to reduce supply and restrict access to youth, but then there also needs to be a criminal component to see it through and to have its full impact.

Chair Kerns asked for clarity and if the recommendation should remain as is or if it should be revised to include mention of a BDR. After the discussion, the Subcommittee decided to leave the recommendation with no revisions.

They moved to Recommendation #2, also submitted by Member Holmes.

> ***Recommendation #2 -***
> ***Prohibit the sale of phenibut (β-phenyl-γ-aminobutyric acid), including:*** *any isomer, ester, ether, salt, or salt of an isomer of phenibut; any synthetic, semi-synthetic, or structurally modified derivative; and any compound that acts as a GABA-B receptor agonist or functional equivalent with similar depressant or psychoactive effects to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing phenibut or its derivatives have standardized labeling, including clear warnings about potential health risks and age restrictions.*
> ***Restrict Sales Locations:*** *Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.*
> ***Enhance Enforcement Mechanisms:*** *Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.*

Chair Kerns noted that, during the April 8th meeting, the full SURG offered the idea of including options in this recommendation so that it could be scheduled *or* age restricted. Additionally, Member Dr. Partida Corona stated that, "*Whenever something becomes illegal, it is not that it is removed from the community—basically, it is putting it in the dark, in the black market".* Chair Ford agreed with that statement. Dr. Partida Corona said to keep that in mind—making something *illegal* does not *eliminate* it, and that another possibility could be to *tax* it.

Shayla Holmes said restriction and better labeling are what we are after. Member Holmes noted that Phenibut does not have the same extensive research as Kratom research stating evidence of deaths. Because of this it might be more amendable to passage with an age restriction.

Member Handy shared that the Food and Drug Administration (FDA) used to be ahead of this. Overall, Member Handy supports this recommendation.

Following this discussion, the Subcommittee decided to leave the recommendation as is, as opposed to having an option to include it under Schedule I.

The Chair then moved to recommendation #3, which was also submitted by Member Holmes.

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

The Chair noted that additional research was added to the justification of the recommendation since the last meeting. The CDC report, "Severe Illness Associated with Eating Mushroom-Containing Chocolate Products — United States, January–October 2024" describes:

> *"A national investigation [that] identified 180 cases of severe illness in 34 states associated with eating Diamond Shruumz or other mushroom-containing chocolate products. Among cases with available outcome data, 43.7% of persons required hospitalization, 23.2% required intensive care unit admission, 17.5% required endotracheal intubation, and 1.1% died."*

Chair Kerns noted that at the April 8th SURG meeting, there was a suggestion to include options in this recommendation so that it could be scheduled *or* age restricted.

Shayla Holmes stated that from a legislative perspective it may be a struggle to get this as a BDR and then see it through to passage.

Chair Kerns noted that it is the additives that have sometimes made these products' labeling unclear and left the potential for negative side effects. It can be difficult to know what the cause is.

Member Handy noted that members should consider if there is no accepted medical use for amanita muscaria. Member Handy stated that there is a university (The University of Nevada, Reno) doing research on mushrooms, using Psylocibin to treat Post Traumatic Stress Disorder (PTSD) and limiting that research could have unintended consequences.

Shayla Holmes clarified that these are two different kinds of mushrooms. Amanita muscaria and psylocibin are not the same kind of mushroom, and both have different effects.

Member Banghart said that we don't really know the impact until it's regulated. Members Payson and Handy agreed, and the recommendation was left as is without adding the scheduling.

Chair Kerns moved to the following recommendation that she submitted.

> ***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.*

The Chair noted that, during the April 8th full SURG meeting, Member Kyra Morgan mentioned that the Juvenile Justice Oversight Commission does have a standardized definition of recidivism for youth offenders. Member Morgan offered that they may want to differentiate how this looks when looking at youth versus adults. The Subcommittee may want to investigate the definition that is in place and suggested adding "*adult*" before "*deflection and diversion programs*."

Crystal Duarte added the information provided by Member Morgan to the chat for members to reference: Per Kyra Morgan: "*It is my understanding that the JJOC defines recidivism as the adjudication of delinquency or conviction for any act designated a crime under NRS (excluding most traffic offenses as specified in NRS 484A.710) for an individual who has previously been adjudicated delinquent. For measurement purposes, recidivism is tracked when an individual is re-adjudicated delinquent in juvenile court or convicted in adult court, and it is measured annually for a period of three years following the initial finding of delinquency."*

The Chair asked if there were any questions or comments on this recommendation, or if members agreed with the revised language. Members agreed to the revision to include "adult" in the recommendation.

Chair Kerns moved to recommendation #5, which she submitted. She noted the most recent revision took place at the full SURG meeting on April 8, 2026.

> **Recommendation #5 -**
> *Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Deterra Bags) and to provide education to community members (i.e., youth and senior groups). Prevention coalitions will also provide a one-page document with information about opioid overdoses, disposal, and available addiction assistance to be provided with opioid prescriptions. Board of Pharmacy will provide education via their website and work with the Nevada Opioid Center of Excellence for a continued education course.*

The Chair noted that the action step was revised to include distribution to "other partners including specialty courts and within the Department of Indigent Defense Services." Chair Kerns asked if members wanted to discuss this recommendation, or if members agreed with the current language. Members agreed.

In preparation for agenda item #6, SEI loaded the recommendations, with applicable revisions, into an Excel document for ranking priorities while members took a brief break.

Following the break, Chair Kerns moved to agenda item #6.

6. Rank Recommendations

Crystal Duarte walked Members through the process of ranking, and how the weights are determined based on relative priority. Each member was asked to verbally provide their ranking, then the SEI Team will verify their ranking was entered correctly. They began with Member Handy.

Member Peter Handy ranked the recommendations as follows:

- 1st - Recommendation #5
- 2nd - Recommendation #4
- 3rd - Recommendation #2
- 4th - Recommendation #3
- 5th - Recommendation #1

Crystal Duarte asked Joseph Peter Ostunio, Deputy Attorney General (DAG) if the Subcommittee could continue without Member Handy present, and Mr. Ostunio stated that the Member had to remain on the call until this portion of the meeting was completed. Chair Kerns called on Kasey Docena (SEI) to find the most efficient process. Kasey Docena said they would go through each Member's ranking, then proceed to the next Member, and so on.

Member Robert Banghart ranked the recommendations as follows:

- 1st - Recommendation #4
- 2nd - Recommendation #3
- 3rd - Recommendation #1
- 4th - Recommendation #2
- 5th - Recommendation #5
- Crystal Duarte confirmed that the ranking is correct. The member agreed.

Chair Terry Kerns ranked the recommendations as follows:

- 1st - Recommendation #5
- 2nd - Recommendation #1
- 3rd - Recommendation #2
- 4th - Recommendation #3
- 5th - Recommendation #4
- Crystal Duarte confirmed that the ranking is correct. The member agreed.

Member Shayla Holmes ranked the recommendations as follows:

- 1st - Recommendation #1
- 2nd - Recommendation #3
- 3rd - Recommendation #5
- 4th - Recommendation #4
- 5th - Recommendation #2
- Crystal Duarte confirmed that the ranking is correct. The member agreed.

Member Christine Payson ranked the recommendations as follows:

- 1st - Recommendation #1
- 2nd - Recommendation #3
- 3rd - Recommendation #2
- 4th - Recommendation #4
- 5th - Recommendation #5
- Crystal Duarte confirmed that the ranking is correct. The member agreed.

The Response Subcommittee was unable to receive rankings from the following members since they were absent: Nicole Hicks, Bud Schawl, and Senator Jeff Stone.

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

1st - Recommendation #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 1 of NAC 453.510.*

2nd - Recommendation #3

- ***Prohibit the sale of amanita muscaria and its psychoactive constituents, including:*** *muscimol, ibotenic acid, and any isomer, ester, ether, salt, or salt of an isomer thereof; any synthetic, semi-synthetic, or chemically modified derivative of muscimol or ibotenic acid; and any compound that produces hallucinogenic, dissociative, or neuroactive effects substantially similar to those substances to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing such psychoactive constituents have standardized labeling, including clear warnings about potential health risks and age restrictions.*
- ***Restrict Sales Locations:*** *Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.*

- ***Enhance Enforcement Mechanisms:*** *Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.*

3rd - Recommendation #5

- *Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Deterra Bags) and to provide education to community members (i.e., youth and senior groups). Prevention coalitions will also provide a one-page document with information about opioid overdoses, disposal, and available addiction assistance to be provided with opioid prescriptions. Board of Pharmacy will provide education via their website and work with the Nevada Opioid Center of Excellence for a continued education course.*

4th - 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.*

5th - Recommendation #2

- ***Prohibit the sale of phenibut (β-phenyl-γ-aminobutyric acid), including:*** *any isomer, ester, ether, salt, or salt of an isomer of phenibut; any synthetic, semi-synthetic, or structurally modified derivative; and any compound that acts as a GABA-B receptor agonist or functional equivalent with similar depressant or psychoactive effects to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing phenibut or its derivatives have standardized labeling, including clear warnings about potential health risks and age restrictions.*
- ***Restrict Sales Locations:*** *Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.*
- ***Enhance Enforcement Mechanisms:*** *Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.*

The Chair asked the Members if there were any questions or comments. Hearing none, Chair Kerns asked for a motion to approve the ranked recommendations.

- Member Holmes made the motion to approve the ranked recommendations.
- Member Payson seconded that motion.
- The motion carried with no abstentions or objections.

Member Handy noted that he was leaving, and departed at approximately 12:53 p.m.

After ranking the recommendations, the Chair moved to agenda item #4, which was to review the other recommendations that were presented at the full SURG meeting in April, submitted by the Prevention and Treatment and Recovery Subcommittees.

4. Review Draft Proposed 2025 SURG Recommendations Discussed at April 8, 2026 Meeting

The Chair introduced the agenda item and read the information on the slide. The Chair noted that there were no suggestions to combine Response recommendations with those from another subcommittee.

> *Note that the following slides include all recommendations that were presented to the full SURG in April for inclusion in the next Annual Report. For additional information on recommendations, please review the Compiled Subcommittee Recommendations handout provided as part of the April SURG meeting.*
>
> *The handout also includes information on recommendations that are being reviewed and workshopped but may not be included in the next Annual Report. The following slides include only those recommendations being considered for inclusion in the 2025 Annual Report as of the April 8, 2026, SURG meeting. Note that SURG Subcommittee members are still refining recommendations and those presented here may be revised for the June SURG meeting.*

Chair Kerns then read the recommendations from Prevention.

> ***Recommendation #1 –*** *Submitted by Prevention Chair Jessica Johnson*
> ***Description:*** *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 naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

Then the Chair read Recommendation #2, submitted by prior Subcommittee Member Debi Nadler, now sponsored by Jessica Johnson.

> ***Recommendation #2 -***
> ***Description****: Create a bill draft request to set aside cannabis wholesale tax to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*

This concluded the Prevention recommendations that were presented at the April SURG meeting. The Prevention Subcommittee is still considering additional recommendations.

Chair Kerns began to read the first Treatment and Recovery (TxR) recommendation that was submitted by prior Subcommittee Member Chelsi Cheatom, now co-sponsored by Subcommittee Member Stephanie Cook.

Recommendation #1 -
Description*: 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.*

The next recommendation was a combination of recommendations submitted by the Treatment and Recovery Chair, Steve Shell, and Subcommittee Member Jose Maria Partida Corona, MD, FASAM.

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

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

Chair Kerns noted that recommendation #3 was submitted by prior Subcommittee Member Chelsi Cheatom in 2025, with Subcommittee Member Guiseppe Mandel as the appointed lead for this recommendation.

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

Then the Chair read recommendations #4 and #5, which were submitted by Subcommittee Member Jose Maria Partida Corona, MD, FASAM.

Recommendation #4 -
Description: *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.*

Recommendation #5 -
Description: *Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for MOUD.*

With no further discussion, the Chair closed this agenda item and proceeded to agenda item #7.

7. Presentation of Response Subcommittee Recommendations for June SURG Meeting
The Chair asked if there were any members with a submitted recommendation that wanted to present at the June meeting. Member Holmes stated that Chair Kerns could present the recommendations she submitted.

8. Review 2026 Response Subcommittee Meeting Topics and Timeline
Chair Kerns introduced the item which was to review 2026 Response Subcommittee meeting topics and timeline. The following was reviewed at the prior Subcommittee with minimal changes, and Chair Kerns read the slide.

Subcommittee Meeting Topics and Timeline
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.

Chair Kerns noted that after August, the Subcommittee will work on recommendations for 2026-2027, and to email the SEI Team with any speaker suggestions or recommendations. The Subcommittee previously discussed a potential recommendation around transportation to Crisis Stabilization Centers (CSCs). That recommendation may be further workshopped after August when Subcommittee meetings resume for FY26-27.

Moving to the next slide, which was the Full SURG Meeting and Revised Reporting Timeline and Topics.

Full SURG Meeting and Revised Reporting Timeline and Topics
June 2026
- ***Review Final, Ranked Recommendations***
- *Approve 2025-26 Annual Report Template*

July 2026
- *Approve 2025-26 Annual Report*

October 2026
- *Presentations from Subject Matter Experts*
- ***Overview of Open Meeting Law (pending)***

Crystal Duarte noted that the June Subcommittee Meeting is an "as-needed" meeting. It will be held if revisions or feedback to the recommendations or their ranking are revised at the June 10th SURG meeting. It is not on the same schedule as the regular subcommittee meetings and Crystal wanted to call attention to that as well. That meeting will require a quorum of members to be present.

The Chair asked if there were any questions. She asked Crystal Duarte if there was anything to add, Crystal Duarte noted that the Conflict of Interest Survey that has been distributed to members still needs to be completed, if members hadn't already done so.

With that, the Chair then closed the item and transitioned to agenda item #9.

9. Public Comment
Chair Kerns opened the floor for public comment after reading the statement on public comment and call-in information.

Seeing no public comments, the Chair moved the meeting forward to agenda item #10.

10. Adjournment.
Chair Kerns moved to the last agenda item, which was adjournment. Chair Kerns adjourned the meeting at 1:05 p.m.

Chat Log:
12:04 Kasey Docena: 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.