DRAFT MEETING NOTES

Statewide Substance Use Response Working Group — **May 20th, 2026**
Prevention Subcommittee Meeting — **3:00 p.m.**

Zoom Meeting ID: 813 0733 6896
No Physical Public Location

Members Present via Zoom or Telephone
Chair Jessica Johnson, Chelsi Cheatom, Noël Chounet, Kyra Morgan, Senator Neal, Vice Chair Wendy Nelsen

Members Absent:
Rosa O'Bannon, Stacey Lance

Attorney General's Office Staff
Christy Jones Brady; Joseph Peter Ostunio, Esq.; Terry Kerns, PhD; and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team
Kim Hopkinson, PhD; Mary O'Leary; and Kasey Docena

Members of the Public via Zoom
Linda Anderson; Jess Angel; bquezada; Tina Gerber-Winn, Nevada Public Health Foundation; Madalyn Larson; Sabrina Petrel; Maddison Proctor; John Seeland; Karina Tomco; Marcie Trier, LCADC, LCPC

1. Call to Order and Roll Call to Establish Quorum

Chair Jessica Johnson called the meeting to order at 3:01 p.m.

Chair Johnson turned it to Ms. Mary O'Leary to lead the roll call and establish quorum. After quorum was established through the presence of Members Johnson, Cheatom, Chounet, Morgan, and Nelsen, Ms. O'Leary announced that she heard from Members Lance and O'Bannon that they would not be able to attend today's meeting, and that Senator Neal would be joining approximately 30 minutes into the meeting.

With quorum established, Chair Johnson moved to agenda item #2.

2. Public Comment *(Discussion Only)*

Ms. O'Leary read public comment guidance 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.

She also noted that the chat function is not available to anyone who is calling in.

Chair Johnson then called for public comment. Seeing or hearing no public comment, Chair Johnson moved to agenda item #3.

3. Review and Approve Minutes from March 18, 2026 Prevention Subcommittee Meeting *(For Possible Action)*

Chair Johnson shared guidance provided by the DAG, which is that members can vote to approve the minutes from a meeting that they did not attend, as long as they have reviewed the minutes.

Chair Johnson asked for a motion to approve the March 18, 2026 Prevention Subcommittee meeting minutes.

- Vice Chair Nelsen moved to approve the minutes.
- Member Chounet seconded the motion.
- The motion carried with no opposition or abstentions.

Chair Johnson moved to agenda item #4.

4. New Prevention Subcommittee Recommendation *(For Possible Action)*

Chair Johnson noted that a goal for today is to finalize the wording of and approve the recommendations that the Subcommittee wants to appear in the 2025-2026 SURG Annual Report. Following, the Subcommittee will be ranking those recommendations. This will occur over a few different agenda items.

Chair Johnson then outlined how, after the April full SURG meeting, members of the Subcommittee connected with subject matter expert, Anne-Elizabeth Northan, the Project Director for the Nevada Certification Board (NCB), who had previously provided a presentation on the certification programs that are run by CASAT. The purpose of this conversation was to learn more about the gaps in Certified Prevention Specialist certification supervision. Chair Johnson noted that while there is nothing specific to present today, she wanted to be transparent about the conversation that took place and that she looked forward to sharing a draft recommendation at a future meeting. This recommendation will not be included in the 2025-2026 Annual Report.

Chair Johnson asked that anyone interested in helping to workshop that recommendation or taking this on as a sponsor let Mary O'Leary know. She noted that she can also continue to work with Anne-Elizabeth and other partners to finalize the draft recommendation to bring forward to the Prevention Subcommittee for review.

Chair Johnson asked if there was any discussion. Vice Chair Nelsen and Member Chounet offered that they would like to support development of this recommendation. Chair Johnson said she will work with Ms. O'Leary to ensure that those conversations are in compliance with Open Meeting Law and to determine next steps.

5. Review and Approve Proposed 2025-2026 Prevention Subcommittee Recommendations *(For Possible Action)*

Before starting this agenda item, Ms. O'Leary noted that Senator Neal joined at 3:11 p.m.

Chair Johnson introduced the agenda item and referred members to the Prevention Recommendations handout shared prior to the meeting for additional background and justification information. She noted that the group will be reviewing the wording for recommendations as shared on the screen, then calling for a vote, one by one, to include these in the 2025-2026 Annual Report.

With that, Chair Johnson read Recommendation #1, which she submitted in April 2025.

> *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.*

Chair Johnson noted that there were no revisions from the April 8th SURG meeting, but that clarifying questions were asked. If approved, the Subcommittee will work with the Board of Pharmacy to workshop the language that is proposed for the post. There are ideas for this language in the Associated Research section of the Recommendations Summary document posted to the SURG website for this recommendation that was adapted from the National Bridge organization that has been effective in many other states. She asked if there were questions.

Member Chounet asked, not being familiar with the national guidance, what reimbursement for that naloxone distribution looked like. She asked what the carrots for EDs would be to build that capacity, and how this naloxone will get paid for, where it will come from, if it is going to come down from the state, given that there have been gaps in distribution. She asked if additional information was available or if this is something that would be fleshed out later.

Chair Johnson thanked her, noting that these questions were a little out of the scope of this particular recommendation. She said that this would allow for hospitals to perform community-based distribution of naloxone, outside the purview of the hospital pharmacist. She noted that this is currently allowable, but we have heard from multiple partners that when working with hospitals to implement opportunities for community-based distribution, they often run into a barrier because hospital pharmacists are responsible for medication distributed in the emergency room. This is something that some hospitals are doing but not all. In other states where there is a lack of clarity, they’ve been able to work with the Board of Pharmacy to create a statement that clarifies how to be a community-distribution site for naloxone similar to coalitions, health departments, or anything in that similar vein.

Member Chounet thanked her. She wondered if we should put that clarification in the recommendation, that we are talking about community-based distribution. Many hospitals are concerned about their bottom line, and she wondered if there would be worry about how hospitals would provide this service. Noting that it is community-based could make it palatable to all.

Chair Johnson noted that the last sentence of the recommendation hopefully captures that and in the accompanying Recommendations Summary document, there is more detail regarding those efforts. She said that if there was a specific language recommendation update, she is open to that.

Member Chounet acknowledged the question and noted she was workshopping it internally. The Chair asked if there was anyone else that had language updates that would be beneficial here.

Chair Johnson shared that one challenge they have faced in developing these recommendations is trying to summarize their recommendations succinctly. She asked if there were more thoughts or wording recommendations.

Member Chounet offered changing out "public" for community or community-based, but deferred to members. Ms. O'Leary made that change live on the PPT screen. The Chair thanked her for the recommendation and asked if members had input. Member Morgan said this was fine as it is currently written. Hearing no other comments, the Chair entertained a motion to approve this recommendation as amended.

> *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 community-based naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

- Member Morgan made a motion to approve and move this recommendation forward as currently written on the screen to the 2025-2026 SURG Report.
- Member Chounet seconded the motion.
- The motion passed with no opposition or abstentions.

The Subcommittee then moved to Recommendation #2, which was also shared at the April full SURG meeting, submitted by prior Subcommittee member Debi Nadler in 2024, reelevated for 2025-26, and currently sponsored by Jessica Johnson.

> *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.*

She noted that feedback on this recommendation was received in late April based on emerging data around youth vaping, coupled with recommendations provided by experts from the Nevada Tobacco Control and Smoke-Free Coalition.

A revised recommendation was shared on the screen:

> *Create a bill draft request to set aside funding* for youth vaping prevention cannabis wholesale tax to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*
>
> **Given that vaping is a delivery method for cannabis, nicotine, and other substances like fentanyl, multiple funding sources should be considered, including the cannabis wholesale tax, tobacco or vaping settlement, tobacco tax dollars, the Fund for Resilient Nevada, or other appropriate sources.*

The Chair noted that the background and justification in the Recommendations Summary was updated along with the changes above. She then opened the recommendation for discussion.

Vice Chair Nelsen noted that this changed it a lot, as the original was to get wholesale tax from cannabis. Chair Johnson agreed and said that previous reports had two recommendations, one for tobacco and one for cannabis. The cannabis recommendation was carried forward with an ongoing discussion of the delivery method of vaping. She was open to having the Subcommittee vote on not including these edits or splitting them.

Member Morgan asked if the recommendation was focused on the cannabis wholesale tax because it's newer and therefore potentially more available than the other two funding streams. She said she didn't realize that the whole point was to get some of the wholesale tax funding, and whether it was strategically limited to one funding stream.

Chair Johnson said that was an excellent question and noted that her recollection was that the presentation [from the Nevada Tobacco Control & Smoke-free Coalition] had multiple recommendations. Related to the cannabis one, she believes there was discussion that the retail tax had been allocated for education but that the wholesale tax might have offered the opportunity to allocate specifically for prevention. She does see Member Morgan's point in broadening the funding channels when moving into a vaping specific recommendation. Chair Johnson asked if other members share in that or have recommendations for how to improve or change this recommendation.

Member Chounet said that something that stands out to her is "the other appropriate sources". She said that all sources listed are directly tied to vaping in some way or another. She said that "other appropriate sources" waters down the recommendation. Cannabis is still federally illegal, and there is uncertainty where that will go, so it is important to make sure continued funding to address vaping is available other than just tied to cannabis.

Chair Johnson thanked her and clarified that the Fund for a Resilient Nevada (FRN) is opioid related. Member Chounet thanked her for the clarification. Chair Johnson then said that "other appropriate sources" was intended to account for funding that are outside of our scope and awareness today, in case new settlements, lawsuits, or opportunities came to light where responsible entities could opt to allocate it for vaping prevention.

Member Chounet said that makes sense and wondered if it could be narrowed to substance use related. Also, she noted that providing too many options could result in "robbing Peter to pay Paul".

Chair Johnson offered potential edits for Member Chounet's consideration. Member Chounet noted that it could be "other appropriate sources related to substance use". Ms. O'Leary noted this change live in the slide, and subcommittee members were asked for input. Member Morgan noted that she was fine with the changes.

Member Chounet thanked the Chair for the heavy lift on working on these, and the Chair said that she was grateful to bring them forward and for the discussions.

With no additional comments, the Chair entertained a motion to approve this recommendation as amended for 2025-2026 SURG Annual Report.

> *Create a bill draft request to set aside funding* for youth vaping prevention cannabis wholesale tax to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*
>
> **Given that vaping is a delivery method for cannabis, nicotine, and other substances like fentanyl, multiple funding sources should be considered, including the cannabis wholesale tax, tobacco or vaping settlement, tobacco tax dollars, the Fund for Resilient Nevada, or other appropriate sources as related to substance use.*

- Member Chounet moved to move this recommendation forward as amended for inclusion in the 2025-2026 Report.
- Member Cheatom seconded the motion.
- The motion passed with no opposition or abstentions.

The subcommittee then transitioned to recommendations that were mentioned as still being workshopped to the full SURG at their April meeting. Chair Johnson prefaced that if members vocalize that these recommendations don't feel ready to be ranked for the 2025-2026 Annual Report, they can be deferred and the group can continue working on them over time.

Chair Johnson read potential Recommendation #3, submitted by prior Subcommittee Member Erik Schoen in 2024, and re-elevated for 2025-2026.

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

She noted that edits for this recommendation were not collected. She asked if Vice Chair Nelsen was continuing to work on background; Vice Chair Nelsen confirmed and was asked to share that background work.

Vice Chair Nelsen summarized her research for the group's consideration, noting that it is about protecting the infrastructure that has taken years to build in all these communities. She noted that she could send her research out before the next meeting.

Ms. O'Leary noted that Member Morgan had departed the meeting at 3:41, but that with five members present, there was still quorum.

Chair Johnson thanked Vice Chair Nelsen for her extensive research, and the Vice Chair noted that she had sent the research to the Chair. Chair Johnson asked that it be sent to Ms. O'Leary to be distributed to members.

Chair Johnson asked for Vice Chair Nelsen's recommendation for next steps, asking if more time was needed to workshop this recommendation for inclusion in next year's report. Vice Chair Nelsen said it could be good for everyone to look at it, and she was happy to proceed at the direction of the group.

The Chair agreed and noted that if this is something that they would like considered for the 2027 legislative session, it would need to be included in the 2025-2026 Annual Report. If it is included in the 2027-2028 Annual Report, this report does not precede a legislative session.

Member Chounet asked for clarity as to whether this was the last chance to workshop anything that will go before the full SURG prior to the 2027 legislative session.

Chair Johnson said that was her understanding and asked Ms. O'Leary from SEI to confirm. Ms. O'Leary said yes, this is the last meeting to workshop recommendations they would like to incorporate this into the 2025-2026 Annual Report.

Chair Johnson noted that several recommendations have been elevated and iterated over the years, as more research and insight has become available, to address gaps. One strategy to consider is to make amendments as is to move it forward in the 2025-2026 Annual Report *and* have Vice Chair Nelsen submit her research into the SurveyMonkey link and continue to workshop it for inclusion in the 2027-2028 Annual Report. Those workshop meetings are public, which could help if this recommendation for a BDR were to get picked up. Another option is that this recommendation is paused for continued refinement [for the 2027-2028 Annual Report].

Vice Chair Nelsen said that, as written, it encompasses a large portion of what she has researched, and it may just take wordsmithing—but that depends on the appetite of the subcommittee.

Chair Johnson asked if, based on her research, there was anything Vice Chair Nelsen would recommend updating? Vice Chair Nelsen said that language around preservation of infrastructure could be included.

Ms. O'Leary edited the recommendation live on the screen, with the Chair providing language that the Vice Chair agreed to.

The Chair thanked Vice Chair Nelsen for all of her work so far. She asked the subcommittee for thoughts on these edits and the identification of a partner/agency to serve as a champion, asking Senator Neal specifically if she had any thoughts.

The Senator noted in the chat that her Zoom wouldn't let her unmute. The SEI team attempted to resolve the issue, and the Chair apologized for the technical issue as this was the Senator's first meeting.

The Chair asked for guidance from SEI. Kim Hopkinson stated that she would connect with the Senator directly, and deferred to DAG Ostunio as to whether the Senator's inability to unmute affects quorum. He confirmed that the meeting can continue, but that her inability to unmute would impact quorum during a vote. Kim noted that she would go offline to provide tech support to the Senator.

Chair Johnson thanked the SEI, then pivoted to Member Cheatom asking if she had any thoughts on the inclusion of "to protect prevention infrastructure" to the recommendation. Member Cheatom said she likes the way it's written right now, but was curious if the language should be changed to "introduce a BDR", or if it would be stronger if the members could identify a partner.

At this point, Ms. O'Leary noted that Senator Neal had dropped off the call, so the meeting no longer had quorum. DAG Ostunio confirmed that the meeting should pause until quorum could be reestablished. Ms. O'Leary noted that she would reach out to Member Morgan to see if she could rejoin the call.

The meeting paused until 3:59 p.m., at which Member Morgan rejoined and quorum was reestablished.

Members continued to refine the recommendation. Member Chounet asked if the recommendation needed to align with information in the justification, which spanned the lifespan. She also noted that the Recommendation Summary noted that the state does not have PFS funding, but that is no longer true. She also asked if the recommendation is intended to double year cycle, given the term "evergreen" in the justification.

Chair Johnson noted that the justification could be updated to people aged 0-24, and that the PFS grant was received. She provided background on how the amount of funding was identified, noting that the amounts currently included were informed by a presentation by Stephanie Cook. Member Chounet thanked her for the background, stating that she supports the recommendation.

Chair Johnson said she would entertain a motion to move this recommendation into the 2025-2026 Report as amended (language below).

> *Support a bill draft request in the 2027 legislative session that would double the annual state investment in primary prevention to protect prevention infrastructure via a general fund dollar line item committed to BBHWP's prevention programming for people aged 0-24. Monies should be directed to local lead agencies that prioritize evidence-based programming.*
>
> *For example, if the current level of investment was $1.6 million, then this would be raised to $3.2 million for the next biennium. This funding should not be at the expense of existing programming and should be the State of Nevada's contribution to Prevention*

efforts; additional Federal and/or other monies that are secured would not change the target allocation of State dollars for primary prevention efforts.

The Chair entertained a motion to approve and move this recommendation as amended to be incorporated in the SURG 2025-2026 Annual Report.

- Member Chounet moved that this recommendation be elevated to the 2025-2026 Report.
- Member Morgan seconded the motion.
- The motion passed with no opposition or abstentions.

The Chair thanked them for the discussion, noting there were two more recommendations to review.

Then she read the fourth recommendation currently being workshopped, submitted by Member Stacey Lance on in March 2026.

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.

Chair Johnson noted there were no updates provided at the April SURG meeting. With Member Lance unable to attend the meeting today, and Member Lance's exploration of creating this jointly with the Recovery Subcommittee, the Chair offered that she would like to give this recommendation more time. She asked Dr. Kerns, Chair for the Response Subcommittee, if she had any discussions to share. Dr. Kerns shared that the Response Subcommittee is not considering it for inclusion in the 2025-2026 Report.

Chair Johnson asked if the subcommittee would be interested in retaining this for further discussion at future subcommittee meetings. Vice Chair Nelsen agreed.

The group then moved to the fifth recommendation, submitted by Chair Jessica Johnson in March 2026. Chair Johnson noted that changes had been made in advance of this meeting, as illustrated below.

Recommend to Nevada DH~~H~~S to develop and share an ~~biannual~~ annual naloxone saturation and distribution plan for overdose reversal medication. DH~~H~~S 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.

Chair Johnson asked for clarity as to who would own a policy like this, noting that it may not be DHS. Vice Chair Nelsen asked if CASAT was doing it. The Chair said it was her understanding that CASAT is distributing naloxone, and that, per the last ACRN meeting, there was interest in centralizing naloxone distribution from state offices and not having CASAT or SNHD serve as regional distributors. She noted it was appropriate to identify the state office that creates the plan and would be response for the distributing the naloxone.

Member Morgan stated that she is with DHS, specifically DCFS, and that she was curious if the subcommittee had engaged with DHS to confirm that there is an office in DHS that has this information available. Chair Johnson said it was her understanding that this has been a responsibility of the office that distributes the state opioid response, and that there is a naloxone saturation plan. She is aware of one created in 2022 or 2023 in partnership with UNR CASAT. However, she hasn't seen published reports to date. Perhaps, based on Member Morgan's question, they could consider pausing this recommendation and inviting someone from the office that oversees the opioid response grant to help the subcommittee workshop this at a future meeting.

Vice Chair Nelsen liked her idea and asked if this might be Michelle Berry from CASAT.

Chair Johnson asked Dr. Kerns if she had any insights on this. Dr. Kerns believes this falls under Stephanie Cook. Member Morgan recommended, alternatively, that Dawn Yohey could speak to this.

The Chair thanked them and said they should hold on this recommendation and have Stephanie Cook and Dawn Yohey present in a future meeting to educate the subcommittee on this matter. She asked if there was future discussion on this recommendation.

Hearing none, the Chair called on Mary O'Leary to confirm if any voting needed to occur before she called for a short break. Ms. O'Leary said she heard three recommendations approved by the subcommittee. She asked Kim Hopkinson if she is ready to share a document with the three recommendations that were discussed, Kim said she was.

Chair Johnson said that she would call for short break so members can consider how they would rank these recommendations under agenda item 6.

Ms. O'Leary noticed a phone number has joined, and Kim Hopkinson confirmed that it was Senator Neal's number. Senator Neal announced her arrival at 4:20 p.m. Senator Neal was welcomed by the Chair. Six out of 8 members were now present.

The Chair said she would move to agenda item 6, then call for a short break to let members think about how they will rank the recommendations.

6. Ranking Approved 2025-2026 Prevention Subcommittee Recommendations *(For Possible Action)*

Kim Hopkinson walked members through the ranking process and the weight scale determined based on relative priority. Then the Chair read the recommendations and asked Senator Neal if she was comfortable participating in the ranking. Senator Neal abstained, as she could not review what was visible on the screen due to rejoining the call from phone only.

Chair Johnson read the following recommendations as approved:

1. *Request guidance from the Nevada Board of Pharmacy be posted to their website and communicated to pharmacists to clarify regulations pertinent to the distribution of naloxone in hospitals to permit low barrier naloxone distribution from Emergency Departments (EDs) and permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for community-based naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

2. *Create a bill draft request to set aside funding* for youth vaping prevention to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*

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

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

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

Then she offered a five-minute break for members to then rejoin at 4:30 p.m. to provide their rankings.

Member Morgan asked if the prioritization focus on impact or feasibility, and if there was any guidance related to what they should be putting weight into.

The Chair appreciated how thoughtful she was, noting that it was her understanding that the rankings will influence the order they are presented in the Annual Report. She advised weighing them all together for relative priority. Kim Hopkinson then confirmed that this ranking reflects how the recommendations are presented in the Annual Report, to provide users of the report with a better idea of what the subcommittee would have prioritized if they were to, for example, have a discussion with a group that had a BDR available.

The Chair asked if members needed more time. As they did, she called upon Member Cheatom to provide her rankings.

Member Cheatom ranked the recommendations as follows:

- 1st - Recommendation #3
- 2nd - Recommendation #2
- 3rd - Recommendation #1

Kim Hopkinson confirmed that the ranking was correctly documented with Member Cheatom.

Member Chounet ranked the recommendations as follows:

- 1st - Recommendation #3
- 2nd - Recommendation #1
- 3rd - Recommendation #2

Kim Hopkinson confirmed that the ranking was correctly documented with Member Chounet.

Chair Johnson ranked the recommendations as follows:

- 1st - Recommendation #1
- 2nd - Recommendation #2
- 3rd - Recommendation #3

Kim Hopkinson confirmed that the ranking was correctly documented with Chair Johnson.

Member Morgan ranked the recommendations as follows, noting that if it was based on feasibility it would be flipped, but this is based on impact:

- 1st - Recommendation #3
- 2nd - Recommendation #2
- 3rd - Recommendation #1

Kim Hopkinson confirmed that the ranking was correctly documented with Member Morgan.

Vice Chair Nelsen ranked the recommendations as follows:

- 1st - Recommendation #3
- 2nd - Recommendation #2
- 3rd - Recommendation #1

Kim Hopkinson confirmed that the ranking was correctly documented with Vice Chair Nelsen.

Kim then read the finalized order of recommendations out loud:

1. *Support a bill draft request in the 2027 legislative session that would double the annual state investment in primary prevention to protect prevention infrastructure via a general fund dollar line item committed to BBHWP's prevention programming for*

people aged 0-24. Monies should be directed to local lead agencies that prioritize evidence-based programming.

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

2. *Create a bill draft request to set aside funding* for youth vaping prevention to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*

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

3. *Request guidance from the Nevada Board of Pharmacy be posted to their website and communicated to pharmacists to clarify regulations pertinent to the distribution of naloxone in hospitals to permit low barrier naloxone distribution from Emergency Departments (EDs) and permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for community-based naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

Chair Johnson then moved to agenda item 7.

Note that this agenda item was reopened later in the meeting; details are provided on page 14 of this document.

7. Presentation of Prevention Subcommittee Recommendations for June SURG Meeting
(For Possible Action)

Chair Johnson asked if members sponsoring or leading a recommendation would like to present theirs personally at the full SURG meeting in June. Members agreed that they would like the Chair to make that presentation.

Chair Johnson then moved to agenda item 8.

8. Review 2026 Prevention Subcommittee Meeting Topics and Timeline
(For Possible Action)

The Chair noted the time, then reviewed the topics and timeline for upcoming subcommittee and full SURG meetings.

Member Morgan asked if they had a finalized date for the June meeting. Ms. O'Leary noted that the date was June 17th for a possible Prevention Subcommittee meeting at 3 pm, and June 10th for the full SURG at 2 pm.

Chair Johnson noted members can provide planning recommendations to, or request scheduling support from, Mary O'Leary. She then concluded this portion of the meeting and moved to agenda item #9.

9. Review Draft Proposed 2025-2026 SURG Recommendations Discussed at April 8, 2026 Meeting *(Discussion Only)*

Chair Johnson noted that the slides included for today's meeting included recommendations from other subcommittees, and that this is provided as information only. She then noted that, given where the meeting was with time, she would ask Ms. O'Leary if there was anything else that should be covered under this agenda item. Ms. O'Leary said she would point members to Recommendations Summary handout that was posted in the April 8th SURG meeting material, which has these recommendations, as well as justification, background, and associated research. The Chair recommended that members review that in advance of the larger SURG meeting.

10. Public Comment *(Discussion Only)*
Chair Johnson opened the floor for public comment, and asked Ms. O'Leary to read the public comment guidance.

Member Chounet gave a shout-out and big thank you to every who developed and submitted these recommendations, with much gratitude to all.

Chair Johnson noted her intent to move to agenda item 11. Kim Hopkinson apologized for the interruption and for not catching it earlier as she was updating the documentation of the ranking process, but asked to confirm if the subcommittee intended to make a motion that the ranked recommendations be moved forward as ranked. Chair Johnson asked if the group could reopen agenda item 6, and Kim asked if the DAG had any opposition to that. DAG Ostunio had no opposition.

The Chair called for a vote on moving the recommendations forward as ranked.
- Member Morgan made a motion to move the recommendations forward.
- Vice Chair Nelsen seconded the motion.
- The motion passed no abstentions or objections.

DAG Ostunio then noted that public comment would need to be redone before the meeting was adjourned.

Ms. O'Leary reread the public comment guidance. Seeing and hearing no comments, the period of public comment was closed before proceeding to agenda item #11.

11. Adjournment
Chair Johnson thanked subcommittee members and others in attendance and adjourned the meeting at 4:46 p.m.

Meeting Chat Log:

Mary O'Leary (she/her) 3:03 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.

Senator Neal 3:49 p.m.

my audio wont unmute

Mary O'Leary (she/her) 4:40 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.

Kim Hopkinson (she/her) 4:44 p.m.

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