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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

May 20, 2026

3:00 pm

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Johnson

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

Member	SURG Role	Subcommittee Role
Jessica Johnson	Urban Human Services (Clark County)	Chair
Wendy Nelsen	SUD Prevention Coalition	Vice Chair
Chelsi Cheatom	Harm Reduction Program	Member
Noël Chounet	Emergency Response Employee	Member
Stacey Lance	Urban Human Services (Washoe County)	Member
Kyra Morgan	Representative of the Division of Child and Family Services	Member
Senator Dina Neal	Member of the Senate appointed by the Senate Majority Leader	Member
Rosa O'Bannon	Representative of a School District	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (per NRS 241.021).
- If you are dialing in from a telephone:
 - Dial (253) 205-0468
 - When prompted enter the Meeting ID: 813 0733 6896
 - Please press *6 so the host can prompt you to unmute.
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

**3. REVIEW AND APPROVE MINUTES
FROM MARCH 18, 2026 PREVENTION
SUBCOMMITTEE MEETING**

Chair Johnson

4. NEW PREVENTION SUBCOMMITTEE RECOMMENDATION

Chair Johnson

**5. REVIEW AND APPROVE
PROPOSED 2025-2026 PREVENTION
SUBCOMMITTEE
RECOMMENDATIONS**

Chair Johnson

2025 Proposed Recommendations Submitted

Submitted by: Jessica Johnson on April 29, 2025.

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

Please refer to the compiled subcommittee recommendations handout for more information.

2025 Proposed Recommendations Submitted

Submitted by: Prior Subcommittee member Debi Nadler (in 2024, re-elevated for 2025-2026, last edited April 30, 2026), sponsored by Jessica Johnson.

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.

Please refer to the compiled subcommittee recommendations handout for more information.

2025 Proposed Recommendations Submitted

Submitted by: Prior Subcommittee member Debi Nadler (in 2024, re-elevated for 2025-2026, last edited April 30, 2026), sponsored by Jessica Johnson.

Description: 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.**

Please refer to the compiled subcommittee recommendations handout for more information.

2025 Proposed Recommendations Submitted

Submitted by: Prior Subcommittee member Erik Schoen (in 2024, re-elected for 2025-2026, last edited February 2026), sponsored by Jessica Johnson.

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

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

2025 Proposed Recommendations Submitted

Submitted by: Stacey Lance on March 6, 2026.

Description: 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.

Please refer to the compiled subcommittee recommendations handout for more information.

2025 Proposed Recommendations Submitted

Submitted by: Jessica Johnson on March 17, 2026.

Description: Recommend to Nevada DHHS to develop and share **an annual 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.

Please refer to the compiled subcommittee recommendations handout for more information.

6. RANK APPROVED 2025-2026 PREVENTION SUBCOMMITTEE RECOMMENDATIONS

Chair Johnson

**7. PRESENTATION OF PREVENTION
SUBCOMMITTEE
RECOMMENDATIONS FOR JUNE
SURG MEETING**

Chair Johnson

8. REVIEW 2026 PREVENTION SUBCOMMITTEE MEETING TOPICS AND TIMELINE

Chair Johnson

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.

Full SURG Meeting and Revised Reporting Timeline and Topics

June 2026

- **Review and Vote on 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)**

Planning for 2026 Prevention Subcommittee Meetings

Please email Subcommittee staff with any speaker recommendations.

**9. REVIEW DRAFT PROPOSED 2025
SURG RECOMMENDATIONS
DISCUSSED AT APRIL 8, 2026
MEETING**

Chair Johnson

Compiled Subcommittee Recommendations

Note that the following slides include the recommendations that were presented to the full SURG on April 8, 2026, for inclusion in the next Annual Report. For additional information on recommendations, please review the Compiled Subcommittee Recommendations handout.

Note that SURG Subcommittee members are still refining recommendations and those presented here may be revised for the June 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 2025-26 Annual Report as of the April 8, 2026 SURG meeting.

Treatment and Recovery Subcommittee Recommendation #1

Submitted by: Prior Subcommittee member Chelsi Cheatom on August 20, 2025; co-sponsored by Subcommittee member Stephanie Cook on November 18, 2025.

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.

Please refer to the compiled subcommittee recommendations handout for more information.

Treatment and Recovery Subcommittee Recommendation #2

Submitted by: Combination of recommendations from Steve Shell (submitted on June 17, 2025) and Jose Maria Partida Corona, MD, FASAM (submitted on March 23, 2026).

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.

Please refer to the compiled subcommittee recommendations handout for more information.

Treatment and Recovery Subcommittee Recommendation #3

Submitted by: Prior Subcommittee member Chelsi Cheatom in 2025. Guisepppe Mandel appointed as lead for this recommendation on March 24, 2026.

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.

Please refer to the compiled subcommittee recommendations handout for more information.

Treatment and Recovery Subcommittee Recommendation #4

Submitted by: Jose Maria Partida Corona, MD, FASAM on March 23, 2026.

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.

Please refer to the compiled subcommittee recommendations handout for more information.

Treatment and Recovery Subcommittee Recommendation #5

Submitted by: Jose Maria Partida Corona, MD, FASAM on March 23, 2026.

Description: Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for MOUD.

Please refer to the compiled subcommittee recommendations handout for more information.

Response Subcommittee Recommendation #1

Submitted by: Shayla Holmes on May 14, 2025, revised on February 20, 2026.

Description: 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.

Please refer to the compiled subcommittee recommendations handout for more information.

Response Subcommittee Recommendation #2

Submitted by: Shayla Holmes on May 14, 2025, revised on February 20, 2026.

Description: 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.

Please refer to the compiled subcommittee recommendations handout for more information.

Response Subcommittee Recommendation #3

Submitted by: Shayla Holmes on May 14, 2025, revised on February 20, 2026.

Description: 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.

Please refer to the compiled subcommittee recommendations handout for more information.

Response Subcommittee Recommendation #4

Submitted by: Terry Kerns on May 16, 2025, updated on August 5, 2025.

Description: Recommend state agencies under the legislative, judicial, and executive branches involved with 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.

Please refer to the compiled subcommittee recommendations handout for more information.

Response Subcommittee Recommendation #5

Submitted by: Terry Kerns on February 18, 2026, revised on February 3, 2026, March 12, 2026, and April 8, 2026.

Description: Work with prevention coalitions to make available Deterra Bags for safe disposal of opioid prescriptions and to provide education to community members. Work with the Board of Pharmacy to distribute a one-page document with information about opioid overdoses, disposal, and available addiction assistance.

Please refer to the compiled subcommittee recommendations handout for more information.

Response Subcommittee Recommendation #5 – Revised

Submitted by: Terry Kerns on February 18, 2026, revised on February 3, 2026, March 12, 2026, and April 8, 2026.

April 8, 2026 Revision: Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Detera 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.

Please refer to the compiled subcommittee recommendations handout for more information.

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11. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

[https://ag.nv.gov/About/Administration/Substance
Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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