



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, Attorney General

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>

TREATMENT AND RECOVERY SUBCOMMITTEE

Substance Use Response Group (SURG)

May 26, 2026

11:00 am

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Shell

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

Member	SURG Role	Subcommittee Role
Steve Shell	Advocate for persons who have SUDs and family members of such persons	Chair
Guiseppe Mandell	Person in recovery from a substance use disorder	Vice Chair
Assemblymember Rebecca Edgeworth	One member of the Assembly who is appointed by the Assembly Minority Leader	Member
Assemblymember Heather Goulding	One member of the Assembly who is appointed by the Speaker of the Assembly	Member
John Firestone	One person who provides services relating to the treatment of substance use disorders	Member
Dr. Jose Maria Partida Corona	One provider of health care with expertise in medicine for the treatment of substance use disorders	Member
Stephanie Cook	The Director of the Department of Health and Human Services, or his or her designee from within the Division	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 (669) 900-6833
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**3. REVIEW AND APPROVE
MINUTES FROM MARCH 24, 2026
TREATMENT AND RECOVERY
SUBCOMMITTEE MEETING**

Chair Shell

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

Chair Shell

Subcommittee Recommendations

Note that the following slides include all recommendations presented to the full SURG by the Prevention and Response subcommittees at the April 8, 2026 SURG meeting for possible inclusion in the next Annual Report.

For additional information on recommendations, please review the compiled subcommittee recommendations handout posted to the SURG website for the April 8th meeting. The handout also includes information on recommendations that are being reviewed and workshopped, but that are not being proposed for inclusion in the next Annual Report.

Both subcommittees may present additional recommendations for inclusion in the 2025-26 Annual Report not included on the following slides.

Prevention and Harm Reduction Subcommittee Recommendation #1

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 public 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.

Prevention and Harm Reduction

Subcommittee Recommendation #2

Submitted by: Prior Subcommittee member Debi Nadler (in 2024, re-elevated for 2025-2026, last edited March 18, 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.

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 Detera 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

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.

5. DISCUSS AND REVISE PROPOSED TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS

Chair Shell

Proposed Recommendation #1

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.

Submitted by prior Subcommittee member Chelsi Cheatom on 8/20/2025; co-sponsored by Subcommittee member Stephanie Cook on 11/18/25.

Proposed Recommendation #2

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 *and/or community health workers*, 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.

The updated recommendation above combines one originally submitted by Steve Shell on 6/17/25 and one submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026, refined at the March 24, 2026 Treatment and Recovery Subcommittee meeting.

Italics represent changes made live during the May 26, 2026 meeting

Proposed Recommendation #3

Recommend that state funding be increased for Contingency Management, to be used to support people in recovery through rewards for reaching their recovery goals.

Submitted by prior Subcommittee member Chelsi Cheatom in 2025. Guiseppe Mandel appointed as lead for this recommendation on March 24, 2026 meeting. *Lead adjusted to Steve Shell at May 26th Treatment and Recovery meeting.*

Proposed Recommendation #4

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 (Managed Care Organizations).

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

Proposed Recommendation #5

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

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

6. RANK RECOMMENDATIONS

Chair Shell

7. PRESENTATION OF TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS AT JUNE SURG MEETING

Chair Shell

8.REVIEW 2026 TREATMENT AND RECOVERY SUBCOMMITTEE MEETING TOPICS AND TIMELINE

Chair Shell

Treatment and Recovery Subcommittee 2026 Meeting Timeline

11:00 am – 12:30 pm PST on the following fourth Tuesdays
of the month:

2025-2026 Report Cycle

- February 24th
- March 24th
- May 26th
- June 23rd

2026-2027 Report Cycle

- September 22nd
- November 24th
- December 22nd

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

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

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10. 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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