



OFFICE OF THE ATTORNEY GENERAL

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Statewide Substance Use Response Working Group Meeting

June 10, 2026

1. Call to Order and Roll Call to Establish Quorum

Attorney General Ford

2. Public Comment

(Information Only)

Public Comment

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3. Review and Approve Minutes for April 8, 2026 SURG Meeting

(For Possible Action)

Attorney General Ford

4. SURG Member Appointment and Subcommittee Assignment

(Information Only)

Terry Kerns, Ph.D.

Appointment and Introduction of New Member

- **John Firestone**, Executive Director of The Life Change Center, in the role of “One person who provides services relating to the treatment of substance use disorders.”

5. Update on Opioid Litigation, Settlement Funds, and Distribution

(Information and Discussion)

Mark Krueger, Office of the Attorney General, or Designee

6. Presentation of Subcommittee Recommendations and Rankings for Review and Approval

(Information and Discussion)

Jessica Johnson, Chair, Prevention

Steve Shell, Chair, Treatment and Recovery

Terry Kerns, Ph.D.; Chair; Response

Compiled Subcommittee Recommendations

Note that the following slides include recommendations in ranked order across each subcommittee that are being presented to the full SURG for inclusion in the 2025-26 Annual Report. For additional information on recommendations, please review the compiled subcommittee recommendations handout.

Red and underlined text represents changes made in either the wording of the recommendations themselves or to the justification/background details provided to support the recommendation.

Prevention Subcommittee Recommendations

2025-26 Prevention Recommendation #1

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.

Submission Details

- Submitted by Erik Schoen in 2024, re-elevated for 2025-2026, refined following discussion at November 2025 Prevention Subcommittee meeting and presentation from Stephanie Cook, last edited 5/20/2026

2025-26 Prevention Recommendation #2

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.

Submission Details

- Submitted by Debi Nadler in 2024, co-sponsored by Jessica Johnson, re-elevated for 2025-2026, edited live during March 18, 2026 Prevention Subcommittee meeting, edited on April 30, 2026 to further reflect subject matter expertise, last edited 5/20/2026

2025-26 Prevention Recommendation #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 public community-based naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.

Submission Details

- Submitted by Jessica Johnson on 4/29/2025, last edited 5/20/2026

Treatment and Recovery
Subcommittee Recommendations

2025-26 Treatment and Recovery Subcommittee Recommendation #1

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).

Submission Details

- Submitted by Jose Maria Partida Corona, MD, FASAM on 3/22/2026, updated at 3/24/2026

2025-26 Treatment and Recovery Subcommittee 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.

Submission Details

- Submitted by Steve Shell on 6/17/2025, updated on 3/24/2026

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.

2025-26 Treatment and Recovery Subcommittee Recommendation #3

Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for Medications for Opioid Use Disorder (MOUD).

Submission Details

- Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026, updated on 3/24/2026

2025-26 Treatment and Recovery Subcommittee Recommendation #4

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.

Submission Details

- Submitted by Chelsea Cheatom on 8/20/2025; co-sponsored by Stephanie Cook on 11/18/25; updated on 3/24/2026

2025-26 Treatment and Recovery Subcommittee Recommendation #5

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

Submission Details

- Submitted by Chelsea Cheatom on 9/25/2025; co-sponsored by Guiseppe Mandel on 3/24/26; updated on 3/24/2026; lead changed to Steve Stell at 5/26/2026 Treatment and Recovery meeting

Response Subcommittee Recommendations

2025-26 Response Subcommittee 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.

Submission Details

- Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

2025-26 Response Subcommittee Recommendation #2

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.

2025-26 Response Subcommittee Recommendation #2 (cont.)

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.

Submission Details

- Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

2025-26 Response Subcommittee Recommendation #3

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.

Submission Details

- Submitted by Dr. Terry Kerns on 2/18/2026, revised on 2/3/2026, and 3/12/2026

2025-26 Response Subcommittee 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.

Submission Details

- Submitted by Dr. Terry Kerns on 5/16/2025, updated on 8/5/2025 and 5/14/2026

2025-26 Response Subcommittee

Recommendation #5

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.

2025-26 Response Subcommittee Recommendation #5 (cont.)

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.

Submission Details

- Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

7. Approval of 2025-2026 Recommendations

(For Possible Action)

Chair Ford

8. Review Annual Report Template

(Information and Discussion)

Crystal Duarte, Social Entrepreneurs, Inc.

9. Review and Consider Items for Next Meeting

(For Possible Action)

Terry Kerns, Ph.D.

Full SURG Meeting Topics and Timeline

July 2026

- Approve 2025-26 Annual Report

October 2026

- Presentations from Subject Matter Experts: Crisis Stabilization Centers and Morbidity and Mortality Rates (pending)
- Overview of Open Meeting Law (pending)

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11. Adjournment

Attorney General Ford

Additional Information, Resources & Updates Available At:
[https://ag.nv.gov/About/Administration/SURG Info Page/](https://ag.nv.gov/About/Administration/SURG_Info_Page/)



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