

MEETING NOTES
[INFORMATIONAL ONLY | NO QUORUM]

**Statewide Substance Use Response Working Group
Prevention Subcommittee Meeting**

**August 6, 2025
3:00 p.m.**

Zoom Meeting ID: 825 0031 7472

Call in audio: 1 253-205-0468

No Physical Public Location

Members Present via Zoom or Telephone

Chair Jessica Johnson, and Angela Nickels

Members Absent

Vice Chair Eric Schoen, and Senator Fabian Doñate

Attorney General's Office Staff

Joseph Peter Ostunio, Esq.; Dr. Terry Kerns; and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team

Kim Hopkinson, PhD, and Mary O'Leary

Members of the Public via Zoom

Abe Meza, Bquezada, Beth Scott, Cade Grogan, Dave Wuest, Darla Zarley, Karina Tomco, Kimberly Sarandos, Linda Anderson, Lori Bryan, Maureen Strohm, Sabrina Schnur, Samm Warfel, Tina Gerber-Winn

1. Call to Order and Roll Call to Establish Quorum

Chair Jessica Johnson called the meeting to order at 3:03 p.m. Kim Hopkinson then led the roll call. Members present comprised Chair Johnson and Ms. Angela Nickels. With only two members confirmed in attendance, Kim Hopkinson noted that the Subcommittee did not meet quorum. Without quorum, the meeting could only proceed to items that were 'discussion only' in nature.

With that, Chair Johnson moved to agenda item #2.

2. Public Comment

(For Discussion Only)

Kim Hopkinson read public comment guidance, and Chair Johnson asked for public comment.

Seeing or hearing no public comment, Chair Johnson moved to agenda item #4.

3. Review and Approve Minutes from June 4, 2025, Prevention Subcommittee Meeting

(For Possible Action)

[This agenda item was deferred until the next Prevention Subcommittee Meeting as quorum was not met during this meeting and items could not be taken to a vote.]

4. Presentation on Naloxone Distribution in Nevada Hospital Emergency Departments

(For Discussion Only)

Chair Johnson introduced this agenda item, welcoming Dr. Darla Zarley with the Nevada State Board of Pharmacy to present on naloxone distribution in Nevada hospital emergency departments. Chair Johnson explained that the presentation was prompted by a recommendation

she submitted to the Subcommittee. The purpose was to gain clarity on the laws, regulations, and processes that govern how naloxone—an opioid overdose reversal medication—can be distributed through hospitals.

Dr. Zarley provided a detailed overview of the relevant legal framework, beginning with the Good Samaritan Drug Overdose Act. Passed during the 2015 Nevada Legislative Session, this act provides legal protections for individuals, including healthcare providers, who administer naloxone or call emergency services in an overdose situation. It grants immunity from criminal, civil, and professional disciplinary action, provided the actions are taken in good faith, as well as allows greater access to naloxone.

Dr. Zarley explained that naloxone can be prescribed and dispensed by healthcare professionals such as nurse practitioners, physician assistants, and medical doctors, either directly or by standing order. These healthcare professionals can prescribe and dispense to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend, or other person. Additionally, Dr. Zarley noted law enforcement officers, emergency medical technicians (EMTs), and paramedics are also authorized to administer the medication.

Importantly, the law allows individuals to possess, store, and distribute naloxone without the usual pharmacy registration or licensing—provided these actions are conducted under a standing order and without compensation. Dr. Zarley added that naloxone is also now available over the counter nationwide as of March 29, 2023 in the form of NARCAN® Nasal Spray. So, for hospital emergency departments, Dr. Zarley clarified that they may distribute either prescription or over-the-counter naloxone. They would just need to put a standing order in place if they would like to use the prescription naloxone.

Chair Johnson summarized and confirmed her understanding, noting that a standing order allows hospitals to dispense naloxone broadly. Dr. Zarley affirmed this, emphasizing that, under a standing order, prescription naloxone distribution can be extended to any individual named in the order and that hospitals can design their own protocols accordingly.

The standing order can be broad in scope and does not need to specify exact recipients, allowing hospitals the flexibility to dispense naloxone to patients, friends, family members, or community members as deemed appropriate.

When asked by Chair Johnson about naloxone vending machines or kiosks, Dr. Zarley clarified that if over-the-counter naloxone is used, no standing order is required. However, distribution of prescription naloxone through such mechanisms would still require a standing order.

Dr. Kerns from the Response Subcommittee inquired whether emergency medical services (EMS) personnel could implement leave-behind programs, where naloxone is provided at the site of an overdose. Dr. Zarley responded that the Act “says they’re allowed to administer it; but, if they had a standing order in place from a physician, they could do it.” Dr. Zarley clarified that the standing order is just needed to leave behind the prescription naloxone. A standing order is not needed to hand out the over-the-counter naloxone.

Chair Johnson reiterated the importance of these clarifications, especially for prevention-focused work. Dr. Zarley further emphasized that if using over-the-counter naloxone, no pharmacy involvement or standing order is needed, even in emergency departments or for kiosks.

Dr. Kerns posed a follow-up question regarding whether hospital pharmacies must be involved in emergency department naloxone distribution or in the use of kiosks. Dr. Zarley confirmed that

the involvement of the hospital pharmacy is not required; implementation details depend entirely on what is outlined in the standing order.

Chair Johnson concluded the agenda item by thanking Dr. Zarley for the informative presentation and reiterated her appreciation for the insights provided, especially given her own advocacy for expanding naloxone access through hospital settings through her recommendation.

Hearing no other questions or discussion, Chair Johnson moved to agenda item #5.

5. Discuss Proposed 2025 Prevention Subcommittee Recommendations

(For Discussion Only)

Chair Johnson introduced the agenda item, which would be reviewing recommendations submitted thus far by Subcommittee members. She asked Kim Hopkinson to briefly remind members of the submission process. Kim Hopkinson explained that members should submit new or amended recommendations using the SurveyMonkey. She noted that the form requires all fields to be completed before submission, but placeholders can be entered in any required section. She offered to assist members individually if needed. The earlier recommendations are submitted, the more time there is to schedule presentations and to refine the recommendations. All members are encouraged to submit at least one recommendation.

Chair Johnson reported that three recommendations have been submitted to date. The first was a continuation of the 2024 cannabis-related recommendation. The SEI team is working with a statewide subject matter expert to schedule a presentation on this topic, which has not yet occurred but is anticipated at a future meeting.

Recommendation #1 (Submitted by former Subcommittee member Ms. Debi Nadler):

Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds 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.

The second recommendation is an elevation and refinement of the 2024 recommendation regarding investments in primary prevention programming. The update was submitted by Vice Chair Eric Schoen and included underlined adjustments to the original language. A speaker has already been scheduled to present more information on this topic at the November Prevention Subcommittee meeting.

Recommendation #2 (Submitted by Vice Chair Schoen): *Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., For example, if the current level of investment was \$12 million, then this would be raised to \$24 million for the next biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming. Additionally, this funding 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 third recommendation was submitted by Chair Johnson herself. Based on the earlier presentation by Dr. Zarley from the Nevada Board of Pharmacy, Chair Johnson expressed interest in amending the recommendation to reflect the clarifications about naloxone distribution in emergency departments. She emphasized the value of expanding and clarifying this recommendation before it is finalized.

Recommendation #3 (Submitted by Chair Johnson): *Request clarification or guidance from the Nevada Board of Pharmacy on hospital emergency department distribution of naloxone pertaining to the non-pharmacy storage and distribution of naloxone to community.*

Chair Johnson encouraged all Subcommittee members to submit at least one recommendation, reminding them that current ideas could contribute to the 2026 cycle due to the revised timeline. She also referenced the full SURG Meeting that occurred in July, where several speaker presentations provided potential inspiration for additional recommendations.

Kim Hopkinson presented two slides summarizing potential ideas derived from those July Meeting presentations. The first slide, drawn from a presentation on drug testing performed by public health programs, outlined recommendations such as implementing warning labels on drug-contaminated products, and providing local, accessible drug-checking services using multiple testing methods (e.g., test strips, FTIR, GCMS/LCMS). She noted that members could view the full presentation on the SURG website.

The second slide covered content from a presentation on surveillance of the illicit drug supply in Clark County. Recommendations included expanding laboratory capacity to test residues from used paraphernalia, establishing accessible community testing sites, increasing the number of harm reduction centers (including potential overdose prevention sites), and improving access to free naloxone through public health vending machines or distribution partners.

Chair Johnson thanked Kim for compiling this material and then invited Subcommittee members to suggest future speakers. Ms. Nickels responded that she had no specific speaker requests at the time but would consider it. Kim clarified that speaker requests do not need to be submitted via SurveyMonkey and can be emailed to her directly. Chair Johnson closed the discussion and transitioned to the agenda item #6.

6. Review Progress on Prior SURG Prevention Subcommittee Recommendations *(For Discussion Only)*

Chair Johnson introduced the agenda item, which focused on reviewing a document that tracks progress on prior Prevention Recommendations. Chair Johnson noted that the document also includes updates on relevant bills and their legislative outcomes. Kim Hopkinson shared the document, highlighting updates that occurred during the 2025 Legislative Session. (This document can be found on the SURG website with the August Meeting Materials).

Kim Hopkinson highlighted the following:

- **2024 Prevention Recommendation:** *Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates & billing standards for CHWs and Peers be increased to align with the national average and CMS standard.*
 - 2025: AB340 Requires certain health insurance to include coverage for the screening, assessment and diagnosis of fetal alcohol spectrum disorders (among others) (Exempt); **no further action on this AB as of 6/3/25**
 - 2025: SB300 Requires Medicaid cover services provided by a psychiatrist, psychologist, advanced practice registered nurse, MFT, LCSW at FQHC; and newly requires Medicaid to cover services provided by a mental health counselor (Exempt) ADP 4/7/25 and 5/21/25. **Governor approved 6/10/25.**

- **2024 Harm Reduction Recommendation:** *Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.*
 - 2025: AB60 requires certification of prevention specialists; prohibits minors from providing or supervising PRSS in most circumstances.
 - Status: ADP 3/21/25 and 5/13/25. **Governor approved 6/3/25**
- **2024 Cross-Cutting Recommendation:** *Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.*
 - 2025: AB394 was amended to change dosage from 4mg to lowest effective dosage to restore breathing. It also would prohibit disciplinary action for obtaining opioid antagonists.
 - Status: ADP 4/1/25; 5/7/25; **Governor approved 6/5/25**

Chair Johnson thanked Kim for the legislative updates, expressing appreciation that the Subcommittee's efforts were gaining traction. She reiterated the importance of monitoring progress while continuing to develop new recommendations.

With no further comments, Chair Johnson transitioned the group to agenda item #8.

7. Discuss Report Out for October 8, 2025, SURG Meeting

(For Possible Action)

[This agenda item was deferred until the next Prevention Subcommittee Meeting as quorum was not met during this meeting and items could not be taken to a vote.]

8. Public Comment

(For Discussion Only)

Chair Johnson opened the floor for public comment, asking Kim Hopkinson to read the public comment guidance. Once completed, Chair Johnson called for public comment.

Chair Johnson recognized Dr. Maureen Strohm.

Dr. Strohm expressed gratitude to Dr. Zarley for her presentation on naloxone distribution and shared insights from Dr. David Hart at Mountain View Hospital, who had navigated pharmacy-related barriers to implementing naloxone distribution in the emergency room. Dr. Strohm inquired whether other emergency departments are currently dispensing naloxone to individuals who are being discharged from the emergency room after a withdrawal episode or an overdose episode. Chair Johnson noted that public comment was not typically a forum for direct responses but offered to connect with Dr. Strohm offline. Dr. Strohm noted she would contact Dr. Zarley for follow-up.

Dr. Terry Kerns then offered public comment, reporting that the Response Subcommittee had met the day prior and received presentations that may lead to joint recommendations with the Prevention Subcommittee or to recommendations that may be passed to the Prevention

Subcommittee altogether. She mentioned ongoing discussions around emergency departments and workforce issues.

Chair Johnson then added her own public comment, recognizing the resignation of long-time Subcommittee member Ms. Debi Nadler. Chair Johnson acknowledged Ms. Nadler's years of dedicated service and her significant contributions to the Prevention Subcommittee's work.

Chair Johnson stated: "At our July SURG meeting one of our longstanding Prevention Subcommittee members, Ms. Debi Nadler, resigned her position here on the SURG. I just wanted to take this opportunity to thank Debi for her time and service... She's been a dedicated member of the SURG, and, in particular, this specific Subcommittee. She engaged, had attendance at nearly every single meeting, and recommend[ed] and suggest[ed] many of the initiatives that this group has moved forward over the years. So, I just wanted to take this opportunity to publicly thank Debi for her time and her service on the Prevention Subcommittee, and I will miss her in this role. I look forward to collaborating with the person that takes on this role going forward."

Seeing and hearing no additional public comment, Chair Johnson moved to agenda item #9.

9. Adjournment

Chair Johnson thanked subcommittee members, presenters, and others in attendance and adjourned the meeting at 3:45 p.m.

Meeting Chat Log:

Kim Hopkinson (she/her) 3:08 PM

Please do not utilize chat for anything other than technical issues because the content is not necessarily available to the general public, which is a requirement of the open meeting law.

Kim Hopkinson (she/her) 3:41 PM

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