

2025

ANNUAL REPORT

Substance Use Response Working Group



Report Date: January 30, 2026

For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmission to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature.

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Purpose and Background

The Statewide Substance Use Response Working Group (SURG) was created in the Office of the Attorney General under Assembly Bill 374¹ in 2021. The SURG is required to make recommendations for the establishment, maintenance, expansion or improvement of programs, and the use of state and local funds to address substance misuse and substance use disorders in Nevada.

In 2025, Assembly Bill 19² was approved by Governor Lombardo to change annual reporting to August 1st, effective July 1, 2026. Consequently, **this report does not include recommendations** but describes the substantive work-in-progress through subcommittee meetings, presentations to the full SURG, and related activities, including the legislative session and serves as progress report for 2025.

Additionally, Assembly Bill 19 expanded SURG membership to include representatives from the general public, with a preference for a bilingual representative; emergency response; the Department of Indigent Defense Services; the Division of Child and Family Services; and the Nevada District Attorneys Association. Per AB 19, the representative from the Department of Human Services must be from within the Division of Public and Behavioral Health.

Working Group Structure

At the beginning of 2025, the SURG was comprised of 18 members. As of October 2025, SURG membership increased to 23 members. Membership includes representatives of state and local government, prevention coalitions, and law enforcement agencies as well as health care providers, persons in recovery, and advocates. Meetings focus on reviewing various aspects of substance misuse and substance use disorders and programs and activities to combat such use in the State. Additional details on 2025 meeting topics are included in a subsequent section of this document.

SURG members use their own expertise and information from subject matter experts (SME) to develop recommendations that are compiled into an Annual Report. The report is provided to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, and any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau. In even-numbered years, the report is provided to the Legislative Committee on Health Care and the Interim Finance Committee. In odd-numbered years, the report is provided to the Legislature for the next regular session.

The Office of the Attorney General provides leadership, legal guidance, and administrative direction for all activities. Social Entrepreneurs, Inc. (SEI) provides project management support including meeting coordination, outreach to subject matter experts, and assistance to members in developing recommendations.

Prior SURG Annual Reports, bylaws, a membership list, and a link to meeting materials are available on the SURG Information Page.³

¹ More information on Assembly Bill 374 can be found at the following link:

<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7952/Overview>

² More information on Assembly Bill 19 can be found at the following link:

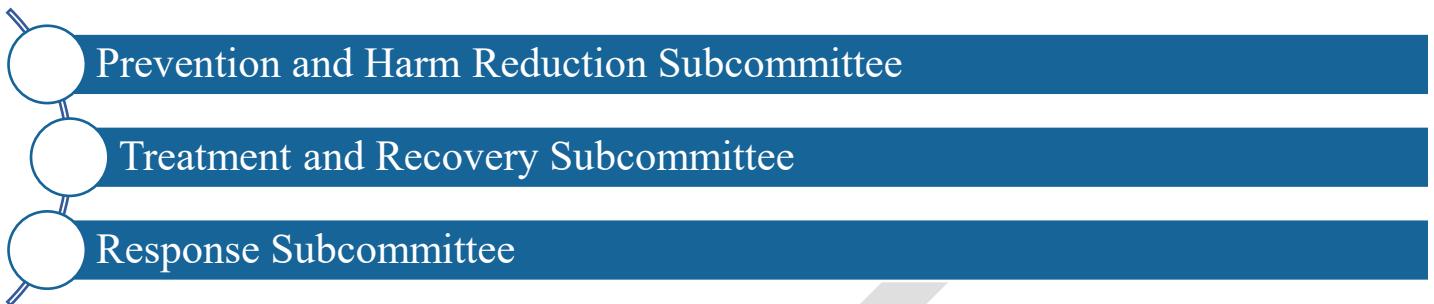
https://ag.nv.gov/uploadedFiles/agnvgov/Content/About/Administration/AB19_EN.pdf

³ The SURG Information Page can be found at the following link:

https://ag.nv.gov/About/Administration/SURG_Info_Page/

Subcommittee Structure

In 2022, subcommittees were created to support in-depth discussions and the development of recommendations in specific areas. Subcommittees comprise:



Subcommittee work is aligned with AB 374 Section 10, Subsection 1, Paragraphs a-q⁴ as follows:

Prevention (primary, secondary, and tertiary) and Harm Reduction:

- (a) Leverage and expand efforts by state and local governmental entities to **reduce the use of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants, and identify ways to enhance those efforts through coordination and collaboration.
- (g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to **ensure that controlled substances are appropriately prescribed** in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive
- (j) Study the efficacy and expand the implementation of programs to: (1) **Educate youth and families about the effects of substance use and substance use disorders**; (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.

Treatment and Recovery

- (c) **Assess and evaluate existing pathways to treatment and recovery** for persons with substance use disorders, including, without limitation, such persons who are members of special populations.
- (e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to **treat and support recovery from opioid use disorder and any co-occurring substance use disorder**, including, without limitation, among members of special populations.
- (f) **Examine support systems and programs for persons who are in recovery** from opioid use disorder and any co-occurring substance use disorder.

Response

- (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by **reviewing existing diversion, deflection, and reentry programs** for such persons.
- (i) **Develop strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses** and plans for implementing those strategies.

⁴ In 2021, guidance from Vice Chair Tolles, Dr. Stephanie Woodard, and Dr. Terry Kerns determined subcommittee alignment with the components of AB 374.

- (k) Recommend strategies to **improve coordination between local, state, and federal law enforcement and public health agencies** to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.
- (l) **Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
- (m) **Study the effects of substance use disorders on the criminal justice system**, including, without limitation, law enforcement agencies, and correctional institutions.
- (n) **Study the sources and manufacturers of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances.
- (o) **Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
- (p) **Evaluate the effects of substance use disorders on the economy of this State.**

The following items were considered cross-cutting:

- (b) **Assess evidence-based strategies for preventing substance use and intervening to stop substance use**, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (h) **Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations.**
- (q) **Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money** described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Each year, members identify their preferred subcommittees on which to serve, and Subcommittee Chairs are appointed and approved through the full SURG. Harm Reduction was added as a component for the Prevention Subcommittee to address in 2023.

In 2025, Subcommittee Chairs and Vice Chairs were appointed as follows:

Prevention and Harm Reduction

- Jessica Johnson, Chair
- Erik Schoen, Vice Chair

Treatment and Recovery

- Steve Shell, Chair
- Dr. Lesley Dickson, Vice Chair

Response

- Dr. Terry Kerns, Chair
- Dr. Shayla Holmes, Vice Chair

Subcommittee leadership continues to be instrumental in driving the development of recommendations with comprehensive justifications and supporting the substantial contributions of all members. Subcommittee members' expertise, skills, and commitments are essential to the success of the SURG.

Progress in 2025

The SURG working group met in January, April, July, and October. In January members approved the 2024 Annual Report and presentations were made at the April, July, and October meetings on the following topics:

April

- **Compassionate Overdose Response** by Karla Wagner, Ph.D., University of Nevada, Reno School of Public Health
- **Presentation of Fund for a Resilient Nevada 2024 Annual Report** by Dawn Yohey, Nevada Department of Human Services, Director's Office, Fund for Resilient Nevada
- **Presentation on Legislative Bills from Behavioral Health Policy Boards** by Dorothy Edwards, Washoe Regional Behavioral Health Policy Coordinator; Valerie Haskin, Rural Regional Behavioral Health Policy Coordinator; Mark Funkhouser, Southern Regional Behavioral Health Policy Coordinator; and Cherylyn Rahr-Wood, Northern Regional Behavioral Health Policy Coordinator

July

The July meeting highlighted current trends in substance use and included the following presentations:

- **Update for Opioid/Overdose Prevention Activities from CASAT** by Michelle Berry, MBA, Associate Director, and Morgan Green, MA, Project Manager, Center for Application of Substance Abuse Technologies (CASAT)
- **Nevada Substance Use Trends and Public Health Implications** by James Dardis, MS, Biostatistician III, Fund for Resilient Nevada, Office of Analytics, Nevada Department of Human Services
- **Current Drug Use and Seizure Trends in Nevada** by Christine Payson, Drug Intelligence Officer for Nevada High Intensity Drug Trafficking Area (HIDTA)
- **Drug Testing Performed by Public Health Programs** by Karla Wagner, Ph.D., University of Nevada, Reno, School of Public Health
- **Surveillance of the Clark County Illicit Drug Supply** by Marco G. Méndez, MPH, Public Health Evaluator, Division of Disease Surveillance & Control, Southern Nevada Health District

October

- **Presentation of Strategic Plan from Division of Public and Behavioral Health** by Shannon Bennett, Bureau Chief, Bureau of Behavioral Health Wellness and Prevention, Division of Public and Behavioral Health

- **Update on MOUD (Medications for Opioid Use Disorder) in Rural Jails** by Bill Teel, GROWLER Consulting
- **Update on the Clark County Regional Opioid Task Force** by Melanie Rouse, Clark County Coroner and Opioid Task Force Chair
- **Fund for Resilient Nevada Assessment and State Plan** by Heather Kerwin, MPC, CPH, Opioid & Infectious Disease Epidemiologist, Contractor, Office of State Epidemiology, Division of Public and Behavioral Health

Each meeting also included an update on Opioid Litigation, Settlement Funds, and Distribution by Chief Deputy Attorney General Mark Krueger, Office of the Attorney General.

Subcommittee Progress

Prevention and Harm Reduction Subcommittee members met in March, May, June, and November. Note that the Subcommittee was scheduled to meet in August but did not have quorum; presentations were provided on this date but no action was taken. Presentations were made on the following topics:

- **Low Barrier Emergency Department Based Naloxone Distribution** by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Cofounder/Chief Medical Officer, Elite 7 Sports Medicine and Josh Luftig, PA-C
- **Update on Multi-Tiered System of Support (MTSS) Project** by Kaci Fleetwood, M. Ed, BCBA, LBA; Ashley Greenwald, Ph.D., BCBA-D, LBA; and Brooke Wagner, MSC-SC, M.Ed., BCBA, LBA
- **Boys and Girls Club of Nevada Alliance: Fund for Resilient Nevada SMART Moves Tween & Teen Initiative** by Noelle Hardt and Tamika Shauntee Rosales
- **Presentation on Naloxone Distribution in Nevada Hospital Emergency Departments** by Darla Zarley, Pharm.D., Nevada State Board of Pharmacy
- **Presentation on Substance Use Prevention Allocations** by Stephanie Cook, BSBM, State Opioid Treatment Authority

Treatment and Recovery Subcommittee members met in March, May, June, August, and November. Presentations were made on the following topics:

- **A Retrospective Assessment or/and Prospective Study to Assess the Outcomes of Patients Following Discharge From Detoxification and Examine Mortality and Overdose** by John Hamilton, Liberation Programs, Connecticut
- **Code of Federal Regulations (CFR) 42, Part 8: Updating Regulations for Opioid Treatment Programs** by John Firestone, Executive Director, Life Change Center, Reno
- **Trends and Opportunities Related to Substance Misuse Treatment** by Dr. Jose Maria Partida Corona, Partida Corona Medical Center, Las Vegas

Response Subcommittee members met in March, May, June, August, and November. Presentations were made on the following topics:

- **Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs** by Jamie Ross, CEO, PACT Coalition, Director, Nevada Statewide Coalition Partnership and Daria Singer, Executive Director, Partnership of Douglas County
- **Emergency Bridge Program** by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Cofounder/Chief Medical Officer, Elite 7 Sports Medicine

- **Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CCBHCs)** by Mark Disselkoen, MSW, LCSW, LADC Project Manager, CASAT, University of Nevada, Reno, and Lori Follett, Social Services Chief II, Nevada Department of Human Services , Division of Health Care Financing and Policy (DHCFP), Behavioral Health Benefits Coverage Team
- **Update on Wastewater Surveillance of High-Risk Substances in Nevada** by Daniel Gerrity, Ph.D., P.E., Principal Research Scientist, Southern Nevada Water Authority, and Edwin Oh, Ph.D., Associate Professor, Neurogenetics and Precision Medicine Lab, University of Nevada, Las Vegas
- **Presentation on Behavioral Health Education, Retention & Expansion Network of Nevada (BeHERENV)** by Sara Hunt, PhD, Executive Director BeHERE Nevada and Roberta A. Miranda-Alfonzo, PhD, CPC-S (NV), LCADC-S (NV), NCC, ACS, CPCG-I (NV), Associate Director of Recruitment and Outreach, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas
- **Drug and Alcohol Prevention, Education, and Enforcement** by Officer Jermaine Galloway, Tall Cop Says Stop
- **Presentation on the Nevada Recovery Friendly Workplace Initiative** by Jonathon Lambson, Recovery Friendly Workplace Ambassador, Foundation for Recovery and Sean O'Donnell, MS, Executive Director, Foundation for Recovery

All subcommittees were provided with an update on prior recommendations and bills moving through the 2025 legislative process. The status of prior recommendations, is included in the appendix, as is a list of related legislation reviewed by the SURG during the 2025 Legislative Session.

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Appendices

A brief description of each of the documents contained within the appendix is offered below.

Appendix A

Status of Prior Recommendations (As of January 2026): This table includes updates related to prior SURG recommendations provided by the Department of Human Services, Nevada Health Authority, and other entities.

Appendix B

Related Legislation: Included is a list detailing proposed and final legislation reviewed and tracked by SURG members throughout the 2025 Legislative Session.

Appendix C

Information Regarding SURG Membership, Structure & Activities: Lists members serving in 2025 and links to information about SURG membership, bylaws, and access to meeting materials.

Appendix D

Information Regarding Opioid Settlement Funds: Links to the Fund for Resilient Nevada's dashboard.

Appendix A: Status of 2024 Recommendations (as of January 2026)

Staff from various Divisions of the Department of Human Services as well as the Nevada Health Authority report annually to the SURG to provide updates on recommendations from previous years. Implementation of recommendations may include updating requests for applications to target specific populations and giving special consideration to shared goals such as enhancing funding levels and allowing greater flexibility in the allocation of resources.

For this Report, updates were provided by the Division of Public and Behavioral Health (DPBH), the Fund for a Resilient Nevada, the Fund for a Healthy Nevada, and the Nevada Health Authority. SEI staff included areas in which the DPBH Strategic Plan aligned with SURG recommendations. The Division of Child and Family Services reviewed the prior SURG recommendations but did not have any relevant updates.

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Prevention

<p>1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.</p>	<p>DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)</p> <ul style="list-style-type: none"> FRN has currently allocated around \$3.8 million to direct prevention efforts. However, other projects may have a secondary or tertiary touchpoint to prevention. This amount does not include upcoming allocations for transitional age youth (TAY) or youth aging out of foster care. <p>DPBH (Public & Behavioral Health)</p> <ul style="list-style-type: none"> DPBH's Bureau of Behavioral Health, Wellness, and Prevention (BBHWP) funds primary prevention activities with the following funding sources: State Opioid Response Federal Grant, SUPTRS Federal Block Grant, Prevention General Fund Account and the Partnership for Success (PFS) Federal Grant. Within the last year, they were able to stand up the PFS grant, adding \$974,774 (78% of the one-year award) to directly fund primary prevention community coalitions. The SUPTRS BG is coming up on its two-year cycle in which they intend to increase the dollars that support primary prevention activities by 17.84 % in FFY 2026. The SOR grant is currently funding \$756,997.38 in primary prevention activities directly to the community. SOR is looking at level funding for primary prevention programs and related activities in FFY26. <u>Strategic Plan Strategy 4.1: Reduce Stigma and Strengthen Community Engagement Around SUD</u> <ul style="list-style-type: none"> 4.1.4 Create strategic media and public awareness campaigns
<p>2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would 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.</p>	<p>DHS/FHN (Fund for Healthy NV - Tobacco Settlement \$)</p> <ul style="list-style-type: none"> A Bill Draft Request (BDR) could start the process for increasing tobacco prevention funds; however, it would have to go to the money committees during a regular legislative session. If a legislator agreed to sponsor a BDR to increase tobacco prevention funds, they would have to compete with programs historically funded by FHN. Specific to the FHN spending, the Grants Management Advisory Committee oversees the subgrants and makes recommendations for funding, based on statutory requirements, which allow for funding of a range of programs that have depended on this funding since 2000. Additionally, Tobacco Settlement funding has declined over the years, because tobacco use has declined. This has caused the competition for funding to increase.

2024 SURG Recommendation

2025 Updates

3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.

Nevada Health Authority (Medicaid)

- There were two State Plan Amendments (SPAs) submitted to Centers for Medicare & Medicaid Services (CMS). The SPA to clarify coverage for Peer Services and delineate between Adult Peer Recovery Support Services, Family Peer Support Services, and Youth Peer Support Services was approved on 9/5/25. The 2nd SPA will increase the Peer Services rate to \$15 per 15 minutes for individual peer services and \$3 per 15 minutes for group peer support services with an effective date of 1/1/25. This 2nd SPA is still under review with CMS.

DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)

- FRN currently funds Storey County for Community Health Workers, however this is a Nevada Health Authority recommendation.

DPBH (Public & Behavioral Health)

- Strategic Plan Strategy 5.3: Expand Integrated, Holistic, and Person-Centered Models of Care
 - 5.3.3 Expand the use of peer support specialists as part of the mental health care team

4. 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.

No updates were provided for this recommendation.

Harm Reduction

1. Recommend to DHHS to develop an annual or biannual 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.

DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)

- DPBH/State Opioid Response (SOR) houses the saturation plan. FRN sets money aside for direct purchase of overdose reversal medication—currently at \$5,000,000.

DPBH (Public & Behavioral Health)

- The State Opioid Response (SOR) Grant Team has developed a preliminary draft of the Statewide Opioid Antagonist Saturation Plan. However, due to limited staffing capacity, the team has not yet had the opportunity to present the plan to community stakeholders or finalize its components. To support progress on this initiative, the team recently onboarded a Quality Assurance Specialist who will begin stakeholder engagement and plan finalization efforts in Q1 of 2026.
- Strategic Plan Strategy 4.1: Reduce Stigma and Strengthen Community Engagement Around SUD
 - 4.1.6 Increase education, awareness and access to overdose prevention activities for naloxone and test strips

2024 SURG Recommendation

2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:

- Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.
- Work with harm reduction community to identify partners/ locations and provide guidance and training.
- Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
- Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
- Articulate principles and plans for what will happen to the data.

2025 Updates

DPBH (Public & Behavioral Health)

- In FFY25, the Nevada State Opioid Response (SOR) Grant funded the University of Nevada, Reno (UNR) School of Public Health to establish a Community Drug Checking and Harm Reduction Initiative in Washoe County. The initiative, known as What the Cut, launched a drug checking program in partnership with syringe service providers and community organizations. It includes mail-based testing and is working toward implementing point-of-care testing using Fourier Transform Infrared (FTIR) technology. The program has developed standardized procedures for sample collection, testing, data analysis, and stakeholder communication, and has shared findings through monthly alerts and outreach efforts.
- SOR will continue funding UNR for this initiative in FFY26, with planned enhancements including the acquisition of FTIR devices for rapid testing, expanded outreach staffing, and continued development of data-sharing agreements with local health authorities.
- Strategic Plan Strategy 4.3: Enhance Quality and Integration of SUD Care
 - 4.3.1 Implement standardized quality measurement and improvement systems
- Strategic Plan Strategy 8.1: Improve the Use of Data and Strengthen Local Behavioral Health Infrastructure
 - 8.1.1 Standardize behavioral health data collection and reporting requirements across systems

2024 SURG Recommendation

3. In collaboration with local agencies and through community conversations, DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

2025 Updates

DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)

- Impact Exchange mails out syringes.

DPBH (Public & Behavioral Health)

- In FFY25, the Nevada State Opioid Response (SOR) Grant funded Impact Exchange (Trac-B) to implement the Overdose and Infectious Disease Prevention Expansion Initiative. This program expanded access to harm reduction supplies statewide through vending machines and mail distribution services. Key activities included installing five new vending machines (bringing the total to 20 active locations), distributing 3,920 naloxone units, and sending 449 mail shipments of overdose prevention supplies to individuals, particularly in rural and underserved areas. The initiative also conducted 205 outreach events, 15 community forums, and five educational workshops to raise awareness and promote harm reduction strategies.
- Impact Exchange will continue to receive SOR funding in FFY26 to further expand vending machine placements, enhance mail distribution, and strengthen outreach and education efforts. The program plans to improve internal reporting processes and increase staffing to support growth.
- Additionally, SOR funds the purchase and distribution of naloxone, fentanyl, and xylazine test strips for northern, rural, and frontier Nevada. CASAT ships these supplies—at no cost to community-based agencies—ensuring broad access to overdose prevention tools across the state.

4. 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.

Nevada Health Authority (Medicaid)

- Medicaid has developed a new MSM Chapter 4300 https://dhcfp.nv.gov/uploadedFiles/dhcfpnev.gov/content/Resources/AdminSupport/Manuals/MSM/C4300/MSM_4300_25_07_01.pdf for Peer Services specifically. The current minimum age for youth is 18 in policy, but as this service grows, we are hopeful to work with the Nevada Certification Board (NCB) in the future to support and develop training paths for youth and family peer support.

DPBH (Public & Behavioral Health)

- For Peer PRSS supervision, the proposed updates to the MSM Ch. 4300 regarding youth peers include the following language regarding youth peer supervision: “Supervision must be provided by a clinical supervisor (per MSM Chapter 400) or a Youth Peer Support Specialist Supervisor holding active certification from a Nevada Medicaid-approved program”. Also, this new adjustment gave authority around licensing for in-state facilities to DPBH (MSM Ch 4300: MSM Ch 4300 06-24-25).
- Strategic Plan Strategy 7.2: Strengthen Family, Peer, and Community-Led Support Systems for Youth & Special Populations
 - 7.2.2 Build inclusive peer and community support networks

Treatment and Recovery

1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.
2. 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.

Nevada Health Authority (Medicaid)

- Medicaid is currently working with the Provider Enrollment team to identify possible exceptions and develop a process to review enrollments on a case-by-case basis, although Code of Federal Regulations (CFR) does not allow Medicaid enrollment for individuals who have felonies within the past 10 years. CFR 424.530: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-424/subpart-P/section-424.530>

DPBH (Public & Behavioral Health)

- Strategic Plan Strategy 4.1: Reduce Stigma and Strengthen Community Engagement Around SUD
 - 4.1.2 Expand opportunities for peers to be integrated into substance use recovery services

DPBH (Public & Behavioral Health)

- DPBH BBHWP worked in collaboration with the bill champion, Madalyn Larson, to support the passage of this bill. We have reached out to her and shared the State Opioid Response Section team members information if additional support is needed by our Bureau. No additional action is needed at this time.
- Strategic Plan Strategy 4.1: Reduce Stigma and Strengthen Community Engagement Around SUD
 - 4.1.4 Create strategic media and public awareness campaigns
 - 4.1.6 Increase education, awareness and access to overdose prevention activities for naloxone and test strips

2024 SURG Recommendation

2025 Updates

Nevada Health Authority (Medicaid)

- NV Medicaid has allowed for an increase in access to treatment for individuals with trauma with SUD as well as family members who may need support by allowing mental health treatment within the SUD treatment model. There has also been an increase in Certified Community Behavioral Health Clinics (CCBHC) providers in the state, as well as current CCBHCs developing access sites across the state to increase availability of BH services to all Nevadans.

DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)

- The FRN funds the Nevada Opioid Center for Excellence to support training.

DPBH (Public & Behavioral Health)

3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.

- In FFY25, the Nevada State Opioid Response (SOR) Grant funded Adam's Place in Clark County to implement the Healing and Support for Families Affected by Opioid and Stimulant Loss initiative. The program provided trauma-informed emotional and psychosocial support to children and families grieving the loss of a loved one due to substance use. Services included individualized support plans, Child Life consultations, case management, and monthly follow-ups. A key component was Camp Cope, which offered therapeutic activities and coping tools in a family-centered setting. Outreach and education efforts also empowered professionals and caregivers to support grieving families effectively.
- Additionally, UNR Project ECHO and UNR's Screening, Brief Intervention, and Referral to Treatment (SBIRT) program through CASAT provided trauma-informed training to healthcare professionals during FFY25. Project ECHO delivered 36 sessions reaching 424 participants, including SBIRT-focused cohorts and case consultations addressing substance use and trauma-related care. UNR SBIRT offered in-person and virtual trainings, technical assistance, and extended learning series, training over 300 professionals and supporting SBIRT integration into healthcare workflows.
- Due to the sunsetting of funds from the SOR 3 No Cost Extension Award, DPBH is unfortunately unable to continue funding Adam's Place, UNR Project ECHO, and UNR SBIRT initiatives in FFY26.

4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the “Bridge Program” for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.

Nevada Health Authority (Medicaid)

- Medicaid does not have restrictions for peer service delivery, it can be done via in person, telehealth or audio-only.

DPBH (Public & Behavioral Health)

- In FFY25, the Nevada State Opioid Response (SOR) Grant—administered with support from CASAT—funded the PACT Coalition for Safe and Drug-Free Communities to implement the Enhancing Care Linkages and Buprenorphine Access initiative in Clark County. CASAT provided subaward management, technical assistance, and oversight of data collection and reporting to ensure programmatic compliance and impact.
- The PACT initiative focused on improving emergency department (ED) responses to opioid overdoses by integrating Peer Recovery Support Specialists (PRSS) into ED workflows, developing protocols for Buprenorphine initiation, and strengthening linkages to ongoing care. Activities included hosting educational mixers, coordinating with EMS and 911 systems, providing transportation to treatment, and maintaining a resource database to support seamless transitions from EDs to recovery services.
- SOR will continue funding this initiative in FFY26. Under the new scope of work, PACT will expand PRSS integration through hospital staff training, warmline enhancements, transportation coordination for at least 250 clients, and Medicaid enrollment support for PRSS staff to ensure long-term sustainability.
- Strategic Plan Strategy 2.1: Strengthen and Sustain Nevada’s Behavioral Health Workforce
 - 2.1.3 Promote telehealth as a workforce extender while ensuring quality and appropriateness of care
- Strategic Plan Strategy 4.1: Reduce Stigma and Strengthen Community Engagement Around SUD
 - 4.1.2 Expand opportunities for peers to be integrated into substance use recovery services
- Strategic Plan Strategy 4.2: Expand Access and Affordability of SUD Services
 - 4.2.3 Leverage telehealth solutions
 - 4.2.6 Integrate peer recovery specialists into deflection responses or programs, for on-scene engagement and warm handoffs to treatment or other resources

Response

1. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.

DPBH (Public & Behavioral Health)

- Strategic Plan Strategy 8.1: Improve the Use of Data and Strengthen Local Behavioral Health Infrastructure
 - 8.1.1 Standardize behavioral health data collection and reporting requirements across systems
 - 8.1.2 Promote cross-agency and provider partnerships to improve timely data access and reduce duplication

Governor's Technology Office

- The State has formed a Data Governance Committee which is now meeting regularly. The Committee approved a recommendation to adopt a four-tier data classification framework for the Executive Branch. In 2026, the Committee will begin addressing the technical controls expected for each tier, which will include defining when Data Sharing Agreements (DSA) are required based on classification level. Additionally, the Committee is planning to revamp the DSA to move to a standardized format that can be completed electronically; improving visibility into existing agreements across agencies and supporting more consistent data sharing practices statewide.

2024 SURG Recommendation

2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.

2025 Updates

DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)

- The FRN funds UNLV for wastewater testing. In 2025, the statewide wastewater surveillance program directly advanced opioid abatement by establishing Nevada's first youth-focused wastewater monitoring system capable of detecting opioid exposure in near real time. By deploying sampling infrastructure across Nevada System of Higher Education (NSHE) institutions, refining analytical workflows, and creating standardized statewide protocols, the program provided public-health partners with rapid, unbiased, population-level data aligned with FRN Target Area 7. The pilot study at Nevada State University generated 55 samples across academic and residential manholes and identified multiple heroin and acetylmorphine detections, actionable stimulant use patterns, and low-level norfentanyl signals. These findings allowed health partners to understand where opioid exposure was occurring, deliver targeted prevention messaging, and plan harm-reduction strategies before clinical cases emerged.
- A parallel upstream monitoring system was launched at UNLV across four dormitory-specific manholes, generating approximately 110 samples since January 2025. Trends mirrored those at NSU but revealed more frequent opioid-associated detections in specific UNLV dormitories, including repeated low-level norfentanyl detections. These "micro-hotspot" insights enabled campus health teams to intensify prevention messaging, consider localized naloxone distribution, and evaluate where drug-checking resources might be most needed. Across the state, additional contributions to opioid abatement included student training, analyte list expansion, early integration of poison-control and overdose datasets, and development of a real-time dashboard. Collectively, these activities strengthened Nevada's capacity to detect opioid trends early, prioritize interventions, and reduce harm among youth and transitional-aged populations.

2024 SURG Recommendation

2025 Updates

3. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.

DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)

- *Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law:* This would need to be at the legislative level.
- *Recommending community-level education using best practice guidelines:* Good Samaritan is built into all of our overdose education. NOCE is looking at doing a series of social media clips on who the Good Samaritan applies to, what circumstances are covered, and what the limitations are.
- *Education for law enforcement personnel:* CASAT produced a training targeting law enforcement in partnership with the Attorney General's office last year, though did not see any attendees from law enforcement at that time. The team developed a flyer that can be sent out to law enforcement agencies letting them know that this is available. Another idea that they had was sending out a solicitation from law enforcement partners regarding questions they specifically had regarding the intersection of Good Samaritan Drug Overdose Act and Drug Induced Homicide Law and develop another training that can be self-paced.
- *Exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder:* CASAT/NOCE are looking at possibly putting together a working group regarding this.

DPBH (Public & Behavioral Health)

- DPBH is finalizing their 2025-2030 Strategic Plan. One of the main topics is how stigma across various sectors causes individuals to not seek resources for their substance use disorders, and other behavioral health needs. DPBH BBHWP will be supporting a large-scale state-run anti-stigma campaign that will focus on some high-need topics, such as MOUD and prevention activities in schools.
- Strategic Plan Strategy 4.1: Reduce Stigma and Strengthen Community Engagement Around SUD
 - 4.1.4 Create strategic media and public awareness campaigns
 - 4.1.6 Increase Education, Awareness and access to overdose prevention activities for naloxone and test strips

2024 SURG Recommendation

4. Review the operations and lessons learned from the Clark County Regional Opioid Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.

Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.

5. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.

2025 Updates

DPBH (Public & Behavioral Health)

- DPBH BBHWP has not done any work in this space, related to the Clark County Regional Opioid Task Force.

Nevada Health Authority (Medicaid)

- N/A; Medicaid's 1115 Reentry Waiver is still under review with CMS, but they hope to gain approval in 2026, 1115 reporting requirements may have definitions established for reporting recidivism like they do under the 1115 SUD Waiver Demonstration.

DPBH (Public & Behavioral Health)

- The Attorney General's Office is involved in efforts to define recidivism and recommends that all state agencies that have diversion/deflection programs have a definition for recidivism with the state moving in the direction of a common definition.
- Strategic Plan Strategy 7.1: Increase Access to Timely and Ongoing Behavioral Health Services
 - 7.1.4 Utilize the SIM to support diversion and deflection

2024 SURG Recommendation	2025 Updates
<p>6. Implement a voluntary program to install “drug take back bins” in retail pharmacies.</p>	<p>DHS/FRN (Fund for Resilient NV - Opioid Settlement \$)</p> <ul style="list-style-type: none"> • SB231—working with the Board of Pharmacy to install drug take back bins in pharmacies that request them. Some pharmacies already have means for collection. <p>DPBH (Public & Behavioral Health)</p> <ul style="list-style-type: none"> • SB231 was passed during the 2025 Legislative Session. This bill created an appropriation from the Fund for Resilient Nevada to the Nevada Board of Pharmacy to assist collectors with the destruction of home-generated pharmaceutical waste deposited in a secure drug take-back bin.

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Appendix B: Related Legislation

The following legislation was reviewed by members throughout the 2025 Regular Legislative Session. It was updated to include information from the 2025 Special Session.⁵

Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
AB6	Establishes the Fetal Alcohol Spectrum Disorder Treatment Assistance Program within the Aging and Disability Services Division of the Department of Health and Human Services. (BDR 38-287)	This bill establishes the FASD Treatment Assistance Program, which is to be administered by the Autism Treatment Assistance Program, to provide and coordinate the provision of services to the extent that money is available.	2023 and 2024 recommendations include tracking data for alcohol use and outlet density. Medicaid reported to SURG on implementation of a Health Home for individuals with FASD.	Governor App'd 6/5/25 Effective upon passage
AB19	Revises provisions relating to the Statewide Substance Use Response Working Group. (BDR 40-442)	This bill adds to the membership of the Working Group.	Expands SURG membership to include representatives: general public, emergency response, DCFS, NV DA Association, specify DPBH for DHHS designee, and a preference for a bilingual representative. Changes annual reporting to August 1st, effective 7/1/26.	Governor App'd 6/3/25 Secs 1 & 2 effective 10/1/25; Sec 1.5 effective 7/1/26
AB31	Provides for certain Medicaid reimbursement of providers of nonemergency secure behavioral health transport services. (BDR 38-368)	Medicaid requirement that providers of nonemergency secure behavioral health transport services that are covered by Medicaid be reimbursed for certain distances traveled while going to pick up or returning from dropping off a patient.	2023 recommendations include leveraging of existing programs and funding to develop outreach response providers, including for anyone released from institutional and community settings, and the build out of Nevada's Crisis Response System.	No Further Action 6/3/25

⁵ Information from the 2025 regular Legislative Session can be found at the following link:

[Information from the 36th \(2025\) Special Session can be found at the following link:](https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bills>List.</p>
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[24](https://www.leg.state.nv.us/App/NELIS/REL/36th2025Special/Bills>List.</p>
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Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
AB60	Revises provisions relating to certain behavioral health services. (BDR 39-434)	Requiring the certification of a natural person who holds himself or herself out as a certified prevention specialist; prohibiting a minor from providing or supervising the provision of peer recovery support services in most circumstances; authorizing certain minors to serve as peer recovery support specialist interns.	2024 recommendations include amendments to NRS pertaining to hiring and regulation of peer recovery support specialists, and incorporation of PRSS into treatment models for emergency departments. 2023 recommendations include expanded investment in PRSS; DPBH supports PRSS through SOR grants and seeks to expand that support. DPBH also works with EMPOWERED to incorporate more PRSS. Medicaid added PRSS as a specific enrollment specialty. Amendment removes provisions allowing minor to use title of "PRSS Intern".	Governor App'd 6/3/25 Multiple Effective dates
AB340	Requires health insurance to cover certain screenings, assessments, and diagnoses. (BDR 57-351)	Requiring certain health insurance to include coverage for the screening, assessment, and diagnosis of attention deficit hyperactivity disorder, fetal alcohol spectrum disorders, intellectual disabilities and specific learning disabilities for certain persons.	2023 recommendations included expanding Medicaid billing for preventive services for youth and adults. Early screening of behavioral health concerns is being initiated as part of the Children's Behavioral Health Transformation under Nevada Medicaid.	No Further Action 6/3/25
AB378	Creates the Alternative Therapy Pilot Program. (BDR 40-820)	Section 9 requires DPBH to administer the Program and, within the limits of available funds, develop and implement experimental and investigational pilot programs for the provision of alternative therapies. Section 7 of this bill defines "psychedelic substance" to mean psilocybin, psilocin, dimethyltryptamine, ibogaine or mescaline.	Members of the SURG have expressed interest in alternative therapies including "psychedelic substances."	No Further Action 6/3/25

Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
AB380	Revises provisions relating to mobile crisis teams. (BDR 39-1062)	This bill also revises the composition of a mobile crisis team to require that any mobile crisis team established by or with the support of the Division consist of: (1) one or more persons who are professionally qualified in the field of behavioral health; and (2) one or more law enforcement officers, providers of emergency medical services or persons with appropriate expertise in the field of behavioral health, such as a community health worker, a provider of case management services, a provider of peer recovery support services or a similar paraprofessional.	2023 recommendation to expand access to MAT and recovery support. DPBH is working to expand MOUD services including the possibility of mobile units, or medication sites, with expanded access through telehealth.	Governor App'd 5/30/25 Effective 10/1/25
AB394	Authorizes the Board of Regents of the University of Nevada to require certain institutions to adopt emergency response plans related to opioid overdoses. (BDR 34-95)	This bill requires such an emergency response plan to include: (1) plans for providing education on opioid-related drug overdoses; and (2) procedures for the distribution and administration of opioid antagonists.	2024 recommendation to ensure opioid antagonist must be available on all campuses with training provided for administration. (Amendment changes dosage from 4mg to lowest effective; prohibits disciplinary action for obtaining opioid antagonist)	Governor App'd 6/5/25; Effective upon Approval
SB47	Provides for a study of certain issues relating to insurance (BDR 57-405)	Study certain issues relating to coverage for behavioral health care.	SURG recommendations support increased access to a range of behavioral health providers.	No further action 6/3/25
SB118	Revises requirements relating to coverage under Medicaid for certain services provided by pharmacists. (BDR 38-218) authorization	Requires rate of reimbursement that a pharmacist must receive for services covered under Medicaid; prohibiting Medicaid or a managed care organization that provides health care services to recipients of Medicaid from requiring prior authorization.	Recommendations to the State Board of Pharmacy are among the AB374 Section 10 requirements for the SURG, under subparagraph (g).	No Further Action 6/3/25

Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
SB68	Revises provisions relating to behavioral health. (BDR 54-403)	Require behavioral health licensing boards to report certain information; ratify and enter into the Social Work Licensure Compact.	Social Work Licensure Compact would support recruitment of social workers to Nevada, broadly supporting access to behavioral health care.	No Hearing
SB192	Revises provisions relating to public health. (BDR 40-86)	Existing law prescribes certain requirements governing the prescribing or dispensing of a controlled substance listed in schedule II, III or IV for the treatment of pain. (NRS 639.2391-639.23914) Section 37 of this bill clarifies that those requirements do not: (1) apply to the prescribing or dispensing of a controlled substance in other circumstances; or (2) establish a standard of care or grounds for disciplinary action against a practitioner when a controlled substance is prescribed or dispensed in other circumstances.	Ensuring appropriate prescription of controlled substances is among the AB374 Section 10 requirements for the SURG, under subparagraph (g).	No Further Action 6/3/25
SB231	Establishes provisions relating to the collection and destruction of unused drugs (BDR 54-564)	Establishing requirements for maintenance of secure drug take-back bins for the collection and destruction of unused drugs, requiring an allocation from the Fund for a Resilient Nevada to the State Board of Pharmacy to assist with collection and destruction of unused drugs (Sponsored by Senator Stone).	SURG supports getting unused drugs out of circulation.	Governor app'd 6/9/25 Reg/Admin sections eff 6/9/25; other sections eff 7/1/25

Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
SB300	Makes revisions relating to Medicaid. (BDR 38-110)	(1) codifies into law existing requirements that Medicaid cover services provided by a psychiatrist, psychologist, advanced practice registered nurse, marriage and family therapist, or licensed clinical social worker at a federally-qualified health center; and (2) newly requires Medicaid to cover services provided by a mental health counselor.	Medicaid coverage of behavioral health services support treatment and recovery for many of the SURG target populations, to the extent federal financial participation is available.	Governor App'd 6/10/25
SB337	Revises provisions relating to opioids. (BDR 40-204)	Section 15 of this bill requires DPBH to create a non-opioid directive, which is a form on which a person may indicate that he or she does not wish to receive opioids, and to post the non-opioid directive on an internet website maintained by the Division.	SURG target populations who may be recovering from opioid substance use may elect to establish a non-opioid directive.	No Further Action 6/3/25
SB353	Revises provisions relating to Medicaid. (BDR S-1010)	Section 1 of this bill requires the Division of Health Care Financing and Policy of the Department to establish: (1) a specific category of provider for the purposes of billing and reimbursement under Medicaid for certain clinics that provide education and training to students of certain mental health professions; and (2) all-inclusive per diem rates of reimbursement under Medicaid for services provided by a trainee during a visit to such a clinic.	Leverages Medicaid to train mental health professionals through billing and reimbursement at certain clinics.	Governor Approved 6/6/25 Effective 6/6/25
SB435	Revises provisions relating to nicotine products. (BDR 32-989)	Section 6 of this bill similarly requires manufacturers of vapor products to execute and deliver a certification to the Attorney General.	This would require manufacturers of vapor products sold in Nevada to execute and deliver a certification to the Attorney General.	No Further Action 6/3/25

Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
SB457	Revises provisions relating to public safety. (BDR 15-1038)	<p>Section 29 of this bill decreases the threshold for previous felony convictions to two and three, respectively. Existing law prohibits a conviction of possession, low-level possession or unlawful use of a controlled substance from being used for the purposes of determining whether a person is a habitual criminal (NRS 207.010). Section 29 removes this prohibition.</p>	<p>Existing law establishes the crimes of trafficking and high-level trafficking in illicitly manufactured fentanyl, any derivative of fentanyl or any mixture which contains illicitly manufactured fentanyl or any derivative of fentanyl, depending on the amount of fentanyl involved. (NRS 453.3387) Section 73 of this bill, which was amended out by the Governor, makes various changes to establish the crimes of trafficking, mid-level trafficking and high-level trafficking of such substances.</p>	No Further Action 6/3/25 C

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Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
AB4 (Special Session)	Revises provisions relating to public safety. (BDR 15-31)	<p>Existing law authorizes the Director of the Department of Corrections and the sheriff, chief of police or town marshal to establish programs for the treatment of prisoners with a substance use disorder using medication-assisted treatment (NRS 209.4247, 211.400). Sections 34 and 37 of this bill require persons who establish such programs to collaborate with the Department of Human Services if the program relates to opioid use disorder.</p>	<p>The SURG Response Subcommittee supports the following work as delineated in 2021, under Section 10 of AB374:</p> <ul style="list-style-type: none"> • (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection, and reentry programs for such persons. • (i) Develop strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. • (k) Recommend strategies to improve coordination between local, state, and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research. • (m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies, and correctional institutions. 	<p>Governor approved 11/29/25; effective January 1, 2026.</p>

Bill #	Summary	Digest Excerpts	Relevance to SURG	Status as of June 25, 2025
SB494	Makes revisions relating to health and human services. (BDR 18-1116)	Creating the Nevada Health Authority; creating certain divisions and offices within the Authority; providing for the appointment of officers and the employment of staff for the Authority; establishing requirements governing procurement by the Authority.	Eliminates DHCFP and moves Medicaid, PEBP, and other functions to the Nevada Health Authority as a new Executive Department.	Governor App'd 6/10/25
SB495	Revises provisions relating to health care. (BDR 40-1037)	Establishing a competitive funding program to address shortages of providers of health care in this State; prescribing certain requirements to expedite the credentialing and privileging of providers of health care; authorizing paramedics to serve as employees or volunteers in hospitals under certain circumstances; transferring the responsibility for administering the Graduate Medical Education Grant Program to the Department of Health and Human Services.	Supports recruitment and retention of health care providers in Nevada, expanding access to care for a broad range of services.	No Further Action 6/3/25

Appendix C: Information Regarding SURG Membership, Structure, and Activities

Membership during 2025 for the period covered by this report included:

Member Name	Role	Anticipated Term End Date
Attorney General Aaron Ford	The Attorney General or his or her designee	1/1/2027
Terry Kerns	Attorney General's designee to the Response Subcommittee	NA
Stephanie Cook	The Director of the Department of Human Services, or his or her designee from within the Division of Public and Behavioral Health	10/1/2027
Peter Handy	The Executive Director of the Department of Indigent Defense Services, or his or her designee	10/1/2027
Senator Fabian Doñate	One member of the Senate who is appointed by the Senate Majority Leader	1/1/2027
Senator Jeff Stone	One member of the Senate who is appointed by the Senate Minority Leader	1/1/2027
Assemblymember Heather Goulding	One member of the Assembly who is appointed by the Speaker of the Assembly	1/1/2027
Assemblymember Rebecca Edgeworth	One member of the Assembly who is appointed by the Assembly Minority Leader	1/1/2027

The following members are appointed by the Attorney General

Jessica Johnson	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more	1/1/2027
Stacey Lance	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000	1/1/2027
Dr. Shayla Holmes	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000	1/1/2027
Dr. Lesley Dickson	One provider of health care with expertise in medicine for the treatment of substance use disorders	1/1/2026
Christine Payson	One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization	1/1/2027
Steve Shell	One advocate for persons who have substance use disorders and family members of such persons	1/1/2028
Guiseppe Mandell	One person who is in recovery from a substance use disorder	1/1/2028
Nancy Lindler	One person who provides services relating to the treatment of substance use disorders	1/1/2026
Erik Schoen	One representative of a substance use disorder prevention coalition	1/1/2026

Member Name	Role	Anticipated Term End Date
Chelsi Cheatom	One representative of a program to reduce the harm caused by substance misuse	1/1/2028
Bud Schawl	One representative of a hospital	1/1/2028
Angela Nickels	One representative of a school district	1/1/2026
Rob Banghart	One member of the general public, with preference given to a person who is fluent in more than one language and resides in a household where more than one language is spoken	10/1/2027
Noël Chouinet	One person who is an emergency response employee	10/1/2027
Kyra Morgan	One representative of the Division of Child and Family Services of the Department of Human Services	10/1/2027
Nicole Hicks	One representative of the Nevada District Attorneys Association, or its successor organization	10/1/2027

The following former SURG members also served in 2025:

- **Dorothy Edwards**, in the role of a representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000
- **Assemblymember Ken Gray**, in the role of a member of the Assembly who is appointed by the Assembly Minority Leader
- **Assemblymember Melissa Hardy**, in the role of a member of the Assembly who is appointed by the Assembly Minority Leader
- **Jeffrey Iverson**, in the role of a person who is in recovery from a substance use disorder
- **Debbie Nadler**, in the role of an advocate for persons who have substance use disorders and family members of such persons
- **Dr. Beth Slamowitz**, in the role of a designee of the Director of the Department of Health and Human Services

Related legislation, bylaws, annual reports, and meeting materials are available online at <https://tinyurl.com/46r8ke4u>.

Appendix D: Information Regarding Opioid Settlement Funds

In accordance with NRS 458.480,⁶ this report does not include accounting of opioid settlement funds. However, the Department of Human Services with support from the Office of Analytics has developed an online dashboard to support annual and real-time reporting of allocations to funded programs and services according to goals established through the Nevada Opioid Needs Assessment and Statewide Plan. That information is located on the Fund for Resilient Nevada Dashboard at the following link: <https://tinyurl.com/bdz7kmpv>.

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⁶ NRS 458.480 can be found at the following link: <https://www.leg.state.nv.us/nrs/nrs-458.html#NRS458Sec480>

Signature Page

Chair, Substance Use Response Working Group

Date

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