SURG Treatment and Recovery Subcommittee
Recommendation Submissions
Carry Forward from 2025-26 Report Cycle

The information in this document may include content originally submitted by the member who introduced the recommendation, subsequent revisions to that recommendation, and input provided by subject matter experts during or between SURG and Subcommittee meetings.

Recommendation #6

When medication assisted treatment is initiated in detox, we should recommend continuance of medication assisted treatment for the duration of detox, inpatient treatment, IOP and for one year from time of initiation.

Submission Details

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

Justification/Background

Although it is common practice for patients to be taken off medication assisted treatment straight from detox, there is plenty of evidence showing patients fare better when medication assisted treatment is continued, particularly when treated for one year or longer. Of note, it is common practice in lower acuity care, such as ASAM criteria level one care, to treat patients with medication assisted treatment for months, if not years with said medications. It does not make clinical sense then, to taper patients off medication assisted treatment straight from detox, resulting in much more relapse and repeat admission to inpatient care.

Associated Research/Links

- Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database Syst Rev. 2014;(2):CD002207.
- Glanz JM, Binswanger IA, Clarke CL, Nguyen AP, Ford MA, Ray GT, Xu S, Hechter RC, Yarborough BJH, Roblin DW, Ahmedani B, Boscarino JA, Andrade SE, Rosa CL, Campbell CI. The association between buprenorphine treatment duration and mortality: a multi-site cohort study of people who discontinued treatment. Addiction. 2023 Jan;118(1):97-107. doi: 10.1111/add.15998. Epub 2022 Jul 23. PMID: 35815386; PMCID: PMC9722535. https://pubmed.ncbi.nlm.nih.gov/35815386/

AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation

(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.

AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(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.

(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.

Focus Population(s)

My recommendation does not focus on a special population.

Action Steps

- We could make it a regular point of auditing when recertification takes place.

Short-Term or Long-Term

- Long- term (2+ years)

Fiscal Note Requirement

- Unsure

Impact of Recommendation *(on a scale of 1-3)*

- 3 - It will result in much less readmission to higher levels of care upon release from inpatient treatment.

Urgency of Recommendation *(on a scale of 1-3)*

- 2 - These patients are already receiving treatment, but the treatment currently isn't evidence based. 2

Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - It will take some changes in our regulatory structure to make sure this is being followed.

Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 1 - Not clear if it provides better care for underrepresented groups, as they tend not to be receiving as much inpatient care, but it still raises the bar and the expectation for MAT to be more mainstream in care.

Possible Presenters on this Recommendation

- Dr George Kaiser- Westcare

Recommendation #7

Nevada prescription monitoring program should include methadone dosing from any substance use treatment facility, including methadone clinics. Or, Nevada needs to adopt a methadone central registry.

Submission Details

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

Justification/Background

Many patients receiving methadone treatment can become hospitalized or incarcerated. During these hospitalizations and incarcerations, there is often great difficulty in obtaining accurate information regarding a patient's true, current, methadone dose. If these were reported into Nevada Prescription Monitoring Program, it would prevent underdosing or overdosing patients on medication assisted treatment and make for much easier calculations for pain management, should the need arise.

Associated Research/Links

- Marks KR, Talbert J, Hammerslag LR, Lofwall MR, Fanucchi LC, Broce H, Walsh SL. Contributions of a central registry to monitor methadone -treatment through the HEALing Communities Study. J Opioid Manag. 2023 Oct 18;19(7 (Spec Issue)):73-81. doi: 10.5055/jom.2023.0801. PMID: 37879662; PMCID: PMC11934856. https://pmc.ncbi.nlm.nih.gov/articles/PMC11934856/

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(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.

AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(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.

(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.

Focus Population(s)

b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems

g. Other populations disproportionately impacted by substance use disorders

Action Steps

- Bill Draft Request (BDR)
- Expenditure of Opioid Settlement Funds
- DHHS Policy

Short-Term or Long-Term

- Long- term (2+ years)

Fiscal Note Requirement

- Unsure

Impact of Recommendation *(on a scale of 1-3)*

- 2 - It should help those incarcerated and those receiving care during hospitalization who are currently enrolled in MAT with methadone.

Urgency of Recommendation *(on a scale of 1-3)*

- 2 - It could lead to better care and help avoid unnecessary complications from lack of information for providers treating patients with SUD.

Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - It would have to involve either establishing a methadone central registry to be created, or better yet, addition of reporting from methadone clinics to the NV PMP program for monitoring.

Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - It would provide better care for those on methadone, which are disproportionately people of lower socioeconomic backgrounds.

Possible Presenters on this Recommendation

- Dr George Kaiser
- Dr Maureen Strohm
- Dr Lesley Dickson

Recommendation #8

Hospital ERs should have a daily call schedule for outpatient follow up regarding substance use disorders, just like what currently exists for primary care. This list can be derived from NVSAM, SNAAP and SAMSHA collaboration which will produce a master list to the hospitals throughout the state. It will not be the hospital's responsibility to create the list, only to dispense it to the appropriate patients.

Submission Details

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

Justification/Background

The establishment of a list with robust information, such as insurances taken, medications provided, services provided, etc, would provide a greater likelihood of patients seeking treatment for their substance use disorders in the ER actually getting long term care for said affliction.

Associated Research/Links

- Krawczyk N, Rivera BD, Chang JE, Grivel M, Chen YH, Nagappala S, Englander H, McNeely J. Strategies to support substance use disorder care transitions from acute-care to community-based settings: A Scoping review and typology. medRxiv [Preprint]. 2023 Jun 25:2023.04.24.23289042. doi: 10.1101/2023.04.24.23289042. Update in: Addict Sci Clin Pract. 2023 Nov 2;18(1):67. doi: 10.1186/s13722-023-00422-w. PMID: 37162840; PMCID: PMC10168484. https://pmc.ncbi.nlm.nih.gov/articles/PMC10168484/

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AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(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.

Focus Population(s)

My recommendation does not focus on a special population.

Action Steps

- Expenditure of Opioid Settlement Funds

Short-Term or Long-Term

- Long- term (2+ years)

Fiscal Note Requirement

- Estimated fiscal note amount: Probably about $20,000 yearly to organize, maintain and implement list of providers to serve on a call list.

Impact of Recommendation *(on a scale of 1-3)*

- 2 - It will provide ERs with an invaluable, current list of resources in the community that is better tailored to the specific information needed by the patient, including insurances taken, medications and services provided, so that they can receive a more curated referral that applies best to the patient's unique set of circumstances.

Urgency of Recommendation *(on a scale of 1-3)*

- 2 - The sooner such a system is implemented, the sooner patients in the ER get more accurately referred to outpatient care for their SUD.

Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - Although we have the beginning database for this, further work would have to be done to put together better detail regarding services and medications provided, as well as insurances taken.

Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - It would give better guidance to care that takes a particular patient's insurance, which is very useful and timely information given the rapidity most patients with SUD wish to enter care when they have decided to take a step towards recovery.

Possible Presenters on this Recommendation

- Dr Kelly Morgan

Recommendation #9

A research study should be funded and conducted to investigate the cost savings associated with early intervention for care via street medicine for the unhoused. The goal of such a study is to elucidate the viability of shared savings payment models to facility third party payer support for such street medicine teams, rather than support through grant funding, which is inherently unstable.

Submission Details

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

Justification/Background

Street medicine is the most effective means to address medical issues among the unhoused prior to these medical issues requiring costly hospitalization. By providing proof of savings generated by this approach, third party payers are much more likely to adopt funding of street medicine, making this approach much more renascent.

Associated Research/Links

- Lynch KA, Harris T, Jain SH, Hochman M. The Case for Mobile "Street Medicine" for Patients Experiencing Homelessness. J Gen Intern Med. 2022 Nov;37(15):3999-4001. doi: 10.1007/s11606-022-07689-w. Epub 2022 Jun 9. PMID: 35680694; PMCID: PMC9640493. https://pmc.ncbi.nlm.nih.gov/articles/PMC9640493/ National Alliance to End Homelessness. (n.d.). Opioid abuse and homelessness. National Alliance to End Homelessness. https://endhomelessness.org/resources/policy-information/opioid-abuse-and-homelessness/

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(f)Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(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;
(3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
(4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(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.

(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:

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(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.

Focus Population(s)

a. Veterans, elderly persons and youth

b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems

e. People who inject drugs; (as revised)

g. Other populations disproportionately impacted by substance use disorders

Action Steps

- Expenditure of Opioid Settlement Funds

Short-Term or Long-Term

- Long- term (2+ years)

Fiscal Note Requirement

- Unsure

Impact of Recommendation *(on a scale of 1-3)*

- 3 - As mentioned, such research may lead to third party payers adopting the funding of street medicine/ mobile medicine teams through a cost savings model, providing these types of programs alternative revenue sources apart from the typical normal Medicaid reimbursement and grant funding.

Urgency of Recommendation *(on a scale of 1-3)*

- 3 - Given the difficulty most non-profits are experiencing in this governmental climate to receive grant funding, such research could quite possibly be the difference between these services existing in our community or not.

Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - This would take involving the school of public health and possibly the school of public policy at UNLV with current teams providing outreach services to the unhoused in the Las Vegas community

Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - Could not possibly be more geared to the underserved.

Possible Presenters on this Recommendation

- Michele Jorge- Track B
- Ron Schnese- SNAAP, The Center

Recommendation #10

Funding should be made available for addiction specialists to advertise outpatient ASAM criteria level one services in state, particularly if those addiction specialists are board certified, trained in Nevada or both.

Submission Details

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

Justification/Background

Although many patients cannot enter inpatient rehab because of insurance or work/family commitment limitations, these patients often still do well with treatment at a lower level of care, which is much less expensive. However, because many inpatient services also have IOP services and generate income in the tens of thousands per patient treated, they raise the average cost of advertising for all those providing addiction services. If we provide a stipend for advertising to addiction specialists committing to a certain length of stay in our community providing level one care, we can effectively build a deeper bench of addiction specialists, particularly those that are familiar with the resources that already exist in our community if they were trained in Nevada.

Associated Research/Links

- None provided

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(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.

Focus Population(s)

- My recommendation does not focus on a special population.

Action Steps

- Expenditure of Opioid Settlement Funds

Short-Term or Long-Term

- Long- term (2+ years)

Fiscal Note Requirement

- Estimated fiscal note amount: $20,000 per year for three years per Addiction specialist recruited.

Impact of Recommendation *(on a scale of 1-3)*

- 3 - It would help recruit and retain addiction specialists that are board certified and most importantly, help us keep those that we have already trained within our community.

Urgency of Recommendation *(on a scale of 1-3)*

- 2 - The sooner it is implemented, the more attractive Nevada becomes to addiction specialists to practice in. It should also considerably improve the quality of fellows going forward.

Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - This could be a program put together through Nevada Heal or through Clark County Medical Society or the equivalent thereof for Washoe County.

Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - Only advances by making the bench deeper for addiction specialists.

Possible Presenters on this Recommendation

- Dr Maureen Strohm- Fellowship Director at Southern Hills Addiction Fellowship program
- Dr Brian Kaszuba- Recent graduate of fellowship
- Dr Stephanie Zority-Recent graduate of fellowship