2025-2026 Substance Use Response Working Group (SURG)

Draft Subcommittee Recommendations

Note that this document includes all recommendations currently being reviewed and workshopped by each Subcommittee, and not all will be presented to the full SURG for inclusion in the next Annual Report. The recommendations compiled are from the following subcommittees: Prevention, Treatment and Recovery, and Response.

Recommendation #1

Support [identified partner/agency] in introducing a bill draft request in the 2027 legislative session that would double the annual state investment in primary prevention via a general fund dollar line item committed to BBHWP's prevention programming for people aged 0-24. Monies should be directed to local lead agencies that prioritize evidence-based programming.

For example, if the current level of investment was $1.6 million, then this would be raised to $3.2 million for the next biennium. This funding should not be at the expense of existing programming and should be the State of Nevada's contribution to Prevention efforts; additional Federal and/or other monies that are secured would not change the target allocation of State dollars for primary prevention efforts.

Submission Details

- Submitted by Erik Schoen in 2024, re-elevated for 2025-2026, refined following discussion at November 2025 Prevention Subcommittee meeting and presentation from Stephanie Cook, last edited 2/2026

Justification/Background

This recommendation has been revised to make it "evergreen" and applicable to "upcoming" legislative sessions. As well, it provides further clarification that these funds should come directly from the State budget.

While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state.

Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual $2,260,000 award for the past five years).

The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that "Prevention is not only effective, it is also cost-effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save $18 per dollar invested… There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + $8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of $13.49, and the Good Behavior Game with a benefit-to-cost ratio of $62.80."

Associated Research/Links

- SAPTA 9/26/2023 "Funding Update: SPF-PFS Grant for Nevada" email

- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. Child and adolescent psychiatric clinics of North America, 19(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005

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

(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; and

(2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

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

(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)

a. Veterans, Elderly Persons, and Youth

c. Pregnant women and the parents of dependent children

f. Children who are involved with the child welfare system

Action Steps

- DHS Policy
- Other—Specific departmental budget recommendation / requirement

Short-Term or Long-Term

- Short-term (Under 2 years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 3 - Substantive progress on important prevention initiatives and efforts that would help to decrease initiation and use of harmful substances.

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

- 3 - Our stats essentially speak for themselves -- typically 51 out of 51 states / territories -- in MH and SUD indices.

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

- 3 - We have coalitions in every rural Nevada county ready and willing to provide more substantive services.

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

- 3 - This would help to ensure that resources are getting to everyone.

Possible Presenters on this Recommendation

- *[This field was not filled out.]*

Recommendation #2

Request guidance from the Nevada Board of Pharmacy posted to their website and communicated to pharmacists to clarify regulations pertinent to the distribution of naloxone in hospitals to permit low barrier naloxone distribution from Emergency Departments (EDs) and Permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for public naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.

Submission Details

- Submitted by Jessica Johnson on 4/29/2025

Justification/Background

Emergency departments (EDs) could serve as effective settings for tackling opioid-related deaths by providing naloxone. Multiple hospital representatives have expressed interest in distributing naloxone , but are uncertain of the ability of the hospital to dispense naloxone to community outside of the pharmacy protocols for medication dispensing.

Associated Research/Links

California Bridge recommendations:

- https://ag.nv.gov/uploadedFiles/agnvgov/Content/About/Administration/CA%20Bridge%20Addendum%20(1).pdf
- https://pmc.ncbi.nlm.nih.gov/articles/PMC5434850/#:~:text=Summer%20months%20had%20more%20overdoses,1.92%2C%20P%20%3D%200.042)
- https://pmc.ncbi.nlm.nih.gov/articles/PMC11079430/

Nevada hospital emergency departments are eligible entities for the Nevada State Opioid Response Naloxone distribution program or its local affiliate and may provide take-home doses of naloxone to patients and visitors.

Emergency departments should provide the following supplemental documentation with the application:

- Policies and procedures for naloxone distribution. Example policies and procedures are located here: https://bridgetotreatment.org/resource/guide-to-naloxone-distribution/

The Nevada Division of Public and Behavioral Health (DPBH), Nevada Department of Human Services (DHS) and the Nevada State Board of Pharmacy clarify regulations pertinent to the distribution of naloxone in hospitals. Essential requirements of compliance are:

- The naloxone must be acquired and stored separately from the hospital's pharmacy inventory.
- The emergency department is required to keep a log to track the distribution of the naloxone doses distributed through this program.
- The hospital emergency department is required to have policies and procedures which will dictate how the hospital emergency department will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled.

With this guidance, The Nevada Board of Pharmacy has clarified that naloxone obtained through the Nevada State Opioid Response Naloxone distribution program or its local affiliate and stored separately from the hospital's pharmacy inventory for distribution to the public is not a pharmaceutical that will be used in the healthcare setting and is exempt from NAC 639.742 - 639.900, NRS 639.2801, and NAC 639.5007 - 639.520. As

the inventory is considered separate from the pharmacy inventory, it does not need to be maintained, stored or labeled in compliance with NAC 639.742 - 639.900 or NAC 639.5007 - 639.520.

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

(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.

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.

(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)

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

c. Pregnant women and the parents of dependent children

d. Lesbian, gay, bisexual, transgender and questioning persons

e. People who inject drugs; (as revised)

f. Children who are involved with the child welfare system

g. Other populations disproportionately impacted by substance use disorders (please describe): All people access emergency services for a variety of reasons

Action Steps

- Regulatory or Licensing Board

Short-Term or Long-Term

- Short-term (Under 2 years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 3 - The anticipated impact would be that the hospitals that are currently interested in setting up an ED distribution protocol, could move forward and begin distributing this important medication in the next few months.

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

- 3 - This could have a major impact on the opioid overdose death rates especially as we are moving into the hot summer months which typically have increased overdose rates.

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

- 3 - The SURG could request clarification from the Board of Pharmacy and the Board of Pharmacy could publish this statement of clarification on their website.

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

- 3 - People with less access to healthcare, housing and other important protective factors are more likely to find themselves in the ED experiencing an opioid overdose than those with more access to treatment, housing and other protective factors. Connecting these ED patients with important harm reduction supplies and information about treatment may help them gain access to treatment.

Possible Presenters on this Recommendation

- Josh Luftig
- Dr. Kelly Morgan
- Board of Pharmacy

Recommendation #3

Create a bill draft request to set aside of cannabis wholesale tax to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

Submission Details

- Submitted by Debi Nadler in 2024, re-elevated for 2025-2026, edited live during March 18, 2026, Prevention Subcommittee meeting

Justification/Background

Nevada, the ninth state to legalize cannabis in 2016, enforces a minimum age of 21 for recreational cannabis use. The state has 100 active dispensaries: 66 offer both medical and recreational products, 33 are retail-only, and one served exclusively as a medical dispensary. (Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).

In fiscal year 2021/2022, Nevada reported taxable cannabis sales of $965,091,123. Clark County led with $754,357,922, followed by Washoe County at $126,857,544, with all other counties contributing $83,875,657. (Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).

Around 48 million people in the United States use cannabis, and its impact on the youth population is particularly concerning. In 2021, about 13% of young people in the U.S. used cannabis. In the same year, 15.6% of Nevada's high school students reported being current users. Several factors contribute to youth and young adult cannabis use, including perceived harm, peer influence, accessibility, marketing and advertising, curiosity and experimentation, and normalization. (Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).

The Nevada Tobacco and Smoke Free Coalition created these recommendations for strategic funding allocation and best practices and how they could be operationalized:

- **Education and Prevention:** Launch awareness campaigns for youth, parents, and educators to highlight cannabis risks, dispel myths, and promote healthy alternatives through presentations, workshops, and peer-led activities. Utilize social media, schools, and community organizations for outreach.
- **Treatment and Cessation:** Offer culturally tailored, evidence-based cessation programs for youth, along with support for existing counseling and replacement therapy initiatives.
- **Supportive School Practices:** Encourage alternatives to punitive measures like school suspension, emphasizing staff training for safe and healthy alternatives.
- **Youth Engagement:** Empower young people to participate actively in addressing the issue through youth-led initiatives, advocacy groups, and peer support networks.
- **Parent and Community Outreach:** Engage parents and communities by providing resources, workshops, and support networks to help them understand cannabis risks and address the issue effectively.
- **Data Collection:** Improve data collection to track youth cannabis trends and effective policies, aiding policymakers, and public health officials in adapting interventions.

- **Cannabis Product Waste:** Educate students, staff, faculty, and parents on responsible cannabis waste disposal, promoting environmental awareness

Associated Research/Links

- https://nvtobaccopreventioncoalition.org/
- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Marijuana-and-Teens-106.aspx
- https://www.cdc.gov/cannabis/data-research/facts-stats/index.html
- https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/
- https://thenevadaindependent.com/article/opinion-seven-years-later-is-legal-recreational-cannabis-really-worth-it
- https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/
- https://www.psychologytoday.com/us/blog/addiction-outlook/202405/the-reality-of-teens-and-weed?amp
- https://www.psychiatrictimes.com/view/cannabis-use-young-adults-challenges-during-transition-adulthood

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

(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.

(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; and
(2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

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.

(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.

Focus Population(s)

My recommendation does not focus on a special population.

g. Other populations disproportionately impacted by substance use disorders (please describe): Awareness in all schools. Middle school and up.

Action Steps

- Not sure

Short-Term or Long-Term

- Long-term (2+ years)

Fiscal Note Requirement

- Not sure

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

- 3 - The proposed recommendation will bolster youth-focused prevention programs across Nevada. By reaching the $2 per capita funding goal, this policy ensures a sustained investment in evidence-based prevention efforts aimed at reducing youth initiation and use of cannabis. Investing in early prevention has been shown to reduce lifetime health risks, lower healthcare costs associated with substance use, and promote healthier behaviors among young people, ultimately leading to improved public health outcomes for future generations.

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

- 3 - Youth and young adults are particularly vulnerable to the harmful effects of substances, including long-term cognitive, physical, and emotional impacts. Without timely investment in youth prevention programs, Nevada risks exacerbating future public health and social challenges, such as increased substance dependence and reduced academic achievement. The urgency of this funding is clear: investing in youth prevention now will mitigate these risks and create healthier communities for years to come.

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

- 2 - Leveraging the local lead agencies model ensures that funds are distributed efficiently and effectively to communities with the highest needs. Local agencies are well-positioned to implement youth-specific prevention programs, building on existing infrastructure and expertise in public health interventions. Nevada already has a coalition and framework in place to distribute these prevention funds. The feasibility of this approach is supported by the ability of local agencies to collaborate with schools, youth organizations, and community groups, ensuring that prevention efforts are culturally relevant and impactful.

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

- 3 - Youth from communities of color and low-income backgrounds often face higher exposure to tobacco and cannabis, along with fewer resources for prevention and education. By directing these funds toward youth prevention programming, this policy ensures that local agencies prioritize outreach to underserved communities, addressing health disparities, and ensuring equitable access to prevention services. Targeted investments in these communities will help close gaps in health outcomes and provide critical resources to those most affected by substance use, advancing both racial and health equity across the state.

Possible Presenters on this Recommendation

- *[This field was not filled out.]*

Recommendation #4

Create a coordinated county and statewide referral hub that helps medical and human service providers quickly connect people with needed services, including fast access to treatment and support for pregnant women with substance use concerns. Bring coalitions and committees together to set shared best practice standards and reduce silos. Explore trauma informed approaches, such as placing Community Health Workers or Peer Recovery Specialists in Eds and other clinical setting to provide warm handoffs, start referrals, and support Plans of Safe Care under Nevada's CARA requirements—helping reduce prenatal exposure, improve birth outcomes, and prevent removals at birth.

Submission Details

- Submitted by Stacey Lance on 3/6/2026

Justification/Background

I am not an expert in this area and have not fully vetted the recommendation with the many partners. It seems a coordinated information and referral hub is needed because many Nevada partners already support pregnant and postpartum individuals with substance use concerns, yet their work often happens in silos. Programs like Sober Moms, Healthy Babies, CARA Plans of Safe Care, specialized CPS units (Safe Babies & START), HOPES' perinatal SUD program, EMPOWERED, True Vista, Early Headstart, and women centered treatment providers all offer important services, but they are not consistently connected, and families can still fall through the cracks. Missed opportunities in emergency departments, gaps in screening and follow up, and barriers to accessing care for substance exposed infants and their families still exist. A shared hub would give providers one place to refer, coordinate, and follow families across settings; support warm handoffs from clinical settings, hospitals and EDs; and ensure plans of care are monitored and acted on. It would reduce duplication, improve communication, and strengthen outcomes by connecting all the work happening statewide into one clear, trauma informed pathway.

Associated Research/Links

- *[This field was not filled out.]*

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

(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; and
>
> (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

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.

(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)

c. Pregnant women and the parents of dependent children

g. Other populations disproportionately impacted by substance use disorders (please describe): *[This field was not filled out.]*

Action Steps

- *[This field was not filled out.]*

Short-Term or Long-Term

- Unsure

Fiscal Note Requirement

- Unknown

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

- 3 - Early identification and rapid support reduces prenatal substance exposure, lowers overdose risk, and improves maternal and infant health. Keeping mothers and infants together with the right supports prevents the trauma of separation and protects healthy bonding and development. Family-centered approaches and Plans of Safe Care strengthen safety while preserving family stability and reducing infant foster care placements. Stronger coordination and consistent care pathways can reduce both substance misuse and child welfare involvement, improving outcomes across communities.

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

- 2 - *[This field was not filled out.]*

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

- 2 - *[This field was not filled out.]*

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

- 2 - *[This field was not filled out.]*

Possible Presenters on this Recommendation

There are multiple options, and I can provide suggestions depending on the feedback on the recommendation.

Recommendation #5

Recommend to Nevada DHHS to develop and share a biannual naloxone 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. The distribution should ensure reach and saturation based on overdose burden, and ensure it is staffed appropriately to allow for timely turnaround for naloxone access.

Submission Details

- Submitted by Jessica Johnson on 3/17/2026

Justification/Background

While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.

Associated Research/Links

- *[This field was not filled out.]*

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(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.

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

c. Pregnant women and the parents of dependent children

e. People who inject drugs; (as revised)

g. Other populations disproportionately impacted by substance use disorders (please describe): People experiencing non-fatal overdose

Action Steps

- Other (please specify): Plan

Short-Term or Long-Term

- Short-term (Under 2 years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 3 - Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

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

- 2 - Moderate urgency—current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access.

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

- 3 - This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.

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

- 2 - Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely. (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

Possible Presenters on this Recommendation

Per the last ACRN meeting, it appears that there has been some movement on this recommendation. Having someone speak who can discuss the updates and how to ensure there is equitable statewide access and evaluation will be imperative for successful implementation.

Recommendation #1

Updated at March 24, 2026 Subcommittee meeting to

A retrospective assessment or/ and prospective study would be conducted to assess the outcomes of all patients following discharge from certified withdrawal management facilities within five years of discharge, including trends in the patterns of step down and use of MOUD, to examine potential contributors to overdose and develop best practices for continued care after treatment.

Submission Details

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

Justification/Background

Previous studies (Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study; https://doi.org/10.1136/bmj.326.7396.959) have shown that treatment reduces mortality but sometimes increases in mortality are seen when tolerance is reduced and people return to opiate misuse (relapse). This study, either prospective or retrospective, can be used to examine mortality and relapse after opioid detoxification to develop best practices for continued care after treatment within the state. Previous studies have found reduced mortality when individuals received MOUD and or residential treatment.

Associated Research/Links

1) Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study. BMJ 2003; 326:959 doi:10.1136/bmj.326.7396.959

2) Walley, A. Y., Lodi, S., Li, Y., Bernson, D., Babakhanlou-Chase, H., Land, T., & Larochelle, M. R. (2020). Association between mortality rates and medication and residential treatment after in-patient medically managed opioid withdrawal: A cohort analysis. Addiction, 115(8), 1496-1508. doi: 10.1111/add.14964. https://pubmed.ncbi.nlm.nih.gov/32096908/ which showed that mortality risk was reduced in individuals who received medication treatment (0.81 all-cause deaths & 0.52 opioid-related deaths per 100 person years), residential treatment (1.27 all-cause & 1.06 opioid-related deaths per 100 person years), or a combination of the two (fewer than 1.23 all-cause and opioid-related deaths per 100 person years), relative to those who did not receive treatment (2.04 all-cause deaths & 1.42 opioid-related deaths per 100 person years) within the 12 months following detoxification.

3) Foglia, R., Kline, A., & Cooperman, N. A. (2021). New and Emerging Opioid Overdose Risk Factors. Current addiction reports, 8(2), 319–329.
https://pubmed.ncbi.nlm.nih.gov/33907663/

4) Williams A. R. (2022). Commentary on Burns et al: MOUD saves lives, especially after 60 days, and the longer the better. Addiction (Abingdon, England), 117(12), 3089–3090. https://doi.org/10.1111/add.16043

5) Heimer R., Black, A., Hsiuju, L., et al (2024). Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17. Drug Alcohol Depend. 1:254:111040.
https://pubmed.ncbi.nlm.nih.gov/38043226/

AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee 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.

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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.

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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.

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(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.

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(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)

g. Other populations disproportionately impacted by substance use disorders

Action Steps

- DHHS Policy

Short-Term or Long-Term

- Short-term (Under 2 years)

Fiscal Note Requirement

- Unsure

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

- 2 - This recommendation could expand requirements for service referrals after a patient completes treatment

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

- 1 - This is a study, so it is not urgent

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

- 3 - Data is currently available that could be reviewed

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

- 3 - This recommendation could help with best practices for referring patients following detoxification

Possible Presenters on this Recommendation

- Possibly: John Hamilton with Liberation Programs, Inc. who presented on this at the RX Summit. *(presented at June 17, 2025 Subcommittee meeting)*

Recommendation #2

Updated at the March 24, 2026 Subcommittee meeting to

Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services.

Hospitals would receive Department funds to hire peer recovery specialists, if they meet the following specific criteria: adoption of delineation of privileges for addiction medicine as a medical specialty, as well as established protocols for the inclusion of midlevel providers and peer recovery navigators.

The updated recommendation above combines one originally submitted by Steve Shell on 6/17/25 and one submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026. The back-up and justification for each are presented below. Steve Shell's justification is presented first, followed by the justification information presented by Dr. Partida Corona.

Submission Details

- Submitted by Steve Shell on 6/17/2025

Justification/Background

Hospital emergency rooms continue to struggle with a high volume of patients who present with substance misuse and often with co-occurring mental health conditions. A high percentage of these individuals have multiple visits to the ERs for various reasons that are associated with their substance misuse. The ER teams do their best to evaluate, treat and connect to community services, but many of their team members lack the expertise to effectively manage substance misuse and do not have lived experience like peer recovery support specialists. Evidence has shown that connecting individuals with substance misuse to a peer while in the ER leads to better outcomes as the peer can help navigate a transfer to treatment options in the community as well as maintain communication with the individual for a period of time to encourage recovery. Hospitals would be more motivated to establish peer support teams if financial assistance is provided on a long-term basis.

Associated Research/Links

None provided

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

(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.

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(c) Assess and evaluate existing pathways to treatment and recovery for persons

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(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)

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

- Unsure

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

- 3 - Due to the high volume of patients with substance misuse in hospital emergency rooms around Nevada, establishing peer support teams is the most efficient way to address these individuals to get them connected to community resources as quickly as possible

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

- 3 - Due to the high volume of patients with substance misuse in hospital emergency rooms around Nevada, it is imperative that we act quickly to establish peer support teams that are extremely effective to connect individuals to treatment and guide them on their path to recovery

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

- 3 - Due to CASAT's phenomenal certification program for peer recovery support specialists, there are many peers around Nevada who can be hired by hospitals to work in emergency rooms

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

- 2 - None provided

Possible Presenters on this Recommendation

- Sean Hampton with Foundation For Recovery
- A representative from CASAT

Submission Details

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

Justification/Background

The establishment of delineation of privileges for addiction specialists will allow them to be recognized as a specialty within the hospital, such as cardiologists or neurologists are currently. This allows a pathway for insurances to reimburse for their services as specialists, rather than having their services go unreimbursed. Also, by establishing a clear pathway for midlevels to provide supervised assistance to these specialists, as well as peer recovery navigators, we create the environment for a much more robust level of care for both patients that will be hospitalized for further care, as well as patients that will be discharged from the ER.

Associated Research/Links

- Englander, H., Dobbertin, K., Lind, B.K. et al. Inpatient Addiction Medicine Consultation and Post-Hospital Substance Use Disorder Treatment Engagement: a Propensity-Matched Analysis. J GEN INTERN MED 34, 2796–2803 (2019). https://doi.org/10.1007/s11606-019-05251-9

AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee 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.

(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.

(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.

Focus Population(s)

My recommendation does not focus on a special population.

Action Steps

- Expenditure of Opioid Settlement Funds
- DHHS Policy
- Requiring hospitals meet these goals in order to be eligible for 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 - Highly impactful, by opening the door to the creation of addiction treatment services in the hospital setting, as well as creating a much better system for warm hand off to outpatient treatment from the ER.

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

- 3 - It will take time to implement such regulatory changes in hospital policies and procedures, so the sooner this is initiated, the better.

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

- 2 - There are already models to work from both in the Las Vegas community and readily available from ASAM or NVSAM.

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

- 2 - It will provide greater access to addiction specialists to underserved populations, as they tend to use the ER and hospitals more readily than the outpatient setting given limitations of insurance coverage.

Possible Presenters on this Recommendation

- Dr Brian Kaszuba
- Dr Maureen Strohm

Recommendation #3

Updated at March 24, 2026 Subcommittee meeting to

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

Submission Details

- Submitted by Chelsea Cheatom on 9/25/2025; co-sponsored by Guiseppe Mandel on 3/24/26

Justification/Background

Contingency management has been a strategy used to reward people for treatment and recovery goals. While there may be funding in the state to support contingency management, it is not currently covered by Medicaid (as far as I know). Additional support could help to support more treatment providers to incentivize patients reaching their treatment goals

Associated Research/Links

- https://cherishresearch.org/news-and-events/news/incentivizing-recovery-payment-policy-and-implementation-of-contingency-management/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9045772/
- https://library.samhsa.gov/sites/default/files/contingency-management-advisory-pep24-06-001.pdf

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.

(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.

(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)

My recommendation does not focus on a special population.

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 - People in treatment and recovery can gain financial supports to help them stay in recovery

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

- 1 - N/A

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

- 2 - We believe that SNHD is supporting this effort currently (perhaps Jessica Johnson could provide detail) and some providers are supporting contingency management in a smaller scale

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

- 2 - This will help to support people in treatment financially

Possible Presenters on this Recommendation

- One of the researchers from the studies attached, Jessica Johnson from SNHD, may have suggestions. I believe that Partida Corona Medical Center may be supporting this effort already

(CASAT presented on this recommendation at the March 24, 2026 Subcommittee meeting)

Recommendation #4

Updated at March 24, 2026 Subcommittee meeting to

Elimination of prior authorizations needed for starting medication assisted therapy with buprenorphine and buprenorphine products of all types for opioid use disorder. This would apply to all payors including Medicaid MCOs.

Submission Details

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

Justification/Background

Prior authorizations present an unnecessary delay in initiation of treatment for opioid use disorder. In the era of fentanyl, this can be a particularly dangerous delay of care, as it can often result in a patient relapsing and dying of an unintended overdose while waiting for the medication to be approved. All of which can be avoided by eliminating the barrier that is prior authorization. The best way is to mandate coverage for any and all buprenorphine products when being used to initiate treatment for opioid use disorder by any insurance, but specifically Nevada Medicaid and all Medicaid products including MCOs, as well as Medicare. As it is, no prior authorization is required to initiate Sublocade or Brixadi, which are injectable versions of buprenorphine and which are the most costly options for treatment, so this change will, in fact, generate savings for Medicaid, as less expensive, but equally effective options may be exercised readily.

Associated Research/Links

- Ferries E, Racsa P, Bizzell B, Rhodes C, Suehs B. Removal of prior authorization for medication-assisted treatment: impact on opioid use and policy implications in a Medicare Advantage population. J Manag Care Spec Pharm. 2021 May;27(5):596-606. doi: 10.18553/jmcp.2021.27.5.596. PMID: 33908274; PMCID: PMC10390915.

AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee 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.

(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

(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.

Focus Population(s)

My recommendation does not focus on a special population.

Action Steps

- DHHS Policy
- Change Medicaid policy to eliminate prior authorizations for buprenorphine products of all kinds.

Short-Term or Long-Term

- Long-term (2+ years)

Fiscal Note Requirement

- No fiscal note

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

- 3 - It will help prevent delay of care for patients that are actively seeking treatment for opioid use disorder by allowing them access to lifesaving medications in a timely fashion.

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

- 3 - These are unforced errors that our medical system creates CURRENTLY and on a daily basis.

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

- 3 - It would really only require Medicaid to change its policy and ban prior authorizations in this, very specific, situation.

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

- 3 - It would allow much better access to treatment for opioid use disorder, regardless of the patient's current insurance. This would lead to better health equity between those that are privately insured and those that are insured by Medicaid.

Possible Presenters on this Recommendation

- Dr George Kaiser
- Dr Maureen Strohm
- Dr Stephanie Zority
- Dr Brian Kaszuba
- Kate Jessop

Recommendation #5

Updated at March 24, 2026 Subcommittee meeting to

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

Submission Details

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

Justification/Background

Placement of limitations on buprenorphine dosages is actually counterproductive in several ways. First, by placing restrictions on dosing, it engenders in the minds of physicians a mindset that buprenorphine is a dangerous medication that could easily lead to overdose. This could not be further from the truth. It actually serves to protect from overdose. Second, it stigmatizes patients that are trying to stay in compliance and treatment for their opioid use disorder. Third, it creates a barrier to trust between physician and patient, by introducing limitations from a third party, which is highly problematic when treating a stigmatized population. Fourth, it interjects a limitation to treatment that is not based on best practices, but that is, in fact, rooted in institutional stigmatization of a patient population.

Associated Research/Links

- NIDA. 2023, September 18. Higher buprenorphine doses associated with improved retention in treatment for opioid use disorder. Retrieved from https://nida.nih.gov/news-events/news-releases/2023/09/higher-buprenorphine-doses-associated-with-improved-retention-in-treatment-for-opioid-use-disorder on 2026, March 18
- NNT Group. (n.d.). *Buprenorphine maintenance vs. placebo for opioid dependence*. The NNT. Retrieved March 22, 2026, from https://thennt.com/nnt/buprenorphine-maintenance-vs-placebo-opioid-dependence/

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.
(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)

My recommendation does not focus on a special population.

Action Steps

- DHHS Policy

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 increase the success of medication assisted treatment when it is allowed to happen.

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

- 3 - The sooner we make this change, the less barriers will exist for patients currently seeking treatment for fentanyl dependency or use disorder.

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

- 3 - It will only require a change in Medicaid policy.

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

- 3 - It will help patients on higher doses of fentanyl, which is more common among the unhoused, a group that generally gets less regular healthcare and less treatment for substance use disorders.

Possible Presenters on this Recommendation

- Dr George Kaiser
- Dr Maureen Strohm
- Kate Jessop, NP- Inaugural provider for CCDC MAT program

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/

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.

(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/

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.

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

7) 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/

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.

(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:

> (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)

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

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

(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)

- 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

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

Recommendation #1

Recommend that mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl including: any isomer, ester, ether, salt, or salt of an isomer; any synthetic, semi-synthetic, or chemically modified derivative; and any compound containing mitragynine, 7-hydroxymitragynine, or mytragynine pseudoindoxyl as an active pharmacological ingredient, regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification be added to the Schedule 1 of NAC 453.510.

Submission Details

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

Justification/Background

Recommend that mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl including: any isomer, ester, ether, salt, or salt of an isomer; any synthetic, semi-synthetic, or chemically modified derivative; and any compound containing mitragynine, 7-hydroxymitragynine, or mytragynine pseudoindoxyl as an active pharmacological ingredient, regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification be added to the Schedule 1 of NAC 453.510.

Associated Research/Links

- Increases in Kratom-Related Reports to Poison Centers — National Poison Data System, United States, 2015–2025 https://www.cdc.gov/mmwr/volumes/75/wr/mm7511a1.htm
- Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level Is Fatal? https://pubmed.ncbi.nlm.nih.gov/34091497/
- Legislative Analysis and Public Policy Association, Kratom: Summary of State Laws https://legislativeanalysis.org/kratom-summary-of-state-laws/
- FDA and Kratom https://www.fda.gov/news-events/public-health-focus/fda-and-kratom
- FDA Issues Warning Letters to Firms Marketing Products Containing 7-Hydroxymitragynine https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-firms-marketing-products-containing-7-hydroxymitragynine
- From Plant to Patient: Clinical Approaches to Kratom Consumption and Addiction https://nvopioidcoe.org/event/understanding-kratom-consumption-patterns-and-treatment-strategies-for-kratom/
- National Institute on Drug Abuse https://nida.nih.gov/research-topics/kratom#safe
- Centers for Disease Control, Morbidity and Mortality Weekly Report *Notes from the Field: Unintentional Drug Overdose Deaths with Kratom Detected — 27 States, July 2016–December 2017* https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm
- Legal But Lethal: The Increasing Danger of “Gas Station Drugs” https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs
- Hiding in Plain Sight: 7-OH Products https://www.fda.gov/news-events/public-health-focus/hiding-plain-sight-7-oh-products

- What's this "Kratom" I'm hearing about? Is it a problem at my workplace? https://myemail.constantcontact.com/What-s-this--Kratom--I-m-hearing-about--Is-it-a-problem-at-my-workplace-.html?soid=1121542279689&aid=Uo-uDEXwgHw
- Kratom: Mitragyna Speciosa https://www.dfaf.org/wp-content/uploads/2025/09/Kratom-Final.pdf

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

(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.
(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.

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

None selected.

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)
f. Children who are involved with the child welfare system

Action Steps

- Regulatory or Licensing Board

Short-Term or Long-Term

- Long-term (2+ years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 1 - Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.

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

- 2 - Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.

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

- 2 - It will require multiple agencies to work together to create and enforce labeling and oversight.

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

- 3 - Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.

Possible Presenters on this Recommendation

- Jermaine Galloway, “Tall Cop”

Recommendation #2

Prohibit the sale of phenibut (β-phenyl-γ-aminobutyric acid), including: any isomer, ester, ether, salt, or salt of an isomer of phenibut; any synthetic, semi-synthetic, or structurally modified derivative; and any compound that acts as a GABA-B receptor agonist or functional equivalent with similar depressant or psychoactive effects to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing phenibut or its derivatives have standardized labeling, including clear warnings about potential health risks and age restrictions.

Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.

Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.

Submission Details

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

Justification/Background

In Nevada, it is illegal for individuals under 21 to purchase or possess cannabis products, including Delta-9 THC, unless they are medical marijuana cardholders. These same limitations are necessary to restrict the sale and use of phenibut.

Phenibut is not approved as a licensed drug by the Food and Drug Administration (FDA) for clinical use but is marketed as a dietary supplement. Side effects of phenibut may include seizures, irritability, increased heart rate, coma, and delirium.

Alabama banned the sale of the drug, classifying it as a Schedule 2 Controlled Substance. As of 2021, it was considered a controlled substance in Australia, France, Hungary, Italy, Lithuania, and Germany.

Associated Research/Links

- Phenibutan—an Illegal Food Supplement With Psychotropic Effects and Health Risks https://pmc.ncbi.nlm.nih.gov/articles/PMC11539871/
- Phenibut (β-Phenyl- γ-aminobutyric Acid) Dependence and Management of Withdrawal: Emerging Nootropics of Abuse https://pubmed.ncbi.nlm.nih.gov/29854531/
- Legal But Lethal: The Increasing Danger of "Gas Station Drugs" https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs
- What is Phenibut? https://americanaddictioncenters.org/phenibut
- Notes from the Field: Phenibut Exposures Reported to Poison Centers — United States, 2009–2019 https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a5.htm

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

(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.

(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.

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

None selected.

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)

f. Children who are involved with the child welfare system

Action Steps

- Regulatory or Licensing Board

Short-Term or Long-Term

- Long-term (2+ years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 1 - Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.

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

- 2 - Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.

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

- 2 - It will require multiple agencies to work together to create and enforce labeling and oversight.

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

- 3 - Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.

Possible Presenters on this Recommendation

- Jermaine Galloway, “Tall Cop”

Recommendation #3

Prohibit the sale of amanita muscaria and its psychoactive constituents, including: muscimol, ibotenic acid, and any isomer, ester, ether, salt, or salt of an isomer thereof; any synthetic, semi-synthetic, or chemically modified derivative of muscimol or ibotenic acid; and any compound that produces hallucinogenic, dissociative, or neuroactive effects substantially similar to those substances to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing such psychoactive constituents have standardized labeling, including clear warnings about potential health risks and age restrictions.

Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.

Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.

Submission Details

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

Justification/Background

Psychoactive mushrooms may be legally accessible due to their specific chemical compositions and lack of comprehensive regulation. This creates potential loopholes that could allow minors to obtain and misuse these substances.

Associated Research/Links

- Unregulated Sales of a Toxic and Hallucinogenic Mushroom Endanger Public Health
https://today.ucsd.edu/story/unregulated-sales-of-a-toxic-and-hallucinogenic-mushroom-endanger-public-health?utm
- Notes from the Field: Schedule I Substances Identified in Nootropic Gummies Containing Amanita muscaria or Other Mushrooms — Charlottesville, Virginia, 2023–2024
https://www.cdc.gov/mmwr/volumes/73/wr/mm7328a3.htm?utm_
- FDA Alerts Industry and Consumers about the Use of Amanita Muscaria or its Constituents in Food
https://www.fda.gov/food/hfp-constituent-updates/fda-alerts-industry-and-consumers-about-use-amanita-muscaria-or-its-constituents-food?utm_source (“The FDA is aware of these ingredients in foods intended to have hallucinogenic effects that look like their conventional counterparts, like candy bars.”)
- Need for a Public Health Response to the Unregulated Sales of Amanita muscaria Mushrooms
https://www.ajpmonline.org/article/S0749-3797(24)00163-6/fulltext
- 2025 Louisiana Laws Revised Statutes, Title 40 - Public Health and Safety §40:989.1. Unlawful production, manufacture, distribution, or possession of hallucinogenic plants
https://law.justia.com/codes/louisiana/revised-statutes/title-40/rs-40-989-1/

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

(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.
(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.

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

None selected.

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)
f. Children who are involved with the child welfare system

Action Steps

- Regulatory or Licensing Board

Short-Term or Long-Term

- Long-term (2+ years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 1 - Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.

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

- 2 - Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.

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

- 2 - It will require multiple agencies to work together to create and enforce labeling and oversight.

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

- 3 - Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.

Possible Presenters on this Recommendation

- Jermaine Galloway, “Tall Cop”

Recommendation #4

Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism and desistance, and standardized policies related to measuring and reporting recidivism. Additionally, require that all publicly funded or publicly administered reentry programs define success using clear, behavior-based outcomes and that programs articulate what meaningful behavior change looks like for participants using tools for measuring engagement, goal attainment, and behavioral milestones.

Submission Details

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

Justification/Background

Desistance is potentially a more accurate way to measure program impact.

Associated Research/Links

Washoe County is starting the IGNITE Program from the National Sheriff's Association to "help jails replicate a program from Genesee County (MI) Sheriff's Office, that offers comprehensive education, job certification, and post-incarceration work opportunities and assistance to incarcerated individuals."

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

(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.
(m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.
(p) Evaluate the effects of substance use disorders on the economy of this State.

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

(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)

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

Action Steps

- State agencies that support diversion and deflection programs have a definition of recidivism. Also have a working group to address this.

Short-Term or Long-Term

- Short-term (Under 2 years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 2 - More standardized data collection to address the impact of diversion and deflection programs within the communities.

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

- 2 - Better understanding of the impact of these programs.

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

- 2 - It would be easy for state agencies to implement a definition of recidivism.

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

- 2 - Addresses those involved in the criminal justice system to get out of that cycle.

Possible Presenters on this Recommendation

Washoe County Sheriff's Department.

Recommendation #5

Work with prevention coalitions to make available Deterra Bags for safe disposal of opioid prescriptions and to provide education to community members. Work with the Board of Pharmacy to distribute a one-page document with information about opioid overdoses, disposal, and available addiction assistance.

Submission Details

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

Justification/Background

It is an evidence-based harm reduction practice to co-prescribe opioid antagonist and safe disposal kits when prescribing opioids.

- **Targeted Co-prescribing**: Naloxone should be prescribed to patients receiving opioids who are at high risk, specifically those with:
  - Concurrent benzodiazepine use.
  - High daily morphine milligram equivalents (MME) (e.g., ≥50 MME/day).
  - A history of substance use disorder or prior nonfatal overdose.
  - Risks for, or history of, opioid misuse, including those in methadone treatment.
- **Targeted Education:** Providing naloxone should be accompanied by overdose education for both the patient and their family members or caregivers.
- **Use of Clinical Decision Support (CDS):** Implementing electronic health record (EHR) alerts for pharmacists and clinicians is an effective strategy to increase naloxone co-prescribing.
- **Pharmacist Involvement:** In many US states, pharmacists can dispense naloxone under standing orders without a patient-specific prescription, which should be used to increase accessibility.
- **Patient-Centered Counseling:** Frame the naloxone prescription as a "safety measure" or "fire extinguisher" for the "worst-case scenario" to reduce stigma and improve acceptance.

Key Findings on Effectiveness

- **Reduction in Overdose Deaths:** Studies show that communities with higher rates of naloxone distribution have significantly reduced opioid overdose deaths.
- **Cost-Effectiveness:** Scaling up naloxone distribution to those prescribed high-dose opioids is considered a cost-effective intervention.
- **Reduced Healthcare Utilization:** Patients receiving a naloxone prescription have shown 63% fewer opioid-related emergency department visits.
- **Low Risk of Harm:** Evidence suggests that making naloxone available does not result in increased opioid misuse.

Barriers and Facilitators

- **Barriers:** Lack of provider confidence, time constraints, and stigma.
- **Facilitators**: Using "academic detailing" (educational outreach) and EHR-based prompts (Best Practice Advisories). Providing patients with prescription disposal kits alongside opioid prescriptions is considered an evidence-based practice for increasing the rate of safe and proper disposal of unused opioids. Multiple studies show this intervention is effective in reducing the amount of leftover opioids in homes, which helps prevent misuse and diversion.

Evidence-Based Findings

- **Increased Disposal Rates:** Numerous studies have demonstrated that patients who receive a disposal kit are significantly more likely to dispose of their leftover opioids compared to those who do not receive a kit. Some studies show an increase in disposal rates from less than 10% (without intervention) to over 50% or even 80% (with kits and follow-up).
- **Convenience as a Key Factor:** A primary reason for the success of these kits is convenience. They allow patients to neutralize the medication at home and dispose of it with their regular trash, bypassing the need to travel to a designated take-back location or wait for specific events.
- **Cost-Effectiveness:** The kits are relatively low-cost (often a few dollars each), making them a feasible option for hospitals and healthcare systems to include as part of standard care.
- **Complementary Strategy:** Providing disposal kits is viewed as a valuable complement to other opioid stewardship efforts, such as prescribing smaller quantities of opioids initially.
- **Enhanced by Education:** The effectiveness of disposal kits is often improved when combined with patient education and follow-up reminders (e.g., text messages or phone calls) regarding the risks of keeping unused opioids and the proper disposal method.

Considerations

While the evidence supports the use of disposal kits to increase disposal rates, some studies note that:

- The quality of evidence for how this translates to health outcomes, such as a direct reduction in overdose rates, is still low.
- The intervention works best when implemented actively (e.g., given directly to the patient with counseling) rather than passively (e.g., left in a waiting room for patients to take).
- There can be "self-selection" bias in studies where participants self-report disposal, meaning those who are more likely to dispose of the medication are also more likely to respond to follow-up surveys. Overall, major health institutions and the FDA recognize and encourage the use of in-home disposal products as a safe and effective option, alongside take-back programs and drop-off boxes, to reduce the public health risks associated with unused prescription opioids.

Associated Research/Links

- https://pmc.ncbi.nlm.nih.gov/articles/PMC12535941/
- https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf
- https://centerforevidencebasedpolicy.org/wp-content/uploads/2016/11/MED_best_practices_naloxone_report_final_2015.pdf
- https://www.sciencedirect.com/science/article/pii/S2666262023000633
- https://www.tandfonline.com/doi/full/10.2217/pmt-2017-0065
- https://ldi.upenn.edu/our-work/research-updates/opioid-disposal-kits-may-help-patients-dispose-of-unneeded-painkillers/
- https://www.sciencedirect.com/science/article/pii/S276827652400573X
- https://www.fda.gov/media/158570/download
- https://www.ncbi.nlm.nih.gov/books/NBK603211/

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

(p) Evaluate the effects of substance use disorders on the economy of this State.

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.

(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)

Any Nevadan being prescribed an opioid.

Action Steps

- Expenditure of Opioid Settlement Funds: Prevention Coalitions to take the lead in purchasing and providing Deterra bags to members of the public with opioid prescriptions, pharmacies, drug courts, Department, and other partners.
- Regulatory or Licensing Board: Work with the Nevada Board of Pharmacy and the Nevada Pharmacist Association to distribute information.
- Education: Prevention coalitions to also provide education to seniors (e.g., at senior centers) and targeted education toward youth to include a social media campaign on safe opioid prescription disposal. Additionally, work with the Nevada Opioid Center on Excellence (NOCE) to develop an online continuing education course for pharmacy technicians and pharmacists.

Short-Term or Long-Term

- Short-term (Under 2 years)

Fiscal Note Requirement

- No fiscal note is needed

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

- 2 - Could prevent overdoses through the use of pharmacy provided naloxone with opioids and disposal of unused opioids by providing disposal kits with each opioid recommendation.

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

- 1 - While naloxone and disposal kits are provided to Nevadans upon request, this recommendation would provide these items to any Nevadan receiving an opioid prescription.

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

- 3 - BOP could assist with this program and potentially the statewide prevention coalitions. Funding would be through the Fund for a Resilient Nevada (FRN).

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

- 2 - This program implementation would be to any individual receiving an opioid prescription.

Possible Presenters on this Recommendation

None.