Statewide Substance Use Response Working Group (SURG)

Terry Kerns

Substance Use/Law Enforcement Coordinator

tkerns@ag.nv.gov

SURG Recommendations

- Thirteen recommendations
  - Three Prevention Subcommittee recommendations
  - Five Treatment and Recovery Subcommittee recommendations
  - Five Response Subcommittee recommendations

SURG Recommendations

Prevention Subcommittee

1. Support a bill draft request in the 2027 legislative session that would double the annual state investment in primary prevention to protect prevention infrastructure via a general fund dollar line item committed to BBHWP's prevention programming for people aged 0-24. Monies should be directed to local lead agencies that prioritize evidence-based programming. For example, if the current level of investment was $1.6 million, then this would be raised to $3.2 million for the next biennium. This funding should not be at the expense of existing programming and should be the State of Nevada's contribution to Prevention efforts; additional Federal and/or other monies that are secured would not change the target allocation of State dollars for primary prevention efforts.

SURG Recommendations

Prevention Subcommittee

2. Create a bill draft request to set aside funding for youth vaping prevention to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts. Given that vaping is a delivery method for cannabis, nicotine, and other substances like fentanyl, multiple funding sources should be considered, including the cannabis wholesale tax, tobacco or vaping settlement, tobacco tax dollars, the Fund for Resilient Nevada, or other appropriate sources as related to substance use.

SURG Recommendations

Prevention Subcommittee

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

SURG Recommendations

Treatment and Recovery Subcommittee recommendations

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

2. Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services. Hospitals would receive Department funds to hire certified peer recovery specialists and/or community health workers/representatives, 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.

SURG Recommendations

Treatment and Recovery Subcommittee recommendations

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

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

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

SURG Recommendations

Response Subcommittee recommendations

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 I of NAC 453.510.

SURG Recommendations

Response Subcommittee recommendations

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

SURG Recommendations

Response Subcommittee recommendations

3. Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Deterra Bags) and to provide education to community members (i.e., youth and senior groups). Prevention coalitions will also provide a one-page document with information about opioid overdoses, disposal, and available addiction assistance to be provided with opioid prescriptions. Board of Pharmacy will provide education via their website and work with the Nevada Opioid Center of Excellence for a continued education course.

SURG Recommendations

Response Subcommittee recommendations

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

SURG Recommendations

Response Subcommittee recommendations

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

SURG Recommendations

SURG Info Page

SURG 2025-26 Annual Report

Substance Use Response Working Group (SURG)

Legislation

Introduction

The 84th Session of the Nevada Legislature begins on February 1, 2027.

SURG: BDR 40-552

Legislation

BDR 40-552
Attorney general's Office

Double the annual state investment in primary opioid misuse prevention to protect prevention infrastructure via a general fund line item committed to BBHWP's prevention programming for people aged 0-24. Monies should be directed to local agencies that prioritize evidence-based programming. This funding should not be at the expense of existing programming, should be the State's contribution to prevention efforts, and should not be supplanted by federal or other grant dollars.

Legislation

BDR 40-552

After discussion with LCB and the Prevention Subcommittee, the bill will require the Governor to include such funding in his proposed Executive Budget beginning in FY30.

Legislation

BDR 57-407

Joint Interim Standing Committee on Health and Human Services

Proposes to eliminate the prior authorizations needed for starting medication assisted therapy with buprenorphine and buprenorphine products of all types for opioid use disorder. This would apply to all payors including Medicaid MCOs (Managed Care Organizations).

Legislation

BDR 39-422

Washoe Regional Behavioral Health Policy Board

Proposes to increase and/or restructure the current $0.35 telecommunications surcharge pursuant to NRS 433.708 to provide more sustainable funding for Nevada's Crisis Response Account, which supports 988, mobile crisis teams, and crisis stabilization services.

The current surcharge generates about $15 million annually, while program expenditures exceed $20 million per year, and reserves are projected to be depleted by SFY 2029.

Legislation

BDR 38-526

Southern Regional Behavioral Health Policy Board

Create a pilot program and study for Non-Emergency Secure Behavioral Health Transportation (NESBHT) services in Mineral, Esmeralda, Nye, and Lincoln Counties, including Tribal communities, beginning July 1, 2027.

Directs state health agencies to assess transportation needs, service models, regulatory barriers, and best practices while testing solutions to improve access to behavioral health treatment. It also requires Medicaid to pursue reimbursement for "empty miles" and increase NESBHT reimbursement rates by at least 15% in the pilot area.

The goal is to expand safe, sustainable transportation options for behavioral health patients, reduce reliance on law enforcement and emergency medical services, and provide recommendations for future statewide expansion.

Legislation

BDR 39-495

Northern Regional Behavioral Health Policy Board

Allow Marriage and Family Therapists (MFTs) and Clinical Professional Counselors (CPCs) to de-certify mental health crisis holds (MHCHs)

***Context**: This will allow more mental health providers to be added to the toolbox to de-certify holds more efficiently when people are safety planned and ready to go home. Furthermore, this will continue to bring MFTs and CPCs up to parity with Licensed Clinical Social Workers (LCSWs) in Nevada.*

Legislation

BDR 39-495

*Clarify the definition of a person in a mental health crisis (NRS 433A.0175) to ensure that anyone who is presenting substantial likelihood of serious harm to himself or herself or others **CAN** be put on a MHCH despite any diagnoses including epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or other substances.*

***Context**: As NRS 433A.075 is currently written, it is being misinterpreted across various professions. Some people see the diagnoses listed above and are hesitant to put people on a MHCH even when they are expressing suicidality or homicidality. We are proposing language to clarify that none of these diagnoses will preclude someone from being put on a hold if they are at imminent risk to themselves or others.*

Legislation

BDR 34-524

Rural Regional Behavioral Health Policy Board

Require all school district-sponsored coaches and support staff who are not currently required to do so, to complete evidence-based youth suicide awareness and prevention training

Ensure youth suicide prevention training completed by teachers and other staff is evidence-based, and removing grades 7-12 restrictions

Require the inclusion of behavioral health considerations in all school district Emergency Operations Plans (EOPs).

Legislation

Legislative Logistics

The bills discussed above will become public no later than November 18, 2026.

Please support these BDRs.

Contact Information

Terry Kerns

tkerns@ag.nv.gov

725 425-2662