

SENATE BILL NO. 459—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE GOVERNOR)

MARCH 23, 2015

Referred to Committee on Health and Human Services

SUMMARY—Establishes an opioid overdose prevention policy for Nevada. (BDR 40-1199)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to controlled substances; enacting the Good Samaritan Drug Overdose Act; authorizing certain health care professionals to prescribe and dispense an opioid antagonist to certain persons under certain circumstances; providing immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist; providing criminal and other immunity for persons who seek medical assistance for a person who is experiencing a drug or alcohol overdose under certain circumstances; requiring each person registered by the State Board of Pharmacy to receive annual training concerning the misuse and abuse of controlled substances; authorizing the suspension or revocation of a registration for failure to complete such training; requiring that certain information concerning a prescription for a controlled substance be uploaded to the database of a certain computerized program; revising requirements for certain persons to access a certain computerized program before initiating a prescription for a controlled substance; providing a penalty; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

1 **Sections 2-12** of this bill enact the Good Samaritan Drug Overdose Act, the
2 provisions of which have been enacted in part or in entirety by at least 28 other
3 states.

4 Under existing law, certain health care professionals may prescribe, dispense or
5 otherwise furnish an opioid antagonist to a person at risk of experiencing an opioid-
6 related drug overdose. (Chapter 454 of NRS) **Section 7** of this bill authorizes
7 certain physicians, physician assistants and advanced practice registered nurses to
8 prescribe and dispense an opioid antagonist to a family member, friend or other
9 person who is in a position to assist a person at risk of experiencing an opioid-
10 related drug overdose and provides immunity from civil and criminal liability and
11 professional discipline for doing so. **Section 8** of this bill authorizes the storage and
12 dispensing of opioid antagonists by certain persons who are not registered or
13 licensed by the State Board of Pharmacy. **Section 9** of this bill provides for the
14 development of standardized procedures and protocols under which a registered
15 pharmacist may furnish an opioid antagonist.

16 Existing law establishes criminal liability for various activities relating to
17 controlled substances. (Chapter 453 of NRS) **Section 12** of this bill provides that a
18 person who, in good faith, seeks medical assistance for a person who is
19 experiencing a drug or alcohol overdose or other medical emergency or who seeks
20 such assistance for himself or herself, or who is the subject of a good faith request
21 for such assistance may not be arrested, charged, prosecuted or convicted, or have
22 his or her property subjected to forfeiture, or be otherwise penalized for violating:
23 (1) a provision of existing law governing controlled substances; (2) a restraining
24 order; or (3) a condition of the person's parole or probation, if the evidence to
25 support the arrest, charge, prosecution, conviction, seizure or penalty was gained as
26 a result of the person's seeking such medical assistance. **Section 12** also provides
27 that the act of seeking such assistance may be raised as an affirmative defense or in
28 mitigation in connection with certain other crimes.

29 Existing law requires every person who dispenses a controlled substance within
30 this State to register biennially with the State Board of Pharmacy. (NRS 453.226)
31 **Section 14** of this bill requires each person who is registered by the Board to
32 receive annual training concerning the misuse and abuse of controlled substances.
33 **Section 15** of this bill authorizes the Board to suspend or revoke a registration upon
34 a finding that the registrant has failed to receive the required training.

35 Existing law requires the State Board of Pharmacy and the Investigation
36 Division of the Department of Public Safety to cooperatively develop a
37 computerized program to track each prescription for a controlled substance. Persons
38 who prescribe or dispense controlled substances can choose to access the database
39 of the program and are given access to the database after receiving a course of
40 training developed by the Board and the Division. (NRS 453.1545) **Section 13** of
41 this bill requires each person who dispenses a controlled substance to upload
42 certain information to the database of the program within 24 hours after dispensing
43 the controlled substance.

44 Existing law requires a practitioner to obtain a patient utilization report
45 regarding a patient before writing a prescription for a controlled substance if the
46 patient is a new patient or a current patient who has not received a prescription for a
47 controlled substance from the practitioner in the preceding 12 months. **Section 16**
48 of this bill requires a practitioner to obtain a patient utilization report before
49 initiating a prescription for a controlled substance.

1 WHEREAS, The Nevada Legislature finds and declares that
2 overdose deaths from drug or alcohol use is a major public health



3 and safety problem in Nevada and in the United States, such that
4 overdose deaths now annually exceed those caused by homicide or
5 vehicle collisions; and

6 WHEREAS, The use and abuse of both legal and illegal
7 substances, especially opioids, has increased in Nevada at an
8 alarming rate, contributing to addiction, crime, incarceration and
9 imprisonment, mental illness, suicide, family breakdown, and
10 increased costs of medical and mental health treatment for youth
11 and adults in Nevada; and

12 WHEREAS, Overdose death is preventable through the timely
13 administration of safe, effective, nonnarcotic antidote drugs which
14 reverse the effects of opioid overdose in minutes, are not controlled
15 substances, and have no abuse potential; and

16 WHEREAS, Effective and successful opioid overdose prevention
17 programs have been implemented in 25 states, and such efforts are
18 now encouraged and promoted by the American Medical
19 Association, the United States Conference of Mayors, the National
20 Office of Drug Control Policy, the Substance Abuse and Mental
21 Health Services Administration, the United States Department of
22 Justice, the National Association of Boards of Pharmacy, the
23 American Public Health Association, the National Association of
24 State Alcohol and Drug Abuse Directors, the National Association
25 of Drug Court Professionals and countless more law enforcement
26 and treatment professionals; and

27 WHEREAS, Numerous states have implemented “911 Good
28 Samaritan Statutes” encouraging citizens and professionals to seek
29 or provide overdose reversal and emergency medical assistance to
30 persons who appear to be experiencing a drug or alcohol overdose,
31 and have provided for immunity from civil, criminal and
32 professional liability for such actions; and

33 WHEREAS, The implementation of an opioid overdose
34 prevention policy and “911 Good Samaritan Statutes” are in the best
35 interest of Nevadans and such lifesaving practices and programs
36 should be established, recognized, encouraged and implemented in
37 Nevada to be available to residents and visitors; now therefore,

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Title 40 of NRS is hereby amended by adding
2 thereto a new chapter to consist of the provisions set forth as
3 sections 2 to 12, inclusive, of this act.

4 **Sec. 2.** *This chapter may be cited as the Good Samaritan*
5 *Drug Overdose Act.*



1 **Sec. 3.** *As used in this chapter, unless the context otherwise*
2 *requires, the words and terms defined in sections 4, 5 and 6 of this*
3 *act have the meanings ascribed to them in those sections.*

4 **Sec. 4.** *1. "Health care professional" means a physician, a*
5 *physician assistant or an advanced practice registered nurse.*

6 *2. As used in this section:*

7 *(a) "Advanced practice registered nurse" has the meaning*
8 *ascribed to it in NRS 632.012.*

9 *(b) "Physician" means a physician licensed pursuant to*
10 *chapter 630 or 633 of NRS.*

11 *(c) "Physician assistant" means a physician assistant licensed*
12 *pursuant to chapter 630 or 633 of NRS.*

13 **Sec. 5.** *"Opioid antagonist" means any drug that binds to*
14 *opioid receptors and blocks or disinhibits the effects of opioids*
15 *acting on those receptors. The term includes, without limitation,*
16 *naloxone hydrochloride.*

17 **Sec. 6.** *"Opioid-related drug overdose" means a condition*
18 *including, without limitation, extreme physical illness, a decreased*
19 *level of consciousness, respiratory depression, coma or death*
20 *resulting from the consumption or use of an opioid, or another*
21 *substance with which an opioid was combined, or that an ordinary*
22 *layperson would reasonably believe to be an opioid-related drug*
23 *overdose that requires medical assistance.*

24 **Sec. 7.** *1. Notwithstanding any other provision of law, a*
25 *health care professional otherwise authorized to prescribe an*
26 *opioid antagonist may, directly or by standing order, prescribe and*
27 *dispense an opioid antagonist to a person at risk of experiencing*
28 *an opioid-related drug overdose or to a family member, friend or*
29 *other person in a position to assist a person at risk of experiencing*
30 *an opioid-related drug overdose. Any such prescription must be*
31 *regarded as being issued for a legitimate medical purpose in the*
32 *usual course of professional practice.*

33 *2. A person who, acting in good faith and with reasonable*
34 *care, prescribes or dispenses an opioid antagonist pursuant to*
35 *subsection 1, is not subject to any criminal or civil liability or any*
36 *professional disciplinary action for:*

37 *(a) Such prescribing or dispensing; or*

38 *(b) Any outcomes that result from the eventual administration*
39 *of the opioid antagonist.*

40 *3. Notwithstanding any other provision of law:*

41 *(a) Any person, including, without limitation, a law*
42 *enforcement officer, acting in good faith, may possess and*
43 *administer an opioid antagonist to another person whom he or she*
44 *reasonably believes to be experiencing an opioid-related drug*
45 *overdose.*



1 (b) *An emergency medical technician, advanced emergency*
2 *medical technician or paramedic, as defined in chapter 450B of*
3 *NRS, is authorized to administer an opioid antagonist as clinically*
4 *indicated.*

5 4. *A person who, acting in good faith and with reasonable*
6 *care, administers an opioid antagonist to another person whom*
7 *the person believes to be experiencing an opioid-related drug*
8 *overdose is immune from criminal prosecution, sanction under*
9 *any professional licensing statute and civil liability for such act.*

10 **Sec. 8.** *Notwithstanding any other provision of law, a person*
11 *acting under a standing order issued by a health care professional*
12 *who is otherwise authorized to prescribe an opioid antagonist may*
13 *store an opioid antagonist without being subject to the registration*
14 *and licensing provisions of chapter 639 of NRS and may dispense*
15 *an opioid antagonist if those activities are undertaken without*
16 *charge or compensation.*

17 **Sec. 9.** 1. *Notwithstanding any other provision of law, a*
18 *registered pharmacist may furnish an opioid antagonist in*
19 *accordance with standardized procedures or protocols developed*
20 *and approved by the State Board of Pharmacy pursuant to this*
21 *section.*

22 2. *The State Board of Pharmacy may, in consultation with*
23 *representatives of the Nevada Pharmacist Association, other*
24 *appropriate professional licensing boards, state agencies and other*
25 *interested parties, develop standardized procedures or protocols to*
26 *enable a registered pharmacist and other appropriate entities to*
27 *furnish an opioid antagonist pursuant to this section.*

28 3. *Standardized procedures or protocols adopted pursuant to*
29 *this section must ensure that a person receive education before*
30 *being furnished with an opioid antagonist pursuant to this section.*
31 *The education must include, without limitation:*

32 (a) *Information concerning the prevention and recognition of*
33 *and responses to opioid-related drug overdoses;*

34 (b) *Methods for the safe administration of opioid antagonists*
35 *to a person experiencing an opioid-related drug overdose;*

36 (c) *Potential side effects and adverse events connected with the*
37 *administration of opioid antagonists;*

38 (d) *The importance of seeking emergency medical assistance*
39 *for a person experiencing an opioid-related drug overdose even*
40 *after the administration of an opioid antagonist; and*

41 (e) *Information concerning the provisions of section 12 of this*
42 *act.*

43 4. *A pharmacist shall, before furnishing an opioid antagonist*
44 *pursuant to this section, complete a training program on the use of*



1 *opioid antagonists. The program must include at least 1 hour of*
2 *approved continuing education on the use of opioid antagonists.*

3 *5. This section does not:*

4 *(a) Affect any provision of law concerning the confidentiality*
5 *of medical information.*

6 *(b) Confer any authority on a registered pharmacist to*
7 *prescribe an opioid antagonist or any other prescription*
8 *medication or controlled substance.*

9 **Sec. 10.** *1. The Department of Health and Human Services*
10 *may engage in efforts to ascertain and document the number,*
11 *trends, patterns and risk factors related to fatalities caused by*
12 *unintentional opioid-related drug overdoses and other drug*
13 *overdoses.*

14 *2. The Department of Health and Human Services may*
15 *publish an annual report that:*

16 *(a) Presents the information acquired pursuant to subsection*
17 *1; and*

18 *(b) Provides information concerning interventions that may be*
19 *effective in reducing fatal and nonfatal opioid-related drug*
20 *overdoses and other drug overdoses.*

21 **Sec. 11.** *The Department of Health and Human Services*
22 *may, within the limits of available money, award grants for:*

23 *1. Educational programs for the prevention and recognition*
24 *of and responses to opioid-related drug overdoses and other drug*
25 *overdoses;*

26 *2. Training programs for patients who receive opioid*
27 *antagonists and for the families and caregivers of such patients*
28 *concerning the prevention and recognition of and responses to*
29 *opioid-related drug overdoses and other drug overdoses;*

30 *3. Projects to encourage, when appropriate, the prescription*
31 *and distribution of opioid antagonists; and*

32 *4. Education and training programs on the prevention and*
33 *recognition of and responses to opioid-related drug overdoses and*
34 *other drug overdoses for members and volunteers of law*
35 *enforcement agencies and agencies that provide emergency*
36 *medical services and other emergency services.*

37 **Sec. 12.** *1. Notwithstanding any other provision of law, a*
38 *person who, in good faith, seeks medical assistance for a person*
39 *who is experiencing a drug or alcohol overdose or other medical*
40 *emergency or who seeks such assistance for himself or herself, or*
41 *who is the subject of a good faith request for such assistance may*
42 *not be arrested, charged, prosecuted or convicted, or have his or*
43 *her property subjected to forfeiture, or be otherwise penalized for*
44 *violating:*

45 *(a) A provision of chapter 453 of NRS;*



1 (b) A restraining order; or

2 (c) A condition of the person's parole or probation,

3 → if the evidence to support the arrest, charge, prosecution,
4 conviction, seizure or penalty was obtained as a result of the
5 person seeking medical assistance.

6 2. It is an affirmative defense to a charge of murder for
7 making available a controlled substance that is the proximate
8 cause of the death of a person in violation of NRS 453.333 that the
9 defendant, in good faith, sought medical assistance for the
10 deceased while he or she was still alive.

11 3. A court, before sentencing a person who has been
12 convicted of a violation of chapter 453 of NRS for which neither
13 immunity nor an affirmative defense is provided by this section,
14 shall consider in mitigation any evidence or information that the
15 defendant, in good faith, sought medical assistance for a person
16 who was experiencing a drug or alcohol overdose or other life-
17 threatening emergency in connection with the events that
18 constituted the violation.

19 4. For the purposes of this section, a person seeks medical
20 assistance if the person:

21 (a) Reports a drug or alcohol overdose or other medical
22 emergency to a member of a law enforcement agency, a 911
23 emergency service, a poison control center, a medical facility or a
24 provider of emergency medical services;

25 (b) Assists another person making such a report;

26 (c) Provides care to a person who is experiencing a drug or
27 alcohol overdose or other medical emergency while awaiting the
28 arrival of medical assistance; or

29 (d) Delivers a person who is experiencing a drug or alcohol
30 overdose or other medical emergency to a medical facility and
31 notifies the appropriate authorities.

32 5. As used in this section, "drug or alcohol overdose" means
33 a condition, including, without limitation, extreme physical illness,
34 a decreased level of consciousness, respiratory depression, coma,
35 mania or death which is caused by the consumption or use of a
36 controlled substance or alcohol, or another substance with which
37 a controlled substance or alcohol was combined, or that an
38 ordinary layperson would reasonably believe to be a drug or
39 alcohol overdose that requires medical assistance.

40 **Sec. 13.** NRS 453.1545 is hereby amended to read as follows:

41 453.1545 1. The Board and the Division shall cooperatively
42 develop a computerized program to track each prescription for a
43 controlled substance listed in schedule II, III or IV that is filled by a
44 pharmacy that is registered with the Board or that is dispensed by
45 a practitioner who is registered with the Board. The program must:



1 (a) Be designed to provide information regarding:

2 (1) The inappropriate use by a patient of controlled
3 substances listed in schedules II, III and IV to pharmacies,
4 practitioners and appropriate state agencies to prevent the improper
5 or illegal use of those controlled substances; and

6 (2) Statistical data relating to the use of those controlled
7 substances that is not specific to a particular patient.

8 (b) Be administered by the Board, the Investigation Division,
9 the Division of Public and Behavioral Health of the Department and
10 various practitioners, representatives of professional associations for
11 practitioners, representatives of occupational licensing boards and
12 prosecuting attorneys selected by the Board and the Investigation
13 Division.

14 (c) Not infringe on the legal use of a controlled substance for the
15 management of severe or intractable pain.

16 (d) Include the contact information of each person who elects to
17 access the database of the program pursuant to subsection ~~[2.]~~ 3,
18 including, without limitation:

19 (1) The name of the person;

20 (2) The physical address of the person;

21 (3) The telephone number of the person; and

22 (4) If the person maintains an electronic mail address, the
23 electronic mail address of the person.

24 2. *Except as otherwise provided in this subsection, each*
25 *person registered pursuant to this chapter to dispense a controlled*
26 *substance shall, within 24 hours after dispensing a controlled*
27 *substance, upload to the database of the program established*
28 *pursuant to subsection 1 the information described in paragraph*
29 *(d) of subsection 1. The requirements of this subsection do not*
30 *apply if the controlled substance is administered directly by a*
31 *practitioner to a patient in a health care facility, as defined in NRS*
32 *439.960, a child who is a resident in a child care facility, as*
33 *defined in NRS 432A.024, or a prisoner, as defined in NRS*
34 *208.085. The Board shall establish by regulation and impose*
35 *administrative penalties for the failure to upload information*
36 *pursuant to this subsection.*

37 3. The Board shall provide Internet access to the database of
38 the program established pursuant to subsection 1 to each practitioner
39 who is authorized to write prescriptions for and each person who is
40 authorized to dispense controlled substances listed in schedule II, III
41 or IV who:

42 (a) Elects to access the database of the program; and

43 (b) Completes the course of instruction described in
44 subsection ~~[7.]~~ 8.



1 ~~[3.]~~ 4. The Board and the Division must have access to the
2 program established pursuant to subsection 1 to identify any
3 suspected fraudulent or illegal activity related to the dispensing of
4 controlled substances.

5 ~~[4.]~~ 5. The Board or the Division shall report any activity it
6 reasonably suspects may be fraudulent or illegal to the appropriate
7 law enforcement agency or occupational licensing board and
8 provide the law enforcement agency or occupational licensing board
9 with the relevant information obtained from the program for further
10 investigation.

11 ~~[5.]~~ 6. The Board and the Division may cooperatively enter
12 into a written agreement with an agency of any other state to
13 provide, receive or exchange information obtained by the program
14 with a program established in that state which is substantially
15 similar to the program established pursuant to subsection 1,
16 including, without limitation, providing such state access to the
17 database of the program or transmitting information to and receiving
18 information from such state. Any information provided, received or
19 exchanged as part of an agreement made pursuant to this section
20 may only be used in accordance with the provisions of this chapter.

21 ~~[6.]~~ 7. Information obtained from the program relating to a
22 practitioner or a patient is confidential and, except as otherwise
23 provided by this section and NRS 239.0115, must not be disclosed
24 to any person. That information must be disclosed:

25 (a) Upon the request of a person about whom the information
26 requested concerns or upon the request on behalf of that person by
27 his or her attorney; or

28 (b) Upon the lawful order of a court of competent jurisdiction.

29 ~~[7.]~~ 8. The Board and the Division shall cooperatively develop
30 a course of training for persons who elect to access the database of
31 the program pursuant to subsection ~~[2.]~~ 3 and require each such
32 person to complete the course of training before the person is
33 provided with Internet access to the database pursuant to subsection
34 ~~[2.]~~ 3.

35 ~~[8.]~~ 9. A practitioner who is authorized to write prescriptions
36 for and each person who is authorized to dispense controlled
37 substances listed in schedule II, III or IV who acts with reasonable
38 care when transmitting to the Board or the Division a report or
39 information required by this section or a regulation adopted pursuant
40 thereto is immune from civil and criminal liability relating to such
41 action.

42 ~~[9.]~~ 10. The Board and the Division may apply for any
43 available grants and accept any gifts, grants or donations to assist in
44 developing and maintaining the program required by this section.



1 **Sec. 14.** NRS 453.231 is hereby amended to read as follows:

2 453.231 1. The Board shall register an applicant to dispense
3 controlled substances included in schedules I to V, inclusive, unless
4 it determines that the issuance of that registration would be
5 inconsistent with the public interest. In determining the public
6 interest, the Board shall consider the following factors:

7 (a) Maintenance of effective controls against diversion of
8 controlled substances into other than legitimate medical, scientific,
9 research or industrial channels;

10 (b) Compliance with state and local law;

11 (c) Promotion of technical advances in the art of manufacturing
12 controlled substances and the development of new substances;

13 (d) Convictions of the applicant pursuant to laws of another
14 country or federal or state laws relating to a controlled substance;

15 (e) Past experience of the applicant in the manufacture or
16 distribution of controlled substances, and the existence in the
17 applicant's establishment of effective controls against diversion of
18 controlled substances into other than legitimate medical, scientific
19 research or industrial channels;

20 (f) Furnishing by the applicant of false or fraudulent material in
21 an application filed pursuant to the provisions of NRS 453.011 to
22 453.552, inclusive;

23 (g) Suspension or revocation of the applicant's federal
24 registration to manufacture, distribute, possess, administer or
25 dispense controlled substances as authorized by federal law; and

26 (h) Any other factors relevant to and consistent with the public
27 health and safety.

28 2. Registration pursuant to subsection 1 entitles a registrant to
29 dispense a substance included in schedules I or II only if it is
30 specified in the registration.

31 3. A practitioner must be registered before dispensing a
32 controlled substance or conducting research with respect to a
33 controlled substance included in schedules II to V, inclusive. The
34 Board need not require separate registration pursuant to the
35 provisions of NRS 453.011 to 453.552, inclusive, for practitioners
36 engaging in research with nonnarcotic controlled substances
37 included in schedules II to V, inclusive, if the registrant is already
38 registered in accordance with the provisions of NRS 453.011 to
39 453.552, inclusive, in another capacity. A practitioner registered in
40 accordance with federal law to conduct research with a substance
41 included in schedule I may conduct research with the substance in
42 this State upon furnishing the Board evidence of the federal
43 registration.



1 **4. The Board shall require each practitioner who is registered**
2 **pursuant to subsection 1 to complete annually at least 2 hours of**
3 **training approved by the Board specific to the misuse and abuse of**
4 **controlled substances.**

5 **Sec. 15.** NRS 453.236 is hereby amended to read as follows:

6 453.236 1. The Board may suspend or revoke a registration
7 pursuant to NRS 453.231 to dispense a controlled substance upon a
8 finding that the registrant has:

9 (a) Furnished false or fraudulent material information in an
10 application filed pursuant to NRS 453.011 to 453.552, inclusive;

11 (b) Been convicted of a felony under a state or federal law
12 relating to a controlled substance;

13 (c) Had his or her federal registration to dispense controlled
14 substances suspended or revoked and is no longer authorized by
15 federal law to dispense those substances; ~~or~~

16 (d) **Failed to complete the training required pursuant to NRS**
17 **453.231; or**

18 (e) Committed an act that would render registration under NRS
19 453.231 inconsistent with the public interest as determined pursuant
20 to that section.

21 2. The Board may limit revocation or suspension of a
22 registration to the particular controlled substance with respect to
23 which grounds for revocation or suspension exist.

24 3. If a registration is suspended or revoked, the Board may
25 place under seal all controlled substances owned or possessed by the
26 registrant at the time of suspension or the effective date of the
27 revocation. No disposition may be made of substances under seal
28 until the time for taking an appeal has elapsed or until all appeals
29 have been concluded unless a court, upon application therefor,
30 orders the sale of perishable substances and the deposit of the
31 proceeds of the sale with the court. When a revocation becomes
32 final, the court may order the controlled substances forfeited to the
33 State.

34 4. The Board may seize or place under seal any controlled
35 substance owned or possessed by a registrant whose registration has
36 expired or who has ceased to practice or do business in the manner
37 permitted by the registration. The controlled substance must be held
38 for the benefit of the registrant or the registrant's successor in
39 interest. The Board shall notify a registrant, or the registrant's
40 successor in interest, whose controlled substance is seized or placed
41 under seal, of the procedures to be followed to secure the return of
42 the controlled substance and the conditions under which it will be
43 returned. The Board may not dispose of a controlled substance
44 seized or placed under seal under this subsection until the expiration
45 of 180 days after the controlled substance was seized or placed



1 under seal. The Board may recover costs it incurred in seizing,
2 placing under seal, maintaining custody and disposing of any
3 controlled substance under this subsection from the registrant, from
4 any proceeds obtained from the disposition of the controlled
5 substance, or from both. The Board shall pay to the registrant or the
6 registrant's successor in interest any balance of the proceeds of any
7 disposition remaining after the costs have been recovered.

8 5. The Board shall promptly notify the Drug Enforcement
9 Administration and the Division of all orders suspending or
10 revoking registration and the Division shall promptly notify the
11 Drug Enforcement Administration and the Board of all forfeitures of
12 controlled substances.

13 6. A registrant shall not employ as his or her agent or employee
14 in any premises where controlled substances are sold, dispensed,
15 stored or held for sale any person whose pharmacist's certificate has
16 been suspended or revoked.

17 **Sec. 16.** NRS 639.23507 is hereby amended to read as
18 follows:

19 639.23507 A practitioner shall, before ~~[writing]~~ *initiating* a
20 prescription for a controlled substance listed in schedule II, III or IV
21 for a patient, obtain a patient utilization report regarding the patient
22 ~~[for the preceding 12 months]~~ from the computerized program
23 established by the Board and the Investigation Division of the
24 Department of Public Safety pursuant to NRS 453.1545 . ~~[if the
25 practitioner has a reasonable belief that the patient may be seeking
26 the controlled substance, in whole or in part, for any reason other
27 than the treatment of an existing medical condition and:~~

- 28 ~~—1. The patient is a new patient of the practitioner; or~~
29 ~~—2. The patient has not received any prescription for a controlled
30 substance from the practitioner in the preceding 12 months.~~

31 ~~→]~~ The practitioner shall review the patient utilization report to
32 assess whether the prescription for the controlled substance is
33 medically necessary.

34 **Sec. 17.** 1. The Department of Health and Human Services
35 shall, not later than October 1, 2015, add naloxone hydrochloride for
36 outpatient use to the list of preferred prescription drugs to be used
37 for the Medicaid program established by the Division pursuant to
38 NRS 422.4025.

39 2. Any expenses incurred by the Department to provide
40 naloxone hydrochloride must be paid for through the existing
41 resources of the Medicaid program.

42 **Sec. 18.** This act becomes effective:

43 1. Upon passage and approval for the purpose of adopting any
44 regulations and performing any other preparatory administrative
45 tasks that are necessary to carry out the provisions of this act; and



- 1
2. On October 1, 2015, for all other purposes.

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