EMERGENCY REGULATION OF THE STATE BOARD OF HEALTH

LCB FILE NO. E001-18A

The following document is an emergency regulation submitted by the agency on 1/16/2018

Emergency Regulation

Nevada Board of Health (or DPBH?)

January 9, 2018

Explanation – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

Filing of an Emergency Administrative Regulation

AUTHORITY: Chapter 605, 2017 Statutes of Nevada; Assembly Bill 474 of the 79th Legislative Session.

Sec. 1. ***Definitions:***

1. As used in sections 2 to 3, inclusive, of this this regulation, "overdose" means a condition including, without limitation, physical illness, a decreased level of consciousness, respiratory depression, coma, or death resulting from intentional or accidental consumption of a drug in excess of its prescribed or intended use.

2. As used in section 2 of this regulation, "patient discharge" means the patient's physical release from a medical facility or the care of the provider of health care to another place including but not limited to their home, transitional medical facility, treatment center, coroner's office, or funeral home.

Sec. 2. ***For the purpose of this regulation, a drug overdose or suspected drug overdose is reportable if the suspected drug is scheduled as a schedule I, II, III, or IV drug by the United States Drug Enforcement Administration.***

1. No later than 7 days from patient discharge, a provider of health care who knows of or provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall report each incident to the Chief Medical Officer or his or her designee.

2. The report must contain:

(a) The name, address and telephone number of the health care provider making the report.

(b) The name, address, and telephone number of the patient.

(c) The occupation, social security number, sex, gender, race, and date of birth of the patient.

(d) The medical record number

(e) The date of the overdose or suspected overdose.

(f) Any laboratory results, including toxicology, that apply to the overdose or suspected overdose, as well as the description of the laboratory sampling method.

(g) Disposition of the patient.

(h) Previous known overdose(s) of the patient.

(i) Patient pregnancy status.

(j) International Classification of Disease (ICD) 10 Diagnosis Codes related to the overdose or suspected overdose as follows:

(1) T40 - Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics

(2) T42 - Poisoning by, adverse effect of and underdosing of antiepileptic, sedative-hypnotic and antiparkinsonism drugs

(3) T43 - Poisoning by, adverse effect of and underdosing of psychotropic drugs, not elsewhere classified

(4)T41.1 - Poisoning by, adverse effect of and underdosing of intravenous anesthetics

(5) F55.3 - Abuse of steroids or hormones

(k) Any other information requested by the Chief Medical Officer, if available.

Sec. 3 *1. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having suffered a drug overdose shall establish administrative procedures to ensure that the health authority or Chief Medical Officer or his or her designee, as applicable, is notified.*

2. The Chief Medical Officer shall establish administrative procedures to track and analyze reports of drug overdose or suspected overdose.

DIVISION OF PUBLIC & BEHAVIORAL HEALTH

OVERDOSE REPORTING EMERGENCY REGULATION

Informational Statement per NRS 233B.066

1. A clear and concise explanation of the need for the adopted regulation;

   Section 1(2) of Assembly Bill 424 of the 79th Legislative Session mandated that "regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer…" be adopted as part of a multi-pronged strategy to combat opioid and other drug related deaths in the State of Nevada.

2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary;

   Not applicable to this emergency regulation pursuant to NRS 233B.066(2).

3. A statement indicating the number of persons who attended each meeting or workshop, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for each person identified pursuant to this section that testified at each hearing and/or submitted written statements regarding the proposed regulation, the following information, if provided to the agency conducting the hearing or workshop:

   Not applicable to this emergency regulation pursuant to NRS 233B.066(2).

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

   Not applicable to this emergency regulation pursuant to NRS 233B.066(2).

5. If, after consideration of public comment, the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change. The statement should also explain the reasons for making any changes to the regulation as proposed.

   Not applicable to this emergency regulation pursuant to NRS 233B.066(2).

6. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:
   (a) Both adverse and beneficial effects; and
      a. Adverse to business – *Immediately and long-term, providers of health care will need to incorporate any time and expense associated with reporting. The reporting mechanism*

is a single sheet report for now with hope to allow for automatic reporting in the future. As the reporting becomes more automated the long-term adverse economic effect will be reduced.

b. Beneficial to business – *Both immediately and in the long-term businesses, specifically providers of health care, will have access to real time and long-term trends of overdose instances which should enhance their ability to protect their health of their clients.*
c. Adverse to public – *no adverse effect is expected on the public either immediately or long-term.*
d. Beneficial to public – *the social and economic cost of drug overdoses is substantial; immediately having timely accurate data regarding overdoses or suspected overdoses will allow government to timelier respond to trends to protect the public. The benefit will increase over the long term as longer-term trends in overdose incidents will become clear.*

7. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement is de minims and will be incorporated to the normal operating expenses of the Chief Medical Officer and support staff.

8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

The regulation does not overlap with any other state or governmental reporting requirements except for in cases of death where the same provider of health may be completing a death record and indicated an overdose as the cause of death.

9. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions; and

The regulation does not regulate the same activity as regulated by federal law.

10. If the regulation establishes a new fee or increases an existing fee, a statement indicating the total annual amount the agency expects to collect and the manner in which the money will be used.

The regulation does not establish a new fee or increase an existing fee.

NOTE: **The Informational statement is essential. If this statement is not included with the final regulations or is incomplete or inaccurate, LCB will return the regulation to the agency. Unless a statement is supplied, the LCB will not submit the regulation to the Legislative Commission, and the regulation never becomes effective (NRS 233B.0665).**