

Nevada Legislative Commission
Re: REJECT [R059-23A](#)

Nevada Psychiatric Association

February 23, 2024

Thank you for the opportunity to submit written feedback on the draft regulation [R059-23A](#), agenda Item 3 – Administrative Regulations.

Nevada psychiatrists, represented by the Nevada Psychiatric Association (NPA) are concerned with the broad and vague nature of the regulation as drafted and urge the commission to not approve R059-23A.

The recommendations below were presented to the Board of Pharmacy in written form on October 1, 2023 (R059-23I) and at the regulation hearing on December 7, 2023 (R059-23P). One of the nine recommendations to increase patient safety was addressed in the LCB draft (R059-23P) of the regulations. These recommendations are supported via a review of current Nevada statute and administrative code for prescribers (physicians, APRNs, and physician assistants) as well as a review of the 11 other states that allow pharmacist prescriptive authority.

These recommendations would be addressed if the Board of Pharmacy adopted the study protocols listed on pages 26-39 in the [supplemental material](#) to "[Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies](#)" posted to the New England Journal of Medicine on January 12, 2023.

While the NPA supports the legislature on their efforts to expand access to medication assisted treatment (MAT), caution with this vulnerable population is needed. Mat must be initiated when a patient is in withdrawal, it is unlikely they will find the range of supports they need in a pharmacy. The Nevada psychiatric community looks forward to working with our pharmacist colleagues on safely and effectively diagnosing and treating this patient population.

Please reject R059-23A and refer it back to the Board of Pharmacy.



Lesley Dickson, MD
Addiction Psychiatrist
State Legislative Representative
Nevada Psychiatric Association

Recommendations for R059-23P to ensure provider competency and patient safety:

- 1) Mirror minimum continuing education standards found in SAMHSA training requirements for the Medication Access and Training Expansion (MACE) Act of 2023, currently 8-hours.
 - a. American Society of Hospital Pharmacists (ASHP) offers a 10.5 hour course titled "[Medications for Opioid Use Disorder \(MOUD\) Training Program](#)"
 - b. Providers Clinical Support System (SAMHSA based) offers an 8-hour [MOUD training program](#)
- 2) Add continuing education requirements in line with other prescribing professionals including, at minimum, the following:
 - a. 2 hours on suicide prevention and awareness
 - b. 2 hours of cultural competency
 - c. 2 hours of substance use disorder and other addictive disorders and the prescribing of opioids
 - d. 2 hours of Screening, Brief Intervention, Referral, and Treatment (SBIRT)
- 3) Add mandatory professional liability coverage as a requirement to diagnose and prescribe medications for opioid use disorder (OUD) like the requirement found for pharmacists who prescribe for HIV in [NRS 639.28085](#).
 - a. Note that pharmacists are not included in the definition of "provider of health care" under [NRS 41A.017](#).
- 4) For initial licensure and registration under the AB156 protocol, follow the New Mexico regulatory scheme found in [16.19.4.17](#)
 - a. 60-hour physical assessment course
 - b. 150-hour, 300 patient contact preceptorship supervised by a physician or other practitioner with prescriptive authority
 - i. Log of patient encounters must be submitted as part of the application.
- 5) **This recommendation was addressed in the LCB draft of this regulation, R059-23P, section 5.**
~~Require a documented treatment plan, currently a "may" in the regulation draft.~~
 - ~~a. Best practice as stated by the National Association of State Pharmacy Associations "[Pharmacist Statewide Protocols: Key Elements for Legislative and Regulatory Authority](#)"~~
- 6) Require a collaborative practice agreement with a prescriber (physician or APRN) who has been practicing in addiction medicine for at least one year.

- a. [10 of the 11 states](#) with prescriptive authority require some sort of collaborative or consultative agreement. Only Oregon does not, instead they limit prescriptive authority to a state formulary.
- 7) Limit prescribing to patients who have been stable on medications for at least 6-months
 - a. Request of Nevada Psychiatric Association. Patients must be in withdrawal in order to start on medications to treat an opioid use disorder. The state of withdrawal is dangerous for patients and best managed in a facility specifically designed for addiction treatment.
- 8) Maintain an active and current list of referral sources for psychiatrists or psychiatric APRN's, substance abuse counselors, step or group programs (such as AA/NA and other sober focused group programming), detox facilities, addiction medicine specialists, and primary care providers.
 - a. [37.9% of patients](#) with addiction live with co-occurring mental health disorders.
 - b. Chronic pain, cancer, heart disease, HIV/AIDS, pregnancy, diabetes and other physical health conditions often co-occur with addiction and opioid use disorder and must be considered before treatment.
- 9) Pharmacist must have the ability to collect and test or send for testing, urine drug samples and are required to test patients at least every 2-months.
 - a. Results must be stored in the patient record.

NRS/NAC continuing education and professional liability insurance requirements comparison for prescribing professionals

Physicians: [NRS 630.253](#) requires BME to adopt regulations for continuing education and mandates the following 18-hours in statute:

- 2 hours on suicide prevention and awareness every 4 years
- 4 hours within 2 years of initial licensure on medical consequences of acts of terrorism
- 2 hours of cultural competency if practicing as a psychiatrist
- 2 hours of SUD and other addictive disorders and the prescribing of opioids if treating these populations
- 2 hours of SBIRT within 2 years after initial licensure
- 2 hours encouraged for geriatrics if treating that population
- 2 hours encouraged in diagnosis of rare diseases

- 2 hours encouraged on methods for educating patients on managing medications

[NAC 630.153](#) requires 40 hours of continuing medical education every 2 years and mandates the following in regulation

- 2 hours in medical ethics
- 20 hours in scope of practice or specialty area

Note: professional liability insurance is not mandatory in Nevada statute, but hospitals and other health facilities will not allow a physician access privileges without insurance.

Advanced Practice Registered Nurses (APRNs) - [NRS 632.343](#) Requires 30 hours every 2 years. Must include:

- 2 hours on suicide prevention and awareness
- 4 hours within 2 years of initial licensure on medical consequences of acts of terrorism
- 4 hours of cultural competency
- 2 hours of SBIRT within 2 years after initial licensure
- 2 hours encouraged for geriatrics if treating that population
- 2 hours encouraged in diagnosis of rare diseases

[NAC 632.291](#) requires 45 hours of continuing education

Professional liability insurance requirements

[NAC 632.2567](#) requires APRNs not otherwise covered under a policy of professional liability insurance to maintain such a policy

Osteopathic Physicians - [NRS 633.471](#) - 16 hours continuing medical education required in statute

- 2 hours on suicide prevention and awareness every 4 years
- 2 hours on ethics, pain management, care of persons with addictive disorders or SBIRT
- 2 hours of cultural competency if practicing as a psychiatrist
- 2 hours of SUD and other addictive disorders and the prescribing of opioids if treating these populations
- 2 hours of SBIRT within 2 years after initial licensure
- 2 hours encouraged for geriatrics if treating that population
- 2 hours encouraged in diagnosis of rare diseases
- 2 hours encouraged on methods for educating patients on managing medications

[NAC 633.250](#) requires at least 35 hours of continuing education

- 10 category 1a courses
- 2 hours on the misuse and abuse of controlled substances, prescribing of opioids, or addiction.

Note: professional liability insurance is not mandatory in Nevada statute, but hospitals and other health facilities will not allow a physician access privileges without insurance.

Pharmacists – [NRS 639.2171](#) requires the Board of Pharmacy to adopt requirements by regulation. No mandated hours in statute.

[NAC 639.330](#) – requires 30 continuing education units each biennium.

- 15 hours in accredited programs
- 1 hour in jurisprudence, practice of pharmacy or pharmacy law (includes attending board meetings)

[NAC 639.335](#) includes exemptions from continuing education. New licensees and those residing outside the state. Non accredited programs are allowed for students, active duty and stationed outside the state, residing and practicing outside the state.

Professional liability insurance requirements

[NRS 639.28085](#) requires the board to adopt regulations requiring coverage by adequate liability insurance related to ordering tests, prescribing and dispensing drugs for HIV.

Comparison of other state requirements for pharmacist prescribing – 11 states

In 2022, the [FDA authorized](#) all state-licensed pharmacists to prescribe Paxlovid to eligible patients as a result of the COVID-19 pandemic. Pharmacists must access and review a patients electronic medical records, which must be under 12 months old and have a conversation with the patients primary provider. The pharmacist must also complete a comprehensive medication review, meaning they must have access to the complete patient medication list. All 50 states allow a pharmacist to prescribe and dispense naloxone, birth control may be prescribed in 20 jurisdictions across the country, and several states allow pharmacists to dispense PrEP and PEP for HIV without a prescription.

11 states have expanded prescribing for pharmacists, mostly categorical prescribing or to treat minor acute conditions (urinary tract infections, allergies, motion sickness prevention, cold sores, etc.). These states are: [California](#), [Florida](#), [Idaho](#), [Iowa](#), [Massachusetts](#), [Montana](#), [New Mexico](#), [New York](#), [North Carolina](#), [Ohio](#). and [Oregon](#). Of

these 11 states, 4 require an additional credential on your license: New Mexico, California, Montana, and North Carolina.

California and New Mexico are used as examples below because of their geographic proximity to Nevada, expanded prescribing authority (including diagnosis), and because New Mexico is similar to Nevada in population and geography.

The California model ([passed in 2013](#)) includes a new license type, Advanced Practice Pharmacists, these providers must work in collaboration with other healthcare providers, earn a certificate in their area of practice, and have completed 1500 hours of clinical experience under a collaborative practice agreement or protocol.

In 1993, New Mexico became the first state to allow pharmacists to prescribe in response to a primary care provider shortage. Pharmacists must first obtain the pharmacist clinician certification which requires completing a course on physical assessments and practice under the supervision of a physician or other practitioner with prescribing authority. Pharmacist clinician requirements in New Mexico can be found in [16.19.4.17](#) and include:

- 60 hour physical assessment course
- 150 hour, 300 patient contact preceptorship supervised by a physician or other practitioner with prescriptive authority
 - o Log of patient encounters must be submitted as part of the application

Comparison chart of the 11 states, prescribing ability, advanced license requirements, and types of prescriptive authority [can be found here](#).