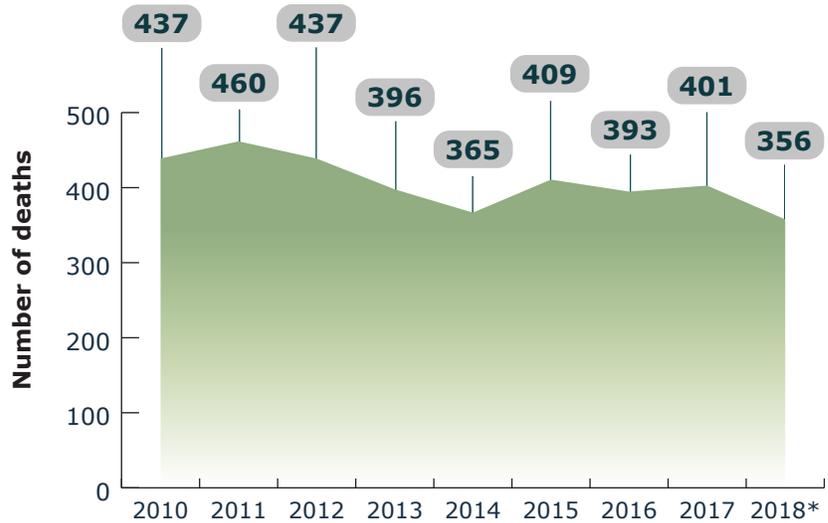


The opioid epidemic plaguing the United States accounts for more than 47,000 deaths annually nationwide—more than 130 each day.¹ Until recently, Nevada’s opioid-related death rate topped 1 per day, falling below this threshold only in 2018, when 356 people in the state died of opioid overdoses. These deaths are caused by the abuse of and resulting dependence on highly addictive prescription opioid pain relievers, synthetic opioids such as fentanyl, and illicit drugs like heroin.

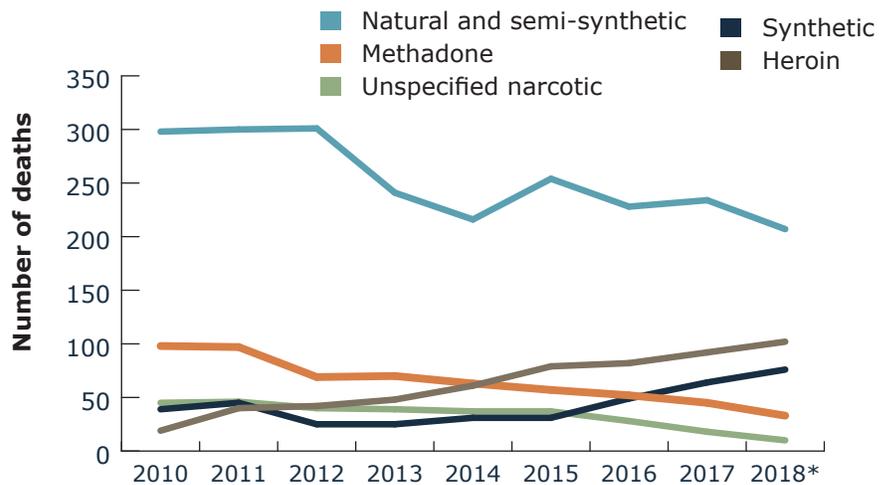
While opioid-related deaths have increased steadily for decades, the nature of the epidemic continues to evolve as policies change and different drugs become cheaper and more readily available. According to the [Nevada High Intensity Drug Trafficking Area Program](#)—a coalition of federal, state, and local law enforcement agencies working to reduce drug trafficking and the impact of illicit drugs in Nevada—in 2018, the top threats in the state were fentanyl, heroin, and methamphetamines.

In fact, synthetic opioids such as fentanyl increasingly contribute to opioid overdose deaths. At 50 to 100 times more potent than heroin, fentanyl is extremely strong and often mixed with other drugs—largely without the consumer’s knowledge—a factor that contributed to more than doubling the number of deaths from synthetic opioids between

YEARLY OPIOID OVERDOSE DEATHS IN NEVADA



YEARLY OPIOID OVERDOSE DEATHS IN NEVADA, BY DRUG CATEGORY[†]



*2018 data are preliminary
[†]See page 2 for opioid classifications.
 Source: Nevada’s Department of Health and Human Services

2015 and 2018. In contrast, deaths from natural and semi-synthetic opioids declined from 254 to 207 over the same period. These trends are apparent nationwide as the number of opioid-related deaths has grown faster than the number of people abusing opioids, pointing to the increasing lethality of opioids of choice.²

NEVADA'S OPIOID EPIDEMIC AT A GLANCE

In 2018, Nevada's opioid epidemic resulted in:



356
overdose deaths



76
deaths from synthetic drugs like fentanyl—more than double the number in 2015



52
opioid prescriptions per 100 residents, down from 87.5 in 2016



6,530
hospital emergency department encounters



9,616
hospital admissions

Sources:
Nevada's Department of Health and Human Services
Nevada Prescription Monitoring Program

OPIOID CLASSIFICATIONS

NATURAL AND SEMI-SYNTHETIC OPIOIDS

Codeine
Hydrocodone
Hydromorphone
Morphine
Oxycodone
Oxymorphone

HEROIN

Illicit opioid created from morphine; generally in the form of a white or brown powder or a black, sticky substance

METHADONE

Synthetic opioid generally classified separately from other synthetic opioids

SYNTHETIC OPIOIDS (OTHER THAN METHADONE)

Fentanyl
Tramadol

OPIOID ANTAGONISTS

Naloxone (Narcan)
Naltrexone

Source: Opioid Data Analysis and Resources, U.S. Centers for Disease Control and Prevention

Among other societal impacts, the opioid epidemic affects:

- ***Neonatal health;***
- ***The spread of infectious disease;***
- ***The criminal justice system; and***
- ***The child welfare system.***

IMPLICATIONS OF THE OPIOID EPIDEMIC

Opioids are not only responsible for killing more people than traffic incidents in Nevada each year, the epidemic also represents a critical public health crisis with serious social and economic ramifications. These include the rising incidence of children born with opioid-related neonatal abstinence syndrome due to maternal opioid use and abuse during pregnancy, the spread of infectious diseases such as HIV and Hepatitis C, greater use of the criminal justice system, and more children being removed from parents or caregivers with substance use disorders and placed in the child welfare system.

Further, a 2013 study estimated the national economic burden of opioid abuse, dependence, and overdose to be \$78.5 billion annually, including the costs of health care, substance abuse treatment, criminal justice involvement, and lost productivity.³ Given the epidemic's progression in the intervening years, it can reasonably be assumed that the associated costs have grown as well. The human and economic costs of Nevada's opioid epidemic are borne by its citizens, families, communities, and state and local governments.

STATE ACTION IN NEVADA

Nevada has taken numerous steps to address the opioid crisis in recent years. With leadership and support from both the executive and legislative branches of government, and input and collaboration from a diverse array of stakeholders, the Legislature passed several important laws during the last three legislative sessions.

2015

GOOD SAMARITAN DRUG OVERDOSE ACT: SENATE BILL 459

In 2015, the Nevada Legislature passed and Governor Brian Sandoval signed [Senate Bill 459](#), the Good Samaritan Drug Overdose Act. The bill encouraged citizens and health care professionals to seek or provide overdose reversal medication and emergency medical assistance to anyone who appears to be experiencing a drug or alcohol overdose. It focused on overdose prevention by authorizing certain health care providers to prescribe and dispense an opioid antagonist—which blocks the effects of addictive opioid painkillers—to a family member, friend, or other person who is in a position to assist an individual at risk of experiencing a drug overdose. In addition, SB 459 provided immunity from civil and criminal liability and professional discipline for such actions under certain circumstances.

NEVADA LEGISLATIVE HIGHLIGHTS

2015

SB 459: Good Samaritan Drug Overdose Act

- Allowed providers to prescribe and dispense opioid overdose reversal medications (antagonists) to "friends and family" of people at risk
- Protected people who seek medical assistance for a person who is overdosing

STATE ACTION IN NEVADA (CONT'D)

2015 (CONT'D)

PRESCRIPTION MONITORING PROGRAM REQUIREMENTS: SENATE BILLS 459, 288, AND 114

The 2015 Legislature also passed a variety of measures related to use of the state's [Prescription Monitoring Program](#) (PMP), a database of information concerning controlled substance prescriptions dispensed in Nevada. The PMP enables prescribers and dispensers to view a patient's controlled substance prescription history and helps them determine whether prescribing these substances is medically necessary. States are increasingly relying on use of PMPs to monitor prescribing practices, detect and prevent doctor shopping and pill mills, and identify other forms of fraud, abuse, and diversion of controlled substances.

In addition to its provisions related to overdose prevention and treatment, SB 459 required health care professionals to obtain a patient utilization report from the PMP before prescribing a controlled substance for the first time. The bill exempted from liability practitioners who do not obtain such a report under certain circumstances, and it required the State Board of Pharmacy to adopt regulations to provide alternative methods of complying with the requirement to obtain the report for emergency department physicians.

[Senate Bill 288](#) required anyone authorized to prescribe or dispense controlled substances to receive training on the PMP, access it at least once every six months, and review information in the PMP concerning prescriptions they wrote. It also authorized certain professional licensing boards to take disciplinary action against health care professionals who fail to comply with these requirements.

[Senate Bill 114](#) required the State Board of Pharmacy to allow certain law enforcement officers to access the PMP to investigate crimes related to prescription drugs. The Board and the Investigation Division of the Department of Public Safety must report to the occupational licensing board of a prescriber any activity that may indicate a patient of the prescriber is using a controlled substance inappropriately.

NEVADA LEGISLATIVE HIGHLIGHTS

2015 (CONTINUED)

SB 459: Good Samaritan Drug Overdose Act (cont'd)

- Required providers to get reports from the PMP before prescribing certain controlled substances for the first time

SB 288

- Required people who prescribe or dispense controlled substances to receive training on the PMP, access it at least once every six months, and review certain information

SB 114

- Allowed certain law enforcement officers to access the PMP
- Required the State Board of Pharmacy to report information to the licensing board of a prescriber whose patient appears to be using a controlled substance inappropriately

STATE ACTION IN NEVADA (CONT'D)

2017

PRESCRIBING REQUIREMENTS AND PMP USE: ASSEMBLY BILL 474

Following Governor Sandoval's August 2016 summit on [Prescription Drug Abuse Prevention](#), the Legislature passed [Assembly Bill 474](#) in 2017. The bill built on previous legislation, making various changes related to the prescribing and dispensing of controlled substances. Among other things, it required certain actions to be taken before these drugs can be prescribed for more than a brief period and increased training on the misuse and abuse of controlled substances for health care providers. Assembly Bill 474 also required all cases and suspected cases of drug overdose to be reported to Nevada's chief medical officer to increase data collection on the scope and scale of the problem.

Further, AB 474 enhanced the use of the PMP by requiring occupational boards that license certain health care professionals to access the database to investigate fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing, dispensing, or use of a controlled substance. The boards must impose disciplinary action on health care providers when violations occur.

While many credit AB 474's prescribing guidelines and better tracking of prescriptions with helping reduce opioid-related incidents in Nevada, the new law also generated controversy among prescribers and patients alike, many of whom voiced concerns about new limitations on prescribing and accessing much-needed medication. Certain health care professionals felt the prescribing guidelines were too onerous and unnecessary—and some even decided to stop prescribing controlled substances altogether. Many patients with chronic illnesses, cancer, and other conditions that require ongoing access to certain controlled substances were concerned about losing that access, or were left with limited access to appropriate care.

NEVADA LEGISLATIVE HIGHLIGHTS

2017

AB 474

- Increased various prescribing requirements
- Required patient evaluations and risk assessments
- Required health care occupational licensing boards to investigate fraudulent, illegal, and inappropriate prescribing and dispensing
- Required all cases and suspected cases of drug overdose to be reported to the state's chief medical officer

STATE ACTION IN NEVADA (CONT'D)

2019

To address the issues with AB 474, while continuing to deal with problems associated with overprescribing, the Legislature passed three bills during the 2019 Session.

REFINING PREVIOUS LAWS: ASSEMBLY BILL 239

[Assembly Bill 239](#) addresses some of the unintended consequences of the 2017 legislation by authorizing health care providers to prescribe a medically necessary controlled substance listed in schedules II, III, or IV under the federal Controlled Substances Act to a patient with whom the practitioner has a bona fide professional relationship. It also allows for a less extensive evaluation and risk assessment for initial controlled substance prescriptions of 30 days or fewer.

To address the unique needs of patients with certain chronic conditions or rare illnesses, the bill exempts providers from various requirements when prescribing a controlled substance to patients who have been diagnosed with cancer or sickle cell disease or any of its variants, or who are receiving hospice or palliative care, as long as the practitioner has a bona fide relationship with the patient. The bill also reduces informed consent requirements related to controlled substances, requiring providers to meet informed consent guidelines of certain national organizations rather than statutory requirements.

The bill addresses controlled substance prescriptions for acute pain by codifying the existing regulatory definition of "acute pain" in *Nevada Revised Statutes* (NRS) to mean pain that has an abrupt onset and is caused by an injury or another cause that is not ongoing. It also authorizes a practitioner to prescribe an initial controlled substance to treat acute pain for a longer amount of time, if the practitioner determines such treatment is medically necessary.

Assembly Bill 474 from the 2017 Legislative Session required a patient evaluation and risk assessment before issuing a controlled substance for pain, including a medical history review, physical exam, informed written consent, and a good faith effort to review the patient's medical records. Assembly Bill 239 limits the scope of the medical history review and physical examination, and eliminates the requirement that informed consent be in writing. It also limits the applicability of the requirement

NEVADA LEGISLATIVE HIGHLIGHTS

2019

AB 239

- Makes various changes to address concerns with AB 474 from 2017
- Authorizes providers to prescribe medically necessary controlled substances to patients with whom they have a bona fide professional relationship
- Allows more limited evaluation and risk assessment for initial, short-term controlled substance prescriptions
- Exempts providers from complying with some prescribing requirements for certain patients
- Removes requirement for providers to consider 16 factors prior to prescribing controlled substances
- Reduces informed written consent requirements
- Allows initial prescriptions for medically necessary treatment of acute pain to be for a longer amount of time

STATE ACTION IN NEVADA (CONT'D)

to make a good faith effort to review the patient's medical records to initial prescriptions for longer than 30 days and medical records that are relevant to the prescription.

In addition, the bill deletes NRS 639.23915, a provision that required practitioners to consider 16 factors prior to prescribing controlled substances.

Finally, to maintain recent improvements in data collection and prescriber accountability, the bill clarifies that the State Board of Pharmacy may suspend or revoke a health care professional's ability to dispense a controlled substance, and it authorizes the Board to share information about controlled substance prescriptions with various licensing boards and professionals who prescribe these drugs.

PMP REQUIREMENTS: ASSEMBLY BILL 49

[Assembly Bill 49](#) builds on AB 239's momentum by amending various provisions of the Nevada Controlled Substances Act. The bill specifies that the state's chief medical officer, or his or her designee, is responsible for uploading to the PMP certain information about a person who has suffered or is suspected of having suffered a drug overdose. The bill also limits the type of information a law enforcement agency may include in the PMP to information about arrests that involve a controlled substance prescription or a report of a stolen prescription.

The measure authorizes the State Board of Pharmacy to terminate an occupational licensing board's access to the PMP if the licensing board accesses the database for unauthorized purposes. Further, it allows the State Board of Pharmacy to suspend or revoke a practitioner's registration to dispense controlled substances if he or she violates certain requirements of the PMP.

ELECTRONIC PRESCRIPTIONS: ASSEMBLY BILL 310

In another effort to reduce prescription fraud and errors, [Assembly Bill 310](#) requires a prescription for a controlled substance to be provided to a pharmacy only through electronic transmission, with certain exceptions. This measure will help reduce the number of lost or diverted prescriptions and avert handwriting, allergy, and drug interaction errors. The bill also authorizes administrative penalties or professional discipline against a prescriber who violates this requirement.

NEVADA LEGISLATIVE HIGHLIGHTS

2019 (CONTINUED)

AB 49

- Requires Nevada's chief medical officer to upload to the PMP certain information about a person who has suffered or is suspected of having suffered a drug overdose
- Allows the State Board of Pharmacy to terminate an occupational licensing board's access to the PMP if the board accesses it for unauthorized purposes
- Authorizes the State Board of Pharmacy to suspend or revoke a practitioner's registration to dispense controlled substances for violating certain PMP requirements

AB 310

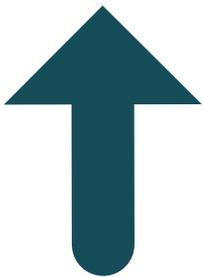
- Requires a prescription for a controlled substance to be provided to a pharmacy only through electronic transmission

SUCCESSSES IN THE FIGHT AGAINST OPIOIDS

While it is too early to measure the effects of legislation passed in 2019, data show that earlier policy changes made a significant difference in Nevada. According to the State Board of Pharmacy, in 2016, an average of 87.5 opioid painkiller prescriptions were prescribed for every 100 Nevada residents, compared to the national average of 66.5. By 2018, the Department of Health and Human Services and PMP indicated that statewide opioid prescription rates dropped to 52 prescriptions per 100 people. In other words, the statewide opioid prescription rate per 100 residents decreased by more than 40 percent over this time period. The range of opioid prescribing rates varied widely by county—with rates as high as 156 and 158 prescriptions per 100 residents in Nye and Mineral Counties, respectively, in 2016. By 2018, however, the highest rate in the state was 98, in Nye County.

In addition, in 2018, the PMP was used more than ever before—with an average of 700,000 queries each quarter—up from the quarterly average of 143,000 only four years before. The number of potential “doctor shoppers,” or people seeking prescriptions from multiple health care providers, declined dramatically from an average of 268 per quarter in 2014 to an average of 14 per quarter in 2018.

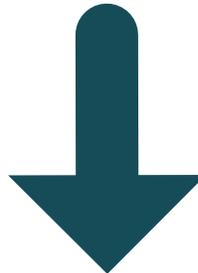
PMP QUERIES



390%

increase in PMP use between 2014 and 2018, from an average of 143,000 queries per quarter to 700,000

"DOCTOR SHOPPERS"



95%

decrease in the average number of potential "doctor shoppers" each quarter between 2014 and 2018, from 268 to 14

DECREASES IN OPIOID PRESCRIPTIONS PER 100 NEVADA RESIDENTS (2016–2018)



41%

statewide



54%

for a supply of less than 30 days



26%

for a supply of 30 to 89 days



54%

for a supply of 90 days or more

Source: Nevada Prescription Monitoring Program

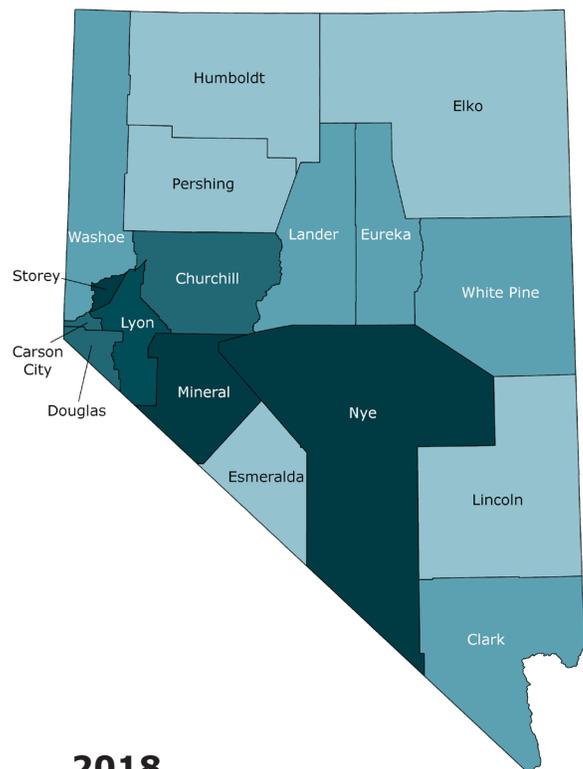
NUMBER OF OPIOID PRESCRIPTIONS PER 100 NEVADA RESIDENTS, 2016–2018

Statewide, between 2016 and 2018, opioid prescribing rates in Nevada declined by more than 40 percent, from an average of 87.5 opioid painkiller prescriptions per every 100 state residents, to an average of 52.

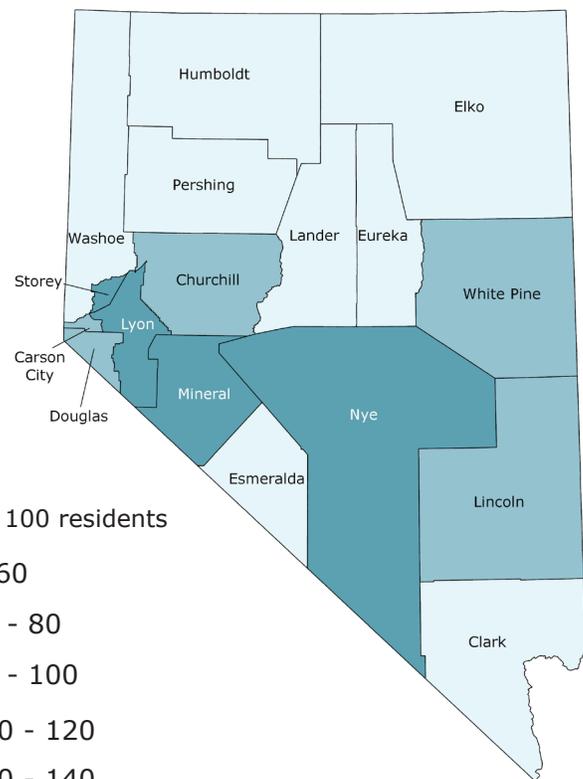
County	Rate per 100 residents	
	2016	2018
Carson City	105.4	65.5
Churchill	106.8	67.2
Clark	84.3	49.8
Douglas	102.0	70.7
Elko	71.7	39.9
Esmeralda	72.5	37.0
Eureka	92.7	56.0
Humboldt	75.5	41.7
Lander	85.2	49.6
Lincoln	60.7	73.9
Lyon	130.0	80.9
Mineral	158.2	85.5
Nye	155.6	98.6
Pershing	69.5	45.0
Storey	146.9	90.0
Washoe	87.5	51.1
White Pine	99.9	60.6
Statewide	87.5	52.0

Sources:
Nevada's Department of Health and Human Services;
Nevada Prescription Monitoring Program

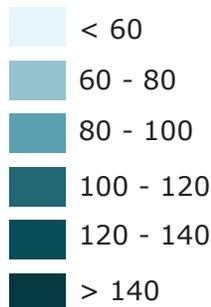
2016



2018



Rate per 100 residents



FEDERAL ACTION

The federal government also has taken various steps to address the opioid epidemic, including passing three key pieces of legislation.

[Drug Addiction Treatment Act of 2000](#)—DATA 2000 authorized qualified physicians to obtain a waiver to treat opioid-dependent patients with certain opioid-based medications approved by the U.S. Food and Drug Administration (also known as "medication-assisted treatment"). The law did not apply to mid-level providers or other prescribers, and it limited the number of patients a physician could treat at any given time to 30.

[Comprehensive Addiction and Recovery Act of 2016](#)—CARA addressed various aspects of the opioid epidemic, including prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. Among other provisions, the law expanded access to substance use treatment and overdose reversal medications; authorized qualified nurse practitioners and physician assistants to prescribe medication-assisted treatments until October 1, 2021; and raised from 30 to 100 the cap on the number of patients a prescriber can treat with medical-assisted treatment.

[Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018](#)—The SUPPORT Act is a wide-ranging bill that addresses various aspects of the epidemic, from prevention, treatment, and recovery to enforcement. It expands the qualifying providers who can prescribe medication-assisted treatment to include clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives treating patients in office-based settings. These providers may treat up to 100 patients in the first year, and up to 275 patients in following years, until October 1, 2023. In addition, the Act includes many provisions related to Medicaid, which often provides health insurance for a large portion of those who need substance use services. For example, the bill requires Medicaid to cover all FDA-approved medication-assisted treatment drugs, as well as counseling and behavioral health services, between Fiscal Years 2020 and 2025. It prohibits state Medicaid programs from terminating eligibility for individuals under 21 years of age or former foster youth up to 26 years of age while incarcerated, and requires foster youth who were enrolled in Medicaid at 18 years of age to retain coverage until the age of 26.

Major federal legislation regarding opioids includes the:

- *Drug Addiction Treatment Act of 2000 (DATA);*
- *Comprehensive Addiction and Recovery Act of 2016 (CARA); and*
- *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (SUPPORT).*

NEXT STEPS

While significant activity has occurred at the federal and state levels to address the opioid epidemic, the number and rate of opioid overdose deaths remain high, and much remains to be done. This crisis requires a multifaceted approach—no single solution will solve it. Upcoming publications from the Research Division will provide more information on what other states are doing, where Nevada fits in, and potential policies to continue making progress on this crisis.

ENDNOTES

- ¹ "[Opioid Overdose Crisis](#)," National Institute on Drug Abuse, January 2019. Accessed 8/12/2019.
- ² Sandoe E., Fry C.E., Frank R.G., "[Policy Levers That States Can Use to Improve Opioid Addiction Treatment and Address the Opioid Epidemic](#)," October 2018. Health Affairs Blog.
- ³ Florence C., Luo F., Xu L., Zhou C. "[The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States 2013](#)." Med Care. October 2016;54(10):901-906.