

**PROPOSED REGULATION OF THE
BOARD OF PHARMACY**

LCB FILE NO. R047-18I

**The following document is the initial draft regulation proposed
by the agency submitted on 03/13/2018**

PROPOSED REGULATION OF THE NEVADA STATE BOARD OF PHARMACY

Workshop

March 7th, 2018

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

AUTHORITY: NRS 639.070(1)(d).

A REGULATION relating to the prescribing of controlled substances for the treatment of pain in conformance with Assembly Bill 474 (2017)

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth in the section below.

Sec. 2. NAC 639 shall be amended to read as follows:

- 1. For the purpose of section 51 of AB 474 (2017), “course of treatment” means the treatment and any subsequent treatment initiated by any practitioner for a particular disease or symptom of the disease.*
- 2. For the purpose of section 52 of AB 474 (2017), “acute pain” means pain with an abrupt onset which is caused by an injury or other process that is not ongoing; it does not include chronic pain; pain being treated as part of cancer care; hospice or other end-of-life care; or pain being treated as part of palliative care.*
- 3. For the purpose of sections 53 and 54 of AB 474 (2017), an “informed written consent” may be shared by all practitioners with access to a common database that allows the practitioner to view the informed written consent. When prescribing an initial prescription, the practitioner must counsel the patient about the informed written consent and allow the patient to ask questions.*
- 4. For the purpose of section 54 of AB 474 (2017), medical history review and physical examination should be targeted to the pain condition.*

5. *For the purpose of section 54 of AB 474 (2017), “good faith effort” to obtain medical records means the practitioner in their professional judgement makes an effort to obtain the necessary medical records of their patient in order to make their prescribing decision. This takes into account the time needed to provide care, the practice setting of the practitioner, and the recognition that the benefit of prescribing to the patient outweighs the risks of not having all of the relevant records.*
6. *For the purpose of section 60 of AB 474 (2017), “on-going treatment” means the same medication for the same diagnosis. This does not prohibit a practitioner from prescribing for a different medication, increasing the dosage of the same medication, or replacing lost, stolen, or destroyed medications.*