

Senate Bill No. 453–Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to public health; allowing a physician to issue an order for auto-injectable epinephrine to a public or private school; providing for public and private schools to obtain auto-injectable epinephrine under certain conditions; requiring public and private schools, if feasible, to provide certain training to employees and to develop a comprehensive plan concerning anaphylaxis; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law allows the parent or legal guardian of a pupil in a public school to request that the pupil be allowed to carry and self-administer medication for the treatment of asthma or anaphylaxis in certain circumstances. If this request is granted, the school is allowed to store additional doses of the medication for the pupil’s use and the board of trustees of the school district, the school district and the school and the employees or agents thereof are immune from liability for any injury to or death of the pupil as a result of self-administration or a failure to self-administer the medication. (NRS 392.425)

Sections 14 and 16 of this bill allow a physician or osteopathic physician to issue an order for auto-injectable epinephrine to a public or private school to be maintained at the school for the treatment of anaphylaxis that may be experienced by any person at the school. **Sections 14 and 16** also provide that a physician or osteopathic physician is not subject to disciplinary action for issuing such an order to a school.

Section 7 of this bill requires each public school, including, without limitation, each charter school, to obtain an order from a physician or osteopathic physician for auto-injectable epinephrine to maintain the drug at the school. **Section 12** of this bill similarly authorizes a private school to obtain and maintain auto-injectable epinephrine at the school. If a public or private school obtains an order for auto-injectable epinephrine, **sections 3.5, 7 and 12** of this bill allow a school nurse or other designated employee of the public or private school, as applicable, who has received training in the storage and administration of auto-injectable epinephrine to possess and administer auto-injectable epinephrine to a pupil on the premises of the school during the school day who is reasonably believed to be experiencing anaphylaxis. **Sections 4, 10 and 12** of this bill require training in the storage and administration of epinephrine to be provided to designated employees of a public or private school. **Section 15** of this bill provides that a nurse is not subject to disciplinary action for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to **section 14 or 16**.

Sections 9 and 13 of this bill require each public or private school, to the extent feasible: (1) to provide training concerning food allergies to certain employees; and (2) to develop a comprehensive action plan for anaphylaxis.



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

Sections 1, 2 and 3. (Deleted by amendment.)

Sec. 3.5. Chapter 454 of NRS is hereby amended by adding thereto a new section to read as follows:

A school nurse or other employee of a public or private school who is authorized pursuant to section 7 or 12 of this act to administer auto-injectable epinephrine may possess and administer auto-injectable epinephrine maintained by the school if the school nurse or other employee has received training in the proper storage and administration of auto-injectable epinephrine as required by section 7 or 12 of this act.

Sec. 4. Chapter 386 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Each charter school shall designate one or more employees of the school who is authorized to administer auto-injectable epinephrine.

2. Each charter school shall ensure that each person so designated receives training in the proper storage and administration of auto-injectable epinephrine.

Sec. 5. NRS 386.490 is hereby amended to read as follows:

386.490 As used in NRS 386.490 to 386.610, inclusive, *and section 4 of this act*, the words and terms defined in NRS 386.495, 386.500 and 386.503 have the meanings ascribed to them in those sections.

Sec. 6. Chapter 388 of NRS is hereby amended by adding thereto the provisions set forth as sections 7, 8 and 9 of this act.

Sec. 7. 1. *Each public school, including, without limitation, each charter school, shall obtain an order from a physician or osteopathic physician for auto-injectable epinephrine pursuant to section 14 or 16 of this act and acquire at least two doses of the medication to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the public school is used or expires, the public school shall ensure that at least two doses of the medication are available at the school and obtain additional doses to replace the used or expired doses if necessary.*

2. Auto-injectable epinephrine maintained by a public school pursuant to this section may be administered:

(a) At a public school other than a charter school, by a school nurse or any other employee of the public school who has been



designated by the school nurse and has received training in the proper storage and administration of auto-injectable epinephrine; or

(b) At a charter school, by the employee designated to be authorized to administer auto-injectable epinephrine pursuant to section 4 of this act if the person has received the training in the proper storage and administration of auto-injectable epinephrine.

3. A school nurse or other designated employee of a public school may administer auto-injectable epinephrine maintained at the school to any pupil on the premises of the public school during regular school hours whom the school nurse or other designated employee reasonably believes is experiencing anaphylaxis.

4. A public school may accept gifts, grants and donations from any source for the support of the public school in carrying out the provisions of this section, including, without limitation, the acceptance of auto-injectable epinephrine from a manufacturer or wholesaler of auto-injectable epinephrine.

Sec. 8. 1. *Each public school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.*

2. Each school district shall establish a policy for the schools within the district, other than charter schools, regarding the proper handling and transportation of auto-injectable epinephrine.

3. Not later than 30 days after the last day of each school year, each school district and charter school shall submit a report to the Health Division of the Department of Health and Human Services identifying the number of doses of auto-injectable epinephrine that were administered at each public school within the school district or charter school, as applicable, during the school year.

Sec. 9. *Each public school, including, without limitation, each charter school, shall, to the extent feasible:*

1. Provide training concerning food allergies to each employee who works with food at the school and to such other employees as deemed appropriate by the school nurse in collaboration with the principal or other person in charge of the school; and

2. Develop a comprehensive action plan concerning anaphylaxis, which includes, without limitation, information relating to:

(a) The risks that may cause anaphylaxis;

(b) Ways to avoid risks that may cause anaphylaxis;



(c) The signs and symptoms of a person experiencing anaphylaxis;

(d) How to access auto-injectable epinephrine when necessary; and

(e) Medical care that should be received after the administration of auto-injectable epinephrine.

Sec. 10. NRS 391.207 is hereby amended to read as follows:

391.207 1. The provision of nursing services in a school district by school nurses and other qualified personnel must be under the direction and supervision of a chief nurse who is a registered nurse as provided in NRS 632.240 and who:

(a) Holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission; or

(b) Is employed by a state, county, city or district health department and provides nursing services to the school district in the course of that employment.

2. A school district shall not employ a person to serve as a school nurse unless the person holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission.

3. The chief nurse shall ensure that each school nurse:

(a) Coordinates with the principal of each school to designate employees of the school who are authorized to administer auto-injectable epinephrine; and

(b) Provides the employees so designated with training concerning the proper storage and administration of auto-injectable epinephrine.

Sec. 11. Chapter 394 of NRS is hereby amended by adding thereto the provisions set forth as sections 12 and 13 of this act:

Sec. 12. *1. A private school may obtain an order from a physician or osteopathic physician for auto-injectable epinephrine pursuant to section 14 or 16 of this act to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the private school is used or expires, the private school may obtain additional doses of auto-injectable epinephrine to replace the used or expired auto-injectable epinephrine.*

2. Auto-injectable epinephrine maintained by a private school pursuant to this section may be administered by a school nurse or any other employee of the private school who has received training in the proper storage and administration of auto-injectable epinephrine.

3. A school nurse or other trained employee may administer auto-injectable epinephrine maintained at the school to any pupil



on the premises of the private school during regular school hours whom the school nurse or other trained employee reasonably believes is experiencing anaphylaxis.

4. A private school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

Sec. 13. *The governing body of each private school shall, to the extent feasible:*

1. Provide training concerning food allergies to each employee who works with food at the school and to such other employees as deemed appropriate by the principal or other person in charge of the school; and

2. Develop a comprehensive action plan concerning anaphylaxis, which includes, without limitation, information relating to:

(a) The risks that may cause anaphylaxis;

(b) Ways to avoid risks that may cause anaphylaxis;

(c) The signs and symptoms of a person experiencing anaphylaxis;

(d) How to access auto-injectable epinephrine when necessary; and

(e) Medical care that should be received after the administration of auto-injectable epinephrine.

Sec. 14. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A physician may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. An order issued pursuant to subsection 1 must contain:

(a) The name and signature of the physician and the address of the physician if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

3. A physician is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 to an entity other



than a natural person and without knowledge of a specific natural person who requires the medication.

4. As used in this section:

(a) "Private school" has the meaning ascribed to it in NRS 394.103.

(b) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 15. NRS 632.320 is hereby amended to read as follows:

632.320 1. The Board may deny, revoke or suspend any license or certificate applied for or issued pursuant to this chapter, or take other disciplinary action against a licensee or holder of a certificate, upon determining that the licensee or certificate holder:

(a) Is guilty of fraud or deceit in procuring or attempting to procure a license or certificate pursuant to this chapter.

(b) Is guilty of any offense:

(1) Involving moral turpitude; or

(2) Related to the qualifications, functions or duties of a licensee or holder of a certificate,
↳ in which case the record of conviction is conclusive evidence thereof.

(c) Has been convicted of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(d) Is unfit or incompetent by reason of gross negligence or recklessness in carrying out usual nursing functions.

(e) Uses any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his or her ability to conduct the practice authorized by the license or certificate.

(f) Is a person with mental incompetence.

(g) Is guilty of unprofessional conduct, which includes, but is not limited to, the following:

(1) Conviction of practicing medicine without a license in violation of chapter 630 of NRS, in which case the record of conviction is conclusive evidence thereof.

(2) Impersonating any applicant or acting as proxy for an applicant in any examination required pursuant to this chapter for the issuance of a license or certificate.

(3) Impersonating another licensed practitioner or holder of a certificate.



(4) Permitting or allowing another person to use his or her license or certificate to practice as a licensed practical nurse, registered nurse, nursing assistant or medication aide - certified.

(5) Repeated malpractice, which may be evidenced by claims of malpractice settled against the licensee or certificate holder.

(6) Physical, verbal or psychological abuse of a patient.

(7) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.

(h) Has willfully or repeatedly violated the provisions of this chapter. The voluntary surrender of a license or certificate issued pursuant to this chapter is prima facie evidence that the licensee or certificate holder has committed or expects to commit a violation of this chapter.

(i) Is guilty of aiding or abetting any person in a violation of this chapter.

(j) Has falsified an entry on a patient's medical chart concerning a controlled substance.

(k) Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.

(l) Has knowingly procured or administered a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or

(3) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS.

(m) Has been disciplined in another state in connection with a license to practice nursing or a certificate to practice as a nursing assistant or medication aide - certified, or has committed an act in another state which would constitute a violation of this chapter.

(n) Has engaged in conduct likely to deceive, defraud or endanger a patient or the general public.

(o) Has willfully failed to comply with a regulation, subpoena or order of the Board.

(p) Has operated a medical facility at any time during which:

(1) The license of the facility was suspended or revoked; or



(2) An act or omission occurred which resulted in the suspension or revocation of the license pursuant to NRS 449.160.

↳ This paragraph applies to an owner or other principal responsible for the operation of the facility.

2. For the purposes of this section, a plea or verdict of guilty or guilty but mentally ill or a plea of nolo contendere constitutes a conviction of an offense. The Board may take disciplinary action pending the appeal of a conviction.

3. A licensee or certificate holder is not subject to disciplinary action solely for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to section 14 or 16 of this act.

Sec. 16. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

1. An osteopathic physician may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. An order issued pursuant to subsection 1 must contain:

(a) The name and signature of the osteopathic physician and the address of the osteopathic physician if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

3. An osteopathic physician is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

4. As used in this section:

(a) "Private school" has the meaning ascribed to it in NRS 394.103.

(b) "Public school" has the meaning ascribed to it in NRS 385.007.

Secs. 17 and 18. (Deleted by amendment.)

Sec. 19. NRS 639.2357 is hereby amended to read as follows:

639.2357 1. Upon the request of a patient, or a public or private school for which an order was issued pursuant to section



14 or 16 of this act, a registered pharmacist shall transfer a prescription ~~for the patient~~ *or order* to another registered pharmacist.

2. A registered pharmacist who transfers a prescription *or order* pursuant to subsection 1 shall comply with any applicable regulations adopted by the Board relating to the transfer.

3. The provisions of this section do not authorize or require a pharmacist to transfer a prescription *or order* in violation of:

(a) Any law or regulation of this State;

(b) Federal law or regulation; or

(c) A contract for payment by a third party if the patient is a party to that contract.

Sec. 20. (Deleted by amendment.)

Sec. 21. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 22. This act becomes effective on July 1, 2013.

