

THE EIGHTY-NINTH DAY

CARSON CITY (Friday) May 1, 2015

Senate called to order at 12:47 p.m.

President Hutchison presiding.

Roll called.

All present except Senators Denis, Kihuen, Segerblom and Smith, who were excused.

Prayer by the Chaplain, Dr. Ken Haskins.

Our loving Father, we invoke Your presence and we seek Your wisdom. Help us to make the best use of our time, finances and other resources. May our lives bless others and may the work of our hands prove to be a blessing for generations to come.

I pray in Jesus' Name.

AMEN.

Pledge of Allegiance to the Flag.

By previous order of the Senate, the reading of the Journal is dispensed with, and the President and Secretary are authorized to make the necessary corrections and additions.

REPORTS OF COMMITTEES

Mr. President:

Your Committee on Commerce, Labor and Energy, to which were referred Assembly Bills Nos. 73, 74, 75, 87, 137, 154, 157, 179, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

JAMES A. SETTELMAYER, *Chair*

Mr. President:

Your Committee on Education, to which were referred Assembly Bills Nos. 27, 30, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

BECKY HARRIS, *Chair*

Mr. President:

Your Committee on Finance, to which was re-referred Senate Bill No. 504, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass as amended.

BEN KIECKHEFER, *Chair*

Mr. President:

Your Committee on Transportation, to which were referred Assembly Bills Nos. 103, 131, 175, 188, 250, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

SCOTT HAMMOND, *Chair*

MESSAGES FROM THE ASSEMBLY

ASSEMBLY CHAMBER, Carson City, April 30, 2015

To the Honorable the Senate:

I have the honor to inform your honorable body that the Assembly on this day passed Senate Bills Nos. 26, 27, 30, 47, 83, 118, 177, 311, 362.

Also, I have the honor to inform your honorable body that the Assembly amended, and on this day passed, as amended, Senate Bill No. 63, Amendment No. 649; Senate Bill No. 297,

Amendment No. 650, and respectfully requests your honorable body to concur in said amendments.

CAROL AIELLO-SALA
Assistant Chief Clerk of the Assembly

ASSEMBLY CHAMBER, Carson City, May 1, 2015

To the Honorable the Senate:

I have the honor to inform your honorable body that the Assembly amended, and on this day passed, as amended, Senate Bill No. 459, Amendment No. 655, and respectfully requests your honorable body to concur in said amendment.

CAROL AIELLO-SALA
Assistant Chief Clerk of the Assembly

MOTIONS, RESOLUTIONS AND NOTICES

Senator Roberson gave notice, per Senate Standing Rule No. 50, to withdraw Senate Bill No. 332 from the Committee on Finance on the next legislative day.

UNFINISHED BUSINESS CONSIDERATION OF ASSEMBLY AMENDMENTS

Senate Bill No. 459.

The following Assembly amendment was read:

Amendment No. 655.

SUMMARY—Establishes an opioid overdose prevention policy for Nevada. (BDR 40-1199)

AN ACT relating to controlled substances; enacting the Good Samaritan Drug Overdose Act; authorizing certain health care professionals to prescribe and dispense an opioid antagonist to certain persons under certain circumstances; providing immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist; providing criminal and other immunity for persons who seek medical assistance for a person who is experiencing a drug or alcohol overdose under certain circumstances; authorizing certain licensing boards to require that certain persons registered by the State Board of Pharmacy receive periodic training concerning the misuse and abuse of controlled substances; authorizing the imposition of disciplinary action for failure to complete such training; requiring that certain information concerning a prescription for a controlled substance be uploaded to the database of a certain computerized program; revising requirements for certain persons to access a certain computerized program before initiating a prescription for a controlled substance; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Sections 2-12 of this bill enact the Good Samaritan Drug Overdose Act, the provisions of which have been enacted in part or in entirety by at least 28 other states.

Under existing law, certain health care professionals may prescribe, dispense or otherwise furnish an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose. (Chapter 454 of NRS)

Section 7 of this bill authorizes certain physicians, physician assistants and advanced practice registered nurses to prescribe and dispense an opioid antagonist to a family member, friend or other person who is in a position to assist a person at risk of experiencing an opioid-related drug overdose and provides immunity from civil and criminal liability and professional discipline for doing so ~~or declining to do so~~. Section 8 of this bill authorizes the storage and dispensing of opioid antagonists by certain persons who are not registered or licensed by the State Board of Pharmacy. Section 9 of this bill provides for the development of standardized procedures and protocols under which a registered pharmacist may furnish an opioid antagonist.

Existing law establishes criminal liability for various activities relating to controlled substances. (Chapter 453 of NRS) Section 12 of this bill provides that a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, or be otherwise penalized for violating: (1) certain provisions of existing law governing controlled substances; (2) a restraining order; or (3) a condition of the person's parole or probation, if the evidence to support the arrest, charge, prosecution, conviction, seizure or penalty was gained as a result of the person's seeking such medical assistance. Section 12 also provides that the act of seeking such assistance may be raised in mitigation in connection with certain other crimes.

Existing law requires every practitioner or other person who dispenses a controlled substance within this State to register biennially with the State Board of Pharmacy. (NRS 453.226) Sections 15.1-15.9 of this bill authorize the professional licensing boards of the various practitioners who are eligible for such registration to: (1) require their licensees who are registered to dispense a controlled substance to periodically complete certain training concerning the misuse and abuse of controlled substances; and (2) impose disciplinary action on a practitioner who fails to do so.

Existing law requires the State Board of Pharmacy and the Investigation Division of the Department of Public Safety to cooperatively develop a computerized program to track each prescription for a controlled substance. Persons who prescribe or dispense controlled substances can choose to access the database of the program and are given access to the database after receiving a course of training developed by the Board and the Division. (NRS 453.1545) Section 13 of this bill requires each person who dispenses a controlled substance to upload certain information to the database of the program not later than the end of the next business day after dispensing the controlled substance.

Existing law requires a practitioner to obtain a patient utilization report regarding a patient before writing a prescription for a controlled substance if

the patient is a new patient or a current patient who has not received a prescription for a controlled substance from the practitioner in the preceding 12 months. (NRS 639.23507) Section 16 of this bill: (1) requires a practitioner to obtain a patient utilization report before initiating a prescription for a controlled substance; (2) exempts from liability a practitioner who fails to obtain such a report under certain circumstances; and (3) requires the Board to adopt regulations to provide alternative methods of complying with the requirement to obtain such a report for a physician who provides services in a hospital emergency department.

WHEREAS, The Nevada Legislature finds and declares that overdose deaths from drug or alcohol use is a major public health and safety problem in Nevada and in the United States, such that overdose deaths now annually exceed those caused by homicide or vehicle collisions; and

WHEREAS, The use and abuse of both legal and illegal substances, especially opioids, has increased in Nevada at an alarming rate, contributing to addiction, crime, incarceration and imprisonment, mental illness, suicide, family breakdown, and increased costs of medical and mental health treatment for youth and adults in Nevada; and

WHEREAS, Overdose death is preventable through the timely administration of safe, effective, nonnarcotic antidote drugs which reverse the effects of opioid overdose in minutes, are not controlled substances, and have no abuse potential; and

WHEREAS, Effective and successful opioid overdose prevention programs have been implemented in 25 states, and such efforts are now encouraged and promoted by the American Medical Association, the United States Conference of Mayors, the National Office of Drug Control Policy, the Substance Abuse and Mental Health Services Administration, the United States Department of Justice, the National Association of Boards of Pharmacy, the American Public Health Association, the National Association of State Alcohol and Drug Abuse Directors, the National Association of Drug Court Professionals and countless more law enforcement and treatment professionals; and

WHEREAS, Numerous states have implemented "911 Good Samaritan Statutes" encouraging citizens and professionals to seek or provide overdose reversal and emergency medical assistance to persons who appear to be experiencing a drug or alcohol overdose, and have provided for immunity from civil, criminal and professional liability for such actions; and

WHEREAS, The implementation of an opioid overdose prevention policy and "911 Good Samaritan Statutes" are in the best interest of Nevadans and such lifesaving practices and programs should be established, recognized, encouraged and implemented in Nevada to be available to residents and visitors; now therefore,

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

Section 1. Title 40 of NRS is hereby amended by adding thereto a new chapter to consist of the provisions set forth as sections 2 to 12, inclusive, of this act.

Sec. 2. *This chapter may be cited as the Good Samaritan Drug Overdose Act.*

Sec. 3. *As used in this chapter, unless the context otherwise requires, the words and terms defined in sections 4, 5 and 6 of this act have the meanings ascribed to them in those sections.*

Sec. 4. 1. *"Health care professional" means a physician, a physician assistant or an advanced practice registered nurse.*

2. *As used in this section:*

(a) *"Advanced practice registered nurse" has the meaning ascribed to it in NRS 632.012.*

(b) *"Physician" means a physician licensed pursuant to chapter 630 or 633 of NRS.*

(c) *"Physician assistant" means a physician assistant licensed pursuant to chapter 630 or 633 of NRS.*

Sec. 5. *"Opioid antagonist" means any drug that binds to opioid receptors and blocks or disinhibits the effects of opioids acting on those receptors. The term includes, without limitation, naloxone hydrochloride.*

Sec. 6. *"Opioid-related drug overdose" means a condition including, without limitation, extreme physical illness, a decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that an ordinary layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.*

Sec. 7. 1. *Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. Any such prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.*

2. *A person who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to subsection 1, is not subject to any criminal or civil liability or any professional disciplinary action for:*

(a) *Such prescribing or dispensing; or*

(b) *Any outcomes that result from the eventual administration of the opioid antagonist.*

3. *Notwithstanding any other provision of law:*

(a) *Any person, including, without limitation, a law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to*

another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose.

(b) An emergency medical technician, advanced emergency medical technician or paramedic, as defined in chapter 450B of NRS, is authorized to administer an opioid antagonist as clinically indicated.

4. A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.

5. The provisions of this section do not create any duty to prescribe or dispense an opioid antagonist. A person who declines to prescribe or dispense an opioid antagonist is not subject to any criminal or civil liability or any professional discipline for any reason relating to declining to prescribe or dispense the opioid antagonist.

Sec. 8. Notwithstanding any other provision of law, a person acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the registration and licensing provisions of chapter 639 of NRS and may dispense an opioid antagonist if those activities are undertaken without charge or compensation.

Sec. 9. 1. Notwithstanding any other provision of law, a registered pharmacist may furnish an opioid antagonist in accordance with standardized procedures or protocols developed and approved by the State Board of Pharmacy pursuant to this section.

2. The State Board of Pharmacy may, in consultation with representatives of the Nevada Pharmacist Association, other appropriate professional licensing boards, state agencies and other interested parties, develop standardized procedures or protocols to enable a registered pharmacist and other appropriate entities to furnish an opioid antagonist pursuant to this section.

3. Standardized procedures or protocols adopted pursuant to this section must ensure that a person receive education before being furnished with an opioid antagonist pursuant to this section. The education must include, without limitation:

(a) Information concerning the prevention and recognition of and responses to opioid-related drug overdoses;

(b) Methods for the safe administration of opioid antagonists to a person experiencing an opioid-related drug overdose;

(c) Potential side effects and adverse events connected with the administration of opioid antagonists;

(d) The importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose even after the administration of an opioid antagonist; and

(e) Information concerning the provisions of section 12 of this act.

4. A pharmacist shall, before furnishing an opioid antagonist pursuant to this section, complete a training program on the use of opioid antagonists. The program must include at least 1 hour of approved continuing education on the use of opioid antagonists.

5. This section does not:

(a) Affect any provision of law concerning the confidentiality of medical information.

(b) Confer any authority on a registered pharmacist to prescribe an opioid antagonist or any other prescription medication or controlled substance.

Sec. 10. 1. The Department of Health and Human Services may engage in efforts to ascertain and document the number, trends, patterns and risk factors related to fatalities caused by unintentional opioid-related drug overdoses and other drug overdoses.

2. The Department of Health and Human Services may publish an annual report that:

(a) Presents the information acquired pursuant to subsection 1; and

(b) Provides information concerning interventions that may be effective in reducing fatal and nonfatal opioid-related drug overdoses and other drug overdoses ~~and~~, including, without limitation, the use of opioid analgesic drugs that contain abuse-deterrent mechanisms and access to such drugs.

Sec. 11. The Department of Health and Human Services may, within the limits of available money, award grants for:

1. Educational programs for the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses;

2. Training programs for patients who receive opioid antagonists and for the families and caregivers of such patients concerning the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses;

3. Projects to encourage, when appropriate, the prescription and distribution of opioid antagonists; and

4. Education and training programs on the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses for members and volunteers of law enforcement agencies and agencies that provide emergency medical services and other emergency services.

Sec. 12. 1. Notwithstanding any other provision of law, a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, or be otherwise penalized for violating:

(a) Except as otherwise provided in subsection 4, a provision of chapter 453 of NRS relating to:

(1) *Drug paraphernalia, including, without limitation, NRS 453.554 to 453.566, inclusive;*

(2) *Possession, unless it is for the purpose of sale or violates the provisions of NRS 453.3385, subsection 2 of NRS 453.3393, 453.3395 or 453.3405; or*

(3) *Use of a controlled substance, including, without limitation, NRS 453.336.*

(b) *A local ordinance as described in NRS 453.3361 that establishes an offense that is similar to an offense set forth in NRS 453.366;*

(c) *A restraining order; or*

(d) *A condition of the person's parole or probation, if the evidence to support the arrest, charge, prosecution, conviction, seizure or penalty was obtained as a result of the person seeking medical assistance.*

2. *A court, before sentencing a person who has been convicted of a violation of chapter 453 of NRS for which immunity is not provided by this section, shall consider in mitigation any evidence or information that the defendant, in good faith, sought medical assistance for a person who was experiencing a drug or alcohol overdose or other life-threatening emergency in connection with the events that constituted the violation.*

3. *For the purposes of this section, a person seeks medical assistance if the person:*

(a) *Reports a drug or alcohol overdose or other medical emergency to a member of a law enforcement agency, a 911 emergency service, a poison control center, a medical facility or a provider of emergency medical services;*

(b) *Assists another person making such a report;*

(c) *Provides care to a person who is experiencing a drug or alcohol overdose or other medical emergency while awaiting the arrival of medical assistance; or*

(d) *Delivers a person who is experiencing a drug or alcohol overdose or other medical emergency to a medical facility and notifies the appropriate authorities.*

4. *The provisions of this section do not prohibit any governmental entity from taking any actions required or authorized by chapter 432B of NRS relating to the abuse or neglect of a child.*

5. *As used in this section, "drug or alcohol overdose" means a condition, including, without limitation, extreme physical illness, a decreased level of consciousness, respiratory depression, coma, mania or death which is caused by the consumption or use of a controlled substance or alcohol, or another substance with which a controlled substance or alcohol was combined, or that an ordinary layperson would reasonably believe to be a drug or alcohol overdose that requires medical assistance.*

Sec. 13. NRS 453.1545 is hereby amended to read as follows:

453.1545 1. The Board and the Division shall cooperatively develop a computerized program to track each prescription for a controlled substance listed in schedule II, III or IV that is filled by a pharmacy that is registered with the Board or that is dispensed by a practitioner who is registered with the Board. The program must:

(a) Be designed to provide information regarding:

(1) The inappropriate use by a patient of controlled substances listed in schedules II, III and IV to pharmacies, practitioners and appropriate state agencies to prevent the improper or illegal use of those controlled substances; and

(2) Statistical data relating to the use of those controlled substances that is not specific to a particular patient.

(b) Be administered by the Board, the Investigation Division, the Division of Public and Behavioral Health of the Department and various practitioners, representatives of professional associations for practitioners, representatives of occupational licensing boards and prosecuting attorneys selected by the Board and the Investigation Division.

(c) Not infringe on the legal use of a controlled substance for the management of severe or intractable pain.

(d) Include the contact information of each person who ~~elects~~ is required to access the database of the program pursuant to subsection ~~[2,] 3~~, including, without limitation:

(1) The name of the person;

(2) The physical address of the person;

(3) The telephone number of the person; and

(4) If the person maintains an electronic mail address, the electronic mail address of the person.

(e) To the extent that money is available, include:

(1) A means by which a practitioner may designate in the database of the program that he or she suspects that a patient is seeking a prescription for a controlled substance for an improper or illegal purpose. If the Board reviews the designation and determines that such a designation is warranted, the Board shall inform pharmacies, practitioners and appropriate state agencies that the patient is seeking a prescription for a controlled substance for an improper or illegal purpose as described in subparagraph (1) of paragraph (a).

(2) The ability to integrate the records of patients in the database of the program with the electronic health records of practitioners.

2. Except as otherwise provided in this subsection, each person registered pursuant to this chapter to dispense a controlled substance listed in Schedule II, III or IV shall, not later than the end of the next business day after dispensing a controlled substance, upload to the database of the program established pursuant to subsection 1 the information described in paragraph (d) of subsection 1. The requirements of this subsection do not apply if the controlled substance is administered directly by a practitioner to

a patient in a health care facility, as defined in NRS 439.960, a child who is a resident in a child care facility, as defined in NRS 432A.024, or a prisoner, as defined in NRS 208.085. The Board shall establish by regulation and impose administrative penalties for the failure to upload information pursuant to this subsection.

3. The Board shall provide Internet access to the database of the program established pursuant to subsection 1 to each practitioner who is authorized to write prescriptions for and each person who is authorized to dispense controlled substances listed in schedule II, III or IV who ~~[-~~

~~-(a) Elects to access the database of the program; and~~

~~-(b) Completes} completes the course of instruction described in subsection ~~[7.] 8.~~~~

~~[3.] 4.~~ The Board and the Division must have access to the program established pursuant to subsection 1 to identify any suspected fraudulent or illegal activity related to the dispensing of controlled substances.

~~[4.] 5.~~ The Board or the Division shall report any activity it reasonably suspects may be fraudulent or illegal to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation.

~~[5.] 6.~~ The Board and the Division may cooperatively enter into a written agreement with an agency of any other state to provide, receive or exchange information obtained by the program with a program established in that state which is substantially similar to the program established pursuant to subsection 1, including, without limitation, providing such state access to the database of the program or transmitting information to and receiving information from such state. Any information provided, received or exchanged as part of an agreement made pursuant to this section may only be used in accordance with the provisions of this chapter.

~~[6.] 7.~~ Information obtained from the program relating to a practitioner or a patient is confidential and, except as otherwise provided by this section and NRS 239.0115, must not be disclosed to any person. That information must be disclosed:

(a) Upon the request of a person about whom the information requested concerns or upon the request on behalf of that person by his or her attorney; or

(b) Upon the lawful order of a court of competent jurisdiction.

~~[7.] 8.~~ The Board and the Division shall cooperatively develop a course of training for persons ~~[who elect} required~~ to access the database of the program pursuant to subsection ~~[2] 3~~ and require each such person to complete the course of training before the person is provided with Internet access to the database pursuant to subsection ~~[2.] 3.~~

~~[8.] 9.~~ A practitioner who is authorized to write prescriptions for and each person who is authorized to dispense controlled substances listed in schedule II, III or IV who acts with reasonable care when transmitting to the

Board or the Division a report or information required by this section or a regulation adopted pursuant thereto is immune from civil and criminal liability relating to such action.

~~9.~~ 10. The Board and the Division may apply for any available grants and accept any gifts, grants or donations to assist in developing and maintaining the program required by this section.

Sec. 14. (Deleted by amendment.)

Sec. 15. (Deleted by amendment.)

Sec. 15.1. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may, by regulation, require each physician or physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. Any licensee may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

Sec. 15.2. NRS 630.306 is hereby amended to read as follows:

630.306 The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.

2. Engaging in any conduct:

(a) Which is intended to deceive;

(b) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or

(c) Which is in violation of a regulation adopted by the State Board of Pharmacy.

3. Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or herself or to others except as authorized by law.

4. Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.

5. Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training.

6. Performing, without first obtaining the informed consent of the patient or the patient's family, any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental.

7. Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.

8. Habitual intoxication from alcohol or dependency on controlled substances.

9. Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.

10. Failing to comply with the requirements of NRS 630.254.

11. Failure by a licensee or applicant to report in writing, within 30 days, any disciplinary action taken against the licensee or applicant by another state, the Federal Government or a foreign country, including, without limitation, the revocation, suspension or surrender of a license to practice medicine in another jurisdiction.

12. Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

13. Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to NRS 630.318.

14. Operation of a medical facility at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

15. Failure to comply with the requirements of NRS 630.373.

16. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board.

17. Knowingly procuring or administering 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:

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

(b) 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

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

18. Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

19. *Failure to obtain any training required by the Board pursuant to section 15.1 of this act.*

Sec. 15.3. Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may, by regulation, require each holder of a license to practice dentistry who is registered to dispense controlled substances pursuant to

NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. Any such holder of a license may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

Sec. 15.4. NRS 631.3475 is hereby amended to read as follows:

631.3475 The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
 2. Professional incompetence;
 3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
 4. More than one act by the dentist or dental hygienist constituting substandard care in the practice of dentistry or dental hygiene;
 5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;
 6. Knowingly procuring or administering 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:
 - (a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
 - (b) 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
 - (c) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS;
 7. Chronic or persistent inebriety or addiction to a controlled substance, to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;
 8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;
 9. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive; or
 10. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.
- ➔ This subsection applies to an owner or other principal responsible for the operation of the facility.

11. *Failure to obtain any training required by the Board pursuant to section 15.3 of this act.*

Sec. 15.5. Chapter 632 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may, by regulation, require each advanced practice registered nurse who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. An advanced practice registered nurse may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

Sec. 15.55. 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.

(q) Is an advanced practice registered nurse who has failed to obtain any training required by the Board pursuant to section 15.5 of this act.

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 NRS 630.374 or 633.707.

Sec. 15.6. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may, by regulation, require each osteopathic physician or physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. Any licensee may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

Sec. 15.65. NRS 633.511 is hereby amended to read as follows:

633.511 The grounds for initiating disciplinary action pursuant to this chapter are:

1. Unprofessional conduct.
2. Conviction of:
 - (a) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;
 - (b) A felony relating to the practice of osteopathic medicine or practice as a physician assistant;
 - (c) A violation of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;
 - (d) Murder, voluntary manslaughter or mayhem;
 - (e) Any felony involving the use of a firearm or other deadly weapon;
 - (f) Assault with intent to kill or to commit sexual assault or mayhem;
 - (g) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
 - (h) Abuse or neglect of a child or contributory delinquency; or
 - (i) Any offense involving moral turpitude.
3. The suspension of a license to practice osteopathic medicine or to practice as a physician assistant by any other jurisdiction.
4. Malpractice or gross malpractice, which may be evidenced by a claim of malpractice settled against a licensee.
5. Professional incompetence.
6. Failure to comply with the requirements of NRS 633.527.
7. Failure to comply with the requirements of subsection 3 of NRS 633.471.
8. Failure to comply with the provisions of NRS 633.694.
9. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

10. Failure to comply with the provisions of subsection 2 of NRS 633.322.

11. Signing a blank prescription form.

12. Knowingly procuring or administering 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:

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

(b) 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

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

13. Attempting, directly or indirectly, by intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.

14. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient.

15. In addition to the provisions of subsection 3 of NRS 633.524, making or filing a report which the licensee knows to be false, failing to file a record or report that is required by law or willfully obstructing or inducing another to obstruct the making or filing of such a record or report.

16. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

17. Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

18. Engaging in any act that is unsafe in accordance with regulations adopted by the Board.

19. Failure to comply with the provisions of NRS 633.165.

20. Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

21. *Failure to obtain any training required by the Board pursuant to section 15.6 of this act.*

Sec. 15.7. Chapter 635 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may, by regulation, require each holder of a license to practice podiatry who is registered to dispense controlled substances pursuant to

NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. Any such holder of a license may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

Sec. 15.75. NRS 635.130 is hereby amended to read as follows:

635.130 1. The Board, after notice and a hearing as required by law, and upon any cause enumerated in subsection 2, may take one or more of the following disciplinary actions:

- (a) Deny an application for a license or refuse to renew a license.
- (b) Suspend or revoke a license.
- (c) Place a licensee on probation.
- (d) Impose a fine not to exceed \$5,000.

2. The Board may take disciplinary action against a licensee for any of the following causes:

(a) The making of a false statement in any affidavit required of the applicant for application, examination or licensure pursuant to the provisions of this chapter.

(b) Lending the use of the holder's name to an unlicensed person.

(c) If the holder is a podiatric physician, permitting an unlicensed person in his or her employ to practice as a podiatry hygienist.

(d) Habitual indulgence in the use of alcohol or any controlled substance which impairs the intellect and judgment to such an extent as in the opinion of the Board incapacitates the holder in the performance of his or her professional duties.

(e) Conviction of a crime involving moral turpitude.

(f) Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(g) Conduct which in the opinion of the Board disqualifies the licensee to practice with safety to the public.

(h) The commission of fraud by or on behalf of the licensee regarding his or her license or practice.

(i) Gross incompetency.

(j) Affliction of the licensee with any mental or physical disorder which seriously impairs his or her competence as a podiatric physician or podiatry hygienist.

(k) False representation by or on behalf of the licensee regarding his or her practice.

(l) Unethical or unprofessional conduct.

(m) Failure to comply with the requirements of subsection 1 of NRS 635.118.

(n) Willful or repeated violations of this chapter or regulations adopted by the Board.

(o) Willful violation of the regulations adopted by the State Board of Pharmacy.

(p) Knowingly procuring or administering 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.

(q) Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

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

(2) An act or omission occurs which results 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.

(r) *Failure to obtain any training required by the Board pursuant to section 15.7 of this act.*

Sec. 15.8. Chapter 636 of NRS is hereby amended by adding thereto a new section to read as follows:

The Board may, by regulation, require each optometrist who is certified to administer and prescribe therapeutic pharmaceutical agents pursuant to NRS 636.288 and who is registered to dispense controlled substances pursuant to NRS 453.231 to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure. Any licensee may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

Sec. 15.9. NRS 636.295 is hereby amended to read as follows:

636.295 The following acts, conduct, omissions, or mental or physical conditions, or any of them, committed, engaged in, omitted, or being suffered by a licensee, constitute sufficient cause for disciplinary action:

1. Affliction of the licensee with any communicable disease likely to be communicated to other persons.

2. Commission by the licensee of a felony relating to the practice of optometry or a gross misdemeanor involving moral turpitude of which the licensee has been convicted and from which he or she has been sentenced by a final judgment of a federal or state court in this or any other state, the judgment not having been reversed or vacated by a competent appellate court and the offense not having been pardoned by executive authority.

3. Conviction of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

4. Commission of fraud by or on behalf of the licensee in obtaining a license or a renewal thereof, or in practicing optometry thereunder.

5. Habitual drunkenness or addiction to any controlled substance.
6. Gross incompetency.
7. Affliction with any mental or physical disorder or disturbance seriously impairing his or her competency as an optometrist.
8. Making false or misleading representations, by or on behalf of the licensee, with respect to optometric materials or services.
9. Practice by the licensee, or attempting or offering so to do, while in an intoxicated condition.
10. Perpetration of unethical or unprofessional conduct in the practice of optometry.
11. Knowingly procuring or administering 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:
 - (a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
 - (b) 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
 - (c) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS.
12. Any violation of the provisions of this chapter or any regulations adopted pursuant thereto.
13. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:
 - (a) The license of the facility is suspended or revoked; or
 - (b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

14. *Failure to obtain any training required by the Board pursuant to section 15.8 of this act.*

Sec. 16. NRS 639.23507 is hereby amended to read as follows:

639.23507 A

~~1. Except as otherwise provided in this section, a practitioner shall, before ~~writing~~ initiating a prescription for a controlled substance listed in schedule II, III or IV, ~~for a patient,~~ obtain a patient utilization report regarding the patient ~~for the preceding 12 months~~ from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.1545 ~~if the practitioner has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition and~~;~~

1. The patient is a new patient of the practitioner; or

2. The ~~patient has not received any~~ prescription ~~for a controlled substance from the practitioner in the preceding 12 months~~ is for more than 7 days and is part of a new course of treatment for the patient.

➡ The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary.

2. *If a practitioner who attempts to obtain a patient utilization report as required by subsection 1 fails to do so because the computerized program is unresponsive or otherwise unavailable, the practitioner:*

(a) *Shall be deemed to have complied with subsection 1 if the practitioner documents the attempt and failure in the medical record of the patient.*

(b) *Is not liable for the failure.*

3. *The Board shall adopt regulations to provide alternative methods of compliance with subsection 1 for a physician while he or she is providing service in a hospital emergency department. The regulations must include, without limitation, provisions that allow a hospital to designate members of hospital staff to act as delegates for the purposes of accessing the database of the computerized program and obtaining patient utilization reports from the computerized program on behalf of such a physician.*

4. *A practitioner who violates subsection 1:*

(a) *Is not guilty of a misdemeanor.*

(b) *May be subject to professional discipline if the appropriate professional licensing board determines that the practitioner's violation was intentional.*

5. *As used in this section, "initiating a prescription" means originating a new prescription for a new patient of a practitioner or originating a new prescription to begin a new course of treatment for an existing patient of a practitioner. The term does not include any act concerning an ongoing prescription that is written to continue a course of treatment for an existing patient of a practitioner.*

Sec. 16.5. NRS 639.310 is hereby amended to read as follows:

639.310 ~~Unless~~ *Except as otherwise provided in NRS 639.23507, unless a greater penalty is specified, any person who violates any of the provisions of this chapter is guilty of a misdemeanor.*

Sec. 17. 1. The Department of Health and Human Services shall, not later than October 1, 2015, add naloxone hydrochloride for outpatient use to the list of preferred prescription drugs to be used for the Medicaid program established by the Department pursuant to NRS 422.4025.

2. Any expenses incurred by the Department to provide naloxone hydrochloride must be paid for through the existing resources of the Medicaid program.

Sec. 18. This act becomes effective:

1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

2. On October 1, 2015, for all other purposes.

Senator Hardy moved that the Senate concur in Assembly Amendment No. 655 to Senate Bill No. 459.

Remarks by Senator Hardy.

I would like to make some remarks that pertain to the amendment and overlap into the bill itself. There are many positive things coming out of Senate Bill No. 459 that are in the body of the bill, as amended from the Assembly—which did great work yesterday—and I appreciate their efforts on our behalf. We appreciate the Executive Branch being involved and helping us with our duties, particularly the First Lady as she has done such a good job working with both parties and with every person who had a concern about this bill.

I would like to list things in this bill that are good for helping people avoid an overdose situation and opioid problems that can come with and occur in conjunction with other medications. First, this bill requires the dispenser of medications—opioid and controlled substances—to make sure there are requirements identifying what they did. This does two things to address the overdose situation. If a person is found in overdose, it allows a good Samaritan, no matter what he or she is doing, has done or has been using with or without the same person who is in the overdose situation, to call for help and not have to worry about going to jail. Likewise, it allows a person to give Narcan or Naltrexone, a chemical that reverses, in a temporary way the effects of an opioid, to a person in an overdose situation. As we heard in testimony, there is a Florida Chief of Police who has made this available for all of his officers to carry on their belts. They are free to give this medication as needed. Now we too would be able to do this without legal problems; a person could be given Narcan and awakened from their stuporous state long enough to ensure they get to the hospital for the care they need.

This bill allows for treating acute pain, but makes sure we, as physicians, recognize that acute pain is acute pain and should be looked at as a seven-day episode instead of month-long episode. This will decrease the number of pills that are floating around out there. It will likewise recognize there are some pills that interact with opioids to make us more sleepy, and therefore, it creates the opportunity to keep track of Schedule II, III or IV medications and avoid negative interactions which are a critical part of the overdose problem we are facing.

It allows doctors to use the Prescription Monitoring Program (PMP) in a way to help them keep track of their patients, both old and new. It allows for the concept of the electronic health record to be studied. As this becomes more mature in its roll-up, it allows for the health record to be used in the PMP program. It flags potential patient abusers. If there is a person suspected of being a potential abuser, there is a box to be checked as this is rolled out. A physician can indicate he or she thinks a person has a problem, and it will be flagged so the Board of Pharmacy can figure out what to do with that in their prescription monitoring program.

It also opens the door for the extended-release type of pills so they can be studied, and it can be reported back how they could help decrease our problems with opioid overdoses and addiction.

As progress was made on this bill, the physician community was upset about different things that happened through the process. I think they will be happy, pleased and assured that they will benefit here. In the beginning bill, if a physician made an inadvertent mistake, he or she was guilty of a misdemeanor. That has been removed. Doctors will not be criminals. There will be an integration between the electronic health record and the prescription monitoring program. Education will be mandated under this amended bill as it has heretofore been available.

Not all prescriptions a doctor writes will need to be done. On a new prescription or a change in course of therapy, the doctor will be able to check the PMP, but it will not be "every single prescription" which was one of the consternations you may still hear. That is not true. This addresses this particular issue.

Hospital doctors, such as an emergency room doctor, are exempt. They are obviously busy and do not write large quantities of an opiate because they want an individual to see his or her primary care physician for follow-up on pain. The initiation of a script is defined that will help doctors understand not everything needs to be as onerous as they thought it was. There is a seven-day carve out so if there is acute pain, an individual can get their medicines without having to be overly burdensome.

If the PMP is not accessible, is down or not available, the doctor is not punished because of that. The Board of Medical Examiners, to whom the physician has always been accountable, is the one who has the accountability now to oversee the doctor, not a sheriff.

That is what is in the bill and the amendment for helping the problems with opiate misuse and overuse as well as providing benefits for the doctors.

Motion carried by a constitutional majority.

Bill ordered enrolled.

GUESTS EXTENDED PRIVILEGE OF SENATE FLOOR

On request of Senator Kieckhefer, the privilege of the floor of the Senate Chamber for this day was extended to students from Silver State Charter School: Jonathan Carrick, Juston Gardner, Kenneth Geary, Emily Gehr, Nicholas Hennessey, Tayelor Kurashige, Kristina Lozano, Riley McElfish, Sean McLean, Jacob Molnar, Stephanie Parks, Michael Pilant and Nicholas Hennessey.

On request of Senator Woodhouse, the privilege of the floor of the Senate Chamber for this day was extended to students from Lake Mead Christian Academy: Blake Baird, Mary Baryeh, Kostas Bauck, Nolan Blakeley, Alekk Castillo, Connor Claunch, Mary Corrigan, Shawn Davis, Zoey Dellorso, Audrey Dieleman, Chase Doran, Isabella Dowell, Emma Engelen, Jocelyn Fox, Sage Gillespie, Peyton Griffin-Anthony, Seth Hohn, Quinten Klinger, Kayleigh Knorr, Trevor LaPres, Luke Lassiter, Paul Le, Cooper Long, Natalie Lopez, Kennedy Maddox, Deaken Madruga, Connor Page, Zach Pantea, Lola Ramos, Connor Raybuck, Nayeli Rodriguez, Leah Sadler, Alycia Sanderin, Katelyn Segura, Justice Stewart, Dani Swolensky and Cody Zemski.

Senator Roberson moved that the Senate adjourn until Monday, May 4, 2015, at 11:00 a.m.

Motion carried.

Senate adjourned at 1:01 p.m.

Approved:

MARK A. HUTCHISON

President of the Senate

Attest: CLAIRE J. CLIFT

Secretary of the Senate