AN ACT relating to controlled substances; requiring certain persons to report actual or suspected drug overdoses; requiring the State Board of Health to adopt a system for making such reports; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:
Existing law requires a provider of health care who knows of, or provides services to, a person who has suffered or is suspected of having suffered a drug overdose to report that fact to the Chief Medical Examiner or his or her designee. (NRS 441A.150) Section 5 of this bill requires a person who administers emergency services to a person experiencing an actual or suspected drug overdose or who transports such a person to a medical facility to report the actual or suspected drug overdose to a system adopted by the State Board of Health. In addition, section 5 requires a coroner or medical examiner who determines that the death of a person was caused by a drug overdose to report that fact to the system. Section 5 also makes it a misdemeanor to fail to make such a report when required. Section 6 of this bill requires the State Board of Health to adopt by regulation a system for making those reports of actual or suspected drug overdoses. Section 6 also establishes the requirements for such a system, including that the system must produce a map in real time of the locations of reported drug overdoses that is accessible to persons who administer emergency medical services, law enforcement agencies and the Division of Public and Behavioral Health of the Department of Health and Human Services.
THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 439 of NRS is hereby amended by adding
thereto the provisions set forth as sections 2 to 6, inclusive, of this
act.

Sec. 2. As used in sections 2 to 6, inclusive, of this act, unless
the context otherwise requires, the words and terms defined in
sections 3 and 4 have the meanings ascribed to them in those
sections.

Sec. 3. “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 a controlled substance.

Sec. 4. “Person who administers emergency medical
services” means a paid or volunteer firefighter, law enforcement
officer, emergency medical technician, advanced emergency
medical technician, paramedic, ambulance attendant or other
person trained to provide emergency medical services.

Sec. 5. 1. A person who administers emergency medical
services to a person experiencing an actual or suspected drug
overdose or who transports such a person to a medical facility
shall report the information described in paragraph (a) of
subsection 1 of section 6 of this act, to the extent that such
information is known, using the system adopted by the State Board
of Health pursuant to section 6 of this act as soon as possible, but
not later than 72 hours after providing such services or
transportation.

2. When a coroner or medical examiner determines that the
death of a person was caused by a drug overdose, the coroner or
medical examiner shall report the information described in
paragraph (a) of subsection 1 of section 6 of this act, to the extent
that such information is known, using the system adopted
pursuant to section 6 of this act as soon as possible, but not later
than 24 hours after making that determination.

3. A person who administers emergency medical services, a
coroner and a medical examiner in this State shall comply with
any requirements necessary to access the system adopted pursuant
to section 6 of this act to make the reports required by subsection 1
or 2, as applicable.

4. Failure to make a report required by subsection 1 or 2 is a
misdemeanor.

Sec. 6. 1. The State Board of Health shall adopt by
regulation a system for the reporting of information concerning
actual and suspected drug overdoses pursuant to section 5 of this act and the maintenance of such information. The system must:
   (a) Allow for the reporting of the following information concerning an actual or suspected drug overdose:
      (1) The date and time of the actual or suspected drug overdose;
      (2) The address where the actual or suspected drug overdose occurred or where the person was initially encountered;
      (3) Whether a drug, including, without limitation, an opioid antagonist, as defined in NRS 453C.040, was administered to the person to reverse the effects of the actual or suspected drug overdose and, if so, the quantity of the drug that was administered; and
      (4) Whether the actual or suspected drug overdose resulted in the death of the person.
   (b) Allow secure access to the system to:
      (1) Persons who administer emergency medical services, coroners and medical examiners to make the reports required by section 5 of this act; and
      (2) Persons who administer emergency medical services, law enforcement agencies, the Division and any other entity prescribed by regulation of the State Board of Health to view in real time the data acquired through such reports, including, without limitation, the map described in paragraph (c).
   (c) Produce a map in real time of the locations of actual and suspected drug overdoses reported pursuant to section 5 of this act.

2. The State Board of Health may adopt any other regulations necessary to carry out the requirements of sections 2 to 6, inclusive, of this act.

Sec. 7. 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 January 1, 2020, for all other purposes.