

SENATE BILL NO. 283—SENATORS CANCELA,  
SPEARMAN AND RATTI

MARCH 15, 2019

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to prescription drugs.  
(BDR 38-114)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

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

AN ACT relating to prescription drugs; revising provisions governing restrictions imposed on the list of preferred prescription drugs to be used for the Medicaid program; revising the criteria for selecting prescription drugs for inclusion on that list; authorizing the Pharmacy and Therapeutics Committee to close certain meetings under certain circumstances; expanding the scope of the computerized program to track prescriptions; authorizing the Division of Public and Behavioral Health of the Department of Health and Human Services to access the program for certain purposes; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law requires the Department of Health and Human Services by  
2 regulation to develop: (1) a list of preferred prescription drugs to be used for the  
3 Medicaid program; and (2) a list of prescription drugs which must be excluded  
4 from any restrictions that are imposed on the list of preferred prescription drugs to  
5 be used for the Medicaid program. (NRS 422.4025) **Section 1** of this bill removes  
6 the requirement that the Department develop a list of prescription drugs which must  
7 be excluded from any restrictions that are imposed on the list of preferred  
8 prescription drugs to be used for the Medicaid program.  
9 Existing law requires the Department to create a Pharmacy and Therapeutics  
10 Committee to make decisions concerning the inclusion of therapeutic prescription  
11 drugs on the list of preferred prescription drugs to be used by the Medicaid  
12 program. (NRS 422.4025, 422.4035) Existing law requires the Committee to base  
13 its decisions on evidence of clinical efficacy and safety of prescription drugs  
14 without consideration of cost. (NRS 422.405) **Section 2** of this bill removes this



15 requirement. Instead, **section 2** requires the Committee to determine whether one or  
16 more therapeutic prescription drugs in a class of drugs demonstrate significantly  
17 higher clinical efficacy and safety than other drugs in the class. If the Committee  
18 determines that one such drug exists, **section 2** requires the drug to be included on  
19 the list of preferred prescription drugs. If the Committee determines that multiple  
20 such drugs exist, **section 2** authorizes the Committee to consider cost effectiveness  
21 when determining which of those drugs should be included on the list of preferred  
22 prescription drugs.

23 Existing federal law requires certain information concerning the price of  
24 prescription drugs used in the Medicaid program to remain confidential. (42 U.S.C.  
25 1396r-8) **Section 2** authorizes the Committee to close any portion of a meeting  
26 during which it considers the cost effectiveness of a prescription drug.

27 Existing law requires the State Board of Pharmacy and the Investigation  
28 Division of the Department of Public Safety to cooperatively develop a  
29 computerized program to track each prescription for a controlled substance listed in  
30 schedule II, III, IV or V that is filled by a registered pharmacy or dispensed by a  
31 registered practitioner. (NRS 453.162) **Section 4** of this bill expands the scope of  
32 the program to track each prescription filled by a registered pharmacy or dispensed  
33 by a registered practitioner, regardless of whether the drug prescribed is a  
34 controlled substance. **Section 6** of this bill authorizes the Division of Public and  
35 Behavioral Health of the Department of Health and Human Services to access the  
36 program for certain purposes related to public health. **Sections 3, 5, 7 and 8** of this  
37 bill make conforming changes.

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

1 **Section 1.** NRS 422.4025 is hereby amended to read as  
2 follows:

3 422.4025 1. The Department shall, by regulation, develop a  
4 list of preferred prescription drugs to be used for the Medicaid  
5 program.

6 2. ~~The Department shall, by regulation, establish a list of~~  
7 ~~prescription drugs which must be excluded from any restrictions that~~  
8 ~~are imposed on drugs that are on the list of preferred prescription~~  
9 ~~drugs established pursuant to subsection 1. The list established~~  
10 ~~pursuant to this subsection must include, without limitation:~~

11 ~~— (a) Atypical and typical antipsychotic medications that are~~  
12 ~~prescribed for the treatment of a mental illness of a patient who is~~  
13 ~~receiving services pursuant to Medicaid;~~

14 ~~— (b) Prescription drugs that are prescribed for the treatment of the~~  
15 ~~human immunodeficiency virus or acquired immunodeficiency~~  
16 ~~syndrome, including, without limitation, protease inhibitors and~~  
17 ~~antiretroviral medications;~~

18 ~~— (c) Anticonvulsant medications;~~

19 ~~— (d) Antirejection medications for organ transplants;~~

20 ~~— (e) Antidiabetic medications;~~

21 ~~— (f) Antihemophilic medications; and~~



1 ~~—(g) Any prescription drug which the Committee identifies as~~  
2 ~~appropriate for exclusion from any restrictions that are imposed on~~  
3 ~~drugs that are on the list of preferred prescription drugs.~~

4 ~~—3.]~~ The regulations must provide that the Committee makes the  
5 final determination of:

6 (a) Whether a class of therapeutic prescription drugs is included  
7 on the list of preferred prescription drugs ~~[and is excluded from any~~  
8 ~~restrictions that are imposed on drugs that are on the list of preferred~~  
9 ~~prescription drugs;]~~ **and**

10 (b) Which therapeutically equivalent prescription drugs will be  
11 reviewed for inclusion on the list of preferred prescription drugs .  
12 ~~[and for exclusion from any restrictions that are imposed on drugs~~  
13 ~~that are on the list of preferred prescription drugs; and~~

14 ~~(c) Which prescription drugs should be excluded from any~~  
15 ~~restrictions that are imposed on drugs that are on the list of preferred~~  
16 ~~prescription drugs based on continuity of care concerning a specific~~  
17 ~~diagnosis, condition, class of therapeutic prescription drugs or~~  
18 ~~medical specialty.~~

19 ~~—4.]~~ **3.** The regulations must provide that each new  
20 pharmaceutical product and each existing pharmaceutical product  
21 for which there is new clinical evidence supporting its inclusion on  
22 the list of preferred prescription drugs must be made available  
23 pursuant to the Medicaid program with prior authorization until the  
24 Committee reviews the product or the evidence.

25 **Sec. 2.** NRS 422.405 is hereby amended to read as follows:

26 422.405 1. The Department shall, by regulation, set forth the  
27 duties of the Committee which must include, without limitation:

28 (a) Identifying the prescription drugs which should be included  
29 on the list of preferred prescription drugs developed by the  
30 Department for the Medicaid program pursuant to NRS 422.4025 .  
31 ~~[and the prescription drugs which should be excluded from any~~  
32 ~~restrictions that are imposed on drugs that are on the list of preferred~~  
33 ~~prescription drugs;]~~

34 (b) Identifying classes of therapeutic prescription drugs for its  
35 review and performing a clinical analysis of each drug included in  
36 each class that is identified for review; and

37 (c) Reviewing at least annually all classes of therapeutic  
38 prescription drugs on the list of preferred prescription drugs  
39 developed by the Department for the Medicaid program pursuant to  
40 NRS 422.4025.

41 2. The Department shall, by regulation, require the Committee  
42 to:

43 (a) ~~[Base its decisions on evidence of clinical efficacy and safety~~  
44 ~~without consideration of the cost of the prescription drugs being~~  
45 ~~considered by the Committee;]~~



1 ~~—(b)~~ Review new pharmaceutical products in as expeditious a  
2 manner as possible; and

3 ~~[(c)]~~ (b) Consider new clinical evidence supporting the  
4 inclusion of an existing pharmaceutical product on the list of  
5 preferred prescription drugs developed by the Department for the  
6 Medicaid program ~~[and new clinical evidence supporting the  
7 exclusion of an existing pharmaceutical product from any  
8 restrictions that are imposed on drugs that are on the list of preferred  
9 prescription drugs]~~ in as expeditious a manner as possible.

10 3. The Department shall, by regulation, authorize the  
11 Committee to:

12 (a) In carrying out its duties, exercise clinical judgment and  
13 analyze peer review articles, published studies, and other medical  
14 and scientific information; and

15 (b) Establish subcommittees to analyze specific issues that arise  
16 as the Committee carries out its duties.

17 4. *When identifying the prescription drugs to include on the  
18 list of preferred prescription drugs developed by the Department  
19 for the Medicaid program pursuant to NRS 422.4025, the  
20 Committee shall determine whether any therapeutic prescription  
21 drug in a class of drugs identified pursuant to paragraph (b) of  
22 subsection 1 demonstrates significantly higher clinical efficacy  
23 and safety than other drugs in the class. If the Committee:*

24 (a) *Identifies one such drug in a class, the drug must be  
25 included on the list of preferred prescription drugs without  
26 consideration of cost.*

27 (b) *Identifies two or more such drugs in a class with similarly  
28 high levels of clinical efficacy and safety or determines that all  
29 drugs in the class have similarly high levels of clinical efficacy  
30 and safety, the Committee may consider cost effectiveness,  
31 including, without limitation, the price of the drugs and any  
32 rebates or other discounts available, when determining which of  
33 those drugs to include on the list of preferred prescription drugs.*

34 5. *The Committee may close any portion of a meeting during  
35 which it considers the cost effectiveness of a prescription drug is  
36 considered pursuant to subsection 4. Any portion of a meeting that  
37 is closed pursuant to this subsection is not subject to the provisions  
38 of chapter 241 of NRS.*

39 **Sec. 3.** NRS 241.016 is hereby amended to read as follows:

40 241.016 1. The meetings of a public body that are quasi-  
41 judicial in nature are subject to the provisions of this chapter.

42 2. The following are exempt from the requirements of this  
43 chapter:

44 (a) The Legislature of the State of Nevada.



1 (b) Judicial proceedings, including, without limitation,  
2 proceedings before the Commission on Judicial Selection and,  
3 except as otherwise provided in NRS 1.4687, the Commission on  
4 Judicial Discipline.

5 (c) Meetings of the State Board of Parole Commissioners when  
6 acting to grant, deny, continue or revoke the parole of a prisoner or  
7 to establish or modify the terms of the parole of a prisoner.

8 3. Any provision of law, including, without limitation, NRS  
9 91.270, 219A.210, 228.495, 239C.140, 281A.350, 281A.690,  
10 281A.735, 281A.760, 284.3629, 286.150, 287.0415, 287.04345,  
11 287.338, 288.220, 289.387, 295.121, 360.247, 388.261, 388A.495,  
12 388C.150, 388G.710, 388G.730, 392.147, 392.467, 394.1699,  
13 396.3295, **422.405**, 433.534, 435.610, 463.110, 622.320, 622.340,  
14 630.311, 630.336, 631.3635, 639.050, 642.518, 642.557, 686B.170,  
15 696B.550, 703.196 and 706.1725, which:

16 (a) Provides that any meeting, hearing or other proceeding is not  
17 subject to the provisions of this chapter; or

18 (b) Otherwise authorizes or requires a closed meeting, hearing  
19 or proceeding,

20 ↪ prevails over the general provisions of this chapter.

21 4. The exceptions provided to this chapter, and electronic  
22 communication, must not be used to circumvent the spirit or letter of  
23 this chapter to deliberate or act, outside of an open and public  
24 meeting, upon a matter over which the public body has supervision,  
25 control, jurisdiction or advisory powers.

26 **Sec. 4.** NRS 453.162 is hereby amended to read as follows:

27 453.162 1. The Board and the Division shall cooperatively  
28 develop a computerized program to track each prescription ~~{for a~~  
29 ~~controlled substance listed in schedule II, III, IV or V}~~ that is filled  
30 by a pharmacy that is registered with the Board or that is dispensed  
31 by a practitioner who is registered with the Board. The program  
32 must:

33 (a) Be designed to provide information regarding:

34 (1) The inappropriate use by a patient of controlled  
35 substances listed in schedules II, III, IV or V to pharmacies,  
36 practitioners and appropriate state and local governmental agencies,  
37 including, without limitation, law enforcement agencies and  
38 occupational licensing boards, to prevent the improper or illegal use  
39 of those controlled substances; and

40 (2) Statistical data relating to the use of ~~{those controlled~~  
41 ~~substances}~~ **prescription drugs** that is not specific to a particular  
42 patient.

43 (b) Be administered by the Board, the Investigation Division,  
44 the Division of Public and Behavioral Health of the Department and  
45 various practitioners, representatives of professional associations for



1 practitioners, representatives of occupational licensing boards and  
2 prosecuting attorneys selected by the Board and the Investigation  
3 Division.

4 (c) Not infringe on the legal use of a controlled substance *or*  
5 *other prescription drug, including, without limitation, the legal*  
6 *use of a controlled substance or other prescription drug* for the  
7 management of severe or intractable pain.

8 (d) Include the contact information of each person who is  
9 required to access the database of the program pursuant to NRS  
10 453.164, including, without limitation:

11 (1) The name of the person;

12 (2) The physical address of the person;

13 (3) The telephone number of the person; and

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

16 (e) Include, for each prescription of a controlled substance listed  
17 in schedule II, III, IV or V:

18 (1) The fewest number of days necessary to consume the  
19 quantity of the controlled substance dispensed to the patient if the  
20 patient consumes the maximum dose of the controlled substance  
21 authorized by the prescribing practitioner; *and*

22 (2) Each state in which the patient to whom the controlled  
23 substance was prescribed has previously resided or filled a  
24 prescription for a controlled substance listed in schedule II, III, IV  
25 or V. ~~}; and~~

26 ~~—(3) The}~~

27 (f) *Include, for each prescription, the* code established in the  
28 International Classification of Diseases, Tenth Revision, Clinical  
29 Modification, adopted by the National Center for Health Statistics  
30 and the Centers for Medicare and Medicaid Services, or the code  
31 used in any successor classification system adopted by the National  
32 Center for Health Statistics and the Centers for Medicare and  
33 Medicaid Services, that corresponds to the diagnosis for which the  
34 ~~{controlled substance}~~ *prescription drug* was prescribed.

35 ~~{(f)}~~ (g) To the extent that money is available, include:

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



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

4 2. The Board, the Division and each employee thereof are  
5 immune from civil and criminal liability for any action relating to  
6 the collection, maintenance and transmission of information  
7 pursuant to this section and NRS 453.163 to 453.1645, inclusive, if  
8 a good faith effort is made to comply with applicable laws and  
9 regulations.

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

13 **Sec. 5.** NRS 453.163 is hereby amended to read as follows:

14 453.163 1. Except as otherwise provided in this subsection,  
15 each person registered pursuant to this chapter to dispense a  
16 controlled substance listed in schedule II, III, IV or V for human  
17 consumption shall, not later than the end of the next business day  
18 after dispensing a ~~controlled substance,~~ *prescription drug*, upload  
19 the information described in ~~paragraph~~ *paragraphs (d), (e) and (f)*  
20 of subsection 1 of NRS 453.162 ~~[-], to the extent applicable.~~ The  
21 requirements of this subsection do not apply if the ~~controlled~~  
22 ~~substance~~ *prescription drug* is administered directly by a  
23 practitioner to a patient in a health care facility, as defined in NRS  
24 439.960, a child who is a resident in a child care facility, as defined  
25 in NRS 432A.024, or a prisoner, as defined in NRS 208.085. The  
26 Board shall establish by regulation and impose administrative  
27 penalties for the failure to upload information pursuant to this  
28 subsection.  
29

30 2. The Board and the Division may cooperatively enter into a  
31 written agreement with an agency of any other state to provide,  
32 receive or exchange information obtained by the program with a  
33 program established in that state which is substantially similar to the  
34 program established pursuant to NRS 453.162, including, without  
35 limitation, providing such state access to the database of the  
36 program or transmitting information to and receiving information  
37 from such state. Any information provided, received or exchanged  
38 as part of an agreement made pursuant to this section may only be  
39 used in accordance with the provisions of this chapter.

40 3. A practitioner who is authorized to write prescriptions for  
41 and each person who is authorized to dispense controlled substances  
42 listed in schedule II, III, IV or V for human consumption who  
43 makes a good faith effort to comply with applicable laws and  
44 regulations when transmitting to the Board or the Division a report  
45 or information required by this section or NRS 453.162 or 453.164,



1 or a regulation adopted pursuant thereto, is immune from civil and  
2 criminal liability relating to such action.

3 **Sec. 6.** NRS 453.164 is hereby amended to read as follows:

4 453.164 1. The Board shall provide Internet access to the  
5 database of the program established pursuant to NRS 453.162 to an  
6 occupational licensing board that licenses any practitioner who is  
7 authorized to write prescriptions for human consumption of  
8 controlled substances listed in schedule II, III, IV or V. An  
9 occupational licensing board that is provided access to the database  
10 pursuant to this section may access the database to investigate a  
11 complaint, report or other information that indicates fraudulent,  
12 illegal, unauthorized or otherwise inappropriate activity related to  
13 the prescribing, dispensing or use of a controlled substance.

14 2. The Board and the Division must have access to the program  
15 established pursuant to NRS 453.162 to identify any suspected  
16 fraudulent, illegal, unauthorized or otherwise inappropriate activity  
17 related to the prescribing, dispensing or use of controlled  
18 substances.

19 3. *The Division of Public and Behavioral Health of the*  
20 *Department of Health and Human Services must have access to*  
21 *the program established pursuant to NRS 453.162 to review,*  
22 *analyze and inform research, outreach and intervention relating*  
23 *to public health.*

24 4. Except as otherwise provided in subsection ~~4.~~ 5, the Board  
25 or the *Investigation Division of the Department of Public Safety*  
26 shall report any activity it reasonably suspects may:

27 (a) Indicate fraudulent, illegal, unauthorized or otherwise  
28 inappropriate activity related to the prescribing, dispensing or use of  
29 a controlled substance to the appropriate law enforcement agency or  
30 occupational licensing board and provide the law enforcement  
31 agency or occupational licensing board with the relevant  
32 information obtained from the program for further investigation.

33 (b) Indicate the inappropriate use by a patient of a controlled  
34 substance to the occupational licensing board of each practitioner  
35 who has prescribed the controlled substance to the patient. The  
36 occupational licensing board may access the database of the  
37 program established pursuant to NRS 453.162 to determine which  
38 practitioners are prescribing the controlled substance to the patient.  
39 The occupational licensing board may use this information for any  
40 purpose it deems necessary, including, without limitation, alerting a  
41 practitioner that a patient may be fraudulently obtaining a controlled  
42 substance or determining whether a practitioner is engaged in  
43 unlawful or unprofessional conduct.

44 ~~4.~~ 5. The Board or Division may withhold any report  
45 required by subsection ~~3.~~ 4 if the Board determines that doing so is





1 necessary to avoid interfering with any pending administrative or  
2 criminal investigation into the suspected fraudulent, illegal,  
3 unauthorized or otherwise inappropriate prescribing, dispensing or  
4 use of a controlled substance.

5 ~~{5}~~ 6. The Board and the Division shall cooperatively develop  
6 a course of training for persons who are required or authorized to  
7 receive access to the database of the program pursuant to subsection  
8 ~~{7}~~ 8 or NRS 453.1645 and 453.165 and require each such person to  
9 complete the course of training before the person is provided with  
10 Internet access to the database.

11 ~~{6}~~ 7. Each practitioner who is authorized to write  
12 prescriptions for and each person who is authorized to dispense  
13 controlled substances listed in schedule II, III, IV or V for human  
14 consumption shall complete the course of instruction described in  
15 subsection ~~{5}~~ 6. The Board shall provide Internet access to the  
16 database to each such practitioner or other person who completes  
17 the course of instruction.

18 ~~{7}~~ 8. Each practitioner who is authorized to write  
19 prescriptions for human consumption of controlled substances listed  
20 in schedule II, III, IV or V shall, to the extent the program allows,  
21 access the database of the program established pursuant to NRS  
22 453.162 at least once each 6 months to:

23 (a) Review the information concerning the practitioner that is  
24 listed in the database, including, without limitation, information  
25 concerning prescriptions issued by the practitioner, and notify the  
26 Board if any such information is not correct; and

27 (b) Verify to the Board that he or she continues to have access to  
28 and has accessed the database as required by this subsection.

29 ~~{8}~~ 9. Information obtained from the program relating to a  
30 practitioner or a patient is confidential and, except as otherwise  
31 provided by this section and NRS 239.0115, 453.162 and 453.163,  
32 must not be disclosed to any person. That information must be  
33 disclosed:

34 (a) Upon a request made on a notarized form prescribed by the  
35 Board by a person about whom the information requested concerns  
36 or upon such a request on behalf of that person by his or her  
37 attorney; or

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

39 ~~{9}~~ 10. If the Board, the Division or a law enforcement agency  
40 determines that the database of the program has been intentionally  
41 accessed by a person or for a purpose not authorized pursuant to  
42 NRS 453.162 to 453.165, inclusive, the Board, Division or law  
43 enforcement agency, as applicable, must notify any person whose  
44 information was accessed by an unauthorized person or for an  
45 unauthorized purpose.



1       **Sec. 7.** NRS 453.1645 is hereby amended to read as follows:  
2       453.1645 1. Except as otherwise provided in this section, the  
3 Board shall allow:

4       (a) A coroner or medical examiner to have Internet access to the  
5 database of the computerized program developed pursuant to NRS  
6 453.162 if the coroner or medical examiner has completed the  
7 course of training developed pursuant to subsection ~~5~~ 6 of  
8 NRS 453.164.

9       (b) A deputy of a coroner or medical examiner to have Internet  
10 access to the database of the computerized program developed  
11 pursuant to NRS 453.162 if:

12       (1) The deputy has completed the course of training  
13 developed pursuant to subsection ~~5~~ 6 of NRS 453.164; and

14       (2) The coroner or medical examiner who employs the  
15 deputy has submitted the certification required pursuant to  
16 subsection 2 to the Board.

17       2. Before the deputy of a coroner or medical examiner may be  
18 given access to the database pursuant to subsection 1, the coroner or  
19 medical examiner who employs the deputy must certify to the Board  
20 that the deputy has been approved to have such access and meets the  
21 requirements of subsection 1. Such certification must be made on a  
22 form provided by the Board and renewed annually.

23       3. When a coroner, medical examiner or deputy thereof  
24 accesses the database of the computerized program pursuant to this  
25 section, the coroner, medical examiner or deputy thereof must enter  
26 a unique user name assigned to the coroner, medical examiner or  
27 deputy thereof and, if applicable, the case number corresponding to  
28 the investigation being conducted by the coroner, medical examiner  
29 or deputy thereof.

30       4. A coroner, medical examiner or deputy thereof who has  
31 access to the database of the computerized program pursuant to  
32 subsection 1 may access the database only to:

33       (a) Investigate the death of a person; or

34       (b) Upload information to the database pursuant to  
35 NRS 453.1635.

36       5. The Board or the Division may suspend or terminate access  
37 to the database of the computerized program pursuant to this section  
38 if a coroner, medical examiner or deputy thereof violates any  
39 provision of this section.

40       **Sec. 8.** NRS 453.165 is hereby amended to read as follows:

41       453.165 1. Except as otherwise provided in this section, the  
42 Board shall allow an employee of a law enforcement agency to have  
43 Internet access to the database of the computerized program  
44 developed pursuant to NRS 453.162 if:



1 (a) The employee has been approved by his or her employer to  
2 have such access;

3 (b) The employee has completed the course of training  
4 developed pursuant to subsection ~~5~~ 6 of NRS 453.164; and

5 (c) The law enforcement agency has submitted the certification  
6 required pursuant to subsection 2 to the Board.

7 2. Before an employee of a law enforcement agency may be  
8 given access to the database pursuant to subsection 1, the law  
9 enforcement agency must certify to the Board that the employee has  
10 been approved to be given such access and meets the requirements  
11 of subsection 1. Such certification must be made on a form provided  
12 by the Board and renewed annually.

13 3. When an employee of a law enforcement agency accesses  
14 the database of the computerized program pursuant to this section,  
15 the employee must enter a unique user name assigned to the  
16 employee and, if applicable, the case number corresponding to  
17 the investigation pursuant to which the employee is accessing the  
18 database.

19 4. An employee of a law enforcement agency who is given  
20 access to the database of the computerized program pursuant to  
21 subsection 1 may access the database for no other purpose than to:

22 (a) Investigate a crime related to prescription drugs; or

23 (b) Upload information to the database pursuant to  
24 NRS 453.1635.

25 5. A law enforcement agency whose employees are provided  
26 access to the database of the computerized program pursuant to this  
27 section shall monitor the use of the database by the employees of the  
28 law enforcement agency and establish appropriate disciplinary  
29 action to take against an employee who violates the provisions of  
30 this section.

31 6. The Board or the Division may suspend or terminate access  
32 to the database of the computerized program pursuant to this section  
33 if a law enforcement agency or employee thereof violates any  
34 provision of this section.

35 **Sec. 9.** 1. This section and sections 1 and 2 of this act  
36 become effective on July 1, 2019.

37 2. Sections 3 to 8, inclusive, of this act become effective:

38 (a) Upon passage and approval for the purpose of adopting any  
39 regulations and performing any other preparatory administrative  
40 tasks that are necessary to carry out the provisions of this act; and

41 (b) On January 1, 2020, for all other purposes.

