

(Reprinted with amendments adopted on April 17, 2019)

FIRST REPRINT

S.B. 283

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 concerning the administration of coverage of prescription drugs under the State Plan for Medicaid and the Children’s Health Insurance Program; 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: (1) requires the Department of Health and Human Services to  
2 administer the Medicaid program; and (2) authorizes the Department to contract  
3 with a health maintenance organization to provide services to recipients of  
4 Medicaid through managed care. (NRS 422.270, 422.273) **Section 1** of this bill  
5 requires any contract between the Department of Health and Human Services and a  
6 private insurer or pharmacy benefit manager to provide services related to  
7 prescription drug coverage under the State Plan for Medicaid or the Children’s  
8 Health Insurance Program to require the insurer or pharmacy benefit manager to  
9 provide to the Department any information concerning such services provided  
10 pursuant to the contract. If the Department does not enter into such a contract,  
11 **section 1** requires the Department to directly manage and coordinate such services.



\* S B 2 8 3 R 1 \*

12 **Section 1.3** of this bill otherwise prohibits the Department from contracting with a  
13 managed care organization for any services related to coverage of prescription  
14 drugs for recipients of Medicaid. **Section 1.6** of this bill makes a conforming  
15 change.

16 Existing law requires the Department by regulation to develop: (1) a list of  
17 preferred prescription drugs to be used for the Medicaid program; and (2) a list of  
18 prescription drugs which must be excluded from any restrictions that are imposed  
19 on the list of preferred prescription drugs to be used for the Medicaid program.  
20 (NRS 422.4025) **Section 1.9** of this bill removes certain categories of prescription  
21 drugs from the list of prescription drugs which must be excluded from any  
22 restrictions that are imposed on the list of preferred prescription drugs to be used  
23 for the Medicaid program.

24 Existing law requires the Department to create a Pharmacy and Therapeutics  
25 Committee to make decisions concerning the inclusion of therapeutic prescription  
26 drugs on the list of preferred prescription drugs to be used by the Medicaid  
27 program. (NRS 422.4025, 422.4035) Existing law requires the Committee to base  
28 its decisions on evidence of clinical efficacy and safety of prescription drugs  
29 without consideration of cost. (NRS 422.405) **Section 2** of this bill removes this  
30 requirement. Instead, **section 2** requires the Committee to determine whether one or  
31 more therapeutic prescription drugs in a class of drugs demonstrate significantly  
32 higher clinical efficacy and safety than other drugs in the class. If the Committee  
33 determines that one such drug exists, **section 2** requires the drug to be included on  
34 the list of preferred prescription drugs. If the Committee determines that multiple  
35 such drugs exist, **section 2** authorizes the Committee to consider cost effectiveness  
36 when determining which of those drugs should be included on the list of preferred  
37 prescription drugs.

38 Existing federal law requires certain information concerning the price of  
39 prescription drugs used in the Medicaid program to remain confidential. (42 U.S.C.  
40 1396r-8) **Section 2** authorizes the Committee to close any portion of a meeting  
41 during which it considers the cost effectiveness of a prescription drug.

42 Existing law requires the State Board of Pharmacy and the Investigation  
43 Division of the Department of Public Safety to cooperatively develop a  
44 computerized program to track each prescription for a controlled substance listed in  
45 schedule II, III, IV or V that is filled by a registered pharmacy or dispensed by a  
46 registered practitioner. (NRS 453.162) **Section 4** of this bill expands the scope of  
47 the program to track each prescription filled by a registered pharmacy or dispensed  
48 by a registered practitioner, regardless of whether the drug prescribed is a  
49 controlled substance. **Section 6** of this bill authorizes the Division of Public and  
50 Behavioral Health of the Department of Health and Human Services to access the  
51 program for certain purposes related to public health. **Sections 3, 5, 7 and 8** of this  
52 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.** Chapter 422 of NRS is hereby amended by adding  
2 thereto a new section to read as follows:

3 *1. Except as otherwise provided in subsection 2, the*  
4 *Department shall directly manage, direct and coordinate all*  
5 *payments and rebates for prescription drugs and all other services*  
6 *and payments relating to the provision of prescription drugs under*



1 *the State Plan for Medicaid and the Children's Health Insurance*  
2 *Program.*

3 2. *The Department may enter into a contract with a private*  
4 *insurer or pharmacy benefit manager for the provision of any*  
5 *services described in subsection 1. Such a contract:*

6 (a) *Must require the insurer or pharmacy benefit manager to*  
7 *disclose to the Department any information relating to the services*  
8 *covered by the contract, including, without limitation, information*  
9 *concerning dispensing fees, measures for the control of costs,*  
10 *rebates collected and paid and any fees and charges imposed by*  
11 *the pharmacy benefit manager pursuant to the contract.*

12 (b) *May require the insurer or pharmacy benefit manager to*  
13 *provide the entire amount of any rebates received for the purchase*  
14 *of prescription drugs to the Department.*

15 3. *As used in this section, "pharmacy benefit manager" has*  
16 *the meaning ascribed to it in NRS 683A.174.*

17 **Sec. 1.3.** NRS 422.273 is hereby amended to read as follows:

18 422.273 1. For any Medicaid managed care program  
19 established in the State of Nevada, the Department shall contract  
20 only with a health maintenance organization that has:

21 (a) Negotiated in good faith with a federally-qualified health  
22 center to provide health care services for the health maintenance  
23 organization;

24 (b) Negotiated in good faith with the University Medical Center  
25 of Southern Nevada to provide inpatient and ambulatory services to  
26 recipients of Medicaid; and

27 (c) Negotiated in good faith with the University of Nevada  
28 School of Medicine to provide health care services to recipients of  
29 Medicaid.

30 ➔ Nothing in this section shall be construed as exempting a  
31 federally-qualified health center, the University Medical Center of  
32 Southern Nevada or the University of Nevada School of Medicine  
33 from the requirements for contracting with the health maintenance  
34 organization.

35 2. During the development and implementation of any  
36 Medicaid managed care program, the Department shall cooperate  
37 with the University of Nevada School of Medicine by assisting in  
38 the provision of an adequate and diverse group of patients upon  
39 which the school may base its educational programs.

40 3. The University of Nevada School of Medicine may establish  
41 a nonprofit organization to assist in any research necessary for the  
42 development of a Medicaid managed care program, receive and  
43 accept gifts, grants and donations to support such a program and  
44 assist in establishing educational services about the program for  
45 recipients of Medicaid.



1 4. For the purpose of contracting with a Medicaid managed  
2 care program pursuant to this section, a health maintenance  
3 organization is exempt from the provisions of NRS 695C.123.

4 5. *Except as authorized by section 1 of this act, the*  
5 *Department shall not contract with a managed care organization*  
6 *for any services relating to coverage of prescription drugs for*  
7 *recipients of Medicaid. Such coverage must be managed and*  
8 *coordinated by the Department in accordance with NRS 422.401*  
9 *to 422.406, inclusive, and section 1 of this act.*

10 6. The provisions of this section apply to any managed care  
11 organization, including a health maintenance organization, that  
12 provides health care services to recipients of Medicaid under the  
13 State Plan for Medicaid or the Children's Health Insurance Program  
14 pursuant to a contract with the Division. Such a managed care  
15 organization or health maintenance organization is not required to  
16 establish a system for conducting external reviews of adverse  
17 determinations in accordance with chapter 695B, 695C or 695G of  
18 NRS. This subsection does not exempt such a managed care  
19 organization or health maintenance organization for services  
20 provided pursuant to any other contract.

21 ~~6.7.~~ 7. As used in this section, unless the context otherwise  
22 requires:

23 (a) "Federally-qualified health center" has the meaning ascribed  
24 to it in 42 U.S.C. § 1396d(1)(2)(B).

25 (b) "Health maintenance organization" has the meaning ascribed  
26 to it in NRS 695C.030.

27 (c) "Managed care organization" has the meaning ascribed to it  
28 in NRS 695G.050.

29 **Sec. 1.6.** NRS 422.401 is hereby amended to read as follows:

30 422.401 As used in NRS 422.401 to 422.406, inclusive, *and*  
31 *section 1 of this act*, unless the context otherwise requires, the  
32 words and terms defined in NRS 422.4015 and 422.402 have the  
33 meanings ascribed to them in those sections.

34 **Sec. 1.9.** NRS 422.4025 is hereby amended to read as  
35 follows:

36 422.4025 1. The Department shall, by regulation, develop a  
37 list of preferred prescription drugs to be used for the Medicaid  
38 program.

39 2. The Department shall, by regulation, establish a list of  
40 prescription drugs which must be excluded from any restrictions that  
41 are imposed on drugs that are on the list of preferred prescription  
42 drugs established pursuant to subsection 1. The list established  
43 pursuant to this subsection must include, without limitation:



1 (a) ~~Atypical and typical antipsychotic medications that are~~  
2 ~~prescribed for the treatment of a mental illness of a patient who is~~  
3 ~~receiving services pursuant to Medicaid;~~

4 ~~(b)~~ Prescription drugs that are prescribed for the treatment of  
5 the human immunodeficiency virus or acquired immunodeficiency  
6 syndrome, including, without limitation, protease inhibitors and  
7 antiretroviral medications; ~~;~~

8 ~~(c) Anticonvulsant medications;~~

9 ~~(d)~~ (b) Antirejection medications for organ transplants;

10 ~~(e) Antidiabetic medications;~~

11 ~~(f)~~ ~~and~~

12 (c) Antihemophilic medications. ~~;~~ ~~and~~

13 ~~(g) Any prescription drug which the Committee identifies as~~  
14 ~~appropriate for exclusion from any restrictions that are imposed on~~  
15 ~~drugs that are on the list of preferred prescription drugs.]~~

16 3. The regulations must provide that the Committee makes the  
17 final determination of:

18 (a) Whether a class of therapeutic prescription drugs is included  
19 on the list of preferred prescription drugs and is excluded from any  
20 restrictions that are imposed on drugs that are on the list of preferred  
21 prescription drugs;

22 (b) Which therapeutically equivalent prescription drugs will be  
23 reviewed for inclusion on the list of preferred prescription drugs and  
24 for exclusion from any restrictions that are imposed on drugs that  
25 are on the list of preferred prescription drugs; and

26 (c) Which prescription drugs should be excluded from any  
27 restrictions that are imposed on drugs that are on the list of preferred  
28 prescription drugs based on continuity of care concerning a specific  
29 diagnosis, condition, class of therapeutic prescription drugs or  
30 medical specialty.

31 4. The regulations must provide that each new pharmaceutical  
32 product and each existing pharmaceutical product for which there is  
33 new clinical evidence supporting its inclusion on the list of preferred  
34 prescription drugs must be made available pursuant to the Medicaid  
35 program with prior authorization until the Committee reviews the  
36 product or the evidence.

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

38 422.405 1. The Department shall, by regulation, set forth the  
39 duties of the Committee which must include, without limitation:

40 (a) Identifying the prescription drugs which should be included  
41 on the list of preferred prescription drugs developed by the  
42 Department for the Medicaid program pursuant to NRS 422.4025  
43 and the prescription drugs which should be excluded from any  
44 restrictions that are imposed on drugs that are on the list of preferred  
45 prescription drugs;



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

4 (c) Reviewing at least annually all classes of therapeutic  
5 prescription drugs on the list of preferred prescription drugs  
6 developed by the Department for the Medicaid program pursuant to  
7 NRS 422.4025.

8 2. The Department shall, by regulation, require the Committee  
9 to:

10 (a) ~~Base its decisions on evidence of clinical efficacy and safety~~  
11 ~~without consideration of the cost of the prescription drugs being~~  
12 ~~considered by the Committee;~~

13 ~~(b)~~ Review new pharmaceutical products in as expeditious a  
14 manner as possible; and

15 ~~(c)~~ (b) Consider new clinical evidence supporting the  
16 inclusion of an existing pharmaceutical product on the list of  
17 preferred prescription drugs developed by the Department for the  
18 Medicaid program and new clinical evidence supporting the  
19 exclusion of an existing pharmaceutical product from any  
20 restrictions that are imposed on drugs that are on the list of preferred  
21 prescription drugs in as expeditious a manner as possible.

22 3. The Department shall, by regulation, authorize the  
23 Committee to:

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

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

29 *4. When identifying the prescription drugs to include on the*  
30 *list of preferred prescription drugs developed by the Department*  
31 *for the Medicaid program pursuant to NRS 422.4025, the*  
32 *Committee shall determine whether any therapeutic prescription*  
33 *drug in a class of drugs identified pursuant to paragraph (b) of*  
34 *subsection 1 demonstrates significantly higher clinical efficacy*  
35 *and safety than other drugs in the class. If the Committee:*

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

39 (b) *Identifies two or more such drugs in a class with similarly*  
40 *high levels of clinical efficacy and safety or determines that all*  
41 *drugs in the class have similarly high levels of clinical efficacy*  
42 *and safety, the Committee may consider cost effectiveness,*  
43 *including, without limitation, the price of the drugs and any*  
44 *rebates or other discounts available, when determining which of*  
45 *those drugs to include on the list of preferred prescription drugs.*



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

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

7 241.016 1. The meetings of a public body that are quasi-  
8 judicial in nature are subject to the provisions of this chapter.

9 2. The following are exempt from the requirements of this  
10 chapter:

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

12 (b) Judicial proceedings, including, without limitation,  
13 proceedings before the Commission on Judicial Selection and,  
14 except as otherwise provided in NRS 1.4687, the Commission on  
15 Judicial Discipline.

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

19 3. Any provision of law, including, without limitation, NRS  
20 91.270, 219A.210, 228.495, 239C.140, 281A.350, 281A.690,  
21 281A.735, 281A.760, 284.3629, 286.150, 287.0415, 287.04345,  
22 287.338, 288.220, 289.387, 295.121, 360.247, 388.261, 388A.495,  
23 388C.150, 388G.710, 388G.730, 392.147, 392.467, 394.1699,  
24 396.3295, **422.405**, 433.534, 435.610, 463.110, 622.320, 622.340,  
25 630.311, 630.336, 631.3635, 639.050, 642.518, 642.557, 686B.170,  
26 696B.550, 703.196 and 706.1725, which:

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

29 (b) Otherwise authorizes or requires a closed meeting, hearing  
30 or proceeding,

31 ↪ prevails over the general provisions of this chapter.

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

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

38 453.162 1. The Board and the Division shall cooperatively  
39 develop a computerized program to track each prescription ~~for a~~  
40 ~~controlled substance listed in schedule II, III, IV or V~~ that is filled  
41 by a pharmacy that is registered with the Board or that is dispensed  
42 by a practitioner who is registered with the Board. The program  
43 must:

44 (a) Be designed to provide information regarding:





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

7 (2) Statistical data relating to the use of ~~those controlled~~  
8 ~~substances~~ *prescription drugs* that is not specific to a particular  
9 patient.

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

16 (c) Not infringe on the legal use of a controlled substance *or*  
17 *other prescription drug, including, without limitation, the legal*  
18 *use of a controlled substance or other prescription drug* for the  
19 management of severe or intractable pain.

20 (d) Include the contact information of each person who is  
21 required to access the database of the program pursuant to NRS  
22 453.164, including, without limitation:

23 (1) The name of the person;

24 (2) The physical address of the person;

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

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

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

30 (1) The fewest number of days necessary to consume the  
31 quantity of the controlled substance dispensed to the patient if the  
32 patient consumes the maximum dose of the controlled substance  
33 authorized by the prescribing practitioner; *and*

34 (2) Each state in which the patient to whom the controlled  
35 substance was prescribed has previously resided or filled a  
36 prescription for a controlled substance listed in schedule II, III, IV  
37 or V. ~~;~~ *and*

38 ~~(3) The~~

39 (f) *Include, for each prescription, the* code established in the  
40 International Classification of Diseases, Tenth Revision, Clinical  
41 Modification, adopted by the National Center for Health Statistics  
42 and the Centers for Medicare and Medicaid Services, or the code  
43 used in any successor classification system adopted by the National  
44 Center for Health Statistics and the Centers for Medicare and





1 Medicaid Services, that corresponds to the diagnosis for which the  
2 ~~controlled substance~~ *prescription drug* was prescribed.

3 ~~(f)~~ (g) To the extent that money is available, include:

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

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

16 2. The Board, the Division and each employee thereof are  
17 immune from civil and criminal liability for any action relating to  
18 the collection, maintenance and transmission of information  
19 pursuant to this section and NRS 453.163 to 453.1645, inclusive, if  
20 a good faith effort is made to comply with applicable laws and  
21 regulations.

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

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

26 453.163 1. Except as otherwise provided in this subsection,  
27 each person registered pursuant to this chapter to dispense a  
28 controlled substance listed in schedule II, III, IV or V for human  
29 consumption shall, not later than the end of the next business day  
30 after dispensing a ~~controlled substance,~~ *prescription drug*, upload  
31 the information described in ~~paragraph~~ *paragraphs (d), (e) and (f)*  
32 of subsection 1 of NRS 453.162 ~~[-], to the extent applicable.~~ The  
33 requirements of this subsection do not apply if the ~~controlled~~  
34 ~~substance~~ *prescription drug* is administered directly by a  
35 practitioner to a patient in a health care facility, as defined in NRS  
36 439.960, a child who is a resident in a child care facility, as defined  
37 in NRS 432A.024, or a prisoner, as defined in NRS 208.085. The  
38 Board shall establish by regulation and impose administrative  
39 penalties for the failure to upload information pursuant to this  
40 subsection.

42 2. The Board and the Division may cooperatively enter into a  
43 written agreement with an agency of any other state to provide,  
44 receive or exchange information obtained by the program with a  
45 program established in that state which is substantially similar to the



1 program established pursuant to NRS 453.162, including, without  
2 limitation, providing such state access to the database of the  
3 program or transmitting information to and receiving information  
4 from such state. Any information provided, received or exchanged  
5 as part of an agreement made pursuant to this section may only be  
6 used in accordance with the provisions of this chapter.

7 3. A practitioner who is authorized to write prescriptions for  
8 and each person who is authorized to dispense controlled substances  
9 listed in schedule II, III, IV or V for human consumption who  
10 makes a good faith effort to comply with applicable laws and  
11 regulations when transmitting to the Board or the Division a report  
12 or information required by this section or NRS 453.162 or 453.164,  
13 or a regulation adopted pursuant thereto, is immune from civil and  
14 criminal liability relating to such action.

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

16 453.164 1. The Board shall provide Internet access to the  
17 database of the program established pursuant to NRS 453.162 to an  
18 occupational licensing board that licenses any practitioner who is  
19 authorized to write prescriptions for human consumption of  
20 controlled substances listed in schedule II, III, IV or V. An  
21 occupational licensing board that is provided access to the database  
22 pursuant to this section may access the database to investigate a  
23 complaint, report or other information that indicates fraudulent,  
24 illegal, unauthorized or otherwise inappropriate activity related to  
25 the prescribing, dispensing or use of a controlled substance.

26 2. The Board and the Division must have access to the program  
27 established pursuant to NRS 453.162 to identify any suspected  
28 fraudulent, illegal, unauthorized or otherwise inappropriate activity  
29 related to the prescribing, dispensing or use of controlled  
30 substances.

31 3. *The Division of Public and Behavioral Health of the*  
32 *Department of Health and Human Services must have access to*  
33 *the program established pursuant to NRS 453.162 to review,*  
34 *analyze and inform research, outreach and intervention relating*  
35 *to public health.*

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

39 (a) Indicate fraudulent, illegal, unauthorized or otherwise  
40 inappropriate activity related to the prescribing, dispensing or use of  
41 a controlled substance to the appropriate law enforcement agency or  
42 occupational licensing board and provide the law enforcement  
43 agency or occupational licensing board with the relevant  
44 information obtained from the program for further investigation.



1 (b) Indicate the inappropriate use by a patient of a controlled  
2 substance to the occupational licensing board of each practitioner  
3 who has prescribed the controlled substance to the patient. The  
4 occupational licensing board may access the database of the  
5 program established pursuant to NRS 453.162 to determine which  
6 practitioners are prescribing the controlled substance to the patient.  
7 The occupational licensing board may use this information for any  
8 purpose it deems necessary, including, without limitation, alerting a  
9 practitioner that a patient may be fraudulently obtaining a controlled  
10 substance or determining whether a practitioner is engaged in  
11 unlawful or unprofessional conduct.

12 ~~{4}~~ 5. The Board or Division may withhold any report  
13 required by subsection ~~{3}~~ 4 if the Board determines that doing so is  
14 necessary to avoid interfering with any pending administrative or  
15 criminal investigation into the suspected fraudulent, illegal,  
16 unauthorized or otherwise inappropriate prescribing, dispensing or  
17 use of a controlled substance.

18 ~~{5}~~ 6. The Board and the Division shall cooperatively develop  
19 a course of training for persons who are required or authorized to  
20 receive access to the database of the program pursuant to subsection  
21 ~~{7}~~ 8 or NRS 453.1645 and 453.165 and require each such person to  
22 complete the course of training before the person is provided with  
23 Internet access to the database.

24 ~~{6}~~ 7. Each practitioner who is authorized to write  
25 prescriptions for and each person who is authorized to dispense  
26 controlled substances listed in schedule II, III, IV or V for human  
27 consumption shall complete the course of instruction described in  
28 subsection ~~{5}~~ 6. The Board shall provide Internet access to the  
29 database to each such practitioner or other person who completes  
30 the course of instruction.

31 ~~{7}~~ 8. Each practitioner who is authorized to write  
32 prescriptions for human consumption of controlled substances listed  
33 in schedule II, III, IV or V shall, to the extent the program allows,  
34 access the database of the program established pursuant to NRS  
35 453.162 at least once each 6 months to:

36 (a) Review the information concerning the practitioner that is  
37 listed in the database, including, without limitation, information  
38 concerning prescriptions issued by the practitioner, and notify the  
39 Board if any such information is not correct; and

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

42 ~~{8}~~ 9. Information obtained from the program relating to a  
43 practitioner or a patient is confidential and, except as otherwise  
44 provided by this section and NRS 239.0115, 453.162 and 453.163,



1 must not be disclosed to any person. That information must be  
2 disclosed:

3 (a) Upon a request made on a notarized form prescribed by the  
4 Board by a person about whom the information requested concerns  
5 or upon such a request on behalf of that person by his or her  
6 attorney; or

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

8 ~~9.4~~ 10. If the Board, the Division or a law enforcement agency  
9 determines that the database of the program has been intentionally  
10 accessed by a person or for a purpose not authorized pursuant to  
11 NRS 453.162 to 453.165, inclusive, the Board, Division or law  
12 enforcement agency, as applicable, must notify any person whose  
13 information was accessed by an unauthorized person or for an  
14 unauthorized purpose.

15 **Sec. 7.** NRS 453.1645 is hereby amended to read as follows:

16 453.1645 1. Except as otherwise provided in this section, the  
17 Board shall allow:

18 (a) A coroner or medical examiner to have Internet access to the  
19 database of the computerized program developed pursuant to NRS  
20 453.162 if the coroner or medical examiner has completed the  
21 course of training developed pursuant to subsection ~~5.1~~ 6 of  
22 NRS 453.164.

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

26 (1) The deputy has completed the course of training  
27 developed pursuant to subsection ~~5.1~~ 6 of NRS 453.164; and

28 (2) The coroner or medical examiner who employs the  
29 deputy has submitted the certification required pursuant to  
30 subsection 2 to the Board.

31 2. Before the deputy of a coroner or medical examiner may be  
32 given access to the database pursuant to subsection 1, the coroner or  
33 medical examiner who employs the deputy must certify to the Board  
34 that the deputy has been approved to have such access and meets the  
35 requirements of subsection 1. Such certification must be made on a  
36 form provided by the Board and renewed annually.

37 3. When a coroner, medical examiner or deputy thereof  
38 accesses the database of the computerized program pursuant to this  
39 section, the coroner, medical examiner or deputy thereof must enter  
40 a unique user name assigned to the coroner, medical examiner or  
41 deputy thereof and, if applicable, the case number corresponding to  
42 the investigation being conducted by the coroner, medical examiner  
43 or deputy thereof.



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

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

5 (b) Upload information to the database pursuant to  
6 NRS 453.1635.

7 5. The Board or the Division may suspend or terminate access  
8 to the database of the computerized program pursuant to this section  
9 if a coroner, medical examiner or deputy thereof violates any  
10 provision of this section.

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

12 453.165 1. Except as otherwise provided in this section, the  
13 Board shall allow an employee of a law enforcement agency to have  
14 Internet access to the database of the computerized program  
15 developed pursuant to NRS 453.162 if:

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

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

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

22 2. Before an employee of a law enforcement agency may be  
23 given access to the database pursuant to subsection 1, the law  
24 enforcement agency must certify to the Board that the employee has  
25 been approved to be given such access and meets the requirements  
26 of subsection 1. Such certification must be made on a form provided  
27 by the Board and renewed annually.

28 3. When an employee of a law enforcement agency accesses  
29 the database of the computerized program pursuant to this section,  
30 the employee must enter a unique user name assigned to the  
31 employee and, if applicable, the case number corresponding to  
32 the investigation pursuant to which the employee is accessing the  
33 database.

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

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

38 (b) Upload information to the database pursuant to  
39 NRS 453.1635.

40 5. A law enforcement agency whose employees are provided  
41 access to the database of the computerized program pursuant to this  
42 section shall monitor the use of the database by the employees of the  
43 law enforcement agency and establish appropriate disciplinary  
44 action to take against an employee who violates the provisions of  
45 this section.



1       6. The Board or the Division may suspend or terminate access  
2 to the database of the computerized program pursuant to this section  
3 if a law enforcement agency or employee thereof violates any  
4 provision of this section.

5       **Sec. 9.** 1. This section and sections 1 to 3, inclusive, of this  
6 act become effective on July 1, 2019.

7       2. Sections 4 to 8, inclusive, of this act become effective:

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

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

