

Assembly Bill No. 474—Committee on  
Health and Human Services

CHAPTER.....

AN ACT relating to drugs; requiring certain persons to make a report of a drug overdose or suspected drug overdose; revising provisions concerning the computerized program to track each prescription for a controlled substance; revising provisions governing the accessibility of health care records in certain investigations; requiring an occupational licensing board that licenses certain practitioners who are authorized to prescribe controlled substances to review and evaluate information and impose disciplinary action in certain circumstances; authorizing such an occupational licensing board to suspend the authority of a practitioner to prescribe, administer or dispense a controlled substance in certain circumstances; imposing certain requirements concerning the prescription of a controlled substance; revising the required contents of certain written prescriptions; providing a penalty; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires certain providers of health care to report to the local health authority if a person has or is suspected of having a communicable disease. (NRS 441A.150) Each health authority is required to make a weekly report to the Chief Medical Officer of all cases or suspected cases of communicable diseases reported to the health authority. (NRS 441A.170) **Sections 1, 3, 5 and 6** of this bill require similar reports to be made directly to the Chief Medical Officer concerning cases or suspected cases of drug overdose. **Section 6** makes it a misdemeanor for a provider of health care to willfully fail, neglect or refuse to make such a report.

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 listed in schedule II, III or IV. (NRS 453.162) **Section 7** of this bill requires that program to include certain information relating to each prescription of such a controlled substance.

Existing law requires any practitioner or person who dispenses a controlled substance or proposes to engage in such dispensing to obtain a registration from the State Board of Pharmacy. (NRS 453.226) Existing law requires each registered person to upload certain information to the database of the computerized program after dispensing a controlled substance listed in schedule II, III or IV. (NRS 453.163) **Sections 8 and 9** of this bill clarify that the requirement to upload such information applies to a controlled substance listed in schedule II, III or IV that is dispensed for human consumption. **Section 9** also authorizes certain occupational licensing boards to access the database to investigate the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance. **Section 11** of this bill requires a person to present proof that he or she has access to the database of the program before the Board may issue or renew a registration to prescribe a controlled substance.



**Sections 13 and 62** of this bill revise provisions governing the accessibility of health care records in certain investigations.

**Sections 15, 22, 28, 33, 40 and 45** of this bill require certain occupational licensing boards that receive a complaint or information that indicates the fraudulent, illegal, unauthorized or inappropriate prescribing or use of a controlled substance listed in schedule II, III or IV to take certain measures to review and evaluate the information and impose disciplinary action upon a licensee if it determines that a violation has occurred. **Sections 20, 26, 38 and 49** of this bill clarify that such measures must be taken before a formal investigation commences. **Sections 16, 23, 29, 34, 41 and 46** of this bill establish procedures by which such occupational licensing boards may summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV.

Existing law authorizes certain occupational licensing boards to require licensees who are registered to dispense controlled substances to complete at least 1 hour of training relating specifically to the misuse and abuse of controlled substances. (NRS 630.2535, 631.344, 632.2375, 633.473, 635.116, 636.2881) **Sections 17, 24, 30, 35, 42 and 47** of this bill instead: (1) increase the required training to 2 hours; and (2) add to the list of authorized topics for training to satisfy that requirement training relating specifically to the prescribing of opioids or addiction.

**Section 52** of this bill requires a practitioner, other than a veterinarian, who intends to prescribe or dispense more than certain quantities of a controlled substance listed in schedule II, III or IV for the treatment of pain to document in the medical record of the patient the reasons for prescribing or dispensing that quantity.

**Section 53** of this bill requires a practitioner, other than a veterinarian, to have established a bona fide relationship with a patient and to take certain actions, including performing an evaluation and risk assessment, creating a treatment plan and obtaining the informed written consent of the patient, before initiating a prescription for a controlled substance listed in schedule II, III or IV for the treatment of pain for the patient. **Section 54** of this bill prescribes requirements concerning such an evaluation and risk assessment and for obtaining the informed written consent.

**Section 55** of this bill requires a practitioner, other than a veterinarian, to take certain actions before issuing a prescription for a controlled substance listed in schedule II, III or IV to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or longer. **Section 56** of this bill requires a practitioner, other than a veterinarian, who intends to prescribe a controlled substance listed in schedule II, III or IV for more than 30 days for the treatment of pain to enter into a prescription medication agreement with the patient. **Section 57** of this bill requires a practitioner, other than a veterinarian, to consider certain factors before prescribing a controlled substance listed in schedule II, III or IV.

**Section 58** of this bill authorizes the State Board of Pharmacy to adopt any regulations necessary to enforce the provisions of this bill concerning the prescription of a controlled substance listed in schedule II, III or IV for the treatment of pain. **Section 58** also provides that a person who violates those provisions or regulations is not guilty of a misdemeanor but is subject to professional discipline. **Sections 15, 22, 28, 33, 40 and 45** require an occupational licensing board that licenses practitioners who prescribe controlled substances listed in schedule II, III or IV to adopt regulations establishing disciplinary action for prescribing such a controlled substance inappropriately or in violation of the provisions of this bill concerning the prescribing of such a controlled substance for



the treatment of pain. **Sections 18, 25, 31, 36, 43 and 48** of this bill authorize the imposition of disciplinary action in such circumstances.

Existing law requires a practitioner to obtain a patient utilization report from the computerized program established by the Board and the Investigation Division before initiating a prescription for a controlled substance listed in schedule II, III or IV. (NRS 639.23507) **Section 60** of this bill: (1) clarifies that this requirement does not apply to veterinarians; (2) additionally requires a practitioner, other than a veterinarian, to obtain such a report at least every 90 days for the duration of the prescription; and (3) requires a practitioner, other than a veterinarian, to make certain determinations based on the report. **Section 61** of this bill revises the required contents of a written prescription.

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

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

**Section 1.** NRS 441A.120 is hereby amended to read as follows:

441A.120 1. The Board shall adopt regulations governing the control of communicable diseases in this State, including regulations specifically relating to the control of such diseases in educational, medical and correctional institutions. The regulations must specify:

- (a) The diseases which are known to be communicable.
- (b) The communicable diseases which are known to be sexually transmitted.
- (c) The procedures for investigating and reporting cases or suspected cases of communicable diseases, including the time within which these actions must be taken.
- (d) For each communicable disease, the procedures for testing, treating, isolating and quarantining a person or group of persons who have been exposed to or have or are suspected of having the disease.
- (e) A method for ensuring that any testing, treatment, isolation or quarantine of a person or a group of persons pursuant to this chapter is carried out in the least restrictive manner or environment that is appropriate and acceptable under current medical and public health practices.

2. *The Board shall adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer or his or her designee, including the time within which such reports must be made and the information that such reports must include.*

3. The duties set forth in the regulations adopted by the Board pursuant to ~~this section~~ *subsection 1* must be performed by:



- (a) In a district in which there is a district health officer, the district health officer or the district health officer's designee; or
- (b) In any other area of the State, the Chief Medical Officer or the Chief Medical Officer's designee.

**Sec. 2.** (Deleted by amendment.)

**Sec. 3.** NRS 441A.150 is hereby amended to read as follows:

441A.150 1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board.

2. *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 shall report that fact to the Chief Medical Officer or his or her designee in the manner prescribed by the regulations of the Board.*

3. A medical facility in which more than one provider of health care may know of, or provide services to, a person who has or is suspected of having a communicable disease *or who has suffered or is suspected of having suffered a drug overdose* shall establish administrative procedures to ensure that the health authority *or Chief Medical Officer or his or her designee, as applicable,* is notified.

~~3~~ 4. A laboratory director shall, in the manner prescribed by the Board, notify the health authority of the identification by his or her medical laboratory of the presence of any communicable disease in the jurisdiction of that health authority. The health authority shall not presume a diagnosis of a communicable disease on the basis of the notification received from the laboratory director.

~~4~~ 5. If more than one medical laboratory is involved in testing a specimen, the laboratory that is responsible for reporting the results of the testing directly to the provider of health care for the patient shall also be responsible for reporting to the health authority.

**Sec. 4.** (Deleted by amendment.)

**Sec. 5.** NRS 441A.220 is hereby amended to read as follows:

441A.220 All information of a personal nature about any person provided by any other person reporting a case or suspected case of a communicable disease ~~§~~ *or drug overdose*, or by any person who has a communicable disease ~~§~~ *or has suffered a drug*



*overdose*, or as determined by investigation of the health authority, is confidential medical information and must not be disclosed to any person under any circumstances, including pursuant to any subpoena, search warrant or discovery proceeding, except:

1. As otherwise provided in NRS 439.538.
2. For statistical purposes, provided that the identity of the person is not discernible from the information disclosed.
3. In a prosecution for a violation of this chapter.
4. In a proceeding for an injunction brought pursuant to this chapter.
5. In reporting the actual or suspected abuse or neglect of a child or elderly person.
6. To any person who has a medical need to know the information for his or her own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the Board.
7. If the person who is the subject of the information consents in writing to the disclosure.
8. Pursuant to subsection 4 of NRS 441A.320 or NRS 629.069.
9. If the disclosure is made to the Department of Health and Human Services and the person about whom the disclosure is made has been diagnosed as having acquired immunodeficiency syndrome or an illness related to the human immunodeficiency virus and is a recipient of or an applicant for Medicaid.
10. To a firefighter, police officer or person providing emergency medical services if the Board has determined that the information relates to a communicable disease significantly related to that occupation. The information must be disclosed in the manner prescribed by the Board.
11. If the disclosure is authorized or required by NRS 239.0115 or another specific statute.

**Sec. 6.** NRS 441A.920 is hereby amended to read as follows:

441A.920 Every provider of health care, medical facility or medical laboratory that willfully fails, neglects or refuses to comply with any regulation of the Board relating to the reporting of a communicable disease *or drug overdose* or any requirement of this chapter is guilty of a misdemeanor and, in addition, may be subject to an administrative fine of \$1,000 for each violation, as determined by the Board.

**Sec. 7.** NRS 453.162 is hereby amended to read as follows:

453.162 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 and local governmental agencies, including, without limitation, law enforcement agencies and occupational licensing boards, 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 is required to access the database of the program pursuant to NRS 453.164, 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) ***Include, for each prescription of a controlled substance listed in schedule II, III or IV:***

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

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

***(3) The code established in the International Classification of Diseases, Tenth Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, or the code used in any successor classification system adopted by the National Center for Health***



*Statistics and the Centers for Medicare and Medicaid Services, that corresponds to the diagnosis for which the controlled substance was prescribed.*

(f) 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. The Board, the Division and each employee thereof are immune from civil and criminal liability for any action relating to the collection, maintenance and transmission of information pursuant to this section and NRS 453.163 and 453.164 if a good faith effort is made to comply with applicable laws and regulations.

3. 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. 8.** NRS 453.163 is hereby amended to read as follows:

453.163 1. 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 *for human consumption* 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 NRS 453.162 the information described in paragraph (d) of subsection 1 of NRS 453.162. 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.

2. 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 NRS 453.162, 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.

3. 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 *for human consumption* who makes a good faith effort to comply with applicable laws and regulations when transmitting to the Board or the Division a report or information required by this section or NRS 453.162 or 453.164, or a regulation adopted pursuant thereto, is immune from civil and criminal liability relating to such action.

**Sec. 9.** NRS 453.164 is hereby amended to read as follows:

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

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

3. ~~The~~ *Except as otherwise provided in subsection 4, the* Board or the Division shall report any activity it reasonably suspects may:

(a) ~~Be~~ *Indicate* fraudulent, ~~to~~ illegal, *unauthorized or otherwise inappropriate activity related to the prescribing, dispensing or use of a controlled substance* 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.

(b) Indicate the inappropriate use by a patient of a controlled substance to the occupational licensing board of each practitioner



who has prescribed the controlled substance to the patient. The occupational licensing board may access the database of the program established pursuant to NRS 453.162 to determine which practitioners are prescribing the controlled substance to the patient. The occupational licensing board may use this information for any purpose it deems necessary, including, without limitation, alerting a practitioner that a patient may be fraudulently obtaining a controlled substance or determining whether a practitioner is engaged in unlawful or unprofessional conduct. ~~{This paragraph shall not be construed to require an occupational licensing board to conduct an investigation or take any action against a practitioner upon receiving information from the Board or the Division.}~~

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

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

~~{5}~~ 6. 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 *for human consumption* shall complete the course of instruction described in subsection ~~{4}~~ 5. The Board shall provide Internet access to the database to each such practitioner or other person who completes the course of instruction.

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

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

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

~~{7}~~ 8. 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, 453.162 and 453.163, 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.

~~18-1~~ **9.** If the Board, the Division or a law enforcement agency determines that the database of the program has been intentionally accessed by a person or for a purpose not authorized pursuant to NRS 453.162 to 453.165, inclusive, the Board, Division or law enforcement agency, as applicable, must notify any person whose information was accessed by an unauthorized person or for an unauthorized purpose.

**Sec. 10.** NRS 453.165 is hereby amended to read as follows:

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

(a) The primary responsibility of the law enforcement officer is to conduct investigations of crimes relating to prescription drugs;

(b) The law enforcement officer has been approved by his or her employer to have such access;

(c) The law enforcement officer has completed the course of training developed pursuant to subsection ~~14-1~~ 5 of NRS 453.164; and

(d) The employer of the law enforcement officer has submitted the certification required pursuant to subsection 2 to the Board.

2. Before a law enforcement officer may be given access to the database pursuant to subsection 1, the employer of the officer must certify to the Board that the law enforcement officer has been approved to be given such access and meets the requirements of subsection 1. Such certification must be made on a form provided by the Board and renewed annually.

3. When a law enforcement officer accesses the database of the computerized program pursuant to this section, the officer must enter a unique user name assigned to the officer and the case number corresponding to the investigation being conducted by the officer.

4. A law enforcement officer who is given access to the database of the computerized program pursuant to subsection 1 may access the database to investigate a crime related to prescription drugs and for no other purpose.



5. The employer of a law enforcement officer who is provided access to the database of the computerized program pursuant to this section shall monitor the use of the database by the law enforcement officer and establish appropriate disciplinary action to take against an officer who violates the provisions of this section.

6. The Board or the Division may suspend or terminate access to the database of the computerized program pursuant to this section if a law enforcement officer or his or her employer violates any provision of this section.

7. As used in this section, "law enforcement officer" means any person upon whom some or all of the powers of a peace officer are conferred pursuant to NRS 289.150 to 289.360, inclusive.

**Sec. 11.** NRS 453.226 is hereby amended to read as follows:

453.226 1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain biennially a registration issued by the Board in accordance with its regulations. *A person must present proof that he or she is authorized to access the database of the program established pursuant to NRS 453.162 before the Board may issue or renew a registration.*

2. A person registered by the Board in accordance with the provisions of NRS 453.011 to 453.552, inclusive, to dispense or conduct research with controlled substances may possess, dispense or conduct research with those substances to the extent authorized by the registration and in conformity with the other provisions of those sections.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive:

(a) An agent or employee of a registered dispenser of a controlled substance if he or she is acting in the usual course of his or her business or employment;

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, advanced practice registered nurse, podiatric physician or veterinarian or in lawful possession of a schedule V substance; or

(d) A physician who:



(1) Holds a locum tenens license issued by the Board of Medical Examiners or a temporary license issued by the State Board of Osteopathic Medicine; and

(2) Is registered with the Drug Enforcement Administration at a location outside this State.

4. The Board may waive the requirement for registration of certain dispensers if it finds it consistent with the public health and safety.

5. A separate registration is required at each principal place of business or professional practice where the applicant dispenses controlled substances.

6. The Board may inspect the establishment of a registrant or applicant for registration in accordance with the Board's regulations.

**Sec. 12.** (Deleted by amendment.)

**Sec. 13.** NRS 629.061 is hereby amended to read as follows:

629.061 1. Each provider of health care shall make the health care records of a patient available for physical inspection by:

(a) The patient or a representative with written authorization from the patient;

(b) The personal representative of the estate of a deceased patient;

(c) Any trustee of a living trust created by a deceased patient;

(d) The parent or guardian of a deceased patient who died before reaching the age of majority;

(e) An investigator for the Attorney General or a grand jury investigating an alleged violation of NRS 200.495, 200.5091 to 200.50995, inclusive, or 422.540 to 422.570, inclusive;

(f) An investigator for the Attorney General investigating an alleged violation of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive, or any fraud in the administration of chapter 616A, 616B, 616C, 616D or 617 of NRS or in the provision of benefits for industrial insurance; or

(g) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

2. The records described in subsection 1 must be made available at a place within the depository convenient for physical inspection. Except as otherwise provided in subsection 3, if the records are located:

(a) Within this State, the provider shall make any records requested pursuant to this section available for inspection within 10 working days after the request.



(b) Outside this State, the provider shall make any records requested pursuant to this section available in this State for inspection within 20 working days after the request.

3. If the records described in subsection 1 are requested pursuant to paragraph (e), (f) or (g) of subsection 1 and the investigator, grand jury or authorized representative, as applicable, declares that exigent circumstances exist which require the immediate production of the records, the provider shall make any records which are located:

(a) Within this State available for inspection ~~within 5 working days after~~ *at the time of the request ~~+~~ or at another reasonable time designated by the investigator, grand jury or authorized representative, as applicable.*

(b) Outside this State available for inspection within ~~10~~ *5* working days after the request.

4. Except as otherwise provided in subsection 5, the provider of health care shall also furnish a copy of the records to each person described in subsection 1 who requests it and pays the actual cost of postage, if any, the costs of making the copy, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy.

5. The provider of health care shall also furnish a copy of any records that are necessary to support a claim or appeal under any provision of the Social Security Act, 42 U.S.C. §§ 301 et seq., or under any federal or state financial needs-based benefit program, without charge, to a patient, or a representative with written authorization from the patient, who requests it, if the request is accompanied by documentation of the claim or appeal. A copying fee, not to exceed 60 cents per page for photocopies and a reasonable cost for copies of X-ray photographs and other health care records produced by similar processes, may be charged by the provider of health care for furnishing a second copy of the records to support the same claim or appeal. No administrative fee or additional service fee of any kind may be charged for furnishing such a copy. The provider of health care shall furnish the copy of the records requested pursuant to this subsection within 30 days after the date of receipt of the request, and the provider of health care shall not deny the furnishing of a copy of the records pursuant to this subsection solely because the patient is unable to pay the fees established in this subsection.



6. Each person who owns or operates an ambulance in this State shall make the records regarding a sick or injured patient available for physical inspection by:

- (a) The patient or a representative with written authorization from the patient;
- (b) The personal representative of the estate of a deceased patient;
- (c) Any trustee of a living trust created by a deceased patient;
- (d) The parent or guardian of a deceased patient who died before reaching the age of majority; or
- (e) Any authorized representative or investigator of a state licensing board during the course of any investigation authorized by law.

↳ The records must be made available at a place within the depository convenient for physical inspection, and inspection must be permitted at all reasonable office hours and for a reasonable length of time. The person who owns or operates an ambulance shall also furnish a copy of the records to each person described in this subsection who requests it and pays the actual cost of postage, if any, and the costs of making the copy, not to exceed 60 cents per page for photocopies. No administrative fee or additional service fee of any kind may be charged for furnishing a copy of the records.

7. Records made available to a representative or investigator must not be used at any public hearing unless:

- (a) The patient named in the records has consented in writing to their use; or
- (b) Appropriate procedures are utilized to protect the identity of the patient from public disclosure.

8. Subsection 7 does not prohibit:

(a) A state licensing board from providing to a provider of health care or owner or operator of an ambulance against whom a complaint or written allegation has been filed, or to his or her attorney, information on the identity of a patient whose records may be used in a public hearing relating to the complaint or allegation, but the provider of health care or owner or operator of an ambulance and the attorney shall keep the information confidential.

(b) The Attorney General from using health care records in the course of a civil or criminal action against the patient or provider of health care.

9. A provider of health care or owner or operator of an ambulance and his or her agents and employees are immune from any civil action for any disclosures made in accordance with the provisions of this section or any consequential damages.



10. For the purposes of this section:

(a) "Guardian" means a person who has qualified as the guardian of a minor pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.

(b) "Living trust" means an inter vivos trust created by a natural person:

(1) Which was revocable by the person during the lifetime of the person; and

(2) Who was one of the beneficiaries of the trust during the lifetime of the person.

(c) "Parent" means a natural or adoptive parent whose parental rights have not been terminated.

(d) "Personal representative" has the meaning ascribed to it in NRS 132.265.

**Sec. 14.** Chapter 630 of NRS is hereby amended by adding thereto the provisions set forth as sections 15 and 16 of this act.

**Sec. 15. 1. *The Executive Director of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:***

*(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;*

*(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or*

*(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.*

*2. If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.*

*3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:*

*(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;*



*(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements of NRS 639.23507 and sections 52, 53 and 57 of this act, as applicable; and*

*(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.*

*4. If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.*

*5. When deemed appropriate, the Executive Director of the Board may:*

*(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.*

*(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.*

*6. The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.*

**Sec. 16. 1.** *If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed,*



*administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of the investigative committee of the Board that conducted the investigation or the member of the Board who conducted the investigation.*

*2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.*

*3. If the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period.*

**Sec. 17.** NRS 630.2535 is hereby amended to read as follows:

630.2535 The Board ~~may,~~ **shall**, 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~~ **2 hours** of training relating specifically to the misuse and abuse of controlled substances , ***the prescribing of opioids or addiction*** during each period of licensure. Any licensee may use such training to satisfy ~~1-hour~~ **2 hours** of any continuing education requirement established by the Board.

**Sec. 18.** NRS 630.3062 is hereby amended to read as follows:

630.3062 The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
2. Altering medical records of a patient.
3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or



knowingly or willfully obstructing or inducing another to obstruct such filing.

4. Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061.

5. Failure to comply with the requirements of NRS 630.3068.

6. 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.

7. Failure to comply with the requirements of NRS 453.163 , ~~453.164~~ , ~~453.226~~ and ~~639.23507~~ and sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.

**8. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.**

**Sec. 19.** NRS 630.3066 is hereby amended to read as follows:

630.3066 A physician is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his or her care a controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with *the provisions of NRS 639.23507 and sections 52 to 58, inclusive, of this act, any regulations adopted by the State Board of Pharmacy pursuant thereto and any other* regulations adopted by the Board ~~of~~ *Medical Examiners.*

2. Engaging in any activity in accordance with the provisions of chapter 453A of NRS.

**Sec. 20.** NRS 630.311 is hereby amended to read as follows:

630.311 1. ~~1.A~~ *Except as otherwise provided in section 15 of this act, a* committee designated by the Board and consisting of members of the Board shall review each complaint and conduct an investigation to determine if there is a reasonable basis for the complaint. The committee must be composed of at least three members of the Board, at least one of whom is not a physician. The committee may issue orders to aid its investigation including, but not limited to, compelling a physician to appear before the committee.

2. If, after conducting an investigation, the committee determines that there is a reasonable basis for the complaint and that



a violation of any provision of this chapter has occurred, the committee may file a formal complaint with the Board.

3. The proceedings of the committee are confidential and are not subject to the requirements of NRS 241.020. Within 20 days after the conclusion of each meeting of the committee, the Board shall publish a summary setting forth the proceedings and determinations of the committee. The summary must not identify any person involved in the complaint that is the subject of the proceedings.

**Sec. 21.** Chapter 631 of NRS is hereby amended by adding thereto the provisions set forth as sections 22 and 23 of this act.

**Sec. 22. 1. *The Executive Director of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:***

***(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;***

***(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or***

***(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.***

**2. *If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.***

**3. *A review and evaluation conducted pursuant to subsection 1 must include, without limitation:***

***(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;***

***(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements of NRS 639.23507 and sections 52, 53 and 57 of this act, as applicable; and***

***(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.***



4. *If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.*

5. *When deemed appropriate, the Executive Director of the Board may:*

(a) *Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.*

(b) *Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.*

6. *The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.*

**Sec. 23.** 1. *If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed, administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the*



*President of the Board, the presiding officer of an investigative committee convened by the Board to conduct the investigation or the member, employee, investigator or other agent of the Board who conducted the investigation.*

*2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member, employee, investigator or other agent of the Board, that person shall not participate in any further proceedings of the Board relating to the order.*

*3. If the Board, the presiding officer of an investigative committee of the Board or a member, employee, investigator or other agent of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 180 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period.*

**Sec. 24.** NRS 631.344 is hereby amended to read as follows:

631.344 The Board ~~may,~~ **shall**, 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~~ **2 hours** of training relating specifically to the misuse and abuse of controlled substances , ***the prescribing of opioids or addiction*** during each period of licensure. Any such holder of a license may use such training to satisfy ~~1-hour~~ **2 hours** of any continuing education requirement established by the Board.

**Sec. 25.** 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;

10. Failure to comply with the provisions of NRS 453.163 , ~~453.164~~ , ~~453.226~~ and ~~639.23507~~ and sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. *Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;*

12. Failure to obtain any training required by the Board pursuant to NRS 631.344; or

~~12-~~ 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.



**Sec. 26.** NRS 631.360 is hereby amended to read as follows:

631.360 1. ~~{The}~~ *Except as otherwise provided in section 22 of this act, the* Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry or dental hygiene in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of NRS 228.420, a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

**Sec. 27.** Chapter 632 of NRS is hereby amended by adding thereto the provisions set forth as sections 28 and 29 of this act.

**Sec. 28.** 1. *The Executive Director of the Board or his or her designee shall review and evaluate any complaint or*



*information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:*

*(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;*

*(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or*

*(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.*

*2. If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.*

*3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:*

*(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;*

*(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements of NRS 639.23507 and sections 52, 53 and 57 of this act, as applicable; and*

*(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.*

*4. If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.*

*5. When deemed appropriate, the Executive Director of the Board may:*



*(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.*

*(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.*

*6. The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.*

**Sec. 29.** *1. If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed, administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of an investigative committee convened by the Board to conduct the investigation or the member of the Board who conducted the investigation.*

*2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.*

*3. If the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II,*



*III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period.*

**Sec. 30.** NRS 632.2375 is hereby amended to read as follows:

632.2375 The Board ~~may~~ **shall**, 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~~ **2 hours** of training relating specifically to the misuse and abuse of controlled substances, **the prescribing of opioids or addiction** during each period of licensure. An advanced practice registered nurse may use such training to satisfy ~~1-hour~~ **2 hours** of any continuing education requirement established by the Board.

**Sec. 31.** NRS 632.347 is hereby amended to read as follows:

632.347 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;

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

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.



(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 NRS 632.2375.

(r) Is an advanced practice registered nurse who has failed to comply with the provisions of NRS 453.163 , ~~453.164~~ ~~453.164~~ ~~453.164~~ , ***453.226 and 639.23507 and sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.***

***(s) Has engaged in the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.***

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.

4. As used in this section, “investigational drug or biological product” has the meaning ascribed to it in NRS 454.351.

**Sec. 32.** Chapter 633 of NRS is hereby amended by adding thereto the provisions set forth as sections 33 and 34 of this act.

**Sec. 33. 1. *The Executive Director of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:***



*(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;*

*(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or*

*(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.*

*2. If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.*

*3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:*

*(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;*

*(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements of NRS 639.23507 and sections 52, 53 and 57 of this act, as applicable; and*

*(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.*

*4. If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.*

*5. When deemed appropriate, the Executive Director of the Board may:*

*(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.*



*(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.*

*6. The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.*

**Sec. 34.** *1. If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed, administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of the investigative committee of the Board that conducted the investigation or the member of the Board who conducted the investigation.*

*2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.*

*3. If the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 180 days after the date on which the*



*order is issued, unless the Board and the licensee mutually agree to a longer period.*

**Sec. 35.** NRS 633.473 is hereby amended to read as follows:

633.473 The Board ~~may,~~ **shall**, 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~~ **2 hours** of training relating specifically to the misuse and abuse of controlled substances, *the prescribing of opioids or addiction* during each period of licensure. Any licensee may use such training to satisfy ~~1-hour~~ **2 hours** of any continuing education requirement established by the Board.

**Sec. 36.** NRS 633.511 is hereby amended to read as follows:

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

(a) Unprofessional conduct.

(b) Conviction of:

(1) 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;

(2) A felony relating to the practice of osteopathic medicine or practice as a physician assistant;

(3) A violation of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

(4) Murder, voluntary manslaughter or mayhem;

(5) Any felony involving the use of a firearm or other deadly weapon;

(6) Assault with intent to kill or to commit sexual assault or mayhem;

(7) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;

(8) Abuse or neglect of a child or contributory delinquency;

or

(9) Any offense involving moral turpitude.

(c) The suspension of a license to practice osteopathic medicine or to practice as a physician assistant by any other jurisdiction.

(d) Malpractice or gross malpractice, which may be evidenced by a claim of malpractice settled against a licensee.

(e) Professional incompetence.

(f) Failure to comply with the requirements of NRS 633.527.

(g) Failure to comply with the requirements of subsection 3 of NRS 633.471.

(h) Failure to comply with the provisions of NRS 633.694.



(i) 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.

(j) Failure to comply with the provisions of subsection 2 of NRS 633.322.

(k) Signing a blank prescription form.

(l) Knowingly or willfully 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;

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

(4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

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

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

(o) 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 knowingly or willfully obstructing or inducing another to obstruct the making or filing of such a record or report.

(p) 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.

(q) 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.

(r) Engaging in any act that is unsafe in accordance with regulations adopted by the Board.

(s) Failure to comply with the provisions of NRS 629.515.

(t) Failure to supervise adequately a medical assistant pursuant to the regulations of the Board.

(u) Failure to obtain any training required by the Board pursuant to NRS 633.473.

(v) Failure to comply with the provisions of NRS 633.6955.

(w) Failure to comply with the provisions of NRS 453.163 , ~~for~~ 453.164 ~~H~~ , *453.226 and 639.23507 and sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.*

*(x) Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.*

2. As used in this section, “investigational drug or biological product” has the meaning ascribed to it in NRS 454.351.

**Sec. 37.** NRS 633.521 is hereby amended to read as follows:

633.521 An osteopathic physician is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his or her care:

(a) Amygdalin (laetrile), if the patient has consented to the use of the substance.

(b) Procaine hydrochloride with preservatives and stabilizers (Gerovital H3).

(c) A controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with *the provisions of NRS 639.23507, sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto and the* accepted standards for the practice of osteopathic medicine.

2. Engaging in any activity in accordance with the provisions of chapter 453A of NRS.

**Sec. 38.** NRS 633.541 is hereby amended to read as follows:

633.541 1. ~~When~~ *Except as otherwise provided in section 33 of this act, when* a complaint is filed with the Board, the Board shall designate a member of the Board to review the complaint.



2. If the member of the Board determines that the complaint is not frivolous, he or she shall conduct an investigation of the complaint to determine whether there is a reasonable basis for the complaint. In performing the investigation, the member of the Board may request the assistance of the Attorney General or contract with a private investigator designated by the Executive Director of the Board who is licensed pursuant to chapter 648 of NRS or any other person designated by the Executive Director of the Board.

3. If, after conducting the investigation pursuant to subsection 2, the member of the Board determines that there is a reasonable basis for the complaint and that a violation of a provision of this chapter has occurred, the member of the Board may file a formal complaint with the Board specifying the grounds for disciplinary action.

**Sec. 39.** Chapter 635 of NRS is hereby amended by adding thereto the provisions set forth as sections 40 and 41 of this act.

**Sec. 40. 1. *The President of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:***

*(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;*

*(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or*

*(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.*

*2. If the President of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the President or his or her designee must notify the licensee as soon as practicable after receiving the information.*

*3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:*

*(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;*

*(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the*



*requirements of NRS 639.23507 and sections 52, 53 and 57 of this act, as applicable; and*

*(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.*

*4. If, after a review and evaluation conducted pursuant to subsection 1, the President or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.*

*5. When deemed appropriate, the President of the Board may:*

*(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.*

*(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.*

*6. The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.*

**Sec. 41. 1.** *If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed, administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe,*



*administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of an investigative committee convened by the Board to conduct the investigation or the member of the Board who conducted the investigation.*

*2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.*

*3. If the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period.*

**Sec. 42.** NRS 635.116 is hereby amended to read as follows:

635.116 The Board ~~may,~~ **shall**, 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~~ **2 hours** of training relating specifically to the misuse and abuse of controlled substances , **the prescribing of opioids or addiction** during each period of licensure. Any such holder of a license may use such training to satisfy ~~1-hour~~ **2 hours** of any continuing education requirement established by the Board.

**Sec. 43.** 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 NRS 635.116.

(s) Failure to comply with the provisions of NRS 453.163 , ~~and~~ 453.164 ~~+~~ , 453.226 and 639.23507 and sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.

*(t) Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.*

**Sec. 44.** Chapter 636 of NRS is hereby amended by adding thereto the provisions set forth as sections 45 and 46 of this act.

**Sec. 45. 1.** *The Executive Director of the Board or his or her designee shall review and evaluate any complaint or information received from the Investigation Division of the Department of Public Safety or the State Board of Pharmacy, including, without limitation, information provided pursuant to NRS 453.164, or from a law enforcement agency, professional licensing board or any other source indicating that:*

*(a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV;*

*(b) A pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described in paragraph (a); or*

*(c) A patient of a licensee has acquired, used or possessed a controlled substance listed in schedule II, III or IV in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.*

*2. If the Executive Director of the Board or his or her designee receives information described in subsection 1 concerning the licensee, the Executive Director or his or her designee must notify the licensee as soon as practicable after receiving the information.*



**3. A review and evaluation conducted pursuant to subsection 1 must include, without limitation:**

**(a) A review of relevant information contained in the database of the program established pursuant to NRS 453.162;**

**(b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements of NRS 639.23507 and sections 52, 53 and 57 of this act, as applicable; and**

**(c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.**

**4. If, after a review and evaluation conducted pursuant to subsection 1, the Executive Director or his or her designee determines that a licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a controlled substance listed in schedule II, III or IV, the Board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and a hearing in accordance with the provisions of this chapter, the Board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the Board must impose appropriate disciplinary action.**

**5. When deemed appropriate, the Executive Director of the Board may:**

**(a) Refer information acquired during a review and evaluation conducted pursuant to subsection 1 to another professional licensing board, law enforcement agency or other appropriate governmental entity for investigation and criminal or administrative proceedings.**

**(b) Postpone any notification, review or part of such a review required by this section if he or she determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a controlled substance.**

**6. The Board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing a controlled substance listed in schedule II, III or IV or violating the provisions of sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto. Such disciplinary action must include, without limitation, requiring the licensee to complete additional continuing education concerning prescribing controlled substances listed in schedules II, III and IV.**



**Sec. 46. 1.** *If the Board determines from an investigation of a licensee that the health, safety or welfare of the public or any patient served by the licensee is at risk of imminent or continued harm because of the manner in which the licensee prescribed, administered, dispensed or used a controlled substance, the Board may summarily suspend the licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pending a determination upon the conclusion of a hearing to consider a formal complaint against the licensee. An order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of an investigative committee convened by the Board to conduct the investigation or the member of the Board who conducted the investigation.*

*2. If an order to summarily suspend a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV is issued pursuant to subsection 1 by the presiding officer of an investigative committee of the Board or a member of the Board, that person shall not participate in any further proceedings of the Board relating to the order.*

*3. If the Board, the presiding officer of an investigative committee of the Board or a member of the Board issues an order summarily suspending a licensee's authority to prescribe, administer or dispense a controlled substance listed in schedule II, III or IV pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the licensee. The Board must hold the hearing and render a decision concerning the formal complaint within 60 days after the date on which the order is issued, unless the Board and the licensee mutually agree to a longer period.*

**Sec. 47.** NRS 636.2881 is hereby amended to read as follows:

636.2881 The Board ~~may~~ **shall**, 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~~ **2 hours** of training relating specifically to the misuse and abuse of controlled substances, **the prescribing of opioids or addiction** during each period of licensure. Any licensee may use such training to satisfy ~~1-hour~~ **2 hours** of any continuing education requirement established by the Board.

**Sec. 48.** 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 NRS 636.2881.

15. Failure to comply with the provisions of NRS 453.163 , ~~or~~ 453.164 ~~+~~ , 453.226 and 639.23507 and sections 52 to 58, inclusive, of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.

*16. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV.*

**Sec. 49.** NRS 636.315 is hereby amended to read as follows:

636.315 1. ~~As~~ *Except as otherwise provided in section 45 of this act, as* soon as practicable after the filing of a complaint, the Board shall notify the licensee against whom the complaint is filed and fix a date for its review of the complaint. If the Board receives a report pursuant to subsection 5 of NRS 228.420, a hearing must be held within 30 days after receiving the report. The licensee must be allowed a reasonable amount of time to respond to the allegations of the complaint. The Executive Director shall notify the licensee of the time, date and place fixed for the Board's review of the complaint.

2. After reviewing the complaint, the Board shall dismiss the complaint or file a formal charge against the licensee. If a formal charge is filed, the Executive Director shall prepare the charge in accordance with the Board's regulations and send a copy to the licensee. The licensee must be allowed a reasonable amount of time to file a response to the charge.

3. Within a reasonable time after the Executive Director sends a copy of the charge to the licensee, the Board shall fix the time, date and place for a hearing and the Executive Director shall notify the licensee thereof.

4. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.



**Sec. 50.** Chapter 639 of NRS is hereby amended by adding thereto the provisions set forth as sections 51 to 58, inclusive, of this act.

**Sec. 51.** *“Initial prescription” means a prescription originated for a new patient of a practitioner, other than a veterinarian, or a new prescription to begin a new course of treatment for an existing patient of a practitioner, other than a veterinarian. The term does not include any act concerning an ongoing prescription that is issued by a practitioner to continue a course of treatment for a new or existing patient of the practitioner.*

**Sec. 52. 1.** *If a practitioner, other than a veterinarian, prescribes or dispenses to a patient for the treatment of pain a quantity of controlled substance that exceeds the amount prescribed by this subsection, the practitioner must document in the medical record of the patient the reasons for prescribing that quantity. A practitioner shall document the information required by this subsection if the practitioner prescribes for or dispenses for the treatment of pain:*

*(a) In any period of 365 consecutive days, a larger quantity of a controlled substance listed in schedule II, III or IV than will be used in 365 days if the patient adheres to the dose prescribed; or*

*(b) At any one time, a larger quantity of a controlled substance listed in schedule II, III or IV than will be used in 90 days if the patient adheres to the dose prescribed.*

**2.** *A practitioner, other than a veterinarian, shall not issue an initial prescription of a controlled substance listed in schedule II, III or IV for the treatment of acute pain that prescribes:*

*(a) An amount of the controlled substance that is intended to be used for more than 14 days; and*

*(b) If the controlled substance is an opioid and a prescription for an opioid has never been issued to the patient or the most recent prescription issued to the patient for an opioid was issued more than 19 days before the date of the initial prescription for the treatment of acute pain, a dose of the controlled substance that exceeds 90 morphine milligram equivalents per day. For the purposes of this paragraph, the daily dose of a controlled substance must be calculated in accordance with the most recent guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.*



**Sec. 53. 1. Before issuing an initial prescription for a controlled substance listed in schedule II, III or IV for the treatment of pain, a practitioner, other than a veterinarian, must:**

**(a) Have established a bona fide relationship, as described in subsection 4 of NRS 639.235, with the patient;**

**(b) Perform an evaluation and risk assessment of the patient that meets the requirements of subsection 1 of section 54 of this act;**

**(c) Establish a preliminary diagnosis of the patient and a treatment plan tailored toward treating the pain of the patient and the cause of that pain;**

**(d) Document in the medical record of the patient the reasons for prescribing the controlled substance instead of an alternative treatment that does not require the use of a controlled substance; and**

**(e) Obtain informed written consent to the use of the controlled substance that meets the requirements of subsection 2 of section 54 of this act from:**

**(1) The patient, if the patient is 18 years of age or older or legally emancipated and competent to give such consent;**

**(2) The parent or guardian of a patient who is less than 18 years of age and not legally emancipated; or**

**(3) The legal guardian of a patient of any age who has been adjudicated mentally incompetent.**

**2. If a practitioner, other than a veterinarian, prescribes a controlled substance listed in schedule II, III or IV for the treatment of pain, the practitioner shall not issue more than one additional prescription that increases the dose of the controlled substance unless the practitioner meets with the patient, in person or using telehealth, to reevaluate the treatment plan established pursuant to paragraph (c) of subsection 1.**

**Sec. 54. 1. An evaluation and risk assessment of a patient conducted pursuant to paragraph (b) of subsection 1 of section 53 of this act must include, without limitation:**

**(a) Obtaining and reviewing a medical history of the patient.**

**(b) Conducting a physical examination of the patient.**

**(c) Making a good faith effort to obtain and review the medical records of the patient from any other provider of health care who has provided care to the patient. The practitioner shall document efforts to obtain such medical records and the conclusions from reviewing any such medical records in the medical record of the patient.**



*(d) Assessing the mental health and risk of abuse, dependency and addiction of the patient using methods supported by peer-reviewed scientific research and validated by a nationally recognized organization.*

*2. The informed written consent obtained pursuant to paragraph (e) of subsection 1 of section 53 of this act must include, without limitation, information concerning:*

*(a) The potential risks and benefits of treatment using the controlled substance, including if a form of the controlled substance that is designed to deter abuse is available, the risks and benefits of using that form;*

*(b) Proper use of the controlled substance;*

*(c) Any alternative means of treating the symptoms of the patient and the cause of such symptoms;*

*(d) The important provisions of the treatment plan established for the patient pursuant to paragraph (c) of subsection 1 of section 53 of this act in a clear and simple manner;*

*(e) The risks of dependency, addiction and overdose during treatment using the controlled substance;*

*(f) Methods to safely store and legally dispose of the controlled substance;*

*(g) The manner in which the practitioner will address requests for refills of the prescription, including, without limitation, an explanation of the provisions of section 55 of this act, if applicable;*

*(h) If the patient is a woman between 15 and 45 years of age, the risk to a fetus of chronic exposure to controlled substances during pregnancy, including, without limitation, the risks of fetal dependency on the controlled substance and neonatal abstinence syndrome;*

*(i) If the controlled substance is an opioid, the availability of an opioid antagonist, as defined in NRS 453C.040, without a prescription; and*

*(j) If the patient is an unemancipated minor, the risks that the minor will abuse or misuse the controlled substance or divert the controlled substance for use by another person and ways to detect such abuse, misuse or diversion.*

**Sec. 55. 1. Before prescribing a controlled substance listed in schedule II, III or IV to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner, other than a veterinarian, must:**



*(a) Require the patient to complete an assessment of the patient's risk for abuse, dependency and addiction that has been validated through peer-reviewed scientific research;*

*(b) Conduct an investigation, including, without limitation, appropriate hematological and radiological studies, to determine an evidence-based diagnosis for the cause of the pain;*

*(c) Meet with the patient, in person or using telehealth, to review the treatment plan established pursuant to paragraph (c) of subsection 1 of section 53 of this act to determine whether continuation of treatment using the controlled substance is medically appropriate; and*

*(d) If the patient has been prescribed a dose of 90 morphine milligram equivalents or more of an opioid per day for 90 days or longer, consider referring the patient to a specialist.*

*2. If, after conducting a review of the treatment plan and considering referral of the patient to a specialist pursuant to paragraphs (c) and (d) of subsection 1, the practitioner decides to continue to prescribe a dose of 90 morphine milligram equivalents or more of the opioid per day, the practitioner must develop and document in the medical record of the patient a revised treatment plan, which must include, without limitation, an assessment of the increased risk for adverse outcomes.*

*3. For the purposes of this section, the daily dose of a controlled substance must be calculated in accordance with the most recent guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.*

**Sec. 56.** *1. If a practitioner, other than a veterinarian, intends to prescribe a controlled substance listed in schedule II, III or IV for more than 30 days for the treatment of pain, the practitioner must, not later than 30 days after issuing the initial prescription, enter into a prescription medication agreement with the patient, which must be:*

*(a) Documented in the record of the patient; and*

*(b) Updated at least once every 365 days while the patient is using the controlled substance or whenever a change is made to the treatment plan established pursuant to paragraph (c) of subsection 1 of section 53 of this act.*

*2. A prescription medication agreement entered into pursuant to subsection 1 must include, without limitation:*

*(a) The goals of the treatment of the patient;*

*(b) Consent of the patient to testing to monitor drug use when deemed medically necessary by the practitioner;*



*(c) A requirement that the patient take the controlled substance only as prescribed;*

*(d) A prohibition on sharing medication with any other person;*

*(e) A requirement that the patient inform the practitioner:*

*(1) Of any other controlled substances prescribed to or taken by the patient;*

*(2) Whether the patient drinks alcohol or uses marijuana or any other cannabinoid compound while using the controlled substance;*

*(3) Whether the patient has been treated for side effects or complications relating to the use of the controlled substance, including, without limitation, whether the patient has experienced an overdose; and*

*(4) Each state in which the patient has previously resided or had a prescription for a controlled substance filled;*

*(f) Authorization for the practitioner to conduct random counts of the amount of the controlled substance in the possession of the patient;*

*(g) The reasons the practitioner may change or discontinue treatment of the patient using the controlled substance; and*

*(h) Any other requirements that the practitioner may impose.*

**Sec. 57.** *Before prescribing a controlled substance listed in schedule II, III or IV, a practitioner, other than a veterinarian, must consider the following factors, when applicable:*

*1. Whether there is reason to believe that the patient is not using the controlled substance as prescribed or is diverting the controlled substance for use by another person.*

*2. Whether the controlled substance has had the expected effect on the symptoms of the patient.*

*3. Whether there is reason to believe that the patient is using other drugs, including, without limitation, alcohol, controlled substances listed in schedule I or prescription drugs, that:*

*(a) May interact negatively with the controlled substance prescribed by the practitioner; or*

*(b) Have not been prescribed by a practitioner who is treating the patient.*

*4. The number of attempts by the patient to obtain an early refill of the prescription.*

*5. The number of times the patient has claimed that the controlled substance has been lost or stolen.*

*6. Information from the database of the program established pursuant to NRS 453.162 that is irregular or inconsistent or*



*indicates that the patient is inappropriately using a controlled substance.*

*7. Whether previous blood or urine tests have indicated inappropriate use of controlled substances by the patient.*

*8. The necessity of verifying that controlled substances, other than those authorized under the treatment plan established pursuant to paragraph (c) of subsection 1 of section 53 of this act, are not present in the body of the patient.*

*9. Whether the patient has demonstrated aberrant behavior or intoxication.*

*10. Whether the patient has increased his or her dose of the controlled substance without authorization from the practitioner.*

*11. Whether the patient has been reluctant to stop using the controlled substance or has requested or demanded a controlled substance that is likely to be abused or cause dependency or addiction.*

*12. Whether the patient has been reluctant to cooperate with any examination, analysis or test recommended by the practitioner.*

*13. Whether the patient has a history of substance abuse.*

*14. Any major change in the health of the patient, including, without limitation, pregnancy, or any diagnosis concerning the mental health of the patient that would affect the medical appropriateness of prescribing the controlled substance for the patient.*

*15. Any other evidence that the patient is chronically using opioids, misusing, abusing, illegally using or addicted to any drug or failing to comply with the instructions of the practitioner concerning the use of the controlled substance.*

*16. Any other factor that the practitioner determines is necessary to make an informed professional judgment concerning the medical appropriateness of the prescription.*

**Sec. 58.** *1. The Board may adopt any regulations necessary or convenient to enforce the provisions of NRS 639.23507 and sections 52 to 58, inclusive, of this act. Such regulations may impose additional requirements concerning the prescription of a controlled substance listed in schedule II, III or IV by a practitioner, other than a veterinarian, for the treatment of pain.*

*2. A practitioner who violates any provision of NRS 639.23507 and sections 52 to 58, inclusive, of this act or any regulations adopted pursuant thereto is:*

- (a) Not guilty of a misdemeanor; and*
- (b) Subject to professional discipline.*



**Sec. 59.** NRS 639.001 is hereby amended to read as follows:

639.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 639.0015 to 639.016, inclusive, *and section 51 of this act* have the meanings ascribed to them in those sections.

**Sec. 60.** NRS 639.23507 is hereby amended to read as follows:

639.23507 1. A practitioner , *other than a veterinarian*, shall, before ~~initiating a~~ *issuing an initial* prescription for a controlled substance listed in schedule II, III or IV ~~and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance~~, obtain a patient utilization report regarding the patient from the computerized program established by the Board and the Investigation Division of the Department of Public Safety pursuant to NRS 453.162 . ~~if:~~

~~—(a) The patient is a new patient of the practitioner; or~~  
~~—(b) The prescription is for more than 7 days and is part of a new course of treatment for the patient.~~

~~→~~ The practitioner shall ~~review~~ :

*(a) Review* the patient utilization report to assess whether the prescription for the controlled substance is medically necessary ~~and~~ ;

*(b) Determine whether the patient has been issued another prescription for the same controlled substance that provides for ongoing treatment using the controlled substance. If the practitioner determines from the patient utilization report or from any other source that the patient has been issued such a prescription, the practitioner shall not prescribe the controlled substance.*

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. 61.** NRS 639.2353 is hereby amended to read as follows:

639.2353 Except as otherwise provided in a regulation adopted pursuant to NRS 453.385 or 639.2357:

1. A prescription must be given:

(a) Directly from the practitioner to a pharmacist;

(b) Indirectly by means of an order signed by the practitioner;

(c) By an oral order transmitted by an agent of the practitioner;

or

(d) Except as otherwise provided in subsection 5, by electronic transmission or transmission by a facsimile machine, including, without limitation, transmissions made from a facsimile machine to another facsimile machine, a computer equipped with a facsimile modem to a facsimile machine or a computer to another computer, pursuant to the regulations of the Board.

2. A written prescription must contain:

(a) Except as otherwise provided in this section, the name and signature of the practitioner, *the registration number issued to the practitioner by the Drug Enforcement Administration* and the address of the practitioner if *that address is* not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name *and date of birth* of the patient, and the address of the patient if not immediately available to the pharmacist;

(d) The name, strength and quantity of the drug prescribed ~~§~~ *and the number of days that the drug is to be used, beginning on the day on which the prescription is filled;*

(e) The symptom or purpose for which the drug is prescribed, if included by the practitioner pursuant to NRS 639.2352;



(f) Directions for use ~~H~~ , *including, without limitation, the dose of the drug prescribed, the route of administration and the number of refills authorized, if applicable;*

(g) *The code established in the International Classification of Diseases, Tenth Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, or the code used in any successor classification system adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, that corresponds to the diagnosis for which the controlled substance was prescribed;* and

~~(e)~~ (h) The date of issue.

3. The directions for use must be specific in that they indicate the portion of the body to which the medication is to be applied or, if to be taken into the body by means other than orally, the orifice or canal of the body into which the medication is to be inserted or injected.

4. Each written prescription must be written in such a manner that any registered pharmacist would be able to dispense it. A prescription must be written in Latin or English and may include any character, figure, cipher or abbreviation which is generally used by pharmacists and practitioners in the writing of prescriptions.

5. A prescription for a controlled substance must not be given by electronic transmission or transmission by a facsimile machine unless authorized by federal law and NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant thereto.

6. A prescription that is given by electronic transmission is not required to contain the signature of the practitioner if:

(a) It contains a facsimile signature, security code or other mark that uniquely identifies the practitioner;

(b) A voice recognition system, biometric identification technique or other security system approved by the Board is used to identify the practitioner; or

(c) It complies with the provisions of NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant thereto.

**Sec. 62.** NRS 639.239 is hereby amended to read as follows:

639.239 **1.** Members, inspectors and investigators of the Board, *authorized representatives and investigators of state licensing boards established by this chapter or chapter 630, 631, 632, 633, 635 or 636 of NRS*, inspectors of the Food and Drug Administration, agents of the Investigation Division of the Department of Public Safety and peace officers described in paragraph (j) of subsection 1 of NRS 639.238 may ~~remove~~:



*(a) Request, and a practitioner or pharmacist who receives such a request shall provide, a photocopy of any record required to be retained by state or federal law or regulation, including any prescription contained in the files of a practitioner ~~†~~ or pharmacy, if the record in question will be used as evidence in a criminal action, civil action or an administrative proceeding, or contemplated action or proceeding.*

*(b) Remove an original record required to be retained by state or federal law or regulation, including any prescription contained in the files of a practitioner or pharmacy, if the record in question will be used as evidence in a criminal action, a civil action or an administrative proceeding, or contemplated action or proceeding and it is necessary to use the original record, rather than a photocopy of the record, for that purpose.*

2. The person who removes ~~†~~ an original record pursuant to ~~†this section†~~ paragraph (b) of subsection 1 shall:

~~†1.†~~ (a) Affix the name and address of the practitioner or pharmacist to the back of the record;

~~†2.†~~ (b) Affix his or her initials, cause an agent of the practitioner or pharmacist to affix his or her initials and note the date of the removal of the record on the back of the record;

~~†3.†~~ (c) Affix *to the back of the record his or her name and title and the name and address* of the agency for which the person is removing the record ~~†to the back of the record;~~

~~—4.† ; and~~

(d) Provide the practitioner or pharmacist with a ~~†receipt for†~~ a photocopy of both sides of the record ~~†; and~~

~~—5.— Return a photostatic copy of both sides of the record to the practitioner within 15 working days after the record is removed.† , or allow the practitioner or pharmacist to make such a photocopy, before removing the original record.~~

Sec. 63. NRS 639.310 is hereby amended to read as follows:

639.310 Except as otherwise provided in ~~†NRS 639.23507,†~~ section 58 of this act, unless a greater penalty is specified, any person who violates any of the provisions of this chapter is guilty of a misdemeanor.

Sec. 64. This act becomes effective upon passage and approval for the purpose of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act and on January 1, 2018, for all other purposes.

