

SENATE BILL NO. 453—COMMITTEE ON
HEALTH AND HUMAN SERVICES

MARCH 25, 2013

Referred to Committee on Health and Human Services

SUMMARY—Provides for schools to obtain and administer auto-injectable epinephrine. (BDR 40-1195)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§ 5)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to public health; allowing a physician to prescribe auto-injectable epinephrine to a public or private school; providing for public and private schools to obtain auto-injectable epinephrine under certain conditions; requiring public and private schools, if feasible, to provide certain training to employees and to develop a comprehensive plan concerning anaphylaxis; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law allows the parent or legal guardian of a pupil in a public school to request that the pupil be allowed to carry and self-administer medication for the treatment of asthma or anaphylaxis in certain circumstances. If this request is granted, the school is allowed to store additional doses of the medication for the pupil's use and the board of trustees of the school district, the school district and the school and the employees or agents thereof are immune from liability for any injury to or death of the pupil as a result of self-administration or a failure to self-administer the medication. (NRS 392.425)

Sections 14 and 16 of this bill allow a physician or osteopathic physician to prescribe auto-injectable epinephrine to a public or private school to be maintained at the school for the treatment of anaphylaxis that may be experienced by any person at the school. **Sections 14 and 16** also provide that a physician or osteopathic physician is not subject to disciplinary action for issuing such a prescription to a school. **Sections 2, 3 and 18** of this bill allow such a prescription to be written in the name of the school.

Section 7 of this bill requires each public school, including, without limitation, each charter school, to obtain a prescription for auto-injectable epinephrine to



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maintain the drug at the school. **Section 12** of this bill similarly authorizes a private school to obtain and maintain auto-injectable epinephrine at the school. If a public or private school obtains a prescription for auto-injectable epinephrine, **sections 1, 7 and 12** of this bill allow a school nurse or other designated employee of the public or private school, as applicable, who has received training in the storage and administration of auto-injectable epinephrine to administer auto-injectable epinephrine prescribed to the school to a person on the premises of the school during the school day who is reasonably believed to be experiencing anaphylaxis. **Sections 4, 10 and 12** of this bill require training in the storage and administration of epinephrine to be provided to designated employees of a public or private school. **Section 15** of this bill provides that a nurse is not subject to disciplinary action for administering auto-injectable epinephrine pursuant to a valid prescription issued pursuant to **section 14 or 16**.

Sections 9 and 13 of this bill require each public or private school, to the extent feasible: (1) to provide training concerning food allergies to certain employees; and (2) to develop a comprehensive action plan for anaphylaxis.

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

Section 1. NRS 454.213 is hereby amended to read as follows:
454.213 A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

1. A practitioner.

2. A physician assistant licensed pursuant to chapter 630 or 633 of NRS, at the direction of his or her supervising physician or a licensed dental hygienist acting in the office of and under the supervision of a dentist.

3. Except as otherwise provided in subsection 4, a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practitioner of nursing, or pursuant to a chart order, for administration to a patient at another location.

4. In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

(a) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and

(b) Acting under the direction of the medical director of that agency or facility who works in this State.

5. A medication aide - certified at a designated facility under the supervision of an advanced practitioner of nursing or registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this subsection, "designated facility" has the meaning ascribed to it in NRS 632.0145.



6. Except as otherwise provided in subsection 7, an intermediate emergency medical technician or an advanced emergency medical technician, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

(a) The State Board of Health in a county whose population is less than 100,000;

(b) A county board of health in a county whose population is 100,000 or more; or

(c) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.

7. An intermediate emergency medical technician or an advanced emergency medical technician who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a local health officer or a designee of the local health officer pursuant to that section.

8. A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

9. A dialysis technician, under the direction or supervision of a physician or registered nurse only if the drug or medicine is used for the process of renal dialysis.

10. A medical student or student nurse in the course of his or her studies at an approved college of medicine or school of professional or practical nursing, at the direction of a physician and:

(a) In the presence of a physician or a registered nurse; or

(b) Under the supervision of a physician or a registered nurse if the student is authorized by the college or school to administer the drug or medicine outside the presence of a physician or nurse.

➔ A medical student or student nurse may administer a dangerous drug in the presence or under the supervision of a registered nurse alone only if the circumstances are such that the registered nurse would be authorized to administer it personally.

11. Any person designated by the head of a correctional institution.

12. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.

13. A nuclear medicine technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

14. A radiologic technologist, at the direction of a physician and in accordance with any conditions established by regulation of the Board.



1 15. A chiropractic physician, but only if the drug or medicine
2 is a topical drug used for cooling and stretching external tissue
3 during therapeutic treatments.

4 16. A physical therapist, but only if the drug or medicine is a
5 topical drug which is:

6 (a) Used for cooling and stretching external tissue during
7 therapeutic treatments; and

8 (b) Prescribed by a licensed physician for:

9 (1) Iontophoresis; or

10 (2) The transmission of drugs through the skin using
11 ultrasound.

12 17. In accordance with applicable regulations of the State
13 Board of Health, an employee of a residential facility for groups, as
14 defined in NRS 449.017, pursuant to a written agreement entered
15 into by the ultimate user.

16 18. A veterinary technician or a veterinary assistant at the
17 direction of his or her supervising veterinarian.

18 19. In accordance with applicable regulations of the Board, a
19 registered pharmacist who:

20 (a) Is trained in and certified to carry out standards and practices
21 for immunization programs;

22 (b) Is authorized to administer immunizations pursuant to
23 written protocols from a physician; and

24 (c) Administers immunizations in compliance with the
25 "Standards for Immunization Practices" recommended and
26 approved by the Advisory Committee on Immunization Practices.

27 20. A registered pharmacist pursuant to written guidelines and
28 protocols developed and approved pursuant to NRS 639.2809.

29 21. A person who is enrolled in a training program to become a
30 physician assistant licensed pursuant to chapter 630 or 633 of NRS,
31 dental hygienist, intermediate emergency medical technician,
32 advanced emergency medical technician, respiratory therapist,
33 dialysis technician, nuclear medicine technologist, radiologic
34 technologist, physical therapist or veterinary technician if the person
35 possesses and administers the drug or medicine in the same manner
36 and under the same conditions that apply, respectively, to a
37 physician assistant licensed pursuant to chapter 630 or 633 of NRS,
38 dental hygienist, intermediate emergency medical technician,
39 advanced emergency medical technician, respiratory therapist,
40 dialysis technician, nuclear medicine technologist, radiologic
41 technologist, physical therapist or veterinary technician who may
42 possess and administer the drug or medicine, and under the direct
43 supervision of a person licensed or registered to perform the
44 respective medical art or a supervisor of such a person.



22. A medical assistant, in accordance with applicable regulations of the:

(a) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(b) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

23. A school nurse or other employee of a public or private school, but only with respect to auto-injectable epinephrine maintained by the school pursuant to section 7 or 12 of this act if the school nurse or other employee has received training in the proper storage and administration of auto-injectable epinephrine.

Sec. 2. NRS 454.223 is hereby amended to read as follows:

454.223 1. Except as otherwise provided in subsection 4, each prescription for a dangerous drug must be written on a prescription blank or as an order on the chart of a patient. A chart of a patient may be used to order multiple prescriptions for that patient.

2. A written prescription must contain:

(a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the patient ~~or~~ *or, if a prescription is provided to a public or private school pursuant to section 14 or 16 of this act, the name of the school for which the prescription was written* and the address of the patient *or school, as applicable*, if not immediately available to the pharmacist;

(d) The name, strength and quantity of the drug or drugs prescribed;

(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; and

(g) The date of issue.

3. Directions for use must be specific in that they must 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. The Board shall adopt regulations concerning the electronic transmission of a prescription for a dangerous drug, which must be consistent with federal law and the provisions of NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant thereto.



1 **Sec. 3.** NRS 454.231 is hereby amended to read as follows:
2 454.231 ~~Not~~ *Except as otherwise provided in sections 14 and*
3 *16 of this act, a* pharmacist shall *not* knowingly fill or refill any
4 prescription for a dangerous drug for use by any person other than
5 the one for whom the prescription was originally issued.

6 **Sec. 4.** Chapter 386 of NRS is hereby amended by adding
7 thereto a new section to read as follows:

8 1. *Each charter school shall designate one or more employees*
9 *of the school who is authorized to administer auto-injectable*
10 *epinephrine.*

11 2. *Each charter school shall ensure that each person so*
12 *designated receives training concerning the proper storage and*
13 *administration of auto-injectable epinephrine from the district*
14 *health officer or his or her designee or, if none, the State Health*
15 *Officer or his or her designee.*

16 3. *Each district health officer and the State Health Officer*
17 *shall coordinate with each charter school in this State to carry out*
18 *the provisions of this section.*

19 **Sec. 5.** NRS 386.490 is hereby amended to read as follows:
20 386.490 As used in NRS 386.490 to 386.610, inclusive, *and*
21 *section 4 of this act,* the words and terms defined in NRS 386.495,
22 386.500 and 386.503 have the meanings ascribed to them in those
23 sections.

24 **Sec. 6.** Chapter 388 of NRS is hereby amended by adding
25 thereto the provisions set forth as sections 7, 8 and 9 of this act.

26 **Sec. 7.** 1. *Each public school, including, without limitation,*
27 *each charter school, shall obtain a prescription for auto-injectable*
28 *epinephrine pursuant to section 14 or 16 of this act and acquire at*
29 *least two doses of the medication to be maintained at the school. If*
30 *a dose of auto-injectable epinephrine maintained by the public*
31 *school is used or expires, the public school shall ensure that at*
32 *least two doses of the medication are available at the school and*
33 *obtain additional doses to replace the used or expired doses if*
34 *necessary.*

35 2. *Auto-injectable epinephrine maintained by a public school*
36 *pursuant to this section may be administered:*

37 (a) *At a public school other than a charter school, by a school*
38 *nurse or any other employee of the public school who has been*
39 *designated by the school nurse and has received training in the*
40 *proper storage and administration of auto-injectable epinephrine;*
41 *or*

42 (b) *At a charter school, by the employee designated to be*
43 *authorized to administer auto-injectable epinephrine pursuant to*
44 *section 4 of this act if the person has received the training in the*
45 *proper storage and administration of auto-injectable epinephrine.*



3. A school nurse or other designated employee of a public school may administer auto-injectable epinephrine maintained at the school to any person on the premises of the public school during the school day whom the school nurse or other designated employee reasonably believes is experiencing anaphylaxis.

4. A public school may accept gifts, grants and donations from any source for the support of the public school in carrying out the provisions of this section, including, without limitation, the acceptance of auto-injectable epinephrine from a manufacturer or wholesaler of auto-injectable epinephrine.

Sec. 8. 1. Each public school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

2. Each school district shall establish a policy for the schools within the district regarding the proper handling and transportation of auto-injectable epinephrine. Each charter school shall establish such a policy for the charter school in consultation with the district health officer or his or her designee or, if none, the State Health Officer or his or her designee.

3. Not later than 30 days after the last day of each school year, each school district and charter school shall submit a report to the Health Division of the Department of Health and Human Services identifying the number of doses of auto-injectable epinephrine that were administered at each public school within the school district or charter school, as applicable, during the school year.

Sec. 9. Each public school, including, without limitation, each charter school, shall, to the extent feasible:

1. Provide training concerning food allergies to each employee who works with food at the school and to such other employees as deemed appropriate by the principal or other person in charge of the school; and

2. Develop a comprehensive action plan concerning anaphylaxis, which includes, without limitation, information relating to:

(a) The risks that may cause anaphylaxis;

(b) Ways to avoid risks that may cause anaphylaxis;

(c) The signs and symptoms of a person experiencing anaphylaxis;

(d) How to access auto-injectable epinephrine when necessary; and

(e) Medical care that should be received after the administration of auto-injectable epinephrine.



Sec. 10. NRS 391.207 is hereby amended to read as follows:

391.207 1. The provision of nursing services in a school district by school nurses and other qualified personnel must be under the direction and supervision of a chief nurse who is a registered nurse as provided in NRS 632.240 and who:

(a) Holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission; or

(b) Is employed by a state, county, city or district health department and provides nursing services to the school district in the course of that employment.

2. A school district shall not employ a person to serve as a school nurse unless the person holds an endorsement to serve as a school nurse issued pursuant to regulations adopted by the Commission.

3. *The chief nurse shall ensure that each school nurse:*

(a) Coordinates with the principal of each school to designate employees of the school who are authorized to administer auto-injectable epinephrine; and

(b) Provides the employees so designated with training concerning the proper storage and administration of auto-injectable epinephrine.

Sec. 11. Chapter 394 of NRS is hereby amended by adding thereto the provisions set forth as sections 12 and 13 of this act:

Sec. 12. 1. *A private school may obtain a prescription for auto-injectable epinephrine pursuant to section 14 or 16 of this act to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the private school is used or expires, the private school may obtain additional doses of auto-injectable epinephrine to replace the used or expired auto-injectable epinephrine.*

2. *Auto-injectable epinephrine maintained by a private school pursuant to this section may be administered by a school nurse or any other employee of the private school who has received training in the proper storage and administration of auto-injectable epinephrine.*

3. *A school nurse or other trained employee may administer auto-injectable epinephrine maintained at the school to any person on the premises of the private school during the school day whom the school nurse or other trained employee reasonably believes is experiencing anaphylaxis.*

4. *A private school shall ensure that auto-injectable epinephrine maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.*

Sec. 13. *The governing body of each private school shall, to the extent feasible:*



1 *1. Provide training concerning food allergies to each*
2 *employee who works with food at the school and to such other*
3 *employees as deemed appropriate by the principal or other person*
4 *in charge of the school; and*

5 *2. Develop a comprehensive action plan concerning*
6 *anaphylaxis, which includes, without limitation, information*
7 *relating to:*

8 *(a) The risks that may cause anaphylaxis;*

9 *(b) Ways to avoid risks that may cause anaphylaxis;*

10 *(c) The signs and symptoms of a person experiencing*
11 *anaphylaxis;*

12 *(d) How to access auto-injectable epinephrine when necessary;*
13 *and*

14 *(e) Medical care that should be received after the*
15 *administration of auto-injectable epinephrine.*

16 **Sec. 14.** Chapter 630 of NRS is hereby amended by adding
17 thereto a new section to read as follows:

18 *1. A physician may prescribe auto-injectable epinephrine to a*
19 *public or private school to allow the school to obtain and maintain*
20 *the auto-injectable epinephrine at the school, regardless of*
21 *whether any person at the school has been diagnosed with a*
22 *condition which may cause the person to require such medication*
23 *for the treatment of anaphylaxis.*

24 *2. A physician is not subject to disciplinary action solely for*
25 *issuing a valid prescription pursuant to subsection 1 to an entity*
26 *rather than a natural person and without knowledge of a specific*
27 *natural person who requires the medication.*

28 *3. As used in this section:*

29 *(a) "Private school" has the meaning ascribed to it in*
30 *NRS 394.103.*

31 *(b) "Public school" has the meaning ascribed to it in*
32 *NRS 385.007.*

33 **Sec. 15.** NRS 632.320 is hereby amended to read as follows:

34 632.320 1. The Board may deny, revoke or suspend any
35 license or certificate applied for or issued pursuant to this chapter, or
36 take other disciplinary action against a licensee or holder of a
37 certificate, upon determining that the licensee or certificate holder:

38 (a) Is guilty of fraud or deceit in procuring or attempting to
39 procure a license or certificate pursuant to this chapter.

40 (b) Is guilty of any offense:

41 (1) Involving moral turpitude; or

42 (2) Related to the qualifications, functions or duties of a
43 licensee or holder of a certificate,

44 ➔ in which case the record of conviction is conclusive evidence
45 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



1 is not approved by the United States Food and Drug Administration,
2 unless the unapproved controlled substance or dangerous drug:

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

5 (2) Was procured through a Canadian pharmacy which is
6 licensed pursuant to chapter 639 of NRS and which has been
7 recommended by the State Board of Pharmacy pursuant to
8 subsection 4 of NRS 639.2328; or

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

11 (m) Has been disciplined in another state in connection with a
12 license to practice nursing or a certificate to practice as a nursing
13 assistant or medication aide - certified, or has committed an act in
14 another state which would constitute a violation of this chapter.

15 (n) Has engaged in conduct likely to deceive, defraud or
16 endanger a patient or the general public.

17 (o) Has willfully failed to comply with a regulation, subpoena or
18 order of the Board.

19 (p) Has operated a medical facility at any time during which:

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

21 (2) An act or omission occurred which resulted in the
22 suspension or revocation of the license pursuant to NRS 449.160.

23 ➤ This paragraph applies to an owner or other principal responsible
24 for the operation of the facility.

25 2. For the purposes of this section, a plea or verdict of guilty or
26 guilty but mentally ill or a plea of nolo contendere constitutes a
27 conviction of an offense. The Board may take disciplinary action
28 pending the appeal of a conviction.

29 *3. A licensee or certificate holder is not subject to disciplinary*
30 *action solely for administering auto-injectable epinephrine*
31 *pursuant to a valid prescription issued pursuant to section 14 or*
32 *16 of this act.*

33 **Sec. 16.** Chapter 633 of NRS is hereby amended by adding
34 thereto a new section to read as follows:

35 *1. An osteopathic physician may prescribe auto-injectable*
36 *epinephrine to a public or private school to allow the school to*
37 *obtain and maintain the auto-injectable epinephrine at the school,*
38 *regardless of whether any person at the school has been diagnosed*
39 *with a condition which may cause the person to require such*
40 *medication for the treatment of anaphylaxis.*

41 *2. An osteopathic physician is not subject to disciplinary*
42 *action solely for issuing a valid prescription pursuant to*
43 *subsection 1 to an entity rather than a natural person and without*
44 *knowledge of a specific natural person who requires the*
45 *medication.*



3. *As used in this section:*

(a) *“Private school” has the meaning ascribed to it in NRS 394.103.*

(b) *“Public school” has the meaning ascribed to it in NRS 385.007.*

Sec. 17. NRS 639.013 is hereby amended to read as follows:

639.013 1. “Prescription” means:

(a) An order given individually for the person for whom prescribed, directly from the practitioner to a pharmacist or indirectly by means of an order signed by the practitioner or by an electronic transmission from the practitioner to a pharmacist.

(b) A chart order written for an inpatient specifying drugs which the inpatient is to take home upon discharge.

(c) An order given to a public or private school to obtain and maintain auto-injectable epinephrine pursuant to section 14 or 16 of this act.

2. The term does not include a chart order written for an inpatient for use while he or she is an inpatient.

Sec. 18. 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, and the address of the practitioner if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the patient **H** *or, if a prescription is provided to a public or private school pursuant to section 14 or 16 of this act, the name of the school for which the prescription was written,* and the address of the patient *or school, as applicable,* if not immediately available to the pharmacist;

(d) The name, strength and quantity of the drug prescribed;

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



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(f) Directions for use; and

(g) 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. 19. NRS 639.2357 is hereby amended to read as follows:

639.2357 1. Upon the request of a patient ~~H~~ *or public or private school for which the prescription was written*, a registered pharmacist shall transfer a prescription for the patient *or school, as applicable*, to another registered pharmacist.

2. A registered pharmacist who transfers a prescription pursuant to subsection 1 shall comply with any applicable regulations adopted by the Board relating to the transfer.

3. The provisions of this section do not authorize or require a pharmacist to transfer a prescription in violation of:

(a) Any law or regulation of this State;

(b) Federal law or regulation; or

(c) A contract for payment by a third party if the patient is a party to that contract.

Sec. 20. NRS 639.238 is hereby amended to read as follows:

639.238 1. Prescriptions filled and on file in a pharmacy are not a public record. Except as otherwise provided in NRS 439.538 and 639.2357, a pharmacist shall not divulge the contents of any prescription or provide a copy of any prescription, except to:



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1 (a) The patient , *public school or private school* for whom the
2 original prescription was issued;

3 (b) The practitioner who originally issued the prescription;

4 (c) A practitioner who is then treating the patient;

5 (d) A member, inspector or investigator of the Board or an
6 inspector of the Food and Drug Administration or an agent of the
7 Investigation Division of the Department of Public Safety;

8 (e) An agency of state government charged with the
9 responsibility of providing medical care for the patient;

10 (f) An insurance carrier, on receipt of written authorization
11 signed by the patient or his or her legal guardian, authorizing the
12 release of such information;

13 (g) Any person authorized by an order of a district court;

14 (h) Any member, inspector or investigator of a professional
15 licensing board which licenses a practitioner who orders
16 prescriptions filled at the pharmacy;

17 (i) Other registered pharmacists for the limited purpose of and to
18 the extent necessary for the exchange of information relating to
19 persons who are suspected of:

20 (1) Misusing prescriptions to obtain excessive amounts of
21 drugs; or

22 (2) Failing to use a drug in conformity with the directions for
23 its use or taking a drug in combination with other drugs in a manner
24 that could result in injury to that person;

25 (j) A peace officer employed by a local government for the
26 limited purpose of and to the extent necessary:

27 (1) For the investigation of an alleged crime reported by an
28 employee of the pharmacy where the crime was committed; or

29 (2) To carry out a search warrant or subpoena issued
30 pursuant to a court order; or

31 (k) A county coroner, medical examiner or investigator
32 employed by an office of a county coroner for the purpose of:

33 (1) Identifying a deceased person;

34 (2) Determining a cause of death; or

35 (3) Performing other duties authorized by law.

36 2. Any copy of a prescription for a controlled substance or a
37 dangerous drug as defined in chapter 454 of NRS that is issued to a
38 county coroner, medical examiner or investigator employed by an
39 office of a county coroner must be limited to a copy of the
40 prescription filled or on file for:

41 (a) The person whose name is on the container of the controlled
42 substance or dangerous drug that is found on or near the body of a
43 deceased person; or

44 (b) The deceased person whose cause of death is being
45 determined.



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1 3. Except as otherwise provided in NRS 639.2357, any copy of
2 a prescription for a controlled substance or a dangerous drug as
3 defined in chapter 454 of NRS, issued to a person authorized by this
4 section to receive such a copy, must contain all of the information
5 appearing on the original prescription and be clearly marked on its
6 face “Copy, Not Refillable—For Reference Purposes Only.” The
7 copy must bear the name or initials of the registered pharmacist who
8 prepared the copy.

9 4. If a copy of a prescription for any controlled substance or a
10 dangerous drug as defined in chapter 454 of NRS is furnished to the
11 customer, the original prescription must be voided and notations
12 made thereon showing the date and the name of the person to whom
13 the copy was furnished.

14 5. As used in this section, “peace officer” does not include:

15 (a) A member of the Police Department of the Nevada System
16 of Higher Education.

17 (b) A school police officer who is appointed or employed
18 pursuant to NRS 391.100.

19 **Sec. 21.** The provisions of NRS 354.599 do not apply to any
20 additional expenses of a local government that are related to the
21 provisions of this act.

22 **Sec. 22.** This act becomes effective on July 1, 2013.

