SENATE BILL NO. 54–SENATOR BUCK

PREFILED NOVEMBER 12, 2026

Referred to Committee on Education

SUMMARY—Provides for the availability of epinephrine nasal spray in certain locations. (BDR 34-24)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.
Effect on the State Highway Fund: No.

~

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

AN ACT relating to public health; authorizing public and private schools to obtain epinephrine nasal spray; authorizing certain school personnel to administer epinephrine nasal spray on the premises of public and private schools under certain circumstances; authorizing the submission of a request for the authorization of a pupil to self-administer epinephrine nasal spray in various school settings; requiring training on the storage and administration of epinephrine nasal spray for certain school personnel; revising requirements relating to the development of a comprehensive action plan concerning anaphylaxis; authorizing certain health care professionals to issue an order authorizing a public or private school to obtain and maintain epinephrine nasal spray; providing immunity from liability for certain persons for acts or omissions relating to the acquisition, provision or administration of epinephrine nasal spray; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires each public school, including each charter school, and authorizes each private school, to acquire at least two doses of auto-injectable epinephrine to be maintained at the school. (NRS 386.870, 394.1995) To obtain such doses of auto-injectable epinephrine, existing law: (1) requires a public school, and authorizes a private school, to obtain an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse for auto-injectable epinephrine; and (2) authorizes a physician, osteopathic physician,

physician assistant or advanced practice registered nurse to issue an order to the public or private school to allow the school to obtain and maintain the auto-injectable epinephrine, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to need such medication for treatment of anaphylaxis. (NRS 386.870, 394.1995, 630.374, 632.239, 633.707) Under existing law, a school nurse or a designated employee of the school who has received certain training is authorized to possess and administer auto-injectable epinephrine only to a pupil on the premises of the school during regular school hours when the school nurse or designated employee has a reasonable belief that the pupil is experiencing anaphylaxis. (NRS 386.870, 388A.547, 391.291, 394.1995, 454.303). Finally, existing law: (1) establishes requirements for the storage of auto-injectable epinephrine at a public or private school; (2) requires the establishment of policies regarding the proper handling and transportation of auto-injectable epinephrine; (3) requires the development of action plans concerning persons experiencing anaphylaxis at a school; (4) requires a public or private school to report certain information relating to the use of auto-injectable epinephrine at the school to the Division of Public and Behavioral Health of the Department of Health and Human Services; (5) authorizes public schools to accept a gift or donation of auto-injectable epinephrine from a manufacturer or wholesaler of auto-injectable epinephrine; and (6) limits the civil liability of school districts, schools, trustees of a school district, members of the governing body of a school, school personnel, physicians, osteopathic physicians, physician assistants, advanced practice registered nurses and pharmacists, in connection with the acquisition, possession, provision or administration of auto-injectable epinephrine at schools. (NRS 386.865, 386.870, 386.875, 394.1995, 394.1997, 630.374, 632.239, 632.347, 633.707 and 639.2357)

This bill authorizes the acquisition, possession, provision and administration of epinephrine nasal spray at public and private school in the same manner as auto-injectable epinephrine. **Section 2** of this bill authorizes, but does not require, a public school, including a charter school, to obtain an order from a physician, osteopathic physician, physician assistant, or advanced practice registered nurse for epinephrine nasal spray, and **section 6** of this bill applies that authorization to private schools. **Sections 10-13** of this bill authorize a physician, osteopathic physician, physician assistant or advanced practice registered nurse to issue such an order, subject to the same conditions concerning the order and the same limitations against civil liability or disciplinary action that apply to the issuance of an order to a public or private school for auto-injectable epinephrine. **Section 14** of this bill limits the civil liability of a pharmacist who dispenses epinephrine nasal spray to a public or private school pursuant to such an order in the same manner as the dispensing of auto-injectable epinephrine to a public or private school. **Sections 2, 4, 5, 7 and 9** of this bill: (1) authorize a school nurse or a designated employee who has received certain training to administer epinephrine nasal spray to a pupil under the same conditions that apply to the administration of auto-injectable epinephrine to a pupil; and (2) limit the liability of school districts, schools, trustees of a school district, members of the governing body of a school, school personnel in connection with the acquisition, possession, provision or administration of auto-injectable epinephrine at schools. **Sections 1 and 8** of this bill: (1) establish requirements for the storage of epinephrine nasal spray; (2) require the establishment of policies for the proper handling and transportation of epinephrine nasal spray; (3) require action plans for the treatment of anaphylaxis to include epinephrine nasal spray; and (4) apply to epinephrine nasal spray the same reporting requirements that apply to auto-injectable epinephrine. Finally, **section 6** of this bill authorizes a pupil to self-administer epinephrine nasal spray under the same circumstances as a pupil would be authorized to self-administer auto-injectable epinephrine. (NRS 392.425)

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

Section 1. NRS 386.865 is hereby amended to read as follows:

386.865 1. Each public school shall ensure that auto-injectable epinephrine ***, epinephrine nasal spray*** and any opioid antagonist 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, other than charter schools, regarding the proper handling and transportation of auto-injectable epinephrine ***, epinephrine nasal spray*** and opioid antagonists.

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 Division of Public and Behavioral Health of the Department of Human Services identifying the number of doses of auto-injectable epinephrine ***, epinephrine nasal spray*** and opioid antagonists that were administered at each public school within the school district or charter school, as applicable, during the school year.

Sec. 2. NRS 386.870 is hereby amended to read as follows:

386.870 1. Each public school, including, without limitation, each charter school, shall obtain an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse, for auto-injectable epinephrine pursuant to NRS 630.374, 632.239 or 633.707 and acquire at least two doses of the medication to be maintained at the school. If a dose of auto-injectable epinephrine maintained by the public school is used or expires, the public school shall ensure that at least two doses of the medication are available at the school and obtain additional doses to replace the used or expired doses if necessary.

2. A public school, including, without limitation, a charter school, may obtain an order from a ~~[~~health~~]~~ ***:***

(a) Health care professional ***,*** for an opioid antagonist pursuant to NRS 453C.105 to be maintained at the school.

(b) Physician, osteopathic physician, physician assistant or advanced practice registered nurse, for epinephrine nasal spray pursuant to NRS 630.374, 632.239 or 633.707 to be maintained at the school.

3. If a dose of ***epinephrine nasal spray or*** an opioid antagonist maintained by the public school ***pursuant to subsection 2*** is used or expires, the public school may obtain an additional dose of the ***epinephrine nasal spray or*** opioid antagonist to replace the used or expired ***epinephrine nasal spray or*** opioid antagonist.

~~[3.]~~ ***4.*** Auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist maintained by a public school pursuant to this section may be administered:

(a) At a public school other than a charter school, by a school nurse or any other employee of the public school who has been designated by the school nurse and has received training in the proper storage and administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or the opioid antagonist, as applicable; or

(b) At a charter school, by an employee designated ***by the charter school*** to be authorized to administer auto-injectable epinephrine ***, epinephrine nasal spray*** or the opioid antagonist, as applicable, pursuant to NRS 388A.547 if the person has received the training in the proper storage and administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or the opioid antagonist, as applicable.

~~[4.]~~ ***5.*** A school nurse or other designated employee of a public school may administer:

(a) Auto-injectable epinephrine ***or epinephrine nasal spray*** maintained at the school to any pupil on the premises of the public school during regular school hours whom the school nurse or other designated employee reasonably believes is experiencing anaphylaxis.

(b) An opioid antagonist maintained at the school to any person on the premises of the public school whom the school nurse or other designated employee reasonably believes is experiencing an opioid-related drug overdose.

~~[5.]~~ ***6.*** The governing body of each charter school and the board of trustees of each school district that obtains an order for an opioid antagonist pursuant to subsection 2 shall adopt a policy to ensure that:

(a) Emergency assistance is sought each time a person experiences an opioid-related drug overdose on the premises of the school; and

(b) The parent or guardian of each pupil to whom an opioid antagonist is administered is notified as soon as practicable.

~~[6.]~~ ***7.*** 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 ***, epinephrine nasal spray*** or opioid antagonists from a manufacturer or wholesaler of auto-injectable epinephrine ***, epinephrine nasal spray*** or opioid antagonists.

~~[7.]~~ ***8.*** A public school, school district, member of the board of trustees of a school district or governing body of a charter school or employee of a school district or charter school is not liable for any

error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist maintained at a public school pursuant to this section not resulting from gross negligence or reckless, willful or wanton conduct of the school, school district, member or employee, as applicable, if the auto-injectable epinephrine ***, epinephrine nasal spray*** or opioid antagonist is provided or administered during the rendering of emergency care or assistance during an emergency.

~~[8.]~~ ***9.*** As used in this section:

(a) "Health care professional" has the meaning ascribed to it in NRS 453C.030.

(b) "Opioid-related drug overdose" has the meaning ascribed to it in NRS 453C.050.

Sec. 3. NRS 386.875 is hereby amended to read as follows:

386.875 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 school nurse in collaboration with 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 ***and epinephrine nasal spray*** when necessary; and

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

Sec. 4. NRS 388A.547 is hereby amended to read as follows:

388A.547 1. Each charter school shall designate one or more employees of the school who is authorized to administer auto-injectable epinephrine ~~[.]~~ ***and epinephrine nasal spray.***

2. Each charter school that obtains an order from a health care professional for an opioid antagonist pursuant to NRS 453C.105 shall designate at least two employees of the school who are authorized to administer the opioid antagonist.

3. Each charter school shall ensure that each person so designated to administer medication pursuant to subsection 1 or 2 receives training in the proper storage and administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or opioid antagonists, as applicable.

4. As used in this section, "opioid antagonist" has the meaning ascribed to it in NRS 453C.040.

Sec. 5. NRS 391.291 is hereby amended to read as follows:

391.291 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. Except as otherwise provided in regulations adopted by the Commission pursuant to NRS 391.019, 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:

(1) Employees of the school who are authorized to administer auto-injectable epinephrine ~~[.]~~ ***and epinephrine nasal spray;*** and

(2) If the school has obtained an order for an opioid antagonist pursuant to subsection 2 of NRS 386.870, at least two employees of the school who are authorized to administer the opioid antagonist.

(b) Provides the employees so designated with training concerning the proper storage and administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or opioid antagonists, as applicable.

4. As used in this section, "opioid antagonist" has the meaning ascribed to it in NRS 453C.040.

Sec. 6. NRS 392.425 is hereby amended to read as follows:

392.425 1. The parent or legal guardian of a pupil who has asthma, anaphylaxis or diabetes may submit a written request to the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled to allow the pupil to self-administer medication for the treatment of the pupil's asthma, anaphylaxis or diabetes while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus.

2. A public school shall establish protocols for containing blood-borne pathogens and the handling and disposal of needles, medical devices and other medical waste and provide a copy of these protocols and procedures to the parent or guardian of a pupil

who requests permission for the pupil to self-administer medication pursuant to subsection 1.

3. A written request made pursuant to subsection 1 must include:

(a) A signed statement of a physician, physician assistant or advanced practice registered nurse indicating that the pupil has asthma, anaphylaxis or diabetes and is capable of self-administration of the medication while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus;

(b) A written treatment plan prepared by the physician, physician assistant or advanced practice registered nurse pursuant to which the pupil will manage his or her asthma, anaphylaxis or diabetes if the pupil experiences an asthmatic attack, anaphylactic shock or diabetic episode while on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus; and

(c) A signed statement of the parent or legal guardian:

(1) Indicating that the parent or legal guardian grants permission for the pupil to self-administer the medication while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus;

(2) Acknowledging that the parent or legal guardian is aware of and understands the provisions of subsections 4 and 5;

(3) Acknowledging the receipt of the protocols provided pursuant to subsection 2;

(4) Acknowledging that the protocols established pursuant to subsection 2 have been explained to the pupil who will self-administer the medication and that he or she has agreed to comply with the protocols; and

(5) Acknowledging that authorization to self-administer medication pursuant to this section may be revoked if the pupil fails to comply with the protocols established pursuant to subsection 2.

4. The provisions of this section do not create a duty for the board of trustees of the school district, the school district, the public school in which the pupil is enrolled, or an employee or agent thereof, that is in addition to those duties otherwise required in the course of service or employment.

5. If a pupil is granted authorization pursuant to this section to self-administer medication, the board of trustees of the school district, the school district and the public school in which the pupil is enrolled, and any employee or agent thereof, are immune from liability for the injury to or death of:

(a) The pupil as a result of self-administration of a medication pursuant to this section or the failure of the pupil to self-administer such a medication; and

(b) Any other person as a result of exposure to or injury caused by needles, medical devices or other medical waste from the self-administration of medication by a pupil pursuant to this section.

6. Upon receipt of a request that complies with subsection 3, the principal or, if applicable, the school nurse of the public school in which a pupil is enrolled shall provide written authorization for the pupil to carry and self-administer medication to treat his or her asthma, anaphylaxis or diabetes while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus. The written authorization must be filed with the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled and must include:

(a) The name and purpose of the medication which the pupil is authorized to self-administer;

(b) The prescribed dosage and the duration of the prescription;

(c) The times or circumstances, or both, during which the medication is required or recommended for self-administration;

(d) The side effects that may occur from an administration of the medication;

(e) The name and telephone number of the pupil's physician, physician assistant or advanced practice registered nurse and the name and telephone number of the person to contact in the case of a medical emergency concerning the pupil; and

(f) The procedures for the handling and disposal of needles, medical devices and other medical waste.

7. The written authorization provided pursuant to subsection 6 is valid for 1 school year. If a parent or legal guardian submits a written request that complies with subsection 3, the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled shall renew and, if necessary, revise the written authorization.

8. If a parent or legal guardian of a pupil who is authorized pursuant to this section to carry medication on his or her person provides to the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled doses of the medication in addition to the dosage that the pupil carries on his or her person, the principal or, if applicable, the school nurse shall ensure that the additional medication is:

(a) Stored on the premises of the public school in a location that is secure; and

(b) Readily available if the pupil experiences an asthmatic attack, anaphylactic shock or diabetic episode during school hours.

9. As used in this section:

(a) "Advanced practice registered nurse" means a registered nurse who holds a valid license as an advanced practice registered nurse issued by the State Board of Nursing pursuant to NRS 632.237.

(b) "Medication" means any medicine prescribed by a physician, physician assistant or advanced practice registered nurse for the treatment of anaphylaxis, asthma or diabetes, including, without limitation, asthma inhalers, auto-injectable epinephrine ***, epinephrine nasal spray*** and insulin.

(c) "Physician" means a person who is licensed to practice medicine pursuant to chapter 630 of NRS or osteopathic medicine pursuant to chapter 633 of NRS.

(d) "Physician assistant" means a person who is licensed as a physician assistant pursuant to chapter 630 or 633 or NRS.

(e) "Self-administer" means the auto-administration of a medication pursuant to the prescription for the medication or written directions for such a medication.

Sec. 7. NRS 394.1995 is hereby amended to read as follows:

394.1995 1. A private school may obtain an order from a physician, osteopathic physician, physician assistant or advanced practice registered nurse for auto-injectable epinephrine ***or epinephrine nasal spray, or both,*** pursuant to NRS 630.374, 632.239 or 633.707 to be maintained at the school. If a dose of auto-injectable epinephrine ***or epinephrine nasal spray*** maintained by the private school is used or expires, the private school may obtain additional doses of auto-injectable epinephrine ***or epinephrine nasal spray*** to replace the used or expired ***epinephrine nasal spray or*** auto-injectable epinephrine.

2. A private school may obtain an order from a health care professional for an opioid antagonist pursuant to NRS 453C.105 to be maintained at the school. If a dose of an opioid antagonist maintained by the private school is used or expires, the private school may obtain an additional dose of the opioid antagonist to replace the used or expired opioid antagonist.

3. Auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist 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 ***, epinephrine nasal spray*** or an opioid antagonist, as applicable.

4. A school nurse or other trained employee may administer:

(a) Auto-injectable epinephrine ***or epinephrine nasal spray*** maintained at the school to any pupil on the premises of the private

school during regular school hours whom the school nurse or other trained employee reasonably believes is experiencing anaphylaxis.

(b) An opioid antagonist maintained at the school to any person on the premises of the school whom the school nurse or other designated employee reasonably believes is experiencing an opioid-related drug overdose.

5. A private school shall ensure that auto-injectable epinephrine ***, epinephrine nasal spray*** or any opioid antagonist maintained at the school is stored in a designated, secure location that is unlocked and easily accessible.

6. The governing body of each private school that obtains an order for an opioid antagonist pursuant to subsection 2 shall adopt a policy to ensure that:

(a) Emergency assistance is sought each time a person experiences an opioid-related drug overdose on the premises of the school; and

(b) The parent or guardian of each pupil to whom an opioid antagonist is administered is notified as soon as practicable.

7. A private school or member of the governing body or employee thereof is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist maintained at the private school pursuant to this section not resulting from gross negligence or reckless, willful or wanton conduct of the school, member or employee, as applicable, if the auto-injectable epinephrine ***, epinephrine nasal spray*** or opioid antagonist is provided or administered during the rendering of emergency care or assistance during an emergency.

8. As used in this section:

(a) "Health care professional" has the meaning ascribed to it in NRS 453C.030.

(b) "Opioid antagonist" has the meaning ascribed to it in NRS 453C.040.

(c) "Opioid-related drug overdose" has the meaning ascribed to it in NRS 453C.050.

Sec. 8. NRS 394.1997 is hereby amended to read as follows:

394.1997 The governing body of each private 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 ***and epinephrine nasal spray*** when necessary; and

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

Sec. 9. NRS 454.303 is hereby amended to read as follows:

454.303 1. A school nurse or other employee of a public or private school who is authorized pursuant to NRS 386.870 or 394.1995 to administer auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist may possess and administer auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist, as applicable, maintained by the school if the school nurse or other employee has received training in the proper storage and administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or the opioid antagonist, as applicable, as required by NRS 386.870 or 394.1995.

2. As used in this section, "opioid antagonist" has the meaning ascribed to it in NRS 453C.040.

Sec. 10. NRS 630.374 is hereby amended to read as follows:

630.374 1. A physician or physician assistant may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine ***or epinephrine nasal spray, or both,*** at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. A physician or physician assistant may issue to an authorized entity an order to allow the authorized entity to obtain and maintain auto-injectable epinephrine at any location under the control of the authorized entity where allergens capable of causing anaphylaxis may be present, regardless of whether any person employed by, affiliated with or served by the authorized entity has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

3. An order issued pursuant to subsection 1 or 2 must contain:

(a) The name and signature of the physician or physician assistant and the address of the physician or physician assistant if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school or authorized entity to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

4. A physician or physician assistant is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 or 2 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

5. A physician or physician assistant is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine ***or epinephrine nasal spray*** maintained by a public or private school ***,*** or ***auto-injectable epinephrine maintained by an*** authorized entity ***,*** pursuant to an order issued by the physician or physician assistant pursuant to subsection 1 or 2 not resulting from gross negligence or reckless, willful or wanton conduct of the physician or physician assistant.

6. As used in this section:

(a) "Authorized entity" has the meaning ascribed to it in NRS 450B.710.

(b) "Private school" has the meaning ascribed to it in NRS 394.103.

(c) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 11. NRS 632.239 is hereby amended to read as follows:

632.239 1. An advanced practice registered nurse may issue to a public or private school an order to allow the school to obtain and maintain auto-injectable epinephrine ***or epinephrine nasal spray, or both,*** at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. An advanced practice registered nurse may issue to an authorized entity an order to allow the authorized entity to obtain and maintain auto-injectable epinephrine at any location under the control of the authorized entity where allergens capable of causing anaphylaxis may be present, regardless of whether any person employed by, affiliated with or served by the authorized entity has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

3. An order issued pursuant to subsection 1 or 2 must contain:

(a) The name and signature of the advanced practice registered nurse and the address of the advanced practice registered nurse if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school or authorized entity to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

4. An advanced practice registered nurse is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 or 2 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

5. An advanced practice registered nurse is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine ***or epinephrine nasal spray*** maintained by a public or private school ***,*** or ***auto-injectable epinephrine, maintained by an*** authorized entity pursuant to an order issued by the advanced practice registered nurse pursuant to subsection 1 or 2 not resulting from gross negligence or reckless, willful or wanton conduct of the advanced practice registered nurse.

6. As used in this section:

(a) "Authorized entity" has the meaning ascribed to it in NRS 450B.710.

(b) "Private school" has the meaning ascribed to it in NRS 394.103.

(c) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 12. 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 cannabis being used for medical purposes in accordance with chapter 678C 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, 453.226, 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, 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.

(t) Has violated the provisions of NRS 454.217 or 629.086.

(u) Has performed or supervised the performance of a pelvic examination in violation of NRS 629.085.

(v) Has failed to comply with the provisions of NRS 441A.315 or any regulations adopted pursuant thereto.

(w) Has failed to supervise adequately a medical assistant pursuant to the regulations of the Board.

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 ***or epinephrine nasal spray*** 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. 13. NRS 633.707 is hereby amended to read as follows:

633.707 1. An osteopathic physician or physician assistant may issue to a public or private school an order to allow the school

to obtain and maintain auto-injectable epinephrine ***or epinephrine nasal spray, or both,*** at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

2. An osteopathic physician or physician assistant may issue to an authorized entity an order to allow the authorized entity to obtain and maintain auto-injectable epinephrine at any location under the control of the authorized entity where allergens capable of causing anaphylaxis may be present, regardless of whether any person employed by, affiliated with or served by the authorized entity has been diagnosed with a condition which may cause the person to require such medication for the treatment of anaphylaxis.

3. An order issued pursuant to subsection 1 or 2 must contain:

(a) The name and signature of the osteopathic physician or physician assistant and the address of the osteopathic physician or physician assistant if not immediately available to the pharmacist;

(b) The classification of his or her license;

(c) The name of the public or private school or authorized entity to which the order is issued;

(d) The name, strength and quantity of the drug authorized to be obtained and maintained by the order; and

(e) The date of issue.

4. An osteopathic physician or physician assistant is not subject to disciplinary action solely for issuing a valid order pursuant to subsection 1 or 2 to an entity other than a natural person and without knowledge of a specific natural person who requires the medication.

5. An osteopathic physician or physician assistant is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine ***or epinephrine nasal spray*** maintained by a public or private school ***,*** or ***auto-injectable epinephrine maintained by an*** authorized entity ***,*** pursuant to an order issued by the osteopathic physician or physician assistant not resulting from gross negligence or reckless, willful or wanton conduct of the osteopathic physician or physician assistant.

6. As used in this section:

(a) "Authorized entity" has the meaning ascribed to it in NRS 450B.710.

(b) "Private school" has the meaning ascribed to it in NRS 394.103.

(c) "Public school" has the meaning ascribed to it in NRS 385.007.

Sec. 14. NRS 639.2357 is hereby amended to read as follows:

639.2357 1. Upon the request of a patient, or a public or private school or an authorized entity for which an order was issued pursuant to NRS 453C.105, 630.374, 632.239 or 633.707, a registered pharmacist shall transfer a prescription or order to another registered pharmacist.

2. A registered pharmacist who transfers a prescription or order 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 or order 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.

4. A pharmacist is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine ***, epinephrine nasal spray*** or an opioid antagonist that the pharmacist has dispensed to a public or private school ***,*** or ***auto-injectable epinephrine dispensed to an*** authorized entity ***,*** pursuant to an order issued pursuant to NRS 453C.105, 630.374, 632.239 or 633.707 ***, as applicable,*** not resulting from gross negligence or reckless, willful or wanton conduct of the pharmacist.

5. As used in this section:

(a) "Authorized entity" has the meaning ascribed to it in NRS 450B.710.

(b) "Opioid antagonist" has the meaning ascribed to it in NRS 453C.040.

Sec. 15. This act becomes effective on July 1, 2027.

㉚