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13A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

June 3, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~***omitted material***~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.2177

Amendment of Nevada Administrative Code (NAC) 639.010, 639.200, 639.4992, 639.4996, 639.4998 and 639.750. The proposed amendments set forth the requirements for the licensing and regulation of recovery centers to dispense controlled substances and dangerous drugs if the Recovery Center is licensed by the State Board of Health pursuant to NRS 449.0303.

NAC 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees (NRS 639.070, 639.170)

1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy.....	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the investigation or issuance of an original license to conduct a recovery center or surgical center for ambulatory patients licensed by the State Board of Health pursuant to NRS 449.0303	***500***
For the biennial renewal of a license to conduct a recovery center or surgical center for ambulatory patients licensed by the State Board of Health pursuant to NRS 449.0303	***500***
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50

For the biennial renewal of registration as a registered pharmacist.....	200
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	50
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....	50
For the investigation or registration of an intern pharmacist.....	40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, ***recovery center or*** facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	200
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, ***recovery center or*** facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	200
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	500
For the biennial renewal of a license for a manufacturer or wholesaler.....	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

> is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

8. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay actual costs of inspection incurred by the Board.

NAC 639.010 Definitions. (NRS 639.070) As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.
2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.
3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.
4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

6. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

7. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

8. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

9. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

10. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

12. "Recovery center" has the meaning ascribed to it in NRS 639.0144.

NAC 639.457 "Medical facility" defined. (NRS 639.070) "Medical facility" includes:

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A hospice;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease~~; and~~
11. A rural clinic***; and***
12. A recovery center.

NAC 639.4992 Dispensing controlled substances *or dangerous drugs*: Registration and licensing required. (NRS 639.070, 639.071, ***NRS 639.2177***) Each ***recovery center or*** surgical center for ambulatory patients shall ***apply to the Board for a license to dispense controlled substances or dangerous drugs by submitting an application on a form prescribed by the Board and shall***:

1. Register with ~~*the Board and*~~ the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances;

2. Ensure that each practitioner who dispenses controlled substances *or dangerous drugs* in the *recovery center or* surgical center is registered with the Board and the Drug Enforcement Administration of the United States Department of Justice; and

3. Require each person employed to work in a pharmacy of the *recovery center or* surgical center for ambulatory patients and any person with whom the *recovery center or* surgical center for ambulatory patients has entered into a contract to provide pharmaceutical services to possess a current state license or certificate to provide such services.

4. A license to dispense controlled substances or dangerous drugs granted pursuant to this section is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

NAC 639.4996 Establishment and review of policies and procedures by pharmacist. (NRS 639.070, 639.071, *NRS 639.2177*)

1. A *recovery center or* surgical center for ambulatory patients shall employ or enter into a contract with a pharmacist to establish policies and procedures which:

(a) Are consistent with the policies and procedures developed pursuant to NAC 639.477;

(b) Require the maintenance of records in accordance with the provisions of NAC 639.485 and 639.486;

(c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;

(d) Require maintenance of a perpetual inventory of all controlled substances;

(e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;

(f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;

(g) Ensure that the *recovery center or* surgical center dispenses drugs and investigational drugs *by chart orders and* in accordance with applicable state and federal laws; and

(h) Ensure that all compounding is:

(1) Performed by a registered pharmacist in accordance with the provisions of this chapter and chapter 639 of NRS; or

(2) If performed by an employee of the *recovery center or* surgical center, other than a registered pharmacist, performed:

(I) In accordance with the provisions of this chapter and chapter 639 of NRS;

(II) In a location designated for compounding that is clean and disinfected before each act of compounding; and

(III) By a person who has completed training for the type of compounding that will be performed.

2. The policies and procedures established pursuant to subsection 1 must be maintained, reviewed at least annually, and dated upon adoption and amendment.

3. The pharmacist employed by or contracted with a *recovery center or* surgical center for ambulatory patients pursuant to subsection 1 may establish the policies and procedures required pursuant to that subsection with the assistance of a practitioner or an employee or contractor of the *recovery center or* surgical center.

NAC 639.4998 Duties of pharmacist who establishes policies and procedures. (NRS 639.070, 639.071, *NRS 639.2177*) A pharmacist employed by or contracted with a ***recovery center or*** surgical center for ambulatory patients pursuant to NAC 639.4996 shall:

1. Visit the ***recovery center or*** surgical center at least once each month to:

(a) Evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996; and

(b) Confirm that the ***recovery center or*** surgical center is complying with those policies and procedures, the provisions of this section and NAC 639.4996;

2. Maintain documentation of each visit that the pharmacist makes pursuant to subsection 1;

3. Conduct an audit at least once each month using a sufficient number of records of the ***recovery center or*** surgical center, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:

(a) The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;

(b) Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;

(c) The records demonstrate:

(1) That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and

(2) That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;

(d) The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;

(e) The employees of the ***recovery center or*** surgical center properly maintain accurate records relating to drugs and investigational drugs; and

(f) The employees of the ***recovery center or*** surgical center properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and

4. Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:

(a) The ***recovery center or*** surgical center is violating a state or federal law which affects the care and safety of a patient;

(b) There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ***recovery center or*** surgical center and the amount of the controlled substance that should be in the possession of the ***recovery center or*** surgical center according to the records of the ***recovery center or*** surgical center, including, without limitation:

(1) Purchase orders and invoices for the controlled substance;

(2) Records which indicate the removal of the controlled substance from the storage area;

(3) Patient records;

(4) Records which indicate the return of the controlled substance to the manufacturer;

(5) Records which indicate that the controlled substance was destroyed; and

(6) Any other record for the controlled substance;

(c) The ***recovery center or*** surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;

(d) The ***recovery center or*** surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or

(e) The ***recovery center or*** surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the ***recovery center or*** surgical center.

NAC 639.750 Dispensing of medication at certain locations when local retail pharmacy is closed. (NRS 639.070)

1. If the services of a local retail pharmacy are not available, the practitioner in charge of the emergency room of a hospital, ***of a recovery center*** or of a surgical center for ambulatory patients may dispense medication in an amount adequate to treat patients in the emergency room, ***recovery center*** or surgical center for ambulatory patients during the hours that the local retail pharmacy is closed.

2. If a practitioner dispenses medication at the emergency room of a hospital, ***at a recovery center*** or at a surgical center for ambulatory patients:

(a) The following information must be maintained for each medication dispensed:

(1) The name of the patient and, if not readily available from the records of the hospital, the address of the patient;

(2) The name, strength and quantity of the medication;

(3) The name of the prescribing practitioner and the classification of his or her license;

(4) The registration number of the prescribing practitioner that is issued by the Drug Enforcement Administration of the United States Department of Justice, if the medication is a controlled substance;

(5) The signature of the practitioner who dispenses the medication;

(6) The directions for using the medication;

(7) The date the medication is dispensed; and

(8) The signature of the prescribing practitioner.

(b) The medication must be dispensed in a container in accordance with NAC 639.740.

(c) A label that contains the following information must be affixed to the container:

(1) The date;

(2) The name of the prescribing practitioner;

(3) The name of the patient;

(4) The number of dosage units;

(5) Specific directions for use;

(6) The expiration date of the medication;

(7) The proprietary or generic name of the medication;

(8) The strength of the medication;

(9) The initials of the practitioner who dispenses the medication; and

(10) The following warning:

> Caution: Do not use with alcohol or nonprescription drugs without consulting the prescribing practitioner.

13B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop
June 3, 2020

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AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule II; and providing other matters properly relating thereto.

NAC 453.520 Schedule II. (NRS 453.146, 453.2182, 639.070)

1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrorphan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;
Diprenorphine;
Ethylmorphine;
Etorphine hydrochloride;
Granulated opium;
Hydrocodone;
Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);
Hydromorphone;
Metopon;
Morphine;
Opium extracts;
Opium fluid;
Powdered opium;
Raw opium;
Oxycodone;
Oxymorphone;
Thebaine; and
Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzolyecgonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrorphan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;
Alphaprodine;
Anileridine;
4-anilino-N-phenethylpiperidine (some trade or other names: 4-ANPP; ANPP; 4-anilino-N-phenethyl-4-piperidine; despropionyl fentanyl; 4-Aminophenyl-1-phenethylpiperidine; N-phenyl-1-(2-phenylethyl)-4-piperidinamine)
~~***4-Anilino-N-Phenethyl-4-Piperidine (ANPP) (some trade or other names: 4-ANPP; despropionyl fentanyl);***~~
Bezitramide;
Bulk dextropropoxyphene (in nondosage forms);
Carfentanil;
Dihydrocodeine;
Diphenoxylate;
Fentanyl;
Isomethadone;
Levo-alphacetylmethadol (some trade or other names: levo-alpha-acetylmethadol; levomethadyl acetate; LAAM);
Levomethorphan;
Levorphanol;
Metazocine;
Methadone;
Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;
Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
Pethidine (meperidine);
Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;
Pethidine-Intermediate-B, ethyl-4-phenylpiperdine-4-carboxylate;
Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
Phenazocine;
Piminodine;

Racemethorphan;
Racemorphan;
Ramifentanil;
Sufentanil; or
Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

(a) Amphetamine, its salts, optical isomers and salts of optical isomers;

(b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

(d) Methylphenidate; or

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;
Glutethimide;
Pentobarbital; or
Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or
1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

8. Dronabinol oral solution in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR,10aR)-6a,7,8,10a-Tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]-pyran-1-ol; (-)-delta-9-trans-tetrahydrocannabinol; Syndros) is hereby enumerated on schedule II.

13C

PROPOSED REGULATION OF THE NEVADA STATE BOARD OF PHARMACY

Workshop

June 3, 2020

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AUTHORITY: NRS 639.070; NRS 639.2353; NRS 639.23535

A REGULATION relating to the manner in which a prescription must be given.

Chapters 453, and 639 of NAC is hereby amended by adding or omitting thereto the following provisions:

NAC 453.430 Restrictions on issuance of prescriptions; continuation of dependency on narcotic drug~~; transmission of prescription by facsimile machine~~. (NRS 453.221, 453.385, 639.070**)**

1. An individual practitioner may not issue a prescription in order to obtain controlled substances for the purpose of general dispensing to patients.
2. A prescription may not be issued for dispensing any narcotic drug to a person dependent on a narcotic drug for the purpose of continuing the person's dependence upon the drug except in the course of an authorized clinical investigation in the development of a program for rehabilitating narcotic addicts.
3. The administering or dispensing directly, but not the prescribing, of any narcotic drugs to a person dependent on a narcotic drug for the purpose of continuing the person's dependence upon the drug is permissible in the course of conducting a federally authorized clinical investigation in the development of a program for rehabilitating narcotic addicts if the activity is within the course of professional practice or research.

~~*4. A prescription for a controlled substance listed in schedule III, IV or V may be transmitted by a practitioner or his or her agent by a facsimile machine to a pharmacy pursuant to the provisions of NAC 639.711.*~~

[Bd. of Pharmacy, § 453.240, eff. 6-26-80] — (NAC A by R164-01, 12-17-2001; ***XX-XX-2020***)

...

NAC 639.010 Definitions. (NRS 639.070**)** As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.
2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.
3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.
4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

6. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

7. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (e) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

8. "Practitioner" has the meaning ascribed to it in NRS 639.0125.

9. "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

10. "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

11. "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

12. "Technological failure" means an outage of power or internet services that prevents the prescriber or dispenser from transmitting or receiving electronic prescriptions, or unwanted error of a technology-based system, including without limitation, the unavailability or unresponsiveness of the computerized program established pursuant to NRS 453.162.

[Bd. of Pharmacy, § 639.010, 6-26-80] — (NAC A 3-27-90; 6-14-90; 10-1-93; 11-15-93; 5-22-96; 10-24-97; R014-99, 11-3-99; R019-03, 10-21-2003; R041-04, 5-25-2004; R036-07, 1-30-2008; R098-13, 3-28-2014, ***XX-XX-2020***)

. . .

NAC 639.XXX Board approved exemption certificate.

1. A practitioner shall not be exempt from the requirements of NRS 639.23535 unless the practitioner completes a form furnished by the Board certifying that the practitioner is exempt pursuant to NRS 639.23532(2).

2. The certification form required for an exempt practitioner pursuant to subsection 1 shall be maintained as a readily retrievable record by the practitioner at least until December 31, 2021, and made available to the Board upon request.

3. The exemption available pursuant to NRS 639.23532(2) shall only be in effect until December 31, 2021 (Added to NAC by Bd. of Pharmacy, eff. XX-XX-2020).

. . .

NAC 639.7105 Electronic transmission of prescription. (NRS 639.070, 639.0745, *639.23535*) Except as otherwise provided in NAC 639.648 and 639.711:

1. A prescription for a dangerous drug ~~or a controlled substance listed in schedule II, III, IV or V~~ may be transmitted to a pharmacy electronically by a practitioner or, if the prescription is for a dangerous drug, the designated agent of the practitioner, if the patient:

(a) Consents to the transmission of the prescription electronically; and

(b) Approves the pharmacy where the prescription will be transmitted.

2. A practitioner shall not transmit a prescription for a controlled substance to a pharmacy electronically unless:

(a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy; and

(b) All requirements of 21 C.F.R. Part 1311 are satisfied.

3. The designated agent of a practitioner shall not transmit a prescription for a dangerous drug to a pharmacy electronically unless:

(a) The practitioner prescribes the dangerous drug;

(b) The designated agent receives training from the practitioner regarding the electronic transmission of prescriptions and the practitioner keeps written documentation of such training at his or her office; and

(c) The practitioner documents in the medical record of the patient for whom the prescription is being transmitted electronically the intention of the practitioner to prescribe the dangerous drug and to have his or her designated agent transmit the prescription electronically.

4. If the designated agent of a practitioner transmits a prescription electronically to a pharmacy, the practitioner shall review the electronic prescription file not later than 24 hours after the electronic transmission.

5. In addition to the requirements set forth in NRS 639.2353, ***NRS 639.23535,*** and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

(a) The telephone number of the prescribing practitioner;

(b) The time and date of the transmission; and

(c) The name of the pharmacy to which the prescription is sent.

6. In addition to the requirements set forth in subsection 5 and NRS 639.2353, ***NRS 639.23535,*** and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and

(b) If the technological capability exists to require such information to be transmitted electronically:

(1) The Nevada controlled substance registration number of the prescribing practitioner;

(2) The indication for use or the diagnosis code; and

(3) The date of the last physical examination of the patient.

7. A pharmacist who receives a prescription that is transmitted electronically shall keep a paper or electronic copy of the prescription for at least 2 years after the pharmacist receives the prescription. The copy of the prescription that is kept must be readily accessible to:

(a) Personnel of the pharmacy who are authorized to access records of prescriptions kept by the pharmacy; and

(b) Members, employees, agents and designees of the Board.

8. A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

9. A prescription that is transmitted and complies with the provisions of this section shall be deemed an original prescription.

10. The Board may suspend the privilege of a practitioner to transmit prescriptions electronically or take any other appropriate action if the Board reasonably suspects that the practitioner or the designated agent of the practitioner has transmitted a prescription electronically that is:

(a) Unlawful;

(b) Fraudulent; or

(c) Not for a legitimate medical purpose.

(Added to NAC by Bd. of Pharmacy, eff. 11-14-97; A by R164-01, 12-17-2001; R160-10, 5-5-2011; R176-12, 12-20-2012; R119-13, 3-28-2014; R154-16, 10-31-2017; R146-17, 5-16-2018; ***XX-XX-2020***)

13D

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop June 3, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; removing certain substances to the controlled substances listed in Schedule V; and providing other matters properly relating thereto.

NAC 453.550 Schedule V. (NRS 453.146, 639.070)

1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:

(a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or

(f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

5. Lacosamide.

6. ~~*A drug product which:*~~

~~*(a) Has been approved by the United States Food and Drug Administration;*~~

~~*(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and*~~

~~*(c) Contains not more than 0.1 percent residual THC by weight.*~~

13E

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 3rd, 2020

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.071; NRS 639.072

A REGULATION relating to the scope of services provided by a pharmacist in a hospital or correctional institution; and providing other matters properly relating thereto.

Section. 1. NAC 639.464 is hereby amended to reads as follows:

NAC 639.464 Scope of services in hospital or correctional institution. (NRS 639.070**,** 639.071**,** 639.072**)** In a hospital or correctional institution:

1. The scope of services provided by a pharmacy must be consistent with the needs of the patients for medication as determined by the medical staff, managing pharmacist and other health care professionals involved in delivering or administering drugs in the hospital or correctional institution in which the pharmacy is located.

2. Pharmaceutical services may include, but are not limited to:

(a) Interpreting orders for prescriptions and medication.

(b) Compounding, dispensing, distributing, labeling and administering drugs and devices.

(c) Monitoring drug therapy.

(d) Therapeutic interchange.

(e) Participating in evaluations of the uses of drugs and the selection of drug products.

(f) Ensuring the proper and safe storage and distribution of drugs and devices, and the maintenance of proper records related thereto.

(g) Providing information related to drugs, including, but not limited to, the proper dosages, hazards and the optimal use of drugs and devices.

(h) Supervising pharmaceutical technicians and pharmaceutical technicians in training.

(i) Conducting research.

3. As used in this section, "therapeutic interchange" means the dispensing of one drug in place of another pursuant to guidelines ***and protocols*** approved by an appropriate committee of the medical staff.

4. As used in this section, "monitoring drug therapy" means the clinical evaluation of the appropriateness of drug dosage and or usage, including modification of drug dosage or discontinuation of a drug based on the clinical evaluation pursuant to guidelines and protocols approved by an appropriate committee of the medical staff. A record of the approved guideline or protocol must be readily retrievable for 2 years.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; 11-15-93)

Section. 2. NAC 639.468 is hereby amended to reads as follows:

NAC 639.468 Establishment of policies, procedures and systems. (NRS 639.070**,** 639.071**,** 639.072**)** The managing pharmacist of a pharmacy shall establish policies, procedures and systems related to the following matters, without limitation:

1. Preparation of parenteral medications compounded within the pharmacy.

2. Supervision of the admixture of parenteral products and training of personnel in incompatible admixtures if they are not performed within the pharmacy.

3. Supervision of the bulk compounding of drugs.

4. Procurement and storage of all materials in the pharmacy, including drugs, chemicals and biologicals.

5. Participation in the development of a formulary for the medical facility or correctional institution in which the pharmacy is located, subject to the approval of the appropriate committee ***of the medical staff*** at the facility or institution.

6. Participation in the development of guidelines and protocols for "monitoring drug therapy" and "therapeutic interchange" pursuant to NAC 639.464 for the facility or correctional institution in which the pharmacy is located, subject to the approval of the appropriate committee of the medical staff at the facility or institution. A record of the approved guideline or protocol must be readily retrievable for 2 years.

~~6~~ ***7***. Distribution of drugs to be administered to patients, pursuant to an original or a direct copy of a practitioner's order for medication.

~~7~~ ***8***. Filling and labeling of all containers from which drugs are to be distributed or dispensed.

~~8~~ ***9***. Maintenance and availability in the pharmacy, and in areas where care is provided to inpatients, of:

(a) A sufficient inventory of emergency drugs;

(b) The telephone numbers of poison control centers and other organizations for emergency assistance; and

(c) Such other materials and information as are considered necessary by the appropriate committee.

~~9~~ ***10***. Recording of all transactions of the pharmacy required by applicable state and federal laws.

~~10~~ ***11***. Participation in those aspects of the medical facility's program to evaluate care provided to patients that relate to the use and effectiveness of pharmaceutical materials.

~~11~~ ***12***. Participation in teaching and research programs at the medical facility.

~~12~~ ***13***. Carrying out the policies and decisions of the appropriate committee relating to pharmaceutical services of the medical facility.

~~13~~ ***14***. Labeling, storage and distribution of investigational drugs, and maintenance of information in the pharmacy and nursing stations where such drugs are being administered concerning the dosage form, route of administration, strength, uses, side effects, interactions and symptoms of toxicity of those drugs.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

Support document for June 3rd 2020 Workshop (13E)

NRS 639.00525 "Collaborative practice of pharmacy" defined. "Collaborative practice of pharmacy" means the performance of tests to address chronic diseases and public health issues, including, without limitation, outbreaks and occurrences of specific diseases and disorders, by one or more pharmacists in collaboration with one or more practitioners in accordance with a collaborative practice agreement.

(Added to NRS by 2017, 2518)

NRS 639.0052 "Collaborative practice agreement" defined. "Collaborative practice agreement" means an agreement that meets the requirements of NRS 639.2627 between one or more pharmacists and one or more practitioners which authorizes a pharmacist to engage in the collaborative practice of pharmacy or collaborative drug therapy management.

(Added to NRS by 2017, 2518)

NRS 639.00525 "Collaborative practice of pharmacy" defined. "Collaborative practice of pharmacy" means the performance of tests to address chronic diseases and public health issues, including, without limitation, outbreaks and occurrences of specific diseases and disorders, by one or more pharmacists in collaboration with one or more practitioners in accordance with a collaborative practice agreement.

NRS 639.0124 "Practice of pharmacy" defined. "Practice of pharmacy" includes, but is not limited to, the:

1. Performance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients.
2. Interpretation and evaluation of prescriptions or orders for medicine.
3. Participation in drug evaluation and drug research.
4. Advising of the therapeutic value, reaction, drug interaction, hazard and use of a drug.
5. Selection of the source, storage and distribution of a drug.
6. Maintenance of proper documentation of the source, storage and distribution of a drug.
7. Interpretation of clinical data contained in a person's record of medication.
8. Development of written guidelines and protocols in collaboration with a practitioner which are intended for a patient in a licensed medical facility or in a setting that is affiliated with a medical facility where the patient is receiving care and which authorize collaborative drug therapy management. The written guidelines and protocols must comply with NRS 639.2629.
9. Implementation and modification of drug therapy, administering drugs and ordering and performing tests in accordance with a collaborative practice agreement.

Ê The term does not include the changing of a prescription by a pharmacist or practitioner without the consent of the prescribing practitioner, except as otherwise provided in NRS 639.2583.

Collaborative Practice of Pharmacy; Collaborative Drug Therapy Management

NRS 639.2623 Authority; requirements to enter into collaborative practice agreement; duties of pharmacist; patient consent required; conditions and limitations.

1. Except as otherwise provided in subsection 5, a pharmacist who has entered into a valid collaborative practice agreement may engage in the collaborative practice of pharmacy or collaborative drug therapy management at any location in this State.
2. To enter into a collaborative practice agreement, a practitioner must:

(a) Be licensed in good standing to practice his or her profession in this State;

(b) Agree to maintain an ongoing relationship with a patient who is referred by the practitioner to a pharmacist pursuant to a collaborative practice agreement for collaborative drug therapy management;

(c) Agree to obtain the informed, written consent from a patient who is referred by the practitioner to a pharmacist pursuant to a collaborative practice agreement for collaborative drug therapy management; and

(d) Except as otherwise provided in this paragraph, actively practice his or her profession within 100 miles of the primary location where the collaborating pharmacist practices in this State. A practitioner and

pharmacist may submit a written request to the Board for an exemption from the requirements of this paragraph. The Board may grant such a request upon a showing of good cause.

3. A pharmacist who engages in the collaborative practice of pharmacy shall:

(a) Except as otherwise provided in paragraph (b), document any treatment or care provided to a patient pursuant to a collaborative practice agreement after providing such treatment or care in the medical record of the patient, on the chart of the patient or in a separate log book;

(b) Document in the medical record of the patient, on the chart of the patient or in a separate log book any decision or action concerning the management of drug therapy pursuant to a collaborative practice agreement after making such a decision or taking such an action;

(c) Maintain all records concerning the care or treatment provided to a patient pursuant to a collaborative practice agreement in written or electronic form for at least 7 years;

(d) Comply with all provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the regulations adopted pursuant thereto, and all other federal and state laws and regulations concerning the privacy of information regarding health care; and

(e) Provide a patient with written notification of:

(1) Any test administered by the pharmacist and the results of such a test;

(2) The name of any drug or prescription filled and dispensed by the pharmacist to the patient; and

(3) The contact information of the pharmacist.

4. A pharmacist shall obtain the informed, written consent of a patient before engaging in the collaborative practice of pharmacy on behalf of the patient. Such written consent must include, without limitation, a statement that the pharmacist:

(a) May initiate, modify or discontinue the medication of the patient pursuant to a collaborative practice agreement;

(b) Is not a physician, osteopathic physician, advanced practice registered nurse or physician assistant; and

(c) May not diagnose.

5. A practitioner may not enter into a collaborative practice agreement with a pharmacist for the management of controlled substances.

6. A pharmacy must not require a registered pharmacist, as a condition of employment, to enter into a collaborative practice agreement.

(Added to NRS by 2017, 2519)

NRS 639.2627 Requirements for contents of and submission of collaborative practice agreement; expiration and renewal of agreement.

1. A collaborative practice agreement must be signed by each practitioner and pharmacist who enter into the agreement and submitted to the Board in written and electronic form. A collaborative practice agreement must include:

(a) A description of the types of decisions concerning the management of drug therapy that the pharmacist is authorized to make, which may include a specific description of the diseases and drugs for which the pharmacist is authorized to manage drug therapy;

(b) A detailed explanation of the procedures that the pharmacist must follow when engaging in the collaborative practice of pharmacy, including, without limitation, the manner in which the pharmacist must document decisions concerning treatment and care in accordance with subsection 3 of NRS 639.2623, report such decisions to the practitioner and receive feedback from the practitioner;

(c) The procedure by which the pharmacist will notify the practitioner of an adverse event concerning the health of the patient;

(d) The procedure by which the practitioner will provide the pharmacist with a diagnosis of the patient and any other medical information necessary to carry out the patient's drug therapy management;

(e) A description of the means by which the practitioner will monitor clinical outcomes of a patient and intercede when necessary to protect the health of the patient or accomplish the goals of the treatment prescribed for the patient;

(f) Authorization for the practitioner to override the agreement if necessary to protect the health of the patient or accomplish the goals of the treatment prescribed for the patient;

(g) Authorization for either party to terminate the agreement by written notice to the other party, which must include, without limitation, written notice to the patient that informs the patient of the procedures by which he or she may continue drug therapy;

(h) The effective date of the agreement;

(i) The date by which a review must be conducted pursuant to subsection 2 for the renewal of the agreement, which must not be later than the expiration date of the agreement;

(j) The address of the location where the records described in subsection 3 of NRS 639.2623 will be maintained; and

(k) The process by which the pharmacist will obtain the informed, written consent required by subsection 4 of NRS 639.2623.

2. A collaborative practice agreement must expire not later than 1 year after the date on which the agreement becomes effective. The parties to a collaborative practice agreement may renew the agreement after reviewing the agreement and making any necessary revisions.

(Added to NRS by 2017, 2520)

NRS 639.2629 Written guidelines and protocols authorizing collaborative drug therapy management: Authorized and required provisions; approval by Board; regulations.

1. Written guidelines and protocols developed by a registered pharmacist in collaboration with a practitioner which authorize collaborative drug therapy management:

(a) May authorize a pharmacist to order and use the findings of laboratory tests and examinations.

(b) May provide for collaborative drug therapy management for a patient receiving care:

(1) In a licensed medical facility; or

(2) If developed to ensure continuity of care for a patient, in any setting that is affiliated with a medical facility where the patient is receiving care. A pharmacist who modifies a drug therapy of a patient receiving care in a setting that is affiliated with a medical facility shall, within 72 hours after initiating or modifying the drug therapy, provide written notice of the initiation or modification of the drug therapy to the collaborating practitioner or enter the appropriate information concerning the drug therapy in an electronic patient record system shared by the pharmacist and the collaborating practitioner.

(c) Must state the conditions under which a prescription of a practitioner relating to the drug therapy of a patient may be changed by the pharmacist without a subsequent prescription from the practitioner.

(d) Must be approved by the Board.

2. The Board may adopt regulations which:

(a) Prescribe additional requirements for written guidelines and protocols developed pursuant to this section; and

(b) Set forth the process for obtaining the approval of the Board of such written guidelines and protocols.

(Added to NRS by 2011, 3077; A 2017, 2522) — (Substituted in revision for NRS 639.2809)

NRS 639.2583 General requirements governing substitution; procedure; limitations; exceptions. [Effective through December 31, 2020.]

1. Except as otherwise provided in this section, if a practitioner has prescribed a:

(a) Drug by brand name and the practitioner has not indicated, by a method set forth in subsection 5, that a substitution is prohibited, the pharmacist who fills or refills the prescription shall dispense, in substitution, another drug which is available to him or her if the other drug:

(1) Is less expensive than the drug prescribed by brand name;

(2) Is biologically equivalent to the drug prescribed by brand name;

(3) Has the same active ingredient or ingredients of the same strength, quantity and form of dosage as the drug prescribed by brand name; and

(4) Is of the same generic type as the drug prescribed by brand name.

(b) Biological product and the practitioner has not indicated, by a method set forth in subsection 5, that a substitution is prohibited, the pharmacist who fills or refills the prescription shall dispense, in substitution, another biological product which is available to him or her if the other biological product:

(1) Is an interchangeable biological product for the biological product prescribed; and

(2) Is less expensive than the biological product prescribed by brand name.

2. If the pharmacist has available to him or her more than one drug or interchangeable biological product that may be substituted for the drug prescribed by brand name or biological product prescribed, the pharmacist shall dispense, in substitution, the least expensive of the drugs or interchangeable biological products that are available to him or her for substitution.

3. Before a pharmacist dispenses a drug or biological product in substitution for a drug prescribed by brand name or biological product prescribed, the pharmacist shall:

(a) Advise the person who presents the prescription that the pharmacist intends to dispense a drug or biological product in substitution; and

(b) Advise the person that he or she may refuse to accept the drug or biological product that the pharmacist intends to dispense in substitution, unless the pharmacist is being paid for the drug by a governmental agency.

4. If a person refuses to accept the drug or biological product that the pharmacist intends to dispense in substitution, the pharmacist shall dispense the drug prescribed by brand name or biological product prescribed, unless the pharmacist is being paid for the drug or biological product by a governmental agency, in which case the pharmacist shall dispense the drug or biological product in substitution.

5. A pharmacist shall not dispense a drug or biological product in substitution for a drug prescribed by brand name or biological product prescribed if the practitioner has indicated that a substitution is prohibited using one or more of the following methods:

(a) By oral communication to the pharmacist at any time before the drug or biological product is dispensed.

(b) By handwriting the words "Dispense as Written" on the form used for the prescription, including, without limitation, any form used for transmitting the prescription from a facsimile machine to another facsimile machine. The pharmacist shall disregard the words "Dispense as Written" if they have been placed on the form used for the prescription by preprinting or other mechanical process or by any method other than handwriting.

(c) By including the words "Dispense as Written" in any prescription that is given to the pharmacist by electronic transmission pursuant to the regulations of the Board or in accordance with NRS 439.581 to 439.595, inclusive, and the regulations adopted pursuant thereto, including, without limitation, an electronic transmission from a computer equipped with a facsimile modem to a facsimile machine or from a computer to another computer pursuant to the regulations of the Board.

6. The provisions of this section also apply to a prescription issued to a person by a practitioner from outside this State if the practitioner has not indicated, by a method set forth in subsection 5, that a substitution is prohibited.

7. The provisions of this section do not apply to:

(a) A prescription drug or biological product that is dispensed to any inpatient of a hospital by an inpatient pharmacy which is associated with that hospital;

(b) A prescription drug that is dispensed to any person by mail order or other common carrier by an Internet pharmacy which is certified by the Board pursuant to NRS 639.23288 and authorized to provide service by mail order or other common carrier pursuant to the provisions of this chapter; or

(c) A prescription drug or biological product that is dispensed to any person by a pharmacist if the substitution:

(1) Would violate the terms of a health care plan that maintains a mandatory, exclusive or closed formulary for its coverage for prescription drugs and biological products; or

(2) Would otherwise make the transaction ineligible for reimbursement by a third party.

(Added to NRS by 1979, 1348; A 1981, 393, 1374; 1985, 2005; 2003, 1213; 2011, 1764; 2017, 634)