2019-2020 FISCAL YEAR MONTHLY BUDGET REPORTS
BOARD NAME: Nevada State Board of Pharmacy, 000-BO22-04
CURRENT MONTH: APRIL

Expenditures as of 4/30/2020

	19/20 APPROVED BUDGET	CURRENT MONTHLY REVENUE/EXPENSE	TOTAL YEAR TO DATE REVENUE/EXPENSE	APPROVED BUDGET AVAILABLE
REVENUES				
Adjustment	1,585,813			1,585,813
Grant Funds		51,450	**246,714**	***-246,714***
Interest Income	32,600	448	30,754	1,846
Late Fees	29,477	345	17,530	11,947
Misc. Revenue	143,649	4,975	174,252	***-30,603***
****Appriss/OpenBeds***		***0***	***300,000***	***-300,000***
Registration Fees	558,729	67,031	558,244	485
Renewal Fees	1,405,592	754	1,395,784	9,808
Subgrant Funds		16,012	**31,631**	***-31,631***
Total Revenues	3,755,860	141,015	2,754,909	1,000,951
EXPENSES				
AID FOR EDUCATION	2000	0	0	2,000
DAG Cost	11,690	232	7,224	4,466
Equipment	50,281	11,055	25,068	25,213
Grant Funds		16,190	128,625	***-128,625***
Operating	797,559	56,604	628,803	168,756
****Appriss-Healthcare***		***670,000***	***700,000***	***-700,000***
****Open Beds, Inc***		***270,000***	***540,000***	***-540,000***
Payroll	2,763,241	223,758	2,096,869	666,372
Subgrant Funds		5,471	53,696	***-53,696***
Travel In	70,557	-4,976	52,750	17,807
Travel Out	60,532	1,012	12,085	48,447
Total Expenses	3,755,860	1,249,346	4,245,120	-489,260
Balance	**0**	**-1,108,331**	**-1,490,211**	**1,490,211**

*Reimbursement of PMP expenses for Appriss (NarxCare & PMP Gateway) as well as OpenBeds was received in May (not reflected on April's report).

INVESTMENT REPORT

Investment Management Account:

Bank CD-Wells	$245,000	1.65%	07/16/2020
Bank CD-Wells	$245,000	1.65%	07/17/2020
Bank CD-Wells	$245,000	1.65%	10/22/2020
Bank CD-Wells	$245,000	1.75%	02/17/2021

Certificates of Deposit:

Heritage Bank	$100,000	0.65%	11/23/20

TOTAL **$1,080,000**

as of 04/30/2020

Temporary Licenses

(Issued since the last Board Meeting)

MDEG

Cardinal Health 108, LLC
Nevada Prime Healthcare LLC

Pharmacy

RXQ Compounding LLC
Revive Rx
ScriptHero Pharmacy LLC
Script2U LLC
Off-Site Rampart Pharmacy

Wholesaler

Cardinal Health 108, LLC
Crane Pharmaceuticals, Inc.
Fresenius Kabi, LLC
Janus Trade Group, LLC
KeySource, Praxis, Praxis Med, Key Pharmaceuticals
Life-Assist, Inc.
QMed Corporation
TAGI PHARMA, INC.
UPS Supply Chain Solutions, Inc.

Controlled Substance

Roger Belcourt
Lonny Krause

Pharmacist

Justin Fernando
Kerry Winkler
Lola Porter
Mourad Girgis

Prescribe

Courtney Nelson

13C

Assembly Bill No. 310–Assemblyman Frierson

CHAPTER.....

AN ACT relating to prescriptions; requiring a prescription to be given to a pharmacy by electronic transmission in certain circumstances; providing certain exemptions; authorizing professional discipline and administrative penalties against a practitioner who violates that requirement; authorizing a written prescription to be given indirectly; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prescribes the manner in which a prescription must be given. (NRS 639.2353) **Section 7** of this bill requires a prescription for a controlled substance to be given to a pharmacy by electronic transmission, except in circumstances prescribed by the State Board of Pharmacy by regulation and in certain other cases including: (1) prescriptions issued by a veterinarian; (2) certain situations where an electronic prescription is not practical or feasible or is prohibited by federal law; (3) when a prescription is not issued to a specific person; and (4) pursuant to a waiver granted by the Board under exceptional circumstances. **Sections 1-7** of this bill authorize professional discipline to be taken against a practitioner who fails to comply with the requirements of **section 7**. **Section 7** additionally authorizes the imposition of administrative penalties against such a practitioner, and **sections 7 and 9.5** of this bill provide that such a practitioner is subject only to those administrative penalties or professional discipline and is not subject to criminal penalties. **Sections 8-11** of this bill make conforming changes. **Section 8** also generally authorizes a written prescription to be given indirectly when an electronic prescription is not required.

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

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

Section 1. NRS 630.3062 is hereby amended to read as follows:

630.3062 1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

(a) Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.

(b) Altering medical records of a patient.

(c) Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or knowingly or willfully obstructing or inducing another to obstruct such filing.

(d) Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061, if the licensee is the custodian of health care records with respect to those records.

(e) Failure to comply with the requirements of NRS 630.3068.

(f) Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

(g) Failure to comply with the requirements of NRS 453.163, 453.164, 453.226, 639.23507 and 639.2391 to 639.23916, inclusive, *and section 7 of this act* and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

2. As used in this section, "custodian of health care records" has the meaning ascribed to it in NRS 629.016.

Sec. 2. NRS 631.3475 is hereby amended to read as follows:

631.3475 The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;
4. More than one act by the dentist or dental hygienist constituting substandard care in the practice of dentistry or dental hygiene;
5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;
6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

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

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

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

7. Chronic or persistent inebriety or addiction to a controlled substance, to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;

8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;

9. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

10. Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507 and 639.2391 to 639.23916, inclusive, *and section 7 of this act* and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

12. Failure to comply with the provisions of NRS 454.217 or 629.086;

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

14. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

➥ This subsection applies to an owner or other principal responsible for the operation of the facility.

Sec. 3. NRS 632.347 is hereby amended to read as follows:

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

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

(b) Is guilty of any offense:

(1) Involving moral turpitude; or

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

➥ in which case the record of conviction is conclusive evidence thereof.

(c) Has been convicted of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(d) Is unfit or incompetent by reason of gross negligence or recklessness in carrying out usual nursing functions.

(e) Uses any controlled substance, dangerous drug as defined in chapter 454 of NRS, or intoxicating liquor to an extent or in a manner which is dangerous or injurious to any other person or which impairs his or her ability to conduct the practice authorized by the license or certificate.

(f) Is a person with mental incompetence.

(g) Is guilty of unprofessional conduct, which includes, but is not limited to, the following:

(1) Conviction of practicing medicine without a license in violation of chapter 630 of NRS, in which case the record of conviction is conclusive evidence thereof.

(2) Impersonating any applicant or acting as proxy for an applicant in any examination required pursuant to this chapter for the issuance of a license or certificate.

(3) Impersonating another licensed practitioner or holder of a certificate.

(4) Permitting or allowing another person to use his or her license or certificate to practice as a licensed practical nurse, registered nurse, nursing assistant or medication aide - certified.

(5) Repeated malpractice, which may be evidenced by claims of malpractice settled against the licensee or certificate holder.

(6) Physical, verbal or psychological abuse of a patient.

(7) Conviction for the use or unlawful possession of a controlled substance or dangerous drug as defined in chapter 454 of NRS.

(h) Has willfully or repeatedly violated the provisions of this chapter. The voluntary surrender of a license or certificate issued pursuant to this chapter is prima facie evidence that the licensee or certificate holder has committed or expects to commit a violation of this chapter.

(i) Is guilty of aiding or abetting any person in a violation of this chapter.

(j) Has falsified an entry on a patient's medical chart concerning a controlled substance.

(k) Has falsified information which was given to a physician, pharmacist, podiatric physician or dentist to obtain a controlled substance.

(l) Has knowingly procured or administered a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

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

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

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

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

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

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

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

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

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

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

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

(q) Is an advanced practice registered nurse who has failed to obtain any training required by the Board pursuant to NRS 632.2375.

(r) Is an advanced practice registered nurse who has failed to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.2391 to 639.23916, inclusive, ***and section 7 of this act*** and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

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

2. For the purposes of this section, a plea or verdict of guilty or guilty but mentally ill or a plea of nolo contendere constitutes a

conviction of an offense. The Board may take disciplinary action pending the appeal of a conviction.

3. A licensee or certificate holder is not subject to disciplinary action solely for administering auto-injectable epinephrine pursuant to a valid order issued pursuant to NRS 630.374 or 633.707.

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

Sec. 4. NRS 633.511 is hereby amended to read as follows:

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

(a) Unprofessional conduct.

(b) Conviction of:

(1) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;

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

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

(4) Murder, voluntary manslaughter or mayhem;

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

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

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

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

(9) Any offense involving moral turpitude.

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

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

(e) Professional incompetence.

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

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

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

(i) Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

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

(2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

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

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

(k) Signing a blank prescription form.

(l) Knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

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

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

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

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

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

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

(o) In addition to the provisions of subsection 3 of NRS 633.524, making or filing a report which the licensee knows to be false, failing to file a record or report that is required by law or knowingly or willfully obstructing or inducing another to obstruct the making or filing of such a record or report.

(p) Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board within 30 days after the date the licensee knows or has reason to know of the violation.

(q) Failure by a licensee or applicant to report in writing, within 30 days, any criminal action taken or conviction obtained against the licensee or applicant, other than a minor traffic violation, in this State or any other state or by the Federal Government, a branch of the Armed Forces of the United States or any local or federal jurisdiction of a foreign country.

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

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

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

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

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

(w) Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.2391 to 639.23916, inclusive, *and section 7 of this act* and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

(y) Failure to comply with the provisions of NRS 454.217 or 629.086.

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

Sec. 5. NRS 635.130 is hereby amended to read as follows:

635.130 1. The Board, after notice and a hearing as required by law, and upon any cause enumerated in subsection 2, may take one or more of the following disciplinary actions:

(a) Deny an application for a license or refuse to renew a license.

(b) Suspend or revoke a license.

(c) Place a licensee on probation.

(d) Impose a fine not to exceed $5,000.

2. The Board may take disciplinary action against a licensee for any of the following causes:

(a) The making of a false statement in any affidavit required of the applicant for application, examination or licensure pursuant to the provisions of this chapter.

(b) Lending the use of the holder's name to an unlicensed person.

(c) If the holder is a podiatric physician, permitting an unlicensed person in his or her employ to practice as a podiatry hygienist.

(d) Habitual indulgence in the use of alcohol or any controlled substance which impairs the intellect and judgment to such an extent as in the opinion of the Board incapacitates the holder in the performance of his or her professional duties.

(e) Conviction of a crime involving moral turpitude.

(f) Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

(g) Conduct which in the opinion of the Board disqualifies the licensee to practice with safety to the public.

(h) The commission of fraud by or on behalf of the licensee regarding his or her license or practice.

(i) Gross incompetency.

(j) Affliction of the licensee with any mental or physical disorder which seriously impairs his or her competence as a podiatric physician or podiatry hygienist.

(k) False representation by or on behalf of the licensee regarding his or her practice.

(l) Unethical or unprofessional conduct.

(m) Failure to comply with the requirements of subsection 1 of NRS 635.118.

(n) Willful or repeated violations of this chapter or regulations adopted by the Board.

(o) Willful violation of the regulations adopted by the State Board of Pharmacy.

(p) Knowingly procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

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

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

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

(q) Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

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

(2) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

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

(r) Failure to obtain any training required by the Board pursuant to NRS 635.116.

(s) Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507 and 639.2391 to 639.23916, inclusive,

and section 7 of this act and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

(u) Failure to comply with the provisions of NRS 454.217 or 629.086.

Sec. 6. NRS 636.295 is hereby amended to read as follows:

636.295 The following acts, conduct, omissions, or mental or physical conditions, or any of them, committed, engaged in, omitted, or being suffered by a licensee, constitute sufficient cause for disciplinary action:

1. Affliction of the licensee with any communicable disease likely to be communicated to other persons.

2. Commission by the licensee of a felony relating to the practice of optometry or a gross misdemeanor involving moral turpitude of which the licensee has been convicted and from which he or she has been sentenced by a final judgment of a federal or state court in this or any other state, the judgment not having been reversed or vacated by a competent appellate court and the offense not having been pardoned by executive authority.

3. Conviction of any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

4. Commission of fraud by or on behalf of the licensee in obtaining a license or a renewal thereof, or in practicing optometry thereunder.

5. Habitual drunkenness or addiction to any controlled substance.

6. Gross incompetency.

7. Affliction with any mental or physical disorder or disturbance seriously impairing his or her competency as an optometrist.

8. Making false or misleading representations, by or on behalf of the licensee, with respect to optometric materials or services.

9. Practice by the licensee, or attempting or offering so to do, while in an intoxicated condition.

10. Perpetration of unethical or unprofessional conduct in the practice of optometry.

11. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

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

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

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

12. Any violation of the provisions of this chapter or any regulations adopted pursuant thereto.

13. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

➥ This subsection applies to an owner or other principal responsible for the operation of the facility.

14. Failure to obtain any training required by the Board pursuant to NRS 636.2881.

15. Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.2391 to 639.23916, inclusive, *and section 7 of this act* and any regulations adopted by the State Board of Pharmacy pursuant thereto.

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

Sec. 7. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in this subsection and except as otherwise provided by regulations adopted by the Board, a prescription for a controlled substance must be given to a pharmacy by electronic transmission in accordance with the regulations adopted by the Board. The requirements of this subsection do not apply to a prescription:

(a) Issued by a veterinarian;

(b) Issued under circumstances prescribed by regulation of the Board where:

(1) Electronic transmission is unavailable due to technologic or electronic failure; or

(2) The drug will be dispensed at a pharmacy located outside of this State;

(c) Issued by a practitioner who will also dispense the drug;

(d) That includes, without limitation, information that is not supported by the program for electronically transmitting prescriptions prescribed by the National Council for Prescription Drug Programs or its successor organization or, if that entity ceases to exist, a program designated by the Board;

(e) For which electronic prescribing is prohibited by federal law;

(f) That is not issued for a specific patient;

(g) Issued pursuant to a protocol for research;

(h) Issued by a practitioner who has received a waiver from the Board pursuant to subsection 2; or

(i) Issued under circumstances in which the practitioner determines that:

(1) The patient is unable to obtain the drug in a timely manner if the prescription is given by electronic transmission; and

(2) Delay will adversely affect the patient's medical condition.

2. The Board may exempt a practitioner from the requirements of subsection 1 for not more than 1 year if the Board determines that the practitioner is unable to give a prescription to a pharmacy by electronic transmission because of economic hardship, technological limitations that are not within the control of the practitioner or other exceptional circumstances.

3. A prescription for a controlled substance given to a pharmacy by a means other than electronic transmission under the conditions prescribed in subsection 1 or 2 must be given:

(a) Directly from the practitioner to a pharmacist;

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

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

(d) By transmission using a facsimile machine.

4. This section must not be construed to require a pharmacist to:

(a) Verify that a prescription that is given by means other than electronic transmission meets the requirements of subsection 1; or

(b) Require a practitioner to indicate in a prescription for a controlled substance given to a pharmacy by means other than electronic transmission under the conditions prescribed in subsection 1 or 2 the circumstances authorizing the alternative means of delivery.

5. If the Board determines that a person has violated any provision of this section or any regulations adopted pursuant thereto, the Board may:

(a) Issue and serve on the person an order to cease and desist the conduct, which must include, without limitation, the telephone number to contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this subsection must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this subsection. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than $5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

6. Violation of any provision of this section or any regulations adopted pursuant thereto is subject only to the administrative penalties described in subsection 5 and any professional discipline imposed by the Board.

Sec. 8. NRS 639.2353 is hereby amended to read as follows:

639.2353 Except as otherwise provided in *section 7 of this act, a regulation adopted pursuant thereto or* a regulation adopted pursuant to NRS 453.385 or 639.2357:

1. A prescription must be given:

(a) Directly from the practitioner to a pharmacist;

(b) Indirectly by means of an order *or written prescription* signed by the practitioner;

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

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

2. A written prescription must contain:

(a) Except as otherwise provided in this section, the name and signature of the practitioner, the registration number issued to the practitioner by the Drug Enforcement Administration and the

address of the practitioner if that address is not immediately available to the pharmacist;

(b) The classification of his or her license;

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

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

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

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

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

(h) The date of issue.

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

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

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

~~6.]~~ *5.* A prescription that is given by electronic transmission is not required to contain the signature of the practitioner if:

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

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

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

Sec. 9. NRS 639.2583 is hereby amended to read as follows:

639.2583 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 ***section 7 of this act and*** 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.

Sec. 9.5. NRS 639.310 is hereby amended to read as follows:

639.310 Except as otherwise provided in NRS 639.23916 ~~[.]~~ *and section 7 of this act,* unless a greater penalty is specified, any person who violates any of the provisions of this chapter is guilty of a misdemeanor.

Sec. 10. NRS 453.256 is hereby amended to read as follows:

453.256 1. ~~[Except as otherwise provided in subsection 2, a substance included in schedule II must not be dispensed without the written prescription of a practitioner.~~

~~2. A controlled substance included in schedule II may be dispensed without the written prescription of a practitioner only:~~

~~(a) In an emergency, as defined by regulation of the Board, upon oral prescription of a practitioner, reduced to writing promptly and in any case within 72 hours, signed by the practitioner and filed by the pharmacy.~~

~~(b) Pursuant to an electronic prescription of a practitioner which complies with any regulations adopted by the Board concerning the use of electronic prescriptions.~~

~~(c) Upon the use of a facsimile machine to transmit the prescription for a substance included in schedule II by a practitioner or a practitioner's agent to a pharmacy for:~~

~~(1) Direct administration to a patient by parenteral solution; or~~

~~(2) A resident of a facility for intermediate care or a facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department.~~

~~A prescription transmitted by a facsimile machine pursuant to this paragraph must be printed on paper which is capable of being retained for at least 2 years. For the purposes of this section, an electronic prescription or a prescription transmitted by facsimile machine constitutes a written prescription. The pharmacy shall keep prescriptions in conformity with the requirements of NRS 453.246.]~~ ***A prescription for a controlled substance must be given to a pharmacy in compliance with section 7 of this act.*** A prescription for a substance included in schedule II must not be refilled.

~~[3. Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a substance included in schedule III or IV which is a dangerous drug as determined under NRS 454.201,~~

~~must not be dispensed without a written or oral prescription of a practitioner. The~~ *A* prescription *for a substance included in schedule III or IV which is a dangerous drug as determined under NRS 454.201* must not be filled or refilled more than 6 months after the date thereof or be refilled more than five times, unless renewed by the practitioner.

~~4.~~ *2.* A substance included in schedule V may be distributed or dispensed only for a medical purpose, including medical treatment or authorized research.

~~5.~~ *3.* A practitioner may dispense or deliver a controlled substance to or for a person or animal only for medical treatment or authorized research in the ordinary course of his or her profession.

~~6.~~ *4.* No civil or criminal liability or administrative sanction may be imposed on a pharmacist for action taken in good faith in reliance on a reasonable belief that an order purporting to be a prescription was issued by a practitioner in the usual course of professional treatment or in authorized research.

~~7.~~ *5.* An individual practitioner may not dispense a substance included in schedule II, III or IV for the practitioner's own personal use except in a medical emergency.

~~8.~~ *6.* A person who violates this section is guilty of a category E felony and shall be punished as provided in NRS 193.130.

~~9.~~ *7.* As used in this section ~~:~~

~~(a) "Facsimile machine" means a device which sends or receives a reproduction or facsimile of a document or photograph which is transmitted electronically or telephonically by telecommunications lines.~~

~~(b) "Medical"~~ , *"medical* treatment" includes dispensing or administering a narcotic drug for pain, whether or not intractable.

~~(c) "Parenteral solution" has the meaning ascribed to it in NRS 639.0105.~~

Sec. 11. NRS 453.385 is hereby amended to read as follows:

453.385 1. Each prescription for a controlled substance must comply with the regulations of the Board adopted pursuant to subsection 2.

2. The Board shall, by regulation, adopt requirements for:

(a) The form and content of a prescription for a controlled substance. The requirements may vary depending upon the schedule of the controlled substance.

(b) Transmitting a prescription for a controlled substance to a pharmacy. The requirements may vary depending upon the schedule of the controlled substance.

(c) The form and contents of an order for a controlled substance given for a patient in a medical facility and the requirements for keeping records of such orders.

3. Except as otherwise provided in this subsection, the regulations adopted pursuant to subsection 2 must:

(a) Ensure compliance with, but may be more stringent than required by, applicable federal law governing controlled substances and the rules, regulations and orders of any federal agency administering such law. The regulations adopted pursuant to paragraph (b) of subsection 2 for the electronic transmission or transmission by a facsimile machine of a prescription for a controlled substance must not be more stringent than federal law governing the electronic transmission or transmission by a facsimile machine of a prescription for a controlled substance or the rules, regulations or orders of any federal agency administering such law; and

(b) Be consistent with the provisions of NRS 439.581 to 439.595, inclusive, *and section 7 of this act* and the regulations adopted pursuant thereto.

Sec. 12. (Deleted by amendment.)

Sec. 13. This act becomes effective:

1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; and

2. On January 1, 2021, for all other purposes.

Nevada EPCS Proposed Regulations for the State Board of Pharmacy Workshop on
June 3, 2020
Review of Items 13 C & D

Specific Concerns:

Issue #1 Item 13C, PDF page 17 - overall page # 1650
NAC 639.010 Definitions
New definition for "technological failure"
Suggest clarifying edits to be consistent with text in NRS 639.23535; deleted "al" and add the underlined words to the proposed definition.
12. "Technological ~~al~~ or electronic 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.

NRS 639.23535
1. Except as otherwise provided in this subsection and except as otherwise provided by regulations adopted by the Board, a prescription for a controlled substance must be given to a pharmacy by electronic transmission in accordance with the regulations adopted by the Board. The requirements of this subsection do not apply to a prescription:
(a) Issued by a veterinarian;
(b) Issued under circumstances prescribed by regulation of the Board where:
(1) Electronic transmission is unavailable due to technologic or electronic failure; or
(2) The drug will be dispensed at a pharmacy located outside of this State;

Issue #2 Item 13C, PDF page 17 (bottom), overall page # 1650
Suggest minor edits to reflect language in NRS 639.23535 (1)(h) and consistency with the title of this section. Please see below. Add the underlined words to the proposed text.

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 waiver form developed and furnished by the Board certifying that the practitioner is exempt pursuant to NRS 639.23535(2).
2. The Board shall review the waiver form submitted by the practitioner to ensure that the information provided on the waiver form satisfies the conditions established in NRS 639.23535(2) and issue an exemption certificate to the practitioner.
~~2.~~ 3. The certificate ~~ion form~~ required for an exempt practitioner pursuant to subsections 1 and 2 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.~~ 4. The exemption available pursuant to NRS 639.23535(2) shall only be in effect until December 31, 2021. (Added to NAC by Board of Pharmacy, effective XX-XX-2020.)

NRS 639.23535 Electronic transmission of prescriptions for controlled substances to pharmacy required; exceptions; exemptions; alternative methods if excepted or exempted; construction of section; regulations; penalties. [Effective January 1, 2021.]

1. Except as otherwise provided in this subsection and except as otherwise provided by regulations adopted by the Board, a prescription for a controlled substance must be given to a pharmacy by electronic transmission in accordance with the regulations adopted by the Board. The requirements of this subsection do not apply to a prescription:

(a) Issued by a veterinarian;

(b) Issued under circumstances prescribed by regulation of the Board where:

(1) Electronic transmission is unavailable due to technologic or electronic failure; or

(2) The drug will be dispensed at a pharmacy located outside of this State;

(c) Issued by a practitioner who will also dispense the drug;

(d) That includes, without limitation, information that is not supported by the program for electronically transmitting prescriptions prescribed by the National Council for Prescription Drug Programs or its successor organization or, if that entity ceases to exist, a program designated by the Board;

(e) For which electronic prescribing is prohibited by federal law;

(f) That is not issued for a specific patient;

(g) Issued pursuant to a protocol for research;

(h) Issued by a practitioner who has received a waiver from the Board pursuant to subsection 2; or

(i) Issued under circumstances in which the practitioner determines that:

(1) The patient is unable to obtain the drug in a timely manner if the prescription is given by electronic transmission; and

(2) Delay will adversely affect the patient's medical condition.

2. The Board may exempt a practitioner from the requirements of subsection 1 for not more than 1 year if the Board determines that the practitioner is unable to give a prescription to a pharmacy by electronic transmission because of economic hardship, technological limitations that are not within the control of the practitioner or other exceptional circumstances.

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)