ASSEMBLY BILL 474, 2017 SESSION
TABLE OF SECTIONS EFFECTING
OSTEOPATHIC PHYSICIANS AND PAS

AB 474 Sec.#	NRS EFFECTED	EFFECT/INTENT
Sec. 3	NRS 441A.150	Mandates reporting of a person who has "suffered or is suspected of having suffered a drug overdose" in the same was as is presently mandated for the reporting of communicable diseases *NOTE: Reporting obligation likely will not commence until the State Board of Health adopts required regulations first, and that process may take as long as a year to complete.*
Sec. 7	NRS 453.162	Adds to the data that must be collected by the Prescription Monitoring Program (PMP) three fields: (1) fewest number of days necessary to consume the Controlled Substance (CS) if taken at maximum dose; (2) each state in which the patient had previously resided and obtained CS; and (3) the ICD10 code.
Sec. 9	NRS 453.164	Authorizes the Board to obtain reports from the PMP where the Board has information that "indicates fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing, or use of a controlled substance." It also requires the Pharmacy Board or the Nevada Division of Investigation (NDI) to report such activity to the Board. *NOTE: The Pharmacy Board or NDI may withhold a report that would otherwise be available to the Board if they believe such withholding to be necessary for the purposes of their investigations.*
Sec. 11	NRS 453.226	Prohibits issuance of or renewal of a CS registration by the Pharmacy Board unless the DO or PA has registered for PMP access
Sec. 13	NRS 629.061	Modifies timing requirement for the production of medical records to make the production immediate or "at another reasonable time designated" by the Board.
Sec. 33	New language in NRS ch. 633	Sets out procedure for the Board to process as a complaint a report received from the Pharmacy Board or NDI. The procedure is: (1) Receive the report; (2) Notify the DO or PA as soon as practicable; (3) Review and evaluate using PMP, additional information from licensee, and attested statement from licensee that he or she has complied with the law; (4) If substantiated, proceed with discipline. *NOTE: The new language also requires the Board to adopt regulations regarding the discipline to be imposed for these types of cases.*
Sec. 34	New language in NRS ch. 633	Authorizes summary suspension when an investigation pursuant to Sec. 33 determines that a DO or PA is engaging in CS behavior that creates a "risk of imminent or continued harm." Hearing must be held within 180 days of the summary suspension.
Sec. 35	NRS 633.473	Requires the Board to adopt a regulation that will require 2 hours of CE related to the "misuse and abuse of controlled substances, the prescribing of opioids, or addition" per renewal cycle.
Sec. 36	NRS 633.511	Creates as new causes for discipline prescribing CS in violation of the various new provisions of the bill *NOTE: The **Board of Pharmacy** must write regulations regarding compliance with*

		provisions of the bill that will establish some of the cause for discipline of osteopathic physicians and PAs.
Sec. 37	NRS 633.521	Modifies the "safe harbor" for the treatment of intractable pain so that a DO or PA will not be subject to discipline for treating intractable pain as long as he or she does so according to the new provisions of the bill. *NOTE: The **Board of Pharmacy** must write regulations regarding the treatment of intractable pain.*
Sec. 38	NRS 633.541	Harmonizes the existing investigative and disciplinary procedures with the new procedures contained in Section 34.
Sec. 52	New language in NRS ch. 639	Sets out new limitations for the prescribing of CS for pain. In subsection 1, the bill requires a prescriber to document why his or her prescribing would authorize a patient to have more in any consecutive 365 period more days' worth of CS if taken at the maximum dose prescribed, or for any single RX more than 90 days' worth if taken at the maximum dose prescribed. Subsection 2 addresses acute pain CS Rxs and contains two proscriptions: (1) initial Rx cannot exceed 14-day supply, and (2) where the patient has not previously had a CS Rx or at least has not had one for at least 19 days prior to the present Rx, the Rx cannot exceed 90 morphine milligram equivalents (MME).
Sec. 53	New language in NRS ch. 639	Sets out new requirements for an initial CS Rx for pain, which include: (1) bona fide doctor/patient relationship; (2) evaluation and risk assessment of patient; (3) establish diagnosis and treatment plan; (4) documentation of reasons for CS Rx over other non-drug treatments; (5) obtain informed consent. According to subsection 2, the DO or PA can increase the dose once without meeting again with the patient, but for a second dose increase, the DO or PA must meet with the patient, either in person or via telehealth.
Sec. 54	New language in NRS ch. 639	In subsection 1, contains specific criteria that must be considered (i.e. must be in the medical record) as part of the evaluation and risk assessment required before the initial CS Rx is written. The criteria include: (1) obtaining and reviewing the patient's medical history; (2) conducting a physical examination of the patient; (3) making a good faith effort to obtain and review medical records from other providers; and (4) assessing the mental health and risk of abuse and addition. In subsection 2, contains ten specified elements that must be included in the written informed consent that must be obtained prior to the initial prescription.
Sec. 55	New language in NRS ch. 639	Subsection 1 sets out additional requirements for CS Rxs after in the initial 90-day course. The additional requirement includes: (1) reassessment of risk of abuse or addiction, (2) reassessment using hematological and radiological studies to determine and "evidence-based diagnosis for the cause of the pain," (3) meeting with the patient to review the treatment plan, and (4) consideration of referral to a specialist where patient has been getting 90 MME or more for 90 days. Subsection 2 requires that a new treatment plan be developed if a CS Rx will be continued beyond the initial 90-day course. Subsection 3 requires that the daily dose for a CS be calculated in accordance with guidelines from the CDC.
Sec. 56	New language in NRS ch. 639	New requirement where CS Rx therapy will exceed 30 days that the DO or PA enter into a prescription medication agreement. The section includes many specifics that must be included in such an agreement. *NOTE: It is likely that somebody – a board or a private party – will develop a medication agreement that will comply with the terms required in Section 56.*

Sec. 57	New language in NRS ch. 639	Adds a list of 16 factors a DO or PA must consider before prescribing any CS. All of the factors require the DO or PA to examine the particular conduct and risk factors of a patient and to have a mandated skepticism toward the patient.
Sec. 58	New language in NRS ch. 639	Subsection 1 authorizes the **Pharmacy Board** to adopt additional regulations that "may impose additional requirements concerning the prescription of a controlled substance listed in schedule II, III, or IV for the treatment of pain." Subsection 2 makes a violation of the provisions of sections 52-58 of the bill a disciplinary offense, but not a criminal offense.
Sec. 60	NRS 639.23507	Changes present law so that now a prescriber MUST check the PMP before writing an initial CS Rx and MUST check the PMP for that patient at least every 90 days thereafter. Additionally, subsection 2 strictly prohibits a DO or PA from writing a CS Rx if he or she determines that the patient has received a similar Rx from another prescriber.
Sec. 61	NRS 639.2353	Adds additional information that must be included on any written Rx (CS or not). The new information that must be included is: (1) the prescriber's DEA number, (2) the date of birth of the patient, (3) the number of days that the drug is to be used beginning on the day on which the prescription is filled, (4) as part of the directions for use, the dose prescribed, the route of administration, and the number of authorized refills, and (5) the ICD10 code.
Sec. 62	NRS 639.239	Adds the Board's investigators to the list of people who may "ask and receive" information from pharmacies and prescribers related to Rxs, and sets out a procedure for the Board's investigators to obtain the original records from the files of the pharmacies and prescribers.
Sec. 64	Precatory language	Act become effective immediately for purposes of developing regulations and enforceable generally on January 1, 2018.