



Division of Public and Behavioral Health

Technical Bulletin



Topic: Permanent Regulations Approved for Overdose Reporting
Contact: Ihsan Azzam, PhD, MD, Chief Medical Officer at iazzam@health.nv.gov
Date: May 21, 2018

To: Nevada Healthcare Facilities, Physicians, Nurses, Veterinarians, and Physician Assistants

The permanent regulations aimed at curbing opioid abuse in Nevada took effect on **May 16, 2018**, when the Division of Public and Behavioral Health (DPBH) filed the regulations with the Secretary of State to comply with Assembly Bill 474 (aka the Controlled Substance Abuse Prevention Act). The regulations provide the structure to reporting of overdose or suspected overdose cases to assist with the comprehensive response needed to save Nevadans' lives.

Since January, emergency regulations have been in place, but the permanent regulations differ in a few places, so healthcare providers are encouraged to review the permanent regulations at http://dpbh.nv.gov/Resources/opioids/Prescription_Drug_Abuse_Prevention/ and also attached to this bulletin.

Changes from the emergency regulations include:

- Definitions used within the regulation, most importantly, the inclusion of category V drugs and additional specificity on the definition of overdose.
- Changes to the mandatory and optional information in each report. This includes allowing toxicology, social security number, and pregnancy status to be optional. Occupation and gender of the patient has been removed.

If you are interested in establishing electronic reporting, please contact Julia Peek at jpeek@health.nv.gov.

To access the regulations, reporting form and FAQs on reporting,
please visit the DPBH website at:

prescribe365.nv.gov or

http://dpbh.nv.gov/Resources/opioids/Prescription_Drug_Abuse_Prevention/

Signed: _____
Ihsan Azzam, PhD, MD, Chief Medical Officer
Division of Public and Behavioral Health

Date: May 21, 2018

**APPROVED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R053-18

Effective May 16, 2018

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

AUTHORITY: §§1-7, NRS 441A.120 and 441A.150.

A REGULATION relating to controlled substances; establishing the requirements relating to reporting of a drug overdose or suspected drug overdose by a provider of health care; requiring certain medical facilities and the Chief Medical Officer to adopt certain administrative procedures relating to such reports; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the procedures for reporting cases or suspected cases of drug overdose to the Chief Medical Officer or his or her designee, including the time within which such reports must be made and the information to be included in such reports. (NRS 441A.120) **Section 5** of this regulation prescribes: (1) the circumstances under which a provider of health care is required to report a drug overdose or suspected drug overdose; and (2) the time within which such a report must be made. **Section 6** of this regulation prescribes the contents of such a report. **Section 7** of this regulation requires certain medical facilities to adopt administrative procedures to ensure that a report of a drug overdose is made by only one provider of health care at the facility. **Section 7** also requires the Chief Medical Officer to adopt administrative procedures to track and analyze reports of drug overdose and suspected drug overdose.

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 7, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 and 4 of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Discharge” means the physical release of a patient, regardless of whether the patient is alive, from a medical facility or from the care of a provider of health care to any other place, including, without limitation, the home of the patient, a transitional medical facility, a treatment center, the office of a coroner or a funeral home.*

Sec. 4. *“Drug overdose” means any intentional or accidental consumption of a controlled substance listed in schedule I, II, III, IV or V in an amount that exceeds the amount prescribed or intended to be consumed that:*

1. Results in a patient receiving services from a provider of health care in a clinical setting; and

2. Corresponds to the code T40, T41.1, T42 or T43 as 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.

Sec. 5. *1. Except as otherwise provided in subsections 2 and 3, a provider of health care who provides services to a patient who has suffered or is suspected of having suffered a drug overdose shall, regardless of whether the patient is alive and not later than 7 days after discharging the patient, report the drug overdose or suspected drug overdose to the Chief Medical Officer or his or her designee as required by subsection 2 of NRS 441A.150.*

2. A provider of health care who provides outpatient services to a patient whom the provider of health care reasonably believes previously suffered or is suspected of having suffered a drug overdose is not required to make a report of the drug overdose unless the provider of health care believes that such a report was not made by any other provider of health care. If the provider of health care has such a belief, the provider of health care must

make a report not later than 7 days after the date on which the provider of health care first learned of the drug overdose or suspected drug overdose.

3. A provider of health care is not required to make a report of a drug overdose if the patient who has suffered or is suspected of having suffered the drug overdose was receiving hospice care or palliative care at the time of the drug overdose or suspected drug overdose.

Sec. 6. 1. A provider of health care shall include in a report of a drug overdose made pursuant to subsection 2 of NRS 441A.150 if known:

(a) The name, address and telephone number of the provider of health care making the report;

(b) The name, address, telephone number, sex, race, ethnicity and date of birth of the patient who suffered the drug overdose or suspected drug overdose;

(c) The number assigned to the medical record of the patient;

(d) The date on which the drug overdose or suspected drug overdose occurred;

(e) A statement of the disposition of the patient;

(f) Any code set forth 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 or is otherwise related to the drug overdose or suspected drug overdose; and

(g) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report:

- (a) Results from toxicology tests conducted by a laboratory concerning the drug overdose or suspected drug overdose;*
 - (b) A statement of whether the patient was pregnant on the date on which the drug overdose or suspected drug overdose occurred;*
 - (c) The social security number of the patient; and*
 - (d) Any other information that the provider of health care believes is relevant to the report.*
- 3. After making a report pursuant to subsection 2 of NRS 441A.150, a provider of health care may provide supplemental or additional information as it becomes available.*

Sec. 7. 1. A medical facility that may have more than one provider of health care provide services to a patient who has suffered a drug overdose or suspected drug overdose shall adopt administrative procedures to ensure that only one such provider of health care makes the report of the drug overdose required by subsection 2 of NRS 441A.150.

2. The Chief Medical Officer shall adopt administrative procedures to track and analyze reports of drug overdoses made pursuant to subsection 2 of NRS 441A.150.