

THE HEALTHCARE PROFESSIONALS LEGAL CHECK-UP

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New Duties Required of Nevada Prescribers of Controlled Substances

It is important that all healthcare providers who have prescribing authority for controlled substances be aware of recent changes to Nevada law governing such medications. Whether you regularly prescribe such medication or only rarely provide a script for that class of drug, you must become familiar with new duties and obligations imposed upon healthcare providers following the passage of Assembly Bill 474, which became the law of Nevada, effective January 1, 2018. We encourage you to review the Board of Medical Examiner's guidance on the new laws as found on their website.¹

As part of the new regulations governing the prescribing of controlled substances, Nevada now requires that additional steps be taken when writing such prescriptions. This includes listing on every

script for a controlled substance the patient's date of birth, ICD-10 diagnosis code to be treated by the medication, the fewest number of days necessary to consume the maximum quantity of the medication to be dispensed for that patient, and your DEA number. If a shared prescription system is used in your office, the form must set forth all of this information, as well as which specific physician is writing the prescription.

For the initial prescription, especially when the patient is new to your practice, care should be taken to first establish a diagnosis and treatment plan. Consider if the patient can be treated without



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Christina and other attorneys at the Firm work closely with healthcare professionals (including physicians, chiropractors, dentists, and nurses) and healthcare organizations on a range of legal issues, from practice formation and compliance and employee relations, to practitioner licensing and board representation, to collections, creditor rights, and asset protection.

This newsletter highlights topics of interest for healthcare professionals. We invite you to contact the Firm to learn more.



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...continued.

use of a controlled substance. Evaluate the risk of abuse of controlled substances by first reviewing the patient’s prescription monitoring report (PMR). Perform a patient risk assessment by not only examining the patient, but by also securing copies of their past medical records. Only then should consideration be given for the prescribing of a controlled substance.

If after review of the PMR, the patient’s records, and examining the patient, you determine that a controlled substance would be of benefit to the patient, Nevada now requires that any new prescription be for no more than a fourteen-day supply for treatment of acute pain and no more than 90 morphine milligram equivalent (MME) daily for an opiate naïve patient (those who have never received an opioid prescription or those whose most recent course of opioid treatment was completed more than 19 days in the past).

However, there is one final step you must take before prescribing the medication; informed consent must also be provided and confirmed in writing. This requires that you must discuss the potential risks and benefits of the medication with your patient, including the risks of dependency, addiction,

fetal exposure, and overdose. If the medication is intended for an un-emancipated minor, these same risks should be discussed with the parent or guardian, as well as how to detect abuse or diversion of the medication. Don’t neglect to warn the patient of how to not only consume the medication, but also how to store and discard any leftover medication. This is especially crucial for patients with children or grandchildren who could gain access to the medication. A University of Michigan Mott Children’s Hospital Study poll of grandparents in April 2012 found that nearly one in four stored medications in places easily accessed by children. Finally, describe to the patient those steps necessary to secure a renewal. Explain how “lost prescriptions” or “missing pills” will be addressed up front and what steps you will take to monitor not only how the patient is responding to the medication, but to ensure that abuse does not take place.

Only after all of these risks have been set forth and specifically spelled out in the informed consent signed by the patient or patient’s guardian, should an initial prescription of a controlled substance be provided. ■

¹Board of Medical Examiners of Nevada, *Prescribing in Nevada*, September 1, 2017.

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