

Assembly Bill No. 178–Assemblywomen
Hardy, Titus; and Tolles

Joint Sponsors: Senators Hardy; Buck and Hammond

CHAPTER.....

AN ACT relating to prescription drugs; requiring an insurer to take certain actions relating to the acquisition of prescription drugs for an insured who resides in an area for which a declared disaster or state of emergency is in effect; authorizing a pharmacist to dispense a prescription drug to a patient who resides in such an area in an amount greater than is authorized by the prescribing practitioner under certain conditions; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law authorizes the Governor or the Legislature to declare a state of emergency or issue a declaration of disaster upon a finding that an attack upon the United States has occurred or is anticipated in the immediate future, or that a natural, technological or man-made emergency or disaster of major proportions has actually occurred within this State. (NRS 414.070) **Sections 1, 3, 4, 6-9, 11, 12 and 14-16** of this bill require insurers, including Medicaid, the Public Employees’ Benefits Program and local governments that provide coverage for their employees, to: (1) waive any restrictions on the time period within which a prescription may be refilled for an insured who resides in the area to which a state of emergency or declaration of disaster applies if the insured requests the refill within a certain time; and (2) authorize payment for a supply of a covered prescription drug for up to 30 days for any insured who requests a refill under those conditions. **Sections 1, 3, 4, 6-8, 11, 12 and 16** of this bill additionally authorize the Commissioner of Insurance to extend those time periods as he or she determines necessary. **Sections 2, 5, 10, 13, 17 and 18** of this bill make conforming changes to indicate the placement of **sections 1, 4, 8 and 16** in the Nevada Revised Statutes.

Existing law generally authorizes a pharmacist to refill a prescription only for the number of times authorized or for the period authorized by the prescribing practitioner. (NRS 639.2396) **Sections 19 and 20** of this bill create an exception to this rule to allow a pharmacist to fill or refill a prescription in an amount that is greater than the amount authorized by the prescribing practitioner but does not exceed a 30-day supply of the drug if: (1) the drug is not a controlled substance listed in schedule II; (2) the patient resides in an area to which a state of emergency or declaration of disaster applies; and (3) certain other requirements are met. **Section 19** requires a pharmacist who dispenses a drug under those conditions to issue and maintain a written order for the dispensing of the drug and to notify the prescribing practitioner.



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

Section 1. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, an insurer who has issued a policy of health insurance which provides coverage for prescription drugs shall, notwithstanding any provision of the policy to the contrary:

(a) Waive any provision of the policy restricting the time within which an insured may refill a covered prescription if the insured:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an insured who resides in the area for which the emergency or disaster has been declared.

2. The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.

3. As used in this section, “practitioner” has the meaning ascribed to it in NRS 639.0125.

Sec. 2. NRS 689A.330 is hereby amended to read as follows:

689A.330 If any policy is issued by a domestic insurer for delivery to a person residing in another state, and if the insurance commissioner or corresponding public officer of that other state has informed the Commissioner that the policy is not subject to approval or disapproval by that officer, the Commissioner may by ruling require that the policy meet the standards set forth in NRS 689A.030 to 689A.320, inclusive ~~H~~, *and section 1 of this act.*

Sec. 3. Chapter 689B of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant



to NRS 414.070, an insurer who has issued a policy of group health insurance which provides coverage for prescription drugs shall, notwithstanding any provision of the policy to the contrary:

(a) Waive any provision of the policy restricting the time within which an insured may refill a covered prescription if the insured:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an insured who requests a refill pursuant to paragraph (a).

2. The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.

3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 4. Chapter 689C of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a carrier who has issued a health benefit plan which provides coverage for prescription drugs shall, notwithstanding any provision of the plan to the contrary:

(a) Waive any provision of the health benefit plan restricting the time within which an insured may refill a covered prescription if the insured:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an insured who requests a refill pursuant to paragraph (a).



2. The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.

3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 5. NRS 689C.425 is hereby amended to read as follows:

689C.425 A voluntary purchasing group and any contract issued to such a group pursuant to NRS 689C.360 to 689C.600, inclusive, are subject to the provisions of NRS 689C.015 to 689C.355, inclusive, *and section 4 of this act* to the extent applicable and not in conflict with the express provisions of NRS 687B.408 and 689C.360 to 689C.600, inclusive.

Sec. 6. Chapter 695A of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a society who has issued a benefit contract which provides coverage for prescription drugs shall, notwithstanding any provision of the benefit contract to the contrary:

(a) Waive any provision of the benefit contract restricting the time within which an insured may refill a covered prescription if the insured:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an insured who requests a refill pursuant to paragraph (a).

2. The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.

3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 7. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a hospital or medical services corporation who



has issued a policy of health insurance which provides coverage for prescription drugs shall, notwithstanding any provision of the policy to the contrary:

(a) Waive any provision of the policy restricting the time within which an insured may refill a covered prescription if the insured:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an insured who requests a refill pursuant to paragraph (a).

2. The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.

3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 8. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a health maintenance organization who has issued a health care plan which provides coverage for prescription drugs shall, notwithstanding any provision of the health care plan to the contrary:

(a) Waive any provision of the health care plan restricting the time within which an enrollee may refill a covered prescription if the enrollee:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription



drug for up to 30 days for an enrollee who requests a refill pursuant to paragraph (a).

2. The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.

3. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 9. NRS 695C.050 is hereby amended to read as follows:

695C.050 1. Except as otherwise provided in this chapter or in specific provisions of this title, the provisions of this title are not applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision does not apply to an insurer licensed and regulated pursuant to this title except with respect to its activities as a health maintenance organization authorized and regulated pursuant to this chapter.

2. Solicitation of enrollees by a health maintenance organization granted a certificate of authority, or its representatives, must not be construed to violate any provision of law relating to solicitation or advertising by practitioners of a healing art.

3. Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and is exempt from the provisions of chapter 630 of NRS.

4. The provisions of NRS 695C.110, 695C.125, 695C.1691, 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734, 695C.1751, 695C.1755, 695C.176 to 695C.200, inclusive, and 695C.265 do not apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to a contract with the Division's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt a health maintenance organization from any provision of this chapter for services provided pursuant to any other contract.

5. The provisions of NRS 695C.1694 to 695C.1698, inclusive, 695C.1701, 695C.1708, 695C.1728, 695C.1731, 695C.17345, 695C.1735, 695C.1745 and 695C.1757 *and section 8 of this act* apply to a health maintenance organization that provides health care services through managed care to recipients of Medicaid under the State Plan for Medicaid.

Sec. 10. NRS 695C.330 is hereby amended to read as follows:

695C.330 1. The Commissioner may suspend or revoke any certificate of authority issued to a health maintenance organization



pursuant to the provisions of this chapter if the Commissioner finds that any of the following conditions exist:

(a) The health maintenance organization is operating significantly in contravention of its basic organizational document, its health care plan or in a manner contrary to that described in and reasonably inferred from any other information submitted pursuant to NRS 695C.060, 695C.070 and 695C.140, unless any amendments to those submissions have been filed with and approved by the Commissioner;

(b) The health maintenance organization issues evidence of coverage or uses a schedule of charges for health care services which do not comply with the requirements of NRS 695C.1691 to 695C.200, inclusive, *and section 8 of this act* or 695C.207;

(c) The health care plan does not furnish comprehensive health care services as provided for in NRS 695C.060;

(d) The Commissioner certifies that the health maintenance organization:

(1) Does not meet the requirements of subsection 1 of NRS 695C.080; or

(2) Is unable to fulfill its obligations to furnish health care services as required under its health care plan;

(e) The health maintenance organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees;

(f) The health maintenance organization has failed to put into effect a mechanism affording the enrollees an opportunity to participate in matters relating to the content of programs pursuant to NRS 695C.110;

(g) The health maintenance organization has failed to put into effect the system required by NRS 695C.260 for:

(1) Resolving complaints in a manner reasonably to dispose of valid complaints; and

(2) Conducting external reviews of adverse determinations that comply with the provisions of NRS 695G.241 to 695G.310, inclusive;

(h) The health maintenance organization or any person on its behalf has advertised or merchandised its services in an untrue, misrepresentative, misleading, deceptive or unfair manner;

(i) The continued operation of the health maintenance organization would be hazardous to its enrollees or creditors or to the general public;

(j) The health maintenance organization fails to provide the coverage required by NRS 695C.1691; or



(k) The health maintenance organization has otherwise failed to comply substantially with the provisions of this chapter.

2. A certificate of authority must be suspended or revoked only after compliance with the requirements of NRS 695C.340.

3. If the certificate of authority of a health maintenance organization is suspended, the health maintenance organization shall not, during the period of that suspension, enroll any additional groups or new individual contracts, unless those groups or persons were contracted for before the date of suspension.

4. If the certificate of authority of a health maintenance organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to wind up its affairs and shall conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It shall engage in no further advertising or solicitation of any kind. The Commissioner may, by written order, permit such further operation of the organization as the Commissioner may find to be in the best interest of enrollees to the end that enrollees are afforded the greatest practical opportunity to obtain continuing coverage for health care.

Sec. 11. Chapter 695F of NRS is hereby amended by adding thereto a new section to read as follows:

1. If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a prepaid limited health service organization who has issued evidence of coverage which provides coverage for prescription drugs shall, notwithstanding any provision of the evidence of coverage to the contrary:

(a) Waive any provision of the evidence of coverage restricting the time within which an enrollee may refill a covered prescription if the enrollee:

(1) Has not exceeded the number of refills authorized by the prescribing practitioner;

(2) Resides in the area for which the emergency or disaster has been declared; and

(3) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and

(b) Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an enrollee who requests a refill pursuant to paragraph (a).



2. *The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.*

3. *As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.*

Sec. 12. Chapter 695G of NRS is hereby amended by adding thereto a new section to read as follows:

1. *If the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a managed care organization who has issued a health care plan which provides coverage for prescription drugs shall, notwithstanding any provision of the health care plan to the contrary:*

(a) *Waive any provision of the health care plan restricting the time within which an insured may refill a covered prescription if the insured:*

(1) *Has not exceeded the number of refills authorized by the prescribing practitioner;*

(2) *Resides in the area for which the emergency or disaster has been declared; and*

(3) *Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later; and*

(b) *Authorize payment for, and may apply a copayment, coinsurance or deductible to, a supply of a covered prescription drug for up to 30 days for an insured who requests a refill pursuant to paragraph (a).*

2. *The Commissioner may extend the time periods prescribed by subsection 1 in increments of 15 or 30 days as he or she determines to be necessary.*

3. *As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.*

Sec. 13. NRS 232.320 is hereby amended to read as follows:

232.320 1. The Director:

(a) Shall appoint, with the consent of the Governor, administrators of the divisions of the Department, who are respectively designated as follows:

(1) The Administrator of the Aging and Disability Services Division;

(2) The Administrator of the Division of Welfare and Supportive Services;

(3) The Administrator of the Division of Child and Family Services;



(4) The Administrator of the Division of Health Care Financing and Policy; and

(5) The Administrator of the Division of Public and Behavioral Health.

(b) Shall administer, through the divisions of the Department, the provisions of chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410, inclusive, *and section 16 of this act*, 422.580, 432.010 to 432.133, inclusive, 432B.6201 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the functions of the divisions of the Department, but is not responsible for the clinical activities of the Division of Public and Behavioral Health or the professional line activities of the other divisions.

(c) Shall administer any state program for persons with developmental disabilities established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

(d) Shall, after considering advice from agencies of local governments and nonprofit organizations which provide social services, adopt a master plan for the provision of human services in this State. The Director shall revise the plan biennially and deliver a copy of the plan to the Governor and the Legislature at the beginning of each regular session. The plan must:

(1) Identify and assess the plans and programs of the Department for the provision of human services, and any duplication of those services by federal, state and local agencies;

(2) Set forth priorities for the provision of those services;

(3) Provide for communication and the coordination of those services among nonprofit organizations, agencies of local government, the State and the Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.



(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department.

Sec. 14. NRS 287.010 is hereby amended to read as follows:

287.010 1. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada may:

(a) Adopt and carry into effect a system of group life, accident or health insurance, or any combination thereof, for the benefit of its officers and employees, and the dependents of officers and employees who elect to accept the insurance and who, where necessary, have authorized the governing body to make deductions from their compensation for the payment of premiums on the insurance.

(b) Purchase group policies of life, accident or health insurance, or any combination thereof, for the benefit of such officers and employees, and the dependents of such officers and employees, as have authorized the purchase, from insurance companies authorized to transact the business of such insurance in the State of Nevada, and, where necessary, deduct from the compensation of officers and employees the premiums upon insurance and pay the deductions upon the premiums.

(c) Provide group life, accident or health coverage through a self-insurance reserve fund and, where necessary, deduct contributions to the maintenance of the fund from the compensation of officers and employees and pay the deductions into the fund. The money accumulated for this purpose through deductions from the compensation of officers and employees and contributions of the governing body must be maintained as an internal service fund as defined by NRS 354.543. The money must be deposited in a state or national bank or credit union authorized to transact business in the State of Nevada. Any independent administrator of a fund created under this section is subject to the licensing requirements of chapter 683A of NRS, and must be a resident of this State. Any contract with an independent administrator must be approved by the



Commissioner of Insurance as to the reasonableness of administrative charges in relation to contributions collected and benefits provided. The provisions of NRS 687B.408, 689B.030 to 689B.050, inclusive, *and section 3 of this act*, 689B.287 and 689B.500 apply to coverage provided pursuant to this paragraph, except that the provisions of NRS 689B.0378, 689B.03785 and 689B.500 only apply to coverage for active officers and employees of the governing body, or the dependents of such officers and employees.

(d) Defray part or all of the cost of maintenance of a self-insurance fund or of the premiums upon insurance. The money for contributions must be budgeted for in accordance with the laws governing the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada.

2. If a school district offers group insurance to its officers and employees pursuant to this section, members of the board of trustees of the school district must not be excluded from participating in the group insurance. If the amount of the deductions from compensation required to pay for the group insurance exceeds the compensation to which a trustee is entitled, the difference must be paid by the trustee.

3. In any county in which a legal services organization exists, the governing body of the county, or of any school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada in the county, may enter into a contract with the legal services organization pursuant to which the officers and employees of the legal services organization, and the dependents of those officers and employees, are eligible for any life, accident or health insurance provided pursuant to this section to the officers and employees, and the dependents of the officers and employees, of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency.

4. If a contract is entered into pursuant to subsection 3, the officers and employees of the legal services organization:

(a) Shall be deemed, solely for the purposes of this section, to be officers and employees of the county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency with which the legal services organization has contracted; and

(b) Must be required by the contract to pay the premiums or contributions for all insurance which they elect to accept or of which they authorize the purchase.



5. A contract that is entered into pursuant to subsection 3:

(a) Must be submitted to the Commissioner of Insurance for approval not less than 30 days before the date on which the contract is to become effective.

(b) Does not become effective unless approved by the Commissioner.

(c) Shall be deemed to be approved if not disapproved by the Commissioner within 30 days after its submission.

6. As used in this section, "legal services organization" means an organization that operates a program for legal aid and receives money pursuant to NRS 19.031.

Sec. 15. NRS 287.04335 is hereby amended to read as follows:

287.04335 If the Board provides health insurance through a plan of self-insurance, it shall comply with the provisions of NRS 687B.409, 689B.255, 695G.150, 695G.155, 695G.160, 695G.162, 695G.164, 695G.1645, 695G.1665, 695G.167, 695G.170 to 695G.174, inclusive, 695G.177, 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive, and 695G.405 ~~§~~ **and section 12 of this act**, in the same manner as an insurer that is licensed pursuant to title 57 of NRS is required to comply with those provisions.

Sec. 16. Chapter 422 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Department shall ensure that, if the Governor or the Legislature proclaims the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070, a recipient of Medicaid may refill a covered prescription regardless of how many days are remaining on the prescription if the recipient:

(a) Has not exceeded the number of refills authorized by the prescribing practitioner;

(b) Resides in the area for which the emergency or disaster has been declared; and

(c) Requests the refill not later than the end of the state of emergency or disaster or 30 days after the issuance of the proclamation or declaration, whichever is later.

2. The State shall, subject to any applicable copayments, coinsurance or deductibles, pay the nonfederal share of the cost for a supply of a covered prescription drug for up to 30 days for any recipient of Medicaid who requests a refill pursuant to subsection 1.



3. If the Commissioner of Insurance extends the time periods prescribed by sections 8 and 12 of this act, the Department must extend the time periods prescribed by this section for the same amount of time.

4. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 17. NRS 422.401 is hereby amended to read as follows:

422.401 As used in NRS 422.401 to 422.406, inclusive, *and section 16 of this act*, unless the context otherwise requires, the words and terms defined in NRS 422.4015 to 422.4024, inclusive, have the meanings ascribed to them in those sections.

Sec. 18. NRS 422.406 is hereby amended to read as follows:

422.406 1. The Department may, to carry out its duties set forth in NRS 422.27172 to 422.27178, inclusive, and 422.401 to 422.406, inclusive, *and section 16 of this act* and to administer the provisions of those sections:

- (a) Adopt regulations; and
- (b) Enter into contracts for any services.

2. Any regulations adopted by the Department pursuant to NRS 422.27172 to 422.27178, inclusive, and 422.401 to 422.406, inclusive, *and section 16 of this act* must be adopted in accordance with the provisions of chapter 241 of NRS.

Sec. 19. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A pharmacist may, pursuant to a valid prescription that specifies an initial amount of less than a 30-day supply of a drug that is not a controlled substance listed in schedule II or periodic refills of an amount less than a 30-day supply of such a drug, dispense an amount of the drug that exceeds the amount authorized by the prescribing practitioner but does not exceed a 30-day supply of the drug if:

(a) The Governor or the Legislature has proclaimed the existence of a state of emergency or issues a declaration of disaster pursuant to NRS 414.070;

(b) The patient resides in the area to which the state of emergency or declaration of disaster applies;

(c) In the professional judgment of the pharmacist:

(1) The drug is necessary for the maintenance of life or the continuation of therapy for a chronic condition; and

(2) Interruption of therapy using the drug may be detrimental to the health of the patient or produce physical or mental discomfort.



2. A pharmacist who dispenses a drug pursuant to subsection 1 shall:

(a) Issue and sign a written order for the dispensing of the drug that contains the information described in subsection 2 of NRS 639.2353. The order must be maintained in the same manner as a prescription and shall be deemed to be equivalent to a prescription.

(b) Notify the prescribing practitioner not later than 48 hours after issuing the prescription.

Sec. 20. NRS 639.2396 is hereby amended to read as follows:

639.2396 1. Except as otherwise provided by subsection 2 ~~and~~ **and section 19 of this act**, a prescription which bears specific authorization to refill, given by the prescribing practitioner at the time he or she issued the original prescription, or a prescription which bears authorization permitting the pharmacist to refill the prescription as needed by the patient, may be refilled for the number of times authorized or for the period authorized if it was refilled in accordance with the number of doses ordered and the directions for use.

2. Except as otherwise provided in NRS 639.28075, a pharmacist may, in his or her professional judgment and pursuant to a valid prescription that specifies an initial amount of less than a 90-day supply of a drug other than a controlled substance followed by periodic refills of the initial amount of the drug, dispense not more than a 90-day supply of the drug if:

(a) The patient has used an initial 30-day supply of the drug or the drug has previously been prescribed to the patient in a 90-day supply;

(b) The total number of dosage units that are dispensed pursuant to the prescription does not exceed the total number of dosage units, including refills, that are authorized on the prescription by the prescribing practitioner; and

(c) The prescribing practitioner has not specified on the prescription that dispensing the prescription in an initial amount of less than a 90-day supply followed by periodic refills of the initial amount of the drug is medically necessary.

3. Nothing in this section shall be construed to alter the coverage provided under any contract or policy of health insurance, health plan or program or other agreement arrangement that provides health coverage.

Sec. 21. The provisions of sections 1, 3, 4, 6, 7, 8, 11 and 12 of this act apply to any coverage of prescription drugs issued before, on or after July 1, 2021.



Sec. 22. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 23. This act becomes effective on July 1, 2021.

