

ASSEMBLY BILL NO. 345—ASSEMBLYMAN ORENTLICHER

MARCH 22, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to substance use disorders. (BDR 40-978)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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

AN ACT relating to substance use disorders; authorizing the establishment of a program for the prevention of overdoses and disease under certain circumstances; requiring the operator of such a program to report certain information to the health authority, the board of county commissioners and the State Board of Health; providing for the confidentiality of certain information concerning such a program; exempting operators, employees, volunteers and participants of such a program from certain penalties; prohibiting a practitioner, other than a veterinarian, from prescribing an opioid to certain patients unless the prescription is medically necessary; requiring such a practitioner to prescribe an opioid antagonist along with an opioid in certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes a governmental entity, a nonprofit corporation, a public health program, a medical facility and certain other entities to establish a sterile hypodermic device program. (NRS 439.987) Such a program is authorized to provide: (1) sterile hypodermic devices and other related materials for safe injection drug use; and (2) information concerning certain services for persons experiencing a substance use disorder. (NRS 439.991) Existing law additionally authorizes certain providers of health care to dispense opioid antagonists with or without a prescription. (NRS 453C.110, 453C.120) Existing law also exempts a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance, from certain criminal liability. (NRS 453C.100) **Sections 2-10** of this bill authorize



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the establishment of programs for the prevention of overdoses and disease, which provide a hygienic space where persons who are at least 18 years of age may consume drugs that they have obtained before arriving in the space. **Sections 2-5** of this bill define relevant terms. **Section 6** of this bill authorizes the board of county commissioners in a county whose population is 100,000 or more (currently Clark and Washoe Counties) to authorize the establishment of a program for the prevention of overdoses and disease that operates at one fixed or mobile site upon determining that the program is likely to achieve certain purposes relating to the reduction of harm caused by the consumption of drugs. If such a program operates continuously in such a county for 2 years and achieves those goals, **section 6** authorizes the State Board of Health to allow the board of county commissioners of a county whose population is less than 100,000 (currently all counties other than Clark and Washoe Counties) to authorize the establishment of such a program in the county. **Section 6** prohibits a board of county commissioners from authorizing such a program to operate at more than one fixed or mobile site and from establishing additional programs until one program has operated successfully and continuously in the county for 4 years. **Section 6** requires a board of county commissioners to hold an open, public hearing before approving the establishment of a new program for the prevention of overdoses and disease or the operation of an existing program for the prevention of overdoses and disease at an additional fixed or mobile site.

Section 7 of this bill prescribes the required elements of a program for the prevention of overdoses and disease, which, in addition to a hygienic site for the consumption of drugs, must include: (1) staffing and monitoring by trained personnel; (2) the distribution and administration of opioid antagonists; (3) the distribution and disposal of hypodermic devices; (4) the administration of first aid; and (5) upon request, consultation concerning treatment for a substance use disorder and referral for such treatment. **Section 7** also authorizes a program for the prevention of overdoses and disease to provide education in certain subjects relating to substance use disorders. **Section 8** of this bill requires the operator of a program for the prevention of overdoses and disease to report certain information concerning the program to the health authority, the board of county commissioners and the State Board of Health annually. **Sections 9 and 11** of this bill provide for the confidentiality of certain information relating to programs for the prevention of overdoses and disease. **Section 10** of this bill exempts: (1) operators, staff and volunteers of a program for the prevention of overdoses and disease from certain civil or criminal liability or other penalties; and (2) persons who possess and consume drugs at a hygienic site operated by such a program from criminal liability or civil forfeiture.

Existing law requires a practitioner, other than a veterinarian, who prescribes or dispenses to a patient more than certain amounts of a controlled substance for the treatment of pain to document the reasons for prescribing or dispensing that amount in the medical record of the patient. Existing law also prohibits such a practitioner from prescribing more than certain amounts of a controlled substance for the treatment of pain unless medically necessary. (NRS 639.2391) **Section 12** of this bill prohibits such a practitioner from prescribing an opioid to a patient who is also being prescribed or has been recently prescribed a benzodiazepine or has a history of opioid use disorder or opioid overdose unless the prescription is medically necessary. **Section 12** requires a practitioner who prescribes an opioid to such a patient to: (1) additionally prescribe an opioid antagonist for the patient; and (2) document in the medical record of the patient the reasons why the prescription is medically necessary and why the benefits of prescribing the opioid outweigh the risks. **Section 12** additionally requires a practitioner to prescribe an opioid antagonist to a patient who is also prescribed an amount of an opioid that exceeds 50 morphine milligram equivalents per day.



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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 10, inclusive, of this act.

Sec. 2. *As used in sections 2 to 10, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3, 4 and 5 of this act have the meanings prescribed to them in those sections.*

Sec. 3. *"Opioid antagonist" has the meaning ascribed to it in NRS 453C.040.*

Sec. 4. *"Participant" means a person who consumes drugs in a hygienic space operated by a program for the prevention of overdoses and disease pursuant to paragraph (a) of subsection 1 of section 7 of this act.*

Sec. 5. *"Program for the prevention of overdoses and disease" means a program established pursuant to section 6 of this act to allow for the supervised consumption of drugs at a hygienic site.*

Sec. 6. 1. *The board of county commissioners of a county whose population is 100,000 or more may approve the establishment of a program for the prevention of overdoses and disease that meets the requirements of section 7 of this act for the purposes of:*

(a) Reducing fatal drug overdoses and the spread of viral hepatitis, human immunodeficiency virus and other blood-borne diseases;

(b) Reducing injuries from needle sticks to law enforcement officers, firefighters and providers of emergency medical services;

(c) Increasing the proper disposal of used hypodermic devices;

(d) Reducing the occurrence of wounds to skin and soft tissue and infections related to the injection of drugs; and

(e) Reducing visits to the emergency room of a hospital for conditions related to substance use disorder.

2. *If a program for the prevention of overdoses and disease has operated continuously in a county whose population is 100,000 or more for at least 2 years and the State Board of Health determines based on the data included in the report submitted pursuant to section 8 of this act that the program is achieving the objectives described in subsection 1, the State Board may allow the board of county commissioners of a county whose population is less than 100,000 to apply to the State Board for authorization to approve the establishment of a program for the prevention of overdoses and disease in the county. If the State Board determines*



1 that the establishment of such a program in the county will satisfy
2 the purposes prescribed by subsection 1 and meets the
3 requirements of section 7 of this act, the State Board may
4 authorize the board of county commissioners to approve the
5 establishment of a program for the prevention of overdoses and
6 disease in the county.

7 3. A board of county commissioners shall not approve the
8 establishment of a program for the prevention of overdoses and
9 disease pursuant to subsection 1 or 2 that operates more than one
10 fixed or mobile site in the county or approve the establishment of
11 more than one program for the prevention of overdoses and
12 disease in the county until such a program has operated
13 continuously for 4 years in the county. If the board of county
14 commissioners determines at that time, based on the data included
15 in the report submitted pursuant to section 8 of this act, that the
16 existing program is achieving the objectives described in
17 subsection 1, the board may approve:

18 (a) The existing program to establish additional fixed or
19 mobile sites; or

20 (b) The establishment of additional programs.

21 4. Before authorizing the establishment of a program for the
22 prevention of overdoses and disease or authorizing such a
23 program to operate at an additional fixed or mobile site, the board
24 of county commissioners must solicit comment from law
25 enforcement officers, employees of the health authority and the
26 public at a meeting concerning the program that complies with the
27 requirements of chapter 241 of NRS.

28 **Sec. 7. 1.** A program for the prevention of overdoses and
29 disease must be operated by the health authority, an institution of
30 higher education, a nonprofit organization or any combination of
31 those entities. Such a program must provide:

32 (a) A hygienic space where participants may consume drugs
33 that those persons have obtained before arriving at the hygienic
34 space;

35 (b) Staffing by providers of health care, as defined in NRS
36 629.031, or other trained personnel that is adequate to ensure that
37 drugs are consumed in a manner that minimizes harm;

38 (c) The distribution and, when necessary, administration of
39 opioid antagonists;

40 (d) The disposal of used hypodermic devices;

41 (e) The distribution of sterile hypodermic devices and other
42 supplies for injections at no cost and in quantities sufficient to
43 ensure that such devices and supplies are not shared or reused;

44 (f) The administration of first aid when necessary;

45 (g) The monitoring of participants for potential overdoses; and



(h) Upon the request of a participant:

(1) Consultation with an employee or volunteer of the program concerning options for treatment of a mental health condition or substance use disorder; and

(2) Referral for treatment of a mental health condition or substance use disorder.

2. A program for the prevention of overdoses and disease may provide education on topics related to substance use disorders, including, without limitation:

(a) Preventing overdoses and the spread of viral hepatitis, human immunodeficiency virus and other blood-borne diseases;

(b) Peer support services, as defined in NRS 449.01566;

(c) Preventing wounds to skin and soft tissue and infections related to the injection of drugs; and

(d) Treatment for mental health conditions and substance use disorders.

3. The State Board of Health or the health authority may adopt regulations prescribing procedures for the operation of a program for the prevention of overdoses and disease, including, without limitation, eligibility requirements for participants. If the State Board of Health or the health authority does not adopt such regulations, the program for the prevention of overdoses and disease must adopt such procedures.

4. No person shall be subject to any discrimination in the operation of a program for the prevention of overdoses and disease on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, political affiliation, disability, national origin, residence, frequency of injection or any drug used.

Sec. 8. On or before January 31 of each year, the operator of a program for the prevention of overdoses and disease shall submit to the health authority, the board of county commissioners and the State Board of Health a report that includes, for the previous calendar year:

1. The number of participants in the program;

2. Aggregate information concerning the demographics and other characteristics of the participants;

3. The total number of overdoses experienced at the hygienic space operated pursuant to paragraph (a) of subsection 1 of section 7 of this act and the number of those overdoses that were reversed through the use of opioid antagonists; and

4. The number of participants who were referred for other services and the types of services for which those participants were referred.



Sec. 9. 1. *Any record of a person which is created or obtained for use by a program for the prevention of overdoses and disease must be kept confidential and:*

- (a) Is not open for public inspection or disclosure;*
- (b) Must not be shared with any other person or entity without the consent of the person to whom the record relates; and*
- (c) Must not be discoverable or admissible during any legal proceeding.*

2. *A record described in subsection 1 must not be used:*

- (a) To initiate or substantiate any criminal charge against a person who participates in the program for the prevention of overdoses and disease; or*
- (b) As grounds for conducting any investigation of a person who participates in the program for the prevention of overdoses and disease.*

3. *The staff and volunteers of a program for the prevention of overdoses and disease shall not be compelled to provide evidence in any criminal proceeding conducted pursuant to the laws of this State concerning any information that was entrusted to them or became known to them through the program.*

4. *The use of any personal information of any participant in a program for the prevention of overdoses and disease or of the staff or volunteers of a program for the prevention of overdoses and disease for research or evaluation must be done in such a manner as to guarantee the anonymity of the person.*

5. *Aggregate data from a program for the prevention of overdoses and disease, including, without limitation, demographic information, the number of participants referred for other services, and the types of referrals made may be made available to the public.*

Sec. 10. 1. *Notwithstanding any other provision of law, a person is not subject to civil liability and may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, be subject to professional discipline, be terminated or suspended from employment, have staff privileges at a medical facility revoked, be found to be in violation of a contract or be otherwise penalized for:*

(a) Establishing, operating, being employed by or volunteering for a program for the prevention of overdoses and disease in a manner that complies with the requirements of sections 2 to 10, inclusive, of this act and any regulations adopted pursuant thereto; or

(b) Any act performed in good faith in the course of such establishment, operation, employment or volunteering that complies with the requirements of sections 2 to 10, inclusive, of



this act, any regulations adopted pursuant thereto and any requirements of the program.

2. A condition, stipulation or provision in a contract entered into before, on or after July 1, 2021, that conflicts with the requirements of subsection 1 is against the public policy of this State and is void and unenforceable.

3. Notwithstanding any other provision of law, a person may not be arrested, charged, prosecuted or convicted or have his or her property subjected to forfeiture for consuming or possessing drugs in accordance with the requirements of a program for the prevention of overdoses and disease, sections 2 to 10, inclusive, of this act and any regulations adopted pursuant thereto at a hygienic space operated by the program.

Sec. 11. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049,



1 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255,
2 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180,
3 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008,
4 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455,
5 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249,
6 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147,
7 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335,
8 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460,
9 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685,
10 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153,
11 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
12 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175,
13 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902,
14 432C.140, 432C.150, 433.534, 433A.360, 437.145, 437.207,
15 439.4941, 439.840, 439.914, 439B.420, 439B.754, 439B.760,
16 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395,
17 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345,
18 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188,
19 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050,
20 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993,
21 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545,
22 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536,
23 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484E.070,
24 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160,
25 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090,
26 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012,
27 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238,
28 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425,
29 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069,
30 630.133, 630.2673, 630.30665, 630.336, 630A.555, 631.368,
31 632.121, 632.125, 632.3415, 632.405, 633.283, 633.301, 633.4715,
32 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085,
33 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075,
34 640A.220, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745,
35 640C.760, 640D.190, 640E.340, 641.090, 641.221, 641.325,
36 641A.191, 641A.262, 641A.289, 641B.170, 641B.282, 641B.460,
37 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180,
38 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,
39 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,
40 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228,
41 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133,
42 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380,
43 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800,
44 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285,
45 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540,



1 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110,
2 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696,
3 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538,
4 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120,
5 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and*
6 *section 9 of this act*, sections 35, 38 and 41 of chapter 478, Statutes
7 of Nevada 2011 and section 2 of chapter 391, Statutes of Nevada
8 2013 and unless otherwise declared by law to be confidential, all
9 public books and public records of a governmental entity must be
10 open at all times during office hours to inspection by any person,
11 and may be fully copied or an abstract or memorandum may be
12 prepared from those public books and public records. Any such
13 copies, abstracts or memoranda may be used to supply the general
14 public with copies, abstracts or memoranda of the records or may be
15 used in any other way to the advantage of the governmental entity or
16 of the general public. This section does not supersede or in any
17 manner affect the federal laws governing copyrights or enlarge,
18 diminish or affect in any other manner the rights of a person in any
19 written book or record which is copyrighted pursuant to federal law.

20 2. A governmental entity may not reject a book or record
21 which is copyrighted solely because it is copyrighted.

22 3. A governmental entity that has legal custody or control of a
23 public book or record shall not deny a request made pursuant to
24 subsection 1 to inspect or copy or receive a copy of a public book or
25 record on the basis that the requested public book or record contains
26 information that is confidential if the governmental entity can
27 redact, delete, conceal or separate, including, without limitation,
28 electronically, the confidential information from the information
29 included in the public book or record that is not otherwise
30 confidential.

31 4. If requested, a governmental entity shall provide a copy of a
32 public record in an electronic format by means of an electronic
33 medium. Nothing in this subsection requires a governmental entity
34 to provide a copy of a public record in an electronic format or by
35 means of an electronic medium if:

36 (a) The public record:

37 (1) Was not created or prepared in an electronic format; and

38 (2) Is not available in an electronic format; or

39 (b) Providing the public record in an electronic format or by
40 means of an electronic medium would:

41 (1) Give access to proprietary software; or

42 (2) Require the production of information that is confidential
43 and that cannot be redacted, deleted, concealed or separated from
44 information that is not otherwise confidential.



5. An officer, employee or agent of a governmental entity who has legal custody or control of a public record:

(a) Shall not refuse to provide a copy of that public record in the medium that is requested because the officer, employee or agent has already prepared or would prefer to provide the copy in a different medium.

(b) Except as otherwise provided in NRS 239.030, shall, upon request, prepare the copy of the public record and shall not require the person who has requested the copy to prepare the copy himself or herself.

Sec. 12. NRS 639.2391 is hereby amended to read as follows:

639.2391 1. If a practitioner, other than a veterinarian, prescribes or dispenses to a patient for the treatment of pain a quantity of controlled substance that exceeds the amount prescribed by this subsection, the practitioner must document in the medical record of the patient the reasons for prescribing that quantity. A practitioner shall document the information required by this subsection if the practitioner prescribes for or dispenses for the treatment of pain:

(a) In any period of 365 consecutive days, a larger quantity of a controlled substance listed in schedule II, III or IV than will be used in 365 days if the patient adheres to the dose prescribed; or

(b) At any one time, a larger quantity of a controlled substance listed in schedule II, III or IV than will be used in 90 days if the patient adheres to the dose prescribed.

2. Unless the practitioner determines that the prescription is medically necessary, a practitioner, other than a veterinarian, shall not issue an initial prescription of a controlled substance listed in schedule II, III or IV for the treatment of acute pain that prescribes:

(a) An amount of the controlled substance that is intended to be used for more than 14 days; and

(b) If the controlled substance is an opioid and a prescription for an opioid has never been issued to the patient or the most recent prescription issued to the patient for an opioid was issued more than 19 days before the date of the initial prescription for the treatment of acute pain, a dose of the controlled substance that exceeds 90 morphine milligram equivalents per day. For the purposes of this paragraph, the daily dose of a controlled substance must be calculated in accordance with the most recent guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

3. *Unless the practitioner determines that the prescription or dispensing is medically necessary, a practitioner, other than a veterinarian, shall not prescribe an opioid to a patient who:*



(a) Is also being prescribed a benzodiazepine or who has been issued a prescription for a benzodiazepine by any practitioner within the immediately preceding 30 days; or

(b) Has a history of opioid use disorder or opioid overdose.

4. A practitioner who prescribes an opioid under the circumstances described in subsection 3 shall:

(a) Additionally prescribe an opioid antagonist for the patient; and

(b) Document in the medical record of the patient the reasons why:

(1) The prescription is medically necessary; and

(2) The benefits of prescribing the opioid outweigh the risks.

5. A practitioner, other than a veterinarian, who prescribes an amount of an opioid that exceeds 50 morphine milligram equivalents per day shall additionally prescribe an opioid antagonist or document in the medical record of the patient why such a prescription is not appropriate for the patient.

6. As used in this section ~~f; "acute"~~:

(a) "Acute pain" means pain that has an abrupt onset and is caused by injury or another cause that is not ongoing. The term does not include chronic pain or pain that is being treated as part of care for cancer, palliative care, hospice care or other end-of-life care.

(b) "Opioid antagonist" has the meaning ascribed to it in NRS 453C.040.

Sec. 13. This act becomes effective on July 1, 2021.

