NEVADA STATE BOARD OF NURSING

LEGISLATIVE UPDATE

September 2017

CATHY DINAUER, MSN, RN, EXECUTIVE DIRECTOR
FRED OLMSTEAD, ESQ., GENERAL COUNSEL
KIMBERLY A. ARGUELLO, ESQ., GENERAL COUNSEL
SHERYL GIORDANO, APRN-C, MSN, APRN CONSULTANT/INVESTIGATOR

OBJECTIVES:

- Discuss the role of the Nevada State Board of Nursing (NSBN)
- Review APRN Scope of Practice - NRS 632.255
- Discuss prescribing privileges and the opioid crisis
- Discuss 2017 legislative session and new bills

2017 State of Nevada Legislative Session Highlights

- **Bills to cover for presentation:**
  - *Senate Bill 50 – Psychiatric Advanced Directive*
  - *Senate Bill 59 – Checking Prescription Monitoring Program (PMP) for Schedule V, Controlled Substances (CS)*
  - *Assembly Bill 105 – Suicide Prevention*
  - *Assembly Bill 199 - POLST*
  - *Senate Bill 227 – Global Signature*
  - *Assembly Bill 422 - Marijuana*
  - *Assembly Bill 474 – Controlled Substances*

The Board CANNOT

- Independently change the law. Only the Nevada State Legislature can make changes.

The Board CAN

- Adopt regulations which establish minimum legal standards for safe practice and clarify or explain statutes.

SCOPE OF PRACTICE

- **NAC 632.255**
  - **KNOW THIS REGULATION!!!**
  - *(3) Any other act if:*

    Is certified to perform that act by an organization recognized by the Board;

    Taught in your APRN program;

    Taught in a comprehensive program of instruction, completed by the APRN, and included clinical experience;

    Trained to perform by a physician or another APRN;

    Described in CINAHL or individually approved by the NSBN.

Opioid Guidelines

- 91 Americans die every day from an opioid overdose.
- In 2015, there were 619 deaths in Nevada from opioid abuse.
- In 2015, over 20.8 million people met the Substance Use Disorder (SUD) diagnoses and only 1090 received treatment.
- Governor Sandoval's **Goal:**

"To reduce prescription drug abuse in Nevada by 18% by 2018 changing attitudes and behaviors of Nevadans through better coordinated efforts and statewide leadership" (National Governors Association, n.d.)

Prescribing Privileges

- February 13, 2017
  - **1,587 licensed APRNs in Nevada**
  - **1,373 have privileges to prescribe Schedule II, CS**
- NSBN receives letters from the Board of Pharmacy
  - Patients receiving controlled substances from multiple providers; and
  - APRNs not checking the PMP prior to prescribing a CS.
- To date:
  - 108 letters have been sent to APRNs alerting them to their patients.
  - Letters are now identifying whether APRNs access the PMP prior to writing prescriptions for controlled substances.
  - You **must check the PMP prior to prescribing a controlled substance**.

Controlled Substances Act
Schedule II-V Drugs – What are they?

- **Schedule I** » high potential for abuse. (Ex. - heroin, marijuana);
- **Schedule II** » high potential for abuse. (Ex. - morphine, cocaine, methadone, hydrocodone, and fentanyl);
- **Schedule III** » less potential for abuse. (Ex. - steroids, codeine/hydrocodone products with aspirin & testosterone);
- **Schedule IV** » low potential for abuse. (Ex. - alprazolam, clonazepam, and diazepam); and
- **Schedule V** » low potential for abuse. (Ex. – Lomotil with Atropine).

(U.S. Department of Justice Drug Enforcement Administration, 2010)

Harold Rogers Prescription Drug Monitoring Program Practitioner and Research Partnership Grant (2017)

Reno Nevada Police Department with project partners ~ NV BOP, and UNR

- **HIGH RISK PATIENTS:**
  - *Received an opioid, benzo and SOMA (Holy Trinity);*
  - *Paid for same drug with both insurance and cash;*
  - *Paid cash for a script;*
  - *More than 90 daily Morphine Milligram Equivalents;*
  - *Had seen five or more doctors; and*
  - *Used five or more pharmacies.*

(Reno Police Department, 2017)

Nevada State Board of Pharmacy

University of Nevada, Reno

Summary of Grant findings:

- Abuse/addiction with prescription opioids does not progress to heroin use in linear manner;
- Concurrent use of prescribed opioids is relatively common among heroin users;
- Be aware patients may have already initiated concurrent heroin use;
- Screening for substance use disorder; and
- Referral to appropriate treatment services - critical in the prevention of opioid-related overdose.

(Reno Police Department, 2017)

Nevada State Board of Pharmacy

University of Nevada, Reno

Nevada Board of Pharmacy Prescription Monitoring Program

Recap of the Prescription Monitoring Program (PMP):

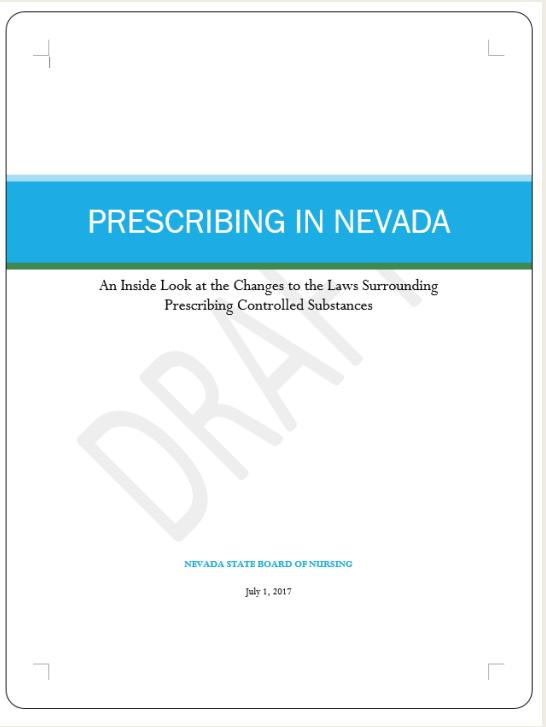
- Implementation of PMP Program
- NRS 639.23507 - Patient utilization report required before initiating prescription for controlled substance in certain circumstances; exceptions; regulations; penalties.
- APRN requirements - PMP inquiry letters from NSBN – **must be responded to by APRN** as per time requirements or the individual is subject to complaint investigation process.

Assembly Bill 474
Controlled Substance Abuse Prevention Act
NRS 441A.120

A Guide for prescribing in Nevada

Collaborative effort by:

- Nevada State Board of Nursing
- Nevada Board of Pharmacy
- Governor's Office



Assembly Bill 474 – Controlled Substance Abuse Prevention Act

- **Title**: Controlled Substances
- **Changes to current statute**: Multiple areas to be reviewed – PMP checks, prescriptions for CS, amounts, etc.
- **Implications for APRN practice**: Multiple areas to be reviewed – PMP checks, prescriptions for CS, amounts, etc.
- **Requirements for APRN licensure**: **2 hours of CE** training during **each period of licensure for all prescribers**; and

  List of authorized topics for training to satisfy that requirement:

  - *prescribing of opioids or addiction*
  - *the misuse and abuse of controlled substances*
  - *the prescribing of opioids or addiction during each period of licensure*
- **Effective date**: January 1, 2018

AB474 - On Initial Prescriptions for Pain

- Initial Prescriptions: controlled substance (CS) listed in Schedule II, III or IV for the treatment of pain no longer than 14 days.
  - *The term "practitioner" includes any prescriber of CS for human consumption.*
  - *"Initial prescription" - originated for a new patient of a practitioner, or a prescription written to begin a new course of treatment for a practitioner's existing patient.*
  - *The term does not include a prescription written to continue a patient's on-going course of treatment as the patient transfers from one practitioner to another.*

AB474 – Practitioner Requirements

Prior to prescribing the practitioner must consider:

- If there is reason to believe the patient may be diverting;
- If the controlled substance has the expected effect on the symptoms;
- If using other drugs - alcohol or other CS prescribed by other practitioners;
- Number of early refill attempts;
- Number of times CS was “lost” or “stolen”;
- Review of the Prescription Monitoring Program;
- Results from previous drug screens;
- Change in health status affecting appropriateness of CS; and
- Signs and symptoms of addiction.

AB474 – On Initial Prescriptions for Pain

Before issuing an initial prescription for CS listed in schedule II, III, or IV, a practitioner must:

- Have a bona fide relationship with patient;
- Perform evaluation & risk assessment;
- Establish preliminary diagnosis & specific treatment plan related to cause of pain;
- Document in medical record why a CS versus non-controlled substance alternative treatment;
- Obtain informed written consent; and
- Not issue more than one additional prescription that increases the dose of CS unless meeting with patient in person or via telehealth to reevaluate the treatment plan.

AB474 – Evaluation and Risk Assessment

Requirements:

- Obtain and review medical history of patient;
- Conduct physical examination;
- Good faith effort to obtain & review records from other providers & document; and
- Assess mental health & risk of abuse, dependency, & addiction using evidence-based practice standards.

AB474 – Informed Consent

- Risks and benefits of medication
- Proper use
- Alternative methods of treatment
- Risks of dependency, abuse, and addiction
- Methods for storing and disposal
- Refills
- Potential risk to a fetus of chronic exposure to controlled substances
- Availability of opioid antagonist
- Risks that minors will abuse/misuse/divert the controlled substance

AB474 – Prescribing after 30 Days:

The practitioner and patient must enter into a prescription medication agreement:

- Documented at each visit;
- Updated at least once every 365 days while the patient is using the controlled substance or whenever a change is made to the treatment plan;
- Include treatment goals;
- Consent to drug testing to monitor use;
- Take medication only as prescribed;
- No sharing medication;
- Inform practitioner if receiving another CS prescription, use of alcohol/marijuana while using the CS, received treatment for side effects, and each state where has received CS prescriptions; and
- Authorization to conduct random CS pill counts in possession.

AB474 – Prescribing after 90 Days:

Patient who has used the CS for 90 consecutive days or more:

- Provider must:
  - *Complete assessment of patient's risk for abuse, dependency or addiction through evidence based practice;*
  - *Determine evidence-based diagnosis for pain;*
  - *Meet with the patient to review treatment plan established;*
  - *Determine whether continued use of controlled substance is medically appropriate;*
  - *Obtain and review the PMP; and*
  - *If CS is 90 morphine milligram equivalents daily or exceeds, consider referral to pain specialist*

AB474 – Prescribing after 365 Days:

Patient who has used the CS for 365 consecutive days:

- Provider should not:
  - *Prescribe a CS to a patient who has already received 365 days' worth of that CS for a particular diagnosis in any given 365 day rolling period.*
  - *Prescribe more doses of a CS than the patient needs if he or she adheres to the practitioner's dosing instructions for the treatment period.*

Calculating Morphine Milligram Equivalents (MME)

50 MME/Day

- 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
- 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15 mg)
- 12 mg of methadone (<3 tablets of methadone 5 mg)

90 MME/Day

- 90 mg of hydrocodone (9 tablets of hydrocodone/acetaminophen 10/325)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- ~20 mg of methadone (4 tablets of methadone 5 mg)

WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

Patients prescribed higher opioid dosages are at higher risk of overdose death!

USE EXTRA CAUTION: Methadone~ the conversion factor increases at higher doses; Fentanyl ~ dosed in mcg/hr instead of mg/day, with absorption affected by heat and other factors.

CDC dosing calculator information available at:
https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

(U.S. Department of Health & Human services, Centers for Disease Control and Prevention, n.d.).

AB474 – Practitioner Requirements

Prior to prescribing the practitioner must consider:

- Amended - 441A.150 1. A provider of health care who knows of, or provides services to, a person who has or is suspected of having a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board. If no provider of health care is providing services, each person having knowledge that another person has a communicable disease shall report that fact to the health authority in the manner prescribed by the regulations of the Board.
- 2. *"...A provider of health care who knows of, or provides services to, a person* ***who has suffered or is suspected of having suffered a drug overdose shall report that fact to the Chief Medical Officer*** *or his or her designee in the manner prescribed by the regulations of the Board..."*

Senate Bill 59
Prescription Monitoring Program

- **Title**: Checking Prescription Monitoring Program (PMP) for Schedule **V**, Controlled Substances (CS) (NRS 453.163)
- **Changes to current statue**:
  - *Requiring a practitioner to check the PMP prior to initiating a prescription for an opioid that is a controlled substance listed in schedule* **V.**
  - *Dispensing privileges - each person registered pursuant to this chapter to dispense a controlled substance listed in schedule II, III, IV or* **V** *shall, not later than the end of the next business day after dispensing a controlled substance, upload to the database of the program established pursuant to NRS 453.162 the information described in paragraph (d) of subsection 1 of NRS 453.162.*
- **Implications for APRN practice**: Existing law required APRNs to check the PMP before initiating a prescription for a controlled substance listed in schedule II, III or IV. Now inclusive of schedule V.
- **Effective date**: July 1, 2017

Narcan

- Indications
  - Naloxone injection is used to treat an opioid emergency such as an overdose or a possible overdose of a narcotic medicine.
- Available as an autoinjector and can only be used one time.
- 2 dosage strengths: 0.4 milligram (mg)/0.4 milliliter (mL) autoinjector or 2 mg/0.4mL autoinjector.
- It also contains printed instructions on the device label and a speaker that provides electronic instructions which guides the user through each step of the injection (Mayo Clinic, 2017).

Miscellaneous - Prescribing Certain Medications

- Suboxone (Buprenorphine) – APRNs need the required training and DATA-waiver status.
  - Various training resources available, (e.g., *American Association of Nurse Practitioners* 24-hour CE course, free for members).
- DATA-waiver practitioner status necessary in order to prescribe Suboxone – see SAMHSA (Substance Abuse and Mental Health Services Administration website @ https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers
- Accutane – need to be participating in the iPledge program prior to prescribing (iPledge, 2005), see website @ https://www.ipledgeprogram.com/Default.aspx

BREAK TIME
WE WILL START PROMPTLY
IN
10 MINUTES

Senate Bill 50
Psychiatric Advanced Directive

- **Title**: Advanced Directive for Psychiatric Care (NRS 449.900-449.965; 129.080-129.140)
- **Changes to current statute**: "…establishing a procedure for a person to execute an advance directive for psychiatric care to direct a physician or other **provider of health care** in the event that the person is incapable of making or communicating decisions regarding psychiatric care.."
  - ***NRS 449.581 "Provider of health care" defined.*** *Person who is licensed, certified or otherwise authorized by the law of this state to administer health care in the ordinary course of business or practice of a profession.*

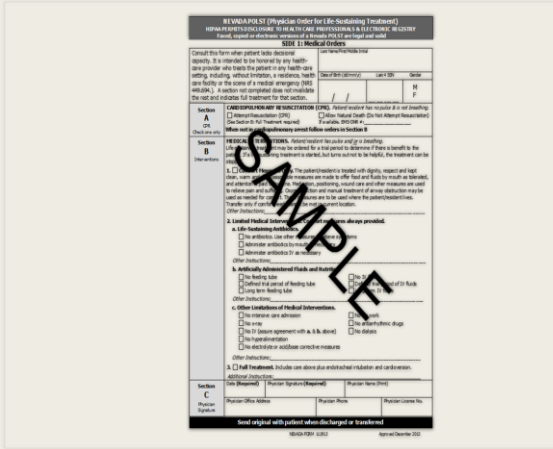
  - **Implications for APRN practice**: APRN directed to provide patient information allowing one to decide if they wish to execute a psychiatric advanced directive.
  - **Requirements for APRN licensure:** N/A
  - **Effective date:** May 26, 2017

Assembly Bill 105
Suicide Prevention

- **Title**: Suicide Prevention (NRS 630.253)
- **Changes to current statute**: Revises continuing education requirements relating to suicide prevention and awareness.
- **Implication for practice**: "…advanced practice registered nurse to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidenced-based suicide prevention and awareness or another course of instruction on suicide prevention and awareness that is approved by the Board…"
- **Requirements for APRN licensure:** At least 2 hours of instruction on suicide prevention and awareness
- **Effective date**: July 1, 2017

Assembly Bill 199
POLST

- **Title:** POLST legislation (NRS 449.6942)
- **Changes to current statute:** Authorizes and revises provisions governing the execution and revocation of a Provider Order for Life-Sustaining Treatment form to include APRNs.
- **Implications for APRN Practice:**
  - *Proper completion of the POLST forms*
  - *POLST form based on the preferences and medical indications of the patient*
    - Patient is 18 years of age or older; and
    - The APRN determines that the patient has the capacity to make the POLST decision
- **Requirements for APRN Licensure:** N/A
- **Effective date:** July 1, 2017



Senate Bill 227
Signature Authority

- **Title:** Signature Authority
- **Changes to current statute(s):** Multiple changes to be reviewed
- **Implications for APRN Practice:** Authorizes an advanced practice registered nurse (APRN)
  - *To provide his or her own signature, certification, stamp, verification or endorsement* ***if he or she is qualified to do so*** *in lieu of physician; and*
  - *Requires NSBN to adopt regulations specifically providing for when an APRN is qualified to provide his or her signature, certification, stamp, verification or endorsement in the place of a physician's signature, certification, stamp, verification or endorsement.*
- **Requirements for APRN licensure:** APRN must be qualified to sign, certify, stamp, verify or endorse the document by proof of scope of practice, knowledge, skills, training and licensure.
- **Effective date:** January 1, 2018

Senate Bill 227
Signature Authority

Sections 1 and 14-22

Involuntary Court Order, transfer or early release of a person with mental illness (NRS 433A.170, 433A.200):

- Those who are authorized to evaluate a person alleged to have a mental illness & certify stating that the person has a mental illness to include **an advanced practice registered nurse who has obtained certain psychiatric training and experience**; and
- **Authorize an advanced practice registered nurse to conduct such an evaluation for an involuntary court-ordered admission, transfer or early release of a person with mental illness**.

Section 17

- **P**rovides the judge presiding over a proceeding for such an emergency admission with complete discretion in choosing the health care professionals to conduct such an examination.

Senate Bill 227
Signature Authority

Section 4

- Jury duty (NRS 6.030) excuse a person from jury duty service.

Section 5

- Competency of a defendant (NRS 178.415) authorizes court to appoint an APRN **who has obtained the psychiatric training and experience prescribed by the State Board** to examine competency of defendant accused of misdemeanor

Senate Bill 227
Signature Authority

Section 8, 9, and 11

- Childhood immunizations & school enrollment (NRS 392.435, 394.192, 432A.230, 432A.235)
  - Immunization requirement for public/private school or child admitted to child care/accommodation facility, enrollment without certifying that the child has been immunized for certain diseases.
  - Immunization exemptions related to medical conditions require written statement of fact signed by licensed physician. (NRS 392.439, 394.194, 432A.250)
  - ***This bill will now authorize an advanced practice registered nurse to sign such a written statements.***

Section 7

- Child to self-administer medications at school (NRS 392.425), **APRN to provide a signed statement that a pupil has asthma, anaphylaxis or diabetes and is capable of self-administration of his or her medication.**

Senate Bill 227
Signature Authority

Sections 3 and 23-33

- Authorizes APRN to:
  - Sign a medical certificate of death or certificate of stillbirth; and
  - Authorize a registered nurse to make a pronouncement of death.

Sections 35, 36 and 39-51

- Authorize APRN to:
  - Diagnose a person as being in a terminal condition
  - No longer able to make decisions regarding life-sustaining treatment for the purpose of determining whether a declaration or written consent to the withholding or withdrawal of life-sustaining treatment is operative; and
  - Withhold or withdraw life-sustaining treatment in accordance with such a declaration or written consent.

Senate Bill 227
Signature Authority

Sections 37, 38 and 52-63

- POLST (NRS 450B.510-450B.525) authorize an APRN to make determinations & execute a POLST form patient.

Sections 68-84

- Authorize APRN to:
  - *Determine whether a patient is in a terminal condition for his or her application for a do-not-resuscitate identification from the health authority; and*
  - *Issue a "Do-Not Resuscitate" order.*
- APRN to initiate and complete POLST forms as per AB 199

Senate Bill 227
Signature Authority

Sections 6, 10, 12, 13, 64 and 65

- Mechanical or chemical restraints (NRS 449.779, 449.780) - authorizes APRN:
  - To sign an order authorizing the use of a mechanical or chemical restraint on a person with a disability for such permissible uses or for use in an emergency.

Section 86

- Concussion policy and prevention – Head injuries occurring in competitive sports participation.
- (NRS 455A.200) expands the definition of "provider of health care" to include an advanced practice registered nurse who may clear a youth affected with a brain injury/concussion policy.
- Concussion policy requires:
  - *Youth sustaining/suspected of sustaining injury to the head while participating in such an activity or event*
    - (1) be immediately removed from the activity or event; and
    - (2) may not return to the activity or event unless the parent/legal guardian provides written statement from a "provider of health care" indicating medical clearance to participate and the date on which the clearance obtained and youth may return to the activity/event.

Senate Bill 227
Signature Authority

Sections 87-90

- DMV placards - APRN can make the determination for disability and provide certification for purposes of obtaining a special license plate, a special or temporary parking placard or a special or temporary parking sticker from the Department of Motor Vehicles.

Sections 127 and 128

- (NRS 706.495, 706.8842) APRNs can authorize taxi cab medical health certificates to a prospective driver found to meet the health requirements.

RECAP – If Qualified, APRNs can now Sign, Stamp, Authorize, Certify, Verify or Endorse:

NRS	Forms Associated
392.439; 394.194; 432A.250	Immunization of pupils: Exemption if prevented by medical condition - Immunization Exempt Forms
392.425	Authorization for pupil to self administer medication for asthma, anaphylaxis or diabetes… - Children Self-Administer Meds
433A.170; 433A.200	Certificate of certain providers of health care … - Certifying Mental Illness
440.340; 440.380	Registration of stillborn children; Medical certificate of death - Certify Death
450B.510; 450B.525	Written do-not-resuscitate orders… - POLST form/DNR
455A.200	Certain organizations to adopt policy concerning prevention and treatment of head injuries which occur during competitive sports… - Post-concussion form
482.3833	Person with disability… - DMV handicap placards
6.030	Grounds for excusing jurors - Disability Certificate
706.495	Medical examiner's certificate… - Taxi cab forms

Assembly Bill 422
Use of Marijuana

- **Title:** Use of Marijuana (NRS 453A)
- **Changes to current statute:** Need a registry ID card or letter of approval to use marijuana (NRS 453A.200, 453A.205).
- **Implications for APRN practice:** *(NRS 453A.210)*
  - Applicant's **attending provider of health care** to maintain written documentation;
  - Sign the application to affirm that requirements of written documentation are met;
  - Written documentation may be valid for either 1 or 2 years;
  - registry identification card/letter of approval based on such written documentation is valid for the same period of time;
  - Those **using it need a registry ID card or letter of approval (NRS 453A.200, 453A.205);**

Assembly Bill 422
Use of Marijuana

- **Implications for APRN practice (continued):** *"…The Division shall issue a registry identification card to a person who is a resident of this State and who submits an application on a form prescribed by the Division accompanied by the following: (a) …A signature from the person's* ***attending provider of health care*** *…"*
  - "Attending provider of health care" – (defined at NRS 453A.030, NAC 453A.020 & NRS 629.031) Except as otherwise provided by a specific statute:
    - "Attending provider of health care" means a licensed nurse

- **Requirements for APRN licensure:** N/A
- **Effective Date:** July 1, 2017

(Picture by Oren neu dag - Own work, CC BY-SA 3.0, https://commons.wikimedia.org/w/index.php?curid=4085127)

References

- iPledge (2005). iPledge program. Retrieved online https://www.ipledgeprogram.com/Default.aspx
- Mayo Clinic (2017). Naloxone (Injection Route). Retrieved from http://www.mayoclinic.org/drugs-supplements/naloxone-injection-route/proper-use/drg-20095285
- Nevada Revised Statues (2017). Nevada NELIS. Retrieved online https://www.leg.state.nv.us/App/NELIS/REL/79th2017
- Reno Police Department, Nevada State Board of Pharmacy and University of Nevada, Reno, (2017). Harold Rogers Prescription Drug Monitoring Program (PDMP) Practitioner and Research Partnership Grant Interim findings, June 2017.
- Substance Abuse and Mental Health Services Administration (2017). Qualify for nurse practitioners (NPs) and Physician assistants (Pas) waiver. Retrieved online https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, n.d. Calculating total daily dose of opioids for safer dosage. Retrieved from https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
- United States Department of Justice, Drug Enforcement Administration, Office of Diversion Control (2010). *Pharmacist's manual: An informational outline of the controlled substances act.* Retrieved from https://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.pdf#search=Controlled%20Substances%20Act
- Ward, S. and Barthe, E. (2017). Harold Rogers Prescription Drug Monitoring Program (PDMP) Practitioner and Research Partnership Grant Awarded to: Reno Police Department, in partnership with the University of Nevada Reno and Nevada State Board of Pharmacy Interim Findings - June 2017. *Nevada Board of Pharmacy, Reno Police Department and University of Nevada Reno Project Partners, Grant No. 2015-PM-BX-K005, awarded by the Bureau of Justice Assistance.*

Resources

- Grant information: Department of Health and Human Services, (2017). State Targeted Response to the Opioid Crisis: Opioid STR Grant and Medication Assisted Treatment presentation. Retrieved from file:///C:/Users/Lasvegasoffice/Downloads/MCAC_07_18_17_Opioid_STR%20(5).PDF
- Suicide Prevention: 2 CME credits are now available online which meet the requirement of AB105 Go to: http://med.unr.edu/cme/cmewebinarlibrary
- Suicide Prevention Resource Center – current list of self-paced online courses available at http://training.sprc.org/

QUESTIONS?

Contact Information

- Cathy Dinauer – cdinauer@nsbn.state.nv.us
- Fred Olmstead – folmstead@nsbn.state.nv.us
- Kimberly Arguello – karguello@nsbn.state.nv.us
- Sheryl Giordano – sgiordano@nsbn.state.nv.us

Thank you!