

It Is Time For Nevada Employers To Re-Examine Drug Testing - Maximize Benefits & Minimize Liability -

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Many things have changed in our culture over the last 20 years that impact labor and employment law – more than many of us care to admit. One of these changes is in drug use. When Kamer Zucker Abbott advocated drug testing for all applicants 20 years ago, we were seeking a non-discriminatory mechanism for screening new hires. The goal was to avoid the applicants who were using cocaine or heroin so as to protect workplaces from a criminal element and all that such a hire could entail. In implementing drug testing for applicants and employees, we sought to increase safety and decrease loss and liability. Now, however, drug testing is too often revealing an applicant's or employee's medical conditions by showing which prescription drugs he is taking. This is information that can create liability for an employer under several labor and employment laws, including the Americans With Disabilities Act.

In addition, Nevada has legalized medical marijuana and requires most employers to accommodate an employee's use of medical marijuana. With these new laws and prescription drug use (and abuse) seeming to dominate the landscape of drug testing today, it is time to take a hard look at drug testing for applicants and employees and determine whether and when it still makes sense for your business.

Let's look at where we were, what has changed, and where to go now. Our goal is to get you thinking about this issue – to start the dialogue. We are not advocating a cessation of all drug testing. Instead, we want employers to realize that drug testing can *create* liability – now more than ever. Because of this, it is wise to assess your company's substance abuse policy to determine what kind of testing you truly need to keep your employees, customers, and business safe and sound.

The Past

Drug testing dramatically increased among employers in the mid-1980s in response to the “war on drugs.” After a 1986 Executive Order mandated that all federal agencies be drug-free, Congress passed the Drug-Free Workplace Act in 1988. This act requires federal grantees and recipients of federal contracts of \$100,000 or more to maintain a drug-free workplace. Then, in 1991, the Omnibus Transportation Employee Testing Act was passed. This law requires that certain employees in safety-sensitive transportation industries (the aviation, trucking, railroad, mass transit, merchant mariner, and pipeline industries) be tested for alcohol and drug use.

As testing methods improved, the belief that drug testing was financially beneficial to employers produced a huge increase in drug testing in many other industries and for all types of employees. Employers sought increased productivity and reductions

in absenteeism, medical benefit costs, accidents and workers' compensation claims, and turnover. Locally, the Nevada Test Site's requirement that all workers be drug tested was a major impetus to the adoption of drug testing for many employers. For example, contractors were concerned that the applicants who could not pass the drug test administered by a test site contractor would instead seek work with local companies who did not drug test. This concern then spilled over into Las Vegas' hotels and casinos.

Nevada law has historically protected an employee's ability to use lawful products such as cigarettes and alcohol. Nevada Revised Statutes 613.333 makes it unlawful for an employer to fail or refuse to hire an applicant or discharge or otherwise discriminate against any employee because of their lawful use of any product outside the premises of the employer during nonworking hours provided that the use does not adversely affect the employee's ability to perform his job or the safety of others.

When it comes to the current use of illegal drugs, however, labor and employment laws are not protective. The Americans with Disabilities Act ("ADA") does not protect current drug users from discrimination.² Moreover, the ADA specifically permits an employer to prohibit the illegal use of drugs and alcohol at the workplace and to prohibit employees from being under the influence of alcohol or engaging in the illegal use of drugs at the workplace.³ Further, while employers are restricted as to when they can require an employee/applicant medical examination, the ADA provides that "a test to determine the illegal use of drugs shall not be considered a medical examination."⁴

Federal and state administrative agencies, such as the Occupational Safety and Health Administration and its Nevada counterpart, also support drug testing. While the federal and state occupational safety and health laws do not have a defined safety standard related to employee drug and alcohol use, there is a "general duty clause" that requires an employer to provide a workplace free from recognized safety and health hazards.⁵

Against this backdrop, we labor and employment lawyers drafted broad substance abuse policies for our employer clients to use. The most aggressive of these policies (such as the one KZA uses) prohibited employees, while on working time or while on company property or in company vehicles, from having present in their bodies, during working hours, detectable levels of controlled substances, illegal drugs, other intoxicants, alcohol and/or their metabolites. Our policies also prohibited employees from unlawfully manufacturing, distributing, dispensing, possessing, or using alcohol or controlled substances or misusing or abusing prescribed or over-the-counter drugs and violating any federal or state law relating to drugs or alcohol. We required pre-employment hair testing to determine whether an applicant had ingested illicit drugs within the 90-day period prior to his application. We also required random testing and probable cause testing (which includes reasonable suspicion and post-accident testing) – generally accomplished through urinalysis. In

the absence of an acceptable explanation, a positive result to a drug or alcohol test resulted in termination and/or a refusal to hire.

This type of substance abuse policy and the efforts of Nevada employers to test employees and applicants received approval in 1996 when the Nevada Supreme Court found that “employers have compelling reasons, both economic and social, to test their employees for drugs.” Nevada Employment Security Department v. Holmes, 112 Nev. 275 (1996). In this case, where KZA represented the Hotel San Remo, the Court approved radioimmunoassay hair analysis (“RIA”) coupled with a confirmatory gas chromatography/mass spectrometry (“GC/MS”) test as “an accepted and reliable scientific methodology for detecting illicit drug use.” It then determined that a former slot hostess’ ingestion of cocaine in violation of her employer’s substance abuse policy constituted misconduct rendering her ineligible for unemployment benefits.

Rulings by courts and arbitrators both before and after Holmes generally supported the policy behind drug testing, especially for safety-sensitive or cash handling positions, and often upheld discipline and termination decisions. That is not to say that legal challenges to testing always failed. Arbitrators have reinstated employees when employers have misapplied their policies, when employees have undergone rehabilitation or sought the employer’s assistance with a drug problem before testing, and when an arbitrator believed termination was too severe a penalty.⁶ Juries have likewise ruled against employers on a variety of drug testing issues, including invasion of privacy, false positive results, misapplication of a substance abuse policy, and termination for refusal to take a drug test.⁷

The Present

Drug testing is currently a prevalent practice among Nevada employers. Is it working? Is it providing the benefits we hoped for? Unfortunately, apart from studies performed by drug testing companies, there is not much data to rely upon.

The National Institute on Drug Abuse represents that drug-testing programs have improved employee morale and productivity, decreased absenteeism, accidents, downtime, turnover, and theft, decreased use of medical benefits, and qualified employers for incentives, such as decreased costs for workers’ compensation and other kinds of insurance.⁸ A 2011 pilot study reported that 19% of the employers surveyed experienced an increase in employee productivity after implementing a drug-testing program.⁹ This study also found that employers with high absenteeism rates and high workers’ compensation incidence rates reported a decrease in those statistics after implementing a drug-testing policy. Finally, employers surveyed reported a 16% decrease in employee turnover.

There is also some support for the idea that drug testing deters drug use by employees. Several studies from the 1990s found a significant negative relationship between workplace testing and drug use.¹⁰ Moreover, a 2007 study by the Health

Services Research using data from 2000 and 2001 concluded that “[i]ndividuals whose employers perform drug tests are significantly less likely to report past month marijuana use, even after controlling for a wide array of worker and job characteristics.”¹¹ This study also reported that “[f]requent testing and severe penalties reduce the likelihood that workers use marijuana.”

Nearly all studies conclude that more research is needed. What have your experiences been? What are you spending on drug testing? What benefits do you see from it? Because drug testing today is messy it is a good time to take a hard look at these questions and determine whether, where and under what circumstances testing is working for your company. Some states, like Nevada, have enacted laws to legalize medical marijuana, while the federal government still classifies it as illegal. Lawmakers crafting medical marijuana laws are in uncharted waters; as such, the statutes being adopted by many states, including Nevada, are still being refined, making everyone uncertain. The legalization of medical marijuana, combined with Nevada’s lawful use statute, increases the importance of determining whether an employee is under the influence, but drug-testing technology cannot conclusively prove impairment. And employers are facing increased liability under the Americans with Disabilities Act for decisions made because of a drug test. Let’s look at each of these present challenges.

Nevada’s Legalization of Marijuana

In 2000, Nevada voters approved a ballot initiative adding the right to access medical marijuana to the Nevada Constitution. Thus, Article 4, Section 38 of the Nevada Constitution now provides the following:

Use of plant of genus Cannabis for medical purposes.

1. The legislature shall provide by law for:

(a) The use by a patient, upon the advice of his physician, of a plant of the genus Cannabis for the treatment or alleviation of cancer, glaucoma, acquired immunodeficiency syndrome; severe, persistent nausea of cachexia resulting from these or other chronic or debilitating medical conditions; epilepsy and other disorders characterized by seizure; multiple sclerosis and other disorders characterized by muscular spasticity; or other conditions approved pursuant to law for such treatment.

(b) Restriction of the medical use of the plant by a minor to require diagnosis and written authorization by a physician, parental consent, and parental control of the acquisition and use of the plant.

(c) Protection of the plant and property related to its use from forfeiture except upon conviction or plea of guilty or nolo contendere for possession or use not authorized by or pursuant to this section.

(d) A registry of patients, and their attendants, who are authorized to use the plant for a medical purpose, to which law enforcement officers may resort to verify a claim of authorization and which is otherwise confidential.

(e) Authorization of appropriate methods for supply of the plant to patients authorized to use it.

2. This section does not:

(a) Authorize the use or possession of the plant for a purpose other than medical or use for a medical purpose in public.

(b) Require reimbursement by an insurer for medical use of the plant or accommodation of medical use in a place of employment.¹²

The 2001 Nevada Legislature implemented this Constitutional Amendment by enacting NRS Chapter 453A - "Medical Use of Marijuana." This chapter provides certain exemptions from prosecution for a person who holds a valid registry identification card allowing them to use medical marijuana.¹³ It sets forth who can obtain a registry identification card, the process for applying for such a card, and how such a card can be revoked; it further imposes certain requirements upon a holder of a registry identification card.¹⁴

Originally, one portion of this new law (NRS 453A.800) expressly provided that an employer was *not* required to accommodate the medical use of marijuana in the workplace. This was consistent with the constitutional amendment.¹⁵ In 2013, however, the statute was amended to provide that while an employer does not have to permit an employee to use marijuana in the workplace, it is now required to accommodate an employee's need for medical marijuana. The amended statute provides as follows:

The provisions of this chapter [Chapter 453A - Medical Use of Marijuana] do not:

1. Require an insurer, organization for managed care or any person or entity who provides coverage for a medical or health care service to pay for or reimburse a person for costs associated with the medical use of marijuana.

2. Require any employer to allow the medical use of marijuana in the workplace.

3. Require an employer to modify the job or working conditions of a person who engages in the medical use of marijuana that are based upon the reasonable business purposes of the employer but the employer must attempt to make reasonable accommodations for the medical needs of an employee who engages in the medical use of marijuana if the employee holds a valid registry identification card, provided that such reasonable accommodation would not:

(a) Pose a threat of harm or danger to persons or property or impose an undue hardship on the employer; or

(b) Prohibit the employee from fulfilling any and all of his or her job responsibilities.¹⁶

This amendment is wrought with problems. The revised statute does not define the term “employee” so employers cannot be sure whether it applies to only current employees or whether it also applies to applicants. There is no enforcement mechanism for the statute, leaving an employer unable to predict liability and an employee without a way to challenge an employer’s failure to meet the statute’s requirements. In requiring an employer to accommodate the need for medical marijuana, the statute ventured well beyond any mandate imposed by Article 4, Section 38 of the Nevada Constitution, which means it is subject to serious challenges by employers. And, the statute provides two different accommodation standards by stating that an employer does not need to modify those “job or working conditions” that are “based upon the reasonable business purposes of the employer,” and then stating that an accommodation is not reasonable if it would prohibit an employee from fulfilling any and all job responsibilities.

Eventually either the Legislature and/or the courts will work out these problems. In the meantime, however, employers are left to make decisions about their substance abuse policies. So far, Nevada’s administrative agencies, such as the Nevada Occupational Safety and Health Administration and the Gaming Control Board, have not taken a position on employees’ use of medical marijuana as it pertains to an employer’s workplace safety or gaming obligations.

At a minimum, if they have not already done so, employers must revise their substance abuse policies to address the legalization of medical marijuana. Prohibiting “controlled substances” from being present in an employee’s system is now problematic under state law. Moreover, employers may now want to address medical marijuana head on in their substance abuse policies.

Current Drug Testing Technology

The second issue to consider is that most drug testing does not determine impairment. Instead it determines a specific amount of a drug or its metabolite in

the sample provided. This is especially problematic for lawful substances such as medical marijuana, alcohol or prescription drugs – where a Nevada employer cannot take adverse action without evidence of actual impairment.¹⁷

The window of time in which marijuana use will produce a positive test result can vary depending on the type of test used, the drug dose and its route of entry, the individual's duration and frequency of use, their metabolism rate, the test sensitivity, and the test specificity. For example, users that smoke cannabis products can start feeling the effects within minutes, reaching the full effect within ten to thirty minutes. In contrast, users who orally ingest cannabinoids may not feel its full effect until up to ninety minutes after ingestion.

Additional issues arise depending on the type of test administered. A urine test can only show prior THC exposure, well past the window of intoxication and impairment because the triggering marijuana metabolite can take up to four hours post-use to appear in a high enough concentration to produce a positive test result. While a positive urinalysis test generally indicates the marijuana was used within the past one to three days, “heavy, chronic, use” could extend that timeframe to more than one month before. With regard to blood tests, the National Highway Traffic Safety Administration (NHTSA) has stated that:

[i]t is difficult to establish a relationship between a person's THC blood or plasma concentration and performance impairing effects. Concentrations of parent drug and metabolite are very dependent on pattern of use as well as dose. . . . It is possible for a person to be affected by marijuana use with concentrations of THC in their blood below the limit of the detection method.¹⁸

While hair testing can show use of marijuana or other drugs within the last 90 days, it will certainly not show current impairment and cannot be used to detect alcohol. The federal government is proposing to add saliva or oral fluids to its testing procedures.¹⁹ Oral fluids are easy to collect with a swab of the inner cheek, are harder to adulterate or substitute, allow collection to occur more quickly than a urinalysis, and may be better at detecting specific substances, including marijuana.²⁰ According to the government, because “[d]rugs do not remain in oral fluids as long as they do in urine, this method shows promise in determining current use and impairment.”²¹

Finally, there is also little consensus in the scientific community as to what limit should be used to identify marijuana impairment. For example, some experts will testify that any amount of “active” marijuana will result in impairment while other experts argue that impairment does not begin until an individual tests at 5-7 ng/100 ml of blood.²²

All of this means that it is time to take a hard look at how you are testing to determine the most efficient way of obtaining the information you need to make

employment decisions. It is also now extremely important to train your supervisors and managers how to detect impairment. Without credible documentation of valid signs of impairment, employers will likely be unable to take adverse action against an employee or applicant who tests positive for a lawful substance.

Americans With Disabilities Act

The ADA does not protect illegal drug users and still authorizes an employer to test for illegal drugs. Indeed, in 2012, the Ninth Circuit Court of Appeals, which has jurisdiction over Nevada federal cases, ruled that because the use of medical marijuana remains illegal under federal law, the ADA does not protect against discrimination on the basis of medical marijuana use, even if that use was lawful under state law.²³

However, the reality is that in Nevada medical marijuana is legal as are the prescription drugs your employees and applicants are using. So the first question under the ADA is whether you are, and want to be, using a drug test that screens for prescription drugs. Remember that in most cases, the reason an employee is using medical marijuana or a prescription drug is because they have a medical or psychological condition that constitutes a disability under the ADA and Nevada law. As such, an employer that simply applies its drug-testing policy to discharge or refuse to hire an individual because of a positive test result could still face liability based upon an argument that the employer really made its decision because of the underlying medical or psychological condition. For example, an applicant using medical marijuana could argue that the employer's decision not to hire him was because he was being treated for cancer and the employer did not want to shoulder higher insurance costs and permit time off of work for treatments.

An employer cannot ask an employee what types of prescription drugs he is using. This would constitute a disability-related inquiry prohibited by the ADA. In limited circumstances, however, certain employers may be able to demonstrate that such an inquiry is job related and consistent with business necessity. For example, a police department could require armed officers to report when they are taking medications that may affect their ability to use a firearm or to perform other essential job functions. Similarly, an airline could require its pilots to report when they are taking any medications that may impair their ability to fly.²⁴

Yet many employers are testing for more than the standard five illicit drugs required by the federal government: amphetamines (meth, speed, crank, ecstasy); THC (cannabinoids, marijuana, hash); cocaine (coke, crack); opiates (heroin, opium, codeine, morphine); and phencyclidine (PCP, angel dust). Your company may be using a "typical 8-Panel Test" which will also test for: barbiturates (phenobarbital, butalbital, secobarbital, downers); benzodiazepines (tranquilizers like Valium, Librium, Xanax); and methaqualone (Quaaludes). Or you may be using a "typical 10-Panel Test" which will also test for: methadone (often used to treat heroin addiction) and propoxyphene (Darvon compounds). Testing can also be done for:

hallucinogens (LSD, mushrooms, mescaline, peyote); inhalants (paint, glue, hairspray); anabolic steroids (synthesized, muscle-building hormones); hydrocodone (prescription medication known as Lortab, Vicodin, Oxycodone); and MDMA (commonly known as Ecstasy).²⁵

While a significant presence of prescription drugs, such as Oxycodone, in an employee's system combined with objective evidence of impairment may certainly be relevant and important to an employer, we urge employers to consider how often a routine drug test is evidencing an employee's or applicant's medical or psychological condition(s) – information you do not want to obtain. The reality is many of your applicants and employees are using prescription drugs for medical or psychological conditions that are considered disabilities under the ADA. As such, your drug test results are likely creating liability by providing you with knowledge of a disability you can be charged with discriminating against.

Indeed, the Equal Employment Opportunity Commission has found discriminatory employers' adverse actions against users of prescription drugs, including methadone (which is often used as part of a drug addiction treatment program). The commission is finding the underlying reason for the prescription medication to be a protected disability. Accordingly, the employer's adverse action in response to a positive drug test has been attributed to either a desire to discriminate against that disability or a failure to accommodate the disability.²⁶ Moreover, the EEOC is presently focusing its investigative resources on hiring practices for their unlawful effect on protected classes, such as individuals with disabilities.²⁷ As such, it has challenged the application of drug-testing policies when they have been applied in a manner to exclude an applicant on the basis of his disability, such as requiring only urinalysis for drug testing despite the applicant's inability to meet this requirement.²⁸

Where To Go Now

Before we look at the options available to Nevada employers, let's take a quick look at the statistics on drug use and abuse. The 2012 National Survey on Drug Use and Health: Summary of National Findings by the Substance Abuse and Mental Health Services Administration ("SAMHSA")²⁹ provides the following data:

- In 2012, an estimated 23.9 million Americans aged 12 or older (9.2% of the population) were current illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This is an increase from 8.1% in 2008.
- Marijuana was the most commonly used illicit drug. In 2012, there were 18.9 million current users. Between 2007 and 2012, the rate of current use increased from 5.8 to 7.3%, and the number of users increased from 14.5 million to 18.9 million.

- Daily or almost daily use of marijuana (used on 20 or more days in the past month) increased from 5.1 million people in 2007 to 7.6 million people in 2012.
- In 2012, an estimated 22.2 million people aged 12 or older (8.5 percent of the population) were classified with substance dependence or abuse in the past year based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). Of these, 2.8 million were classified with dependence or abuse of both alcohol and illicit drugs, 4.5 million had dependence or abuse of illicit drugs but not alcohol, and 14.9 million had dependence or abuse of alcohol but not illicit drugs.
- The specific illicit drugs with the largest numbers of people with past year dependence or abuse in 2012 were marijuana (4.3 million people), pain relievers (2.1 million people), and cocaine (1.1 million people). The number of people with marijuana dependence or abuse did not change between 2002 and 2012. Between 2004 and 2012, the number with pain reliever dependence or abuse increased from 1.4 million to 2.1 million, and between 2006 and 2012, the number with cocaine dependence or abuse declined from 1.7 million to 1.1 million. Conversely, the number of people with heroin dependence or abuse in 2012 (467,000) was approximately twice the number in 2002 (214,000).
- 67.9% of all adult illegal drug users are employed full or part time, as are most binge and heavy alcohol users.

Clearly, drug and alcohol use and abuse is still an issue of significant concern in our country and testing remains a necessary component of a Nevada employer's policies and practices. What has changed is the way applicants and employees are using drugs, the drugs being used, and some of the laws impacting such use.

In the past, employers had more leeway in prohibiting the use of illegal drugs. As such, many substance abuse policies prohibited employees from reporting to work with detectable levels of illegal drugs in their systems and provided that any positive test result for illegal drugs will result in a refusal to hire and/or termination. Now, however, Nevada employers must wrestle with legalized medical marijuana and prescription drugs. A zero tolerance approach to a positive test result is no longer the answer. Employers must instead be able to determine whether an employee is impaired at work and/or whether an applicant's positive drug test should result in a refusal to hire.

We urge employers to consider the following questions. What was your original goal in implementing testing? Why do you test pre-employment, post-accident, based upon probable cause, or randomly? If testing has been ongoing for some time, examine the rate of positive tests versus negative tests. What is the evidence that drug users or drug abusers have been eliminated from the workforce? Is there evidence that workers' compensation costs, or those related to employee accidents causing personal injury or property damage, have diminished since the

implementation of pre-employment or post-accident testing? Is there evidence of increased productivity or decreased absenteeism since the implementation of testing? What has been the cost to the employer of this testing, from out-of-pocket costs paid to testing laboratories to the effect upon employee morale? Have the benefits of employee drug testing to the company exceeded the costs, or vice versa?

In some workplaces, the full complement of testing must continue. If you are a federal contractor or employ individuals in safety-sensitive or cash-handling positions, you may not have much flexibility in terms of who and how you test. If this is the case, we urge you to use a medical review officer as the only recipient of test results who can maintain confidentiality and shield decision makers from information they do not need (such as which prescription drugs the applicant or employee is taking).

Other employers have the flexibility, however, to decide to alter their approach to substance abuse – a decision that may save money and reduce liability, while still protecting your workplace. In short, we recommend that you become less reliant on testing and more proficient at recognizing impairment. Specifically, we offer the following recommendations:

1. Revise your substance abuse policies to address medical marijuana and to create objective standards for drug and alcohol impairment.
2. Invest in training your supervisors and managers on how to recognize impairment and apply your objective standards.
3. Limit non-probable cause testing (pre-employment and random), to a panel that screens for the five illicit drugs discussed above.
4. For probable cause testing (post-accident and reasonable suspicion), continue to test for all substances. If an employee is bold enough to report for work under the influence of alcohol or a substance, he is putting others and himself at risk. Moreover, he likely has a problem you want to know about. Nevada recently amended its workers' compensation law to provide that an employee will not receive benefits for an injury that occurred while the employee is intoxicated or under the influence of a controlled or prohibited substance (unless the employee proves by clear and convincing evidence that his intoxication was not the cause of the injury).³⁰ Accordingly, it is still beneficial to test employees who are involved in accidents.
5. Work with your drug-testing vendor to determine which test gives you the best evidence of impairment and can be carried out as quickly as possible. Nevada law now provides that an employee is "intoxicated or under the influence of a controlled or prohibited substance" whenever the employee meets or exceeds the limits provided under the law addressing driving under the influence.

Conclusion

We hope that this article will get you thinking and start the conversation. We look forward to working with you to determine what type of testing works for your company and meets your specific needs.

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² 42 U.S.C.A. § 12114(a). An employee or applicant is protected by the ADA, however, if he: has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use; is participating in a supervised rehabilitation program and is no longer engaging in such use; or is erroneously regarded as engaging in such use, but is not engaging in such use. 42 U.S.C.A. § 12114(b).

³ 42 U.S.C.A. § 12114(c).

⁴ 42 U.S.C.A. § 12114(d)(1).

⁵ In relevant part, NRS 618.375 requires that every employer shall “[f]urnish employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his or her employees; [f]urnish and use such safety devices and safeguards, and adopt and use such practices, means, methods, operations and processes as are reasonably adequate to render such employment and places of employment safe and comply with all orders issued by the Division; . . . and [d]o every other thing reasonably necessary to protect the lives, safety and health of employees.”

⁶ See, e.g., Anne Arundel County, 1996 WL 34673164 (Wahl, April 12, 1996) (reinstating employee with exemplary work record who had committed to full and permanent rehabilitation); Houston Lighting & Power Co., 25 LAIS 3387 (Howell, July 16, 1997) (employer did not have probable cause to test the employee); Cincinnati Metropolitan Housing Auth., 25 LAIS 3108 (Sergent, Sept. 14, 1997)

(delay in ordering drug test weakened contention that grievant was impaired and discharge for refusing to take test was too severe of a penalty); Coca-Cola Bottling Co. of New York, Inc., 25 LAIS 3446 (Nadelbach, Jan. 3, 1998) (failure to inform the employee of his right to a re-test constituted a due process violation); Sierra Pacific Power Co., 2001 WL 36586197 (Silver, Mar. 29, 2001) (reinstating employee due to five-day delay in post-accident drug test); Interstate Brands Co., 32 LAIS 570 (Gregory, Aug. 8, 2004) (reinstating driver with “long, violation-free record” because the company’s policy called for progressive discipline).

⁷ See, e.g., Luck v. Southern Pacific Transp. Co., 1987 WL 957553 (Cal. Sup. Ct. Oct. 1987) (employee terminated for refusing a random drug test awarded \$485,042; employee argued that the safety of the railroad as a compelling interest for drug testing did not apply to her job); Kelley v. Schlumberger Tech. Corp., 849 F.2d 41 (1st Cir. 1988) (affirming jury verdict of \$125,000 for violation of privacy and negligent infliction of emotional distress claims premised upon employer’s policy of requiring observation during the collection of urine samples); Anderson v. Exxon Coal U.S.A., Inc., 1995 WL 796705 (Wyo. Oct. 1995) (sixteen-year employee was awarded \$416,000 after being discharged when her drug test was reported positive; a subsequent test taken the following day was reported as negative); Smith v. Fresno Irrigation Dist., 1997 WL 372097 (Cal. Sup. Ct. May 1997) (jury awarding \$240,000 to an employee whose random drug test was positive and resulted in his discharge; the employee argued that he was improperly tested because he did not hold a safety-sensitive position); Stegman v. Hunter Health Clinic, Inc., 1997 WL 914426 (Kan. Dist. Ct. Jan. 1997) (verdict of \$102,000 in favor of an employee who was terminated for refusing to submit to a drug test).

⁸ National Institute on Drug Abuse, DRUG TESTING, *Drug Testing and Workplace Issues*, <http://www.drugabuse.gov/related-topics/drug-testing> (last visited June 1, 2016).

⁹ Neil A. Fortner, David M. Martin, S. Evren Esen and Laura Shelton, *Employee Drug Testing: Study Shows Improved Productivity and Attendance and Decreased Workers’ Compensation and Turnover*, THE JOURNAL OF GLOBAL DRUG POLICY AND PRACTICE, Vol. 5, Issue 4, at 9-13 (2011).

¹⁰ See Christopher S. Carpenter, *Workplace Drug Testing and Worker Drug Use*, HEALTH SERVICES RESEARCH, at *Previous Literature* (2007), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955359/#> (last visited June 20, 2016) (explaining prior studies, including M. French, M. Roebuck, P. Alexandre, *To Test or Not to Test: Do Workplace Drug Testing Programs Discourage Employee Drug Use?*, SOCIAL SCIENCE RESEARCH 33 at 45-63 (2004) and J. Hoffmann and C. Larison, *Worker Drug Use and Workplace Drug-Testing Programs: Results from the 1994 National Household Survey on Drug Abuse*, CONTEMPORARY DRUG PROBLEMS 26(2) (1999)).

¹¹ See Carpenter, supra note 10.

¹² NEV. CONST., art. 4, § 38.

¹³ NRS 453A.200.

¹⁴ NRS 453A.210 – 453A.250.

¹⁵ The original form of the statute was also consistent with the decision of the Ninth Circuit Court of Appeals in James v. City of Costa Mesa, 700 F.3d 394, 397 (9th Cir. 2012). Here, the court ruled that because the use of medical marijuana remains illegal under federal law, the ADA does not protect against discrimination on the basis of medical marijuana use, even if that use is in accordance with state laws.

¹⁶ NRS § 453A.800. NRS 453A.800 was also amended to provide that law enforcement agencies are not prohibited from adopting policies or procedures precluding employees from engaging in the medical use of marijuana. The term "law enforcement agency" includes: (a) the Office of the Attorney General, the office of a district attorney within Nevada, the Nevada Gaming Control Board and any attorney, investigator, special investigator or employee who is acting in his or her professional or occupational capacity for such an office or the Nevada Gaming Control Board; as well as (b) any other law enforcement agency within Nevada and any peace officer or employee who is acting in his or her professional or occupational capacity for such an agency.

¹⁷ See supra at 2.

¹⁸ National Highway Traffic Safety Administration, *Drugs and Human Performance Fact Sheets, Cannabis/Marijuana* at Interpretation of Blood Concentration, www.nhtsa.gov/people/injury/research/job185drugs/cannabis.htm (last visited June 1, 2016).

¹⁹ On May 15, 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) proposed "to establish scientific and technical guidelines for the inclusion of oral fluid specimens in the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Guidelines)." See Federal Register, *Mandatory Guidelines for Federal Workplace Drug Testing Programs*, <https://www.federalregister.gov/articles/2015/05/15/2015-11523/mandatory-guidelines-for-federal-workplace-drug-testing-programs#h-8> (last visited June 1, 2016).

²⁰ U.S. Dep't of Labor, *elaws – Drug-Free Workplace Advisor*, <http://webapps.dol.gov/elaws/asp/drugfree/drugs/dt.asp> (last visited June 1, 2016).

²¹ Id.

²² See Jared D. Adams, *New Issues In Driving Under the Influence of Cannabis Cases*, ASPATORE, at *2, 2013 WL 5757943 (Nov. 2013).

²³ *James v. City of Costa Mesa*, 700 F.3d 394, 397 (9th Cir. 2012), cert. denied, 133 S. Ct. 2396 (2013).

²⁴ Equal Employment Opportunity Commission, *Enforcement Guidance: Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act (ADA)* at B8 (July 27, 2000), <http://www.eeoc.gov/policy/docs/guidance-inquiries.html>.

²⁵ See *supra* at note 20.

²⁶ See, e.g., *EEOC v. Randstad, US, LP*, (Md. 2015) (challenging employer's refusal to hire a recovering heroin addict due to her use of the prescription methadone as part of her treatment as discriminatory under the ADA), <https://www.eeoc.gov/eeoc/newsroom/release/11-3-15a.cfm>; *EEOC v. Hussey Copper, Ltd.* (W.D. Pa. 2011) (\$85,000 settlement reached over employer's withdrawal of job offer after discovering that applicant was taking methadone; EEOC argued that as a former addict, and not a current illegal drug user, the employee was protected under the ADA), <https://www.eeoc.gov/eeoc/newsroom/release/2-11-11.cfm>; *EEOC v. Pioneer Place Assisted Living* (D. Ore. 2012) (\$80,000 settlement reached over employer's refusal to hire applicant after her epilepsy medication showed up on her drug test results), <https://www.eeoc.gov/eeoc/newsroom/release/5-24-12.cfm>; *EEOC v. Dura Automotive Systems, Inc.*, (M.D. Tenn. 2012) (\$750,000 settlement reached over employer's decision to test all employees for 12 substances, including certain legally prescribed drugs, and requirement that those employees who tested positive disclose the medical conditions for which they were taking prescription medications and conditioning continued employment on the employees' cessation of taking those medications), <https://www.eeoc.gov/eeoc/newsroom/release/9-5-12.cfm>; *EEOC v. Product Fabricators, Inc.*, (D. Minn. 2012) (\$40,000 settlement reached over employer's termination of an employee taking a prescribed narcotic for back pain and employer's purported practice of requiring all employees to disclose prescription medications), <https://www.eeoc.gov/eeoc/newsroom/release/2-15-12a.cfm>; *EEOC v. New Hanover Regional Medical Center* (E.D.N.C. 2012) (\$146,000 settlement reached over employer's prohibition against employees working while taking legally prescribed narcotic medications), <https://www.eeoc.gov/eeoc/newsroom/release/10-3-12c.cfm>.

²⁷ The EEOC'S Strategic Enforcement Plan for Fiscal Years 2013-2016 specifically identifies a decision to "target class-based intentional recruitment and hiring discrimination and facially neutral recruitment and hiring practices that adversely

impact particular groups” such as “[r]acial, ethnic, and religious groups, older workers, women, and people with disabilities [who] continue to confront discriminatory policies and practices at the recruitment and hiring stages.” See <https://www.eeoc.gov/eeoc/plan/sep.cfm> at III(B)(1).

²⁸ See *EEOC v. The Fort Worth Center of Rehabilitation*, (Tx. 2014) (describing a \$30,000 settlement with a Texas health care facility which denied accommodation for an applicant who could not produce concentrated urine), <http://www.eeoc.gov/eeoc/newsroom/release/6-26-14.cfm>; *EEOC v. Kmart Corp.*, (Md. 2015) (describing a \$102,048 settlement with Kmart which denied an alternative testing method to an applicant with kidney disease), <http://www.eeoc.gov/eeoc/newsroom/release/1-27-15b.cfm>.

²⁹ Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, 2013*, <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#ch2.10> (last visited on June 1, 2016).

³⁰ See NRS 616C.230.