

**Amendment No. 715**

Assembly Amendment to Senate Bill No. 239 First Reprint (BDR 40-677)

**Proposed by:** Assembly Committee on Health and Human Services

**Amendment Box:** Replaces Amendment No. 650.

**Amends:** Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION		Initial and Date	SENATE ACTION		Initial and Date				
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

DAN/EWR



Date: 5/23/2023

S.B. No. 239—Establishes provisions governing the prescribing, dispensing and administering of medication designed to end the life of a patient. (BDR 40-677)





SENATE BILL NO. 239—SENATORS FLORES, D. HARRIS, SPEARMAN, CANNIZZARO;  
DALY, DONATE, LANGE, NGUYEN AND SCHEIBLE

MARCH 8, 2023

JOINT SPONSORS: ASSEMBLYMEN TORRES, NGUYEN, GONZÁLEZ, WATTS, GORELOW;  
BILBRAY-AXELROD, CARTER, COHEN, CONSIDINE AND ORENTLICHER

Referred to Committee on Health and Human Services

SUMMARY—Establishes provisions governing the prescribing, dispensing and administering of medication designed to end the life of a patient. (BDR 40-677)

FISCAL NOTE: Effect on Local Government: No.  
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.

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AN ACT relating to health care; revising provisions concerning medical certificates of death relating to a person who self-administers a medication that is designed to end his or her life; authorizing a physician or advanced practice registered nurse to prescribe a medication that is designed to end the life of a patient under certain circumstances; prohibiting persons other than a patient from administering a medication that is designed to end the life of the patient; imposing requirements on certain providers of health care and health care facilities relating to the records of a patient who requests a medication that is designed to end his or her life; providing immunity to certain providers of health care and health care facilities that take certain actions relating to prescribing or dispensing a medication that is designed to end the life of a patient; authorizing the owner or operator of a health care facility to prohibit certain persons from providing certain services relating to a medication that is designed to end the life of a patient; prohibiting a person from conditioning provisions of a will, contract, agreement or policy of life insurance on the request for or acquisition or administration of a medication that is designed to end the life of the person; prohibiting a person from denying benefits under a policy of life insurance to or imposing additional charges against a policyholder or beneficiary because the insured requested or revoked a request for a medication that is designed to end the life of the person; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes a patient who has been diagnosed with a terminal condition to refuse life-resuscitating or life-sustaining treatment in certain circumstances. (NRS 449A.400-449A.581, 450B.400-450B.590) **Sections 10-39** of this bill authorize a patient, under certain circumstances, to self-administer a medication that is designed to end the life of the patient. **Section 20** of this bill defines "practitioner" to mean a physician, osteopathic physician or advanced practice registered nurse. **Sections 11-18, 21 and 22** of this bill define other relevant terms. **Section 23** of this bill authorizes a patient to request that his or her attending practitioner prescribe a medication that is designed to end his or her life if the patient: (1) is at least 18 years of age; (2) has been diagnosed with a terminal condition by at least two practitioners; (3) has made an informed and voluntary decision to end his or her own life; (4) is mentally capable of making such a decision; and (5) is not requesting the medication because of coercion, deception or undue influence. **Section 24** of this bill prescribes certain requirements concerning the manner in which a patient may request a medication that is designed to end the life of the patient, including that the patient make two verbal requests and one written request for the medication, and that the written request for the medication be signed by a witness. **Section 25** of this bill prescribes the form for the written request for the medication. **Section 26** of this bill imposes certain requirements before a practitioner is authorized to prescribe a medication that is designed to end the life of a patient, including that the practitioner: (1) inform the patient of his or her right to revoke a request for the medication at any time; (2) determine and verify that the patient meets the requirements for making such a request; (3) discuss certain relevant factors with the patient, including the diagnosis and prognosis of the patient and alternative options for care; (4) refer the patient to a consulting practitioner who can confirm the diagnosis, prognosis and mental capability of the patient and that the patient has not been coerced or unduly influenced; and (5) instruct the patient against self-administering the medication in public. **Section 27** of this bill requires a practitioner who determines that a patient who has requested a prescription for a medication that is designed to end his or her life may not be mentally capable to refer the patient to a qualified mental health professional and to receive confirmation about the patient's mental capability.

**Section 28** of this bill: (1) prescribes procedures for the issuance of a prescription for a medication that is designed to end the life of the patient; and (2) provides that only an attending practitioner or a pharmacist may dispense such a medication. **Section 29** of this bill prohibits an attending practitioner from prescribing a medication that is designed to end the life of a patient based solely on the age or disability of the patient. **Section 30** of this bill requires certain providers of health care to include certain information concerning requests and prescriptions for and the dispensing of a medication that is designed to end the life of a patient in the medical record of the patient. If a patient who has requested a medication that is designed to end the life of a patient transfers care to another practitioner or health care facility, **sections 30 and 37** of this bill require the practitioner or health care facility that previously provided care to the patient to forward the patient's medical records to the new practitioner or health care facility. **Section 33** of this bill prescribes certain information that must be reported by an attending practitioner to the Division of Public and Behavioral Health of the Department of Health and Human Services relating to a patient who has been prescribed or self-administered such a medication. **Section 34** of this bill requires the Division to compile an annual report concerning the implementation of the provisions of this bill authorizing a patient to request a prescription for a medication that is designed to end the life of the patient. **Sections 33, 46 and 47** of this bill provide that such information is otherwise confidential when reported to the Division.

**Section 31** of this bill authorizes a patient, at any time, to revoke a request for a medication that is designed to end his or her life. **Sections 32 and 41** of this bill provide that only the patient to whom a medication that is designed to end his or her life is prescribed may administer the medication. **Section 32** establishes requirements for the disposal of any unused portion of the medication.

**Section 39** of this bill makes certain persons exempt from professional discipline and immune from civil and criminal penalties and provides that such persons do not violate any applicable standard of care for taking actions authorized by this bill to assist a patient in acquiring a medication that is designed to end the life of the patient. **Section 35** of this bill provides that a death resulting from the self-administration of a medication that is designed to end the life of a patient is not mercy killing, euthanasia, assisted suicide, suicide or homicide

when done in accordance with the provisions of this bill, and **section 4** of this bill requires a death certificate to list the terminal condition of the patient as the cause of death of the patient. **Sections 3 and 7** of this bill provide that a coroner, coroner's deputy or local health officer is not required to certify the cause of such a death. **Section 46.5** of this bill: (1) authorizes a coroner to make an appropriate investigation after discovering that a person has self-administered a medication designed to end the life of the person, to the extent necessary to determine the cause of the terminal condition with which the person was diagnosed; and (2) requires a coroner to cease such an investigation after determining that the terminal condition resulted from a natural cause. **Section 46.2** of this bill makes a conforming change to revise certain internal references.

**Sections 36 and 44** of this bill prohibit a person from preventing or requiring a person to make or revoke a request for a medication that is designed to end the life of the person as a condition to receiving health care or as a condition in an agreement, contract or will.

**Section 37** of this bill clarifies that a practitioner is not required to prescribe a medication that is designed to end the life of a patient and remains responsible for treating the patient's pain. However, if a patient who is diagnosed with a terminal condition requests information concerning the prescription and self-administration of a medication that is designed to end the life of the patient, **section 37** requires a practitioner to provide that information or ~~refer~~ **facilitate the transfer of** the patient to another provider of health care. ~~[who is willing to do~~

~~so.]~~ **Section 37** also provides that a pharmacist is not required to fill a prescription for or dispense such a medication. **Section 38** of this bill allows the owner or operator of a health care facility to prohibit an employee or independent contractor of the health care facility or any person who provides services on the premises of the health care facility from providing any services relating to prescribing a medication that is designed to end the life of a patient while acting within the scope of his or her employment or contract with the facility or while on the premises of the facility. **Section 39** prohibits a health care facility or provider of health care from taking certain actions against an employee or independent contractor who: (1) provides accurate, scientific information concerning end-of-life care to a patient; or (2) facilitates the prescription or self-administration of a medication that is designed to end the life of the patient. **Sections 40-43** of this bill make conforming changes to clarify that a practitioner or pharmacist is authorized to dispense a medication that is designed to end the life of a patient that is a controlled substance or dangerous drug and a patient may self-administer such a medication in accordance with other provisions governing medications designed to end the life of a patient.

**Section 45** of this bill provides that a proposed protected person shall not be deemed to be in need of a general or special guardian solely because the proposed protected person requested a medication that is designed to end his or her life or revoked such a request.

**Sections 48 and 49** of this bill prohibit insurers from conditioning life insurance benefits, group life insurance benefits or the payment of claims on whether the insured makes, fails to make or revokes a request for a medication that is designed to end the life of the insured or self-administers such a medication. **Section 50** of this bill makes a conforming change to reflect this prohibition on a policy of group life insurance.

1 WHEREAS, A mentally capable adult patient should have the right to self-  
2 determination concerning his or her health care decisions based on his or her  
3 values, beliefs or personal preferences; and

4 WHEREAS, It is important that patients have the full range of options for their  
5 care, especially at the end of their lives; and

6 WHEREAS, Patients with a terminal illness may undergo unremitting pain,  
7 agonizing discomfort and a sudden, continuing and irreversible reduction in their  
8 quality of life; and

9 WHEREAS, The availability of medical aid in dying provides an additional  
10 palliative care option for persons with a terminal illness who seek to retain their  
11 autonomy and some level of control over the progression of their disease or ease  
12 unnecessary pain and suffering; and

1 WHEREAS, The integration of medical aid in dying into standard end-of-life  
2 care has demonstrably improved such care by contributing to better conversations  
3 between providers of health care and patients, earlier and more appropriate  
4 enrollment in hospice care and better training concerning palliative care for  
5 providers; and

6 WHEREAS, Patient-directed care respects and responds to the decisions,  
7 preferences, needs and values of individual patients, ensures that the values of  
8 patients direct all clinical decisions concerning their care and ensures that patients  
9 are fully informed of and able to access the options for care that they desire; now,  
10 therefore,

11  
12 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
13 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:  
14

15 **Section 1.** Chapter 440 of NRS is hereby amended by adding thereto the  
16 provisions set forth as sections 2 and 3 of this act.

17 **Sec. 2.** (Deleted by amendment.)

18 **Sec. 3.** *1. A coroner, coroner's deputy or local health officer is not  
19 required to certify the cause of death of a patient who dies after self-  
20 administering a medication that is designed to end the life of the patient in  
21 accordance with the provisions of sections 10 to 39, inclusive, of this act.*

22 *2. A coroner, coroner's deputy or local health officer may access any  
23 records or information submitted to the Division of Public and Behavioral Health  
24 of the Department of Health and Human Services pursuant to section 33 of this  
25 act to confirm that a patient died from self-administering a medication that is  
26 designed to end the life of the patient in accordance with the provisions of  
27 sections 10 to 39, inclusive, of this act.*

28 **Sec. 4.** NRS 440.380 is hereby amended to read as follows:

29 440.380 1. The medical certificate of death must be signed by the physician  
30 or advanced practice registered nurse, if any, last in attendance on the deceased, or  
31 pursuant to regulations adopted by the Board, it may be signed by the attending  
32 physician's associate physician, the chief medical officer of the hospital or  
33 institution in which the death occurred, or the pathologist who performed an  
34 autopsy upon the deceased. The person who signs the medical certificate of death  
35 shall specify:

36 (a) The social security number of the deceased.

37 (b) The hour and day on which the death occurred.

38 (c) The cause of death, so as to show the cause of disease or sequence of  
39 causes resulting in death, giving first the primary cause of death or the name of the  
40 disease causing death, and the contributory or secondary cause, if any, and the  
41 duration of each.

42 2. In deaths in hospitals or institutions, or of nonresidents, the physician or  
43 advanced practice registered nurse shall furnish the information required under this  
44 section, and may state where, in his or her opinion, the disease was contracted.

45 *3. The medical certificate of death of a patient who dies after self-  
46 administering a medication that is designed to end the life of the patient in  
47 accordance with sections 10 to 39, inclusive, of this act:*

48 *(a) Must specify the terminal condition with which the patient was diagnosed  
49 as the cause of death; and*

50 *(b) Must not indicate suicide as the cause of death or mention that the  
51 patient self-administered a medication that is designed to end the life of the  
52 patient.*

53 **Sec. 5.** (Deleted by amendment.)

1       **Sec. 6.** (Deleted by amendment.)

2       **Sec. 7.** NRS 440.420 is hereby amended to read as follows:

3       440.420 1. In case of any death occurring without medical attendance, the  
4 funeral director shall notify the local health officer, coroner or coroner's deputy of  
5 such death and refer the case to the local health officer, coroner or coroner's deputy  
6 . ~~[for immediate investigation and certification.]~~ *Except as otherwise provided in*  
7 *NRS 259.050 and section 3 of this act, the coroner, coroner's deputy or local*  
8 *health officer shall immediately investigate the death and certify the cause of*  
9 *death.*

10       2. Where there is no qualified physician or advanced practice registered nurse  
11 in attendance, and in such cases only, the local health officer is authorized to make  
12 the certificate and return from the statements of relatives or other persons having  
13 adequate knowledge of the facts.

14       3. If the death was caused by unlawful or suspicious means, the local health  
15 officer shall then refer the case to the coroner for investigation and certification.

16       4. In counties which have adopted an ordinance authorizing a coroner's  
17 examination in cases of sudden infant death syndrome, the funeral director shall  
18 notify the local health officer whenever the cause or suspected cause of death is  
19 sudden infant death syndrome. The local health officer shall then refer the case to  
20 the coroner for investigation and certification.

21       5. The coroner or the coroner's deputy may certify the cause of death in any  
22 case which is referred to the coroner by the local health officer or pursuant to a  
23 local ordinance.

24       **Sec. 8.** (Deleted by amendment.)

25       **Sec. 9.** Chapter 449A of NRS is hereby amended by adding thereto the  
26 provisions set forth as sections 10 to 39, inclusive, of this act.

27       **Sec. 10.** *As used in sections 10 to 39, inclusive, of this act, unless the*  
28 *context otherwise requires, the words and terms defined in sections 11 to 22,*  
29 *inclusive, of this act have the meanings ascribed to them in those sections.*

30       **Sec. 11.** *"Advanced practice registered nurse" means a registered nurse*  
31 *who holds a valid license as an advanced practice registered nurse issued by the*  
32 *State Board of Nursing pursuant to NRS 632.237.*

33       **Sec. 12.** *"Attending practitioner" means the practitioner who has primary*  
34 *responsibility for the treatment of a terminal condition from which a patient*  
35 *suffers.*

36       **Sec. 13.** (Deleted by amendment.)

37       **Sec. 14.** *"Consulting practitioner" means a practitioner to whom a patient*  
38 *is referred pursuant to paragraph (d) of subsection 1 of section 26 of this act for*  
39 *confirmation of the diagnosis and prognosis of the patient and that the patient is*  
40 *mentally capable.*

41       **Sec. 15.** *"Division" means the Division of Public and Behavioral Health of*  
42 *the Department of Health and Human Services.*

43       **Sec. 16.** *"Health care facility" means any facility licensed pursuant to*  
44 *chapter 449 of NRS.*

45       **Sec. 16.5.** *"Mentally capable" means that a patient has the ability to make,*  
46 *communicate and understand the nature of the decision to request and self-*  
47 *administer a medication that is designed to end the life of the patient.*

48       **Sec. 17.** *"Person professionally qualified in the field of psychiatric mental*  
49 *health" has the meaning ascribed to it in NRS 433.209.*

50       **Sec. 18.** *"Physician" means a person who is licensed to practice medicine*  
51 *pursuant to chapter 630 of NRS or osteopathic medicine pursuant to chapter 633*  
52 *of NRS.*

53       **Sec. 19.** (Deleted by amendment.)

1 **Sec. 20.** *“Practitioner” means a physician or advanced practice registered*  
2 *nurse.*

3 **Sec. 21.** *“Self-administer” or “self-administration” means the ingestion by*  
4 *a person of a medication that is designed to end his or her life as an affirmative,*  
5 *conscious and voluntary act. The term does not include the administration of the*  
6 *medication by parenteral injection or infusion.*

7 **Sec. 22.** *“Terminal condition” means an incurable and irreversible*  
8 *condition that will, in accordance with reasonable medical judgment, result in*  
9 *death within 6 months.*

10 **Sec. 23.** *A patient may request that his or her attending practitioner*  
11 *prescribe a medication that is designed to end the life of the patient if the patient:*

- 12 1. *Is at least 18 years of age;*
- 13 2. *Has been diagnosed with a terminal condition by the attending*  
14 *practitioner and at least one consulting practitioner;*
- 15 3. *Has made an informed and voluntary decision to end his or her own life;*
- 16 4. *Is mentally capable; and*
- 17 5. *Is not requesting the medication because of coercion, deception or undue*  
18 *influence.*

19 **Sec. 24.** 1. *A patient who wishes to obtain a prescription for a medication*  
20 *that is designed to end his or her life must:*

21 (a) *Make two verbal requests for the medication to his or her attending*  
22 *practitioner. Except as otherwise provided in this paragraph, the second verbal*  
23 *request must be made at least 15 days after the first verbal request. If the*  
24 *attending practitioner determines that the patient is reasonably likely to die*  
25 *within 15 days after the first verbal request, the patient may make the second*  
26 *verbal request at any time.*

27 (b) *Make a written request for the medication in the form prescribed by*  
28 *section 25 of this act and submit the written request to the attending practitioner.*  
29 *The written request for the medication must be signed by the patient and one*  
30 *witness, who must not be:*

- 31 (1) *Related to the patient by blood, marriage or adoption;*
- 32 (2) *Entitled to any portion of the estate of the patient upon death under a*  
33 *will or by operation of law;*
- 34 (3) *An owner, operator or employee of a health care facility where the*  
35 *patient is receiving treatment or is a resident;*
- 36 (4) *The attending practitioner; or*
- 37 (5) *An interpreter for the patient.*

38 2. *An oral or written request made pursuant to this section may not be*  
39 *made:*

40 (a) *By any person acting on behalf of the patient, including, without*  
41 *limitation, a surrogate, supporter, guardian or person designated in a power of*  
42 *attorney to make decisions concerning health care pursuant to NRS 162A.790.*

43 (b) *In an advance directive.*

44 3. *As used in this section:*

45 (a) *“Advance directive” has the meaning ascribed to it in NRS 449A.703.*

46 (b) *“Supporter” has the meaning ascribed to it in NRS 162C.090.*

47 **Sec. 25.** *A written request for a medication that is designed to end the life*  
48 *of a patient must be in substantially the following form:*

49  
50 **REQUEST FOR A MEDICATION**  
51 **THAT IS DESIGNED TO END MY LIFE**

52 I, ....., am an adult of sound mind.

53



*I have been diagnosed with ..... and given a prognosis of less than 6 months to live.*

*I have been fully informed of my diagnosis, my prognosis and the feasible alternative, concurrent or additional treatment opportunities, including comfort care, hospice care and pain control. I have been offered resources or referrals to pursue these alternative, concurrent or additional treatment opportunities.*

*I have been fully informed of the nature of the medication to be prescribed to me and the risks and benefits of self-administering the medication, including that the likely effect of self-administering the medication is death. I understand that I can rescind this request at any time and that I am under no obligation to fill the prescription once it is written or to self-administer the medication if I obtain it.*

*I request that my attending practitioner prescribe a medication that I may self-administer to end my life and authorize my attending practitioner to contact a pharmacist to fill the prescription at a time of my choosing.*

*I make this request voluntarily, free from coercion or undue influence.*

*Signed: .....*

*Dated: .....*

*Witness signature: .....*

*Date: .....*

**Sec. 26. 1. Before prescribing a medication that is designed to end the life of a patient, the attending practitioner of the patient must:**

*(a) Inform the patient that he or she may revoke a request for the medication at any time and provide the patient with the opportunity to revoke his or her second verbal request made pursuant to subsection 1 of section 24 of this act;*

*(b) Determine and verify, after each verbal and written request for the medication made pursuant to subsection 1 of section 24 of this act and immediately before writing the prescription, that the patient meets the requirements of subsections 3, 4 and 5 of section 23 of this act;*

*(c) Discuss with the patient:*

*(1) The diagnosis and prognosis of the patient;*

*(2) All available methods of treating or managing the terminal condition of the patient, including, without limitation, comfort care, hospice care and pain control, and the risks and benefits of each method;*

*(3) The risks and benefits of self-administering the medication, including, without limitation, that death is the probable result of self-administering the medication;*

*(4) The recommended procedure for self-administering the medication;*

*(5) The manner in which the medication must be kept and disposed of in accordance with applicable state and federal law;*

*(6) The importance of having another person present when the patient self-administers the medication; and*

1           (7) *The benefits of notifying the patient's next of kin of his or her*  
2 *decision to request a prescription for a medication that is designed to end the life*  
3 *of the patient;*

4           (d) *Refer the patient to a consulting practitioner who is qualified by reason*  
5 *of specialty or experience to diagnose the terminal condition of the patient for*  
6 *examination and receive written confirmation from that practitioner of the*  
7 *diagnosis and prognosis of the patient and that the patient meets the*  
8 *requirements of subsections 3, 4 and 5 of section 23 of this act;*

9           (e) *Inform the patient that there is no obligation to fill the prescription or to*  
10 *self-administer the medication, if obtained; and*

11           (f) *Instruct the patient against self-administering the medication in a public*  
12 *place. As used in this paragraph, "public place" means any location readily*  
13 *accessible to the general public, but does not include a health care facility.*

14           2. *The attending practitioner shall refer the patient for comfort care,*  
15 *palliative care, hospice care, pain control or other end-of-life care if requested or*  
16 *as clinically indicated.*

17           **Sec. 27.** *1. If the attending practitioner to whom a patient makes a*  
18 *request for a medication that is designed to end the life of the patient or the*  
19 *consulting practitioner to whom a patient is referred pursuant to paragraph (d) of*  
20 *subsection 1 of section 26 of this act determines that the patient may not be*  
21 *mentally capable:*

22           (a) *The attending practitioner or consulting practitioner, as applicable, must*  
23 *refer the patient for examination by a person professionally qualified in the field*  
24 *of psychiatric mental health; and*

25           (b) *The attending practitioner must not prescribe a medication that is*  
26 *designed to end the life of the patient, unless the person professionally qualified*  
27 *in the field of psychiatric mental health concludes, based on the examination,*  
28 *that the patient is mentally capable.*

29           2. *If a patient is examined pursuant to subsection 1, the person*  
30 *professionally qualified in the field of psychiatric mental health must provide to*  
31 *the attending practitioner and, if applicable, the consulting practitioner who*  
32 *made the referral, his or her written determination regarding whether the patient*  
33 *is mentally capable.*

34           **Sec. 28.** *1. Except as otherwise provided in section 29 of this act, the*  
35 *attending practitioner of a patient may prescribe a medication that is designed to*  
36 *end the life of the patient after the attending practitioner has ensured that the*  
37 *requirements of sections 23 to 27, inclusive, of this act have been met.*

38           2. *After an attending practitioner prescribes a medication that is designed to*  
39 *end the life of a patient, the attending practitioner shall, after obtaining the*  
40 *written consent of the patient, contact a pharmacist and inform the pharmacist of*  
41 *the prescription. After the pharmacist has been notified, the attending*  
42 *practitioner shall transmit the prescription directly to the pharmacist.*

43           3. *A medication that is designed to end the life of a patient may only be*  
44 *dispensed by a registered pharmacist or by the attending practitioner of the*  
45 *patient. A pharmacist may only dispense such a medication pursuant to a valid*  
46 *prescription provided by an attending practitioner in accordance with subsection*  
47 *2 to:*

48           (a) *The patient;*

49           (b) *The attending practitioner who prescribed the medication; or*

50           (c) *An agent of the patient who has been expressly identified to the*  
51 *pharmacist as such by the patient.*

1       **Sec. 29.** *An attending practitioner shall not prescribe a medication that is*  
2 *designed to end the life of a patient based solely on the age or disability of the*  
3 *patient.*

4       **Sec. 30.** *1. The attending practitioner of a patient who requests a*  
5 *medication that is designed to end the life of the patient shall document in the*  
6 *medical record of the patient:*

7       *(a) Each request for such a medication made by the patient, including,*  
8 *without limitation, by including in the record a copy of the written request*  
9 *submitted pursuant to paragraph (b) of subsection 1 of section 24 of this act, and*  
10 *each revocation of such a request;*

11       *(b) The diagnosis and the prognosis of the patient provided by the attending*  
12 *practitioner;*

13       *(c) Each determination made by the attending practitioner concerning*  
14 *whether the patient meets the requirements of subsections 3, 4 and 5 of section 23*  
15 *of this act;*

16       *(d) Confirmation that:*

17       *(1) The attending practitioner offered the patient the opportunity to*  
18 *revoke his or her second verbal request for the medication, as required by*  
19 *subsection 1 of section 26 of this act; and*

20       *(2) The requirements set forth in sections 10 to 39, inclusive, of this act*  
21 *have been satisfied; and*

22       *(e) The name, amount and dosage of any medication that is designed to end*  
23 *the life of the patient and any ancillary medications that the attending*  
24 *practitioner prescribes for the patient.*

25       **2.** *A consulting practitioner shall report to the attending practitioner of the*  
26 *patient and document in the medical record of the patient his or her:*

27       *(a) Confirmation that the patient has requested a medication designed to end*  
28 *the life of the patient;*

29       *(b) Diagnosis and opinion regarding the prognosis of the patient; and*

30       *(c) Determination concerning whether the patient meets the requirements of*  
31 *subsection 3, 4 and 5 of section 23 of this act.*

32       **3.** *A person professionally qualified in the field of psychiatric mental health*  
33 *to whom a patient is referred pursuant to section 27 of this act shall document in*  
34 *the medical record of the patient his or her determination of whether the patient*  
35 *is mentally capable.*

36       **4.** *If a patient who has requested a medication that is designed to end his or*  
37 *her life changes his or her attending practitioner or transfers his or her care to a*  
38 *different health care facility, the prior attending practitioner and health care*  
39 *facility, as applicable, must, upon the request of the patient or the new attending*  
40 *practitioner or health care facility, forward the medical records of the patient to*  
41 *the new attending practitioner or health care facility, as applicable.*

42       **Sec. 31.** *1. A patient who requests a medication that is designed to end his*  
43 *or her life may revoke the request at any time, without regard to his or her age or*  
44 *physical or mental condition.*

45       **2.** *The revocation of a request for such a medication becomes effective*  
46 *immediately upon the patient communicating the revocation to his or her*  
47 *attending practitioner. When the patient revokes such a request, the attending*  
48 *practitioner must document the revocation in the medical record of the patient.*

49       **Sec. 32.** *1. Only a patient to whom a medication that is designed to end*  
50 *his or her life is prescribed may administer the medication. No other person may*  
51 *administer the medication to the patient, including, without limitation, by*  
52 *parenteral injection or infusion. Any person who is present may assist the patient*  
53 *in preparing the medication for self-administration.*

1           2. *If any amount of a medication that is designed to end the life of a patient*  
2 *is not self-administered, it must be disposed of in accordance with law.*

3           **Sec. 33.** *1. An attending practitioner who prescribes a medication that is*  
4 *designed to end the life of a patient shall:*

5           (a) *Not more than 30 days after prescribing the medication, provide to the*  
6 *Division in the form prescribed by the Division the name, date of birth, diagnosis*  
7 *and prognosis of the patient and affirmation that the prescription was issued in*  
8 *accordance with the provisions of sections 10 to 39, inclusive, of this act; and*

9           (b) *Not more than 60 days after the death of a patient from administering the*  
10 *medication, provide to the Division the name and date of birth of the patient, the*  
11 *date on which the patient died and a statement of whether the patient was*  
12 *receiving hospice care at the time of death.*

13           2. *The Division shall prescribe forms for reporting each set of information*  
14 *required by subsection 1.*

15           3. *Except as otherwise provided in NRS 239.0115 and sections 3 and 34 of*  
16 *this act, any information or records submitted to the Division pursuant to this*  
17 *section are confidential.*

18           4. *The Division shall annually review a sample of the reports submitted*  
19 *pursuant to subsection 1 to ensure compliance with the requirements of that*  
20 *subsection.*

21           5. *The provisions of subsection 1 of section 39 of this act do not apply to a*  
22 *practitioner who willfully fails to comply with the requirements of this section.*

23           **Sec. 34.** *On or before February 1 of each year, the Division shall:*

24           1. *Compile a report concerning the implementation of the provisions of*  
25 *sections 10 to 39, inclusive, of this act. The report:*

26           (a) *Must include, for the immediately preceding calendar year:*

27           (1) *The number of patients to whom a medication that is designed to end*  
28 *the life of a patient was prescribed;*

29           (2) *The number of patients described in subparagraph (1) who died after*  
30 *self-administering the medication and the terminal conditions which were*  
31 *specified as the cause of those deaths; and*

32           (3) *The number of practitioners who prescribed a medication that is*  
33 *designed to end the life of a patient.*

34           (b) *Must not include the personally identifiable information of any patient or*  
35 *provider of health care.*

36           2. *Make the report compiled pursuant to subsection 1 publicly available on*  
37 *the Internet website maintained by the Division.*

38           **Sec. 35.** *1. A death resulting from a patient self-administering a*  
39 *medication that is designed to end his or her life in accordance with the*  
40 *provisions of sections 10 to 39, inclusive, of this act does not constitute mercy*  
41 *killing, euthanasia, assisted suicide, suicide or homicide.*

42           2. *Any report or other document produced by this State, any political*  
43 *subdivision of this State or any agency, board, commission, department, officer,*  
44 *employee or agent of this State must refer to a request for, acquisition of,*  
45 *prescription of, dispensing of and self-administration of a medication that is*  
46 *designed to end the life of a patient as a request for, acquisition of, prescription*  
47 *of, dispensing of and self-administration, as applicable, of a medication that is*  
48 *designed to end the life of a patient.*

49           **Sec. 36.** *1. A person shall not prevent a patient from making or revoking*  
50 *or require a patient to make or revoke a request for a medication that is designed*  
51 *to end the life of the patient as a condition of receiving health care.*

52           2. *Any provision in any contract or agreement entered into before, on or*  
53 *after the effective date of this act, whether written or oral, that would affect the*

1 *right of a patient to take any action in accordance with the provisions of sections*  
2 *10 to 39, inclusive, of this act is unenforceable and void.*

3 **Sec. 37. 1.** *The provisions of sections 10 to 39, inclusive, of this act do*  
4 *not:*

5 *(a) Require an attending practitioner to prescribe a medication that is*  
6 *designed to end the life of a patient or require a pharmacist to fill a prescription*  
7 *for or dispense such a medication;*

8 *(b) Affect the responsibility of a practitioner to provide information and*  
9 *treatment in accordance with the standard of care, including, without limitation,*  
10 *treatment for a patient's comfort or alleviation of pain; or*

11 *(c) Condone, authorize or approve mercy killing, euthanasia or assisted*  
12 *suicide.*

13 **2.** *An attending practitioner shall provide a patient who is diagnosed with a*  
14 *terminal condition with complete and accurate information concerning his or her*  
15 *available options for care and the risks and benefits of each option. If an*  
16 *attending practitioner is unwilling or unable to provide information concerning*  
17 *the prescription and self-administration of a medication that is designed to end*  
18 *the life of the patient in accordance with sections 10 to 39, inclusive, of this act to*  
19 *a patient who requests such information, the attending practitioner must ~~refer~~*  
20 *facilitate the transition of the patient to another provider of health care ~~who is~~*  
21 *willing and able to provide this information. ~~, unless the patient refuses such a~~*  
22 *transition. An attending practitioner who fails to comply with the requirements of*  
23 *this subsection shall be deemed to have failed to obtain informed consent to any*  
24 *care provided to the patient after the request.*

25 **3.** *If a patient requests pursuant to section 24 of this act that the attending*  
26 *practitioner prescribe a medication that is designed to end the life of the patient*  
27 *and the attending practitioner is unwilling or unable to issue any prescription for*  
28 *such medication, the attending practitioner must:*

29 *(a) Document the request and the date of the request in the medical record of*  
30 *the patient; and*

31 *(b) Upon request, forward the medical records of the patient as required by*  
32 *subsection 4 of section 30 of this act.*

33 **Sec. 38. 1.** *Except as otherwise required by section 37 of this act, the*  
34 *owner or operator of a health care facility may prohibit:*

35 *(a) Any employee or independent contractor of the health care facility from*  
36 *providing any services described in sections 10 to 39, inclusive, of this act while*  
37 *acting within the scope of his or her employment or contract, as applicable, with*  
38 *the health care facility; or*

39 *(b) Any other person, including, without limitation, an employee or*  
40 *independent contractor of the health care facility or another provider of health*  
41 *care who provides services on the premises of the health care facility, from*  
42 *providing any services described in sections 10 to 39, inclusive, of this act on the*  
43 *premises of the health care facility.*

44 **2.** *An owner or operator of a health care facility who prohibits any person*  
45 *from providing services described in sections 10 to 39, inclusive, of this act shall*  
46 *provide notice of the prohibition to:*

47 *(a) Each employee and independent contractor of the health care facility at*  
48 *the time of hiring and annually thereafter; and*

49 *(b) Each provider of health care not described in paragraph (a) who provides*  
50 *services on the premises of the health care facility, including, without limitation,*  
51 *through telehealth as defined in NRS 629.515, at the time the provider of health*  
52 *care begins providing services on the premises of the health care facility and*  
53 *annually thereafter.*

1           3. *The owner or operator of a health care facility may take any action*  
2 *authorized by law or authorized pursuant to any applicable rule, policy,*  
3 *procedure or contract against any person who provides a service prohibited by the*  
4 *owner or operator in compliance with subsection 1 while acting within the scope*  
5 *of his or her employment or contract, as applicable, or on the premises of the*  
6 *health care facility.*

7           **Sec. 39. 1. Except as otherwise provided in section 38 of this act:**

8           (a) *A health care facility or provider of health care shall not:*

9           (1) *Prohibit an employee or independent contractor from:*

10           (I) *Providing services described in sections 10 to 39, inclusive, of this*  
11 *act outside the scope of the employment or contract, as applicable, and off the*  
12 *premises of the health care facility or any premises owned or operated by the*  
13 *provider of health care;*

14           (II) *Being present when a patient self-administers a medication that*  
15 *is designed to end the life of the patient outside the scope of his or her*  
16 *employment or contract, as applicable, and off the premises of the health care*  
17 *facility or any premises owned or operated by the provider of health care; or*

18           (III) *Providing accurate, scientific information concerning the*  
19 *diagnosis and prognosis of a patient or options for the treatment of a terminal*  
20 *condition, including, without limitation, the administration of a medication that*  
21 *is designed to end the life of a patient, or providing information concerning*  
22 *available health care services and other resources, including, without limitation,*  
23 *information about how to access such services and resources, when discussing*  
24 *the options of the patient for end-of-life care; or*

25           (2) *Discharge, demote, censure, suspend, revoke or suspend the*  
26 *privileges of, discipline or otherwise penalize an employee or independent*  
27 *contractor who takes any action described in subparagraph (1).*

28           (b) *A practitioner, person professionally qualified in the field of psychiatric*  
29 *mental health, pharmacist or other provider of health care is not subject to*  
30 *professional discipline, does not violate any applicable standard of care and is not*  
31 *subject to any civil or criminal penalty solely because the provider of health care:*

32           (1) *Takes any action authorized by sections 10 to 39, inclusive, of this*  
33 *act, including, without limitation, assisting a patient in preparing a medication*  
34 *that is designed to end the life of the patient in accordance with subsection 1 of*  
35 *section 32 of this act; or*

36           (2) *Is present when a patient self-administers a medication that is*  
37 *designed to end the life of the patient or when a patient dies as a result of such*  
38 *self-administration.*

39           (c) *A health care facility is not subject to disciplinary action, does not violate*  
40 *any applicable standard of care and is not subject to any civil or criminal penalty*  
41 *solely because an employee or independent contractor of the health care facility*  
42 *takes any action authorized by sections 10 to 39, inclusive, of this act.*

43           (d) *A person other than a provider of health care is not subject to*  
44 *professional discipline, does not violate any applicable standard of care and is not*  
45 *subject to any civil or criminal penalty solely because the person:*

46           (1) *Assists a patient in preparing a medication that is designed to end the*  
47 *life of the patient in accordance with subsection 1 of section 32 of this act; or*

48           (2) *Is present when a patient self-administers a medication that is*  
49 *designed to end the life of the patient or when a patient dies as a result of such*  
50 *self-administration.*

51           2. *If any part of paragraph (a) of subsection 1 conflicts with requirements*  
52 *concerning the receipt of federal money by this State, the conflicting provision*

1 *does not apply solely to the extent of the conflict with respect to the health care*  
2 *facility or provider of health care directly affected.*

3 3. *A local government, coroner, law enforcement agency or an employee of*  
4 *a local government, coroner or law enforcement agency is not subject to any civil*  
5 *or criminal penalty for ceasing or refusing to investigate or take other action in*  
6 *response to a death resulting from the self-administration of a medication*  
7 *designed to end the life of the patient pursuant to sections 10 to 39, inclusive, of*  
8 *this act or refusing to make a finding concerning such a death.*

9 4. *The provisions of this section do not limit liability for damages resulting*  
10 *from the negligence or intentional misconduct of any person providing services*  
11 *pursuant to sections 10 to 39, inclusive, of this act.*

12 **Sec. 40.** NRS 453.256 is hereby amended to read as follows:

13 453.256 1. A prescription for a controlled substance must be given to a  
14 pharmacy in compliance with NRS 639.23535. A prescription for a substance  
15 included in schedule II must not be refilled. A prescription for a substance included  
16 in schedule III or IV which is a dangerous drug as determined under NRS 454.201  
17 must not be filled or refilled more than 6 months after the date thereof or be refilled  
18 more than five times, unless renewed by the practitioner.

19 2. A substance included in schedule V may be distributed or dispensed only  
20 for a medical purpose, including medical treatment or authorized research.

21 3. A practitioner may dispense or deliver a controlled substance to or for a  
22 person or animal only for medical treatment or authorized research in the ordinary  
23 course of his or her profession.

24 4. No civil or criminal liability or administrative sanction may be imposed on  
25 a pharmacist for action taken in good faith in reliance on a reasonable belief that an  
26 order purporting to be a prescription was issued by a practitioner in the usual course  
27 of professional treatment or in authorized research.

28 5. An individual practitioner may not dispense a substance included in  
29 schedule II, III or IV for the practitioner's own personal use except in a medical  
30 emergency.

31 6. A person who violates this section is guilty of a category E felony and shall  
32 be punished as provided in NRS 193.130.

33 7. As used in this section, "medical treatment" includes ~~[dispensing]~~ :

34 (a) *Dispensing* or administering a narcotic drug for pain, whether or not  
35 intractable ~~[ ]~~; and

36 (b) *Dispensing a medication that is designed to end the life of a patient*  
37 *pursuant to the provisions of sections 10 to 39, inclusive, of this act.*

38 **Sec. 41.** NRS 453.375 is hereby amended to read as follows:

39 453.375 1. ~~[A]~~ *Except as otherwise provided in sections 10 to 39,*  
40 *inclusive, of this act,* a controlled substance may be possessed and administered by  
41 the following persons:

42 (a) A practitioner.

43 (b) A registered nurse licensed to practice professional nursing or licensed  
44 practical nurse, at the direction of a physician, physician assistant, dentist, podiatric  
45 physician or advanced practice registered nurse, or pursuant to a chart order, for  
46 administration to a patient at another location.

47 (c) A paramedic:

48 (1) As authorized by regulation of:

49 (I) The State Board of Health in a county whose population is less than  
50 100,000; or

51 (II) A county or district board of health in a county whose population  
52 is 100,000 or more; and

53 (2) In accordance with any applicable regulations of:



1 (I) The State Board of Health in a county whose population is less than  
2 100,000;

3 (II) A county board of health in a county whose population is 100,000  
4 or more; or

5 (III) A district board of health created pursuant to NRS 439.362 or  
6 439.370 in any county.

7 (d) A respiratory therapist, at the direction of a physician or physician assistant.

8 (e) A medical student, student in training to become a physician assistant or  
9 student nurse in the course of his or her studies at an accredited college of medicine  
10 or approved school of professional or practical nursing, at the direction of a  
11 physician or physician assistant and:

12 (1) In the presence of a physician, physician assistant or a registered nurse;  
13 or

14 (2) Under the supervision of a physician, physician assistant or a registered  
15 nurse if the student is authorized by the college or school to administer the  
16 substance outside the presence of a physician, physician assistant or nurse.

17 ➤ A medical student or student nurse may administer a controlled substance in the  
18 presence or under the supervision of a registered nurse alone only if the  
19 circumstances are such that the registered nurse would be authorized to administer  
20 it personally.

21 (f) An ultimate user or any person whom the ultimate user designates pursuant  
22 to a written agreement.

23 (g) Any person designated by the head of a correctional institution.

24 (h) A veterinary technician at the direction of his or her supervising  
25 veterinarian.

26 (i) In accordance with applicable regulations of the State Board of Health, an  
27 employee of a residential facility for groups, as defined in NRS 449.017, pursuant to  
28 a written agreement entered into by the ultimate user.

29 (j) In accordance with applicable regulations of the State Board of Pharmacy,  
30 an animal control officer, a wildlife biologist or an employee designated by a  
31 federal, state or local governmental agency whose duties include the control of  
32 domestic, wild and predatory animals.

33 (k) A person who is enrolled in a training program to become a paramedic,  
34 respiratory therapist or veterinary technician if the person possesses and administers  
35 the controlled substance in the same manner and under the same conditions that  
36 apply, respectively, to a paramedic, respiratory therapist or veterinary technician  
37 who may possess and administer the controlled substance, and under the direct  
38 supervision of a person licensed or registered to perform the respective medical art  
39 or a supervisor of such a person.

40 (l) A registered pharmacist pursuant to written guidelines and protocols  
41 developed pursuant to NRS 639.2629 or a collaborative practice agreement, as  
42 defined in NRS 639.0052.

43 2. As used in this section, "accredited college of medicine" means:

44 (a) A medical school that is accredited by the Liaison Committee on Medical  
45 Education of the American Medical Association and the Association of American  
46 Medical Colleges or their successor organizations; or

47 (b) A school of osteopathic medicine, as defined in NRS 633.121.

48 **Sec. 42.** NRS 454.213 is hereby amended to read as follows:

49 454.213 1. Except as otherwise provided in NRS 454.217 **§** and sections  
50 **10 to 39, inclusive, of this act**, a drug or medicine referred to in NRS 454.181 to  
51 454.371, inclusive, may be possessed and administered by:

52 (a) A practitioner.



1 (b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS, at  
2 the direction of his or her supervising physician or a licensed dental hygienist  
3 acting in the office of and under the supervision of a dentist.

4 (c) Except as otherwise provided in paragraph (d), a registered nurse licensed  
5 to practice professional nursing or licensed practical nurse, at the direction of a  
6 prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of  
7 NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant  
8 to a chart order, for administration to a patient at another location.

9 (d) In accordance with applicable regulations of the Board, a registered nurse  
10 licensed to practice professional nursing or licensed practical nurse who is:

11 (1) Employed by a health care agency or health care facility that is  
12 authorized to provide emergency care, or to respond to the immediate needs of a  
13 patient, in the residence of the patient; and

14 (2) Acting under the direction of the medical director of that agency or  
15 facility who works in this State.

16 (e) A medication aide - certified at a designated facility under the supervision  
17 of an advanced practice registered nurse or registered nurse and in accordance with  
18 standard protocols developed by the State Board of Nursing. As used in this  
19 paragraph, "designated facility" has the meaning ascribed to it in NRS 632.0145.

20 (f) Except as otherwise provided in paragraph (g), an advanced emergency  
21 medical technician or a paramedic, as authorized by regulation of the State Board of  
22 Pharmacy and in accordance with any applicable regulations of:

23 (1) The State Board of Health in a county whose population is less than  
24 100,000;

25 (2) A county board of health in a county whose population is 100,000 or  
26 more; or

27 (3) A district board of health created pursuant to NRS 439.362 or 439.370  
28 in any county.

29 (g) An advanced emergency medical technician or a paramedic who holds an  
30 endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a  
31 local health officer or a designee of the local health officer pursuant to that section.

32 (h) A respiratory therapist employed in a health care facility. The therapist may  
33 possess and administer respiratory products only at the direction of a physician.

34 (i) A dialysis technician, under the direction or supervision of a physician or  
35 registered nurse only if the drug or medicine is used for the process of renal  
36 dialysis.

37 (j) A medical student or student nurse in the course of his or her studies at an  
38 accredited college of medicine or approved school of professional or practical  
39 nursing, at the direction of a physician and:

40 (1) In the presence of a physician or a registered nurse; or

41 (2) Under the supervision of a physician or a registered nurse if the student  
42 is authorized by the college or school to administer the drug or medicine outside the  
43 presence of a physician or nurse.

44 (k) A medical student or student nurse may administer a dangerous drug in the  
45 presence or under the supervision of a registered nurse alone only if the  
46 circumstances are such that the registered nurse would be authorized to administer  
47 it personally.

48 (l) Any person designated by the head of a correctional institution.

49 (m) An ultimate user or any person designated by the ultimate user pursuant to a  
50 written agreement.

51 (n) A holder of a license to engage in radiation therapy and radiologic imaging  
52 issued pursuant to chapter 653 of NRS, at the direction of a physician and in  
53 accordance with any conditions established by regulation of the Board.

1 (n) A chiropractic physician, but only if the drug or medicine is a topical drug  
2 used for cooling and stretching external tissue during therapeutic treatments.

3 (o) A physical therapist, but only if the drug or medicine is a topical drug  
4 which is:

5 (1) Used for cooling and stretching external tissue during therapeutic  
6 treatments; and

7 (2) Prescribed by a licensed physician for:

8 (I) Iontophoresis; or

9 (II) The transmission of drugs through the skin using ultrasound.

10 (p) In accordance with applicable regulations of the State Board of Health, an  
11 employee of a residential facility for groups, as defined in NRS 449.017, pursuant  
12 to a written agreement entered into by the ultimate user.

13 (q) A veterinary technician or a veterinary assistant at the direction of his or  
14 her supervising veterinarian.

15 (r) In accordance with applicable regulations of the Board, a registered  
16 pharmacist who:

17 (1) Is trained in and certified to carry out standards and practices for  
18 immunization programs;

19 (2) Is authorized to administer immunizations pursuant to written protocols  
20 from a physician; and

21 (3) Administers immunizations in compliance with the “Standards for  
22 Immunization Practices” recommended and approved by the Advisory Committee  
23 on Immunization Practices of the Centers for Disease Control and Prevention.

24 (s) A registered pharmacist pursuant to written guidelines and protocols  
25 developed pursuant to NRS 639.2629 or a collaborative practice agreement, as  
26 defined in NRS 639.0052.

27 (t) A person who is enrolled in a training program to become a physician  
28 assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist,  
29 advanced emergency medical technician, paramedic, respiratory therapist, dialysis  
30 technician, physical therapist or veterinary technician or to obtain a license to  
31 engage in radiation therapy and radiologic imaging pursuant to chapter 653 of NRS  
32 if the person possesses and administers the drug or medicine in the same manner  
33 and under the same conditions that apply, respectively, to a physician assistant  
34 licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced  
35 emergency medical technician, paramedic, respiratory therapist, dialysis technician,  
36 physical therapist, veterinary technician or person licensed to engage in radiation  
37 therapy and radiologic imaging who may possess and administer the drug or  
38 medicine, and under the direct supervision of a person licensed or registered to  
39 perform the respective medical art or a supervisor of such a person.

40 (u) A medical assistant, in accordance with applicable regulations of the:

41 (1) Board of Medical Examiners, at the direction of the prescribing  
42 physician and under the supervision of a physician or physician assistant.

43 (2) State Board of Osteopathic Medicine, at the direction of the prescribing  
44 physician and under the supervision of a physician or physician assistant.

45 2. As used in this section, “accredited college of medicine” has the meaning  
46 ascribed to it in NRS 453.375.

47 **Sec. 43.** NRS 454.215 is hereby amended to read as follows:

48 454.215 ~~[A]~~ *Except as otherwise provided in sections 10 to 39, inclusive, of*  
49 *this act, a dangerous drug may be dispensed by:*

50 1. A registered pharmacist upon the legal prescription from a practitioner or  
51 to a pharmacy in a correctional institution upon the written order of the prescribing  
52 practitioner in charge;

1 2. A pharmacy in a correctional institution, in case of emergency, upon a  
2 written order signed by the chief medical officer;

3 3. A practitioner, or a physician assistant licensed pursuant to chapter 630 or  
4 633 of NRS if authorized by the Board;

5 4. A registered nurse, when the nurse is engaged in the performance of any  
6 public health program approved by the Board;

7 5. A medical intern in the course of his or her internship;

8 6. An advanced practice registered nurse who holds a certificate from the  
9 State Board of Pharmacy permitting him or her to dispense dangerous drugs;

10 7. A registered nurse employed at an institution of the Department of  
11 Corrections to an offender in that institution;

12 8. A registered pharmacist from an institutional pharmacy pursuant to  
13 regulations adopted by the Board; or

14 9. A registered nurse to a patient at a rural clinic that is designated as such  
15 pursuant to NRS 433.233 and that is operated by the Division of Public and  
16 Behavioral Health of the Department of Health and Human Services if the nurse is  
17 providing mental health services at the rural clinic,

18 ~~but~~ except that no person may dispense a dangerous drug in violation of a regulation  
19 adopted by the Board.

20 **Sec. 44.** NRS 133.065 is hereby amended to read as follows:

21 133.065 1. Except *as otherwise provided in subsection 2 or* to the extent  
22 that it violates public policy, a testator may:

23 ~~1. (a)~~ (a) Make a devise conditional upon a devisee's action or failure to take  
24 action or upon the occurrence or nonoccurrence of one or more specified events;  
25 and

26 ~~2. (b)~~ (b) Specify the conditions or actions which would disqualify a person  
27 from serving or which would constitute cause for removal of a person who is  
28 serving in any capacity under the will, including, without limitation, as a personal  
29 representative, guardian or trustee.

30 2. *Any provision in a will executed on or after the effective date of this act*  
31 *that conditions a devise on any person requesting or failing to request a*  
32 *medication designed to end his or her life, revoking such a request or self-*  
33 *administering such a medication in accordance with the provision of sections 10*  
34 *to 39, inclusive, of this act is unenforceable and void.*

35 **Sec. 45.** NRS 159.054 is hereby amended to read as follows:

36 159.054 1. If the court finds that the proposed protected person is not  
37 incapacitated and is not in need of a guardian, the court shall dismiss the petition.

38 2. If the court finds that the proposed protected person is of limited capacity  
39 and is in need of a special guardian, the court shall enter an order accordingly and  
40 specify the powers and duties of the special guardian.

41 3. If the court finds that appointment of a general guardian is required, the  
42 court shall appoint a general guardian of the person, estate, or person and estate of  
43 the proposed protected person.

44 4. *A proposed protected person shall not be deemed to be in need of a*  
45 *general or special guardian based solely upon a request by the proposed protected*  
46 *person for a medication that is designed to end his or her life or the revocation of*  
47 *such a request if made in accordance with the provisions of sections 10 to 39,*  
48 *inclusive, of this act.*

49 **Sec. 46.** NRS 239.010 is hereby amended to read as follows:

50 239.010 1. Except as otherwise provided in this section and NRS 1.4683,  
51 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095, 49.293, 62D.420, 62D.440,  
52 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100,  
53 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515,

1 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,  
2 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880,  
3 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119A.677,  
4 119B.370, 119B.382, 120A.640, 120A.690, 125.130, 125B.140, 126.141, 126.161,  
5 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090,  
6 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015,  
7 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691,  
8 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604,  
9 202.3662, 205.4651, 209.392, 209.3923, 209.3925, 209.419, 209.429, 209.521,  
10 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464,  
11 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350,  
12 224.240, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473,  
13 232.1369, 233.190, 237.300, 239.0105, 239.0113, 239.014, 239B.026, 239B.030,  
14 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270,  
15 239C.420, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335,  
16 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095,  
17 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350,  
18 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 284.4086,  
19 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830, 293.4855,  
20 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908,  
21 293.910, 293B.135, 293D.510, 331.110, 332.061, 332.351, 332.333, 333.335,  
22 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775,  
23 353.205, 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255,  
24 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180, 370.257,  
25 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.350,  
26 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513,  
27 388.750, 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120, 391.925,  
28 392.029, 392.147, 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335,  
29 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465,  
30 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525, 396.535,  
31 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 414.280,  
32 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872,  
33 432.028, 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407,  
34 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534, 433A.360,  
35 439.4941, 439.4988, 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754,  
36 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395,  
37 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209, 449.245,  
38 449.4315, 449A.112, 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055,  
39 458.280, 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993,  
40 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935,  
41 480.940, 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340,  
42 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830, 484B.833, 484E.070,  
43 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655,  
44 587.877, 598.0964, 598.098, 598A.110, 598A.420, 599B.090, 603.070, 603A.210,  
45 604A.303, 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350,  
46 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110, 624.265,  
47 624.327, 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069,  
48 630.133, 630.2671, 630.2672, 630.2673, 630.30665, 630.336, 630A.327,  
49 630A.555, 631.332, 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405,  
50 633.283, 633.301, 633.4715, 633.4716, 633.4717, 633.524, 634.055, 634.1303,  
51 634.214, 634A.169, 634A.185, 635.111, 635.158, 636.262, 636.342, 637.085,  
52 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485, 639.570,  
53 640.075, 640.152, 640A.185, 640A.220, 640B.405, 640B.730, 640C.580,

1 640C.600, 640C.620, 640C.745, 640C.760, 640D.135, 640D.190, 640E.225,  
2 640E.340, 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217, 641A.262,  
3 641B.170, 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320,  
4 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050, 645A.082, 645B.060,  
5 645B.092, 645C.220, 645C.225, 645D.130, 645D.135, 645G.510, 645H.320,  
6 645H.330, 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126,  
7 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133,  
8 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340,  
9 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122, 679B.124,  
10 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270, 681A.440,  
11 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170,  
12 686C.306, 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480,  
13 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538,  
14 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196,  
15 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and section 33 of this act*,  
16 sections 35, 38 and 41 of chapter 478, Statutes of Nevada 2011 and section 2 of  
17 chapter 391, Statutes of Nevada 2013 and unless otherwise declared by law to be  
18 confidential, all public books and public records of a governmental entity must be  
19 open at all times during office hours to inspection by any person, and may be fully  
20 copied or an abstract or memorandum may be prepared from those public books  
21 and public records. Any such copies, abstracts or memoranda may be used to  
22 supply the general public with copies, abstracts or memoranda of the records or  
23 may be used in any other way to the advantage of the governmental entity or of the  
24 general public. This section does not supersede or in any manner affect the federal  
25 laws governing copyrights or enlarge, diminish or affect in any other manner the  
26 rights of a person in any written book or record which is copyrighted pursuant to  
27 federal law.

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

30 3. A governmental entity that has legal custody or control of a public book or  
31 record shall not deny a request made pursuant to subsection 1 to inspect or copy or  
32 receive a copy of a public book or record on the basis that the requested public  
33 book or record contains information that is confidential if the governmental entity  
34 can redact, delete, conceal or separate, including, without limitation, electronically,  
35 the confidential information from the information included in the public book or  
36 record that is not otherwise confidential.

37 4. If requested, a governmental entity shall provide a copy of a public record  
38 in an electronic format by means of an electronic medium. Nothing in this  
39 subsection requires a governmental entity to provide a copy of a public record in an  
40 electronic format or by means of an electronic medium if:

41 (a) The public record:

- 42 (1) Was not created or prepared in an electronic format; and
- 43 (2) Is not available in an electronic format; or

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

- 46 (1) Give access to proprietary software; or
- 47 (2) Require the production of information that is confidential and that  
48 cannot be redacted, deleted, concealed or separated from information that is not  
49 otherwise confidential.

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

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

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

7 **Sec. 46.2.** NRS 259.010 is hereby amended to read as follows:

8 259.010 1. Every county in this State constitutes a coroner's district, except  
9 a county where a coroner is appointed pursuant to the provisions of NRS 244.163.

10 2. The provisions of this chapter, except NRS 259.025, 259.045, 259.047,  
11 259.049, subsections ~~3~~ 4 and ~~4~~ 5 of NRS 259.050, NRS 259.053 and 259.150 to  
12 259.180, inclusive, do not apply to any county where a coroner is appointed  
13 pursuant to the provisions of NRS 244.163.

14 **Sec. 46.5.** NRS 259.050 is hereby amended to read as follows:

15 259.050 1. When a coroner or the coroner's deputy is informed that a  
16 person has been killed, has committed suicide or has suddenly died under such  
17 circumstances as to afford reasonable ground to suspect that the death has been  
18 occasioned by unnatural means, the coroner shall make an appropriate  
19 investigation.

20 2. *When a coroner or the coroner's deputy is informed or otherwise*  
21 *discovers that a person has self-administered a medication designed to end his or*  
22 *her life pursuant to sections 10 to 39, inclusive, of this act, the coroner:*

23 (a) *May make an appropriate investigation to the extent necessary to*  
24 *determine that the cause of the terminal condition with which the person was*  
25 *diagnosed; and*

26 (b) *Must cease investigating the death after determining that the terminal*  
27 *condition with which the person was diagnosed resulted from a natural cause.*

28 3. In all cases where it is apparent or can be reasonably inferred that the death  
29 may have been caused by a criminal act, the coroner or the coroner's deputy shall  
30 notify the district attorney of the county where the inquiry is made, and the district  
31 attorney shall make an investigation with the assistance of the coroner. If the sheriff  
32 is not ex officio the coroner, the coroner shall also notify the sheriff, and the district  
33 attorney and sheriff shall make the investigation with the assistance of the coroner.

34 ~~3~~ 4. If it is apparent to or can be reasonably inferred by the coroner that a  
35 death may have been caused by drug use or poisoning, the coroner shall cause a  
36 postmortem examination to be performed on the decedent by a forensic pathologist  
37 unless the death occurred following a hospitalization stay of 24 hours or more.

38 ~~4~~ 5. A coroner may issue a subpoena for the production of any document,  
39 record or material that is directly related or believed to contain evidence related to  
40 an investigation by the coroner.

41 ~~5~~ 6. The holding of a coroner's inquest is within the sound discretion of the  
42 district attorney or district judge of the county. An inquest need not be conducted in  
43 any case of death manifestly occasioned by natural cause, suicide, accident, motor  
44 vehicle crash or when it is publicly known that the death was caused by a person  
45 already in custody, but an inquest must be held unless the district attorney or a  
46 district judge certifies that no inquest is required.

47 ~~6~~ 7. If an inquest is to be held, the district attorney shall call upon a justice  
48 of the peace of the county to preside over it. The justice of the peace shall summon  
49 three persons qualified by law to serve as jurors, to appear before the justice of the  
50 peace forthwith at the place where the body is or such other place within the county  
51 as may be designated by him or her to inquire into the cause of death.

52 ~~7~~ 8. A single inquest may be held with respect to more than one death,  
53 where all the deaths were occasioned by a common cause.

1       **Sec. 47.** NRS 639.238 is hereby amended to read as follows:

2       639.238 1. Prescriptions filled and on file in a pharmacy are not a public  
3 record. Except as otherwise provided in NRS 439.538 and 639.2357, **and section**  
4 **33 of this act**, a pharmacist shall not divulge the contents of any prescription or  
5 provide a copy of any prescription, except to:

6       (a) The patient for whom the original prescription was issued;

7       (b) The practitioner who originally issued the prescription;

8       (c) A practitioner who is then treating the patient;

9       (d) A member, inspector or investigator of the Board or an inspector of the  
10 Food and Drug Administration or an agent of the Investigation Division of the  
11 Department of Public Safety;

12       (e) An agency of state government charged with the responsibility of providing  
13 medical care for the patient;

14       (f) An insurance carrier, on receipt of written authorization signed by the  
15 patient or his or her legal guardian, authorizing the release of such information;

16       (g) Any person authorized by an order of a district court;

17       (h) Any member, inspector or investigator of a professional licensing board  
18 which licenses a practitioner who orders prescriptions filled at the pharmacy;

19       (i) Other registered pharmacists for the limited purpose of and to the extent  
20 necessary for the exchange of information relating to persons who are suspected of:

21           (1) Misusing prescriptions to obtain excessive amounts of drugs; or

22           (2) Failing to use a drug in conformity with the directions for its use or  
23 taking a drug in combination with other drugs in a manner that could result in  
24 injury to that person;

25       (j) A peace officer employed by a local government for the limited purpose of  
26 and to the extent necessary:

27           (1) For the investigation of an alleged crime reported by an employee of  
28 the pharmacy where the crime was committed; or

29           (2) To carry out a search warrant or subpoena issued pursuant to a court  
30 order; or

31       (k) A county coroner, medical examiner or investigator employed by an office  
32 of a county coroner for the purpose of:

33           (1) Identifying a deceased person;

34           (2) Determining a cause of death; or

35           (3) Performing other duties authorized by law.

36       2. Any copy of a prescription for a controlled substance or a dangerous drug  
37 as defined in chapter 454 of NRS that is issued to a county coroner, medical  
38 examiner or investigator employed by an office of a county coroner must be limited  
39 to a copy of the prescription filled or on file for:

40       (a) The person whose name is on the container of the controlled substance or  
41 dangerous drug that is found on or near the body of a deceased person; or

42       (b) The deceased person whose cause of death is being determined.

43       3. Except as otherwise provided in NRS 639.2357, any copy of a prescription  
44 for a controlled substance or a dangerous drug as defined in chapter 454 of NRS,  
45 issued to a person authorized by this section to receive such a copy, must contain all  
46 of the information appearing on the original prescription and be clearly marked on  
47 its face "Copy, Not Refillable—For Reference Purposes Only." The copy must bear  
48 the name or initials of the registered pharmacist who prepared the copy.

49       4. If a copy of a prescription for any controlled substance or a dangerous drug  
50 as defined in chapter 454 of NRS is furnished to the customer, the original  
51 prescription must be voided and notations made thereon showing the date and the  
52 name of the person to whom the copy was furnished.

53       5. As used in this section, "peace officer" does not include:

1 (a) A member of the Police Department of the Nevada System of Higher  
2 Education.

3 (b) A school police officer who is appointed or employed pursuant to NRS  
4 391.281.

5 **Sec. 48.** Chapter 688A of NRS is hereby amended by adding thereto a new  
6 section to read as follows:

7 *1. An insurer shall not deny a claim under a policy of life insurance or*  
8 *annuity contract, cancel a policy of life insurance or annuity contract or impose*  
9 *an additional charge on a policyholder or beneficiary solely because the insured*  
10 *has, in accordance with the provisions of sections 10 to 39, inclusive, of this act,*  
11 *requested a medication designed to end the life of the insured, revoked such a*  
12 *request or self-administered such a medication.*

13 *2. Any provision of a policy of life insurance or annuity contract that, in*  
14 *conflict with the provisions of this section, allows the denial of a claim or*  
15 *cancellation of the policy or contract and which is included in a policy or*  
16 *contract that has been or is delivered, issued for delivery or renewed before, on or*  
17 *after the effective date of this act is void and unenforceable.*

18 **Sec. 49.** Chapter 688B of NRS is hereby amended by adding thereto a new  
19 section to read as follows:

20 *1. An insurer shall not deny a claim under a policy of group life insurance,*  
21 *cancel a policy of group life insurance or impose an additional charge on a*  
22 *policyholder or beneficiary solely because the insured has, in accordance with the*  
23 *provisions of sections 10 to 39, inclusive, of this act, requested a medication*  
24 *designed to end the life of the insured, revoked such a request or self-*  
25 *administered such a medication.*

26 *2. Any provision of a policy of group life insurance that, in conflict with the*  
27 *provisions of this section, allows the denial of a claim or cancellation of the*  
28 *policy and which is included in a policy that has been or is delivered, issued for*  
29 *delivery or renewed before, on or after the effective date of this act is void and*  
30 *unenforceable.*

31 **Sec. 50.** NRS 688B.040 is hereby amended to read as follows:

32 688B.040 No policy of group life insurance shall be delivered in this State  
33 unless it contains in substance the provisions set forth in NRS 688B.040 to  
34 688B.150, inclusive, *and section 49 of this act*, or provisions which in the opinion  
35 of the Commissioner are more favorable to the persons insured, or at least as  
36 favorable to the persons insured and more favorable to the policyholder; except:

37 1. NRS 688B.100 to 688B.140, inclusive, do not apply to policies issued to a  
38 creditor to insure debtors of such creditor;

39 2. The standard provisions required for individual life insurance policies do  
40 not apply to group life insurance policies; and

41 3. If the group life insurance policy is on a plan of insurance other than the  
42 term plan, it shall contain a nonforfeiture provision or provisions which in the  
43 opinion of the Commissioner is or are equitable to the insured persons and to the  
44 policyholder; but nothing in this subsection shall be construed to require that group  
45 life insurance policies contain the same nonforfeiture provisions as are required for  
46 individual life insurance policies.

47 **Sec. 51.** Not later than 45 days after the effective date of this act, the  
48 Division of Public and Behavioral Health of the Department of Health and Human  
49 Services shall prescribe and make available on an Internet website maintained by  
50 the Division the forms for making the reports required by section 33 of this act.

51 **Sec. 52.** This act becomes effective upon passage and approval.