
ASSEMBLY BILL NO. 351—ASSEMBLYMAN FLORES

MARCH 22, 2021

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 40-882)

FISCAL NOTE: Effect on Local Government: Increases or Newly Provides for Term of Imprisonment in County or City Jail or Detention Facility.
Effect on the State: Yes.

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

AN ACT relating to public health; 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 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; prohibiting certain fraudulent, deceptive or coercive acts 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 refusing to sell or provide life insurance or denying benefits 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; providing penalties; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

1 Existing law authorizes a patient who has been diagnosed with a terminal
2 condition to refuse life-resuscitating or life-sustaining treatment in certain
3 circumstances. (NRS 449A.400-449A.581, 450B.400-450B.590) **Sections 5-30** of
4 this bill authorize a patient, under certain circumstances, to self-administer a
5 medication that is designed to end the life of the patient. **Sections 6-12** of this bill
6 define relevant terms. **Section 13** of this bill authorizes a patient to request that his
7 or her physician prescribe a medication that is designed to end his or her life if the
8 patient: (1) is at least 18 years of age; (2) has been diagnosed with a terminal
9 condition by at least two physicians; (3) is a resident of this State; (4) has made an
10 informed and voluntary decision to end his or her own life; (5) is competent; and
11 (6) is not requesting the medication because of coercion or undue influence.
12 **Section 14** of this bill prescribes certain requirements concerning the manner in
13 which a patient may request a medication that is designed to end the life of the
14 patient, including that the patient must make two verbal requests and one written
15 request for the medication, and that the written request for the medication must be
16 signed by a witness. **Section 15** of this bill prescribes the form for the written
17 request for the medication. **Section 16** of this bill imposes certain requirements
18 before a physician is allowed to prescribe a medication that is designed to end the
19 life of a patient, including that the physician: (1) inform the patient of his or her
20 right to revoke a request for the medication at any time; (2) determine and verify
21 that the patient meets the requirements for making such a request; (3) discuss
22 certain relevant factors with the patient, including the diagnosis and prognosis of
23 the patient and alternative options for care; (4) refer the patient to a consulting
24 physician who can confirm the diagnosis, prognosis and competence of the patient
25 and that the patient has not been coerced or unduly influenced; and (5) instruct the
26 patient against self-administering the medication in public. **Section 17** of this bill
27 requires a physician who determines that a patient who has requested a prescription
28 for a medication that is designed to end his or her life may not be competent to refer
29 the patient to a qualified mental health professional and to receive confirmation
30 about the patient's competence.

31 **Section 18** of this bill: (1) prescribes procedures for the issuance of a
32 prescription for a medication that is designed to end the life of the patient; and (2)
33 provides that only an attending physician or pharmacist may dispense such a
34 medication. **Section 19** of this bill prohibits an attending physician from
35 prescribing a medication that is designed to end the life of a patient based solely on
36 the age or disability of the patient. **Section 20** of this bill requires certain providers
37 of health care to include certain information concerning requests and prescriptions
38 for and the dispensing of a medication that is designed to end the life of a patient in
39 the medical record of the patient. If a patient who has requested a medication that is
40 designed to end the life of a patient transfers care to another physician or health
41 care facility, **sections 20 and 28** of this bill require the physician or health care
42 facility that previously provided care to the patient to transfer the patient's medical
43 records to the new physician or health care facility. **Section 23** of this bill
44 prescribes certain information that must be reported to the Division of Public and
45 Behavioral Health of the Department of Health and Human Services relating to a
46 patient who has been prescribed or self-administered such a medication. **Section 24**
47 of this bill requires the Division to compile an annual report concerning the
48 implementation of the provisions of this bill authorizing a patient to request a
49 prescription for a medication that is designed to end the life of the patient. **Sections**
50 **23, 24, 37 and 41** of this bill provide that such information is otherwise
51 confidential when reported to the Division.

52 **Section 21** of this bill allows a patient, at any time, to revoke a request for a
53 medication that is designed to end his or her life. **Sections 22 and 32** of this bill
54 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 22** establishes requirements for the disposal of any unused portion of the medication.

Section 30 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 25** 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 suicide or homicide when done in accordance with the provisions of this bill, and **section 2** of this bill requires a death certificate to list the terminal condition of the patient as the cause of death of the patient. **Sections 1 and 3** of this bill provide that a coroner, coroner's deputy or local health officer is: (1) not required to certify the cause of such a death; and (2) prohibited from investigating such a death under certain circumstances.

Sections 26 and 35 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.

Existing law makes it a category A felony to administer poison or cause poison to be administered with the intention of causing the death of a person. Such a crime is punishable by imprisonment for life with eligibility for parole after 5 years, or by a definite term of 15 years with eligibility for parole after 5 years. (NRS 200.390) **Section 27** of this bill makes it a category A felony with the same punishment to engage in certain fraudulent or coercive acts intended to cause a person to self-administer a medication that is designed to end the life of the person.

Section 28 of this bill clarifies that a physician 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 28** requires a physician to provide that information or refer the patient to another provider of health care who is willing to do so. **Section 28** also provides that a pharmacist is not required to fill a prescription for or dispense such a medication. **Section 29** of this bill allows the owner or operator of a health care facility to prohibit an employee or independent contractor of a 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 30** of this bill prohibits a health care facility, provider of health care or professional association from taking certain actions against an employee, independent contractor or member who: (1) provides accurate information concerning end-of-life care to a patient within or outside the scope of employment, contract or membership, as applicable; or (2) facilitates the prescription or self-administration of a medication that is designed to end the life of the patient outside the scope of the employment, contract or membership, as applicable. **Sections 31-34** of this bill make conforming changes to clarify that a physician or pharmacist may 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 36 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.



Existing law creates certain civil and criminal penalties for willfully engaging in a deceptive trade practice. (NRS 598.0973, 598.0999) **Section 38** of this bill makes it a deceptive trade practice for a provider of health care or an owner, officer, employee or independent contractor of a health care facility to knowingly engage in any false, misleading or deceptive conduct concerning the willingness of the provider or health care facility to take certain actions relating to the prescription and self-administration of a medication that is designed to end the life of the patient.

Sections 39 and 40 of this bill clarify that an advanced practice registered nurse is not authorized to prescribe a medication that is designed to end the life of a patient.

Sections 42 and 43 of this bill prohibit insurers from: (1) refusing to sell, provide or issue a policy of life insurance or group life insurance or annuity contract or charging a higher rate because a person makes or revokes a request for a medication that is designed to end the life of the person or self-administers such a medication; or (2) 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 44** 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
2 right to self-determination concerning his or her health care
3 decisions based on his or her values, beliefs or personal preferences;
4 and

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

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

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

15 WHEREAS, The integration of medical aid in dying into standard
16 end-of-life care has demonstrably improved such care by
17 contributing to better conversations between providers of health care
18 and patients, earlier and more appropriate enrollment in hospice care
19 and better training concerning palliative care for providers; and

20 WHEREAS, Patient-directed care respects and responds to the
21 decisions, preferences, needs and values of individual patients,
22 ensures that the values of patients direct all clinical decisions
23 concerning their care and ensures that patients are fully informed of
24 and able to access the options for care that they desire; now,
25 therefore,



1 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
2 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:
3

4 **Section 1.** Chapter 440 of NRS is hereby amended by adding
5 thereto a new section to read as follows:

6 **1. A coroner, coroner's deputy or local health officer:**

7 (a) *Is not required to certify the cause of death of a patient*
8 *who dies after self-administering a medication that is designed to*
9 *end the life of the patient in accordance with the provisions of*
10 *sections 5 to 30, inclusive, of this act; and*

11 (b) *Must not investigate the death of a patient who dies after*
12 *self-administering a medication that is designed to end the life of*
13 *the patient in accordance with the provisions of sections 5 to 30,*
14 *inclusive, of this act if the coroner or coroner's deputy confirms*
15 *the circumstances of the death with a physician responsible for*
16 *overseeing the care of the patient or the physician who prescribed*
17 *the medication.*

18 **2. A coroner, coroner's deputy or local health officer may**
19 **access any records or information submitted to the Division of**
20 **Public and Behavioral Health of the Department of Health and**
21 **Human Services pursuant to section 23 of this act to confirm that**
22 **a patient died from self-administering a medication that is**
23 **designed to end the life of the patient in accordance with the**
24 **provisions of sections 5 to 30, inclusive, of this act.**

25 **Sec. 2.** NRS 440.380 is hereby amended to read as follows:

26 440.380 1. ~~The~~ **Except as otherwise provided in subsection**

27 **3, the** medical certificate of death must be signed by the physician
28 or advanced practice registered nurse, if any, last in attendance on
29 the deceased, or pursuant to regulations adopted by the Board, it
30 may be signed by the attending physician's associate physician, the
31 chief medical officer of the hospital or institution in which the death
32 occurred, or the pathologist who performed an autopsy upon the
33 deceased. The person who signs the medical certificate of death
34 shall specify:

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

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

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

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



1 **3. The medical certificate of death of a patient who dies after**
2 **self-administering a medication that is designed to end the life of**
3 **the patient in accordance with sections 5 to 30, inclusive, of this**
4 **act:**

5 **(a) May be signed by the physician who prescribed the**
6 **medication or the operator of a facility for hospice care, as defined**
7 **in NRS 449.0033, at which the patient dies;**

8 **(b) Must specify the terminal condition with which the patient**
9 **was diagnosed as the cause of death; and**

10 **(c) Must not mention that the patient self-administered a**
11 **medication that is designed to end the life of the patient.**

12 **Sec. 3.** NRS 440.420 is hereby amended to read as follows:

13 440.420 1. In case of any death occurring without medical
14 attendance, the funeral director shall notify the local health officer,
15 coroner or coroner's deputy of such death and refer the case to the
16 local health officer, coroner or coroner's deputy . ~~for immediate~~
17 ~~investigation and certification.~~ **Except as otherwise provided in**
18 **section 1 of this act, the coroner, coroner's deputy or local health**
19 **officer shall immediately investigate the death and certify the**
20 **cause of death.**

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

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

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

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

38 **Sec. 4.** Chapter 449A of NRS is hereby amended by adding
39 thereto the provisions set forth as sections 5 to 30, inclusive, of this
40 act.

41 **Sec. 5.** **As used in sections 5 to 30, inclusive, of this act,**
42 **unless the context otherwise requires, the words and terms defined**
43 **in sections 6 to 12, inclusive, of this act have the meanings**
44 **ascribed to them in those sections.**



1 **Sec. 6.** *“Attending physician” means the physician who has*
2 *primary responsibility for the treatment of a terminal condition*
3 *from which a patient suffers.*

4 **Sec. 7.** *“Competent” means that a person has the ability to*
5 *make, communicate and understand the nature of decisions*
6 *concerning his or her health care.*

7 **Sec. 8.** *“Consulting physician” means a physician to whom a*
8 *patient is referred pursuant to paragraph (d) of subsection 1 of*
9 *section 16 of this act for confirmation of the diagnosis and*
10 *prognosis of the patient and that the patient is competent.*

11 **Sec. 9.** *“Division” means the Division of Public and*
12 *Behavioral Health of the Department of Health and Human*
13 *Services.*

14 **Sec. 10.** *“Health care facility” means any facility licensed*
15 *pursuant to chapter 449 of NRS.*

16 **Sec. 11.** *“Person professionally qualified in the field of*
17 *psychiatric mental health” has the meaning ascribed to it in NRS*
18 *433.209.*

19 **Sec. 12.** *“Terminal condition” means an incurable and*
20 *irreversible condition that will, in accordance with reasonable*
21 *medical judgment, result in death within 6 months.*

22 **Sec. 13.** *A patient may request that his or her attending*
23 *physician prescribe a medication that is designed to end the life of*
24 *the patient if the patient:*

- 25 1. *Is at least 18 years of age;*
- 26 2. *Has been diagnosed with a terminal condition by the*
27 *attending physician and at least one consulting physician;*
- 28 3. *Is a resident of this State;*
- 29 4. *Has made an informed and voluntary decision to end his*
30 *or her own life;*
- 31 5. *Is competent; and*
- 32 6. *Is not requesting the medication because of coercion,*
33 *deception or undue influence.*

34 **Sec. 14.** *1. A patient who wishes to obtain a prescription for*
35 *a medication that is designed to end his or her life must:*

36 (a) *Make two verbal requests for the medication to his or her*
37 *attending physician. Except as otherwise provided in this*
38 *paragraph, the second verbal request must be made at least 15*
39 *days after the first verbal request. If the attending physician*
40 *determines that the patient is reasonably likely to die within 15*
41 *days after the first verbal request, the patient may make the second*
42 *verbal request at any time.*

43 (b) *Make a written request for the medication in the manner*
44 *prescribed pursuant to section 15 of this act and submit the written*
45 *request to the attending physician. The written request for the*



1 medication must be signed by the patient and one witness, who
2 must not be:

- 3 (1) Related to the patient by blood, marriage or adoption;
- 4 (2) Entitled to any portion of the estate of the patient upon
5 death under a will or by operation of law;
- 6 (3) An owner, operator or employee of a health care facility
7 where the patient is receiving treatment or is a resident;
- 8 (4) The attending physician; or
- 9 (5) An interpreter for the patient.

10 (c) Provide to the attending physician proof that the patient is
11 a resident of this State.

12 2. An oral or written request pursuant to this section may not
13 be made:

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

18 (b) In an advance directive.

19 3. As used in this section:

20 (a) "Advance directive" has the meaning ascribed to it in
21 NRS 449A.703.

22 (b) "Facility for long-term care" has the meaning ascribed to
23 it in NRS 427A.028.

24 (c) "Supporter" has the meaning ascribed to it in
25 NRS 162C.090.

26 **Sec. 15.** A written request for a medication that is designed to
27 end the life of a patient must be in substantially the following
28 form:

29
30 **REQUEST FOR A MEDICATION**
31 **THAT IS DESIGNED TO END MY LIFE**

32
33 I,, am an adult of sound mind.

34
35 I have been diagnosed with
36 and given a prognosis of less than 6 months to live.

37
38 I have been fully informed of my diagnosis, my
39 prognosis and the feasible alternative, concurrent or
40 additional treatment opportunities, including comfort care,
41 hospice care and pain control. I have been offered resources
42 or referrals to pursue these alternative, concurrent or
43 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 physician prescribe a medication that I may self-administer to end my life and authorize my attending physician 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. 16. 1. *Before prescribing a medication that is designed to end the life of a patient, the attending physician 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 14 of this act;

(b) Determine and verify, after each verbal and written request for the medication made pursuant to subsection 1 of section 14 of this act and immediately before writing the prescription, that the patient meets the requirements of subsections 4, 5 and 6 of section 13 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;



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

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

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

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

10 (d) *Refer the patient to a consulting physician who is qualified*
11 *by reason of specialty or experience to diagnose the terminal*
12 *condition of the patient for examination and receive written*
13 *confirmation from that physician of the diagnosis and prognosis*
14 *of the patient and that the patient meets the requirements of*
15 *subsections 4, 5 and 6 of section 13 of this act;*

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

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

22 2. *The attending physician shall refer the patient for comfort*
23 *care, palliative care, hospice care, pain control or other end-of-life*
24 *care if requested or as clinically indicated.*

25 **Sec. 17. 1.** *If the attending physician to whom a patient*
26 *makes a request for a medication that is designed to end the life of*
27 *the patient or the consulting physician to whom a patient is*
28 *referred pursuant to paragraph (d) of subsection 1 of section 16 of*
29 *this act determines that the patient may not be competent:*

30 (a) *The attending physician or consulting physician, as*
31 *applicable, must refer the patient for examination by a person*
32 *professionally qualified in the field of psychiatric mental health;*
33 *and*

34 (b) *The attending physician must not prescribe a medication*
35 *that is designed to end the life of the patient unless the person*
36 *professionally qualified in the field of psychiatric mental health*
37 *concludes, based on the examination, that the patient is competent*
38 *to make a decision concerning whether to end his or her life.*

39 2. *If a patient is examined pursuant to subsection 1, the*
40 *person professionally qualified in the field of psychiatric mental*
41 *health must provide to the attending physician and, if applicable,*
42 *the consulting physician who made the referral, his or her written*
43 *determination regarding whether the patient is competent to make*
44 *a decision concerning whether to end his or her life.*



1 **Sec. 18. 1.** *Except as otherwise provided in section 19 of*
2 *this act, the attending physician of a patient may prescribe a*
3 *medication that is designed to end the life of the patient after the*
4 *attending physician has ensured that the requirements of sections*
5 *13 to 17, inclusive, of this act have been met.*

6 2. *After an attending physician prescribes a medication that*
7 *is designed to end the life of a patient, the attending physician*
8 *shall, after obtaining the written consent of the patient, contact a*
9 *pharmacist and inform the pharmacist of the prescription. After*
10 *the pharmacist has been notified, the attending physician shall*
11 *transmit the prescription directly to the pharmacist.*

12 3. *A medication that is designed to end the life of a patient*
13 *may only be dispensed by a registered pharmacist or by the*
14 *attending physician of the patient. A pharmacist may only*
15 *dispense such a medication pursuant to a valid prescription*
16 *provided by an attending physician in accordance with subsection*
17 *2 to:*

18 (a) *The patient;*

19 (b) *The attending physician who prescribed the medication; or*

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

22 **Sec. 19.** *An attending physician shall not prescribe a*
23 *medication that is designed to end the life of a patient based solely*
24 *on the age or disability of the patient.*

25 **Sec. 20. 1.** *The attending physician of a patient who*
26 *requests a medication that is designed to end the life of the patient*
27 *shall document in the medical record of the patient:*

28 (a) *Each request for such a medication made by the patient,*
29 *including, without limitation, by including in the record a copy of*
30 *the written request submitted pursuant to paragraph (b) of*
31 *subsection 1 of section 14 of this act, and each revocation of such*
32 *a request;*

33 (b) *The diagnosis and the prognosis of the patient provided by*
34 *the attending physician;*

35 (c) *Each determination made by the attending physician*
36 *concerning whether the patient meets the requirements of*
37 *subsections 4, 5 and 6 of section 13 of this act;*

38 (d) *Confirmation that:*

39 (1) *The attending physician offered the patient the*
40 *opportunity to revoke his or her second verbal request for the*
41 *medication, as required by subsection 1 of section 16 of this act;*
42 *and*

43 (2) *The requirements set forth in sections 5 to 30, inclusive,*
44 *of this act have been satisfied; and*



1 (e) *The name, amount and dosage of any medication that is*
2 *designed to end the life of the patient and any ancillary*
3 *medications that the attending physician prescribes for the patient.*

4 2. *A consulting physician shall report to the attending*
5 *physician of the patient and document in the medical record of the*
6 *patient his or her:*

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

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

11 (c) *Determination concerning whether the patient meets the*
12 *requirements of subsections 4, 5 and 6 of section 13 of this act.*

13 3. *A person professionally qualified in the field of psychiatric*
14 *mental health to whom a patient is referred pursuant to section 17*
15 *of this act shall document in the medical record of the patient his*
16 *or her determination of whether the patient is competent to make a*
17 *decision concerning whether to end his or her life.*

18 4. *If a patient who has requested a medication that is*
19 *designed to end his or her life changes his or her attending*
20 *physician or transfers his or her care to a different health care*
21 *facility, the prior attending physician and health care facility, as*
22 *applicable, must, upon the request of the patient or the new*
23 *attending physician or health care facility, forward the medical*
24 *records of the patient to the new attending physician or health*
25 *care facility, as applicable.*

26 **Sec. 21.** 1. *A patient who requests a medication that is*
27 *designed to end his or her life may revoke the request at any time,*
28 *without regard to his or her age or physical or mental condition.*

29 2. *The revocation of a request for such a medication becomes*
30 *effective immediately upon the patient communicating the*
31 *revocation to his or her attending physician. When the patient*
32 *revokes such a request, the attending physician must document the*
33 *revocation in the medical record of the patient.*

34 **Sec. 22.** 1. *Only a patient to whom a medication that is*
35 *designed to end his or her life is prescribed may administer the*
36 *medication. No other person may administer the medication to the*
37 *patient, including, without limitation, by intravenous or*
38 *intraperitoneal injection. Any person who is present may assist the*
39 *patient in preparing the medication for self-administration.*

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

43 **Sec. 23.** 1. *An attending physician who prescribes a*
44 *medication that is designed to end the life of a patient shall:*



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

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

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

13 3. *Except as otherwise provided in NRS 239.0115 and*
14 *sections 1 and 24 of this act, any information or records submitted*
15 *to the Division pursuant to this section are confidential.*

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

19 5. *The provisions of subsection 1 of section 30 of this act do*
20 *not apply to a physician who willfully fails to comply with the*
21 *requirements of this section.*

22 **Sec. 24.** *On or before February 1 of each year, the Division*
23 *shall:*

24 1. *Compile an annual report concerning the implementation*
25 *of the provisions of sections 5 to 30, inclusive, of this act. The*
26 *report:*

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

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

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

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

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

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

39 **Sec. 25.** 1. *Death resulting from a patient self-*
40 *administering a medication that is designed to end his or her life*
41 *in accordance with the provisions of sections 5 to 30, inclusive, of*
42 *this act does not constitute suicide or homicide.*

43 2. *Any report or other document produced by this State, any*
44 *political subdivision of this State or any agency, board,*
45 *commission, department, officer, employee or agent of this State*



1 *must refer to a request for, acquisition of, prescription of,*
2 *dispensing of and self-administration of a medication that is*
3 *designed to end the life of a patient as a request for, acquisition of,*
4 *prescription of, dispensing of and self-administration, as*
5 *applicable, of a medication that is designed to end the life of a*
6 *patient.*

7 **Sec. 26.** 1. *A person shall not prevent a patient from*
8 *making or revoking or require a patient to make or revoke a*
9 *request for a medication that is designed to end the life of the*
10 *patient as a condition of receiving health care.*

11 2. *Any provision in any contract or agreement entered into*
12 *before, on or after the effective date of this act, whether written or*
13 *oral, that would affect the right of a patient to take any action in*
14 *accordance with the provisions of sections 5 to 30, inclusive, of*
15 *this act is unenforceable and void.*

16 **Sec. 27.** 1. *It is unlawful for any person to:*

17 (a) *Alter or forge a request for a medication that is designed to*
18 *end the life of another person with the intent of causing the death*
19 *of that other person;*

20 (b) *Coerce or exert undue influence on a person to:*

21 (1) *Request a medication that is designed to end the life of*
22 *the person;*

23 (2) *Refrain from revoking a request for a medication that is*
24 *designed to end the life of the person pursuant to section 21 of this*
25 *act; or*

26 (3) *Self-administer a medication that is designed to end the*
27 *life of the person; or*

28 (c) *Willfully conceal, cancel, deface, obliterate or withhold*
29 *personal knowledge of the revocation by a person of a request for*
30 *a medication that is designed to end the life of the person.*

31 2. *Any person who violates this section is guilty of a category*
32 *A felony and shall be punished by imprisonment in the state*
33 *prison:*

34 (a) *For life with the possibility of parole, with eligibility for*
35 *parole beginning when a minimum of 5 years has been served; or*

36 (b) *For a definite term of 15 years, with eligibility for parole*
37 *beginning when a minimum of 5 years has been served.*

38 **Sec. 28.** 1. *The provisions of sections 5 to 30, inclusive, of*
39 *this act do not:*

40 (a) *Require an attending physician to prescribe a medication*
41 *that is designed to end the life of a patient or require a pharmacist*
42 *to fill a prescription for or dispense such a medication;*

43 (b) *Affect the responsibility of a physician to provide*
44 *information and treatment in accordance with the standard of*



1 care, including, without limitation, treatment for a patient's
2 comfort or alleviation of pain; or

3 (c) Condone, authorize or approve mercy killing, euthanasia
4 or assisted suicide.

5 2. An attending physician shall provide a patient who is
6 diagnosed with a terminal condition with complete and accurate
7 information concerning his or her available options for care and
8 the risks and benefits of each option. If an attending physician is
9 unwilling or unable to provide information concerning the
10 prescription and self-administration of a medication that is
11 designed to end the life of the patient in accordance with sections
12 5 to 30, inclusive, of this act to a patient who requests such
13 information, the attending physician must refer the patient to
14 another provider of health care who is willing and able to provide
15 this information. An attending physician who fails to comply with
16 the requirements of this subsection shall be deemed to have failed
17 to obtain informed consent to any care provided to the patient
18 after the request.

19 3. If a patient requests pursuant to section 14 of this act that
20 the attending physician prescribe a medication that is designed to
21 end the life of the patient and the attending physician is unwilling
22 or unable to issue any prescription for such medication, the
23 attending physician must:

24 (a) Document the request and the date of the request in the
25 medical record of the patient; and

26 (b) Upon request, transfer the medical records of the patient as
27 required by subsection 4 of section 20 of this act.

28 **Sec. 29.** 1. Except as otherwise required by section 28 of
29 this act, the owner or operator of a health care facility may
30 prohibit:

31 (a) Any employee or independent contractor of the health care
32 facility from providing any services described in sections 5 to 30,
33 inclusive, of this act while acting within the scope of his or her
34 employment or contract, as applicable, with the health care
35 facility; or

36 (b) Any other person, including, without limitation, an
37 employee or independent contractor of the health care facility or
38 another provider of health care who provides services on the
39 premises of the health care facility, from providing any services
40 described in sections 5 to 30, inclusive, of this act on the premises
41 of the health care facility.

42 2. An owner or operator of a health care facility who
43 prohibits any person from providing services described in sections
44 5 to 30, inclusive, of this act shall provide notice of the prohibition
45 to:



1 (a) Each employee and independent contractor of the health
2 care facility at the time of hiring and annually thereafter; and

3 (b) Each provider of health care not described in paragraph
4 (a) who provides services on the premises of the health care
5 facility, including, without limitation, through telehealth as
6 defined in NRS 629.515, at the time the provider of health care
7 begins providing services on the premises of the health care
8 facility and annually thereafter.

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

16 **Sec. 30. 1.** Except as otherwise provided in section 23 of
17 this act:

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

19 (1) Prohibit an employee or independent contractor from:

20 (I) Providing services described in sections 5 to 30,
21 inclusive, of this act outside the scope of the employment or
22 contract, as applicable, and off the premises of the health care
23 facility or any premises owned or operated by the provider of
24 health care;

25 (II) Being present when a patient self-administers a
26 medication that is designed to end the life of the patient outside the
27 scope of the employment or contract, as applicable, and off the
28 premises of the health care facility or any premises owned or
29 operated by the provider of health care; or

30 (III) Providing accurate, scientific information
31 concerning the diagnosis and prognosis of a patient or options for
32 treatment of a terminal condition, including, without limitation,
33 the administration of a medication that is designed to end the life
34 of a patient, or providing information concerning available health
35 care services and other resources, including, without limitation,
36 information about how to access such services and resources,
37 when discussing the options of the patient for end-of-life care; or

38 (2) Discharge, demote, censure, suspend, revoke or suspend
39 the privileges of, discipline or otherwise penalize an employee or
40 independent contractor who takes any action described in
41 subparagraph (1).

42 (b) A professional organization or association shall not:

43 (1) Prohibit a member from:

44 (I) Providing services described in sections 5 to 30,
45 inclusive, of this act outside the scope of his or her membership



1 *and off the premises owned or operated by the professional*
2 *organization or association;*

3 (II) *Being present when a patient self-administers a*
4 *medication that is designed to end the life of the patient outside the*
5 *scope of his or her membership and off the premises owned or*
6 *operated by the professional organization or association; or*

7 (III) *Providing accurate, scientific information*
8 *concerning the diagnosis and prognosis of a patient or options for*
9 *treatment of a terminal condition, including, without limitation,*
10 *the administration of a medication that is designed to end the life*
11 *of a patient, or providing information concerning available health*
12 *care services and other resources when discussing the options of*
13 *the patient for end-of-life care; or*

14 (2) *Terminate or suspend the membership of, revoke the*
15 *privileges of, censure, discipline or otherwise penalize a member*
16 *who takes any action described in subparagraph (1).*

17 (c) *A physician, person professionally qualified in the field of*
18 *psychiatric mental health, pharmacist or other provider of health*
19 *care is not subject to professional discipline, does not violate any*
20 *applicable standard of care and is not subject to any civil or*
21 *criminal penalty solely because the provider of health care takes*
22 *any action authorized by sections 5 to 30, inclusive, of this act.*

23 (d) *A health care facility is not subject to disciplinary action,*
24 *does not violate any applicable standard of care and is not subject*
25 *to any civil or criminal penalty solely because an employee or*
26 *independent contractor of the health care facility takes any action*
27 *authorized by sections 5 to 30, inclusive, of this act.*

28 (e) *A person other than a provider of health care is not subject*
29 *to professional discipline, does not violate any applicable standard*
30 *of care and is not subject to any civil or criminal penalty solely*
31 *because the person:*

32 (1) *Assists a patient in preparing a medication that is*
33 *designed to end the life of the patient in accordance with*
34 *subsection 1 of section 22 of this act; or*

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

38 2. *If any part of paragraph (a) of subsection 1 conflicts with*
39 *requirements concerning the receipt of federal money by this*
40 *State, the conflicting provision does not apply solely to the extent*
41 *of the conflict with respect to the health care facility or provider of*
42 *health care directly affected.*

43 3. *The provisions of this section do not limit liability for*
44 *damages resulting from the negligence or intentional misconduct*



1 *of any person providing services pursuant to sections 5 to 30,*
2 *inclusive, of this act*

3 **Sec. 31.** NRS 453.256 is hereby amended to read as follows:

4 453.256 1. A prescription for a controlled substance must be
5 given to a pharmacy in compliance with NRS 639.23535. A
6 prescription for a substance included in schedule II must not be
7 refilled. A prescription for a substance included in schedule III or IV
8 which is a dangerous drug as determined under NRS 454.201 must
9 not be filled or refilled more than 6 months after the date thereof or
10 be refilled more than five times, unless renewed by the practitioner.

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

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

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

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

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

27 7. As used in this section, "medical treatment" includes
28 ~~{dispensing}~~ :

29 (a) *Dispensing* or administering a narcotic drug for pain,
30 whether or not intractable ~~{;}~~ ; and

31 (b) *Dispensing a medication that is designed to end the life of a*
32 *patient pursuant to the provisions of sections 5 to 30, inclusive, of*
33 *this act.*

34 **Sec. 32.** NRS 453.375 is hereby amended to read as follows:

35 453.375 1. ~~{A}~~ *Except as otherwise provided in sections 5 to*
36 *30, inclusive, of this act, a* controlled substance may be possessed
37 and administered by the following persons:

38 (a) A practitioner.

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

44 (c) A paramedic:

45 (1) As authorized by regulation of:



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

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

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

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

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

10 (III) A district board of health created pursuant to NRS
11 439.362 or 439.370 in any county.

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

14 (e) A medical student, student in training to become a physician
15 assistant or student nurse in the course of his or her studies at an
16 accredited college of medicine or approved school of professional or
17 practical nursing, at the direction of a physician or physician
18 assistant and:

19 (1) In the presence of a physician, physician assistant or a
20 registered nurse; or

21 (2) Under the supervision of a physician, physician assistant
22 or a registered nurse if the student is authorized by the college or
23 school to administer the substance outside the presence of a
24 physician, physician assistant or nurse.

25 ↪ A medical student or student nurse may administer a controlled
26 substance in the presence or under the supervision of a registered
27 nurse alone only if the circumstances are such that the registered
28 nurse would be authorized to administer it personally.

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

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

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

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

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

44 (k) A person who is enrolled in a training program to become a
45 paramedic, respiratory therapist or veterinary technician if the




1 person possesses and administers the controlled substance in the
2 same manner and under the same conditions that apply, respectively,
3 to a paramedic, respiratory therapist or veterinary technician who
4 may possess and administer the controlled substance, and under the
5 direct supervision of a person licensed or registered to perform the
6 respective medical art or a supervisor of such a person.

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

9 (a) A medical school that is accredited by the Liaison
10 Committee on Medical Education of the American Medical
11 Association and the Association of American Medical Colleges or
12 their successor organizations; or

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

15 **Sec. 33.** NRS 454.213 is hereby amended to read as follows:

16 454.213 1. Except as otherwise provided in NRS 454.217 
17 *and sections 5 to 30, inclusive, of this act*, a drug or medicine
18 referred to in NRS 454.181 to 454.371, inclusive, may be possessed
19 and administered by:

20 (a) A practitioner.

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

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

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

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

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

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



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

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

7 (2) A county board of health in a county whose population is
8 100,000 or more; or

9 (3) A district board of health created pursuant to NRS
10 439.362 or 439.370 in any county.

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

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

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

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

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

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

28 ➤ A medical student or student nurse may administer a dangerous
29 drug in the presence or under the supervision of a registered nurse
30 alone only if the circumstances are such that the registered nurse
31 would be authorized to administer it personally.

32 (k) Any person designated by the head of a correctional
33 institution.

34 (l) An ultimate user or any person designated by the ultimate
35 user pursuant to a written agreement.

36 (m) A holder of a license to engage in radiation therapy and
37 radiologic imaging issued pursuant to chapter 653 of NRS, at the
38 direction of a physician and in accordance with any conditions
39 established by regulation of the Board.

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

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



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

3 (2) Prescribed by a licensed physician for:

4 (I) Iontophoresis; or

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

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

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

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

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

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

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

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

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

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



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

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

7 2. As used in this section, "accredited college of medicine" has
8 the meaning ascribed to it in NRS 453.375.

9 **Sec. 34.** NRS 454.215 is hereby amended to read as follows:

10 454.215 ~~[A]~~ *Except as otherwise provided in sections 5 to 30,*
11 *inclusive, of this act, a dangerous drug may be dispensed by:*

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

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

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

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

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

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

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

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

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

34 ↪ except that no person may dispense a dangerous drug in violation
35 of a regulation adopted by the Board.

36 **Sec. 35.** NRS 133.065 is hereby amended to read as follows:

37 133.065 1. Except *as otherwise provided in subsection 2 or*
38 *to the extent that it violates public policy, a testator may:*

39 ~~[1]~~ (a) Make a devise conditional upon a devisee's action or
40 failure to take action or upon the occurrence or nonoccurrence of
41 one or more specified events; and

42 ~~[2]~~ (b) Specify the conditions or actions which would
43 disqualify a person from serving or which would constitute cause
44 for removal of a person who is serving in any capacity under the



1 will, including, without limitation, as a personal representative,
2 guardian or trustee.

3 *2. Any provision in a will executed on or after the effective*
4 *date of this act that conditions a devise on any person requesting*
5 *or failing to request a medication designed to end his or her life,*
6 *revoking such a request or self-administering such a medication*
7 *in accordance with the provision of sections 5 to 30, inclusive, of*
8 *this act is unenforceable and void.*

9 **Sec. 36.** NRS 159.054 is hereby amended to read as follows:

10 159.054 1. If the court finds that the proposed protected
11 person is not incapacitated and is not in need of a guardian, the court
12 shall dismiss the petition.

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

17 3. If the court finds that appointment of a general guardian is
18 required, the court shall appoint a general guardian of the person,
19 estate, or person and estate of the proposed protected person.

20 *4. A proposed protected person shall not be deemed to be in*
21 *need of a general or special guardian based solely upon a request*
22 *by the proposed protected person for a medication that is designed*
23 *to end his or her life or the revocation of such a request if made in*
24 *accordance with the provisions of sections 5 to 30, inclusive, of*
25 *this act.*

26 **Sec. 37.** NRS 239.010 is hereby amended to read as follows:

27 239.010 1. Except as otherwise provided in this section and
28 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293,
29 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170,
30 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113,
31 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200,
32 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345,
33 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880,
34 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280,
35 119A.653, 119A.677, 119B.370, 119B.382, 120A.690, 125.130,
36 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057,
37 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050,
38 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015,
39 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715,
40 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771,
41 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392,
42 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140,
43 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464,
44 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240,
45 218G.350, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069,



1 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239.014,
2 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230,
3 239C.250, 239C.270, 239C.420, 240.007, 241.020, 241.030,
4 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560,
5 250.087, 250.130, 250.140, 250.150, 268.095, 268.0978, 268.490,
6 268.910, 269.174, 271A.105, 281.195, 281.805, 281A.350,
7 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068,
8 286.110, 286.118, 287.0438, 289.025, 289.080, 289.387, 289.830,
9 293.4855, 293.5002, 293.503, 293.504, 293.558, 293.5757, 293.870,
10 293.906, 293.908, 293.910, 293B.135, 293D.510, 331.110, 332.061,
11 332.351, 333.333, 333.335, 338.070, 338.1379, 338.1593, 338.1725,
12 338.1727, 348.420, 349.597, 349.775, 353.205, 353A.049,
13 353A.085, 353A.100, 353C.240, 360.240, 360.247, 360.255,
14 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160, 368A.180,
15 370.257, 370.327, 372A.080, 378.290, 378.300, 379.0075, 379.008,
16 379.1495, 385A.830, 385B.100, 387.626, 387.631, 388.1455,
17 388.259, 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249,
18 391.033, 391.035, 391.0365, 391.120, 391.925, 392.029, 392.147,
19 392.264, 392.271, 392.315, 392.317, 392.325, 392.327, 392.335,
20 392.850, 393.045, 394.167, 394.16975, 394.1698, 394.447, 394.460,
21 394.465, 396.3295, 396.405, 396.525, 396.535, 396.9685,
22 398A.115, 408.3885, 408.3886, 408.3888, 408.5484, 412.153,
23 414.280, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
24 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175,
25 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902,
26 432C.140, 432C.150, 433.534, 433A.360, 437.145, 437.207,
27 439.4941, 439.840, 439.914, 439B.420, 439B.754, 439B.760,
28 440.170, 441A.195, 441A.220, 441A.230, 442.330, 442.395,
29 442.735, 442.774, 445A.665, 445B.570, 445B.7773, 447.345,
30 449.209, 449.245, 449.4315, 449A.112, 450.140, 450B.188,
31 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050,
32 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993,
33 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.535, 480.545,
34 480.935, 480.940, 481.063, 481.091, 481.093, 482.170, 482.5536,
35 483.340, 483.363, 483.575, 483.659, 483.800, 484A.469, 484E.070,
36 485.316, 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160,
37 584.655, 587.877, 598.0964, 598.098, 598A.110, 599B.090,
38 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012,
39 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238,
40 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425,
41 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069,
42 630.133, 630.2673, 630.30665, 630.336, 630A.555, 631.368,
43 632.121, 632.125, 632.3415, 632.405, 633.283, 633.301, 633.4715,
44 633.524, 634.055, 634.214, 634A.185, 635.158, 636.107, 637.085,
45 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075,



1 640A.220, 640B.730, 640C.580, 640C.600, 640C.620, 640C.745,
2 640C.760, 640D.190, 640E.340, 641.090, 641.221, 641.325,
3 641A.191, 641A.262, 641A.289, 641B.170, 641B.282, 641B.460,
4 641C.760, 641C.800, 642.524, 643.189, 644A.870, 645.180,
5 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,
6 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,
7 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228,
8 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133,
9 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380,
10 676A.340, 676A.370, 677.243, 678A.470, 678C.710, 678C.800,
11 679B.122, 679B.124, 679B.152, 679B.159, 679B.190, 679B.285,
12 679B.690, 680A.270, 681A.440, 681B.260, 681B.410, 681B.540,
13 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306, 687A.110,
14 687A.115, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696,
15 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538,
16 692C.354, 692C.420, 693A.480, 693A.615, 696B.550, 696C.120,
17 703.196, 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and*
18 *section 23 of this act*, sections 35, 38 and 41 of chapter 478,
19 Statutes of Nevada 2011 and section 2 of chapter 391, Statutes of
20 Nevada 2013 and unless otherwise declared by law to be
21 confidential, all public books and public records of a governmental
22 entity must be open at all times during office hours to inspection by
23 any person, and may be fully copied or an abstract or memorandum
24 may be prepared from those public books and public records. Any
25 such copies, abstracts or memoranda may be used to supply the
26 general public with copies, abstracts or memoranda of the records or
27 may be used in any other way to the advantage of the governmental
28 entity or of the general public. This section does not supersede or in
29 any manner affect the federal laws governing copyrights or enlarge,
30 diminish or affect in any other manner the rights of a person in any
31 written book or record which is copyrighted pursuant to federal law.
32 2. A governmental entity may not reject a book or record
33 which is copyrighted solely because it is copyrighted.
34 3. A governmental entity that has legal custody or control of a
35 public book or record shall not deny a request made pursuant to
36 subsection 1 to inspect or copy or receive a copy of a public book or
37 record on the basis that the requested public book or record contains
38 information that is confidential if the governmental entity can
39 redact, delete, conceal or separate, including, without limitation,
40 electronically, the confidential information from the information
41 included in the public book or record that is not otherwise
42 confidential.
43 4. If requested, a governmental entity shall provide a copy of a
44 public record in an electronic format by means of an electronic
45 medium. Nothing in this subsection requires a governmental entity



1 to provide a copy of a public record in an electronic format or by
2 means of an electronic medium if:

3 (a) The public record:

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

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

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

8 (1) Give access to proprietary software; or

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

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

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

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

22 **Sec. 38.** NRS 598.0923 is hereby amended to read as follows:

23 598.0923 A person engages in a "deceptive trade practice"
24 when in the course of his or her business or occupation he or she
25 knowingly:

26 1. Conducts the business or occupation without all required
27 state, county or city licenses.

28 2. Fails to disclose a material fact in connection with the sale
29 or lease of goods or services.

30 3. Violates a state or federal statute or regulation relating to the
31 sale or lease of goods or services.

32 4. Uses coercion, duress or intimidation in a transaction.

33 5. As the seller in a land sale installment contract, fails to:

34 (a) Disclose in writing to the buyer:

35 (1) Any encumbrance or other legal interest in the real
36 property subject to such contract; or

37 (2) Any condition known to the seller that would affect the
38 buyer's use of such property.

39 (b) Disclose the nature and extent of legal access to the real
40 property subject to such agreement.

41 (c) Record the land sale installment contract pursuant to NRS
42 111.315 within 30 calendar days after the date upon which the seller
43 accepts the first payment from the buyer under such a contract.

44 (d) Pay the tax imposed on the land sale installment contract
45 pursuant to chapter 375 of NRS.



1 (e) Include terms in the land sale installment contract providing
2 rights and protections to the buyer that are substantially the same as
3 those under a foreclosure pursuant to chapter 40 of NRS.

4 ➤ As used in this subsection, “land sale installment contract” has
5 the meaning ascribed to it in paragraph (d) of subsection 1 of
6 NRS 375.010.

7 **6. As a provider of health care, as defined in NRS 629.031, or**
8 **an owner, officer, employee or independent contractor of a health**
9 **care facility, as defined in section 10 of this act, engages in any**
10 **false, misleading or deceptive conduct concerning the willingness**
11 **of the provider or health care facility to take any action authorized**
12 **by sections 5 to 30, inclusive, of this act, including, without**
13 **limitation:**

14 (a) **Determining whether a patient is eligible to receive a**
15 **prescription for a medication designed to end the life of the patient**
16 **in accordance with sections 13 to 17, inclusive, of this act; and**

17 (b) **Issuing such a prescription or dispensing such a**
18 **medication.**

19 **Sec. 39.** NRS 639.1375 is hereby amended to read as follows:

20 639.1375 1. Subject to the limitations set forth in NRS
21 632.237 **and except as otherwise provided in section 18 of this**
22 **act**, an advanced practice registered nurse may dispense controlled
23 substances, poisons, dangerous drugs and devices if the advanced
24 practice registered nurse:

25 (a) Passes an examination administered by the State Board of
26 Nursing on Nevada law relating to pharmacy and submits to the
27 State Board of Pharmacy evidence of passing that examination;

28 (b) Is authorized to do so by the State Board of Nursing in a
29 license issued by that Board; and

30 (c) Applies for and obtains a certificate of registration from the
31 State Board of Pharmacy and pays the fee set by a regulation
32 adopted by the Board. The Board may set a single fee for the
33 collective certification of advanced practice registered nurses in the
34 employ of a public or nonprofit agency and a different fee for the
35 individual certification of other advanced practice registered nurses.

36 2. The State Board of Pharmacy shall consider each application
37 from an advanced practice registered nurse separately, and may:

38 (a) Issue a certificate of registration limiting:

39 (1) The authority of the advanced practice registered nurse to
40 dispense controlled substances, poisons, dangerous drugs and
41 devices;

42 (2) The area in which the advanced practice registered nurse
43 may dispense;



1 (3) The kind and amount of controlled substances, poisons,
2 dangerous drugs and devices which the certificate permits the
3 advanced practice registered nurse to dispense; and

4 (4) The practice of the advanced practice registered nurse
5 which involves controlled substances, poisons, dangerous drugs and
6 devices in any manner which the Board finds necessary to protect
7 the health, safety and welfare of the public;

8 (b) Issue a certificate of registration without any limitation not
9 contained in the license issued by the State Board of Nursing; or

10 (c) Refuse to issue a certificate of registration, regardless of the
11 provisions of the license issued by the State Board of Nursing.

12 3. If a certificate of registration issued pursuant to this section
13 is suspended or revoked, the Board may also suspend or revoke the
14 registration of the physician for and with whom the advanced
15 practice registered nurse is in practice to dispense controlled
16 substances.

17 4. The Board shall adopt regulations setting forth the maximum
18 amounts of any controlled substance, poison, dangerous drug and
19 devices which an advanced practice registered nurse who holds a
20 certificate from the Board may dispense, the conditions under which
21 they must be stored, transported and safeguarded, and the records
22 which each such nurse shall keep. In adopting its regulations, the
23 Board shall consider:

24 (a) The areas in which an advanced practice registered nurse
25 who holds a certificate from the Board can be expected to practice
26 and the populations of those areas;

27 (b) The experience and training of the advanced practice
28 registered nurse;

29 (c) Distances between areas of practice and the nearest hospitals
30 and physicians;

31 (d) Whether the advanced practice registered nurse is authorized
32 to prescribe a controlled substance listed in schedule II pursuant to a
33 protocol approved by a collaborating physician;

34 (e) Effects on the health, safety and welfare of the public; and

35 (f) Other factors which the Board considers important to the
36 regulation of the practice of advanced practice registered nurses who
37 hold certificates from the Board.

38 **Sec. 40.** NRS 639.2351 is hereby amended to read as follows:

39 639.2351 1. ~~[An]~~ *Except as otherwise provided in sections 5*
40 *to 30, inclusive, of this act, an* advanced practice registered nurse
41 may prescribe, in accordance with NRS 454.695 and 632.237,
42 controlled substances, poisons, dangerous drugs and devices if the
43 advanced practice registered nurse:

44 (a) Is authorized to do so by the State Board of Nursing in a
45 license issued by that Board; and



1 (b) Applies for and obtains a certificate of registration from the
2 State Board of Pharmacy and pays the fee set by a regulation
3 adopted by the Board.

4 2. The State Board of Pharmacy shall consider each application
5 from an advanced practice registered nurse separately, and may:

6 (a) Issue a certificate of registration; or

7 (b) Refuse to issue a certificate of registration, regardless of the
8 provisions of the license issued by the State Board of Nursing.

9 **Sec. 41.** NRS 639.238 is hereby amended to read as follows:

10 639.238 1. Prescriptions filled and on file in a pharmacy are
11 not a public record. Except as otherwise provided in NRS 439.538
12 and 639.2357, *and section 23 of this act*, a pharmacist shall not
13 divulge the contents of any prescription or provide a copy of any
14 prescription, except to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



- 1 (1) Identifying a deceased person;
- 2 (2) Determining a cause of death; or
- 3 (3) Performing other duties authorized by law.

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

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

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

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

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

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

28 (a) A member of the Police Department of the Nevada System
29 of Higher Education.

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

32 **Sec. 42.** Chapter 688A of NRS is hereby amended by adding
33 thereto a new section to read as follows:

34 ***1. An insurer shall not:***

35 (a) *Deny a claim under a policy of life insurance or annuity*
36 *contract, cancel a policy of life insurance or annuity contract or*
37 *impose an additional charge on a policyholder or beneficiary*
38 *solely because the insured has, in accordance with the provisions*
39 *of sections 5 to 30, inclusive, of this act, requested a medication*
40 *designed to end the life of the insured, revoked such a request or*
41 *self-administered such a medication.*

42 (b) *Refuse to sell, provide or issue a policy of life insurance or*
43 *annuity contract that covers a person or charge a higher rate to*
44 *cover a person solely because the person has, in accordance with*
45 *the provisions of sections 5 to 30, inclusive, of this act, requested a*



1 *medication designed to end the life of the person or revoked such a*
2 *request.*

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

9 **Sec. 43.** Chapter 688B of NRS is hereby amended by adding
10 thereto a new section to read as follows:

11 *1. An insurer shall not:*

12 *(a) Deny a claim under a policy of group life insurance, cancel*
13 *a policy of group life insurance or impose an additional charge on*
14 *a policyholder or beneficiary solely because the insured has, in*
15 *accordance with the provisions of sections 5 to 30, inclusive, of*
16 *this act, requested a medication designed to end the life of the*
17 *insured, revoked such a request or self-administered such a*
18 *medication.*

19 *(b) Refuse to sell, provide or issue a policy of group life*
20 *insurance that covers a person or charge a higher rate to cover a*
21 *person solely because the person has, in accordance with the*
22 *provisions of sections 5 to 30, inclusive, of this act, requested a*
23 *medication designed to end the life of the person or revoked such a*
24 *request.*

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

31 **Sec. 44.** NRS 688B.040 is hereby amended to read as follows:

32 688B.040 No policy of group life insurance shall be delivered
33 in this State unless it contains in substance the provisions set forth in
34 NRS 688B.040 to 688B.150, inclusive, *and section 43 of this act*, or
35 provisions which in the opinion of the Commissioner are more
36 favorable to the persons insured, or at least as favorable to the
37 persons insured and more favorable to the policyholder; except:

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

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

42 3. If the group life insurance policy is on a plan of insurance
43 other than the term plan, it shall contain a nonforfeiture provision or
44 provisions which in the opinion of the Commissioner is or are
45 equitable to the insured persons and to the policyholder; but nothing



1 in this subsection shall be construed to require that group life
2 insurance policies contain the same nonforfeiture provisions as are
3 required for individual life insurance policies.

4 **Sec. 45.** Not later than 45 days after the effective date of this
5 act, the Division of Public and Behavioral Health of the Department
6 of Health and Human Services shall prescribe and make available
7 on an Internet website maintained by the Division the forms for
8 making the reports required by section 25 of this act.

9 **Sec. 46.** This act becomes effective upon passage and
10 approval.

