ASSEMBLY BILL NO. 424–ASSEMBLYMAN SPRINKLE

MARCH 27, 2017

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing the determination of death. (BDR 40-1025)

FISCAL NOTE: Effect on Local Government: No.

Effect on the State: No.

EXPLANATION - Matter in bolded italics is new; matter between brackets formitted material is material to be omitted.

AN ACT relating to the determination of death; revising provisions relating to the determination of brain death; revising provisions relating to the use of organ-sustaining treatment on a person determined to be brain dead under certain circumstances; requiring reasonable efforts to be made to inform the family or authorized representative of a person declared brain dead regarding the determination and the potential costs of continuing the administration of organ-sustaining treatment on the person; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides that a person is dead if it is determined that the person has either sustained irreversible cessation of: (1) circulatory and respiratory functions; or (2) all brain function, including the function of his or her brain stem. Existing law further provides that such a determination must be made in accordance with accepted medical standards. (NRS 451.007) Section 2 of this bill requires that a determination of brain death be made in accordance with the applicable guidelines set forth in: (1) "Evidence-based Guideline Update: Determining Brain Death in Adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology," published by the American Academy of Neurology, or subsequent revisions approved by the Academy; or (2) "Guidelines for the Determination of Brain Death in Infants and Children: An Update of the 1987 Task Force Recommendations," published by the Pediatric Section of the Society of Critical Care Medicine or subsequent revisions approved by the Pediatric Section. Section 1 of this bill provides that consent from the person's authorized representative or authorized family member is not required to make a determination of brain death. Section 1 prohibits the withdrawal of organ-sustaining treatment from a person determined to be brain dead if that person: (1) is pregnant and it is probable that the pregnancy will result in a live birth with continued use of



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organ-sustaining treatment; or (2) is an organ donor. **Section 1** also requires that:
(1) after a person is declared brain dead, reasonable efforts must be made to inform the person's family or authorized representative of such determination; and (2) the health care facility inform the person's family or authorized representative that the cost for continued administration of organ-sustaining treatment for the person declared brain dead may become the responsibility of the person's estate or family.

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

Section 1. Chapter 451 of NRS is hereby amended by adding thereto a new section to read as follows:

- 1. A determination of the death of a person made pursuant to paragraph (b) of subsection 1 of NRS 451.007 is a clinical decision that does not require the consent of the person's authorized representative or the family member with the authority to consent or withhold consent.
- 2. Organ-sustaining treatment must not be withheld or withdrawn from a person determined to be dead pursuant to paragraph (b) of subsection 1 of NRS 451.007 who is known to the attending physician to be:
- (a) Pregnant, so long as it is probable that the fetus will develop to the point of live birth with continued application of organ-sustaining treatment; or
- 15 (b) A donor or potential donor of an anatomical gift, for the 16 amount of time necessary to successfully recover the anatomical 17 gift.
 - 3. After a determination of the death of a person is made pursuant to paragraph (b) of subsection 1 of NRS 451.007, reasonable efforts must be made:
 - (a) By the person's provider of health care to notify a family member or other authorized representative of the person of the determination of death; and
 - (b) By the health care facility in which the determination of death was made to inform a family member or other authorized representative of the person that the potential costs of continuing to administer organ-sustaining treatment may become the responsibility of the person's estate or family.
 - 4. As used in this section:
 - (a) "Anatomical gift" has the meaning ascribed to it in NRS 451.513.
 - (b) "Organ-sustaining treatment" means a medical procedure or intervention conducted after a person has been determined to be dead pursuant to paragraph (b) of subsection 1 of NRS 451.007



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that serves only to prolong the viability of the organs of the person or a fetus carried by the person.

- **Sec. 2.** NRS 451.007 is hereby amended to read as follows:
- 451.007 1. For legal and medical purposes, a person is dead if the person has sustained an irreversible cessation of:
 - (a) Circulatory and respiratory functions; or
- (b) All functions of the person's entire brain, including his or her brain stem
 - 2. A determination of death made under [this section]:
- 10 (a) Paragraph (a) of subsection 1 must be made in accordance with accepted medical standards.
 - [3. This section may be cited as the Uniform Determination of Death Act and]
 - (b) Paragraph (b) of subsection 1 must be [applied and construed to carry out its general purpose which is to make uniform among the states which enact it the law regarding the determination of death.] made in accordance with the applicable guidelines set forth in:
 - (1) "Evidence-based Guideline Update: Determining Brain Death in Adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology," published June 8, 2010, by the American Academy of Neurology, or any subsequent revisions approved by the American Academy of Neurology or its successor organization; or
 - (2) "Guidelines for the Determination of Brain Death in Infants and Children: An Update of the 1987 Task Force Recommendations," published January 27, 2012, by the Pediatric Section of the Society of Critical Care Medicine, or any subsequent revisions approved by the Pediatric Section of the Society of Critical Care Medicine or its successor organization.





