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

MARCH 8, 2023

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

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Referred to Committee on Health and Human Services

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

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

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

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AN ACT relating to health care; revising provisions concerning medical certificates of death relating to a person who self-administers a medication that is designed to end his or her life; authorizing a physician, physician assistant or advanced practice registered nurse to prescribe a medication that is designed to end the life of a patient under certain circumstances; prohibiting persons other than a patient from administering a medication that is designed to end the life of the patient; imposing requirements on certain providers of health care and health care facilities relating to the records of a patient who requests a medication that is designed to end his or her life; providing immunity to certain providers of health care and health care facilities that take certain actions relating to prescribing or dispensing a medication that is designed to end the life of a patient; authorizing the owner or operator of a health care facility to prohibit certain persons from providing certain services relating to a medication that is designed to end the life of a patient; prohibiting a person from conditioning provisions of a will, contract, agreement or policy of life insurance on the request for or acquisition or administration of a medication that is designed to end the life of the person; prohibiting a person from 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; 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 10-39** 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. **Section 20** of this bill  
6 defines "practitioner" to mean a physician, osteopathic physician, physician  
7 assistant or advanced practice registered nurse. **Sections 11-22** of this bill define  
8 other relevant terms. **Section 23** of this bill authorizes a patient to request that his  
9 or her attending practitioner prescribe a medication that is designed to end his or  
10 her life if the patient: (1) is at least 18 years of age; (2) has been diagnosed with a  
11 terminal condition by at least two practitioners; (3) has made an informed and  
12 voluntary decision to end his or her own life; (4) is competent; and (5) is not  
13 requesting the medication because of coercion, deception or undue influence.  
14 **Section 24** of this bill prescribes certain requirements concerning the manner in  
15 which a patient may request a medication that is designed to end the life of the  
16 patient, including that the patient make two verbal requests and one written request  
17 for the medication, and that the written request for the medication be signed by a  
18 witness. **Section 25** of this bill prescribes the form for the written request for the  
19 medication. **Section 26** of this bill imposes certain requirements before a  
20 practitioner is authorized to prescribe a medication that is designed to end the life  
21 of a patient, including that the practitioner: (1) inform the patient of his or her right  
22 to revoke a request for the medication at any time; (2) determine and verify that the  
23 patient meets the requirements for making such a request; (3) discuss certain  
24 relevant factors with the patient, including the diagnosis and prognosis of the  
25 patient and alternative options for care; (4) refer the patient to a consulting  
26 practitioner who can confirm the diagnosis, prognosis and competence of the  
27 patient and that the patient has not been coerced or unduly influenced; and (5)  
28 instruct the patient against self-administering the medication in public. **Section 27**  
29 of this bill requires a practitioner who determines that a patient who has requested a  
30 prescription for a medication that is designed to end his or her life may not be  
31 competent to refer the patient to a qualified mental health professional and to  
32 receive confirmation about the patient's competence.

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



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

59 **Section 39** of this bill makes certain persons exempt from professional  
60 discipline and immune from civil and criminal penalties and provides that such  
61 persons do not violate any applicable standard of care for taking actions authorized  
62 by this bill to assist a patient in acquiring a medication that is designed to end the  
63 life of the patient. **Section 35** of this bill provides that a death resulting from the  
64 self-administration of a medication that is designed to end the life of a patient is not  
65 mercy killing, euthanasia, assisted suicide, suicide or homicide when done in  
66 accordance with the provisions of this bill, and **section 4** of this bill requires a death  
67 certificate to list the terminal condition of the patient as the cause of death of the  
68 patient. **Sections 3 and 7** of this bill provide that a coroner, coroner's deputy or  
69 local health officer is: (1) not required to certify the cause of such a death; and (2)  
70 prohibited from investigating such a death under certain circumstances.

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

75 **Section 37** of this bill clarifies that a practitioner is not required to prescribe a  
76 medication that is designed to end the life of a patient and remains responsible for  
77 treating the patient's pain. However, if a patient who is diagnosed with a terminal  
78 condition requests information concerning the prescription and self-administration  
79 of a medication that is designed to end the life of the patient, **section 37** requires a  
80 practitioner to provide that information or refer the patient to another provider of  
81 health care who is willing to do so. **Section 37** also provides that a pharmacist is  
82 not required to fill a prescription for or dispense such a medication. **Section 38** of  
83 this bill allows the owner or operator of a health care facility to prohibit an  
84 employee or independent contractor of the health care facility or any person who  
85 provides services on the premises of the health care facility from providing any  
86 services relating to prescribing a medication that is designed to end the life of a  
87 patient while acting within the scope of his or her employment or contract with the  
88 facility or while on the premises of the facility. **Section 39** prohibits a health care  
89 facility, provider of health care or professional organization or association from  
90 taking certain actions against an employee, independent contractor or member who:  
91 (1) provides accurate, scientific information concerning end-of-life care to a patient  
92 within or outside the scope of employment, contract or membership, as applicable;  
93 or (2) facilitates the prescription or self-administration of a medication that is  
94 designed to end the life of the patient outside the scope of the employment, contract  
95 or membership, as applicable. **Sections 40-43** of this bill make conforming changes  
96 to clarify that a practitioner or pharmacist is authorized to dispense a medication  
97 that is designed to end the life of a patient that is a controlled substance or  
98 dangerous drug and a patient may self-administer such a medication in accordance  
99 with other provisions governing medications designed to end the life of a patient.

100 Existing law authorizes a physician or advanced practice registered nurse to  
101 sign a death certificate. (NRS 440.380) **Section 4** additionally authorizes the  
102 attending physician assistant of a patient who dies after self-administering a  
103 medication that is designed to end the life of the patient or the operator of the  
104 facility for hospice care at which such a patient dies to sign the death certificate of  
105 the patient. **Section 2** of this bill defines "physician assistant" for that purpose to  
106 refer to a physician assistant licensed by the Board of Medical Examiners or the  
107 State Board of Osteopathic Medicine. **Section 6** of this bill makes a conforming  
108 change to remove a redundant definition of that term. **Sections 5, 7 and 8** of this



109 bill make revisions such that a death certificate signed by a physician assistant or  
110 the operator of a facility for hospice care is treated similarly to a death certificate  
111 signed by a physician assistant or advanced practice registered nurse.

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

116 **Sections 48 and 49** of this bill prohibit insurers from: (1) refusing to sell,  
117 provide or issue a policy of life insurance or group life insurance or annuity  
118 contract or charging a higher rate because a person makes or revokes a request for a  
119 medication that is designed to end the life of the person or self-administers such a  
120 medication; or (2) conditioning life insurance benefits, group life insurance benefits  
121 or the payment of claims on whether the insured makes, fails to make or revokes a  
122 request for a medication that is designed to end the life of the insured or self-  
123 administers such a medication. **Section 50** of this bill makes a conforming change  
124 to reflect this prohibition on a policy of group life insurance.

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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 the provisions set forth as sections 2 and 3 of this act.

6 **Sec. 2.** *As used in this chapter, "physician assistant" means*  
7 *a person who is licensed as a physician assistant pursuant to*  
8 *chapter 630 or 633 of NRS.*

9 **Sec. 3. 1.** *A coroner, coroner's deputy or local health*  
10 *officer:*

11 *(a) Is not required to certify the cause of death of a patient*  
12 *who dies after self-administering a medication that is designed to*  
13 *end the life of the patient in accordance with the provisions of*  
14 *sections 10 to 39, inclusive, of this act; and*

15 *(b) Must not investigate the death of a patient who dies after*  
16 *self-administering a medication that is designed to end the life of*  
17 *the patient in accordance with the provisions of sections 10 to 39,*  
18 *inclusive, of this act if the coroner or coroner's deputy confirms*  
19 *the circumstances of the death with a physician, physician*  
20 *assistant or advanced practice registered nurse responsible for*  
21 *overseeing the care of the patient or the physician, physician*  
22 *assistant or advanced practice registered nurse who prescribed the*  
23 *medication.*

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

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

32 440.380 1. ~~[The]~~ *Except as otherwise provided in subsection*  
33 *3, the medical certificate of death must be signed by the physician*  
34 *or advanced practice registered nurse, if any, last in attendance on*  
35 *the deceased, or pursuant to regulations adopted by the Board, it*  
36 *may be signed by the attending physician's associate physician, the*  
37 *chief medical officer of the hospital or institution in which the death*  
38 *occurred, or the pathologist who performed an autopsy upon the*  
39 *deceased. The person who signs the medical certificate of death*  
40 *shall specify:*

41 *(a) The social security number of the deceased.*

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

43 *(c) The cause of death, so as to show the cause of disease or*  
44 *sequence of causes resulting in death, giving first the primary cause*



1 of death or the name of the disease causing death, and the  
2 contributory or secondary cause, if any, and the duration of each.

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

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

11 ***(a) May be signed by the physician, physician assistant or***  
12 ***advanced practice registered nurse who prescribed the medication***  
13 ***or the operator of a facility for hospice care, as defined in NRS***  
14 ***449.0033, at which the patient dies;***

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

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

19 **Sec. 5.** NRS 440.400 is hereby amended to read as follows:

20 440.400 Indefinite and unsatisfactory terms, indicating only  
21 symptoms of disease or conditions resulting from disease, will not  
22 be held sufficient for issuing a burial or removal permit. Any  
23 certificate containing only such terms as defined by the State Board  
24 of Health shall be returned to the physician, ***physician assistant*** or  
25 advanced practice registered nurse for correction and more definite  
26 statement.

27 **Sec. 6.** NRS 440.415 is hereby amended to read as follows:

28 440.415 1. A physician who anticipates the death of a patient  
29 because of an illness, infirmity or disease may authorize a specific  
30 registered nurse or physician assistant or the registered nurses or  
31 physician assistants employed by a medical facility or program for  
32 hospice care to make a pronouncement of death if they attend the  
33 death of the patient. An advanced practice registered nurse who  
34 anticipates the death of a patient because of an illness, infirmity or  
35 disease may authorize a specific registered nurse or the registered  
36 nurses employed by a medical facility or program for hospice care  
37 to make a pronouncement of death if they attend the death of the  
38 patient.

39 2. Such an authorization is valid for 120 days. Except as  
40 otherwise provided in subsection 3, the authorization must:

41 (a) Be a written order entered on the chart of the patient;

42 (b) State the name of the registered nurse or nurses or physician  
43 assistant or assistants authorized to make the pronouncement of  
44 death; and



1 (c) Be signed and dated by the physician or advanced practice  
2 registered nurse.

3 3. If the patient is in a medical facility or under the care of a  
4 program for hospice care, the physician may authorize the registered  
5 nurses or physician assistants employed by the facility or program,  
6 or an advanced practice registered nurse may authorize such a  
7 registered nurse, to make pronouncements of death without  
8 specifying the name of each nurse or physician assistant, as  
9 applicable.

10 4. If a pronouncement of death is made by a registered nurse or  
11 physician assistant, the physician or advanced practice registered  
12 nurse who authorized that action shall sign the medical certificate of  
13 death within 24 hours after being presented with the certificate.

14 5. If a patient in a medical facility is pronounced dead by a  
15 registered nurse or physician assistant employed by the facility, the  
16 registered nurse or physician assistant may release the body of the  
17 patient to a licensed funeral director pending the completion of  
18 the medical certificate of death by the attending physician or  
19 attending advanced practice registered nurse if the physician,  
20 advanced practice registered nurse or the medical director or chief  
21 of the medical staff of the facility has authorized the release in  
22 writing.

23 6. The Board may adopt regulations concerning the  
24 authorization of a registered nurse or physician assistant to make  
25 pronouncements of death.

26 7. As used in this section:

27 (a) "Advanced practice registered nurse" means a registered  
28 nurse who holds a valid license as an advanced practice registered  
29 nurse issued by the State Board of Nursing pursuant to  
30 NRS 632.237.

31 (b) "Medical facility" means:

32 (1) A facility for skilled nursing as defined in NRS 449.0039;

33 (2) A facility for hospice care as defined in NRS 449.0033;

34 (3) A hospital as defined in NRS 449.012;

35 (4) An agency to provide nursing in the home as defined in  
36 NRS 449.0015; or

37 (5) A facility for intermediate care as defined in  
38 NRS 449.0038.

39 ~~(c) "Physician assistant" means a person who holds a license as~~  
40 ~~a physician assistant pursuant to chapter 630 or 633 of NRS.~~

41 ~~(d)~~ "Program for hospice care" means a program for hospice  
42 care licensed pursuant to chapter 449 of NRS.

43 ~~(e)~~ (d) "Pronouncement of death" means a declaration of the  
44 time and date when the cessation of the cardiovascular and  
45 respiratory functions of a patient occurs as recorded in the patient's



1 medical record by the attending provider of health care in  
2 accordance with the provisions of this chapter.

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

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

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

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

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

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

29 **Sec. 8.** NRS 440.470 is hereby amended to read as follows:

30 440.470 The funeral director or person acting as undertaker  
31 shall present the certificate to the attending physician or attending  
32 advanced practice registered nurse, if any, *or, under the*  
33 *circumstances authorized by subsection 3 of NRS 440.380, the*  
34 *attending physician assistant or the operator of the hospice facility*  
35 *at which a person dies,* or to the health officer or coroner, for the  
36 medical certificate of the cause of death and other particulars  
37 necessary to complete the record unless the attending physician ,  
38 ~~or~~ attending advanced practice registered nurse , *attending*  
39 *physician assistant or operator* initiated the record of death and  
40 provided the required information at the time of death.

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

44 **Sec. 10.** *As used in sections 10 to 39, inclusive, of this act,*  
45 *unless the context otherwise requires, the words and terms defined*





1 *in sections 11 to 22, inclusive, of this act have the meanings*  
2 *ascribed to them in those sections.*

3 **Sec. 11.** *“Advanced practice registered nurse” means a*  
4 *registered nurse who holds a valid license as an advanced practice*  
5 *registered nurse issued by the State Board of Nursing pursuant to*  
6 *NRS 632.237.*

7 **Sec. 12.** *“Attending practitioner” means the practitioner who*  
8 *has primary responsibility for the treatment of a terminal*  
9 *condition from which a patient suffers.*

10 **Sec. 13.** *“Competent” means that a person has the ability to*  
11 *make, communicate and understand the nature of decisions*  
12 *concerning his or her health care.*

13 **Sec. 14.** *“Consulting practitioner” means a practitioner to*  
14 *whom a patient is referred pursuant to paragraph (d) of subsection*  
15 *1 of section 26 of this act for confirmation of the diagnosis and*  
16 *prognosis of the patient and that the patient is competent.*

17 **Sec. 15.** *“Division” means the Division of Public and*  
18 *Behavioral Health of the Department of Health and Human*  
19 *Services.*

20 **Sec. 16.** *“Health care facility” means any facility licensed*  
21 *pursuant to chapter 449 of NRS.*

22 **Sec. 17.** *“Person professionally qualified in the field of*  
23 *psychiatric mental health” has the meaning ascribed to it in*  
24 *NRS 433.209.*

25 **Sec. 18.** *“Physician” means a person who is licensed to*  
26 *practice medicine pursuant to chapter 630 of NRS or osteopathic*  
27 *medicine pursuant to chapter 633 of NRS.*

28 **Sec. 19.** *“Physician assistant” means a person who is*  
29 *licensed as a physician assistant pursuant to chapter 630 or 633 of*  
30 *NRS.*

31 **Sec. 20.** *“Practitioner” means a physician, physician*  
32 *assistant or advanced practice registered nurse.*

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

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

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

44 *1. Is at least 18 years of age;*



1       2. *Has been diagnosed with a terminal condition by the*  
2 *attending practitioner and at least one consulting practitioner;*

3       3. *Has made an informed and voluntary decision to end his*  
4 *or her own life;*

5       4. *Is competent; and*

6       5. *Is not requesting the medication because of coercion,*  
7 *deception or undue influence.*

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

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

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

22           (1) *Related to the patient by blood, marriage or adoption;*

23           (2) *Entitled to any portion of the estate of the patient upon*  
24 *death under a will or by operation of law;*

25           (3) *An owner, operator or employee of a health care facility*  
26 *where the patient is receiving treatment or is a resident;*

27           (4) *The attending practitioner; or*

28           (5) *An interpreter for the patient.*

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

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

35       (b) *In an advance directive.*

36       3. *As used in this section:*

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

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

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



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

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

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

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

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

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

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

Signed: .....

Dated: .....

Witness signature: .....

Date: .....

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

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



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

6 (c) Discuss with the patient:

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

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

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

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

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

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

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

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

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

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

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

39 **Sec. 27. 1.** If the attending practitioner to whom a patient  
40 makes a request for a medication that is designed to end the life of  
41 the patient or the consulting practitioner to whom a patient is  
42 referred pursuant to paragraph (d) of subsection 1 of section 26 of  
43 this act determines that the patient may not be competent:

44 (a) The attending practitioner or consulting practitioner, as  
45 applicable, must refer the patient for examination by a person



1 *professionally qualified in the field of psychiatric mental health;*  
2 *and*

3 *(b) The attending practitioner must not prescribe a medication*  
4 *that is designed to end the life of the patient, unless the person*  
5 *professionally qualified in the field of psychiatric mental health*  
6 *concludes, based on the examination, that the patient is competent*  
7 *to make a decision concerning whether to end his or her life.*

8 *2. If a patient is examined pursuant to subsection 1, the*  
9 *person professionally qualified in the field of psychiatric mental*  
10 *health must provide to the attending practitioner and, if*  
11 *applicable, the consulting practitioner who made the referral, his*  
12 *or her written determination regarding whether the patient is*  
13 *competent to make a decision concerning whether to end his or*  
14 *her life.*

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

20 *2. After an attending practitioner prescribes a medication*  
21 *that is designed to end the life of a patient, the attending*  
22 *practitioner shall, after obtaining the written consent of the*  
23 *patient, contact a pharmacist and inform the pharmacist of the*  
24 *prescription. After the pharmacist has been notified, the attending*  
25 *practitioner shall transmit the prescription directly to the*  
26 *pharmacist.*

27 *3. A medication that is designed to end the life of a patient*  
28 *may only be dispensed by a registered pharmacist or by the*  
29 *attending practitioner of the patient. A pharmacist may only*  
30 *dispense such a medication pursuant to a valid prescription*  
31 *provided by an attending practitioner in accordance with*  
32 *subsection 2 to:*

33 *(a) The patient;*

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

35 *or*

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

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

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

44 *(a) Each request for such a medication made by the patient,*  
45 *including, without limitation, by including in the record a copy of*



1 *the written request submitted pursuant to paragraph (b) of*  
2 *subsection 1 of section 24 of this act, and each revocation of such*  
3 *a request;*

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

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

9 *(d) Confirmation that:*

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

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

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

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

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

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

27 *(c) Determination concerning whether the patient meets the*  
28 *requirements of subsections 3, 4 and 5 of section 23 of this act.*

29 *3. A person professionally qualified in the field of psychiatric*  
30 *mental health to whom a patient is referred pursuant to section 27*  
31 *of this act shall document in the medical record of the patient his*  
32 *or her determination of whether the patient is competent to make a*  
33 *decision concerning whether to end his or her life.*

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

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



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

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

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

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

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

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

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

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

32       4. *The Division shall annually review a sample of the reports*  
33 *submitted pursuant to subsection 1 to ensure compliance with the*  
34 *requirements of that subsection.*

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

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

40       1. *Compile an annual report concerning the implementation*  
41 *of the provisions of sections 10 to 39, inclusive, of this act. The*  
42 *report:*

43       (a) *Must include, for the immediately preceding calendar year:*  
44       (1) *The number of patients to whom a medication that is*  
45 *designed to end the life of a patient was prescribed;*





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

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

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

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

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

15          2. *Any report or other document produced by this State, any*  
16 *political subdivision of this State or any agency, board,*  
17 *commission, department, officer, employee or agent of this State*  
18 *must refer to a request for, acquisition of, prescription of,*  
19 *dispensing of and self-administration of a medication that is*  
20 *designed to end the life of a patient as a request for, acquisition of,*  
21 *prescription of, dispensing of and self-administration, as*  
22 *applicable, of a medication that is designed to end the life of a*  
23 *patient.*

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

28          2. *Any provision in any contract or agreement entered into*  
29 *before, on or after the effective date of this act, whether written or*  
30 *oral, that would affect the right of a patient to take any action in*  
31 *accordance with the provisions of sections 10 to 39, inclusive, of*  
32 *this act is unenforceable and void.*

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

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

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

42           (c) *Condone, authorize or approve mercy killing, euthanasia*  
43 *or assisted suicide.*

44          2. *An attending practitioner shall provide a patient who is*  
45 *diagnosed with a terminal condition with complete and accurate*





1 *information concerning his or her available options for care and*  
2 *the risks and benefits of each option. If an attending practitioner*  
3 *is unwilling or unable to provide information concerning the*  
4 *prescription and self-administration of a medication that is*  
5 *designed to end the life of the patient in accordance with sections*  
6 *10 to 39, inclusive, of this act to a patient who requests such*  
7 *information, the attending practitioner must refer the patient to*  
8 *another provider of health care who is willing and able to provide*  
9 *this information. An attending practitioner who fails to comply*  
10 *with the requirements of this subsection shall be deemed to have*  
11 *failed to obtain informed consent to any care provided to the*  
12 *patient after the request.*

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

18 (a) *Document the request and the date of the request in the*  
19 *medical record of the patient; and*

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

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

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

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

36 2. *An owner or operator of a health care facility who*  
37 *prohibits any person from providing services described in sections*  
38 *10 to 39, inclusive, of this act shall provide notice of the*  
39 *prohibition to:*

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

42 (b) *Each provider of health care not described in paragraph*  
43 *(a) who provides services on the premises of the health care*  
44 *facility, including, without limitation, through telehealth as*  
45 *defined in NRS 629.515, at the time the provider of health care*



1 *begins providing services on the premises of the health care*  
2 *facility and annually thereafter.*

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

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

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

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

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

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

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

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

37 (b) *A professional organization or association shall not:*

38 (1) *Prohibit a member from:*

39 (I) *Providing services described in sections 10 to 39,*  
40 *inclusive, of this act outside the scope of his or her membership*  
41 *and off the premises owned or operated by the professional*  
42 *organization or association;*

43 (II) *Being present when a patient self-administers a*  
44 *medication that is designed to end the life of the patient outside the*



1 *scope of his or her membership and off the premises owned or*  
2 *operated by the professional organization or association; or*

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

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

13 *(c) A practitioner, person professionally qualified in the field*  
14 *of psychiatric mental health, pharmacist or other provider of*  
15 *health care is not subject to professional discipline, does not*  
16 *violate any applicable standard of care and is not subject to any*  
17 *civil or criminal penalty solely because the provider of health care*  
18 *takes any action authorized by sections 10 to 39, inclusive, of this*  
19 *act.*

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

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

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

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

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

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



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

2       453.256 1. A prescription for a controlled substance must be  
3 given to a pharmacy in compliance with NRS 639.23535. A  
4 prescription for a substance included in schedule II must not be  
5 refilled. A prescription for a substance included in schedule III or IV  
6 which is a dangerous drug as determined under NRS 454.201 must  
7 not be filled or refilled more than 6 months after the date thereof or  
8 be refilled more than five times, unless renewed by the practitioner.

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

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

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

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

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

25       7. As used in this section, "medical treatment" includes

26 ~~[dispensing]~~ :

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

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

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

33       453.375 1. ~~[A]~~ *Except as otherwise provided in sections 10*  
34 *to 39, inclusive, of this act, a* controlled substance may be  
35 possessed and administered by the following persons:

36       (a) A practitioner.

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

42       (c) A paramedic:

43       (1) As authorized by regulation of:

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



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

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

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

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

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

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

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

17 (1) In the presence of a physician, physician assistant or a  
18 registered nurse; or

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

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

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

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

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

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

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

42 (k) A person who is enrolled in a training program to become a  
43 paramedic, respiratory therapist or veterinary technician if the  
44 person possesses and administers the controlled substance in the  
45 same manner and under the same conditions that apply, respectively,



1 to a paramedic, respiratory therapist or veterinary technician who  
2 may possess and administer the controlled substance, and under the  
3 direct supervision of a person licensed or registered to perform the  
4 respective medical art or a supervisor of such a person.

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

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

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

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

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

17 454.213 1. Except as otherwise provided in NRS 454.217 ~~§~~  
18 *and sections 10 to 39, inclusive, of this act*, a drug or medicine  
19 referred to in NRS 454.181 to 454.371, inclusive, may be possessed  
20 and administered by:

21 (a) A practitioner.

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

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

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

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

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

40 (e) A medication aide - certified at a designated facility under  
41 the supervision of an advanced practice registered nurse or  
42 registered nurse and in accordance with standard protocols  
43 developed by the State Board of Nursing. As used in this paragraph,  
44 "designated facility" has the meaning ascribed to it in  
45 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 pursuant to NRS 639.2629 or a collaborative  
25 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. 43.** NRS 454.215 is hereby amended to read as follows:

10 454.215 ~~[A]~~ *Except as otherwise provided in sections 10 to*  
11 *39, 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. 44.** 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 10 to 39, inclusive, of*  
8 *this act is unenforceable and void.*

9 **Sec. 45.** 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 10 to 39, inclusive, of*  
25 *this act.*

26 **Sec. 46.** 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, 41.0397, 41.071, 49.095,  
29 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030,  
30 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152,  
31 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413,  
32 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,  
33 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270,  
34 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280,  
35 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640,  
36 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730,  
37 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312,  
38 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 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, 224.240, 226.300, 228.270, 228.450, 228.495, 228.570,



1 231.069, 231.1473, 232.1369, 233.190, 237.300, 239.0105,  
2 239.0113, 239.014, 239B.026, 239B.030, 239B.040, 239B.050,  
3 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 239C.420,  
4 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335,  
5 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150,  
6 268.095, 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195,  
7 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755,  
8 281A.780, 284.4068, 284.4086, 286.110, 286.118, 287.0438,  
9 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503,  
10 293.504, 293.558, 293.5757, 293.870, 293.906, 293.908, 293.910,  
11 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335,  
12 338.070, 338.1379, 338.1593, 338.1725, 338.1727, 348.420,  
13 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100,  
14 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.2242,  
15 361.610, 365.138, 366.160, 368A.180, 370.257, 370.327, 372A.080,  
16 378.290, 378.300, 379.0075, 379.008, 379.1495, 385A.830,  
17 385B.100, 387.626, 387.631, 388.1455, 388.259, 388.501, 388.503,  
18 388.513, 388.750, 388A.247, 388A.249, 391.033, 391.035,  
19 391.0365, 391.120, 391.925, 392.029, 392.147, 392.264, 392.271,  
20 392.315, 392.317, 392.325, 392.327, 392.335, 392.850, 393.045,  
21 394.167, 394.16975, 394.1698, 394.447, 394.460, 394.465,  
22 396.1415, 396.1425, 396.143, 396.159, 396.3295, 396.405, 396.525,  
23 396.535, 396.9685, 398A.115, 408.3885, 408.3886, 408.3888,  
24 408.5484, 412.153, 414.280, 416.070, 422.2749, 422.305,  
25 422A.342, 422A.350, 425.400, 427A.1236, 427A.872, 432.028,  
26 432.205, 432B.175, 432B.280, 432B.290, 432B.4018, 432B.407,  
27 432B.430, 432B.560, 432B.5902, 432C.140, 432C.150, 433.534,  
28 433A.360, 439.4941, 439.4988, 439.840, 439.914, 439A.116,  
29 439A.124, 439B.420, 439B.754, 439B.760, 439B.845, 440.170,  
30 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735,  
31 442.774, 445A.665, 445B.570, 445B.7773, 447.345, 449.209,  
32 449.245, 449.4315, 449A.112, 450.140, 450B.188, 450B.805,  
33 453.164, 453.720, 458.055, 458.280, 459.050, 459.3866, 459.555,  
34 459.7056, 459.846, 463.120, 463.15993, 463.240, 463.3403,  
35 463.3407, 463.790, 467.1005, 480.535, 480.545, 480.935, 480.940,  
36 481.063, 481.091, 481.093, 482.170, 482.368, 482.5536, 483.340,  
37 483.363, 483.575, 483.659, 483.800, 484A.469, 484B.830,  
38 484B.833, 484E.070, 485.316, 501.344, 503.452, 522.040,  
39 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964, 598.098,  
40 598A.110, 598A.420, 599B.090, 603.070, 603A.210, 604A.303,  
41 604A.710, 612.265, 616B.012, 616B.015, 616B.315, 616B.350,  
42 618.341, 618.425, 622.238, 622.310, 623.131, 623A.137, 624.110,  
43 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230,  
44 628B.760, 629.047, 629.069, 630.133, 630.2671, 630.2672,  
45 630.2673, 630.30665, 630.336, 630A.327, 630A.555, 631.332,



1 631.368, 632.121, 632.125, 632.3415, 632.3423, 632.405, 633.283,  
2 633.301, 633.4715, 633.4716, 633.4717, 633.524, 634.055,  
3 634.1303, 634.214, 634A.169, 634A.185, 635.111, 635.158,  
4 636.262, 636.342, 637.085, 637.145, 637B.192, 637B.288, 638.087,  
5 638.089, 639.183, 639.2485, 639.570, 640.075, 640.152, 640A.185,  
6 640A.220, 640B.405, 640B.730, 640C.580, 640C.600, 640C.620,  
7 640C.745, 640C.760, 640D.135, 640D.190, 640E.225, 640E.340,  
8 641.090, 641.221, 641.2215, 641.325, 641A.191, 641A.217,  
9 641A.262, 641B.170, 641B.281, 641B.282, 641C.455, 641C.760,  
10 641D.260, 641D.320, 642.524, 643.189, 644A.870, 645.180,  
11 645.625, 645A.050, 645A.082, 645B.060, 645B.092, 645C.220,  
12 645C.225, 645D.130, 645D.135, 645G.510, 645H.320, 645H.330,  
13 647.0945, 647.0947, 648.033, 648.197, 649.065, 649.067, 652.126,  
14 652.228, 653.900, 654.110, 656.105, 657A.510, 661.115, 665.130,  
15 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450, 673.480,  
16 675.380, 676A.340, 676A.370, 677.243, 678A.470, 678C.710,  
17 678C.800, 679B.122, 679B.124, 679B.152, 679B.159, 679B.190,  
18 679B.285, 679B.690, 680A.270, 681A.440, 681B.260, 681B.410,  
19 681B.540, 683A.0873, 685A.077, 686A.289, 686B.170, 686C.306,  
20 687A.060, 687A.115, 687B.404, 687C.010, 688C.230, 688C.480,  
21 688C.490, 689A.696, 692A.117, 692C.190, 692C.3507, 692C.3536,  
22 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615, 696B.550,  
23 696C.120, 703.196, 704B.325, 706.1725, 706A.230, 710.159,  
24 711.600, *and section 33 of this act*, sections 35, 38 and 41 of  
25 chapter 478, Statutes of Nevada 2011 and section 2 of chapter 391,  
26 Statutes of Nevada 2013 and unless otherwise declared by law to be  
27 confidential, all public books and public records of a governmental  
28 entity must be open at all times during office hours to inspection by  
29 any person, and may be fully copied or an abstract or memorandum  
30 may be prepared from those public books and public records. Any  
31 such copies, abstracts or memoranda may be used to supply the  
32 general public with copies, abstracts or memoranda of the records or  
33 may be used in any other way to the advantage of the governmental  
34 entity or of the general public. This section does not supersede or in  
35 any manner affect the federal laws governing copyrights or enlarge,  
36 diminish or affect in any other manner the rights of a person in any  
37 written book or record which is copyrighted pursuant to federal law.  
38 2. A governmental entity may not reject a book or record  
39 which is copyrighted solely because it is copyrighted.  
40 3. A governmental entity that has legal custody or control of a  
41 public book or record shall not deny a request made pursuant to  
42 subsection 1 to inspect or copy or receive a copy of a public book or  
43 record on the basis that the requested public book or record contains  
44 information that is confidential if the governmental entity can  
45 redact, delete, conceal or separate, including, without limitation,



1 electronically, the confidential information from the information  
2 included in the public book or record that is not otherwise  
3 confidential.

4 4. If requested, a governmental entity shall provide a copy of a  
5 public record in an electronic format by means of an electronic  
6 medium. Nothing in this subsection requires a governmental entity  
7 to provide a copy of a public record in an electronic format or by  
8 means of an electronic medium if:

9 (a) The public record:

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

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

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

14 (1) Give access to proprietary software; or

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

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

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

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

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

29 639.238 1. Prescriptions filled and on file in a pharmacy are  
30 not a public record. Except as otherwise provided in NRS 439.538  
31 and 639.2357, *and section 33 of this act*, a pharmacist shall not  
32 divulge the contents of any prescription or provide a copy of any  
33 prescription, except to:

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

20 (1) Identifying a deceased person;

21 (2) Determining a cause of death; or

22 (3) Performing other duties authorized by law.

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

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

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

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

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



1 5. As used in this section, "peace officer" does not include:  
2 (a) A member of the Police Department of the Nevada System  
3 of Higher Education.

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

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

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

9 (a) *Deny a claim under a policy of life insurance or annuity*  
10 *contract, cancel a policy of life insurance or annuity contract or*  
11 *impose an additional charge on a policyholder or beneficiary*  
12 *solely because the insured has, in accordance with the provisions*  
13 *of sections 10 to 39, inclusive, of this act, requested a medication*  
14 *designed to end the life of the insured, revoked such a request or*  
15 *self-administered such a medication.*

16 (b) *Refuse to sell, provide or issue a policy of life insurance or*  
17 *annuity contract that covers a person or charge a higher rate to*  
18 *cover a person solely because the person has, in accordance with*  
19 *the provisions of sections 10 to 39, inclusive, of this act, requested*  
20 *a medication designed to end the life of the person or revoked such*  
21 *a request.*

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

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

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

31 (a) *Deny a claim under a policy of group life insurance, cancel*  
32 *a policy of group life insurance or impose an additional charge on*  
33 *a policyholder or beneficiary solely because the insured has, in*  
34 *accordance with the provisions of sections 10 to 39, inclusive, of*  
35 *this act, requested a medication designed to end the life of the*  
36 *insured, revoked such a request or self-administered such a*  
37 *medication.*

38 (b) *Refuse to sell, provide or issue a policy of group life*  
39 *insurance that covers a person or charge a higher rate to cover a*  
40 *person solely because the person has, in accordance with the*  
41 *provisions of sections 10 to 39, inclusive, of this act, requested a*  
42 *medication designed to end the life of the person or revoked such a*  
43 *request.*

44 **2. Any provision of a policy of group life insurance that, in**  
45 **conflict with the provisions of this section, allows the denial of a**



1 *claim or cancellation of the policy and which is included in a*  
2 *policy that has been or is delivered, issued for delivery or renewed*  
3 *before, on or after the effective date of this act is void and*  
4 *unenforceable.*

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

6 688B.040 No policy of group life insurance shall be delivered  
7 in this State unless it contains in substance the provisions set forth in  
8 NRS 688B.040 to 688B.150, inclusive, *and section 49 of this act*, or  
9 provisions which in the opinion of the Commissioner are more  
10 favorable to the persons insured, or at least as favorable to the  
11 persons insured and more favorable to the policyholder; except:

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

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

16 3. If the group life insurance policy is on a plan of insurance  
17 other than the term plan, it shall contain a nonforfeiture provision or  
18 provisions which in the opinion of the Commissioner is or are  
19 equitable to the insured persons and to the policyholder; but nothing  
20 in this subsection shall be construed to require that group life  
21 insurance policies contain the same nonforfeiture provisions as are  
22 required for individual life insurance policies.

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

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

