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SECOND REPRINT

S.B. 239

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



**Legislative Counsel's Digest:**

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 defines  
6 "practitioner" to mean a physician, osteopathic physician or advanced practice  
7 registered nurse. **Sections 11-18, 21 and 22** of this bill define other relevant terms.  
8 **Section 23** of this bill authorizes a patient to request that his or her attending  
9 practitioner prescribe a medication that is designed to end his or her life if the patient:  
10 (1) is at least 18 years of age; (2) has been diagnosed with a terminal condition by at  
11 least two practitioners; (3) has made an informed and voluntary decision to end his  
12 or her own life; (4) is mentally capable of making such a decision; 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 patient,  
16 including that the patient make two verbal requests and one written request for the  
17 medication, and that the written request for the medication be signed by a witness.  
18 **Section 25** of this bill prescribes the form for the written request for the medication.  
19 **Section 26** of this bill imposes certain requirements before a practitioner is  
20 authorized to prescribe a medication that is designed to end the life of a patient,  
21 including that the practitioner: (1) inform the patient of his or her right to revoke a  
22 request for the medication at any time; (2) determine and verify that the patient meets  
23 the requirements for making such a request; (3) discuss certain relevant factors with  
24 the patient, including the diagnosis and prognosis of the patient and alternative  
25 options for care; (4) refer the patient to a consulting practitioner who can confirm the  
26 diagnosis, prognosis and mental capability of the patient and that the patient has not  
27 been coerced or unduly influenced; and (5) instruct the patient against self-  
28 administering the medication in public. **Section 27** of this bill requires a practitioner  
29 who determines that a patient who has requested a prescription for a medication that  
30 is designed to end his or her life may not be mentally capable to refer the patient to a  
31 qualified mental health professional and to receive confirmation about the patient's  
32 mental capability.

33 **Section 28** of this bill: (1) prescribes procedures for the issuance of a prescription  
34 for a medication that is designed to end the life of the patient; and (2) provides that  
35 only an attending practitioner or a pharmacist may dispense such a medication.  
36 **Section 29** of this bill prohibits an attending practitioner from prescribing a  
37 medication that is designed to end the life of a patient based solely on the age or  
38 disability of the patient. **Section 30** of this bill requires certain providers of health  
39 care to include certain information concerning requests and prescriptions for and the  
40 dispensing of a medication that is designed to end the life of a patient in the medical  
41 record of the patient. If a patient who has requested a medication that is designed to  
42 end the life of a patient transfers care to another practitioner or health care facility,  
43 **sections 30 and 37** of this bill require the practitioner or health care facility that  
44 previously provided care to the patient to forward the patient's medical records to the  
45 new practitioner or health care facility. **Section 33** of this bill prescribes certain  
46 information that must be reported by an attending practitioner to the Division of  
47 Public and Behavioral Health of the Department of Health and Human Services  
48 relating to a patient who has been prescribed or self-administered such a medication.  
49 **Section 34** of this bill requires the Division to compile an annual report concerning  
50 the implementation of the provisions of this bill authorizing a patient to request a  
51 prescription for a medication that is designed to end the life of the patient. **Sections**  
52 **33, 46 and 47** of this bill provide that such information is otherwise confidential  
53 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 her  
57 life is prescribed may administer the medication. **Section 32** establishes requirements  
58 for the disposal of any unused portion of the medication.

59 **Section 39** of this bill makes certain persons exempt from professional discipline  
60 and immune from civil and criminal penalties and provides that such persons do not  
61 violate any applicable standard of care for taking actions authorized by this bill to  
62 assist a patient in acquiring a medication that is designed to end the life of the patient.  
63 **Section 35** of this bill provides that a death resulting from the self-administration of  
64 a medication that is designed to end the life of a patient is not mercy killing,  
65 euthanasia, assisted suicide, suicide or homicide when done in accordance with the  
66 provisions of this bill, and **section 4** of this bill requires a death certificate to list the  
67 terminal condition of the patient as the cause of death of the patient. **Sections 3 and**  
68 **7** of this bill provide that a coroner, coroner's deputy or local health officer is not  
69 required to certify the cause of such a death. **Section 46.5** of this bill: (1) authorizes  
70 a coroner to make an appropriate investigation after discovering that a person has  
71 self-administered a medication designed to end the life of the person, to the extent  
72 necessary to determine the cause of the terminal condition with which the person was  
73 diagnosed; and (2) requires a coroner to cease such an investigation after determining  
74 that the terminal condition resulted from a natural cause. **Section 46.2** of this bill  
75 makes a conforming change to revise certain internal references.

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

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

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

106 **Sections 48 and 49** of this bill prohibit insurers from conditioning life insurance  
107 benefits, group life insurance benefits or the payment of claims on whether the  
108 insured makes, fails to make or revokes a request for a medication that is designed to



109 end the life of the insured or self-administers such a medication. **Section 50** of this  
110 bill makes a conforming change to reflect this prohibition on a policy of group life  
111 insurance.

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

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

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

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

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

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

24  
25 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
26 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:  
27

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

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

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

36 **2.** *A coroner, coroner's deputy or local health officer may*  
37 *access any records or information submitted to the Division of*  
38 *Public and Behavioral Health of the Department of Health and*  
39 *Human Services pursuant to section 33 of this act to confirm that a*  
40 *patient died from self-administering a medication that is designed*



1 *to end the life of the patient in accordance with the provisions of*  
2 *sections 10 to 39, inclusive, of this act.*

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

4 440.380 1. The medical certificate of death must be signed by  
5 the physician or advanced practice registered nurse, if any, last in  
6 attendance on the deceased, or pursuant to regulations adopted by the  
7 Board, it may be signed by the attending physician's associate  
8 physician, the chief medical officer of the hospital or institution in  
9 which the death occurred, or the pathologist who performed an  
10 autopsy upon the deceased. The person who signs the medical  
11 certificate of death shall specify:

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

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

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

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

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

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

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

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

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

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

34 440.420 1. In case of any death occurring without medical  
35 attendance, the funeral director shall notify the local health officer,  
36 coroner or coroner's deputy of such death and refer the case to the  
37 local health officer, coroner or coroner's deputy . ~~For immediate~~  
38 ~~investigation and certification.~~ *Except as otherwise provided in*  
39 *NRS 259.050 and section 3 of this act, the coroner, coroner's deputy*  
40 *or local health officer shall immediately investigate the death and*  
41 *certify the cause of death.*

42 2. Where there is no qualified physician or advanced practice  
43 registered nurse in attendance, and in such cases only, the local health  
44 officer is authorized to make the certificate and return from the



1 statements of relatives or other persons having adequate knowledge  
2 of the facts.

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

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

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

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

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

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

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

27 **Sec. 12.** *"Attending practitioner" means the practitioner who*  
28 *has primary responsibility for the treatment of a terminal condition*  
29 *from which a patient suffers.*

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

31 **Sec. 14.** *"Consulting practitioner" means a practitioner to*  
32 *whom a patient is referred pursuant to paragraph (d) of subsection*  
33 *1 of section 26 of this act for confirmation of the diagnosis and*  
34 *prognosis of the patient and that the patient is mentally capable.*

35 **Sec. 15.** *"Division" means the Division of Public and*  
36 *Behavioral Health of the Department of Health and Human*  
37 *Services.*

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

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



1     **Sec. 17.** *“Person professionally qualified in the field of*  
2 *psychiatric mental health” has the meaning ascribed to it in*  
3 *NRS 433.209.*

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

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

8     **Sec. 20.** *“Practitioner” means a physician or advanced*  
9 *practice registered nurse.*

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

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

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

- 21    1. *Is at least 18 years of age;*
- 22    2. *Has been diagnosed with a terminal condition by the*  
23 *attending practitioner and at least one consulting practitioner;*
- 24    3. *Has made an informed and voluntary decision to end his or*  
25 *her own life;*
- 26    4. *Is mentally capable; and*
- 27    5. *Is not requesting the medication because of coercion,*  
28 *deception or undue influence.*

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

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

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

- 42    (1) *Related to the patient by blood, marriage or adoption;*
- 43    (2) *Entitled to any portion of the estate of the patient upon*  
44 *death under a will or by operation of law;*



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

3 (4) *The attending practitioner; or*

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

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

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

11 (b) *In an advance directive.*

12 3. *As used in this section:*

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

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

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

19  
20 **REQUEST FOR A MEDICATION**  
21 **THAT IS DESIGNED TO END MY LIFE**

22  
23 *I, ....., am an adult of sound mind.*

24  
25 *I have been diagnosed with .....  
26 and given a prognosis of less than 6 months to live.*

27  
28 *I have been fully informed of my diagnosis, my prognosis  
29 and the feasible alternative, concurrent or additional  
30 treatment opportunities, including comfort care, hospice care  
31 and pain control. I have been offered resources or referrals  
32 to pursue these alternative, concurrent or additional  
33 treatment opportunities.*

34  
35 *I have been fully informed of the nature of the medication  
36 to be prescribed to me and the risks and benefits of self-  
37 administering the medication, including that the likely effect  
38 of self-administering the medication is death. I understand  
39 that I can rescind this request at any time and that I am under  
40 no obligation to fill the prescription once it is written or to  
41 self-administer the medication if I obtain it.*

42  
43 *I request that my attending practitioner prescribe a  
44 medication that I may self-administer to end my life and*





1 authorize my attending practitioner to contact a pharmacist  
2 to fill the prescription at a time of my choosing.

3  
4 I make this request voluntarily, free from coercion or  
5 undue influence.

6  
7 Signed: .....

8  
9 Dated: .....

10  
11 Witness signature: .....

12  
13 Date: .....

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

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

21 (b) Determine and verify, after each verbal and written request  
22 for the medication made pursuant to subsection 1 of section 24 of  
23 this act and immediately before writing the prescription, that the  
24 patient meets the requirements of subsections 3, 4 and 5 of section  
25 23 of this act;

26 (c) Discuss with the patient:

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

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

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

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

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

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

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

44 (d) Refer the patient to a consulting practitioner who is  
45 qualified by reason of specialty or experience to diagnose the



1 *terminal condition of the patient for examination and receive*  
2 *written confirmation from that practitioner of the diagnosis and*  
3 *prognosis of the patient and that the patient meets the requirements*  
4 *of subsections 3, 4 and 5 of section 23 of this act;*

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

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

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

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

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

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

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

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

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

44 *3. A medication that is designed to end the life of a patient may*  
45 *only be dispensed by a registered pharmacist or by the attending*



1 *practitioner of the patient. A pharmacist may only dispense such a*  
2 *medication pursuant to a valid prescription provided by an*  
3 *attending practitioner in accordance with subsection 2 to:*

4 (a) *The patient;*

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

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

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

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

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

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

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

25 (d) *Confirmation that:*

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

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

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

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

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

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

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

43 3. *A person professionally qualified in the field of psychiatric*  
44 *mental health to whom a patient is referred pursuant to section 27*



1 *of this act shall document in the medical record of the patient his or*  
2 *her determination of whether the patient is mentally capable.*

3 4. *If a patient who has requested a medication that is designed*  
4 *to end his or her life changes his or her attending practitioner or*  
5 *transfers his or her care to a different health care facility, the prior*  
6 *attending practitioner and health care facility, as applicable, must,*  
7 *upon the request of the patient or the new attending practitioner or*  
8 *health care facility, forward the medical records of the patient to the*  
9 *new attending practitioner or health care facility, as applicable.*

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

13 2. *The revocation of a request for such a medication becomes*  
14 *effective immediately upon the patient communicating the*  
15 *revocation to his or her attending practitioner. When the patient*  
16 *revokes such a request, the attending practitioner must document*  
17 *the revocation in the medical record of the patient.*

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

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

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

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

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

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

41 3. *Except as otherwise provided in NRS 239.0115 and sections*  
42 *3 and 34 of this act, any information or records submitted to the*  
43 *Division pursuant to this section are confidential.*



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

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

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

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

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

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

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

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

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

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

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

28       2. *Any report or other document produced by this State, any*  
29 *political subdivision of this State or any agency, board, commission,*  
30 *department, officer, employee or agent of this State must refer to a*  
31 *request for, acquisition of, prescription of, dispensing of and self-*  
32 *administration of a medication that is designed to end the life of a*  
33 *patient as a request for, acquisition of, prescription of, dispensing*  
34 *of and self-administration, as applicable, of a medication that is*  
35 *designed to end the life of a patient.*

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

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



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

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

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

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

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

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

31       (a) *Document the request and the date of the request in the*  
32 *medical record of the patient; and*

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

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

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

42       (b) *Any other person, including, without limitation, an*  
43 *employee or independent contractor of the health care facility or*  
44 *another provider of health care who provides services on the*  
45 *premises of the health care facility, from providing any services*



1 *described in sections 10 to 39, inclusive, of this act on the premises*  
2 *of the health care facility.*

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

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

8 (b) *Each provider of health care not described in paragraph (a)*  
9 *who provides services on the premises of the health care facility,*  
10 *including, without limitation, through telehealth as defined in NRS*  
11 *629.515, at the time the provider of health care begins providing*  
12 *services on the premises of the health care facility and annually*  
13 *thereafter.*

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

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

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

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

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

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

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

43 (2) *Discharge, demote, censure, suspend, revoke or suspend*  
44 *the privileges of, discipline or otherwise penalize an employee or*



1 *independent contractor who takes any action described in*  
2 *subparagraph (1).*

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

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

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

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

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

25 *(1) Assists a patient in preparing a medication that is*  
26 *designed to end the life of the patient in accordance with subsection*  
27 *1 of section 32 of this act; or*

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

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

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

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





1 *of any person providing services pursuant to sections 10 to 39,*  
2 *inclusive, of this act.*

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

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

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

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

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

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

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

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

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

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

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

35 453.375 1. ~~[A]~~ *Except as otherwise provided in sections 10 to*  
36 *39, inclusive, of this act, a* controlled substance may be possessed  
37 and administered by the following persons:

38 (a) A practitioner.

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

44 (c) A paramedic:

45 (1) As authorized by regulation of:



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

23 (a) A practitioner.

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

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

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

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

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

42 (e) A medication aide - certified at a designated facility under the  
43 supervision of an advanced practice registered nurse or registered  
44 nurse and in accordance with standard protocols developed by the  
45 State Board of Nursing. As used in this paragraph, "designated



1 facility” has the meaning ascribed to it in  
2 NRS 632.0145.

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

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

9 (2) A county board of health in a county whose population is  
10 100,000 or more; or

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

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

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

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

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

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

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

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

34 (k) Any person designated by the head of a correctional  
35 institution.

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

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

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



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

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

5 (2) Prescribed by a licensed physician for:

6 (I) Iontophoresis; or

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

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

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

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

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

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

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

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

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

44 (u) A medical assistant, in accordance with applicable regulations  
45 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 or  
6 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 39,*  
11 *inclusive, of this act, a dangerous drug may be dispensed by:*

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

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

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

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

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

22 6. An advanced practice registered nurse who holds a certificate  
23 from the State Board of Pharmacy permitting him or her to dispense  
24 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 one  
41 or more specified events; and

42 ~~[2]~~ (b) Specify the conditions or actions which would disqualify  
43 a person from serving or which would constitute cause for removal  
44 of a person who is serving in any capacity under the will, including,  
45 without limitation, as a personal representative, guardian or trustee.



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

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

8       159.054 1. If the court finds that the proposed protected  
9 person is not incapacitated and is not in need of a guardian, the court  
10 shall dismiss the petition.

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

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

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

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

25       239.010 1. Except as otherwise provided in this section and  
26 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.0397, 41.071, 49.095,  
27 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030,  
28 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152,  
29 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413,  
30 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345,  
31 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270,  
32 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280,  
33 119A.280, 119A.653, 119A.677, 119B.370, 119B.382, 120A.640,  
34 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730,  
35 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312,  
36 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.015,  
37 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715,  
38 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771,  
39 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392,  
40 209.3923, 209.3925, 209.419, 209.429, 209.521, 211A.140, 213.010,  
41 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475,  
42 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350,  
43 224.240, 226.300, 228.270, 228.450, 228.495, 228.570, 231.069,  
44 231.1473, 232.1369, 233.190, 237.300, 239.0105, 239.0113,  
45 239.014, 239B.026, 239B.030, 239B.040, 239B.050, 239C.140,



1 239C.210, 239C.230, 239C.250, 239C.270, 239C.420, 240.007,  
2 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540,  
3 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095,  
4 268.0978, 268.490, 268.910, 269.174, 271A.105, 281.195, 281.805,  
5 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780,  
6 284.4068, 284.4086, 286.110, 286.118, 287.0438, 289.025, 289.080,  
7 289.387, 289.830, 293.4855, 293.5002, 293.503, 293.504, 293.558,  
8 293.5757, 293.870, 293.906, 293.908, 293.910, 293B.135, 293D.510,  
9 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379,  
10 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205,  
11 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247,  
12 360.255, 360.755, 361.044, 361.2242, 361.610, 365.138, 366.160,  
13 368A.180, 370.257, 370.327, 372A.080, 378.290, 378.300,  
14 379.0075, 379.008, 379.1495, 385A.830, 385B.100, 387.626,  
15 387.631, 388.1455, 388.259, 388.501, 388.503, 388.513, 388.750,  
16 388A.247, 388A.249, 391.033, 391.035, 391.0365, 391.120,  
17 391.925, 392.029, 392.147, 392.264, 392.271, 392.315, 392.317,  
18 392.325, 392.327, 392.335, 392.850, 393.045, 394.167, 394.16975,  
19 394.1698, 394.447, 394.460, 394.465, 396.1415, 396.1425, 396.143,  
20 396.159, 396.3295, 396.405, 396.525, 396.535, 396.9685, 398A.115,  
21 408.3885, 408.3886, 408.3888, 408.5484, 412.153, 414.280,  
22 416.070, 422.2749, 422.305, 422A.342, 422A.350, 425.400,  
23 427A.1236, 427A.872, 432.028, 432.205, 432B.175, 432B.280,  
24 432B.290, 432B.4018, 432B.407, 432B.430, 432B.560, 432B.5902,  
25 432C.140, 432C.150, 433.534, 433A.360, 439.4941, 439.4988,  
26 439.840, 439.914, 439A.116, 439A.124, 439B.420, 439B.754,  
27 439B.760, 439B.845, 440.170, 441A.195, 441A.220, 441A.230,  
28 442.330, 442.395, 442.735, 442.774, 445A.665, 445B.570,  
29 445B.7773, 447.345, 449.209, 449.245, 449.4315, 449A.112,  
30 450.140, 450B.188, 450B.805, 453.164, 453.720, 458.055, 458.280,  
31 459.050, 459.3866, 459.555, 459.7056, 459.846, 463.120,  
32 463.15993, 463.240, 463.3403, 463.3407, 463.790, 467.1005,  
33 480.535, 480.545, 480.935, 480.940, 481.063, 481.091, 481.093,  
34 482.170, 482.368, 482.5536, 483.340, 483.363, 483.575, 483.659,  
35 483.800, 484A.469, 484B.830, 484B.833, 484E.070, 485.316,  
36 501.344, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655,  
37 587.877, 598.0964, 598.098, 598A.110, 598A.420, 599B.090,  
38 603.070, 603A.210, 604A.303, 604A.710, 612.265, 616B.012,  
39 616B.015, 616B.315, 616B.350, 618.341, 618.425, 622.238,  
40 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327, 625.425,  
41 625A.185, 628.418, 628B.230, 628B.760, 629.047, 629.069,  
42 630.133, 630.2671, 630.2672, 630.2673, 630.30665, 630.336,  
43 630A.327, 630A.555, 631.332, 631.368, 632.121, 632.125,  
44 632.3415, 632.3423, 632.405, 633.283, 633.301, 633.4715,  
45 633.4716, 633.4717, 633.524, 634.055, 634.1303, 634.214,





1 634A.169, 634A.185, 635.111, 635.158, 636.262, 636.342, 637.085,  
2 637.145, 637B.192, 637B.288, 638.087, 638.089, 639.183, 639.2485,  
3 639.570, 640.075, 640.152, 640A.185, 640A.220, 640B.405,  
4 640B.730, 640C.580, 640C.600, 640C.620, 640C.745, 640C.760,  
5 640D.135, 640D.190, 640E.225, 640E.340, 641.090, 641.221,  
6 641.2215, 641.325, 641A.191, 641A.217, 641A.262, 641B.170,  
7 641B.281, 641B.282, 641C.455, 641C.760, 641D.260, 641D.320,  
8 642.524, 643.189, 644A.870, 645.180, 645.625, 645A.050,  
9 645A.082, 645B.060, 645B.092, 645C.220, 645C.225, 645D.130,  
10 645D.135, 645G.510, 645H.320, 645H.330, 647.0945, 647.0947,  
11 648.033, 648.197, 649.065, 649.067, 652.126, 652.228, 653.900,  
12 654.110, 656.105, 657A.510, 661.115, 665.130, 665.133, 669.275,  
13 669.285, 669A.310, 671.170, 673.450, 673.480, 675.380, 676A.340,  
14 676A.370, 677.243, 678A.470, 678C.710, 678C.800, 679B.122,  
15 679B.124, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690,  
16 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873,  
17 685A.077, 686A.289, 686B.170, 686C.306, 687A.060, 687A.115,  
18 687B.404, 687C.010, 688C.230, 688C.480, 688C.490, 689A.696,  
19 692A.117, 692C.190, 692C.3507, 692C.3536, 692C.3538, 692C.354,  
20 692C.420, 693A.480, 693A.615, 696B.550, 696C.120, 703.196,  
21 704B.325, 706.1725, 706A.230, 710.159, 711.600, *and section 33 of*  
22 *this act*, sections 35, 38 and 41 of chapter 478, Statutes of Nevada  
23 2011 and section 2 of chapter 391, Statutes of Nevada 2013 and  
24 unless otherwise declared by law to be confidential, all public books  
25 and public records of a governmental entity must be open at all times  
26 during office hours to inspection by any person, and may be fully  
27 copied or an abstract or memorandum may be prepared from those  
28 public books and public records. Any such copies, abstracts or  
29 memoranda may be used to supply the general public with copies,  
30 abstracts or memoranda of the records or may be used in any other  
31 way to the advantage of the governmental entity or of the general  
32 public. This section does not supersede or in any manner affect the  
33 federal laws governing copyrights or enlarge, diminish or affect in  
34 any other manner the rights of a person in any written book or record  
35 which is copyrighted pursuant to federal law.

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

38 3. A governmental entity that has legal custody or control of a  
39 public book or record shall not deny a request made pursuant to  
40 subsection 1 to inspect or copy or receive a copy of a public book or  
41 record on the basis that the requested public book or record contains  
42 information that is confidential if the governmental entity can redact,  
43 delete, conceal or separate, including, without limitation,  
44 electronically, the confidential information from the information



1 included in the public book or record that is not otherwise  
2 confidential.

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

8 (a) The public record:

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

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

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

13 (1) Give access to proprietary software; or

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

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

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

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

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

28 259.010 1. Every county in this State constitutes a coroner's  
29 district, except a county where a coroner is appointed pursuant to the  
30 provisions of NRS 244.163.

31 2. The provisions of this chapter, except NRS 259.025, 259.045,  
32 259.047, 259.049, subsections ~~31~~ 4 and ~~44~~ 5 of NRS 259.050, NRS  
33 259.053 and 259.150 to 259.180, inclusive, do not apply to any  
34 county where a coroner is appointed pursuant to the provisions of  
35 NRS 244.163.

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

37 259.050 1. When a coroner or the coroner's deputy is  
38 informed that a person has been killed, has committed suicide or has  
39 suddenly died under such circumstances as to afford reasonable  
40 ground to suspect that the death has been occasioned by unnatural  
41 means, the coroner shall make an appropriate investigation.

42 2. *When a coroner or the coroner's deputy is informed or*  
43 *otherwise discovers that a person has self-administered a*  
44 *medication designed to end his or her life pursuant to sections 10 to*  
45 *39, inclusive, of this act, the coroner:*



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

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

7 3. In all cases where it is apparent or can be reasonably inferred  
8 that the death may have been caused by a criminal act, the coroner or  
9 the coroner's deputy shall notify the district attorney of the county  
10 where the inquiry is made, and the district attorney shall make an  
11 investigation with the assistance of the coroner. If the sheriff is not ex  
12 officio the coroner, the coroner shall also notify the sheriff, and the  
13 district attorney and sheriff shall make the investigation with the  
14 assistance of the coroner.

15 ~~[3.]~~ 4. If it is apparent or can be reasonably inferred by the  
16 coroner that a death may have been caused by drug use or poisoning,  
17 the coroner shall cause a postmortem examination to be performed on  
18 the decedent by a forensic pathologist unless the death occurred  
19 following a hospitalization stay of 24 hours or more.

20 ~~[4.]~~ 5. A coroner may issue a subpoena for the production of  
21 any document, record or material that is directly related or believed  
22 to contain evidence related to an investigation by the coroner.

23 ~~[5.]~~ 6. The holding of a coroner's inquest is within the sound  
24 discretion of the district attorney or district judge of the county. An  
25 inquest need not be conducted in any case of death manifestly  
26 occasioned by natural cause, suicide, accident, motor vehicle crash or  
27 when it is publicly known that the death was caused by a person  
28 already in custody, but an inquest must be held unless the district  
29 attorney or a district judge certifies that no inquest is required.

30 ~~[6.]~~ 7. If an inquest is to be held, the district attorney shall call  
31 upon a justice of the peace of the county to preside over it. The justice  
32 of the peace shall summon three persons qualified by law to serve as  
33 jurors, to appear before the justice of the peace forthwith at the place  
34 where the body is or such other place within the county as may be  
35 designated by him or her to inquire into the cause of death.

36 ~~[7.]~~ 8. A single inquest may be held with respect to more than  
37 one death, where all the deaths were occasioned by a common cause.

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

39 639.238 1. Prescriptions filled and on file in a pharmacy are  
40 not a public record. Except as otherwise provided in NRS 439.538  
41 and 639.2357, *and section 33 of this act*, a pharmacist shall not  
42 divulge the contents of any prescription or provide a copy of any  
43 prescription, except to:

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

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



- 1 (c) A practitioner who is then treating the patient;
- 2 (d) A member, inspector or investigator of the Board or an
- 3 inspector of the Food and Drug Administration or an agent of the
- 4 Investigation Division of the Department of Public Safety;
- 5 (e) An agency of state government charged with the
- 6 responsibility of providing medical care for the patient;
- 7 (f) An insurance carrier, on receipt of written authorization signed
- 8 by the patient or his or her legal guardian, authorizing the release of
- 9 such information;
- 10 (g) Any person authorized by an order of a district court;
- 11 (h) Any member, inspector or investigator of a professional
- 12 licensing board which licenses a practitioner who orders prescriptions
- 13 filled at the pharmacy;
- 14 (i) Other registered pharmacists for the limited purpose of and to
- 15 the extent necessary for the exchange of information relating to
- 16 persons who are suspected of:
- 17 (1) Misusing prescriptions to obtain excessive amounts of
- 18 drugs; or
- 19 (2) Failing to use a drug in conformity with the directions for
- 20 its use or taking a drug in combination with other drugs in a manner
- 21 that could result in injury to that person;
- 22 (j) A peace officer employed by a local government for the
- 23 limited purpose of and to the extent necessary:
- 24 (1) For the investigation of an alleged crime reported by an
- 25 employee of the pharmacy where the crime was committed; or
- 26 (2) To carry out a search warrant or subpoena issued pursuant
- 27 to a court order; or
- 28 (k) A county coroner, medical examiner or investigator employed
- 29 by an office of a county coroner for the purpose of:
- 30 (1) Identifying a deceased person;
- 31 (2) Determining a cause of death; or
- 32 (3) Performing other duties authorized by law.
- 33 2. Any copy of a prescription for a controlled substance or a
- 34 dangerous drug as defined in chapter 454 of NRS that is issued to a
- 35 county coroner, medical examiner or investigator employed by an
- 36 office of a county coroner must be limited to a copy of the
- 37 prescription filled or on file for:
- 38 (a) The person whose name is on the container of the controlled
- 39 substance or dangerous drug that is found on or near the body of a
- 40 deceased person; or
- 41 (b) The deceased person whose cause of death is being
- 42 determined.
- 43 3. Except as otherwise provided in NRS 639.2357, any copy of
- 44 a prescription for a controlled substance or a dangerous drug as
- 45 defined in chapter 454 of NRS, issued to a person authorized by this



1 section to receive such a copy, must contain all of the information  
2 appearing on the original prescription and be clearly marked on its  
3 face "Copy, Not Refillable—For Reference Purposes Only." The  
4 copy must bear the name or initials of the registered pharmacist who  
5 prepared the copy.

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

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

12 (a) A member of the Police Department of the Nevada System of  
13 Higher Education.

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

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

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

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

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

33 *1. An insurer shall not deny a claim under a policy of group*  
34 *life insurance, cancel a policy of group life insurance or impose an*  
35 *additional charge on a policyholder or beneficiary solely because*  
36 *the insured has, in accordance with the provisions of sections 10 to*  
37 *39, inclusive, of this act, requested a medication designed to end the*  
38 *life of the insured, revoked such a request or self-administered such*  
39 *a medication.*

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



1       **Sec. 50.** NRS 688B.040 is hereby amended to read as follows:  
2       688B.040 No policy of group life insurance shall be delivered in  
3 this State unless it contains in substance the provisions set forth in  
4 NRS 688B.040 to 688B.150, inclusive, *and section 49 of this act*, or  
5 provisions which in the opinion of the Commissioner are more  
6 favorable to the persons insured, or at least as favorable to the persons  
7 insured and more favorable to the policyholder; except:

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

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

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

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

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





