

Assembly Bill No. 73–Assemblywoman Segerblom

CHAPTER.....

AN ACT relating to emergency medical services; revising provisions governing the withholding of life-resuscitating treatment pursuant to a do-not-resuscitate order; and providing other matters properly relating thereto.

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

Section 1. NRS 450B.430 is hereby amended to read as follows:

450B.430 “Do-not-resuscitate protocol” means the standardized procedure and guidelines established by the ~~health authority~~ **board** for the withholding of emergency life-resuscitating treatment in compliance with a do-not-resuscitate order or a do-not-resuscitate identification.

Sec. 2. NRS 450B.490 is hereby amended to read as follows:

450B.490 1. The ~~health authority~~ **board** shall adopt regulations to carry out the provisions of NRS 450B.400 to 450B.590, inclusive. The regulations must establish:

(a) A do-not-resuscitate protocol ~~1.1~~ ; and

(b) The procedure to apply for a do-not-resuscitate identification.

~~[(c) The price to obtain]~~

2. **The board may establish a fee for** a do-not-resuscitate identification ~~1. The price must~~ **to be collected by the health authority. The fee may** not exceed the actual cost to the health authority ~~in manufacturing~~ **of:**

(a) Manufacturing or obtaining the identification from a manufacturer, including the cost of shipping and handling ~~1.~~

~~—2.1 ; and~~

(b) Engraving the identification.

3. In the case of a county or district board of health, such regulations take effect immediately upon approval by the state board of health.

Sec. 3. NRS 450B.520 is hereby amended to read as follows:

450B.520 1. A qualified patient may apply to the health authority for a do-not-resuscitate identification by submitting an application on a form provided by the health authority. To obtain a do-not-resuscitate identification, the patient must comply with the requirements prescribed by the ~~health authority~~ **board** and sign a form which states that he has informed each member of his family within the first degree of consanguinity or affinity, whose whereabouts are known to him, or if no such members are living, his legal guardian, if any, or if he has no such members living and has no legal guardian, his caretaker, if any, of his decision to apply for an identification.

2. An application must include, without limitation:

(a) Certification by the patient’s attending physician that the patient suffers from a terminal condition;

(b) Certification by the patient’s attending physician that the patient:

- (1) Is capable of making an informed decision; or
- (2) When he was capable of making an informed decision, executed:
 - (I) A written directive that life-resuscitating treatment be withheld under certain circumstances; or
 - (II) A durable power of attorney for health care pursuant to NRS 449.800 to 449.860, inclusive;
- (c) A statement that the patient does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest;
- (d) The name, signature and telephone number of the patient's attending physician; and
- (e) The name and signature of the patient or the attorney in fact who is authorized to make health care decisions on the patient's behalf pursuant to a durable power of attorney for health care.

Sec. 4. This act becomes effective upon passage and approval.

~