(REPRINTED WITH ADOPTED AMENDMENTS) FIRST REPRINT A.B. 173

ASSEMBLY BILL NO. 173–ASSEMBLYMEN NOLAN, CHOWNING, DE BRAGA, FREEMAN, DINI, ANDERSON, ANGLE, ARBERRY, BACHE, BERMAN, BROWER, BROWN, BUCKLEY, CARPENTER, CEGAVSKE, CLABORN, GIUNCHIGLIANI, HETTRICK, KOIVISTO, LESLIE, MANENDO, MARVEL, OCEGUERA, PARKS, PRICE, SMITH, TIFFANY, VON TOBEL AND WILLIAMS

FEBRUARY 15, 2001

Referred to Committee on Health and Human Services

SUMMARY—Expands circumstances under which emergency life-resuscitating treatment may be withheld from patient in terminal condition. (BDR 40-437)

FISCAL NOTE: Effect on Local Government: No.

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11 12 Effect on the State: No.

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

AN ACT relating to emergency medical services; expanding the circumstances under which treatment may be withheld from a patient in a terminal condition who wishes not to be resuscitated in the event of cardiac or respiratory arrest; authorizing the parent or legal guardian of a minor to obtain a do-not-resuscitate identification on behalf of the minor under certain circumstances; 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. Chapter 450B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this act.

Sec. 2. "Attending physician" has the meaning ascribed to it in NRS 449.550.

Sec. 3. "Terminal condition" has the meaning ascribed to it in NRS 449.590.

Sec. 4. The board may enter into an agreement for the manufacture of a bracelet or medallion to be worn by a qualified patient which indicates that the qualified patient has been issued a do-not-resuscitate identification. Such a bracelet or medallion may be issued to a qualified patient in addition to, and not in lieu of, the do-not-resuscitate identification.



- Sec. 5. 1. A parent or legal guardian of a minor may apply to the health authority for a do-not-resuscitate identification on behalf of the minor if the minor has been:
- (a) Determined by his attending physician to be in a terminal condition; and
 - (b) Issued a do-not-resuscitate order pursuant to NRS 450B.510.
- 2. To obtain such a do-not-resuscitate identification, the parent or legal guardian must:
- (a) Submit an application on a form provided by the health authority; and
- (b) Comply with the requirements prescribed by the board.
- 3. An application submitted pursuant to subsection 2 must include, without limitation:
 - (a) Certification by the minor's attending physician that the minor:
 - (1) Suffers from a terminal condition; and
- (2) Has been issued a do-not resuscitate order pursuant to NRS 450B.510;
- (b) A statement that the parent or legal guardian of the minor does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest;
 - (c) The name of the minor;

- (d) The name, signature and telephone number of the minor's attending physician; and
- (e) The name, signature and telephone number of the minor's parent or legal guardian.
- 4. Except as otherwise provided in this section, the parent or legal guardian of the minor may revoke the authorization to withhold liferesuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that he wishes to have the identification removed or destroyed.
- 5. If, in the opinion of the attending physician, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment:
- (a) The do-not-resuscitate identification obtained pursuant to this section is not effective without the assent of the minor.
- (b) The minor may revoke the authorization to withhold liferesuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that he wishes to have the identification removed or destroyed.
- (c) The parent or legal guardian of the minor may not revoke the authorization to withhold life-resuscitating treatment without the assent of the minor.
 - **Sec. 6.** NRS 450B.400 is hereby amended to read as follows:
- 450B.400 As used in NRS 450B.400 to 450B.590, inclusive, and sections 2 to 5, inclusive, of this act, unless the context otherwise requires, the words and terms defined in NRS 450B.410 to 450B.470, inclusive, and sections 2 and 3 of this act, have the meanings ascribed to them in those sections.



Sec. 7. NRS 450B.470 is hereby amended to read as follows:

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- 450B.470 "Qualified patient" [has the meaning ascribed to it 449.585.] means:
- 1. A patient 18 years of age or older who has been determined by his attending physician to be in a terminal condition and who:
- (a) Has executed a declaration in accordance with the requirements of NRS 449.600; or
- (b) Has been issued a do-not-resuscitate order pursuant to NRS 450B.510.
 - 2. A patient who is less than 18 years of age and who:
- (a) Has been determined by his attending physician to be in a terminal condition; and
- (b) Has been issued a do-not-resuscitate order pursuant to NRS 450B.510.
 - **Sec. 8.** NRS 450B.480 is hereby amended to read as follows:
- 450B.480 The provisions of NRS 450B.400 to 450B.590, inclusive, and sections 2 to 5, inclusive, of this act, apply only to emergency medical services administered to a qualified patient [before]:
 - 1. **Before** he is admitted to a medical facility $\{\cdot, \cdot\}$; or
- 2. While the qualified patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility.
 - **Sec. 9.** NRS 450B.490 is hereby amended to read as follows:
- 450B.490 1. The board shall adopt regulations to carry out the provisions of NRS 450B.400 to 450B.590, inclusive [-], and sections 2 to 5, inclusive, of this act. The regulations must establish:
 - (a) A do-not-resuscitate protocol; and
 - (b) The procedure to apply for a do-not-resuscitate identification.
 2. The board may establish a fee for [a]:
- (a) A do-not-resuscitate identification to be collected by the health authority. The fee may not exceed the actual cost to the health authority of:
- (1) Manufacturing or obtaining the identification from a manufacturer, including the cost of shipping and handling; and
- (b) (2) Engraving the identification.
- (b) The issuance of a bracelet or medallion which indicates that a donot-resuscitate identification has been issued to a qualified patient.
- 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. 10.** NRS 450B.510 is hereby amended to read as follows:
- 450B.510 1. A physician licensed in this state may issue a written do-not-resuscitate order only to a [qualified pati
- The patient who has been determined to be in a terminal condition.
- 2. Except as otherwise provided in subsection 3, the order is effective only if the patient has agreed to its terms, in writing, while he is capable of making an informed decision.
 - 3. If the patient is a minor, the order is effective:
- (a) Only if the minor has agreed to its terms, in writing, while he is capable of making an informed decision if, in the opinion of the



attending physician, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment; or

- (b) Otherwise, only if the parent or legal guardian of the minor has agreed to its terms, in writing.
- 4. A physician who issues a do-not-resuscitate order may apply, on behalf of the patient, to the health authority for a do-not-resuscitate identification for that patient.

Sec. 11. NRS 450B.520 is hereby amended to read as follows: 450B.520 *Except as otherwise provided in section 5 of this act:*

- A qualified patient may apply to the health authority for a do-notresuscitate 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 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 is capable of making an informed decision ; or (2) When or, when he was capable of making an informed decision

[,]: (1) **He** executed:

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- (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; or
- (2) He was issued a do-not-resuscitate order pursuant to NRS 450B.510;
- (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. 12. NRS 450B.530 is hereby amended to read as follows:
- 450B.530 A Except as otherwise provided in section 5 of this act, a qualified patient who possesses a do-not-resuscitate identification may revoke his authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of his identification or otherwise indicating to a person that he wishes to have his identification removed or destroyed.
- **Sec. 13.** NRS 450B.540 is hereby amended to read as follows: 450B.540 1. A person is not guilty of unprofessional conduct or 48 subject to civil or criminal liability if he:



(a) Is a physician who **causes**:

(1) Causes the withholding of life-resuscitating treatment from a qualified patient who possesses a do-not-resuscitate identification in accordance with the do-not-resuscitate protocol; or

(2) While the patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility, carries out a do-not-resuscitate order that is documented in the medical record of a qualified patient, in accordance with the do-not-resuscitate protocol;

- (b) Pursuant to the direction of or with the authorization of a physician, participates in [the]:
- (1) The withholding of life-resuscitating treatment from a qualified patient who possesses a do-not-resuscitate identification in accordance with the do-not-resuscitate protocol; or
- (2) While the patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility, carrying out a do-not-resuscitate order that is documented in the medical record of a qualified patient, in accordance with the do-not-resuscitate protocol; or
 - (c) Administers emergency medical services and [causes]:
- (1) Causes or participates in the withholding of life-resuscitating treatment from a qualified patient who possesses a do-not-resuscitate identification [or earries];
- (2) Before a qualified patient is admitted to a medical facility, carries out a do-not-resuscitate order that has been issued in accordance with the do-not-resuscitate protocol [.]; or
- (3) While the patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility, carries out a do-not-resuscitate order that is documented in the medical record of a qualified patient, in accordance with the do-not-resuscitate protocol.
- 2. A health care facility, ambulance service or fire-fighting agency that employs a person described in subsection 1 is not guilty of unprofessional conduct or subject to civil or criminal liability for the acts or omissions of the employee carried out in accordance with the provisions of subsection 1.
- 3. A physician, a person pursuant to the direction or authorization of a physician, a health care facility or a person administering emergency medical services who provides life-resuscitating treatment pursuant to:
- (a) An oral or written request made by a qualified patient who possesses a do not resuscitate identification; or the parent or legal guardian of a qualified patient, who may revoke the authorization to withhold life-resuscitating treatment pursuant to NRS 450B.530 or section 5 of this act; or
- (b) An observation that a qualified patient [has removed or destroyed or requested the removal or destruction of his do not resuscitate identification or otherwise indicated that he wished to have his identification removed or destroyed,], or the parent or legal guardian of a qualified patient, has revoked or otherwise indicated that he wishes to revoke the authorization



to withhold life-resuscitating treatment pursuant to NRS 450B.530 or section 5 of this act,

is not guilty of unprofessional conduct or subject to civil or criminal liability.

Sec. 14. NRS 450B.550 is hereby amended to read as follows:

- 450B.550 1. Except as otherwise provided in subsection 2, a person who administers emergency medical services shall comply with do-not-resuscitate protocol when he observes a do-not-resuscitate identification [.] or carries out a do-not-resuscitate order.
- 2. A person who administers emergency medical services and who is unwilling or unable to comply with the do-not-resuscitate protocol shall take all reasonable measures to transfer a qualified patient who possesses a do-not-resuscitate identification *or has been issued a do-not-resuscitate order* to a physician or health care facility in which the do-not-resuscitate protocol may be followed.

Sec. 15. NRS 450B.560 is hereby amended to read as follows:

- 450B.560 1. Unless he has knowledge to the contrary, a physician, any other provider of health care or any person who administers emergency medical services may assume that a do-not-resuscitate identification complies with the provisions of NRS 450B.400 to 450B.590, inclusive, and sections 2 to 5, inclusive, of this act, and is valid.
- 2. The provisions of NRS 450B.400 to 450B.590, inclusive, *and sections 2 to 5, inclusive, of this act*, do not create a presumption concerning the intention of a:
- (a) Qualified patient or a parent or legal guardian of a qualified patient who has revoked this authorization to withhold life-resuscitating treatment to NRS 450B.530 or section 5 of this act; or
- (b) Person who has not obtained a do-not-resuscitate identification,
- concerning the use or withholding of life-resuscitating treatment in a life-threatening emergency.

Sec. 16. NRS 450B.570 is hereby amended to read as follows:

- 450B.570 1. Death that results when life-resuscitating treatment has been withheld pursuant to the do-not-resuscitate protocol and in accordance with the provisions of NRS 450B.400 to 450B.590, inclusive, and sections 2 to 5, inclusive, of this act, does not constitute a suicide or homicide.
- 2. The possession of a do-not-resuscitate identification *or the issuance* of a do-not-resuscitate order does not affect the sale, procurement or issuance of a policy of life insurance or an annuity or impair or modify the terms of a policy of life insurance or an annuity. A policy of life insurance or an annuity is not legally impaired or invalidated if life-resuscitating treatment has been withheld from an insured who possesses a do-not-resuscitate identification [] or has been issued a do-not-resuscitate order, notwithstanding any term in the policy or annuity to the contrary.
- 3. A person may not prohibit or require the possession of a do-not-resuscitate identification *or the issuance of a do-not-resuscitate order* as a condition of being insured for, or receiving, health care.



Sec. 17. NRS 450B.580 is hereby amended to read as follows: 450B.580 1. It is unlawful for:

- (a) A person who administers emergency medical services to fail willfully to transfer a qualified patient in accordance with the provisions of NRS 450B.550.
- (b) A person purposely to conceal, cancel, deface or obliterate a do-not-resuscitate identification of a qualified patient, unless it is done in compliance with [the] a request of the qualified patient or a parent or legal guardian of the qualified patient to remove or destroy [his] the do-not-resuscitate identification [-] pursuant to NRS 450B.530 or section 5 of this act.
- (c) A person to falsify or forge the do-not-resuscitate identification of a qualified patient or purposely to conceal or withhold personal knowledge of the revocation of a do-not-resuscitate identification with the intent to cause the use, withholding or withdrawal of life-resuscitating treatment.
- 2. A person who violates any of the provisions of this section is guilty of a misdemeanor.

Sec. 18. NRS 129.030 is hereby amended to read as follows:

129.030 1. [A] Except as otherwise provided in section 5 of this act, a minor may give consent for the services provided in subsection 2 for himself or for his child, if he is:

- (a) Living apart from his parents or legal guardian, with or without the consent of the parent, parents or legal guardian, and has so lived for a period of at least 4 months;
 - (b) Married or has been married;

- (c) A mother, or has borne a child; or
- (d) In a physician's judgment, in danger of suffering a serious health hazard if health care services are not provided.
- 2. Except as otherwise provided in subsection 4 [1] and section 5 of this act, the consent of the parent or parents or the legal guardian of a minor is not necessary for a local or state health officer, board of health, licensed physician or public or private hospital to examine or provide treatment for any minor, included within the provisions of subsection 1, who understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. The consent of the minor to examination or treatment pursuant to this subsection is not subject to disaffirmance because of minority.
- 3. A person who treats a minor pursuant to subsection 2 shall, before initiating treatment, make prudent and reasonable efforts to obtain his consent to communicate with his parent, parents or legal guardian, and shall make a note of such efforts in the record of his care. If the person believes that such efforts would jeopardize treatment necessary to the minor's life or necessary to avoid a serious and immediate threat to the minor's health, the person may omit such efforts and note the reasons for the omission in the record.
 - 4. A minor may not consent to his sterilization.
- 5. In the absence of negligence, no person providing services pursuant to subsection 2 is subject to civil or criminal liability for providing those services.



6. The parent, parents or legal guardian of a minor who receives services pursuant to subsection 2 are not liable for the payment for those services unless the parent, parents or legal guardian has consented to such health care services. The provisions of this subsection do not relieve a parent, parents or legal guardian from liability for payment for emergency services provided to a minor pursuant to NRS 129.040.

Sec. 19. NRS 129.050 is hereby amended to read as follows:

129.050 1. [Any] Except as otherwise provided in section 5 of this act, any minor who is under the influence of, or suspected of being under the influence of, a controlled substance:

(a) May give express consent; or

- (b) If unable to give express consent, shall be deemed to consent,
- to the furnishing of hospital, medical, surgical or other care for the treatment of abuse of drugs or related illnesses by any public or private hospital, medical facility, facility for the dependent or any licensed physician, and the consent of the minor is not subject to disaffirmance because of minority.
- 2. Immunity from civil or criminal liability extends to any physician or other person rendering care or treatment pursuant to subsection 1, in the absence of negligent diagnosis, care or treatment.
- 3. The consent of the parent, parents or [the] legal guardian of the minor is not necessary to authorize such care, but any physician who treats a minor pursuant to this section shall make every reasonable effort to report the fact of treatment to the parent, [or] parents or legal guardian within a reasonable time after treatment.
- **Sec. 20.** This act becomes effective on July 1, 2001.



