

ASSEMBLY BILL NO. 93—COMMITTEE ON  
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE LEGISLATIVE COMMITTEE  
ON HEALTH CARE)

PREFILED JANUARY 30, 2017

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing end-of-life care.  
(BDR 40-365)

FISCAL NOTE: Effect on Local Government: Increases or Newly  
Provides for Term of Imprisonment in County or City  
Jail or Detention Facility.  
Effect on the State: No.

~

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

AN ACT relating to health care; authorizing an advanced practice registered nurse to take certain actions relating to a declaration or written consent governing the withholding or withdrawal of life-sustaining treatment; revising provisions governing the execution and revocation of a Physician Order for Life-Sustaining Treatment; revising provisions governing the provision of life-sustaining treatment and life-resuscitating treatment under a valid Physician Order for Life-Sustaining Treatment; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 Existing law allows any person who is of sound mind and 18 years of age or  
2 older to execute a declaration governing the withholding or withdrawal of life-  
3 sustaining treatment. (NRS 449.600, 449.610) Existing law also authorizes an  
4 attending physician to accept written consent to the withholding or withdrawal of  
5 life-sustaining treatment from two attesting witnesses if the physician determines  
6 the patient to be in a terminal condition and no longer able to make decisions  
7 regarding administration of life-sustaining treatment. (NRS 449.626) Under  
8 existing law, a directive governing the withholding or withdrawal of life-sustaining  
9 treatment becomes operative when it is communicated to the declarant's attending  
10 physician and the declarant is determined by the attending physician to be in a



\* A B 9 3 \*

terminal condition and no longer able to make decisions regarding the administration of life-sustaining treatment. (NRS 449.617) **Sections 2-16** of this bill authorize an attending advanced practice registered nurse to: (1) diagnose a person as being in a terminal condition and no longer able to make decisions regarding life-sustaining treatment for the purpose of determining whether a declaration or written consent to the withholding or withdrawal of life-sustaining treatment is operative; and (2) withhold or withdraw life-sustaining treatment in accordance with such a declaration or written consent.

Existing law requires the State Board of Health to adopt a Physician Order for Life-Sustaining Treatment form (POLST form), a document which records the wishes of a patient and directs any provider of health care regarding the provision of life-resuscitating treatment and life-sustaining treatment. (NRS 449.694) Existing law also specifies that a patient who is at least 18 years of age and of sound mind is allowed to request, execute and revoke a POLST form. Under existing law, if a patient is at least 18 years of age and incompetent, certain legal representatives of the patient may execute and revoke a POLST form on behalf of the patient. (NRS 449.6942, 449.6944) **Sections 17 and 18** of this bill revise provisions governing the execution and revocation of a POLST form. **Section 17**: (1) provides that, under certain circumstances, a surrogate who is not a legal representative of the patient, including, without limitation, certain family members of the patient or any other adult who has exhibited special care or concern for the patient, is familiar with the values of the patient and willing and able to make health care decisions for the patient, is authorized to request and execute a POLST form for a patient; and (2) revises the standard for determining whether a patient has the capacity to request and execute a POLST form. **Section 18** revises the standard for determining whether a patient has the capacity to revoke a POLST form so that the standard matches the standard set forth in **section 17** for determining whether the patient has the capacity to execute a POLST form.

Existing law contains provisions for resolving potential conflicts between a POLST form and another type of instrument governing the withholding or withdrawal of life-resuscitating treatment and life-sustaining treatment. (NRS 449.6946) **Section 19** of this bill requires a provider of health care to honor a declaration, directive or order set forth in a POLST form to provide life-resuscitating treatment if the declaration, directive or order is executed after a do-not-resuscitate identification was issued to the patient.

Existing law provides that for the purpose of certain declarations governing the withholding or withdrawal of life-sustaining treatment, artificial nutrition and hydration is deemed to be a life-sustaining treatment and must be withheld or withdrawn unless a different desire is expressed in the declaration. If a patient does not have an effective declaration, artificial nutrition and hydration must not be withheld unless a different desire is expressed by certain persons with authority to consent or withhold consent. (NRS 449.624) **Section 20** of this bill enacts a provision based on this provision of existing law to provide for the withholding or withdrawal of artificial nutrition or hydration from a person who has a valid POLST form in effect. Under **section 20**, artificial nutrition and hydration by way of the gastrointestinal tract is deemed to be a life-sustaining treatment that will be withheld from a person who has a valid POLST form in effect unless a different desire is expressed in the POLST form or another advance directive for health care. For a patient who does not have a valid POLST form, artificial nutrition and hydration must not be withheld unless a different desire is expressed in accordance with existing law governing consent to the withholding or withdrawal of life-sustaining treatment.



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

**Section 1.** Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

**Sec. 2.** *“Advanced practice registered nurse” means a registered nurse who holds a valid license as an advanced practice registered nurse issued by the State Board of Nursing pursuant to NRS 632.237.*

**Sec. 3.** *“Attending advanced practice registered nurse” means an advanced practice registered nurse who has primary responsibility for the treatment and care of the patient.*

**Sec. 4.** NRS 449.535 is hereby amended to read as follows:

449.535 1. NRS 449.535 to 449.690, inclusive, *and sections 2 and 3 of this act* may be cited as the Uniform Act on Rights of the Terminally Ill.

2. NRS 449.535 to 449.690, inclusive, *and sections 2 and 3 of this act* must be applied and construed to effectuate its general purpose to make uniform the law with respect to the subject of those sections among states enacting the Uniform Act on Rights of the Terminally Ill.

**Sec. 5.** NRS 449.540 is hereby amended to read as follows:

449.540 As used in NRS 449.535 to 449.690, inclusive, *and sections 2 and 3 of this act*, unless the context otherwise requires, the words and terms defined in NRS 449.550 to 449.590, inclusive, *and sections 2 and 3 of this act* have the meanings ascribed to them in those sections.

**Sec. 6.** NRS 449.585 is hereby amended to read as follows:

449.585 “Qualified patient” means a patient 18 or more years of age who has executed a declaration and who has been determined by the attending physician *or attending advanced practice registered nurse* to be in a terminal condition.

**Sec. 7.** NRS 449.590 is hereby amended to read as follows:

449.590 “Terminal condition” means an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician *or attending advanced practice registered nurse*, result in death within a relatively short time.

**Sec. 8.** NRS 449.610 is hereby amended to read as follows:

449.610 A declaration directing a physician *or advanced practice registered nurse* to withhold or withdraw life-sustaining treatment may, but need not, be in the following form:



DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician **H or attending advanced practice registered nurse**, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician **H or attending advanced practice registered nurse**, pursuant to NRS 449.535 to 449.690, inclusive, **and sections 2 and 3 of this act**, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If you wish to include this statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.

[ ..... ]

Signed this ..... day of ....., .....

Signature .....

Address .....

The declarant voluntarily signed this writing in my presence.

Witness .....

Address .....

Witness .....

Address .....

**Sec. 9.** NRS 449.613 is hereby amended to read as follows:  
449.613 1. A declaration that designates another person to make decisions governing the withholding or withdrawal of life-sustaining treatment may, but need not, be in the following form:



DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician **H** *or attending advanced practice registered nurse*, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I appoint ..... or, if he or she is not reasonably available or is unwilling to serve, ....., to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to NRS 449.535 to 449.690, inclusive **H**, *and sections 2 and 3 of this act*. (If the person or persons I have so appointed are not reasonably available or are unwilling to serve, I direct my attending physician **H** *or attending advanced practice registered nurse*, pursuant to those sections, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.)  
Strike language in parentheses if you do not desire it.

If you wish to include this statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.

[ ..... ]

Signed this ..... day of ....., .....

Signature .....

Address .....



The declarant voluntarily signed this writing in my presence.

Witness .....

Address .....

Witness .....

Address .....

Name and address of each designee.

Name.....

Address .....

2. The designation of an agent pursuant to chapter 162A of NRS, or the judicial appointment of a guardian, who is authorized to make decisions regarding the withholding or withdrawal of life-sustaining treatment, constitutes for the purpose of NRS 449.535 to 449.690, inclusive, *and sections 2 and 3 of this act*, a declaration designating another person to act for the declarant pursuant to subsection 1.

**Sec. 10.** NRS 449.617 is hereby amended to read as follows:

449.617 A declaration becomes operative when it is communicated to the attending physician *or attending advanced practice registered nurse* and the declarant is determined by the attending physician *or attending advanced practice registered nurse* to be in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment. When the declaration becomes operative, the attending physician and other providers of health care shall act in accordance with its provisions and with the instructions of a person designated pursuant to NRS 449.600 or comply with the requirements of NRS 449.628 to transfer care of the declarant.

**Sec. 11.** NRS 449.622 is hereby amended to read as follows:

449.622 Upon determining that a declarant is in a terminal condition, the attending physician *or attending advanced practice registered nurse* who knows of a declaration shall record the determination, and the terms of the declaration if not already a part of the record, in the declarant's medical record.

**Sec. 12.** NRS 449.624 is hereby amended to read as follows:

449.624 1. A qualified patient may make decisions regarding life-sustaining treatment so long as the patient is able to do so.

2. NRS 449.535 to 449.690, inclusive, *and sections 2 and 3 of this act* do not affect the responsibility of the attending physician or other provider of health care to provide treatment for a patient's comfort or alleviation of pain.



3. Artificial nutrition and hydration by way of the gastrointestinal tract shall be deemed a life-sustaining treatment and must be withheld or withdrawn from a qualified patient unless a different desire is expressed in writing by the patient. For a patient who has no effective declaration, artificial nutrition and hydration must not be withheld unless a different desire is expressed in writing by the patient's authorized representative or the family member with the authority to consent or withhold consent.

4. Life-sustaining treatment must not be withheld or withdrawn pursuant to a declaration from a qualified patient known to the attending physician *or attending advanced practice registered nurse* to be pregnant so long as it is probable that the fetus will develop to the point of live birth with continued application of life-sustaining treatment.

**Sec. 13.** NRS 449.626 is hereby amended to read as follows:

449.626 1. If written consent to the withholding or withdrawal of the treatment, attested by two witnesses, is given to the attending physician *H or attending advanced practice registered nurse*, the attending physician *or attending advanced practice registered nurse* may withhold or withdraw life-sustaining treatment from a patient who:

(a) Has been determined by the attending physician *or attending advanced practice registered nurse* to be in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment; and

(b) Has no effective declaration.

2. The authority to consent or to withhold consent under subsection 1 may be exercised by the following persons, in order of priority:

(a) The spouse of the patient;

(b) An adult child of the patient or, if there is more than one adult child, a majority of the adult children who are reasonably available for consultation;

(c) The parents of the patient;

(d) An adult sibling of the patient or, if there is more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation; or

(e) The nearest other adult relative of the patient by blood or adoption who is reasonably available for consultation.

3. If a class entitled to decide whether to consent is not reasonably available for consultation and competent to decide, or declines to decide, the next class is authorized to decide, but an equal division in a class does not authorize the next class to decide.



4. A decision to grant or withhold consent must be made in good faith. A consent is not valid if it conflicts with the expressed intention of the patient.

5. A decision of the attending physician *or attending advanced practice registered nurse* acting in good faith that a consent is valid or invalid is conclusive.

6. Life-sustaining treatment must not be withheld or withdrawn pursuant to this section from a patient known to the attending physician *or attending advanced practice registered nurse* to be pregnant so long as it is probable that the fetus will develop to the point of live birth with continued application of life-sustaining treatment.

**Sec. 14.** NRS 449.640 is hereby amended to read as follows:

449.640 1. If a patient in a terminal condition has a declaration in effect and becomes comatose or is otherwise rendered incapable of communicating with his or her attending physician *or attending advanced practice registered nurse*, the physician *or advanced practice registered nurse* must give weight to the declaration as evidence of the patient's directions regarding the application of life-sustaining treatments, but the attending physician *or attending advanced practice registered nurse* may also consider other factors in determining whether the circumstances warrant following the directions.

2. No hospital or other medical facility, physician, *advanced practice registered nurse* or person working under the direction of a physician *or an advanced practice registered nurse* is subject to criminal or civil liability for failure to follow the directions of the patient to withhold or withdraw life-sustaining treatments.

**Sec. 15.** NRS 449.660 is hereby amended to read as follows:

449.660 1. A physician or other provider of health care who willfully fails to transfer the care of a patient in accordance with NRS 449.628 is guilty of a gross misdemeanor.

2. A physician *or advanced practice registered nurse* who willfully fails to record a determination of terminal condition or the terms of a declaration in accordance with NRS 449.622 is guilty of a misdemeanor.

3. A person who willfully conceals, cancels, defaces or obliterates the declaration of another without the declarant's consent or who falsifies or forges a revocation of the declaration of another is guilty of a misdemeanor.

4. A person who falsifies or forges the declaration of another, or willfully conceals or withholds personal knowledge of a revocation, with the intent to cause a withholding or withdrawal of life-sustaining treatment contrary to the wishes of the declarant and





1 thereby directly causes life-sustaining treatment to be withheld or  
2 withdrawn and death to be hastened is guilty of murder.

3 5. A person who requires or prohibits the execution of a  
4 declaration as a condition of being insured for, or receiving, health  
5 care is guilty of a misdemeanor.

6 6. A person who coerces or fraudulently induces another to  
7 execute a declaration, or who falsifies or forges the declaration of  
8 another except as provided in subsection 4, is guilty of a gross  
9 misdemeanor.

10 7. The penalties provided in this section do not displace any  
11 sanction applicable under other law.

12 **Sec. 16.** NRS 449.690 is hereby amended to read as follows:

13 449.690 1. A declaration executed in another state in  
14 compliance with the law of that state or of this State is valid for  
15 purposes of NRS 449.535 to 449.690, inclusive **H**, *and sections 2*  
16 *and 3 of this act.*

17 2. An instrument executed anywhere before July 1, 1977,  
18 which clearly expresses the intent of the declarant to direct the  
19 withholding or withdrawal of life-sustaining treatment from the  
20 declarant when the declarant is in a terminal condition and becomes  
21 comatose or is otherwise rendered incapable of communicating with  
22 his or her attending physician **H** *or attending advanced practice*  
23 *registered nurse*, if executed in a manner which attests voluntary  
24 execution, or executed anywhere before October 1, 1991, which  
25 substantially complies with NRS 449.600, and has not been  
26 subsequently revoked, is effective under NRS 449.535 to 449.690,  
27 inclusive **H**, *and sections 2 and 3 of this act.*

28 3. As used in this section, "state" includes the District of  
29 Columbia, the Commonwealth of Puerto Rico, and a territory or  
30 insular possession subject to the jurisdiction of the United States.

31 **Sec. 17.** NRS 449.6942 is hereby amended to read as follows:

32 449.6942 1. A physician shall take the actions described in  
33 subsection 2:

34 (a) If the physician diagnoses a patient with a terminal  
35 condition;

36 (b) If the physician determines, for any reason, that a patient has  
37 a life expectancy of less than 5 years; or

38 (c) At the request of a patient.

39 2. Upon the occurrence of any of the events specified in  
40 subsection 1, the physician shall explain to the patient:

41 (a) The existence and availability of the Physician Order for  
42 Life-Sustaining Treatment form;

43 (b) The features of and procedures offered by way of the POLST  
44 form; and



(c) The differences between a POLST form and the other types of advance directives.

3. ~~Upon the request of the patient, the~~ *The* physician shall complete the POLST form based on the preferences and medical indications of the patient ~~†~~ *upon the request of:*

*(a) If the patient is 18 years of age or older and the physician determines that the patient has the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment, the patient.*

*(b) If the patient is 18 years of age or older and the physician determines that the patient lacks capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment:*

*(1) The representative of the patient; or*

*(2) If no person is a representative of the patient and a valid POLST form has not been executed by the patient or the representative of the patient, a surrogate of the patient who has the capacity to make decisions regarding life-resuscitating treatment and life-sustaining treatment for the patient.*

*(c) If the patient is less than 18 years of age, the patient and a parent or legal guardian of the patient.*

4. A POLST form is valid upon execution by a physician and:

(a) If the patient is 18 years of age or older and ~~of sound mind,~~ *the physician determines that the patient has the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment,* the patient .

~~†~~ (b) If the patient is 18 years of age or older and ~~incompetent,~~ *the physician determines that the patient lacks capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment:*

*(1) The representative of the patient; or*

*(2) If no person is a representative of the patient and a valid POLST form has not been executed by the patient or the representative of the patient, a surrogate of the patient who has the capacity to make decisions regarding life-resuscitating treatment and life-sustaining treatment for the patient.*

(c) If the patient is less than 18 years of age, the patient and a parent or legal guardian of the patient.

5. *If, pursuant to subsection 3, a valid POLST form has been executed by a representative or surrogate of the patient and a provider of health care or the representative or surrogate of the patient believes that the patient has regained the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment, a physician*



1 *must examine the patient and inform the patient of the execution*  
2 *of the POLST form. If the physician determines that the patient is*  
3 *capable of making decisions regarding his or her wishes for the*  
4 *provision of life-resuscitating and life-sustaining treatment, the*  
5 *patient may approve the execution of the POLST form or,*  
6 *pursuant to NRS 449.6944, revoke the POLST form executed for*  
7 *the patient by his or her representative or surrogate. If the patient*  
8 *approves of the execution of the POLST form executed by his or*  
9 *her representative or surrogate, such approval must be made a*  
10 *part of the medical record of the patient and the POLST form is*  
11 *deemed to be valid. The physician who examined the patient must*  
12 *notify the representative or surrogate of the patient who executed*  
13 *the POLST form of the decision of the patient to approve or revoke*  
14 *the POLST form.*

15 6. *For the purpose of determining whether a surrogate of the*  
16 *patient is authorized to request and execute a POLST form*  
17 *pursuant to subsections 3 and 4, respectively:*

18 (a) *If a class entitled to decide whether to request and execute*  
19 *a POLST form is not reasonably available for consultation and*  
20 *capable of deciding or declines to decide, the next class is*  
21 *authorized to decide, but an equal division in a class does not*  
22 *authorize the next class to decide.*

23 (b) *A decision to request and execute a POLST form must be*  
24 *made in good faith and is not valid if it conflicts with the*  
25 *expressed intention of the patient.*

26 (c) *A decision of the physician acting in good faith that a*  
27 *decision to request and execute a POLST form is valid or invalid is*  
28 *conclusive.*

29 7. As used in this section ~~the~~ **terminal**:

30 (a) *“Surrogate of the patient” means the following persons, in*  
31 *order of priority:*

32 (1) *The spouse of the patient;*

33 (2) *An adult child of the patient or, if there is more than*  
34 *one adult child, a majority of the adult children who are*  
35 *reasonably available for consultation;*

36 (3) *The parents of the patient;*

37 (4) *An adult sibling of the patient or, if there is more than*  
38 *one adult sibling, a majority of the adult siblings who are*  
39 *reasonably available for consultation;*

40 (5) *The nearest other adult relative of the patient by blood*  
41 *or adoption who is reasonably available for consultation; or*

42 (6) *An adult who has exhibited special care or concern for*  
43 *the patient, is familiar with the values of the patient and willing*  
44 *and able to make health care decisions for the patient.*



(b) “Terminal condition” has the meaning ascribed to it in NRS 449.590.

**Sec. 18.** NRS 449.6944 is hereby amended to read as follows:

449.6944 1. A Physician Order for Life-Sustaining Treatment form may be revoked at any time and in any manner by:

(a) The patient who executed it ~~or for whom a representative or surrogate executed it pursuant to NRS 449.6942, if incompetent,~~ *the patient is capable of making decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment,* without regard to his or her age or physical condition;

(b) If the patient ~~is incompetent,~~ *lacks capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment,* the representative of the patient; or

(c) If the patient is less than 18 years of age, a parent or legal guardian of the patient.

2. The revocation of a POLST form is effective upon the communication to a provider of health care, by the patient or a witness to the revocation, of the desire to revoke the form. The provider of health care to whom the revocation is communicated shall:

(a) Make the revocation a part of the medical record of the patient; or

(b) Cause the revocation to be made a part of the medical record of the patient.

**Sec. 19.** NRS 449.6946 is hereby amended to read as follows:

449.6946 1. If a valid Physician Order for Life-Sustaining Treatment form sets forth a declaration, direction or order which conflicts with a declaration, direction or order set forth in one or more of the other types of advance directives:

(a) The declaration, direction or order set forth in the document executed most recently is valid; and

(b) Any other declarations, directions or orders that do not conflict with a declaration, direction or order set forth in another document referenced in this subsection remain valid.

2. If a valid POLST form sets forth a declaration, direction or order to provide life-resuscitating treatment to a patient who also possesses a do-not-resuscitate identification, a provider of health care shall ~~not~~ provide life-resuscitating treatment if the ~~do-not-resuscitate identification is on the person of the patient when the need for life resuscitating treatment arises.~~ *declaration, direction or order to provide life-resuscitating treatment set forth in the valid POLST form was executed more recently than the issuance of the do-not-resuscitate identification.*



**Sec. 20.** NRS 449.695 is hereby amended to read as follows:

449.695 1. Except as otherwise provided in this section and NRS 449.6946, a provider of health care shall comply with a valid Physician Order for Life-Sustaining Treatment form, regardless of whether the provider of health care is employed by a health care facility or other entity affiliated with the physician who executed the POLST form.

2. A physician may medically evaluate the patient and, based upon the evaluation, may recommend new orders consistent with the most current information available about the patient's health status and goals of care. Before making a modification to a valid POLST form, the physician shall consult the patient or, if the patient is incompetent, shall make a reasonable attempt to consult the representative of the patient and the patient's attending physician.

3. Except as otherwise provided in subsection ~~4.4~~ 5, a provider of health care who is unwilling or unable to comply with a valid POLST form shall take all reasonable measures to transfer the patient to a physician or health care facility so that the POLST form will be followed.

4. *Artificial nutrition and hydration by way of the gastrointestinal tract shall be deemed to be a life-sustaining treatment and must be withheld or withdrawn from a patient who has a valid POLST form unless a different declaration, direction or order is set forth in a POLST form or in an advance directive described in NRS 449.6928. For a patient who does not have a valid POLST form, artificial nutrition and hydration must not be withheld unless a different desire is expressed in writing, pursuant to NRS 449.626, by the patient's authorized representative or the family member with the authority to consent or withhold consent or in an advance directive described in NRS 449.6928.*

5. Life-sustaining treatment must not be withheld or withdrawn pursuant to a POLST form of a patient known to the attending physician to be pregnant, so long as it is probable that the fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

~~5.4~~ 6. Nothing in this section requires a provider of health care to comply with a valid POLST form if the provider of health care does not have actual knowledge of the existence of the form.

