

Senate Bill No. 134–Senator Woodhouse

Joint Sponsor: Assemblywoman Carlton

CHAPTER.....

AN ACT relating to nurses; authorizing an advanced practice registered nurse to make certain certifications, diagnoses and determinations in lieu of a physician or other provider of health care; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes an advanced practice registered nurse to provide his or her signature, certification, stamp, verification or endorsement when such is required by a physician, if it is within the scope of practice of the advanced practice registered nurse. (NRS 632.237) **Sections 1-7** of this bill authorize an advanced practice registered nurse to sign certain statements and forms for submission to the Department of Motor Vehicles for certain designations on a person's driver's license. (NRS 483.330, 483.348, 483.349, 483.363, 483.384, 483.575, 483.865) **Sections 8, 16 and 17** of this bill similarly authorize an advanced practice registered nurse to sign certain statements attesting to a person's inability to wear a safety belt or a child restraint system for medical or physical reasons. (NRS 484B.157, 484D.495, 484D.500) **Section 9** of this bill authorizes an advanced practice registered nurse to determine whether a person has hemophilia or a heart condition requiring the use of an anticoagulant, and therefore exempt from a blood test intended to measure the concentration of alcohol in his or her blood. (NRS 484C.160) **Section 15** of this bill authorizes an advanced practice registered nurse to certify whether a person is exempt, due to an inability to provide a deep lung breath sample, from a breath test intended to measure the concentration of alcohol in his or her breath. (NRS 484C.460) **Sections 10-14** of this bill authorize an advanced practice registered nurse who has been certified by the State Board of Nursing to make such an evaluation to evaluate certain offenders to determine if an offender is an abuser of alcohol or drugs and whether the offender can be treated successfully. (NRS 484C.300, 484C.320, 484C.330, 484C.340, 484C.350) **Sections 28-34** of this bill authorize an advanced practice registered nurse to take certain actions and make certain determinations and certifications regarding a power of attorney. (NRS 162A.220, 162A.260, 162A.790, 162A.810, 162A.815, 162A.860, 162A.865) **Section 35** of this bill authorizes an advanced practice registered nurse to make certain certifications regarding a custodial trust. (NRS 166A.260) **Section 37** of this bill requires the State Board of Nursing to adopt regulations for the psychiatric training and experience necessary for an advanced practice registered nurse to be authorized to evaluate certain offenders to determine if an offender is an abuser of alcohol or drugs and whether the offender can be treated successfully. **Sections 38 and 39** of this bill authorize an advanced practice registered nurse to sign a statement verifying a physical or mental disability for the purpose of making the person with the disability eligible for certain free or reduced rates for certain modes of public transportation. (NRS 704.140, 706.351)

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



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

Section 1. NRS 483.330 is hereby amended to read as follows:

483.330 1. The Department may require every applicant for a driver's license, including a commercial driver's license issued pursuant to NRS 483.900 to 483.940, inclusive, to submit to an examination. The examination may include:

(a) A test of the applicant's ability to understand official devices used to control traffic;

(b) A test of the applicant's knowledge of practices for safe driving and the traffic laws of this State;

(c) Except as otherwise provided in subsection 2, a test of the applicant's eyesight; and

(d) Except as otherwise provided in subsection 3, an actual demonstration of the applicant's ability to exercise ordinary and reasonable control in the operation of a motor vehicle of the type or class of vehicle for which he or she is to be licensed.

↪ The examination may also include such further physical and mental examination as the Department finds necessary to determine the applicant's fitness to drive a motor vehicle safely upon the highways. If the Department requires an applicant to submit to a test specified in paragraph (b), the Department shall ensure that the test includes at least one question testing the applicant's knowledge of the provisions of NRS 484B.165.

2. The Department may provide by regulation for the acceptance of a report from an ophthalmologist, optician , ~~or~~ optometrist , *physician or advanced practice registered nurse* in lieu of an eye test by a driver's license examiner.

3. If the Department establishes a type or classification of driver's license to operate a motor vehicle of a type which is not normally available to examine an applicant's ability to exercise ordinary and reasonable control of such a vehicle, the Department may, by regulation, provide for the acceptance of an affidavit from a:

(a) Past, present or prospective employer of the applicant; or

(b) Local joint apprenticeship committee which had jurisdiction over the training or testing, or both, of the applicant,

↪ in lieu of an actual demonstration.

4. The Department may waive an examination pursuant to subsection 1 for a person applying for a Nevada driver's license who possesses a valid driver's license of the same type or class issued by another jurisdiction unless that person:



(a) Has not attained 21 years of age, except that the Department may, based on the driving record of the applicant, waive the examination to demonstrate the applicant's ability to exercise ordinary and reasonable control in the operation of a motor vehicle of the same type or class of vehicle for which he or she is to be licensed;

(b) Has had his or her license or privilege to drive a motor vehicle suspended, revoked or cancelled or has been otherwise disqualified from driving during the immediately preceding 4 years;

(c) Has been convicted of a violation of NRS 484C.130 or, during the immediately preceding 7 years, of a violation of NRS 484C.110, 484C.120 or 484C.430 or a law of any other jurisdiction that prohibits the same or similar conduct;

(d) Has restrictions to his or her driver's license which the Department must reevaluate to ensure the safe driving of a motor vehicle by that person;

(e) Has had three or more convictions of moving traffic violations on his or her driving record during the immediately preceding 4 years; or

(f) Has been convicted of any of the offenses related to the use or operation of a motor vehicle which must be reported pursuant to the provisions of ~~[Parts]~~ **Part** 1327 ~~[et seq.]~~ of Title 23 of the Code of Federal Regulations relating to the National Driver Register Problem Driver Pointer System during the immediately preceding 4 years.

Sec. 2. NRS 483.348 is hereby amended to read as follows:

483.348 1. Except as otherwise provided in subsection 2, the Department shall issue a driver's license with a specially colored background to any person who qualifies for a driver's license pursuant to the provisions of this chapter and delivers to the Department a signed statement from a physician **or an advanced practice registered nurse** that the person is an insulin dependent diabetic or an epileptic. The Department shall designate one color to be used only for a driver's license held by a diabetic and another color to be used only for a driver's license held by an epileptic.

2. In lieu of issuing a driver's license pursuant to subsection 1, the Department may issue to a person specified in that subsection a driver's license with a specially colored border around the photograph on the license.

3. The Department of Public Safety shall provide for the education of peace officers on the:

(a) Effects and treatment of a person suffering from a diabetic condition or an epileptic seizure and the similarity in appearance of



a person suffering from a diabetic condition or an epileptic seizure to a person under the influence of alcohol or a controlled substance; and

(b) Procedures for identifying and handling situations involving a person suffering from a diabetic condition or an epileptic seizure.

Sec. 3. NRS 483.349 is hereby amended to read as follows:

483.349 1. Upon the application of a person with a disability which limits or impairs the ability to walk, the Department shall place on any driver's license issued to the person pursuant to the provisions of this chapter a designation that the person is a person with a disability. The application must include a statement from a licensed physician *or an advanced practice registered nurse* certifying that the applicant is a person with a disability which limits or impairs the ability to walk.

2. For the purposes of this section, "person with a disability which limits or impairs the ability to walk" has the meaning ascribed to it in NRS 482.3835.

Sec. 4. NRS 483.363 is hereby amended to read as follows:

483.363 1. A person who is 18 years of age or older may file with the Department a report requesting that the Department examine a licensee who:

(a) Is related to the person filing the report within the third degree of consanguinity or who is the spouse of the person filing the report; and

(b) The person filing the report reasonably and in good faith believes cannot safely operate a motor vehicle.

2. The report described in subsection 1 must:

(a) Include the name, relationship, address, telephone number and signature of the person filing the report.

(b) State the person's basis for believing that the licensee cannot safely operate a motor vehicle, which basis must be:

(1) Personal observation or physical evidence of a physical or medical condition that has the potential to impair the ability of the licensee to operate a motor vehicle, corroborated by an affidavit from a physician *or an advanced practice registered nurse* in which the physician *or advanced practice registered nurse* concurs that the licensee should be examined to determine the licensee's ability to safely operate a motor vehicle;

(2) Personal knowledge that the driving record of the licensee indicates the unsafe operation of a motor vehicle, corroborated by an affidavit from a physician *or an advanced practice registered nurse* in which the physician *or advanced practice registered nurse* concurs that the licensee should be



examined to determine the licensee's ability to safely operate a motor vehicle; or

(3) An investigation by a law enforcement officer.

(c) Be kept confidential, except as otherwise provided in NRS 239.0115 and except that the report must be released upon request of the licensee or an order of a court of competent jurisdiction.

➤ No person may file more than one report concerning the same licensee within a 12-month period.

3. The Administrator shall prescribe:

(a) A standard form to be used for the filing of a report pursuant to this section; and

(b) The procedure to be used for the filing of a report pursuant to this section.

Sec. 5. NRS 483.384 is hereby amended to read as follows:

483.384 1. The Department may require an applicant for a renewal license to appear before an examiner for a driver's license and successfully pass an eye test.

2. The Department may accept, in lieu of an eye test, a report from an ophthalmologist, optometrist , *physician, advanced practice registered nurse* or agency of another state which has duties comparable to those of the Department if the reported test was performed within 90 days before the application for renewal and:

(a) The applicant is qualified to renew his or her driver's license by mail in accordance with the procedure established pursuant to NRS 483.383; or

(b) The Department determines, upon good cause shown, that the applicant is unable to appear in person.

3. The Department shall adopt regulations which prescribe:

(a) The criteria to determine which applicant for a renewal license must appear and successfully pass an eye test.

(b) The circumstances under which the Department will accept a report from an ophthalmologist, optometrist , *physician, advanced practice registered nurse* or agency of another state which is authorized to conduct eye tests, in lieu of an eye test for the renewal of an applicant's driver's license.

4. If the Administrator or his or her authorized agent has reason to believe that the licensee is no longer qualified to receive a license because of the licensee's physical condition, the Department may require that the applicant submit to an examination pursuant to the provisions of NRS 483.330. The age of a licensee, by itself, does not constitute grounds for requiring an examination of driving qualifications.



Sec. 6. NRS 483.575 is hereby amended to read as follows:

483.575 1. A person with epilepsy shall not operate a motor vehicle if that person has been informed by a physician *or an advanced practice registered nurse* pursuant to NRS 629.047 that his or her condition would severely impair his or her ability to safely operate a motor vehicle.

2. If a physician *or an advanced practice registered nurse* is aware that a person has violated subsection 1 after the physician *or advanced practice registered nurse* has informed the person pursuant to NRS 629.047 that the person's condition would severely impair his or her ability to safely operate a motor vehicle, the physician *or advanced practice registered nurse* may, without the consent of the person, submit a written report to the Department that includes the name, address and age of the person. A report received by the Department pursuant to this subsection:

(a) Is confidential, except that the contents of the report may be disclosed to the person about whom the report is made; and

(b) May be used by the Department solely to determine the eligibility of the person to operate a vehicle on the streets and highways of this State.

3. The submission by a physician *or an advanced practice registered nurse* of a report pursuant to subsection 2 is solely within his or her discretion. No cause of action may be brought against a physician *or an advanced practice registered nurse* based on the fact that he or she did not submit such a report.

4. No cause of action may be brought against a physician *or an advanced practice registered nurse* based on the fact that he or she submitted a report pursuant to subsection 2 unless the physician *or advanced practice registered nurse* acted with malice, intentional misconduct, gross negligence or intentional or knowing violation of the law.

Sec. 7. NRS 483.865 is hereby amended to read as follows:

483.865 1. Upon the application of a person with a disability which limits or impairs the ability to walk, the Department shall place on any identification card issued to the person pursuant to NRS 483.810 to 483.890, inclusive, a designation that the person is a person with a disability. The application must include a statement from a licensed physician *or an advanced practice registered nurse* certifying that the applicant is a person with a disability which limits or impairs the ability to walk.

2. For the purposes of this section, "person with a disability which limits or impairs the ability to walk" has the meaning ascribed to it in NRS 482.3835.



Sec. 8. NRS 484B.157 is hereby amended to read as follows:

484B.157 1. Except as otherwise provided in subsection 7, any person who is transporting a child who is less than 6 years of age and who weighs 60 pounds or less in a motor vehicle operated in this State which is equipped to carry passengers shall secure the child in a child restraint system which:

(a) Has been approved by the United States Department of Transportation in accordance with the Federal Motor Vehicle Safety Standards set forth in 49 C.F.R. Part 571;

(b) Is appropriate for the size and weight of the child; and

(c) Is installed within and attached safely and securely to the motor vehicle:

(1) In accordance with the instructions for installation and attachment provided by the manufacturer of the child restraint system; or

(2) In another manner that is approved by the National Highway Traffic Safety Administration.

2. If a defendant pleads or is found guilty of violating the provisions of subsection 1, the court shall:

(a) For a first offense, order the defendant to pay a fine of not less than \$100 or more than \$500 or order the defendant to perform not less than 10 hours or more than 50 hours of community service;

(b) For a second offense, order the defendant to pay a fine of not less than \$500 or more than \$1,000 or order the defendant to perform not less than 50 hours or more than 100 hours of community service; and

(c) For a third or subsequent offense, suspend the driver's license of the defendant for not less than 30 days or more than 180 days.

3. At the time of sentencing, the court shall provide the defendant with a list of persons and agencies approved by the Department of Public Safety to conduct programs of training and perform inspections of child restraint systems. The list must include, without limitation, an indication of the fee, if any, established by the person or agency pursuant to subsection 4. If, within 60 days after sentencing, a defendant provides the court with proof of satisfactory completion of a program of training provided for in this subsection, the court shall:

(a) If the defendant was sentenced pursuant to paragraph (a) of subsection 2, waive the fine or community service previously imposed; or



(b) If the defendant was sentenced pursuant to paragraph (b) of subsection 2, reduce by one-half the fine or community service previously imposed.

➡ A defendant is only eligible for a reduction of a fine or community service pursuant to paragraph (b) if the defendant has not had a fine or community service waived pursuant to paragraph (a).

4. A person or agency approved by the Department of Public Safety to conduct programs of training and perform inspections of child restraint systems may, in cooperation with the Department, establish a fee to be paid by defendants who are ordered to complete a program of training. The amount of the fee, if any:

(a) Must be reasonable; and

(b) May, if a defendant desires to acquire a child restraint system from such a person or agency, include the cost of a child restraint system provided by the person or agency to the defendant.

➡ A program of training may not be operated for profit.

5. For the purposes of NRS 483.473, a violation of this section is not a moving traffic violation.

6. A violation of this section may not be considered:

(a) Negligence in any civil action; or

(b) Negligence or reckless driving for the purposes of NRS 484B.653.

7. This section does not apply:

(a) To a person who is transporting a child in a means of public transportation, including a taxi, school bus or emergency vehicle.

(b) When a physician *or an advanced practice registered nurse* determines that the use of such a child restraint system for the particular child would be impractical or dangerous because of such factors as the child's weight, physical unfitness or medical condition. In this case, the person transporting the child shall carry in the vehicle the signed statement of the physician *or advanced practice registered nurse* to that effect.

8. As used in this section, "child restraint system" means any device that is designed for use in a motor vehicle to restrain, seat or position children. The term includes, without limitation:

(a) Booster seats and belt-positioning seats that are designed to elevate or otherwise position a child so as to allow the child to be secured with a safety belt;

(b) Integrated child seats; and

(c) Safety belts that are designed specifically to be adjusted to accommodate children.



Sec. 9. NRS 484C.160 is hereby amended to read as follows:

484C.160 1. Except as otherwise provided in subsections 4 and 5, any person who drives or is in actual physical control of a vehicle on a highway or on premises to which the public has access shall be deemed to have given his or her consent to an evidentiary test of his or her blood, urine, breath or other bodily substance to determine the concentration of alcohol in his or her blood or breath or to determine whether a controlled substance, chemical, poison, organic solvent or another prohibited substance is present, if such a test is administered at the request of a police officer having reasonable grounds to believe that the person to be tested was:

(a) Driving or in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled substance or with a prohibited substance in his or her blood or urine; or

(b) Engaging in any other conduct prohibited by NRS 484C.110, 484C.120, 484C.130 or 484C.430.

2. A police officer who requests that a person submit to a test pursuant to subsection 1 shall inform the person that his or her license, permit or privilege to drive will be revoked if he or she fails to submit to the test.

3. If the person to be tested pursuant to subsection 1 is dead or unconscious, the officer shall direct that samples of blood from the person to be tested.

4. Any person who is afflicted with hemophilia or with a heart condition requiring the use of an anticoagulant as determined by a physician **or an advanced practice registered nurse** is exempt from any blood test which may be required pursuant to this section but must, when appropriate pursuant to the provisions of this section, be required to submit to a breath or urine test.

5. If the concentration of alcohol in the blood or breath of the person to be tested is in issue:

(a) Except as otherwise provided in this section, the person may refuse to submit to a blood test if means are reasonably available to perform a breath test.

(b) The person may request a blood test, but if means are reasonably available to perform a breath test when the blood test is requested, and the person is subsequently convicted, the person must pay for the cost of the blood test, including the fees and expenses of witnesses whose testimony in court or an administrative hearing is necessary because of the use of the blood test. The expenses of such a witness may be assessed at an hourly rate of not less than:

(1) Fifty dollars for travel to and from the place of the proceeding; and



(2) One hundred dollars for giving or waiting to give testimony.

(c) Except as otherwise provided in NRS 484C.200, not more than three samples of the person's blood or breath may be taken during the 5-hour period immediately following the time of the initial arrest.

6. Except as otherwise provided in subsection 7, if the presence of a controlled substance, chemical, poison, organic solvent or another prohibited substance in the blood or urine of the person is in issue, the officer may request that the person submit to a blood or urine test, or both.

7. If the presence of marijuana in the blood of the person is in issue, the officer may request that the person submit to a blood test.

8. Except as otherwise provided in subsections 4 and 6, a police officer shall not request that a person submit to a urine test.

9. If a person to be tested fails to submit to a required test as requested by a police officer pursuant to this section and the officer has reasonable grounds to believe that the person to be tested was:

(a) Driving or in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled substance or with a prohibited substance in his or her blood or urine; or

(b) Engaging in any other conduct prohibited by NRS 484C.110, 484C.120, 484C.130 or 484C.430,

→ the officer may apply for a warrant or court order directing that reasonable force be used to the extent necessary to obtain samples of blood from the person to be tested.

10. If a person who is less than 18 years of age is requested to submit to an evidentiary test pursuant to this section, the officer shall, before testing the person, make a reasonable attempt to notify the parent, guardian or custodian of the person, if known.

Sec. 10. NRS 484C.300 is hereby amended to read as follows:

484C.300 1. Before sentencing an offender for a violation of NRS 484C.110 or 484C.120 that is punishable as a felony pursuant to NRS 484C.400 or 484C.410, other than an offender who has been evaluated pursuant to NRS 484C.340, or a violation of NRS 484C.130 or 484C.430, the court shall require that the offender be evaluated to determine whether the offender is an abuser of alcohol or drugs and whether the offender can be treated successfully for the condition.

2. The evaluation must be conducted by:

(a) An alcohol and drug abuse counselor who is licensed or certified, or a clinical alcohol and drug abuse counselor who is



licensed, pursuant to chapter 641C of NRS, to make such an evaluation;

(b) A physician who is certified to make such an evaluation by the Board of Medical Examiners; ~~for~~

(c) *An advanced practice registered nurse who is certified to make such an evaluation by the State Board of Nursing; or*

(d) A psychologist who is certified to make such an evaluation by the Board of Psychological Examiners.

3. The alcohol and drug abuse counselor, clinical alcohol and drug abuse counselor, physician, *advanced practice registered nurse* or psychologist who conducts the evaluation shall immediately forward the results of the evaluation to the Director of the Department of Corrections.

Sec. 11. NRS 484C.320 is hereby amended to read as follows:

484C.320 1. An offender who is found guilty of a violation of NRS 484C.110 or 484C.120 that is punishable pursuant to paragraph (a) of subsection 1 of NRS 484C.400, other than an offender who is found to have a concentration of alcohol of 0.18 or more in his or her blood or breath, may, at that time or any time before the offender is sentenced, apply to the court to undergo a program of treatment for alcoholism or drug abuse for at least 6 months. The court shall authorize that treatment if:

(a) The offender is diagnosed as an alcoholic or abuser of drugs by:

(1) An alcohol and drug abuse counselor who is licensed or certified, or a clinical alcohol and drug abuse counselor who is licensed, pursuant to chapter 641C of NRS, to make that diagnosis; ~~for~~

(2) A physician who is certified to make that diagnosis by the Board of Medical Examiners; *or*

(3) *An advanced practice registered nurse who is certified to make that diagnosis by the State Board of Nursing;*

(b) The offender agrees to pay the cost of the treatment to the extent of his or her financial resources; and

(c) The offender has served or will serve a term of imprisonment in jail of 1 day, or has performed or will perform 24 hours of community service.

2. A prosecuting attorney may, within 10 days after receiving notice of an application for treatment pursuant to this section, request a hearing on the question of whether the offender is eligible to undergo a program of treatment for alcoholism or drug abuse. The court shall order a hearing on the application upon the request of the prosecuting attorney or may order a hearing on its own



motion. The hearing must be limited to the question of whether the offender is eligible to undergo such a program of treatment.

3. At the hearing on the application for treatment, the prosecuting attorney may present the court with any relevant evidence on the matter. If a hearing is not held, the court shall decide the matter upon affidavits and other information before the court.

4. If the court grants an application for treatment, the court shall:

(a) Immediately sentence the offender and enter judgment accordingly.

(b) Suspend the sentence of the offender for not more than 3 years upon the condition that the offender be accepted for treatment by a treatment provider that is approved by the court, that the offender complete the treatment satisfactorily and that the offender comply with any other condition ordered by the court. If the court has a specialty court program for the supervision and monitoring of the person, the treatment provider must comply with the requirements of the specialty court, including, without limitation, any requirement to submit progress reports to the specialty court.

(c) Advise the offender that:

(1) He or she may be placed under the supervision of a treatment provider for a period not to exceed 3 years.

(2) The court may order the offender to be admitted to a residential treatment facility or to be provided with outpatient treatment in the community.

(3) If the offender fails to complete the program of treatment satisfactorily, the offender shall serve the sentence imposed by the court. Any sentence of imprisonment must be reduced by a time equal to that which the offender served before beginning treatment.

(4) If the offender completes the treatment satisfactorily, the offender's sentence will be reduced to a term of imprisonment which is no longer than that provided for the offense in paragraph (c) of subsection 1 and a fine of not more than the minimum fine provided for the offense in NRS 484C.400, but the conviction must remain on the record of criminal history of the offender.

5. The court shall administer the program of treatment pursuant to the procedures provided in NRS 458.320 and 458.330, except that the court:

(a) Shall not defer the sentence, set aside the conviction or impose conditions upon the election of treatment except as otherwise provided in this section.



(b) May immediately revoke the suspension of sentence for a violation of any condition of the suspension.

6. The court shall notify the Department, on a form approved by the Department, upon granting the application of the offender for treatment and his or her failure to be accepted for or complete treatment.

Sec. 12. NRS 484C.330 is hereby amended to read as follows:

484C.330 1. An offender who is found guilty of a violation of NRS 484C.110 or 484C.120 that is punishable pursuant to paragraph (b) of subsection 1 of NRS 484C.400 may, at that time or any time before the offender is sentenced, apply to the court to undergo a program of treatment for alcoholism or drug abuse for at least 1 year. The court shall authorize that treatment if:

(a) The offender is diagnosed as an alcoholic or abuser of drugs by:

(1) An alcohol and drug abuse counselor who is licensed or certified, or a clinical alcohol and drug abuse counselor who is licensed, pursuant to chapter 641C of NRS, to make that diagnosis; ~~for~~

(2) A physician who is certified to make that diagnosis by the Board of Medical Examiners; *or*

(3) An advanced practice registered nurse who is certified to make that diagnosis by the State Board of Nursing;

(b) The offender agrees to pay the costs of the treatment to the extent of his or her financial resources; and

(c) The offender has served or will serve a term of imprisonment in jail of 5 days and, if required pursuant to NRS 484C.400, has performed or will perform not less than one-half of the hours of community service.

2. A prosecuting attorney may, within 10 days after receiving notice of an application for treatment pursuant to this section, request a hearing on the matter. The court shall order a hearing on the application upon the request of the prosecuting attorney or may order a hearing on its own motion.

3. At the hearing on the application for treatment, the prosecuting attorney may present the court with any relevant evidence on the matter. If a hearing is not held, the court shall decide the matter upon affidavits and other information before the court.

4. If the court grants an application for treatment, the court shall:

(a) Immediately sentence the offender and enter judgment accordingly.



(b) Suspend the sentence of the offender for not more than 3 years upon the condition that the offender be accepted for treatment by a treatment provider that is approved by the court, that the offender complete the treatment satisfactorily and that the offender comply with any other condition ordered by the court. If the court has a specialty court program for the supervision and monitoring of the person, the treatment provider must comply with the requirements of the specialty court, including, without limitation, any requirement to submit progress reports to the specialty court.

(c) Advise the offender that:

(1) He or she may be placed under the supervision of the treatment provider for a period not to exceed 3 years.

(2) The court may order the offender to be admitted to a residential treatment facility or to be provided with outpatient treatment in the community.

(3) If the offender fails to complete the program of treatment satisfactorily, the offender shall serve the sentence imposed by the court. Any sentence of imprisonment must be reduced by a time equal to that which the offender served before beginning treatment.

(4) If the offender completes the treatment satisfactorily, the offender's sentence will be reduced to a term of imprisonment which is no longer than that provided for the offense in paragraph (c) of subsection 1 and a fine of not more than the minimum provided for the offense in NRS 484C.400, but the conviction must remain on the record of criminal history of the offender.

5. The court shall administer the program of treatment pursuant to the procedures provided in NRS 458.320 and 458.330, except that the court:

(a) Shall not defer the sentence, set aside the conviction or impose conditions upon the election of treatment except as otherwise provided in this section.

(b) May immediately revoke the suspension of sentence for a violation of a condition of the suspension.

6. The court shall notify the Department, on a form approved by the Department, upon granting the application of the offender for treatment and his or her failure to be accepted for or complete treatment.

Sec. 13. NRS 484C.340 is hereby amended to read as follows:

484C.340 1. An offender who enters a plea of guilty or nolo contendere to a violation of NRS 484C.110 or 484C.120 that is punishable pursuant to paragraph (c) of subsection 1 of NRS 484C.400 may, at the time the offender enters a plea, apply to the



court to undergo a program of treatment for alcoholism or drug abuse for at least 3 years. The court may authorize that treatment if:

(a) The offender is diagnosed as an alcoholic or abuser of drugs by:

(1) An alcohol and drug abuse counselor who is licensed or certified, or a clinical alcohol and drug abuse counselor who is licensed, pursuant to chapter 641C of NRS, to make that diagnosis; ~~for~~

(2) A physician who is certified to make that diagnosis by the Board of Medical Examiners; **or**

(3) An advanced practice registered nurse who is certified to make that diagnosis by the State Board of Nursing; and

(b) The offender agrees to pay the costs of the treatment to the extent of his or her financial resources.

↪ An alcohol and drug abuse counselor, a clinical alcohol and drug abuse counselor or a physician ***or an advanced practice registered nurse*** who diagnoses an offender as an alcoholic or abuser of drugs shall make a report and recommendation to the court concerning the length and type of treatment required for the offender.

2. A prosecuting attorney may, within 10 days after receiving notice of an application for treatment pursuant to this section, request a hearing on the matter. The court shall order a hearing on the application upon the request of the prosecuting attorney or may order a hearing on its own motion.

3. At the hearing on the application for treatment, the prosecuting attorney may present the court with any relevant evidence on the matter. If a hearing is not held, the court shall decide the matter and other information before the court.

4. If the court determines that an application for treatment should be granted, the court shall:

(a) Immediately, without entering a judgment of conviction and with the consent of the offender, suspend further proceedings and place the offender on probation for not more than 5 years.

(b) Order the offender to complete a program of treatment for alcoholism or drug abuse with a treatment provider approved by the court. If the court has a specialty court program for the supervision and monitoring of the person, the treatment provider must comply with the requirements of the specialty court, including, without limitation, any requirement to submit progress reports to the specialty court.

(c) Advise the offender that:

(1) He or she may be placed under the supervision of a treatment provider for not more than 5 years.



(2) The court may order the offender to be admitted to a residential treatment facility or to be provided with outpatient treatment in the community.

(3) The court will enter a judgment of conviction for a violation of paragraph (c) of subsection 1 of NRS 484C.400 if a treatment provider fails to accept the offender for a program of treatment for alcoholism or drug abuse or if the offender fails to complete the program of treatment satisfactorily. Any sentence of imprisonment may be reduced by a time equal to that which the offender served before beginning treatment.

(4) If the offender completes the treatment satisfactorily, the court will enter a judgment of conviction for a violation of paragraph (b) of subsection 1 of NRS 484C.400.

(5) The provisions of NRS 483.460 requiring the revocation of the license, permit or privilege of the offender to drive do not apply.

5. The court shall administer the program of treatment pursuant to the procedures provided in NRS 458.320 and 458.330, except that the court:

(a) Shall not defer the sentence or set aside the conviction upon the election of treatment, except as otherwise provided in this section; and

(b) May enter a judgment of conviction and proceed as provided in paragraph (c) of subsection 1 of NRS 484C.400 for a violation of a condition ordered by the court.

6. To participate in a program of treatment, the offender must:

(a) Serve not less than 6 months of residential confinement;

(b) Install, at his or her own expense, a device for not less than 12 months;

(c) Not drive any vehicle unless it is equipped with a device;

(d) Agree to be subject to periodic testing for the use of alcohol or controlled substances while participating in a program of treatment; and

(e) Agree to any other conditions that the court deems necessary.

7. An offender may not apply to the court to undergo a program of treatment for alcoholism or drug abuse pursuant to this section if the offender has previously applied to receive treatment pursuant to this section or if the offender has previously been convicted of:

(a) A violation of NRS 484C.430;

(b) A violation of NRS 484C.130;

(c) A homicide resulting from driving or being in actual physical control of a vehicle while under the influence of intoxicating liquor



or a controlled substance or resulting from any other conduct prohibited by NRS 484C.110, 484C.130 or 484C.430;

(d) A violation of paragraph (c) of subsection 1 of NRS 484C.400;

(e) A violation of NRS 484C.410; or

(f) A violation of law of any other jurisdiction that prohibits the same or similar conduct as set forth in paragraph (a), (b), (c) or (d).

8. As used in this section, "device" has the meaning ascribed to it in NRS 484C.450.

Sec. 14. NRS 484C.350 is hereby amended to read as follows:

484C.350 1. If an offender is found guilty of a violation of NRS 484C.110 that is punishable pursuant to paragraph (a) of subsection 1 of NRS 484C.400 and if the concentration of alcohol in the offender's blood or breath at the time of the offense was 0.18 or more, or if an offender is found guilty of a violation of NRS 484C.110 or 484C.120 that is punishable pursuant to paragraph (b) of subsection 1 of NRS 484C.400, the court shall, before sentencing the offender, require an evaluation of the offender pursuant to subsection 3, 4, 5 or 6 to determine whether the offender is an abuser of alcohol or other drugs.

2. If an offender is convicted of a violation of NRS 484C.110 or 484C.120 that is punishable pursuant to paragraph (a) of subsection 1 of NRS 484C.400 and if the offender is under 21 years of age at the time of the violation, the court shall, before sentencing the offender, require an evaluation of the offender pursuant to subsection 3, 4, 5 or 6 to determine whether the offender is an abuser of alcohol or other drugs.

3. Except as otherwise provided in subsection 4, 5 or 6, the evaluation of an offender pursuant to this section must be conducted at an evaluation center by:

(a) An alcohol and drug abuse counselor who is licensed or certified, or a clinical alcohol and drug abuse counselor who is licensed, pursuant to chapter 641C of NRS, to make that evaluation;
~~for~~

(b) A physician who is certified to make that evaluation by the Board of Medical Examiners ~~H~~; or

(c) An advanced practice registered nurse who is certified to make that evaluation by the State Board of Nursing,

➡ who shall report to the court the results of the evaluation and make a recommendation to the court concerning the length and type of treatment required for the offender.

4. The evaluation of an offender who resides more than 30 miles from an evaluation center may be conducted outside an



evaluation center by a person who has the qualifications set forth in subsection 3. The person who conducts the evaluation shall report to the court the results of the evaluation and make a recommendation to the court concerning the length and type of treatment required for the offender.

5. The evaluation of an offender who resides in another state may, upon approval of the court, be conducted in the state where the offender resides by a physician , *advanced practice registered nurse* or other person who is authorized by the appropriate governmental agency in that state to conduct such an evaluation. The offender shall ensure that the results of the evaluation and the recommendation concerning the length and type of treatment for the offender are reported to the court.

6. The evaluation of an offender who resides in this State may, upon approval of the court, be conducted in another state by a physician , *advanced practice registered nurse* or other person who is authorized by the appropriate governmental agency in that state to conduct such an evaluation if the location of the physician , *advanced practice registered nurse* or other person in the other state is closer to the residence of the offender than the nearest location in this State at which an evaluation may be conducted. The offender shall ensure that the results of the evaluation and the recommendation concerning the length and type of treatment for the offender are reported to the court.

7. An offender who is evaluated pursuant to this section shall pay the cost of the evaluation. An evaluation center or a person who conducts an evaluation in this State outside an evaluation center shall not charge an offender more than \$100 for the evaluation.

Sec. 15. NRS 484C.460 is hereby amended to read as follows:

484C.460 1. Except as otherwise provided in subsections 2 and 5, a court shall order a person convicted of:

(a) A violation of NRS 484C.110 that is punishable pursuant to paragraph (a) or (b) of subsection 1 of NRS 484C.400, if the person is found to have had a concentration of alcohol of less than 0.18 in his or her blood or breath, to install, at his or her own expense and for a period of not less than 185 days, a device in any motor vehicle which the person operates as a condition to obtaining a restricted license pursuant to NRS 483.490 or as a condition of reinstatement of the driving privilege of the person.

(b) A violation of:

(1) NRS 484C.110 that is punishable pursuant to paragraph (a) or (b) of subsection 1 of NRS 484C.400, if the person is found to



have had a concentration of alcohol of 0.18 or more in his or her blood or breath;

(2) NRS 484C.110 or 484C.120 that is punishable as a felony pursuant to NRS 484C.400 or 484C.410; or

(3) NRS 484C.130 or 484C.430,

➔ to install, at his or her own expense and for a period of not less than 12 months or more than 36 months, a device in any motor vehicle which the person operates as a condition to obtaining a restricted license pursuant to NRS 483.490 or as a condition of reinstatement of the driving privilege of the person.

2. A court may, in the interests of justice, provide for an exception to the provisions of subsection 1 for a person who is convicted of a violation of NRS 484C.110 that is punishable pursuant to paragraph (a) of subsection 1 of NRS 484C.400, to avoid undue hardship to the person if the court determines that:

(a) Requiring the person to install a device in a motor vehicle which the person owns or operates would cause the person to experience an economic hardship;

(b) The person requires the use of the motor vehicle to:

(1) Travel to and from work or in the course and scope of his or her employment; or

(2) Obtain medicine, food or other necessities or to obtain health care services for the person or another member of the person's immediate family;

(c) The person is unable to provide a deep lung breath sample for a device, as certified in writing by a physician *or an advanced practice registered nurse* of the person; or

(d) The person resides more than 100 miles from a manufacturer of a device or its agent.

3. If the court orders a person to install a device pursuant to subsection 1:

(a) The court shall immediately prepare and transmit a copy of its order to the Director. The order must include a statement that a device is required and the specific period for which it is required. The Director shall cause this information to be incorporated into the records of the Department and noted as a restriction on the person's driver's license.

(b) The person who is required to install the device shall provide proof of compliance to the Department before the person may receive a restricted license or before the driving privilege of the person may be reinstated, as applicable. Each model of a device installed pursuant to this section must have been certified by the Committee on Testing for Intoxication.



4. A person whose driving privilege is restricted pursuant to this section or NRS 483.490 shall have the device inspected, calibrated, monitored and maintained by the manufacturer of the device or its agent at least one time each 90 days during the period in which the person is required to use the device to determine whether the device is operating properly. Any inspection, calibration, monitoring or maintenance required pursuant to this subsection must be conducted in accordance with regulations adopted pursuant to NRS 484C.480. The manufacturer or its agent shall submit a report to the Director indicating whether the device is operating properly, whether any of the incidents listed in subsection 1 of NRS 484C.470 have occurred and whether the device has been tampered with. If the device has been tampered with, the Director shall notify the court that ordered the installation of the device. Upon receipt of such notification and before the court imposes a penalty pursuant to subsection 3 of NRS 484C.470, the court shall afford any interested party an opportunity for a hearing after reasonable notice.

5. If a person is required to operate a motor vehicle in the course and scope of his or her employment and the motor vehicle is owned by the person's employer, the person may operate that vehicle without the installation of a device, if:

(a) The employee notifies his or her employer that the employee's driving privilege has been so restricted; and

(b) The employee has proof of that notification in his or her possession or the notice, or a facsimile copy thereof, is with the motor vehicle.

➤ This exemption does not apply to a motor vehicle owned by a business which is all or partly owned or controlled by the person otherwise subject to this section.

6. The running of the period during which a person is required to have a device installed pursuant to this section commences when the Department issues a restricted license to the person or reinstates the driving privilege of the person and is tolled whenever and for as long as the person is, with regard to a violation of NRS 484C.110, 484C.120, 484C.130 or 484C.430, imprisoned, serving a term of residential confinement, placed under the supervision of a treatment provider, on parole or on probation.

Sec. 16. NRS 484D.495 is hereby amended to read as follows:

484D.495 1. It is unlawful to drive a passenger car manufactured after:



(a) January 1, 1968, on a highway unless it is equipped with at least two lap-type safety belt assemblies for use in the front seating positions.

(b) January 1, 1970, on a highway unless it is equipped with a lap-type safety belt assembly for each permanent seating position for passengers. This requirement does not apply to the rear seats of vehicles operated by a police department or sheriff's office.

(c) January 1, 1970, unless it is equipped with at least two shoulder-harness-type safety belt assemblies for use in the front seating positions.

2. Any person driving, and any passenger who:

(a) Is 6 years of age or older; or

(b) Weighs more than 60 pounds, regardless of age,

↳ who rides in the front or back seat of any vehicle described in subsection 1, having an unladen weight of less than 10,000 pounds, on any highway, road or street in this State shall wear a safety belt if one is available for the seating position of the person or passenger.

3. A citation must be issued to any driver or to any adult passenger who fails to wear a safety belt as required by subsection 2. If the passenger is a child who:

(a) Is 6 years of age or older but less than 18 years of age, regardless of weight; or

(b) Is less than 6 years of age but who weighs more than 60 pounds,

↳ a citation must be issued to the driver for failing to require that child to wear the safety belt, but if both the driver and that child are not wearing safety belts, only one citation may be issued to the driver for both violations. A citation may be issued pursuant to this subsection only if the violation is discovered when the vehicle is halted or its driver arrested for another alleged violation or offense. Any person who violates the provisions of subsection 2 shall be punished by a fine of not more than \$25 or by a sentence to perform a certain number of hours of community service.

4. A violation of subsection 2:

(a) Is not a moving traffic violation under NRS 483.473.

(b) May not be considered as negligence or as causation in any civil action or as negligent or reckless driving under NRS 484B.653.

(c) May not be considered as misuse or abuse of a product or as causation in any action brought to recover damages for injury to a person or property resulting from the manufacture, distribution, sale or use of a product.



5. The Department shall exempt those types of motor vehicles or seating positions from the requirements of subsection 1 when compliance would be impractical.

6. The provisions of subsections 2 and 3 do not apply:

(a) To a driver or passenger who possesses a written statement by a physician *or an advanced practice registered nurse* certifying that the driver or passenger is unable to wear a safety belt for medical or physical reasons;

(b) If the vehicle is not required by federal law to be equipped with safety belts;

(c) To an employee of the United States Postal Service while delivering mail in the rural areas of this State;

(d) If the vehicle is stopping frequently, the speed of that vehicle does not exceed 15 miles per hour between stops and the driver or passenger is frequently leaving the vehicle or delivering property from the vehicle; or

(e) Except as otherwise provided in NRS 484D.500, to a passenger riding in a means of public transportation, including a school bus or emergency vehicle.

7. It is unlawful for any person to distribute, have for sale, offer for sale or sell any safety belt or shoulder harness assembly for use in a motor vehicle unless it meets current minimum standards and specifications of the United States Department of Transportation.

Sec. 17. NRS 484D.500 is hereby amended to read as follows:

484D.500 1. Any passenger 18 years of age or older who rides in the front or back seat of any taxicab on any highway, road or street in this State shall wear a safety belt if one is available for the seating position of the passenger, except that this subsection does not apply:

(a) To a passenger who possesses a written statement by a physician *or an advanced practice registered nurse* certifying that the passenger is unable to wear a safety belt for medical or physical reasons; or

(b) If the taxicab was not required by federal law at the time of initial sale to be equipped with safety belts.

2. A citation must be issued to any passenger who violates the provisions of subsection 1. A citation may be issued pursuant to this subsection only if the violation is discovered when the vehicle is halted or its driver arrested for another alleged violation or offense. Any person who violates the provisions of subsection 1 shall be punished by a fine of not more than \$25 or by a sentence to perform a certain number of hours of community service.



3. A violation of subsection 1:

(a) Is not a moving traffic violation under NRS 483.473.

(b) May be considered as negligence or as causation in any civil action or as negligent or reckless driving under NRS 484B.653.

(c) May be considered as misuse or abuse of a product or as causation in any action brought to recover damages for injury to a person or property resulting from the manufacture, distribution, sale or use of a product.

4. An owner or operator of a taxicab shall post a sign within each of his or her taxicabs advising passengers that they must wear safety belts while being transported by the taxicab. Such a sign must be placed within the taxicab so as to be visible to and easily readable by passengers, except that this subsection does not apply if the taxicab was not required by federal law at the time of initial sale to be equipped with safety belts.

Secs. 18-27. (Deleted by amendment.)

Sec. 28. NRS 162A.220 is hereby amended to read as follows:

162A.220 1. A power of attorney must be signed by the principal or, in the principal's conscious presence, by another individual directed by the principal to sign the principal's name on the power of attorney. A signature on a power of attorney is presumed to be genuine if the principal acknowledges the signature before a notary public or other individual authorized by law to take acknowledgments.

2. If the principal resides in a hospital, residential facility for groups, facility for skilled nursing or home for individual residential care, at the time of execution of the power of attorney, a certification of competency of the principal from *an advanced practice registered nurse*, a physician, psychologist or psychiatrist must be attached to the power of attorney.

3. If the principal resides or is about to reside in a hospital, assisted living facility or facility for skilled nursing at the time of execution of the power of attorney, in addition to the prohibition set forth in NRS 162A.840 and except as otherwise provided in subsection 4, the principal may not name as agent in any power of attorney for any purpose:

(a) The hospital, assisted living facility or facility for skilled nursing;

(b) An owner or operator of the hospital, assisted living facility or facility for skilled nursing; or

(c) An employee of the hospital, assisted living facility or facility for skilled nursing.



4. The principal may name as agent any person identified in subsection 3 if that person is:

- (a) The spouse, legal guardian or next of kin of the principal; or
- (b) Named only for the purpose of assisting the principal to establish eligibility for Medicaid and the power of attorney complies with the provisions of subsection 5.

5. A person may be named as agent pursuant to paragraph (b) of subsection 4 only if:

(a) A valid financial power of attorney for the principal does not exist;

(b) The agent has made a good faith effort to contact each family member of the principal identified in the records of the hospital, assisted living facility or facility for skilled nursing, as applicable, to request that the family member establish a financial power of attorney for the principal and has documented his or her effort;

(c) The power of attorney specifies that the agent is only authorized to access financial documents of the principal which are necessary to prove eligibility of the principal for Medicaid as described in the application for Medicaid and specifies that any request for such documentation must be accompanied by a copy of the application for Medicaid or by other proof that the document is necessary to prove eligibility for Medicaid;

(d) The power of attorney specifies that the agent does not have authority to access money or any other asset of the principal for any purpose; and

(e) The power of attorney specifies that the power of attorney is only valid until eligibility of the principal for Medicaid is determined or 6 months after the power of attorney is signed, whichever is sooner.

6. A person who is named as agent pursuant to paragraph (b) of subsection 4 shall not use the power of attorney for any purpose other than to assist the principal to establish eligibility for Medicaid and shall not use the power of attorney in a manner inconsistent with the provisions of subsection 5. A person who violates the provisions of this subsection is guilty of a category C felony and shall be punished as provided in NRS 193.130.

7. As used in this section:

(a) "Assisted living facility" has the meaning ascribed to it in NRS 422.3962.

(b) "Facility for skilled nursing" has the meaning ascribed to it in NRS 449.0039.



(c) "Home for individual residential care" has the meaning ascribed to it in NRS 449.0105.

(d) "Hospital" has the meaning ascribed to it in NRS 449.012.

(e) "Residential facility for groups" has the meaning ascribed to it in NRS 449.017.

Sec. 29. NRS 162A.260 is hereby amended to read as follows:

162A.260 1. A power of attorney is effective when executed unless the principal provides in the power of attorney that it becomes effective at a future date or upon the occurrence of a future event or contingency.

2. If a power of attorney becomes effective upon the occurrence of a future event or contingency, the principal, in the power of attorney, may authorize one or more persons to determine in a writing or other record that the event or contingency has occurred.

3. If a power of attorney becomes effective upon the principal's incapacity and the principal has not authorized a person to determine whether the principal is incapacitated, or the person authorized is unable or unwilling to make the determination, the power of attorney becomes effective upon a determination in a writing or other record by *an advanced practice registered nurse*, a physician, psychiatrist or licensed psychologist that the principal is incapacitated.

4. A person authorized by the principal in the power of attorney to determine that the principal is incapacitated may act as the principal's personal representative pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations, to obtain a determination of incapacity.

Sec. 30. NRS 162A.790 is hereby amended to read as follows:

162A.790 1. Any adult person may execute a power of attorney enabling the agent named in the power of attorney to make decisions concerning health care for the principal if that principal becomes incapable of giving informed consent concerning such decisions.

2. A power of attorney for health care must be signed by the principal. The principal's signature on the power of attorney for health care must be:

(a) Acknowledged before a notary public; or

(b) Witnessed by two adult witnesses who know the principal personally.

3. Neither of the witnesses to a principal's signature may be:

(a) A provider of health care;



- (b) An employee of a provider of health care;
- (c) An operator of a health care facility;
- (d) An employee of a health care facility; or
- (e) The agent.

4. At least one of the witnesses to a principal's signature must be a person who is:

(a) Not related to the principal by blood, marriage or adoption; and

(b) To the best of the witnesses' knowledge, not entitled to any part of the estate of the principal upon the death of the principal.

5. If the principal resides in a hospital, residential facility for groups, facility for skilled nursing or home for individual residential care, at the time of the execution of the power of attorney, a certification of competency of the principal from **an advanced practice registered nurse**, a physician, psychologist or psychiatrist must be attached to the power of attorney.

6. A power of attorney executed in a jurisdiction outside of this State is valid in this State if, when the power of attorney was executed, the execution complied with the laws of that jurisdiction or the requirements for a military power of attorney pursuant to 10 U.S.C. § 1044b.

7. As used in this section:

(a) "Facility for skilled nursing" has the meaning ascribed to it in NRS 449.0039.

(b) "Home for individual residential care" has the meaning ascribed to it in NRS 449.0105.

(c) "Hospital" has the meaning ascribed to it in NRS 449.012.

(d) "Residential facility for groups" has the meaning ascribed to it in NRS 449.017.

Sec. 31. NRS 162A.810 is hereby amended to read as follows:

162A.810 1. A power of attorney for health care is effective when executed unless the principal provides in the power of attorney that it becomes effective at a future date or upon incapacity.

2. If a power of attorney for health care becomes effective upon the principal's incapacity, the power of attorney becomes effective upon a determination in a writing or other record by **an advanced practice registered nurse**, a physician, psychiatrist or licensed psychologist that the principal is incapacitated.

3. An agent named in the power of attorney for health care may act as the principal's personal representative pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations, to obtain a determination of incapacity.



Sec. 32. NRS 162A.815 is hereby amended to read as follows:

162A.815 1. A physician, *an advanced practice registered nurse, a* health care facility or other provider of health care that in good faith accepts an acknowledged power of attorney for health care without actual knowledge that the signature is not genuine may rely upon the presumption that the signature is genuine.

2. A physician, *an advanced practice registered nurse, a* health care facility or other provider of health care that in good faith accepts an acknowledged power of attorney for health care without actual knowledge that the power of attorney for health care is void, invalid or terminated, or that the purported agent's authority is void, invalid or terminated, may rely upon the power of attorney for health care as if the power of attorney for health care were genuine, valid and still in effect, and the agent's authority was genuine, valid and still in effect.

3. A physician, *an advanced practice registered nurse, a* health care facility or other provider of health care that in good faith accepts an acknowledged power of attorney for health care is not subject to civil or criminal liability or discipline for unprofessional conduct for giving effect to a declaration contained within the power of attorney for health care or for following the direction of an agent named in the power of attorney for health care.

Sec. 33. NRS 162A.860 is hereby amended to read as follows:

162A.860 Except as otherwise provided in NRS 162A.865, the form of a power of attorney for health care may be substantially in the following form, and must be witnessed or executed in the same manner as the following form:

**DURABLE POWER OF ATTORNEY
FOR HEALTH CARE DECISIONS**

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT
CREATES A DURABLE POWER OF ATTORNEY FOR
HEALTH CARE. BEFORE EXECUTING THIS
DOCUMENT, YOU SHOULD KNOW THESE
IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU
DESIGNATE AS YOUR AGENT THE POWER TO MAKE
HEALTH CARE DECISIONS FOR YOU. THIS POWER IS
SUBJECT TO ANY LIMITATIONS OR STATEMENT OF
YOUR DESIRES THAT YOU INCLUDE IN THIS



DOCUMENT. THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE CONSENT, REFUSAL OF CONSENT OR WITHDRAWAL OF CONSENT TO ANY CARE, TREATMENT, SERVICE OR PROCEDURE TO MAINTAIN, DIAGNOSE OR TREAT A PHYSICAL OR MENTAL CONDITION. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT OR PLACEMENTS THAT YOU DO NOT DESIRE.

2. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THE POWER OF THE PERSON YOU DESIGNATE TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE THE POWER TO CONSENT TO YOUR DOCTOR **OR ADVANCED PRACTICE REGISTERED NURSE** NOT GIVING TREATMENT OR STOPPING TREATMENT WHICH WOULD KEEP YOU ALIVE.

4. UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THIS POWER WILL EXIST INDEFINITELY FROM THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF, THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF.

5. NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED IF YOU OBJECT.

6. YOU HAVE THE RIGHT TO REVOKE THE APPOINTMENT OF THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE



DECISIONS FOR YOU BY NOTIFYING THAT PERSON OF THE REVOCATION ORALLY OR IN WRITING.

7. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THE TREATING PHYSICIAN, **ADVANCED PRACTICE REGISTERED NURSE**, HOSPITAL OR OTHER PROVIDER OF HEALTH CARE ORALLY OR IN WRITING.

8. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

9. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

10. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

1. DESIGNATION OF HEALTH CARE AGENT.

I,
(insert your name) do hereby designate and appoint:

Name:

Address:

Telephone Number:

as my agent to make health care decisions for me as authorized in this document.

(Insert the name and address of the person you wish to designate as your agent to make health care decisions for you. Unless the person is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your agent: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.)



2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the agent named above full power and authority: to make health care decisions for me before or after my death, including consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition; to request, review and receive any information, verbal or written, regarding my physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records, EXCEPT any power to enter into any arbitration agreements or execute any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility; and subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS.

(Your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion. If there are any other types of treatment or placement that you do not want your agent's authority to give consent for or other restrictions you wish to place on his or her agent's authority, you should list them in the space below. If you do not write any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, the authority of my agent is subject to the following special provisions and limitations:

.....
.....
.....
.....



5. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

(IF APPLICABLE)

I wish to have this power of attorney end on the following date:

6. STATEMENT OF DESIRES.

(With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.)

(If the statement reflects your desires, initial the box next to the statement.)

1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.

[.....]

2. If I am in a coma which my doctors **or advanced practice registered nurses** have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of



NRS 449A.400 to 449A.481, inclusive, if this subparagraph is initialed.) [.....]

3. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449A.400 to 449A.481, inclusive, if this subparagraph is initialed.) [.....]

4. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld. [.....]

5. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My agent is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life. [.....]

(If you wish to change your answer, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)

Other or Additional Statements of Desires:

.....
.....
.....
.....
.....

7. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same health care decisions as the agent designated in paragraph 1, page 2, in the event that he or she



is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Agent

Name:
Address:
Telephone Number:

B. Second Alternative Agent

Name:
Address:
Telephone Number:

8. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

9. WAIVER OF CONFLICT OF INTEREST.

If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate.

10. CHALLENGES.

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by my physician, *my advanced practice registered nurse*, my agent or a third party, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. This Durable Power of Attorney for Health Care must be construed and interpreted in accordance with the laws of the State of Nevada.

11. NOMINATION OF GUARDIAN.

If, after execution of this Durable Power of Attorney for Health Care, proceedings seeking an adjudication of incapacity are initiated either for my estate or my person, I



hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

12. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

(YOU MUST DATE AND SIGN
THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for
Health Care on (date) at
(city), (state)

.....

(Signature)

(THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO ARE PERSONALLY KNOWN TO YOU AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)

CERTIFICATE OF ACKNOWLEDGMENT
OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada }
 } ss.
County of..... }

On this..... day of....., in the year..., before me,..... (here insert name of notary public) personally appeared..... (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or



she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

NOTARY SEAL

.....
(Signature of Notary Public)

STATEMENT OF WITNESSES

(You should carefully read and follow this witnessing procedure. This document will not be valid unless you comply with the witnessing procedure. If you elect to use witnesses instead of having this document notarized, you must use two qualified adult witnesses. None of the following may be used as a witness: (1) a person you designate as the agent; (2) a provider of health care; (3) an employee of a provider of health care; (4) the operator of a health care facility; or (5) an employee of an operator of a health care facility. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document and that I am not a provider of health care, an employee of a provider of health care, the operator of a health care facility or an employee of an operator of a health care facility.

Signature:	Residence Address:
Print Name:	
Date:	

Signature:	Residence Address:
Print Name:	
Date:	



(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Signature:

Names: Address:
Print Name:
Date:

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.

Sec. 34. NRS 162A.865 is hereby amended to read as follows:
162A.865 1. The form of a power of attorney for health care for an adult with an intellectual disability may be substantially in the following form, and must be witnessed or executed in the same manner as the following form:

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

My name is..... (insert your name) and my address is..... (insert your address). I would like to designate..... (insert the name of the person you wish to designate as your agent for health care decisions for you) as my agent for health care decisions for me if I am sick or hurt and need to see a doctor *or an advanced practice registered nurse* or go to the hospital. I understand what this means.

If I am sick or hurt, my agent should take me to the doctor  *or an advanced practice registered nurse*. If my agent is not with me when I become sick or hurt, please contact my agent and ask him or her to come to the doctor's *or advanced*



practice registered nurse's office. I would like the doctor *or advanced practice registered nurse* to speak with my agent and me about my sickness or injury and whether I need any medicine or other treatment. After we speak with the doctor  *or advanced practice registered nurse*, I would like my agent to speak with me about the care or treatment. When we have made decisions about the care or treatment, my agent will tell the doctor *or advanced practice registered nurse* about our decisions and sign any necessary papers.

If I am very sick or hurt, I may need to go to the hospital. I would like my agent to help me decide if I need to go to the hospital. If I go to the hospital, I would like the people who work at the hospital to try very hard to care for me. If I am able to communicate, I would like the doctor *or advanced practice registered nurse* at the hospital to speak with me and my agent about what care or treatment I should receive, even if I am unable to understand what is being said about me. After we speak with the doctor  *or advanced practice registered nurse*, I would like my agent to help me decide what care or treatment I should receive. Once we decide, my agent will sign any necessary paperwork. If I am unable to communicate because of my illness or injury, I would like my agent to make decisions about my care or treatment based on what he or she thinks I would do and what is best for me.

I would like my agent to help me decide if I need to see a dentist and help me make decisions about what care or treatment I should receive from the dentist. Once we decide, my agent will sign any necessary paperwork.

I would also like my agent to be able to see and have copies of all my medical records. If my agent requests to see or have copies of my medical records, please allow him or her to see or have copies of the records.

I understand that my agent cannot make me receive any care or treatment that I do not want. I also understand that I can take away this power from my agent at any time, either by telling my agent that he or she is no longer my agent or by putting it in writing.

If my agent is unable to make health care decisions for me, then I designate..... (insert the name of another person you wish to designate as your alternative agent to make health care decisions for you) as my agent to make health care decisions for me as authorized in this document.



(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for Health Care on (date) at (city), (state)

.....
(Signature)

AGENT SIGNATURE

As agent for..... (insert name of principal), I agree that a physician, **advanced practice registered nurse**, health care facility or other provider of health care, acting in good faith, may rely on this power of attorney for health care and the signatures herein, and I understand that pursuant to NRS 162A.815, a physician, **advanced practice registered nurse**, health care facility or other provider of health care that in good faith accepts an acknowledged power of attorney for health care is not subject to civil or criminal liability or discipline for unprofessional conduct for giving effect to a declaration contained within the power of attorney for health care or for following the direction of an agent named in the power of attorney for health care.

I also agree that:

1. I have a duty to act in a manner consistent with the desires of..... (insert name of principal) as stated in this document or otherwise made known by..... (insert name of principal), or if his or her desires are unknown, to act in his or her best interest.

2. If..... (insert name of principal) revokes this power of attorney at any time, either verbally or in writing, I have a duty to inform any persons who may rely on this document, including, without limitation, treating physicians, **advanced practice registered nurses**, hospital staff or other providers of health care, that I no longer have the authorities described in this document.

3. The provisions of NRS 162A.840 prohibit me from being named as an agent to make health care decisions in this document if I am a provider of health care, an employee of the principal's provider of health care or an operator or



employee of a health care facility caring for the principal, unless I am the spouse, legal guardian or next of kin of the principal.

4. The provisions of NRS 162A.850 prohibit me from consenting to the following types of care or treatments on behalf of the principal, including, without limitation:

(a) Commitment or placement of the principal in a facility for treatment of mental illness;

(b) Convulsive treatment;

(c) Psychosurgery;

(d) Sterilization;

(e) Abortion;

(f) Aversive intervention, as it is defined in NRS 449A.203;

(g) Experimental medical, biomedical or behavioral treatment, or participation in any medical, biomedical or behavioral research program; or

(h) Any other care or treatment to which the principal prohibits the agent from consenting in this document.

5. End-of-life decisions must be made according to the wishes of..... (insert name of principal), as designated in the attached addendum. If his or her wishes are not known, such decisions must be made in consultation with the principal's treating physicians **H or advanced practice registered nurses.**

Signature: Residence Address:

Print Name:

Date:

Relationship to principal:

Length of relationship to principal:

(THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO YOU KNOW AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)



Signature: Residence Address:
Print Name:
Date:

Signature: Residence Address:
Print Name:
Date:

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Signature:

Names: Address:
Print Name:
Date:

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.

2. The form for end-of-life decisions of a power of attorney for health care for an adult with an intellectual disability may be substantially in the following form, and must be witnessed or executed in the same manner as the following form:

END-OF-LIFE DECISIONS ADDENDUM
STATEMENT OF DESIRES

(You can, but are not required to, state what you want to happen if you get very sick and are not likely to get well. You do not have to complete this form, but if you do, your agent must do as you ask if you cannot speak for yourself.)



..... (Insert name of agent) might have to decide, if you get very sick, whether to continue with your medicine or to stop your medicine, even if it means you might not live..... (Insert name of agent) will talk to you to find out what you want to do, and will follow your wishes.

If you are not able to talk to..... (insert name of agent), you can help him or her make these decisions for you by letting your agent know what you want.

Here are your choices. Please circle yes or no to each of the following statements and sign your name below:

- | | | |
|---|-----|----|
| 1. I want to take all the medicine and receive any treatment I can to keep me alive regardless of how the medicine or treatment makes me feel. | YES | NO |
| 2. I do not want to take medicine or receive treatment if my doctors <i>or advanced practice registered nurses</i> think that the medicine or treatment will not help me. | YES | NO |
| 3. I do not want to take medicine or receive treatment if I am very sick and suffering and the medicine or treatment will not help me get better. | YES | NO |
| 4. I want to get food and water even if I do not want to take medicine or receive treatment. | YES | NO |

(YOU MUST DATE AND SIGN THIS END-OF-LIFE DECISIONS ADDENDUM)

I sign my name to this End-of-Life Decisions Addendum on (date) at (city), (state)

.....
(Signature)



(THIS END-OF-LIFE DECISIONS ADDENDUM WILL NOT BE VALID UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO YOU KNOW AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)

CERTIFICATE OF ACKNOWLEDGMENT
OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada }
 } ss.
County of..... }

On this..... day of....., in the year...., before me,..... (here insert name of notary public) personally appeared..... (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

NOTARY SEAL
(Signature)

STATEMENT OF WITNESSES

(If you choose to use witnesses instead of having this document notarized, you must use two qualified adult witnesses. The following people cannot be used as a witness: (1) a person you designate as the agent; (2) a provider of health care; (3) an employee of a provider of health care; (4) the operator of a health care facility; or (5) an employee of an operator of a health care facility. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or



acknowledged this End-of-Life Decisions Addendum in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by the power of attorney for health care and that I am not a provider of health care, an employee of a provider of health care, the operator of a health care facility or an employee of an operator of a health care facility.

Signature: Residence Address:
Print Name:
Date:

Signature: Residence Address:
Print Name:
Date:

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Signature:

Names: Address:
Print Name:
Date:

COPIES: You should retain an executed copy of this document and give one to your agent. The End-of-Life Decisions Addendum should be available so a copy may be given to your providers of health care.

Sec. 35. NRS 166A.260 is hereby amended to read as follows:
166A.260 1. The custodial trustee shall administer the custodial trust as for an incapacitated beneficiary if:
(a) The custodial trust was created under NRS 166A.210;



(b) The transferor has so directed in the instrument creating the custodial trust; or

(c) The custodial trustee has determined that the beneficiary is incapacitated.

2. A custodial trustee may determine that the beneficiary is incapacitated in reliance upon:

(a) Previous direction or authority given by the beneficiary while not incapacitated, including, without limitation, direction or authority pursuant to a durable power of attorney;

(b) The certificate of the beneficiary's physician **or advanced practice registered nurse**; or

(c) Other persuasive evidence.

3. If a custodial trustee for an incapacitated beneficiary reasonably concludes that the beneficiary's incapacity has ceased, or that circumstances concerning the beneficiary's ability to manage property and business affairs have changed since the creation of a custodial trust directing administration as for an incapacitated beneficiary, the custodial trustee may administer the trust as for a beneficiary who is not incapacitated.

4. Upon petition of the beneficiary, the custodial trustee or other person interested in the custodial trust property or the welfare of the beneficiary, the court shall determine whether the beneficiary is incapacitated.

5. Absent determination of incapacity of the beneficiary under subsection 2 or 4, a custodial trustee who has reason to believe that the beneficiary is incapacitated shall administer the custodial trust in accordance with the provisions of this chapter applicable to an incapacitated beneficiary.

6. Incapacity of a beneficiary does not terminate:

(a) The custodial trust;

(b) Any designation of a successor custodial trustee;

(c) Rights or powers of the custodial trustee; or

(d) Any immunities of third persons acting on instructions of the custodial trustee.

Sec. 36. NRS 629.047 is hereby amended to read as follows:

629.047 1. If a physician **or an advanced practice registered nurse** determines that, in his or her professional judgment, a patient's epilepsy severely impairs the ability of the patient to safely operate a motor vehicle, the physician **or advanced practice registered nurse** shall:

(a) Adequately inform the patient of the dangers of operating a motor vehicle with his or her condition until such time as the physician **or advanced practice registered nurse** or another



physician *or advanced practice registered nurse* informs the patient that the patient's condition does not severely impair the ability of the patient to safely operate a motor vehicle.

(b) Sign a written statement verifying that the physician *or advanced practice registered nurse* informed the patient of all material facts and information required by paragraph (a). The physician *or advanced practice registered nurse* shall, to the extent practicable, provide a copy of the statement signed by the physician *or advanced practice registered nurse* to the patient. The statement signed by the physician *or advanced practice registered nurse* pursuant to this paragraph shall be deemed a health care record.

(c) Within 15 days after making such a determination, provide to the Department a copy of the statement signed by the physician *or advanced practice registered nurse* pursuant to paragraph (b). A statement received by the Department pursuant to this paragraph:

(1) Is confidential, except that the contents of the statement may be disclosed to the patient; and

(2) May be used by the Department solely to determine the eligibility of the patient to operate a vehicle on the streets and highways of this State.

2. Except as otherwise provided in subsection 1, a physician *or an advanced practice registered nurse* is not required to notify the Department about a patient who has been diagnosed with epilepsy. No cause of action may be brought against a physician *or an advanced practice registered nurse* based on the fact that he or she did not notify the Department about a patient who has been diagnosed with epilepsy unless the physician *or advanced practice registered nurse* does not comply with the requirements set forth in subsection 1.

3. No cause of action may be brought against a physician *or an advanced practice registered nurse* based on the fact that he or she provided a copy of a statement pursuant to subsection 1 unless the physician *or advanced practice registered nurse* acted with malice, intentional misconduct, gross negligence or intentional or knowing violation of the law.

4. As used in this section:

(a) "Department" means the Department of Motor Vehicles.

(b) "Patient" means a person who consults or is examined or interviewed by a physician *or an advanced practice registered nurse* for the purposes of diagnosis or treatment.

Sec. 37. NRS 632.120 is hereby amended to read as follows:

632.120 1. The Board shall:

(a) Adopt regulations establishing reasonable standards:



(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to practice professional or practical nursing or a certificate to practice as a nursing assistant or medication aide - certified.

(2) Of professional conduct for the practice of nursing.

(3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

(4) For the psychiatric training and experience necessary for an advanced practice registered nurse to be authorized to make the *diagnoses*, evaluations and examinations described in NRS 433A.160, 433A.240 , ~~and~~ 433A.430 , *484C.300, 484C.320, 484C.330, 484C.340 and 484C.350* and the certifications described in NRS 433A.170, 433A.195 and 433A.200.

(b) Prepare and administer examinations for the issuance of a license or certificate under this chapter.

(c) Investigate and determine the eligibility of an applicant for a license or certificate under this chapter.

(d) Carry out and enforce the provisions of this chapter and the regulations adopted pursuant thereto.

2. The Board may adopt regulations establishing reasonable:

(a) Qualifications for the issuance of a license or certificate under this chapter.

(b) Standards for the continuing professional competence of licensees or holders of a certificate. The Board may evaluate licensees or holders of a certificate periodically for compliance with those standards.

3. The Board may adopt regulations establishing a schedule of reasonable fees and charges, in addition to those set forth in NRS 632.345, for:

(a) Investigating licensees or holders of a certificate and applicants for a license or certificate under this chapter;

(b) Evaluating the professional competence of licensees or holders of a certificate;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the Board; and

(e) Surveying, evaluating and approving schools of practical nursing, and schools and courses of professional nursing,

➤ and collect the fees established pursuant to this subsection.

4. For the purposes of this chapter, the Board shall, by regulation, define the term “in the process of obtaining accreditation.”

5. The Board may adopt such other regulations, not inconsistent with state or federal law, as may be necessary to carry



out the provisions of this chapter relating to nursing assistant trainees, nursing assistants and medication aides - certified.

6. The Board may adopt such other regulations, not inconsistent with state or federal law, as are necessary to enable it to administer the provisions of this chapter.

Sec. 38. NRS 704.140 is hereby amended to read as follows:

704.140 1. It is unlawful for any person engaged in business as a public utility to give or furnish to any state, district, county or municipal officer of this State, or to any person other than those named herein, any pass, frank, free or reduced transportation, or for any state, district, county or municipal officer to accept any pass, frank, free or reduced transportation.

2. This section does not prevent the carriage, storage or hauling of property free or at reduced rates for the United States, the State of Nevada or any political subdivision thereof for charitable purposes.

3. This chapter does not prohibit a public utility from giving free or reduced rates for transportation of:

(a) Its own officers, commission agents, employees, attorneys, physicians and surgeons and members of their families, and pensioned ex-employees and ex-employees with disabilities, their minor children or dependents, or witnesses attending any legal investigation in which such carrier is interested.

(b) Inmates of hospitals or charitable institutions and persons over 65 years of age.

(c) Persons with physical or mental disabilities who present a written statement from a physician *or an advanced practice registered nurse* to that effect.

(d) Persons injured in accidents or motor vehicle crashes and physicians and nurses attending such persons.

(e) Persons providing relief in cases of common disaster, or for contractors and their employees, in carrying out their contract with such carrier.

(f) Peace officers when on official duty.

(g) Attendants of livestock or other property requiring the care of an attendant, including return passage to the place of shipment, if there is no discrimination among such shippers of a similar class.

(h) Employees of other carriers subject to regulation in any respect by the Commission, or for the officers, agents, employees, attorneys, physicians and surgeons of such other carriers, and the members of their families.

4. This chapter does not prohibit public utilities from giving reduced rates for transportation to:



(a) Indigent, destitute or homeless persons, when under the care or responsibility of charitable societies, institutions or hospitals, and the necessary agents employed in such transportation.

(b) Students of institutions of learning.

5. “Employees,” as used in this section, includes furloughed, pensioned and superannuated employees, and persons who have become disabled or infirm in the service of any such carrier, and persons traveling for the purpose of entering the service of any such carrier.

6. Any person violating the provisions of this section shall be punished by a fine of not more than \$500.

Sec. 39. NRS 706.351 is hereby amended to read as follows:

706.351 1. It is unlawful for:

(a) A fully regulated carrier to furnish any pass, frank, free or reduced rates for transportation to any state, city, district, county or municipal officer of this State or to any person other than those specifically enumerated in this section.

(b) Any person other than those specifically enumerated in this section to receive any pass, frank, free or reduced rates for transportation.

2. This section does not prevent the carriage, storage or hauling free or at reduced rates of passengers or property for charitable organizations or purposes for the United States, the State of Nevada or any political subdivision thereof.

3. This chapter does not prohibit a fully regulated common carrier from giving free or reduced rates for transportation of persons to:

(a) Its own officers, commission agents or employees, or members of any profession licensed under title 54 of NRS retained by it, and members of their families.

(b) Inmates of hospitals or charitable institutions and persons over 60 years of age.

(c) Persons with physical or mental disabilities who present a written statement from a physician *or an advanced practice registered nurse* to that effect.

(d) Persons injured in accidents or motor vehicle crashes and physicians and nurses attending such persons.

(e) Persons providing relief in cases of common disaster.

(f) Attendants of livestock or other property requiring the care of an attendant, who must be given return passage to the place of shipment, if there is no discrimination among shippers of a similar class.



(g) Officers, agents, employees or members of any profession licensed under title 54 of NRS, together with members of their families, who are employed by or affiliated with other common carriers, if there is an interchange of free or reduced rates for transportation.

(h) Indigent, destitute or homeless persons when under the care or responsibility of charitable societies, institutions or hospitals, together with the necessary agents employed in such transportation.

(i) Students of institutions of learning, including, without limitation, homeless students, whether the free or reduced rate is given directly to a student or to the board of trustees of a school district on behalf of a student.

(j) Groups of persons participating in a tour for a purpose other than transportation.

4. This section does not prohibit common motor carriers from giving free or reduced rates for the transportation of property of:

(a) Their officers, commission agents or employees, or members of any profession licensed under title 54 of NRS retained by them, or pensioned former employees or former employees with disabilities, together with that of their dependents.

(b) Witnesses attending any legal investigations in which such carriers are interested.

(c) Persons providing relief in cases of common disaster.

(d) Charitable organizations providing food and items for personal hygiene to needy persons or to other charitable organizations within this State.

5. This section does not prohibit the Authority from establishing reduced rates, fares or charges for specified routes or schedules of any common motor carrier providing transit service if the reduced rates, fares or charges are determined by the Authority to be in the public interest.

6. Only fully regulated common carriers may provide free or reduced rates for the transportation of passengers or household goods, pursuant to the provisions of this section.

7. As used in this section, "employees" includes:

(a) Furloughed, pensioned and superannuated employees.

(b) Persons who have become disabled or infirm in the service of such carriers.

(c) Persons who are traveling to enter the service of such a carrier.

Sec. 40. As soon as practicable after the effective date of this act, the Department of Motor Vehicles shall adopt any regulations or make any revisions to policies and procedures of the Department or



forms provided by the Department which are necessary to carry out the amendatory provisions of this act.

Sec. 41. This act becomes effective upon passage and approval.

