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FIRST REPRINT

S.B. 165

SENATE BILL NO. 165—SENATORS PARKS, BROOKS, RATTI,
CANCELA, SPEARMAN; CANNIZZARO, DONDERO LOOP,
D. HARRIS AND WOODHOUSE

FEBRUARY 14, 2019

JOINT SPONSORS: ASSEMBLYMEN BILBRAY-AXELROD, WATTS,
YEAGER, CARLTON, SWANK; COHEN AND FUMO

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes to provisions governing
prescribing, dispensing and administering controlled
substances designed to end the life of a patient.
(BDR 40-292)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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

AN ACT relating to public health; revising provisions concerning medical certificates of death relating to a person who self-administers a controlled substance designed to end his or her life; authorizing a physician to prescribe a controlled substance that is designed to end the life of a patient under certain circumstances; prohibiting persons other than a patient from administering a controlled substance that is designed to end the life of the patient; imposing requirements on certain providers of health care relating to the records of a patient who requests a controlled substance that is designed to end his or her life; providing immunity to certain providers of health care who take certain actions relating to prescribing or dispensing a controlled substance that is designed to end the life of a patient; prohibiting certain fraudulent or coercive acts for the purpose of causing a person to self-administer a controlled substance that is designed to end the life of the person; authorizing the owner or operator of a health care facility to prohibit certain persons from providing certain services relating to a controlled substance that is designed to end the life of a patient; prohibiting a person from conditioning provisions of a will, contract, agreement or policy of life insurance on the request for or acquisition or administration of a controlled substance designed to end the life of the person; prohibiting a person from refusing to sell or provide life insurance or denying benefits to or imposing additional charges against a policyholder or beneficiary because the insured requested or revoked a request for a controlled substance designed to end the life of the person; providing a penalty; and providing other matters properly relating thereto.



Legislative Counsel's Digest:

Existing law authorizes a patient who has been diagnosed with a terminal condition to refuse life-resuscitating or life-sustaining treatment in certain circumstances and establishes certain requirements relating to controlled substances. (NRS 449A.500-449A.581, 450B.400-450B.590, chapter 453 of NRS) **Section 12** of this bill authorizes a patient to request that his or her physician prescribe a controlled substance that is designed to end the life of the patient if the patient: (1) is at least 18 years of age; (2) has been diagnosed with a terminal condition by at least two physicians; (3) is a resident of this State; (4) has made an informed and voluntary decision to end his or her own life; (5) is competent; and (6) is not requesting the controlled substance because of coercion or undue influence. **Section 13** of this bill prescribes certain requirements concerning the manner in which a patient may request a controlled substance designed to end the life of the patient, including that the patient make two verbal requests and one written request for the controlled substance and that the written request for the controlled substance is signed by two witnesses. **Section 14** of this bill prescribes the form for the written request for the controlled substance. **Section 15** of this bill imposes certain requirements before a physician is allowed to prescribe a controlled substance designed to end the life of a patient, including that the physician: (1) inform the patient of his or her right to revoke a request for the controlled substance at any time; (2) determine and verify that the patient meets the requirements for making such a request; (3) refer the patient to a consulting physician who can confirm the diagnosis, prognosis and competence of the patient; (4) instruct the patient against self-administering the controlled substance in public; and (5) recommend that the patient notify his or her next of kin of the patient's decision to end his or her life. **Section 16** of this bill requires a physician who determines that a patient who has requested a prescription for a controlled substance that is designed to end his or her life may not be competent to refer the patient to a psychiatrist or psychologist and to receive confirmation about the patient's competence.

Sections 17 and 36 of this bill provide that only an attending physician or pharmacist may dispense a controlled substance that is designed to end the life of a patient. **Section 17** also prescribes the manner in which such a controlled substance is to be dispensed. **Section 18** of this bill prohibits an attending physician from prescribing a controlled substance that is designed to end the life of a patient based solely on the age or disability of the patient. **Section 19** of this bill requires certain providers of health care to include certain information concerning requests and prescriptions for and the dispensing of a controlled substance that is designed to end the life of a patient in the medical record of the patient. **Section 19** also requires any interaction between a patient and a physician, psychiatrist or psychologist relating to the prescription of a controlled substance designed to end the life of the patient to take place in person. **Section 22** of this bill prescribes certain information that must be reported to the Division of Public and Behavioral Health of the Department of Health and Human Services relating to a patient who has self-administered such a controlled substance. **Section 23** of this bill requires the Division to compile an annual report concerning the implementation of the provisions of this bill authorizing a patient to request a prescription for a controlled substance that is designed to end the life of the patient. **Sections 22, 35 and 37** of this bill provide that such information is otherwise confidential when reported to the Division.

Section 20 of this bill allows a patient, at any time, to revoke a request for a controlled substance that is designed to end his or her life. **Sections 21 and 32** of this bill provide that only the patient to whom a controlled substance designed to end his or her life is prescribed may administer the controlled substance. No other person is allowed to administer the controlled substance to the patient. **Section 21** provides for the disposal of any unused portion of the controlled substance.



Section 24 of this bill makes certain providers of health care exempt from professional discipline, immune from civil and criminal liability and provides that such providers do not violate any applicable standard of care for taking certain actions to assist a patient in acquiring a controlled substance designed to end the life of the patient. **Section 25** of this bill provides that a death resulting from the self-administration of a controlled substance that is designed to end the life of a patient is not suicide or homicide when done in accordance with the provisions of this bill, and **section 1.5** of this bill requires a death certificate to list the terminal condition of the patient as the cause of death of the patient. **Sections 1 and 1.7** of this bill provide that a coroner, coroner's deputy or local health officer is not required to: (1) certify the cause of such a death; or (2) investigate such a death under certain circumstances.

Sections 26 and 33 of this bill prohibit a person from preventing or requiring a person to submit or revoke a request for a controlled substance that is designed to end the life of the person as a condition to receiving health care or as a condition in an agreement, contract or will.

Existing law makes it a category A felony to administer poison or cause poison to be administered with the intention of causing the death of a person. (NRS 200.390) Such a crime is punishable by imprisonment for life with eligibility for parole after 5 years, or by a definite term of 15 years with eligibility for parole after 5 years. **Section 27** of this bill makes it a category A felony with the same punishment to engage in certain fraudulent or coercive acts intended to cause a person to self-administer a controlled substance that is designed to end the life of the person.

Section 28 of this bill clarifies that a physician is not required to prescribe a controlled substance that is designed to end the life of a patient or violate certain standards and responsibilities related to that profession. **Section 28** also provides that a pharmacist is not required to fill a prescription for or dispense such a controlled substance. **Section 29** of this bill allows the owner or operator of a health care facility to prohibit an employee or independent contractor of the health care facility or any person who provides services on the premises of the health care facility from providing any services relating to prescribing a controlled substance designed to end the life of a patient while acting within the scope of his or her employment or contract with the facility or while on the premises of the facility. **Sections 30 and 31** of this bill make conforming changes to clarify that a physician or pharmacist may dispense a controlled substance that is designed to end the life of a patient and a patient may self-administer such a controlled substance in accordance with other provisions governing controlled substances designed to end the life of a patient.

Section 34 of this bill provides that a proposed protected person shall not be deemed to be in need of a general or special guardian solely because the proposed protected person requested a controlled substance designed to end his or her life or revoked such a request. **Sections 38 and 39** of this bill prohibit insurers from: (1) refusing to sell, provide or issue a policy of life insurance or annuity contract or charging a higher rate because a person makes or revokes a request for a controlled substance designed to end the life of the person or self-administers such a controlled substance; or (2) conditioning life insurance benefits or the payment of claims on whether the insured makes, fails to make or revokes a request for a controlled substance designed to end the life of the insured or self-administers such a controlled substance.



WHEREAS, A patient should have the right to self-determination concerning his or her health care decisions based on communications with his or her physician; and

WHEREAS, Principles of law having their roots in common law and the United States Constitution that date back to the late 19th century establish the right of every person to the possession and control of his or her own body, free from restraint or interference by others; and

WHEREAS, It is necessary to promote awareness and discussion of health care issues in preparation for decisions concerning the end of the life of a person; and

WHEREAS, A person should have the right to self-determination concerning medically assisted, informed, voluntary decisions about dying with dignity and avoiding unnecessary suffering; and

WHEREAS, A person who suffers from a terminal condition should have the right to determine whether to fight for his or her life using all reasonable care until life's end, to enroll in hospice care, to seek palliative care, to ingest a drug to end his or her life or to take any combination of those actions; now, therefore,

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

Section 1. Chapter 440 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A coroner, coroner's deputy or local health officer is not required to:

(a) Certify the cause of death of a patient who dies after self-administering a controlled substance that is designed to end the life of the patient in accordance with the provisions of sections 3 to 29, inclusive, of this act; or

(b) Investigate the death of a patient who dies after self-administering a controlled substance that is designed to end the life of the patient in accordance with the provisions of sections 3 to 29, inclusive, of this act if the coroner confirms the physician who prescribed the controlled substance.

2. A coroner may access any records or information submitted to the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to section 22 of this act to confirm that a patient died from self-administering a controlled substance designed to end the life of the patient in accordance with the provisions of sections 3 to 29, inclusive, of this act.



Sec. 1.5. NRS 440.380 is hereby amended to read as follows:

440.380 1. ~~The~~ *Except as otherwise provided in subsection 3, the* medical certificate of death must be signed by the physician or advanced practice registered nurse, if any, last in attendance on the deceased, or pursuant to regulations adopted by the Board, it may be signed by the attending physician's associate physician, the chief medical officer of the hospital or institution in which the death occurred, or the pathologist who performed an autopsy upon the deceased. The person who signs the medical certificate of death shall specify:

(a) The social security number of the deceased.

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

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

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

3. The medical certificate of death of a patient who dies after self-administering a controlled substance that is designed to end the life of the patient in accordance with the provisions of sections 3 to 29, inclusive, of this act must be signed by the physician who prescribed the controlled substance. The physician shall specify the terminal condition with which the patient was diagnosed as the cause of death of the patient.

Sec. 1.7. NRS 440.420 is hereby amended to read as follows:

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

2. Where there is no qualified physician or advanced practice registered nurse in attendance, and in such cases only, the local health officer is authorized to make the certificate and return from the statements of relatives or other persons having adequate knowledge of the facts.

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



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

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

Sec. 2. Chapter 453 of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 29, inclusive, of this act.

Sec. 3. *As used in sections 3 to 29, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 4 to 10, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 4. *"Attending physician" means the physician who has primary responsibility for the treatment of a terminal condition from which a patient suffers.*

Sec. 5. *"Competent" means that a person has the ability to make, communicate and understand the nature of decisions concerning his or her health care.*

Sec. 6. *"Consulting physician" means a physician to whom a patient is referred pursuant to subsection 5 of section 15 of this act for confirmation of the diagnosis and prognosis of the patient and that the patient is competent.*

Sec. 7. *"Division" means the Division of Public and Behavioral Health of the Department of Health and Human Services.*

Sec. 8. *"Health care facility" means any facility licensed pursuant to chapter 449 of NRS.*

Sec. 9. *"Prescription" means an order given individually for the person for whom prescribed, directly from the attending physician to a pharmacist or indirectly by means of an order signed by the attending physician or an electronic transmission from the attending physician to a pharmacist.*

Sec. 10. *"Terminal condition" means an incurable and irreversible condition that cannot be cured or modified by any known current medical therapy or treatment and which will, in the opinion of the attending physician, result in death within 6 months.*

Sec. 11. *The Legislature hereby finds and declares that:*
1. Patients with terminal conditions who have suffered prolonged and unbearable pain as well as the loss of physical



control at the end of their lives deserve the right to a peaceful and dignified death.

2. Adults diagnosed to be within 6 months of death and of sound mental health, as determined by at least two physicians, should be allowed to request and receive medication that may be self-administered by the patient to peacefully end his or her life.

3. Other states that have enacted laws that allow patients with terminal conditions to choose a dignified death have found improvements in palliative and hospice care, including that nearly all of such patients participate in hospice care, and that such patients are able to die at home surrounded by loved ones and friends.

4. The provisions of sections 3 to 29, inclusive, of this act are intended to provide the safeguards, procedures, written requirements and reporting functions to allow a safe framework for patients with terminal conditions to make a request to end their lives so they may have control over their final days.

Sec. 12. A patient may request that his or her attending physician prescribe a controlled substance that is designed to end the life of the patient if the patient:

1. Is at least 18 years of age;

2. Has been diagnosed with a terminal condition by the attending physician and at least one consulting physician;

3. Is a resident of this State;

4. Has made an informed and voluntary decision to end his or her own life;

5. Is competent; and

6. Is not requesting the controlled substance because of coercion or undue influence.

Sec. 13. 1. A patient who wishes to obtain a prescription for a controlled substance that is designed to end his or her life must:

(a) Make two verbal requests for the controlled substance to his or her attending physician. The second verbal request must be made at least 15 days after the first verbal request and at least 48 hours after the written request is delivered to the attending physician pursuant to paragraph (b).

(b) Make a written request for the controlled substance in the manner prescribed pursuant to section 14 of this act and deliver the written request to the attending physician. The written request for such a controlled substance must be signed by the patient and two witnesses, neither of whom may be the attending physician. At least one of the witnesses must be a person who is not:

(1) Related to the patient by blood, marriage or adoption;

(2) Entitled to any portion of the estate of the patient upon death under a will or by operation of law; or



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

(c) Provide to the attending physician proof that the patient is a resident of this State, which may include, without limitation:

(1) A valid driver's license or other identification card issued to the patient by this State;

(2) A voter registration card issued to the patient pursuant to NRS 293.517; or

(3) Evidence that the patient owns or leases property in this State.

2. If a patient resides in a facility for long-term care or a facility for hospice care at the time the patient makes a written request pursuant to this section, one of the witnesses described in paragraph (b) of subsection 1 must be designated to serve as a witness by the facility and may include, without limitation, an ombudsman, a chaplain or a social worker.

3. As used in this section:

(a) "Facility for hospice care" has the meaning ascribed to it in NRS 449.0033.

(b) "Facility for long-term care" has the meaning ascribed to it in NRS 427A.028.

Sec. 14. A written request for a controlled substance that is designed to end the life of a patient must be in substantially the following form:

**REQUEST FOR A CONTROLLED SUBSTANCE
THAT IS DESIGNED TO END MY LIFE**

I,, am an adult of sound mind.

I am suffering from, which my attending physician has determined is a terminal condition and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, my prognosis, the nature of the medication to be prescribed and the potential associated risks and expected result of the medication and the feasible alternatives, including comfort care, hospice care and pain control.

I request that my attending physician prescribe a controlled substance that I may self-administer to end my life and authorize my attending physician to contact a pharmacist to fill the prescription.



INITIAL ONE:

..... I have informed my family of my decision and taken their opinions into consideration.

..... I have decided not to inform my family of my decision.

..... I have no family to inform of my decision.

I understand that I have the right to revoke this request at any time.

I understand the full import of this request, and I expect to die when I take the controlled substance to be prescribed. I further understand that although most deaths occur within 3 hours, my death may take longer and my attending physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed:

Dated:

DECLARATION OF WITNESSES

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing the above request:

Witness 1	Witness 2
Initials	Initials

- | | |
|-------|--|
| | 1. Is personally known to us or has provided proof of identity; |
| | 2. Signed this request in our presence on the date of the person's signature; |
| | 3. Appears to be of sound mind and not under duress, fraud or undue influence; and |



..... 4. *Is not a patient for whom
either of us is the attending
physician.*

Printed Name of Witness 1:

Signature of Witness 1/Date:

Printed Name of Witness 2:

Signature of Witness 2/Date:

*NOTE: One witness must not be a relative by blood,
marriage or adoption of the person signing this request,
must not be entitled to any portion of the person's estate
upon death and must not own, operate or be employed at a
health care facility where the person is a patient or resident.
If the patient is an inpatient at a facility for long-term care
or a facility for hospice care, one of the witnesses must be a
person designated by the facility.*

Sec. 15. *Before prescribing a controlled substance that is
designed to end the life of a patient, the attending physician of the
patient must:*

*1. Inform the patient that he or she may revoke a request for
the controlled substance at any time and provide the patient with
the opportunity to revoke his or her second verbal request made
pursuant to subsection 1 of section 13 of this act;*

*2. Determine and verify, after each verbal and written request
for the controlled substance made pursuant to subsection 1 of
section 13 of this act and immediately before writing the
prescription, that the patient meets the requirements of
subsections 4 and 5 of section 12 of this act;*

*3. Confirm that the patient meets the requirements of
subsection 6 of section 12 of this act by discussing with the patient,
outside the presence of all persons other than an interpreter, if
required, whether the patient is feeling coerced or unduly
influenced by another person;*

4. Discuss with the patient:

(a) The diagnosis and prognosis of the patient;

*(b) All available methods of treating or managing the terminal
condition of the patient, including, without limitation, comfort
care, hospice care and pain control;*

(c) The probable effects of the controlled substance; and

*(d) The importance of having another person present when the
patient self-administers the controlled substance;*

*5. Refer the patient to a consulting physician who is qualified
by reason of specialty or experience to diagnose the terminal
condition of the patient for examination and receive confirmation*



1 from that physician of the diagnosis and prognosis of the patient
2 and that the patient meets the requirements of subsections 4 and 5
3 of section 12 of this act;

4 6. Instruct the patient against self-administering the
5 controlled substance in a public place; and

6 7. Recommend that the patient notify his or her next of kin of
7 the patient's decision to end his or her life.

8 **Sec. 16. 1.** If the attending physician to whom a patient
9 makes a request for a controlled substance that is designed to end
10 the life of the patient or a consulting physician determines that the
11 patient may not be competent, the attending physician:

12 (a) Shall refer the patient for examination by a psychiatrist or
13 psychologist; and

14 (b) Must not prescribe a controlled substance that is designed
15 to end the life of the patient unless the psychiatrist or psychologist
16 concludes, based on the examination, that the patient is competent
17 to make a decision concerning whether to end his or her life.

18 2. If a patient is examined pursuant to subsection 1, the
19 psychiatrist or psychologist shall report to the attending physician
20 his or her determination regarding whether the patient is
21 competent to make a decision concerning whether to end his or
22 her life.

23 **Sec. 17. 1.** Except as otherwise provided in section 18 of
24 this act, the attending physician of a patient may prescribe a
25 controlled substance that is designed to end the life of the patient
26 after the attending physician has ensured that the requirements of
27 sections 12 to 16, inclusive, of this act have been met.

28 2. After an attending physician prescribes a controlled
29 substance that is designed to end the life of a patient, the attending
30 physician shall, with the written consent of the patient, contact a
31 pharmacist and inform the pharmacist of the prescription. After
32 the pharmacist has been notified, the attending physician shall
33 give the prescription directly to the pharmacist or electronically
34 transmit the prescription directly to the pharmacist.

35 3. A controlled substance that is designed to end the life of a
36 patient may only be dispensed by a registered pharmacist or by the
37 attending physician of the patient. A pharmacist may only
38 dispense such a controlled substance pursuant to a valid
39 prescription provided by an attending physician in accordance
40 with subsection 2 to:

41 (a) The patient;

42 (b) The attending physician who prescribed the controlled
43 substance; or

44 (c) An agent of the patient who has been expressly identified to
45 the pharmacist as such by the patient.



4. A pharmacist shall not dispense a controlled substance that is designed to end the life of a patient by mail or any other delivery service.

Sec. 18. An attending physician shall not prescribe a controlled substance that is designed to end the life of a patient based solely on the age or disability of the patient.

Sec. 19. 1. The attending physician of a patient who requests a controlled substance that is designed to end the life of the patient shall document in the medical record of the patient:

(a) Each request for such a controlled substance made by the patient and each revocation of such a request;

(b) The diagnosis and the prognosis of the patient provided by the attending physician;

(c) Each determination made by the attending physician concerning whether the patient meets the requirements of subsections 4, 5 and 6 of section 12 of this act;

(d) Confirmation that:

(1) The attending physician offered the patient the opportunity to revoke his or her second verbal request for the controlled substance, as required by subsection 1 of section 15 of this act; and

(2) The requirements set forth in sections 3 to 29, inclusive, of this act have been satisfied; and

(e) The name, amount and dosage of any controlled substance designed to end the life of the patient that the attending physician prescribes for the patient.

2. A consulting physician shall report to the attending physician of the patient and document in the medical record of the patient his or her:

(a) Diagnosis and opinion regarding the prognosis of the patient; and

(b) Determination concerning whether the patient meets the requirements of subsections 4 and 5 of section 12 of this act.

3. A psychiatrist or psychologist to whom a patient is referred pursuant to section 16 of this act shall document in the medical record of the patient his or her determination of whether the patient is competent to make a decision concerning whether to end his or her life.

4. If a patient who has requested a controlled substance that is designed to end his or her life changes his or her attending physician, the prior attending physician must, upon the request of the patient or the new attending physician, forward the medical records of the patient to the new attending physician.



5. Any interaction between a patient and an attending physician, consulting physician, psychiatrist or psychologist pursuant to sections 12 to 17, inclusive, of this act:

(a) Must take place in person; and

(b) May not occur using telehealth, as defined in NRS 629.515.

Sec. 20. 1. A patient who requests a controlled substance that is designed to end his or her life may revoke the request at any time, without regard to his or her age or physical or mental condition.

2. The revocation of a request for such a controlled substance becomes effective immediately upon the patient communicating the revocation to his or her attending physician. When the patient revokes such a request, the attending physician must document the revocation in the medical record of the patient.

Sec. 21. 1. Only a patient to whom a controlled substance designed to end his or her life is prescribed may administer the controlled substance. No other person may administer the controlled substance to the patient.

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

Sec. 22. 1. An attending physician who prescribes a controlled substance that is designed to end the life of a patient shall:

(a) Not more than 30 days after prescribing the controlled substance, provide to the Division the name and amount of the controlled substance prescribed and the purpose for which the controlled substance was prescribed; and

(b) If the patient died from self-administering the controlled substance, not more than 30 days after the death of the patient, provide to the Division the age of the patient at death, his or her level of education, race and sex, the type of insurance under which the patient was covered, if any, and the terminal condition from which the patient suffered.

2. A registered pharmacist who dispenses a controlled substance that is designed to end the life of a patient shall, not more than 30 days after dispensing the controlled substance, provide to the Division the name and amount of the controlled substance dispensed and the purpose for which the controlled substance was dispensed.

3. The Division may adopt regulations requiring an attending physician who prescribes a controlled substance that is designed to end the life of a patient pursuant to section 17 of this act or a registered pharmacist who dispenses such a controlled substance



1 to provide to the Division any other relevant information, except
2 that the Division may not require the reporting of any personally
3 identifiable information of a patient to whom a controlled
4 substance that is designed to end the life of the patient is
5 prescribed or dispensed.

6 4. Except as otherwise provided in NRS 239.0115 and
7 sections 1 and 23 of this act, any information or records submitted
8 to the Division pursuant to this section are confidential.

9 **Sec. 23. The Division shall:**

10 1. Compile an annual report concerning the implementation
11 of the provisions of sections 3 to 29, inclusive, of this act. The
12 report must include, for the immediately preceding calendar year:

13 (a) The number of patients to whom a controlled substance
14 that is designed to end the life of a patient was prescribed;

15 (b) The number of patients described in paragraph (a) who
16 died and the terminal conditions which were specified as the cause
17 of those deaths;

18 (c) The number of deaths in this State resulting from the
19 administration of a controlled substance that is designed to end
20 the life of a patient per 10,000 deaths in this State;

21 (d) The number of physicians who prescribed a controlled
22 substance that is designed to end the life of a patient;

23 (e) Demographic information for each patient whose death
24 was the result of self-administering a controlled substance that is
25 designed to end the life of the patient, including the age of the
26 patient at death, his or her level of education, race and sex, the
27 type of insurance under which the patient was covered, if any, and
28 the terminal condition from which the patient suffered; and

29 (f) The name of each such controlled substance prescribed to
30 end the life of each such patient and the frequency with which
31 each such controlled substance was prescribed for that purpose.

32 2. On or before February 1 of each year:

33 (a) Make the report compiled pursuant to subsection 1 publicly
34 available on the Internet website maintained by the Division; and

35 (b) Submit the report to the Director of the Legislative Counsel
36 Bureau for transmittal to the Legislative Committee on Health
37 Care, if the report is submitted in an even-numbered year, or to
38 the next session of the Legislature, if the report is submitted in an
39 odd-numbered year.

40 **Sec. 24. 1. A physician is not subject to professional**
41 **discipline, does not violate any applicable standard of care and is**
42 **not subject to civil or criminal liability solely because the**
43 **physician takes any action in good faith to comply with sections 3**
44 **to 29, inclusive, of this act.**



2. A psychiatrist or psychologist who examines a patient pursuant to section 16 of this act is not subject to professional discipline, does not violate any applicable standard of care and is not subject to civil or criminal liability solely because he or she concludes and reports to the attending physician that the patient is competent or not competent.

3. A registered pharmacist is not subject to professional discipline, does not violate any applicable standard of care and is not subject to civil or criminal liability solely because the pharmacist dispenses a controlled substance that is designed to end the life of a patient in good faith to comply with section 17 of this act.

Sec. 25. 1. Death resulting from a patient self-administering a controlled substance that is designed to end his or her life in accordance with the provisions of sections 3 to 29, inclusive, of this act does not constitute suicide or homicide.

2. Any report or other document produced by this State, any political subdivision of this State or any agency, board, commission, department, officer, employee or agent of this State must refer to a request for, acquisition of, prescription of, dispensation of and self-administration of a controlled substance that is designed to end the life of a patient as a request for, acquisition of, prescription of, dispensation of and self-administration, as applicable, of a controlled substance that is designed to end the life of a patient.

Sec. 26. 1. A person shall not prevent or require a patient to make or revoke a request for a controlled substance that is designed to end the life of the patient as a condition of receiving health care.

2. Any provision in any contract or agreement entered into on or after the effective date of this act, whether written or oral, that would affect the right of a patient to take any action in accordance with the provisions of sections 3 to 29, inclusive, of this act is unenforceable and void.

Sec. 27. 1. It is unlawful for any person to:

(a) Alter or forge a request for a controlled substance that is designed to end the life of another person with the intent of causing the death of the person;

(b) Coerce or exert undue influence on a person to:

(1) Request a controlled substance that is designed to end the life of the person;

(2) Refrain from revoking a request for a controlled substance that is designed to end the life of the person pursuant to section 20 of this act; or



(3) Self-administer a controlled substance designed to end the life of the person; or

(c) Willfully conceal, cancel, deface, obliterate or withhold personal knowledge of the revocation by a person of a request for a controlled substance that is designed to end the life of the person.

2. Any person who violates this section is guilty of a category A felony and shall be punished by imprisonment in the state prison:

(a) For life with the possibility of parole, with eligibility for parole beginning when a minimum of 5 years has been served; or

(b) For a definite term of 15 years, with eligibility for parole beginning when a minimum of 5 years has been served.

Sec. 28. The provisions of sections 3 to 29, inclusive, of this act do not:

1. Require an attending physician to prescribe a controlled substance that is designed to end the life of a patient or require a pharmacist to fill a prescription for or dispense such a controlled substance;

2. Affect the responsibility of a physician to provide treatment for a patient's comfort or alleviation of pain; or

3. Condone, authorize or approve mercy killing, euthanasia or assisted suicide.

Sec. 29. 1. The owner or operator of a health care facility may prohibit:

(a) Any employee or independent contractor of the health care facility from providing any services described in sections 3 to 29, inclusive, of this act while acting within the scope of his or her employment or contract, as applicable, with the health care facility; or

(b) Any other person, including, without limitation, an employee or independent contractor of the health care facility or another health care provider who provides services on the premises of the health care facility, from providing any services described in sections 3 to 29, inclusive, of this act on the premises of the health care facility.

2. An owner or operator of a health care facility who prohibits any person from providing services described in sections 3 to 29, inclusive, of this act shall provide notice of the prohibition to:

(a) Each employee and independent contractor of the health care facility; and

(b) Each health care provider not described in paragraph (a) who provides services on the premises of the health care facility,



including, without limitation, through telehealth as defined in NRS 629.515.

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

Sec. 30. NRS 453.256 is hereby amended to read as follows:

453.256 1. Except as otherwise provided in subsection 2, a substance included in schedule II must not be dispensed without the written prescription of a practitioner.

2. A controlled substance included in schedule II may be dispensed without the written prescription of a practitioner only:

(a) In an emergency, as defined by regulation of the Board, upon oral prescription of a practitioner, reduced to writing promptly and in any case within 72 hours, signed by the practitioner and filed by the pharmacy.

(b) Pursuant to an electronic prescription of a practitioner which complies with any regulations adopted by the Board concerning the use of electronic prescriptions.

(c) Upon the use of a facsimile machine to transmit the prescription for a substance included in schedule II by a practitioner or a practitioner's agent to a pharmacy for:

(1) Direct administration to a patient by parenteral solution; or

(2) A resident of a facility for intermediate care or a facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department.

➡ A prescription transmitted by a facsimile machine pursuant to this paragraph must be printed on paper which is capable of being retained for at least 2 years. For the purposes of this section, an electronic prescription or a prescription transmitted by facsimile machine constitutes a written prescription. The pharmacy shall keep prescriptions in conformity with the requirements of NRS 453.246. A prescription for a substance included in schedule II must not be refilled.

3. Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a substance included in schedule III or IV which is a dangerous drug as determined under NRS 454.201, must not be dispensed without a written or oral prescription of a practitioner. The prescription must not be filled or refilled more than 6 months after the date thereof or be refilled more than five times, unless renewed by the practitioner.



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

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

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

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

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

9. As used in this section:

(a) "Facsimile machine" means a device which sends or receives a reproduction or facsimile of a document or photograph which is transmitted electronically or telephonically by telecommunications lines.

(b) "Medical treatment" includes ~~dispensing~~ :

(1) *Dispensing* or administering a narcotic drug for pain, whether or not intractable ~~H~~; and

(2) *Dispensing a controlled substance designed to end the life of a patient pursuant to the provisions of sections 3 to 29, inclusive, of this act.*

(c) "Parenteral solution" has the meaning ascribed to it in NRS 639.0105.

Sec. 31. NRS 453.321 is hereby amended to read as follows:

453.321 1. Except as authorized by the provisions of NRS 453.011 to 453.552, inclusive, *and sections 3 to 29, inclusive, of this act*, it is unlawful for a person to:

(a) Import, transport, sell, exchange, barter, supply, prescribe, dispense, give away or administer a controlled or counterfeit substance;

(b) Manufacture or compound a counterfeit substance; or

(c) Offer or attempt to do any act set forth in paragraph (a) or (b).

2. Unless a greater penalty is provided in NRS 453.333 or 453.334, if a person violates subsection 1 and the controlled substance is classified in schedule I or II, the person is guilty of a category B felony and shall be punished:

(a) For the first offense, by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not



1 more than 6 years, and may be further punished by a fine of not
2 more than \$20,000.

3 (b) For a second offense, or if, in the case of a first conviction
4 under this subsection, the offender has previously been convicted of
5 an offense under this section or of any offense under the laws of the
6 United States or any state, territory or district which, if committed in
7 this State, would amount to an offense under this section, by
8 imprisonment in the state prison for a minimum term of not less
9 than 2 years and a maximum term of not more than 10 years, and
10 may be further punished by a fine of not more than \$20,000.

11 (c) For a third or subsequent offense, or if the offender has
12 previously been convicted two or more times under this section or of
13 any offense under the laws of the United States or any state, territory
14 or district which, if committed in this State, would amount to an
15 offense under this section, by imprisonment in the state prison for a
16 minimum term of not less than 3 years and a maximum term of not
17 more than 15 years, and may be further punished by a fine of not
18 more than \$20,000 for each offense.

19 3. The court shall not grant probation to or suspend the
20 sentence of a person convicted under subsection 2 and punishable
21 pursuant to paragraph (b) or (c) of subsection 2.

22 4. Unless a greater penalty is provided in NRS 453.333 or
23 453.334, if a person violates subsection 1, and the controlled
24 substance is classified in schedule III, IV or V, the person shall be
25 punished:

26 (a) For the first offense, for a category C felony as provided in
27 NRS 193.130.

28 (b) For a second offense, or if, in the case of a first conviction of
29 violating this subsection, the offender has previously been convicted
30 of violating this section or of any offense under the laws of the
31 United States or any state, territory or district which, if committed in
32 this State, would amount to a violation of this section, for a category
33 B felony by imprisonment in the state prison for a minimum term of
34 not less than 2 years and a maximum term of not more than 10
35 years, and may be further punished by a fine of not more than
36 \$15,000.

37 (c) For a third or subsequent offense, or if the offender has
38 previously been convicted two or more times of violating this
39 section or of any offense under the laws of the United States or any
40 state, territory or district which, if committed in this State, would
41 amount to a violation of this section, for a category B felony by
42 imprisonment in the state prison for a minimum term of not less
43 than 3 years and a maximum term of not more than 15 years, and
44 may be further punished by a fine of not more than \$20,000 for each
45 offense.



5. The court shall not grant probation to or suspend the sentence of a person convicted under subsection 4 and punishable pursuant to paragraph (b) or (c) of subsection 4.

Sec. 32. NRS 453.375 is hereby amended to read as follows:

453.375 1. ~~{A}~~ *Except as otherwise provided in section 21 of this act, a* controlled substance may be possessed and administered by the following persons:

(a) A practitioner.

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

(c) A paramedic:

(1) As authorized by regulation of:

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

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

(2) In accordance with any applicable regulations of:

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

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

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

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

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

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

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

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

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



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

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

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

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

(k) A person who is enrolled in a training program to become a paramedic, respiratory therapist or veterinary technician if the person possesses and administers the controlled substance in the same manner and under the same conditions that apply, respectively, to a paramedic, respiratory therapist or veterinary technician who may possess and administer the controlled substance, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

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

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

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

Sec. 33. NRS 133.065 is hereby amended to read as follows:

133.065 1. Except *as otherwise provided in subsection 2 or* to the extent that it violates public policy, a testator may:

~~1-1~~ (a) Make a devise conditional upon a devisee's action or failure to take action or upon the occurrence or nonoccurrence of one or more specified events; and

~~1-2~~ (b) Specify the conditions or actions which would disqualify a person from serving or which would constitute cause for removal of a person who is serving in any capacity under the will, including, without limitation, as a personal representative, guardian or trustee.

2. *Any provision in a will executed on or after the effective date of this act that conditions a devise on any person requesting or failing to request a controlled substance designed to end his or her life, revoking such a request or self-administering such a*



controlled substance in accordance with the provisions of sections 3 to 29, inclusive, of this act is unenforceable and void.

Sec. 34. NRS 159.054 is hereby amended to read as follows:

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

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

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

4. A proposed protected person shall not be deemed to be in need of a general or special guardian based solely upon a request by the proposed protected person for a controlled substance that is designed to end his or her life or the revocation of such a request if made in accordance with the provisions of sections 3 to 29, inclusive, of this act.

Sec. 35. NRS 239.010 is hereby amended to read as follows:

239.010 1. Except as otherwise provided in this section and NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651, 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350, 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020, 241.030, 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438,



1 289.025, 289.080, 289.387, 289.830, 293.4855, 293.5002, 293.503,
2 293.504, 293.558, 293.906, 293.908, 293.910, 293B.135, 293D.510,
3 331.110, 332.061, 332.351, 333.333, 333.335, 338.070, 338.1379,
4 338.1593, 338.1725, 338.1727, 348.420, 349.597, 349.775, 353.205,
5 353A.049, 353A.085, 353A.100, 353C.240, 360.240, 360.247,
6 360.255, 360.755, 361.044, 361.610, 365.138, 366.160, 368A.180,
7 370.257, 370.327, 372A.080, 378.290, 378.300, 379.008, 379.1495,
8 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259,
9 388.501, 388.503, 388.513, 388.750, 388A.247, 388A.249, 391.035,
10 391.120, 391.925, 392.029, 392.147, 392.264, 392.271, 392.315,
11 392.317, 392.325, 392.327, 392.335, 392.850, 394.167, 394.1698,
12 394.447, 394.460, 394.465, 396.3295, 396.405, 396.525, 396.535,
13 396.9685, 398A.115, 408.3885, 408.3886, 408.3888, 408.5484,
14 412.153, 416.070, 422.2749, 422.305, 422A.342, 422A.350,
15 425.400, 427A.1236, 427A.872, 432.028, 432.205, 432B.175,
16 432B.280, 432B.290, 432B.407, 432B.430, 432B.560, 432B.5902,
17 433.534, 433A.360, 437.145, 439.840, 439B.420, 440.170,
18 441A.195, 441A.220, 441A.230, 442.330, 442.395, 442.735,
19 445A.665, 445B.570, 449.209, 449.245, 449A.112, 450.140,
20 453.164, 453.720, 453A.610, 453A.700, 458.055, 458.280, 459.050,
21 459.3866, 459.555, 459.7056, 459.846, 463.120, 463.15993,
22 463.240, 463.3403, 463.3407, 463.790, 467.1005, 480.365, 480.940,
23 481.063, 481.091, 481.093, 482.170, 482.5536, 483.340, 483.363,
24 483.575, 483.659, 483.800, 484E.070, 485.316, 501.344, 503.452,
25 522.040, 534A.031, 561.285, 571.160, 584.655, 587.877, 598.0964,
26 598.098, 598A.110, 599B.090, 603.070, 603A.210, 604A.710,
27 612.265, 616B.012, 616B.015, 616B.315, 616B.350, 618.341,
28 618.425, 622.310, 623.131, 623A.137, 624.110, 624.265, 624.327,
29 625.425, 625A.185, 628.418, 628B.230, 628B.760, 629.047,
30 629.069, 630.133, 630.30665, 630.336, 630A.555, 631.368,
31 632.121, 632.125, 632.405, 633.283, 633.301, 633.524, 634.055,
32 634.214, 634A.185, 635.158, 636.107, 637.085, 637B.288, 638.087,
33 638.089, 639.2485, 639.570, 640.075, 640A.220, 640B.730,
34 640C.400, 640C.600, 640C.620, 640C.745, 640C.760, 640D.190,
35 640E.340, 641.090, 641.325, 641A.191, 641A.289, 641B.170,
36 641B.460, 641C.760, 641C.800, 642.524, 643.189, 644A.870,
37 645.180, 645.625, 645A.050, 645A.082, 645B.060, 645B.092,
38 645C.220, 645C.225, 645D.130, 645D.135, 645E.300, 645E.375,
39 645G.510, 645H.320, 645H.330, 647.0945, 647.0947, 648.033,
40 648.197, 649.065, 649.067, 652.228, 654.110, 656.105, 661.115,
41 665.130, 665.133, 669.275, 669.285, 669A.310, 671.170, 673.450,
42 673.480, 675.380, 676A.340, 676A.370, 677.243, 679B.122,
43 679B.152, 679B.159, 679B.190, 679B.285, 679B.690, 680A.270,
44 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873, 685A.077,
45 686A.289, 686B.170, 686C.306, 687A.110, 687A.115, 687C.010,



1 688C.230, 688C.480, 688C.490, 689A.696, 692A.117, 692C.190,
2 692C.3507, 692C.3536, 692C.3538, 692C.354, 692C.420,
3 693A.480, 693A.615, 696B.550, 696C.120, 703.196, 704B.320,
4 704B.325, 706.1725, 706A.230, 710.159, 711.600, **and section 22**
5 **of this act**, sections 35, 38 and 41 of chapter 478, Statutes of
6 Nevada 2011 and section 2 of chapter 391, Statutes of Nevada 2013
7 and unless otherwise declared by law to be confidential, all public
8 books and public records of a governmental entity must be open at
9 all times during office hours to inspection by any person, and may
10 be fully copied or an abstract or memorandum may be prepared
11 from those public books and public records. Any such copies,
12 abstracts or memoranda may be used to supply the general public
13 with copies, abstracts or memoranda of the records or may be used
14 in any other way to the advantage of the governmental entity or of
15 the general public. This section does not supersede or in any manner
16 affect the federal laws governing copyrights or enlarge, diminish or
17 affect in any other manner the rights of a person in any written book
18 or record which is copyrighted pursuant to federal law.

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

21 3. A governmental entity that has legal custody or control of a
22 public book or record shall not deny a request made pursuant to
23 subsection 1 to inspect or copy or receive a copy of a public book or
24 record on the basis that the requested public book or record contains
25 information that is confidential if the governmental entity can
26 redact, delete, conceal or separate the confidential information from
27 the information included in the public book or record that is not
28 otherwise confidential.

29 4. A person may request a copy of a public record in any
30 medium in which the public record is readily available. An officer,
31 employee or agent of a governmental entity who has legal custody
32 or control of a public record:

33 (a) Shall not refuse to provide a copy of that public record in a
34 readily available medium because the officer, employee or agent has
35 already prepared or would prefer to provide the copy in a different
36 medium.

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

41 **Sec. 36.** NRS 639.1375 is hereby amended to read as follows:

42 639.1375 1. Subject to the limitations set forth in NRS
43 632.237 **and except as otherwise provided in section 17 of this**
44 **act**, an advanced practice registered nurse may dispense controlled



substances, poisons, dangerous drugs and devices if the advanced practice registered nurse:

(a) Passes an examination administered by the State Board of Nursing on Nevada law relating to pharmacy and submits to the State Board of Pharmacy evidence of passing that examination;

(b) Is authorized to do so by the State Board of Nursing in a license issued by that Board; and

(c) Applies for and obtains a certificate of registration from the State Board of Pharmacy and pays the fee set by a regulation adopted by the Board. The Board may set a single fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency and a different fee for the individual certification of other advanced practice registered nurses.

2. The State Board of Pharmacy shall consider each application from an advanced practice registered nurse separately, and may:

(a) Issue a certificate of registration limiting:

(1) The authority of the advanced practice registered nurse to dispense controlled substances, poisons, dangerous drugs and devices;

(2) The area in which the advanced practice registered nurse may dispense;

(3) The kind and amount of controlled substances, poisons, dangerous drugs and devices which the certificate permits the advanced practice registered nurse to dispense; and

(4) The practice of the advanced practice registered nurse which involves controlled substances, poisons, dangerous drugs and devices in any manner which the Board finds necessary to protect the health, safety and welfare of the public;

(b) Issue a certificate of registration without any limitation not contained in the license issued by the State Board of Nursing; or

(c) Refuse to issue a certificate of registration, regardless of the provisions of the license issued by the State Board of Nursing.

3. If a certificate of registration issued pursuant to this section is suspended or revoked, the Board may also suspend or revoke the registration of the physician for and with whom the advanced practice registered nurse is in practice to dispense controlled substances.

4. The Board shall adopt regulations setting forth the maximum amounts of any controlled substance, poison, dangerous drug and devices which an advanced practice registered nurse who holds a certificate from the Board may dispense, the conditions under which they must be stored, transported and safeguarded, and the records which each such nurse shall keep. In adopting its regulations, the Board shall consider:



(a) The areas in which an advanced practice registered nurse who holds a certificate from the Board can be expected to practice and the populations of those areas;

(b) The experience and training of the advanced practice registered nurse;

(c) Distances between areas of practice and the nearest hospitals and physicians;

(d) Whether the advanced practice registered nurse is authorized to prescribe a controlled substance listed in schedule II pursuant to a protocol approved by a collaborating physician;

(e) Effects on the health, safety and welfare of the public; and

(f) Other factors which the Board considers important to the regulation of the practice of advanced practice registered nurses who hold certificates from the Board.

Sec. 37. NRS 639.238 is hereby amended to read as follows:

639.238 1. Prescriptions filled and on file in a pharmacy are not a public record. Except as otherwise provided in NRS 439.538 and 639.2357, *and section 22 of this act*, a pharmacist shall not divulge the contents of any prescription or provide a copy of any prescription, except to:

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

(b) The practitioner who originally issued the prescription;

(c) A practitioner who is then treating the patient;

(d) A member, inspector or investigator of the Board or an inspector of the Food and Drug Administration or an agent of the Investigation Division of the Department of Public Safety;

(e) An agency of state government charged with the responsibility of providing medical care for the patient;

(f) An insurance carrier, on receipt of written authorization signed by the patient or his or her legal guardian, authorizing the release of such information;

(g) Any person authorized by an order of a district court;

(h) Any member, inspector or investigator of a professional licensing board which licenses a practitioner who orders prescriptions filled at the pharmacy;

(i) Other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information relating to persons who are suspected of:

(1) Misusing prescriptions to obtain excessive amounts of drugs; or

(2) Failing to use a drug in conformity with the directions for its use or taking a drug in combination with other drugs in a manner that could result in injury to that person;

(j) A peace officer employed by a local government for the limited purpose of and to the extent necessary:



(1) For the investigation of an alleged crime reported by an employee of the pharmacy where the crime was committed; or

(2) To carry out a search warrant or subpoena issued pursuant to a court order; or

(k) A county coroner, medical examiner or investigator employed by an office of a county coroner for the purpose of:

(1) Identifying a deceased person;

(2) Determining a cause of death; or

(3) Performing other duties authorized by law.

2. Any copy of a prescription for a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is issued to a county coroner, medical examiner or investigator employed by an office of a county coroner must be limited to a copy of the prescription filled or on file for:

(a) The person whose name is on the container of the controlled substance or dangerous drug that is found on or near the body of a deceased person; or

(b) The deceased person whose cause of death is being determined.

3. Except as otherwise provided in NRS 639.2357, any copy of a prescription for a controlled substance or a dangerous drug as defined in chapter 454 of NRS, issued to a person authorized by this section to receive such a copy, must contain all of the information appearing on the original prescription and be clearly marked on its face "Copy, Not Refillable—For Reference Purposes Only." The copy must bear the name or initials of the registered pharmacist who prepared the copy.

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

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

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

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

Sec. 38. Chapter 688A of NRS is hereby amended by adding thereto a new section to read as follows:

An insurer shall not:

1. Deny a claim under a policy of life insurance or annuity contract, cancel a policy of life insurance or annuity contract or impose an additional charge on a policyholder or beneficiary solely because the insured has, in accordance with the provisions of sections 3 to 29, inclusive, of this act, requested a controlled



1 *substance designed to end the life of the insured, revoked such a*
2 *request or self-administered such a controlled substance.*

3 2. *Refuse to sell, provide or issue a policy of life insurance or*
4 *annuity contract that covers a person or charge a higher rate to*
5 *cover a person solely because the person has, in accordance with*
6 *the provisions of sections 3 to 29, inclusive, of this act, requested a*
7 *controlled substance designed to end the life of the person or*
8 *revoked such a request.*

9 3. *Any provision of a policy of life insurance or annuity*
10 *contract that, in conflict with the provisions of this section, allows*
11 *the denial of a claim or cancellation of the policy or contract and*
12 *which is included in a policy or contract that has been or is*
13 *delivered, issued for delivery or renewed before, on or after the*
14 *effective date of this act is void and unenforceable.*

15 **Sec. 39.** Chapter 688B of NRS is hereby amended by adding
16 thereto a new section to read as follows:

17 *An insurer shall not:*

18 1. *Deny a claim under a policy of group life insurance,*
19 *cancel a policy of group life insurance or impose an additional*
20 *charge on a policyholder or beneficiary solely because the insured*
21 *has, in accordance with the provisions of sections 3 to 29,*
22 *inclusive, of this act, requested a controlled substance designed to*
23 *end the life of the insured, revoked such a request or self-*
24 *administered such a controlled substance.*

25 2. *Refuse to sell, provide or issue a policy of group life*
26 *insurance that covers a person or charge a higher rate to cover a*
27 *person solely because the person has, in accordance with the*
28 *provisions of sections 3 to 29, inclusive, of this act, requested a*
29 *controlled substance designed to end the life of the person or*
30 *revoked such a request.*

31 3. *Any provision of a policy of group life insurance that, in*
32 *conflict with the provisions of this section, allows the denial of a*
33 *claim or cancellation of the policy and which is included in a*
34 *policy that has been or is delivered, issued for delivery or renewed*
35 *before, on or after the effective date of this act is void and*
36 *unenforceable.*

37 **Sec. 40.** NRS 688B.040 is hereby amended to read as follows:

38 688B.040 No policy of group life insurance shall be delivered
39 in this State unless it contains in substance the provisions set forth in
40 NRS 688B.040 to 688B.150, inclusive, *and section 39 of this act* or
41 provisions which in the opinion of the Commissioner are more
42 favorable to the persons insured, or at least as favorable to the
43 persons insured and more favorable to the policyholder; except:



1 1. NRS 688B.100 to 688B.140, inclusive, *and section 39 of*
2 *this act* do not apply to policies issued to a creditor to insure debtors
3 of such creditor;

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

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

13 **Sec. 41.** The provisions of subsection 1 of NRS 218D.380 do
14 not apply to any provision of this act which adds or revises a
15 requirement to submit a report to the Legislature.

16 **Sec. 42.** This act becomes effective upon passage and
17 approval.

