

SUMMARY—Revises provisions governing physician assistants. (BDR 54-148)

FISCAL NOTE: Effect on Local Government: Increases or Newly Provides for Term of Imprisonment in County or City Jail or Detention Facility.

Effect on the State: Yes.

AN ACT relating to physician assistants; prescribing the settings in which a physician assistant is authorized to practice; expanding the membership of the Board of Medical Examiners; authorizing physician assistants to perform medical services without the supervision of a physician; authorizing a physician assistant to perform certain medical services under certain circumstances; eliminating provisions governing the testing or examination of applicants for licensure as a physician assistant; prescribing certain authority and duties of a physician assistant and an advanced practice registered nurse; authorizing certain unlicensed persons to use the title “inactive physician assistant”; removing the requirement that a rural clinic be supervised by a physician; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law: (1) provides for the licensure and regulation of physician assistants by the Board of Medical Examiners and the State Board of Osteopathic Medicine; and (2) requires a physician assistant to work under the supervision of a physician or osteopathic physician. (NRS 630.271,



630.275, 633.432-633.469) **Sections 5, 10-12, 24 and 26-29** of this bill remove the requirement that a physician assistant be supervised by a physician or osteopathic physician. **Sections 9, 21, 30-32, 35, 36, 81-84, 90, 98, 168, 169 and 204** of this bill remove references to supervision of a physician assistant by a physician or osteopathic physician. **Sections 4 and 23** of this bill require a physician assistant who has practiced for less than 4,000 hours as a physician assistant to enter into a collaborative agreement with a physician. **Sections 4 and 23** also prescribe the settings in which a physician assistant is authorized to practice. **Sections 10 and 26** of this bill: (1) require a physician assistant to obtain the informed consent of a patient before providing any medical service; (2) prescribe medical services that a physician assistant is authorized to perform; and (3) require a physician assistant to only perform such services within his or her scope of practice and which he or she has the necessary education, training and experience to competently perform. **Sections 12 and 28** of this bill remove a requirement that the Board of Medical Examiners and the State Board of Osteopathic Medicine adopt regulations governing the testing or examination of applicants for licensure as a physician assistant and the services which a physician assistant may perform. **Section 30** makes a technical revision concerning the renewal of a license as an osteopathic physician assistant. **Sections 1-3, 13-16, 18-20, 22, 25, 32-34, 37-80, 85-89, 91-97, 99-127, 129-167 and 170-201** of this bill make various changes so that physician assistants have similar authority and duties to other providers of health care who provide medical services independently and are otherwise treated in the same manner as other such providers of health care. **Sections 54, 56, 70, 126, 142 and 178** of this bill also add advanced practice registered nurses to



certain provisions to ensure that physician assistants and advanced practice registered nurses have similar authority.

Existing law provides that the Board of Medical Examiners consists of: (1) six licensed physicians; (2) one representative of the interests of persons or agencies that regularly provide health care to persons who are indigent, uninsured or unable to afford health care; and (3) two residents of this State who are not affiliated with the healing arts. (NRS 631.050) Existing law also authorizes the Board to select physicians and members of the public to serve as advisory members of the Board. (NRS 630.075) **Sections 6, 7 and 202** of this bill require the appointment of two additional members of the Board who are physician assistants. **Section 8** of this bill authorizes the Board to select physician assistants to serve as advisory members of the Board.

Existing law prohibits a person who is not licensed as a physician assistant from holding himself or herself out as a physician assistant. (NRS 630.400, 633.471) **Sections 17 and 32** of this bill authorize an unlicensed person who meets the requirements for licensure as a physician assistant to refer to himself or herself as an “inactive physician assistant.”

Existing law requires the State Board of Pharmacy to adopt regulations governing the: (1) administration, possession, dispensing, storage, security, recordkeeping and transportation of controlled substances by a physician assistant; and (2) administration, possession, prescription, dispensing, storage, security, recordkeeping and transportation of dangerous drugs, poisons and devices by a physician assistant. (NRS 639.1373) **Section 35** removes a requirement that the Board consider the experience and training of the physician assistant when adopting those regulations.



Existing law establishes a rural clinic as a medical facility in a rural area where medical services are provided by a physician assistant or advanced practice registered nurse under the supervision of a physician. (NRS 449.0175) **Section 128** of this bill removes the requirement that a rural clinic be supervised by a physician.

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

Section 1. NRS 629.047 is hereby amended to read as follows:

629.047 1. If a physician , *a physician assistant* 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 , *physician assistant* 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 , *physician assistant* or advanced practice registered nurse or another physician , *physician assistant* 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 , *physician assistant* or advanced practice registered nurse informed the patient of all material facts and information required by



paragraph (a). The physician , *physician assistant* or advanced practice registered nurse shall, to the extent practicable, provide a copy of the statement signed by the physician , *physician assistant* or advanced practice registered nurse to the patient. The statement signed by the physician , *physician assistant* 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 , *physician assistant* 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 , *a physician assistant* 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 , *a physician assistant* 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 , *physician assistant* 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 , *a physician assistant* 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 , *physician assistant* 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 , *a physician assistant* or an advanced practice registered nurse for the purposes of diagnosis or treatment.

Sec. 2. NRS 629.550 is hereby amended to read as follows:

629.550 1. If a patient communicates to a mental health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person and, in the judgment of the mental health professional, the patient has the intent and ability to carry out the threat, the mental health professional shall place the patient on a mental health crisis hold pursuant to NRS 433A.160, petition for a court to order the placement of the patient on a mental health crisis hold pursuant to NRS 433A.155 or make a reasonable effort to communicate the threat in a timely manner to:

(a) The person who is the subject of the threat;

(b) The law enforcement agency with the closest physical location to the residence of the person; and

(c) If the person is a minor, the parent or guardian of the person.



2. A mental health professional shall be deemed to have made a reasonable effort to communicate a threat pursuant to subsection 1 if:

- (a) The mental health professional actually communicates the threat in a timely manner; or
- (b) The mental health professional makes a good faith attempt to communicate the threat in a timely manner and the failure to actually communicate the threat in a timely manner does not result from the negligence or recklessness of the mental health professional.

3. A mental health professional who exercises reasonable care in determining that he or she:

(a) Has a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for disclosing confidential or privileged information.

(b) Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient.

4. The provisions of this section do not:

(a) Limit or affect the duty of the mental health professional to report child abuse or neglect pursuant to NRS 432B.220 or the commercial sexual exploitation of a child pursuant to NRS 432C.110; or

(b) Modify any duty of a mental health professional to take precautions to prevent harm by a patient:

(1) Who is in the custody of a hospital or other facility where the mental health professional is employed; or



- (2) Who is being discharged from such a facility.
5. As used in this section, “mental health professional” includes:
- (a) A physician, ~~or~~ psychiatrist *or physician assistant* licensed ~~to practice medicine~~ in this State pursuant to chapter 630 or 633 of NRS;
 - (b) A psychologist who is licensed to practice psychology pursuant to chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;
 - (c) A social worker who:
 - (1) Holds a master’s degree in social work;
 - (2) Is licensed as a clinical social worker pursuant to chapter 641B of NRS; and
 - (3) Is employed by the Division of Public and Behavioral Health of the Department of Health and Human Services;
 - (d) A registered nurse who:
 - (1) Is licensed to practice professional nursing pursuant to chapter 632 of NRS; and
 - (2) Holds a master’s degree in psychiatric nursing or a related field;
 - (e) A marriage and family therapist licensed pursuant to chapter 641A of NRS;
 - (f) A clinical professional counselor licensed pursuant to chapter 641A of NRS; and
 - (g) A person who is working in this State within the scope of his or her employment by the Federal Government, including, without limitation, employment with the Department of Veterans Affairs, the military or the Indian Health Service, and is:



(1) Licensed or certified as a physician, *physician assistant*, psychologist, marriage and family therapist, clinical professional counselor, alcohol and drug counselor or clinical alcohol and drug counselor in another state;

(2) Licensed as a social worker in another state and holds a master's degree in social work;
or

(3) Licensed to practice professional nursing in another state and holds a master's degree in psychiatric nursing or a related field.

Sec. 3. NRS 629.600 is hereby amended to read as follows:

629.600 1. A psychotherapist shall not provide any conversion therapy to a person who is under 18 years of age regardless of the willingness of the person or his or her parent or legal guardian to authorize such therapy.

2. Any violation of subsection 1 is a ground for disciplinary action by a state board that licenses a psychotherapist as defined in subsection 3.

3. As used in this section:

(a) "Conversion therapy" means any practice or treatment that seeks to change the sexual orientation or gender identity of a person, including, without limitation, a practice or treatment that seeks to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward persons of the same gender. The term does not include counseling that:

(1) Provides assistance to a person undergoing gender transition; or



(2) Provides acceptance, support and understanding of a person or facilitates a person's ability to cope, social support and identity exploration and development, including, without limitation, an intervention to prevent or address unlawful conduct or unsafe sexual practices that is neutral as to the sexual-orientation of the person receiving the intervention and does not seek to change the sexual orientation or gender identity of the person receiving the intervention.

(b) "Psychotherapist" means:

- (1) A psychiatrist licensed to practice medicine in this State pursuant to chapter 630 of NRS;
- (2) A homeopathic physician, advanced practitioner of homeopathy or homeopathic assistant licensed or certified pursuant to chapter 630A of NRS;
- (3) A psychiatrist licensed to practice medicine in this State pursuant to chapter 633 of NRS;
- (4) *A physician assistant licensed pursuant to chapter 630 or 633 of NRS practicing in the specialty of psychiatry;*
- (5) A psychologist licensed to practice in this State pursuant to chapter 641 of NRS;
- ~~[(5)]~~ (6) A social worker licensed in this State as an independent social worker or a clinical social worker pursuant to chapter 641B of NRS;
- ~~[(6)]~~ (7) A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State pursuant to chapter 632 of NRS;
- ~~[(7)]~~ (8) A marriage and family therapist or clinical professional counselor licensed in this State pursuant to chapter 641A of NRS; or
- ~~[(8)]~~ (9) A person who provides counseling services as part of his or her training for any of the professions listed in subparagraphs (1) to ~~[(7)]~~ (8), inclusive.



Sec. 4. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A physician assistant may practice at:

(a) A medical facility, any facility licensed pursuant to chapter 449 of NRS or any facility that has established a system for evaluating the credentials of and granting practice privileges to physician assistants;

(b) A facility or medical practice owned by a physician or osteopathic physician or a group of physicians or osteopathic physicians;

(c) A federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B);

(d) A correctional facility or institution;

(e) A state, county, city or district health department; or

(f) Any other location authorized by regulation of the Board.

2. A physician assistant who has practiced as a physician assistant for less than 4,000 hours shall enter into a written collaborative agreement with a physician that prescribes the manner in which the physician and physician assistant will collaborate. Upon request of the Board, the physician assistant shall provide the collaborative agreement to the Board.

Sec. 5. NRS 630.015 is hereby amended to read as follows:

630.015 “Physician assistant” means a person who is a graduate of an academic program approved by the Board or who, by general education, practical training and experience determined to be satisfactory by the Board, is qualified to perform medical services ~~under the supervision of a supervising physician~~ and who has been issued a license by the Board.



Sec. 6. NRS 630.050 is hereby amended to read as follows:

630.050 1. The Board of Medical Examiners consists of ~~nine~~ **11** members appointed by the Governor.

2. No person may be appointed as a member of the Board to serve for more than two consecutive full terms, but a person may be reappointed after the lapse of 4 years.

Sec. 7. NRS 630.060 is hereby amended to read as follows:

630.060 1. Six members of the Board must be persons who are licensed to practice medicine in this State, are actually engaged in the practice of medicine in this State and have resided and practiced medicine in this State for at least 5 years preceding their respective appointments.

2. *Two members of the Board must be persons who are licensed to practice as physician assistants in this State, are actually engaged in practice as physician assistants in this State and have resided and practiced as physician assistants in this State for at least 5 years preceding their respective appointments.*

3. One member of the Board must be a person who has resided in this State for at least 5 years and who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member must not be licensed under the provisions of this chapter.

~~3~~ 4. The remaining two members of the Board must be persons who have resided in this State for at least 5 years and who:

(a) Are not licensed in any state to practice any healing art;



(b) Are not the spouse or the parent or child, by blood, marriage or adoption, of a person licensed in any state to practice any healing art;

(c) Are not actively engaged in the administration of any facility for the dependent as defined in chapter 449 of NRS, medical facility or medical school; and

(d) Do not have a pecuniary interest in any matter pertaining to the healing arts, except as a patient or potential patient.

~~4.4~~ 5. The members of the Board must be selected without regard to their individual political beliefs.

Sec. 8. NRS 630.075 is hereby amended to read as follows:

630.075 The Board may, by majority vote, select physicians , *physician assistants* and members of the public, who must meet the same qualifications as required for members of the Board, to serve as advisory members of the Board. One or more advisory members may be designated by the Board to assist a committee of its members in an investigation as provided in NRS 630.311 but may not vote on any matter before the committee. Advisory members may also serve as members of the panel selected to hear charges as provided in NRS 630.339 and may vote on any recommendation made by the panel to the Board.

Sec. 9. NRS 630.253 is hereby amended to read as follows:

630.253 1. The Board shall, as a prerequisite for the:

(a) Renewal of a license as a physician assistant; or

(b) Biennial registration of the holder of a license to practice medicine,



➡ require each holder to submit evidence of compliance with the requirements for continuing education as set forth in regulations adopted by the Board.

2. These requirements:

(a) May provide for the completion of one or more courses of instruction relating to risk management in the performance of medical services.

(b) Must provide for the completion of a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

- (1) An overview of acts of terrorism and weapons of mass destruction;
- (2) Personal protective equipment required for acts of terrorism;
- (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- (5) An overview of the information available on, and the use of, the Health Alert Network.

(c) Must provide for the completion by a holder of a license to practice medicine of a course of instruction within 2 years after initial licensure that provides at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in subsection 6.



(d) Must provide for the completion of at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

(e) Must provide for the biennial completion by each psychiatrist and each physician assistant ~~practicing under the supervision of a psychiatrist of~~ *who practices in the specialty of psychiatry* one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion. Such instruction:

- (1) May include the training provided pursuant to NRS 449.103, where applicable.
- (2) Must be based upon a range of research from diverse sources.
- (3) Must address persons of different cultural backgrounds, including, without limitation:
 - (I) Persons from various gender, racial and ethnic backgrounds;
 - (II) Persons from various religious backgrounds;
 - (III) Lesbian, gay, bisexual, transgender and questioning persons;
 - (IV) Children and senior citizens;
 - (V) Veterans;
 - (VI) Persons with a mental illness;
 - (VII) Persons with an intellectual disability, developmental disability or physical disability; and
 - (VIII) Persons who are part of any other population that a psychiatrist or a physician assistant ~~practicing under the supervision of a psychiatrist of~~ *who practices in the specialty of psychiatry* may need to better understand, as determined by the Board.



(f) Must allow the holder of a license to receive credit toward the total amount of continuing education required by the Board for the completion of a course of instruction relating to genetic counseling and genetic testing.

3. The Board may determine whether to include in a program of continuing education courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction in addition to the course of instruction required by paragraph (b) of subsection 2.

4. The Board shall encourage each holder of a license who treats or cares for persons who are more than 60 years of age to receive, as a portion of their continuing education, education in geriatrics and gerontology, including such topics as:

- (a) The skills and knowledge that the licensee needs to address aging issues;
- (b) Approaches to providing health care to older persons, including both didactic and clinical approaches;
- (c) The biological, behavioral, social and emotional aspects of the aging process; and
- (d) The importance of maintenance of function and independence for older persons.

5. The Board shall encourage each holder of a license to practice medicine to receive, as a portion of his or her continuing education, training concerning methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug.



6. The Board shall require each holder of a license to practice medicine to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidence-based suicide prevention and awareness, which may include, without limitation, instruction concerning:

- (a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;
- (b) Approaches to engaging other professionals in suicide intervention; and
- (c) The detection of suicidal thoughts and ideations and the prevention of suicide.

7. The Board shall encourage each holder of a license to practice medicine or as a physician assistant to receive, as a portion of his or her continuing education, training and education in the diagnosis of rare diseases, including, without limitation:

- (a) Recognizing the symptoms of pediatric cancer; and
- (b) Interpreting family history to determine whether such symptoms indicate a normal childhood illness or a condition that requires additional examination.

8. A holder of a license to practice medicine may not substitute the continuing education credits relating to suicide prevention and awareness required by this section for the purposes of satisfying an equivalent requirement for continuing education in ethics.

9. Except as otherwise provided in NRS 630.2535, a holder of a license to practice medicine may substitute not more than 2 hours of continuing education credits in pain management, care for persons with an addictive disorder or the screening, brief intervention and referral to treatment approach to substance use disorder for the purposes of satisfying an equivalent requirement for continuing education in ethics.



10. As used in this section:

- (a) “Act of terrorism” has the meaning ascribed to it in NRS 202.4415.
- (b) “Biological agent” has the meaning ascribed to it in NRS 202.442.
- (c) “Chemical agent” has the meaning ascribed to it in NRS 202.4425.
- (d) “Radioactive agent” has the meaning ascribed to it in NRS 202.4437.
- (e) “Weapon of mass destruction” has the meaning ascribed to it in NRS 202.4445.

Sec. 10. NRS 630.271 is hereby amended to read as follows:

630.271 1. A physician assistant *shall*:

(a) Obtain the informed consent of a patient or the representative of a patient before performing any medical service for the patient; and

(b) Only perform medical services listed in subsection 2 that are within the scope of practice of the physician assistant and which the physician assistant has the necessary education, training and experience to competently perform.

2. A physician assistant may perform ~~[such]~~ *the following* medical services ~~[as the physician assistant is authorized to perform by his or her supervising physician. Such services may include ordering home health care for a patient.]~~

~~—2.— The Board and supervising physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising physician is authorized to prescribe pursuant to state and federal law.] :~~

(a) Obtaining a history of the health of a patient.

(b) Performing a physical examination of a patient.



(c) Providing medical treatment, including, without limitation, evaluating, diagnosing, developing a treatment plan and managing a condition of a patient.

(d) Ordering, performing and interpreting a diagnostic test or therapeutic procedure, including, without limitation, assigning the test or procedure to another person who is authorized to perform the test or procedure and supervising that person.

(e) Educating a patient on how to maintain or improve his or her health and prevent disease.

(f) Providing a consultation to a patient or writing a medical order for a patient.

(g) Examining and reporting on the health or disability of a person for purposes relating to eligibility for a local, state or federal program.

(h) Providing his or her signature, certification, stamp, verification or endorsement when a signature, certification, stamp, verification or endorsement by a physician is required, if providing such a signature, certification, stamp, verification or endorsement is within the authorized scope of practice of a physician assistant.

(i) Planning and initiating a therapeutic regimen that includes, without limitation, ordering or prescribing the following items:

(1) Medical equipment;

(2) Programs concerning the nutrition of the patient;

(3) Whole human blood, plasma, blood product or blood derivative for the purpose of injection or transfusion; and

(4) Diagnostic support services, including, without limitation, home health care, hospice care or physical or occupational therapy.



(j) Prescribing, ordering, dispensing and administering any medical device or drug that is not a controlled substance or dangerous drug.

(k) Prescribing, ordering, dispensing and administering dangerous drugs or controlled substances in schedules II, III, IV or V in accordance with applicable state and federal law.

3. If a patient requires, may benefit from or requests a medical service that is beyond the scope of practice or experience, knowledge or ability of a physician assistant, the physician assistant shall collaborate with, consult with or refer the patient to another provider of health care who is authorized to perform the service.

4. As used in this section:

(a) "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

(b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(c) "Therapeutic regimen" means a program for the treatment of an illness that is integrated into the daily life of a patient.

Sec. 11. NRS 630.273 is hereby amended to read as follows:

630.273 The Board may issue a license *as a physician assistant* to an applicant who is qualified under the regulations of the Board . ~~to perform medical services under the supervision of a supervising physician.~~ The application for a license as a physician assistant must include all information required to complete the application.

Sec. 12. NRS 630.275 is hereby amended to read as follows:

630.275 The Board shall adopt regulations regarding the licensure of a physician assistant, including, but not limited to:



1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
3. The procedures for applications for and the issuance of licenses.
4. The procedures deemed necessary by the Board for applications for and the initial issuance of licenses by endorsement pursuant to NRS 630.2751 or 630.2752.
5. ~~{The tests or examinations of applicants required by the Board.~~
- ~~—6. The medical services which a physician assistant may perform, except that a physician assistant may not perform those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractic physicians, podiatric physicians and optometrists under chapters 631, 634, 635 and 636, respectively, of NRS, or as hearing aid specialists.~~
- ~~—7.}~~ The duration, renewal and termination of licenses, including licenses by endorsement. The Board shall not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its successor organization, or by any other nationally recognized organization for the accreditation of physician assistants to satisfy any continuing education requirements for the renewal of licenses.
- ~~{8.}~~ 6. The grounds and procedures respecting disciplinary actions against physician assistants.
- ~~{9. The supervision of medical services of a physician assistant by a supervising physician.~~
- ~~—10.}~~ 7. A physician assistant's use of equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics,



including, without limitation, through telehealth, from within or outside this State or the United States.

Sec. 13. NRS 630.3067 is hereby amended to read as follows:

630.3067 1. The insurer of a physician *or physician assistant* licensed under this chapter shall report to the Board:

(a) Any action for malpractice against the physician *or physician assistant* not later than 45 days after the physician *or physician assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the physician *or physician assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; and

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition.

2. The Board shall report any failure to comply with subsection 1 by an insurer licensed in this State to the Division of Insurance of the Department of Business and Industry. If, after a hearing, the Division of Insurance determines that any such insurer failed to comply with the requirements of subsection 1, the Division may impose an administrative fine of not more than \$10,000 against the insurer for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the Division.



Sec. 14. NRS 630.3068 is hereby amended to read as follows:

630.3068 1. A physician *or physician assistant* shall report to the Board:

(a) Any action for malpractice against the physician *or physician assistant* not later than 45 days after the physician *or physician assistant* receives service of a summons and complaint for the action;

(b) Any claim for malpractice against the physician *or physician assistant* that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation;

(c) Any settlement, award, judgment or other disposition of any action or claim described in paragraph (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition; and

(d) Any sanctions imposed against the physician *or physician assistant* that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed.

2. If the Board finds that a physician *or physician assistant* has violated any provision of this section, the Board may impose a fine of not more than \$5,000 against the physician *or physician assistant* for each violation, in addition to any other fines or penalties permitted by law.

3. All reports made by a physician *or physician assistant* pursuant to this section are public records.

Sec. 15. NRS 630.3069 is hereby amended to read as follows:

630.3069 If the Board receives a report pursuant to the provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that a judgment has been rendered or an award has been made against a



physician *or physician assistant* regarding an action or claim for malpractice or that such an action or claim against the physician *or physician assistant* has been resolved by settlement, the Board shall conduct an investigation to determine whether to impose disciplinary action against the physician *or physician assistant* regarding the action or claim, unless the Board has already commenced or completed such an investigation regarding the action or claim before it receives the report.

Sec. 16. NRS 630.318 is hereby amended to read as follows:

630.318 1. If the Board or any investigative committee of the Board has reason to believe that the conduct of any physician *or physician assistant* has raised a reasonable question as to his or her competence to practice medicine *or as a physician assistant, as applicable*, with reasonable skill and safety to patients, or if the Board has received a report pursuant to the provisions of NRS 630.3067, 630.3068 or 690B.250 indicating that a judgment has been rendered or an award has been made against a physician *or physician assistant* regarding an action or claim for malpractice or that such an action or claim against the physician *or physician assistant* has been resolved by settlement, the Board or committee may order that the physician *or physician assistant* undergo a mental or physical examination, an examination testing his or her competence to practice medicine *or as a physician assistant, as applicable*, or any other examination designated by the Board to assist the Board or committee in determining the fitness of the physician to practice medicine ~~or~~ *or the physician assistant to practice as a physician assistant, as applicable.*

2. For the purposes of this section:



(a) Every physician *or physician assistant* who applies for a license or who is licensed under this chapter shall be deemed to have given consent to submit to a mental or physical examination or an examination testing his or her competence to practice medicine *or as a physician assistant, as applicable*, when ordered to do so in writing by the Board or an investigative committee of the Board.

(b) The testimony or reports of a person who conducts an examination of a physician *or physician assistant* on behalf of the Board or an investigative committee of the Board pursuant to this section are not privileged communications.

3. Except in extraordinary circumstances, as determined by the Board, the failure of a physician *or physician assistant* licensed under this chapter to submit to an examination when directed as provided in this section constitutes an admission of the charges against the physician ~~or~~ *or physician assistant*.

Sec. 17. NRS 630.400 is hereby amended to read as follows:

630.400 1. It is unlawful for any person to:

- (a) Present to the Board as his or her own the diploma, license or credentials of another;
- (b) Give either false or forged evidence of any kind to the Board;
- (c) Practice medicine, perfusion or respiratory care under a false or assumed name or falsely personate another licensee;
- (d) Except as otherwise provided by a specific statute, practice medicine, perfusion or respiratory care without being licensed under this chapter;



(e) Hold himself or herself out as a perfusionist or use any other term indicating or implying that he or she is a perfusionist without being licensed by the Board;

(f) ~~Hold~~ *Except as otherwise provided in subsection 2, hold* himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant without being licensed by the Board; or

(g) Hold himself or herself out as a practitioner of respiratory care or use any other term indicating or implying that he or she is a practitioner of respiratory care without being licensed by the Board.

2. *A person who meets the qualifications for licensure as a physician assistant but who is not licensed pursuant to this chapter may refer to himself or herself as an inactive physician assistant.*

3. Unless a greater penalty is provided pursuant to NRS 200.830 or 200.840, a person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

↪ and shall be punished as provided in NRS 193.130.

~~3.1~~ 4. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of



subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Sec. 18. NRS 630.415 is hereby amended to read as follows:

630.415 1. A physician *or physician assistant* or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the physician *or physician assistant* or a person acting on behalf of the employee who in good faith:

(1) Reports to the Board of Medical Examiners information relating to the conduct of the physician *or physician assistant* which may constitute grounds for initiating disciplinary action against the physician *or physician assistant* or which otherwise raises a reasonable question regarding the competence of the physician to practice medicine with reasonable skill and safety to patients ~~or~~ *or the competence of the physician assistant to practice as a physician assistant with reasonable skill and safety to patients, as applicable;* or



(2) Reports a sentinel event to the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 439.835;

(b) A registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician *or physician assistant* and who:

(1) In good faith, reports to the physician ~~H~~ *or physician assistant*, the Board of Medical Examiners, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:

(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse, nursing assistant or medication aide - certified which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the physician *or physician assistant* or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

(III) Any other concerns regarding the physician ~~H~~ *or physician assistant*, the agents and employees thereof or any situation that reasonably could result in harm to patients; or

(2) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of



chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to disciplinary action by the State Board of Nursing; or

(c) An employee of the physician ~~H~~ *or physician assistant*, a person acting on behalf of the employee or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician *or physician assistant* and who cooperates or otherwise participates in an investigation or proceeding conducted by the Board of Medical Examiners or another governmental entity relating to conduct described in paragraph (a) or (b).

2. A physician *or physician assistant* or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the physician *or physician assistant* or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certificate who is employed by or contracts to provide nursing services for the physician *or physician assistant* because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified has taken an action described in subsection 1.

3. A physician *or physician assistant* or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the physician *or physician assistant* or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician *or physician assistant* to take an action described in subsection 1.

4. As used in this section:



(a) “Good faith” means honesty in fact in the reporting of the information or in the cooperation of the investigation concerned.

(b) “Retaliate or discriminate”:

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified took an action described in subsection 1:

(I) Frequent or undesirable changes in the location where the person works;

(II) Frequent or undesirable transfers or reassignments;

(III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;

(IV) A demotion;

(V) A reduction in pay;

(VI) The denial of a promotion;

(VII) A suspension;

(VIII) A dismissal;

(IX) A transfer; or

(X) Frequent changes in working hours or workdays.

(2) Does not include an action described in sub-subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

Sec. 19. NRS 630.417 is hereby amended to read as follows:



630.417 1. An employee of a physician *or physician assistant* or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the physician *or physician assistant* and who believes that he or she has been retaliated or discriminated against in violation of NRS 630.415 may file an action in a court of competent jurisdiction.

2. If a court determines that a violation of NRS 630.415 has occurred, the court may award such damages as it determines to have resulted from the violation, including, without limitation:

(a) Compensatory damages;

(b) Reimbursement of any wages, salary, employment benefits or other compensation denied to or lost by the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified as a result of the violation;

(c) Attorney's fees and costs, including, without limitation, fees for expert witnesses; and

(d) Punitive damages, if the facts warrant.

3. The court shall award interest on the amount of damages at a rate determined pursuant to NRS 17.130.

4. The court may grant any equitable relief it considers appropriate, including, without limitation, reinstatement of the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified and any temporary, preliminary or permanent injunctive relief.

5. If any action to retaliate or discriminate is taken against an employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified within 60 days after the



employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified takes any action described in subsection 1 of NRS 630.415, there is a rebuttable presumption that the action taken against the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified constitutes retaliation or discrimination in violation of NRS 630.415.

6. A physician *or physician assistant* or any agent or employee thereof that violates the provisions of NRS 630.415 is subject to a civil penalty of not more than \$10,000 for each violation. The Attorney General or any district attorney of this State may recover the penalty in a civil action brought in the name of the State of Nevada in any court of competent jurisdiction.

7. Any action under this section must be brought not later than 2 years after the date of the last event constituting the alleged violation for which the action is brought.

8. As used in this section, “retaliate or discriminate” has the meaning ascribed to it in NRS 630.415.

Sec. 20. NRS 630A.090 is hereby amended to read as follows:

630A.090 1. This chapter does not apply to:

(a) The practice of dentistry, chiropractic, Oriental medicine, podiatry, optometry, perfusion, respiratory care, faith or Christian Science healing, nursing, veterinary medicine or fitting hearing aids.

(b) A medical officer of the Armed Forces or a medical officer of any division or department of the United States in the discharge of his or her official duties, including, without limitation, providing medical care in a hospital in accordance with an agreement entered into pursuant to NRS 449.2455.



(c) Licensed or certified nurses in the discharge of their duties as nurses.

(d) Homeopathic physicians who are called into this State, other than on a regular basis, for consultation or assistance to any physician licensed in this State, and who are legally qualified to practice in the state or country where they reside.

(e) Physician assistants licensed pursuant to chapter 630 or 633 of NRS.

2. This chapter does not repeal or affect any statute of Nevada regulating or affecting any other healing art.

3. This chapter does not prohibit:

(a) Gratuitous services of a person in case of emergency.

(b) The domestic administration of family remedies.

4. This chapter does not authorize a homeopathic physician to practice medicine, including allopathic medicine, except as otherwise provided in NRS 630A.040.

Sec. 21. NRS 632.473 is hereby amended to read as follows:

632.473 1. A nurse licensed pursuant to the provisions of this chapter, while working at an institution of the Department of Corrections, may treat patients, including the administration of a dangerous drug, poison or related device, pursuant to orders given by a physician assistant if those orders are given pursuant to a protocol approved by the Board of Medical Examiners . ~~and the supervising physician. The orders must be cosigned by the supervising physician or another physician within 72 hours after treatment.~~

2. A copy of the protocol under which orders are given by a physician assistant must be available at the institution for review by the nurse.



3. ~~[This section does not authorize a physician assistant to give orders for the administration of any controlled substance.]~~

~~—4.]~~ For the purposes of this section:

(a) “Physician assistant” means a physician assistant licensed by the Board of Medical Examiners pursuant to chapter 630 of NRS who:

- (1) Is employed at an institution of the Department of Corrections;
- (2) Has been awarded a bachelor’s degree from a college or university recognized by the Board of Medical Examiners; and
- (3) Has received at least 40 hours of instruction regarding the prescription of medication as a part of either his or her basic educational qualifications or a program of continuing education approved by the Board of Medical Examiners.

(b) “Protocol” means the written directions for the assessment and management of specified medical conditions, including the drugs and devices the physician assistant is authorized to order ~~. [which the physician assistant and the supervising physician have agreed upon as a basis for their practice.]~~

~~—(c) “Supervising physician” has the meaning ascribed to it in NRS 630.025.]~~

Sec. 22. NRS 632.474 is hereby amended to read as follows:

632.474 A registered nurse who is authorized by a physician, *physician assistant* or advanced practice registered nurse pursuant to NRS 440.415 may make a pronouncement of death.

Sec. 23. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:



1. A physician assistant shall practice at:

(a) A medical facility, any other facility licensed pursuant to chapter 449 of NRS or any facility that has established a system for evaluating the credentials of and granting practice privileges to physician assistants;

(b) A facility or medical practice owned by a physician or osteopathic physician or a group of physicians or osteopathic physicians;

(c) A federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B);

(d) A correctional facility or institution;

(e) A state, county, city or district health department; or

(f) Any other location authorized by regulation of the Board.

2. A physician assistant who has practiced as a physician assistant for less than 4,000 hours shall enter into a written collaborative agreement with an osteopathic physician that prescribes the manner in which the osteopathic physician and physician assistant will collaborate. Upon request of the Board, the physician assistant shall provide the collaborative agreement to the Board.

Sec. 24. NRS 633.107 is hereby amended to read as follows:

633.107 “Physician assistant” means a person who is a graduate of an academic program approved by the Board or who, by general education, practical training and experience determined to be satisfactory by the Board, is qualified to perform medical services ~~under the supervision of a supervising osteopathic physician~~ and who has been issued a license by the Board.

Sec. 25. NRS 633.161 is hereby amended to read as follows:



633.161 1. Osteopathic physicians *and physician assistants* have the same rights as physicians *or physician assistants, as applicable*, of other schools of medicine in all respects, including but not limited to the treatment of patients and the holding of offices in public institutions.

2. All state and local government regulations relative to the reporting of births and deaths in any matter pertaining to the public health apply to osteopathic physicians *and physician assistants* with the same effect as to physicians *or physician assistants, as applicable*, of other schools of medicine. Such reports by osteopathic physicians *and physician assistants* shall be accepted by the officers of the agency to which they are made.

Sec. 26. NRS 633.432 is hereby amended to read as follows:

633.432 1. A physician assistant *shall:*

(a) Obtain the informed consent of a patient or the representative of a patient before performing any medical service for the patient; and

(b) Only perform medical services listed in subsection 2 that are within the scope of practice of the physician assistant and which the physician assistant has the necessary education, training and experience to competently perform the service.

2. *A physician assistant* may perform ~~[such]~~ *the following* medical services ~~[as the physician assistant is authorized to perform by his or her supervising osteopathic physician and are within the supervising osteopathic physician's scope of practice. Such services may include ordering home health care for a patient.]~~



~~—2. The Board and supervising osteopathic physician shall limit the authority of a physician assistant to prescribe controlled substances to those schedules of controlled substances that the supervising osteopathic physician is authorized to prescribe pursuant to state and federal law.] :~~

- (a) Obtaining a history of the health of a patient.*
- (b) Performing a physical examination of a patient.*
- (c) Providing medical treatment, including, without limitation, evaluating, diagnosing, developing a treatment plan and managing a condition of a patient.*
- (d) Ordering, performing and interpreting a diagnostic test or therapeutic procedure, including, without limitation, assigning the test or procedure to another person who is authorized to perform the test or procedure and supervising that person.*
- (e) Educating a patient on how to maintain or improve his or her health and prevent disease.*
- (f) Providing a consultation to a patient or writing a medical order for a patient.*
- (g) Examining and reporting on the health or disability of a person for purposes relating to eligibility for a local, state or federal program.*
- (h) Providing his or her signature, certification, stamp, verification or endorsement when a signature, certification, stamp, verification or endorsement by an osteopathic physician is required, if providing such a signature, certification, stamp, verification or endorsement is within the authorized scope of practice of a physician assistant.*
- (i) Planning and initiating a therapeutic regimen that includes, without limitation, ordering or prescribing the following items:*

- (1) Medical equipment;*



- (2) Programs concerning the nutrition of the patient;*
- (3) Whole human blood, plasma, blood product or blood derivative for the purpose of injection or transfusion; and*
- (4) Diagnostic support services, including, without limitation, home health care, hospice care or physical or occupational therapy.*
- (j) Prescribing, ordering, dispensing and administering any medical device or drug that is not a controlled substance or dangerous drug.*
- (k) Prescribing, ordering, dispensing and administering dangerous drugs or controlled substances in schedules II, III, IV or V in accordance with applicable state and federal law.*
- 3. If a patient requires, may benefit from or requests a medical service that is beyond the scope of practice or experience, knowledge or ability of a physician assistant, the physician assistant shall collaborate with, consult with or refer the patient to another provider of health care who is authorized to perform the service.*
- 4. As used in this section:*
- (a) "Dangerous drug" has the meaning ascribed to it in NRS 454.201.*
- (b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.*
- (c) "Therapeutic regimen" means a program for the treatment of an illness that is integrated into the daily life of a patient.*

Sec. 27. NRS 633.433 is hereby amended to read as follows:

633.433 The Board may issue a license as a physician assistant to an applicant who is qualified under the regulations of the Board . ~~to perform medical services under the supervision~~



~~of a supervising osteopathic physician.}~~ The application for a license as a physician assistant must include all information required to complete the application.

Sec. 28. NRS 633.434 is hereby amended to read as follows:

633.434 The Board shall adopt regulations regarding the licensure of a physician assistant, including, without limitation:

1. The educational and other qualifications of applicants.
2. The required academic program for applicants.
3. The procedures for applications for and the issuance of licenses.
4. The procedures deemed necessary by the Board for applications for and the issuance of initial licenses by endorsement pursuant to NRS 633.4335 and 633.4336.

5. ~~{The tests or examinations of applicants by the Board.~~

~~—6.— The medical services which a physician assistant may perform, except that a physician assistant may not perform osteopathic manipulative therapy or those specific functions and duties delegated or restricted by law to persons licensed as dentists, chiropractic physicians, doctors of Oriental medicine, podiatric physicians, optometrists and hearing aid specialists under chapters 631, 634, 634A, 635, 636 and 637B, respectively, of NRS.~~

~~—7.}~~ The grounds and procedures respecting disciplinary actions against physician assistants.

~~{8.— The supervision of medical services of a physician assistant by a supervising osteopathic physician.}~~

Sec. 29. NRS 633.442 is hereby amended to read as follows:

633.442 ~~{4.}~~ A physician assistant shall:



~~[(a)]~~ 1. Keep his or her license available for inspection at his or her primary place of business;
and

~~[(b)]~~ 2. When engaged in professional duties, identify himself or herself as a physician assistant.

~~[(2) A physician assistant shall not bill a patient separately from his or her supervising osteopathic physician.]~~

Sec. 30. NRS 633.471 is hereby amended to read as follows:

633.471 1. Except as otherwise provided in subsection 14 and NRS 633.491, every holder of a license ~~[(except a physician assistant)]~~ issued under this chapter, except a temporary or a special license, may renew the license on or before January 1 of each calendar year after its issuance by:

- (a) Applying for renewal on forms provided by the Board;
- (b) Paying the annual license renewal fee specified in this chapter;
- (c) Submitting a list of all actions filed or claims submitted to arbitration or mediation for malpractice or negligence against the holder during the previous year;
- (d) Subject to subsection 13, submitting evidence to the Board that in the year preceding the application for renewal the holder has attended courses or programs of continuing education approved by the Board in accordance with regulations adopted by the Board totaling a number of hours established by the Board which must not be less than 35 hours nor more than that set in the requirements for continuing medical education of the American Osteopathic Association; and
- (e) Submitting all information required to complete the renewal.



2. The Secretary of the Board shall notify each licensee of the requirements for renewal not less than 30 days before the date of renewal.

3. The Board shall request submission of verified evidence of completion of the required number of hours of continuing medical education annually from no fewer than one-third of the applicants for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant. Subject to subsection 13, upon a request from the Board, an applicant for renewal of a license to practice osteopathic medicine or a license to practice as a physician assistant shall submit verified evidence satisfactory to the Board that in the year preceding the application for renewal the applicant attended courses or programs of continuing medical education approved by the Board totaling the number of hours established by the Board.

4. The Board shall require each holder of a license to practice osteopathic medicine to complete a course of instruction within 2 years after initial licensure that provides at least 2 hours of instruction on evidence-based suicide prevention and awareness as described in subsection 9.

5. The Board shall encourage each holder of a license to practice osteopathic medicine to receive, as a portion of his or her continuing education, training concerning methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug.

6. The Board shall encourage each holder of a license to practice osteopathic medicine or as a physician assistant to receive, as a portion of his or her continuing education, training and education in the diagnosis of rare diseases, including, without limitation:



- (a) Recognizing the symptoms of pediatric cancer; and
- (b) Interpreting family history to determine whether such symptoms indicate a normal childhood illness or a condition that requires additional examination.

7. The Board shall require, as part of the continuing education requirements approved by the Board, the biennial completion by a holder of a license to practice osteopathic medicine of at least 2 hours of continuing education credits in ethics, pain management, care of persons with addictive disorders or the screening, brief intervention and referral to treatment approach to substance use disorder.

8. The continuing education requirements approved by the Board must allow the holder of a license as an osteopathic physician or physician assistant to receive credit toward the total amount of continuing education required by the Board for the completion of a course of instruction relating to genetic counseling and genetic testing.

9. The Board shall require each holder of a license to practice osteopathic medicine to receive as a portion of his or her continuing education at least 2 hours of instruction every 4 years on evidence-based suicide prevention and awareness which may include, without limitation, instruction concerning:

- (a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;
- (b) Approaches to engaging other professionals in suicide intervention; and
- (c) The detection of suicidal thoughts and ideations and the prevention of suicide.



10. A holder of a license to practice osteopathic medicine may not substitute the continuing education credits relating to suicide prevention and awareness required by this section for the purposes of satisfying an equivalent requirement for continuing education in ethics.

11. The Board shall require each holder of a license to practice osteopathic medicine to complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

12. The Board shall require each psychiatrist or a physician assistant practicing ~~under the supervision of a psychiatrist~~ *in the specialty of psychiatry* to biennially complete one or more courses of instruction that provide at least 2 hours of instruction relating to cultural competency and diversity, equity and inclusion. Such instruction:

- (a) May include the training provided pursuant to NRS 449.103, where applicable.
- (b) Must be based upon a range of research from diverse sources.
- (c) Must address persons of different cultural backgrounds, including, without limitation:
 - (1) Persons from various gender, racial and ethnic backgrounds;
 - (2) Persons from various religious backgrounds;
 - (3) Lesbian, gay, bisexual, transgender and questioning persons;
 - (4) Children and senior citizens;
 - (5) Veterans;
 - (6) Persons with a mental illness;
 - (7) Persons with an intellectual disability, developmental disability or physical disability;

and



(8) Persons who are part of any other population that a psychiatrist or physician assistant practicing ~~under the supervision of a psychiatrist~~ *in the specialty of psychiatry* may need to better understand, as determined by the Board.

13. The Board shall not require a physician assistant to receive or maintain certification by the National Commission on Certification of Physician Assistants, or its successor organization, or by any other nationally recognized organization for the accreditation of physician assistants to satisfy any continuing education requirement pursuant to paragraph (d) of subsection 1 and subsection 3.

14. Members of the Armed Forces of the United States and the United States Public Health Service are exempt from payment of the annual license renewal fee during their active duty status.

Sec. 31. NRS 633.521 is hereby amended to read as follows:

633.521 An osteopathic physician *or physician assistant* is not subject to disciplinary action solely for:

1. Prescribing or administering to a patient under his or her care:

(a) Amygdalin (laetrile), if the patient has consented to the use of the substance.

(b) Procaine hydrochloride with preservatives and stabilizers (Gerovital H3).

(c) A controlled substance which is listed in schedule II, III, IV or V by the State Board of Pharmacy pursuant to NRS 453.146, if the controlled substance is lawfully prescribed or administered for the treatment of intractable pain in accordance with the provisions of NRS 639.23507 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto and the accepted standards for the practice of osteopathic medicine.



2. Engaging in any activity in accordance with the provisions of chapter 678C of NRS.

Sec. 32. NRS 633.741 is hereby amended to read as follows:

633.741 1. It is unlawful for any person to:

(a) Except as otherwise provided in NRS 629.091, practice:

(1) Osteopathic medicine without a valid license to practice osteopathic medicine under this chapter;

(2) As a physician assistant without a valid license under this chapter; or

(3) Beyond the limitations ordered upon his or her practice by the Board or the court;

(b) Present as his or her own the diploma, license or credentials of another;

(c) Give either false or forged evidence of any kind to the Board or any of its members in connection with an application for a license;

(d) File for record the license issued to another, falsely claiming himself or herself to be the person named in the license, or falsely claiming himself or herself to be the person entitled to the license;

(e) Practice osteopathic medicine or practice as a physician assistant under a false or assumed name or falsely personate another licensee of a like or different name; *or*

(f) ~~Hold~~ *Except as otherwise provided in subsection 2, hold* himself or herself out as a physician assistant or use any other term indicating or implying that he or she is a physician assistant, unless the person has been licensed by the Board as provided in this chapter. ~~for~~

~~—(g) Supervise a person as a physician assistant before such person is licensed as provided in this chapter.~~



2. *A person who meets the qualifications for licensure as a physician assistant prescribed by the Board but who is not licensed pursuant to this chapter may refer to himself or herself as an inactive physician assistant.*

3. A person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

↪ and shall be punished as provided in NRS 193.130, unless a greater penalty is provided pursuant to NRS 200.830 or 200.840.

~~13.1~~ 4. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or otherwise demonstrates that he or she is no longer in violation of subsection 1. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).



Sec. 33. NRS 633.750 is hereby amended to read as follows:

633.750 1. An osteopathic physician *or physician assistant* or any agent or employee thereof shall not retaliate or discriminate unfairly against:

(a) An employee of the osteopathic physician *or physician assistant* or a person acting on behalf of the employee who in good faith:

(1) Reports to the State Board of Osteopathic Medicine information relating to the conduct of the osteopathic physician *or physician assistant* which may constitute grounds for initiating disciplinary action against the osteopathic physician *or physician assistant* or which otherwise raises a reasonable question regarding the competence of the osteopathic physician to practice medicine with reasonable skill and safety to patients ~~H~~ *or the competence of the physician assistant to practice as a physician assistant with reasonable skill and safety to patients, as applicable;* or

(2) Reports a sentinel event to the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to NRS 439.835;

(b) A registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician *or physician assistant* and who:

(1) In good faith, reports to the osteopathic physician ~~H~~ *or physician assistant*, the State Board of Osteopathic Medicine, the State Board of Nursing, the Legislature or any committee thereof or any other governmental entity:



(I) Any information concerning the willful conduct of another registered nurse, licensed practical nurse, nursing assistant or medication aide - certified which violates any provision of chapter 632 of NRS or which is required to be reported to the State Board of Nursing;

(II) Any concerns regarding patients who may be exposed to a substantial risk of harm as a result of the failure of the osteopathic physician *or physician assistant* or any agent or employee thereof to comply with minimum professional or accreditation standards or applicable statutory or regulatory requirements; or

(III) Any other concerns regarding the osteopathic physician *or physician assistant*, the agents and employees thereof or any situation that reasonably could result in harm to patients; or

(2) Refuses to engage in conduct that would violate the duty of the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to protect patients from actual or potential harm, including, without limitation, conduct which would violate any provision of chapter 632 of NRS or which would subject the registered nurse, licensed practical nurse, nursing assistant or medication aide - certified to disciplinary action by the State Board of Nursing; or

(c) An employee of the osteopathic physician *or physician assistant*, a person acting on behalf of the employee or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician *or physician assistant* and who cooperates or otherwise participates in an investigation or proceeding conducted by the State Board of Osteopathic Medicine or another governmental entity relating to conduct described in paragraph (a) or (b).



2. An osteopathic physician *or physician assistant* or any agent or employee thereof shall not retaliate or discriminate unfairly against an employee of the osteopathic physician *or physician assistant* or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician *or physician assistant* because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified has taken an action described in subsection 1.

3. An osteopathic physician *or physician assistant* or any agent or employee thereof shall not prohibit, restrict or attempt to prohibit or restrict by contract, policy, procedure or any other manner the right of an employee of the osteopathic physician *or physician assistant* or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician *or physician assistant* to take an action described in subsection 1.

4. As used in this section:

(a) “Good faith” means honesty in fact in the reporting of the information or in the cooperation in the investigation concerned.

(b) “Retaliate or discriminate”:

(1) Includes, without limitation, any of the following actions if taken solely because the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified took an action described in subsection 1:

(I) Frequent or undesirable changes in the location where the person works;

(II) Frequent or undesirable transfers or reassignments;



(III) The issuance of letters of reprimand, letters of admonition or evaluations of poor performance;

(IV) A demotion;

(V) A reduction in pay;

(VI) The denial of a promotion;

(VII) A suspension;

(VIII) A dismissal;

(IX) A transfer; or

(X) Frequent changes in working hours or workdays.

(2) Does not include an action described in sub-subparagraphs (I) to (X), inclusive, of subparagraph (1) if the action is taken in the normal course of employment or as a form of discipline.

Sec. 34. NRS 633.755 is hereby amended to read as follows:

633.755 1. An employee of an osteopathic physician *or physician assistant* or a registered nurse, licensed practical nurse, nursing assistant or medication aide - certified who is employed by or contracts to provide nursing services for the osteopathic physician *or physician assistant* and who believes that he or she has been retaliated or discriminated against in violation of NRS 633.750 may file an action in a court of competent jurisdiction.

2. If a court determines that a violation of NRS 633.750 has occurred, the court may award such damages as it determines to have resulted from the violation, including, without limitation:

(a) Compensatory damages;



(b) Reimbursement of any wages, salary, employment benefits or other compensation denied to or lost by the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified as a result of the violation;

(c) Attorney's fees and costs, including, without limitation, fees for expert witnesses; and

(d) Punitive damages, if the facts warrant.

3. The court shall award interest on the amount of damages at a rate determined pursuant to NRS 17.130.

4. The court may grant any equitable relief it considers appropriate, including, without limitation, reinstatement of the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified and any temporary, preliminary or permanent injunctive relief.

5. If any action to retaliate or discriminate is taken against an employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified within 60 days after the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified takes any action described in subsection 1 of NRS 633.750, there is a rebuttable presumption that the action taken against the employee, registered nurse, licensed practical nurse, nursing assistant or medication aide - certified constitutes retaliation or discrimination in violation of NRS 633.750.

6. An osteopathic physician *or physician assistant* or any agent or employee thereof that violates the provisions of NRS 633.750 is subject to a civil penalty of not more than \$10,000 for each violation. The Attorney General or any district attorney of this State may recover the penalty in a civil action brought in the name of the State of Nevada in any court of competent jurisdiction.



7. Any action under this section must be brought not later than 2 years after the date of the last event constituting the alleged violation for which the action is brought.

8. As used in this section, “retaliate or discriminate” has the meaning ascribed to it in NRS 633.750.

Sec. 35. NRS 639.0125 is hereby amended to read as follows:

639.0125 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State;

2. A hospital, pharmacy or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or administer drugs in the course of professional practice or research in this State;

3. An advanced practice registered nurse who has been authorized to prescribe controlled substances, poisons, dangerous drugs and devices;

4. A physician assistant who:

(a) Holds a license issued by the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices ; ~~under the supervision of a physician as required by chapter 630 of NRS;~~

5. A physician assistant who:

(a) Holds a license issued by the State Board of Osteopathic Medicine; and



(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices ; ~~under the supervision of an osteopathic physician as required by chapter 633 of NRS;~~ or

6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification.

Sec. 36. NRS 639.1373 is hereby amended to read as follows:

639.1373 1. A physician assistant licensed pursuant to chapter 630 or 633 of NRS may, if authorized by the Board, possess, administer, prescribe or dispense controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices ~~in or out of the presence of his or her supervising physician~~ only to the extent and subject to the limitations specified in the registration certificate issued to the physician assistant by the Board pursuant to this section.

2. Each physician assistant licensed pursuant to chapter 630 or 633 of NRS who is authorized by his or her physician assistant's license issued by the Board of Medical Examiners or by the State Board of Osteopathic Medicine, respectively, to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices must apply for and obtain a registration certificate from the Board, pay a fee to be set by regulations adopted by the Board and pass an examination administered by the Board on the law relating to pharmacy before the physician assistant can possess, administer, prescribe or dispense



controlled substances, or possess, administer, prescribe or dispense poisons, dangerous drugs or devices.

3. The Board shall consider each application separately and may, even though the physician assistant's license issued by the Board of Medical Examiners or by the State Board of Osteopathic Medicine authorizes the physician assistant to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs and devices:

(a) Refuse to issue a registration certificate;

(b) Issue a registration certificate limiting the authority of the physician assistant to possess, administer, prescribe or dispense controlled substances, or to possess, administer, prescribe or dispense poisons, dangerous drugs or devices, the area in which the physician assistant may possess controlled substances, poisons, dangerous drugs and devices, or the kind and amount of controlled substances, poisons, dangerous drugs and devices; or

(c) Issue a registration certificate imposing other limitations or restrictions which the Board feels are necessary and required to protect the health, safety and welfare of the public.

4. ~~If the registration of the physician assistant licensed pursuant to chapter 630 or 633 of NRS is suspended or revoked, the physician's controlled substance registration may also be suspended or revoked.~~

~~—5.]~~ The Board shall adopt regulations controlling the maximum amount to be administered, possessed and dispensed, and the storage, security, recordkeeping and transportation of controlled substances and the maximum amount to be administered, possessed, prescribed and dispensed and the storage, security, recordkeeping and transportation of poisons, dangerous drugs and devices by



physician assistants licensed pursuant to chapter 630 or 633 of NRS. In the adoption of those regulations, the Board shall consider, but is not limited to, the following:

- (a) The area in which the physician assistant is to operate;
 - (b) The population of that area;
 - (c) ~~{The experience and training of the physician assistant;~~
 - ~~—(d)}~~ The distance to the nearest hospital and physician; and
 - ~~{(e)}~~ (d) The effect on the health, safety and welfare of the public.
- ~~{6. For the purposes of this section, the term “supervising physician” includes a supervising osteopathic physician as defined in chapter 633 of NRS.}~~

Sec. 37. NRS 639.2327 is hereby amended to read as follows:

639.2327 A facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services and is registered with the Board pursuant to this chapter may maintain a stock of drugs for emergency treatment of inpatients, subject to the following conditions:

1. The Board shall by regulation determine the specific drugs and the quantities thereof which may be maintained.
2. The emergency stock of drugs must be maintained at all times in a solid, sealed container and the seal must remain intact except when the drugs are needed for emergency treatment of a patient in the facility. The sealed container must be stored at all times in a locked compartment on the premises of the facility.



3. All drugs delivered to a facility must be signed for by the nurse or other person in charge. An inventory of the stock of drugs must be appended to the sealed container. Immediately after the drugs are needed, the physician , *physician assistant* or registered nurse who breaks the seal shall enter on the inventory sheet the following information:

- (a) The date and time the sealed container is opened;
- (b) The name of the patient for whom the drugs are to be used;
- (c) The name of the patient's physician , *physician assistant or advanced practice registered nurse* or the physician , *physician assistant or advanced practice registered nurse* who directs the administration of the drugs, if different;
- (d) An itemization of the drugs removed; and
- (e) The signature of the person who opened the sealed container.

4. When the drugs have been removed and the information required by subsection 3 has been entered on the inventory, the physician , *physician assistant* or registered nurse shall immediately replace the container in a locked compartment and shall notify the pharmaceutical consultant, as soon as it is practical to do so, that the container has been opened.

5. The sealed container and its contents at all times remain the responsibility of the pharmaceutical consultant. Upon being notified that the sealed container has been opened, or on the next business day if notification is not received during business hours, but in no event more than 48 hours following receipt of the notification, the pharmaceutical consultant shall:

- (a) Examine the inventory sheet;
- (b) Replace the drugs removed;



- (c) Secure a written prescription for the drugs replaced, if one is required by law;
 - (d) Enter the name and quantity of the drugs so replaced on the inventory sheet, together with the date and time of replacement;
 - (e) Reseal the container; and
 - (f) Sign the inventory sheet.
6. No person other than a licensed physician , *licensed physician assistant* or registered nurse may open the container or remove any drugs from the container.
7. The Board, its agents and inspectors may at all times have access to the premises of the facility to determine compliance with this section.

Sec. 38. NRS 639.2589 is hereby amended to read as follows:

639.2589 1. The form used for any prescription which is issued or intended to be filled in this state must contain a line for the signature of the practitioner.

2. Substitutions may be made in filling prescriptions contained in the orders of a physician, *of a physician assistant who is a practitioner* or of an advanced practice registered nurse who is a practitioner, in a facility for skilled nursing or facility for intermediate care.

3. Substitutions may be made in filling prescriptions for drugs ordered on a patient's chart in a hospital if the hospital's medical staff has approved a formulary for specific generic substitutions.

4. Substitutions may be made in filling prescriptions for biological products ordered on a patient's chart in a hospital if the hospital's medical staff has approved a formulary for specific interchangeable biological products.

Sec. 39. NRS 640E.090 is hereby amended to read as follows:



640E.090 1. The provisions of this chapter do not apply to:

(a) Any person who is licensed or registered in this State as a physician pursuant to chapter 630, 630A or 633 of NRS, *a physician assistant pursuant to chapter 630 or 633 of NRS*, dentist, nurse, dispensing optician, optometrist, occupational therapist, practitioner of respiratory care, physical therapist, podiatric physician, psychologist, marriage and family therapist, chiropractic physician, athletic trainer, massage therapist, reflexologist, structural integration practitioner, perfusionist, doctor of Oriental medicine in any form, medical laboratory director or technician or pharmacist who:

- (1) Practices within the scope of that license or registration;
- (2) Does not represent that he or she is a licensed dietitian or registered dietitian; and
- (3) Provides nutrition information incidental to the practice for which he or she is licensed or registered.

(b) A student enrolled in an educational program accredited by the Accreditation Council for Education in Nutrition and Dietetics, or its successor organization, if the student engages in the practice of dietetics under the supervision of a licensed dietitian or registered dietitian as part of that educational program.

(c) A registered dietitian employed by the Armed Forces of the United States, the United States Department of Veterans Affairs or any division or department of the Federal Government in the discharge of his or her official duties, including, without limitation, the practice of dietetics or providing nutrition services.



(d) A person who furnishes nutrition information, provides recommendations or advice concerning nutrition, or markets food, food materials or dietary supplements and provides nutrition information, recommendations or advice related to that marketing, if the person does not represent that he or she is a licensed dietitian or registered dietitian. While performing acts described in this paragraph, a person shall be deemed not to be engaged in the practice of dietetics or the providing of nutrition services.

(e) A person who provides services relating to weight loss or weight control through a program reviewed by and in consultation with a licensed dietitian, ~~or~~ physician *or physician assistant* or a dietitian licensed or registered in another state which has equivalent licensure requirements as this State, as long as the person does not change the services or program without the approval of the person with whom he or she is consulting.

2. As used in this section, “nutrition information” means information relating to the principles of nutrition and the effect of nutrition on the human body, including, without limitation:

- (a) Food preparation;
- (b) Food included in a normal daily diet;
- (c) Essential nutrients required by the human body and recommended amounts of essential nutrients, based on nationally established standards;
- (d) The effect of nutrients on the human body and the effect of deficiencies in or excess amounts of nutrients in the human body; and
- (e) Specific foods or supplements that are sources of essential nutrients.

Sec. 40. NRS 641A.410 is hereby amended to read as follows:



641A.410 1. It is unlawful for any person to engage in the practice of marriage and family therapy or the practice of clinical professional counseling unless the person is licensed under the provisions of this chapter.

2. The provisions of this chapter do not:

(a) Prevent any licensed physician, *licensed physician assistant*, licensed nurse, licensed psychologist, certified alcohol or drug counselor or other person licensed or certified by the State from carrying out the functions permitted by the respective license or certification if the person does not hold himself or herself out to the public by any title and description of service likely to cause confusion with the titles and descriptions of service set forth in this chapter.

(b) Apply to any activity or service of a student who is obtaining a professional education as recognized by the Board if the activity or service constitutes a part of the student's supervised course of study, the activities are supervised by a licensee under this chapter and the student is designated by the title "intern in marriage and family therapy" or any other title which clearly indicates his or her status as a student.

(c) Apply to any activity or service of an intern while obtaining the experience required for licensing as a marriage and family therapist or a clinical professional counselor.

(d) Apply to a licensed or ordained minister in good standing with his or her denomination whose duty is primarily to serve his or her congregation and whose practice of marriage and family therapy or clinical professional counseling is incidental to other duties if the minister does not hold himself or herself out to the public by any title or description of service that is likely to cause confusion with the titles and descriptions or services set forth in this chapter.



Sec. 41. NRS 641C.130 is hereby amended to read as follows:

641C.130 The provisions of this chapter do not apply to:

1. A physician *or physician assistant* who is licensed pursuant to the provisions of chapter 630 or 633 of NRS;
2. A nurse who is licensed pursuant to the provisions of chapter 632 of NRS and is authorized by the State Board of Nursing to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling;
3. A psychologist who is licensed pursuant to the provisions of chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;
4. A clinical professional counselor or clinical professional counselor intern who is licensed pursuant to chapter 641A of NRS;
5. A marriage and family therapist or marriage and family therapist intern who is licensed pursuant to the provisions of chapter 641A of NRS and is authorized by the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling;
6. A person who is:
 - (a) Licensed as:
 - (1) A clinical social worker pursuant to the provisions of chapter 641B of NRS; or



(2) A master social worker or an independent social worker pursuant to the provisions of chapter 641B of NRS and is engaging in clinical social work as part of an internship program approved by the Board of Examiners for Social Workers; and

(b) Authorized by the Board of Examiners for Social Workers to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling; or

7. A person who provides or supervises the provision of peer recovery support services in accordance with NRS 433.622 to 433.641, inclusive.

Sec. 42. NRS 641C.430 is hereby amended to read as follows:

641C.430 The Board may issue a certificate as a problem gambling counselor to:

1. A person who:

(a) Is not less than 21 years of age;

(b) Has received a bachelor's degree, master's degree or a doctoral degree from an accredited college or university in a field of social science approved by the Board;

(c) Has completed not less than 60 hours of training specific to problem gambling approved by the Board;

(d) Has completed at least 2,000 hours of supervised counseling of persons with an addictive disorder related to gambling in a setting approved by the Board;

(e) Passes the written and oral examination prescribed by the Board pursuant to NRS 641C.290;

(f) Presents himself or herself when scheduled for an interview at a meeting of the Board;



- (g) Pays the fees required pursuant to NRS 641C.470; and
- (h) Submits all information required to complete an application for a certificate.

2. A person who:

(a) Is not less than 21 years of age;

(b) Is licensed as:

(1) A clinical social worker pursuant to chapter 641B of NRS;

(2) A clinical professional counselor pursuant to chapter 641A of NRS;

(3) A marriage and family therapist pursuant to chapter 641A of NRS;

(4) A physician *or physician assistant* pursuant to chapter 630 of NRS;

(5) A nurse pursuant to chapter 632 of NRS and has received a master's degree or a doctoral degree from an accredited college or university;

(6) A psychologist pursuant to chapter 641 of NRS;

(7) An alcohol and drug counselor pursuant to this chapter; or

(8) A clinical alcohol and drug counselor pursuant to this chapter;

(c) Has completed not less than 60 hours of training specific to problem gambling approved by the Board;

(d) Has completed at least 1,000 hours of supervised counseling of persons with an addictive disorder related to gambling in a setting approved by the Board;

(e) Passes the written and oral examination prescribed by the Board pursuant to NRS 641C.290;

(f) Pays the fees required pursuant to NRS 641C.470; and



(g) Submits all information required to complete an application for a certificate.

Sec. 43. NRS 6.030 is hereby amended to read as follows:

6.030 1. The court may at any time temporarily excuse any juror on account of:

- (a) Sickness or physical disability.
- (b) Serious illness or death of a member of the juror's immediate family.
- (c) Undue hardship or extreme inconvenience.
- (d) Public necessity.

2. In addition to the reasons set forth in subsection 1, the court may at any time temporarily excuse a person who provides proof that the person is the primary caregiver of another person who has a documented medical condition which requires the assistance of another person at all times.

3. A person temporarily excused shall appear for jury service as the court may direct.

4. The court shall permanently excuse any person from service as a juror if the person is incapable, by reason of a permanent physical or mental disability, of rendering satisfactory service as a juror. The court may require the prospective juror to submit a certificate completed by a physician , *a physician assistant* or an advanced practice registered nurse licensed pursuant to NRS 632.237 concerning the nature and extent of the disability and the certifying physician , *physician assistant* or advanced practice registered nurse may be required to testify concerning the disability when the court so directs.

Sec. 44. NRS 7.095 is hereby amended to read as follows:



7.095 1. An attorney shall not contract for or collect a fee contingent on the amount of recovery for representing a person seeking damages in connection with an action for injury or death against a provider of health care based upon professional negligence in excess of:

- (a) Forty percent of the first \$50,000 recovered;
- (b) Thirty-three and one-third percent of the next \$50,000 recovered;
- (c) Twenty-five percent of the next \$500,000 recovered; and
- (d) Fifteen percent of the amount of recovery that exceeds \$600,000.

2. The limitations set forth in subsection 1 apply to all forms of recovery, including, without limitation, settlement, arbitration and judgment.

3. For the purposes of this section, “recovered” means the net sum recovered by the plaintiff after deducting any disbursements or costs incurred in connection with the prosecution or settlement of the claim. Costs of medical care incurred by the plaintiff and general and administrative expenses incurred by the office of the attorney are not deductible disbursements or costs.

4. As used in this section:

(a) “Professional negligence” means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.



(b) “Provider of health care” means a physician *or physician assistant* licensed under chapter 630 or 633 of NRS, dentist, registered nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 45. NRS 42.021 is hereby amended to read as follows:

42.021 1. In an action for injury or death against a provider of health care based upon professional negligence, if the defendant so elects, the defendant may introduce evidence of any amount payable as a benefit to the plaintiff as a result of the injury or death pursuant to the United States Social Security Act, any state or federal income disability or worker’s compensation act, any health, sickness or income-disability insurance, accident insurance that provides health benefits or income-disability coverage, and any contract or agreement of any group, organization, partnership or corporation to provide, pay for or reimburse the cost of medical, hospital, dental or other health care services. If the defendant elects to introduce such evidence, the plaintiff may introduce evidence of any amount that the plaintiff has paid or contributed to secure the plaintiff’s right to any insurance benefits concerning which the defendant has introduced evidence.

2. A source of collateral benefits introduced pursuant to subsection 1 may not:

- (a) Recover any amount against the plaintiff; or
- (b) Be subrogated to the rights of the plaintiff against a defendant.



3. In an action for injury or death against a provider of health care based upon professional negligence, a district court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds \$50,000 in future damages.

4. In entering a judgment ordering the payment of future damages by periodic payments pursuant to subsection 3, the court shall make a specific finding as to the dollar amount of periodic payments that will compensate the judgment creditor for such future damages. As a condition to authorizing periodic payments of future damages, the court shall require a judgment debtor who is not adequately insured to post security adequate to assure full payment of such damages awarded by the judgment. Upon termination of periodic payments of future damages, the court shall order the return of this security, or so much as remains, to the judgment debtor.

5. A judgment ordering the payment of future damages by periodic payments entered pursuant to subsection 3 must specify the recipient or recipients of the payments, the dollar amount of the payments, the interval between payments, and the number of payments or the period of time over which payments will be made. Such payments must only be subject to modification in the event of the death of the judgment creditor. Money damages awarded for loss of future earnings must not be reduced or payments terminated by reason of the death of the judgment creditor, but must be paid to persons to whom the judgment creditor owed a duty of support, as provided by law, immediately before the judgment creditor's death. In such cases, the court that rendered the



original judgment may, upon petition of any party in interest, modify the judgment to award and apportion the unpaid future damages in accordance with this subsection.

6. If the court finds that the judgment debtor has exhibited a continuing pattern of failing to make the periodic payments as specified pursuant to subsection 5, the court shall find the judgment debtor in contempt of court and, in addition to the required periodic payments, shall order the judgment debtor to pay the judgment creditor all damages caused by the failure to make such periodic payments, including, but not limited to, court costs and attorney's fees.

7. Following the occurrence or expiration of all obligations specified in the periodic payment judgment, any obligation of the judgment debtor to make further payments ceases and any security given pursuant to subsection 4 reverts to the judgment debtor.

8. As used in this section:

(a) "Future damages" includes damages for future medical treatment, care or custody, loss of future earnings, loss of bodily function, or future pain and suffering of the judgment creditor.

(b) "Periodic payments" means the payment of money or delivery of other property to the judgment creditor at regular intervals.

(c) "Professional negligence" means a negligent act or omission to act by a provider of health care in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death. The term does not include services that are outside the scope of services for which the provider of health care is licensed or services for which any restriction has been imposed by the applicable regulatory board or health care facility.



(d) “Provider of health care” means a physician *or physician assistant* licensed under chapter 630 or 633 of NRS, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed psychologist, chiropractic physician, doctor of Oriental medicine, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, medical laboratory director or technician, licensed dietitian or a licensed hospital and its employees.

Sec. 46. NRS 52.320 is hereby amended to read as follows:

52.320 As used in NRS 52.320 to 52.375, inclusive, unless the context otherwise requires:

1. “Custodian of medical records” means a chiropractic physician, physician, *physician assistant*, registered physical therapist or licensed nurse who prepares and maintains medical records, or any employee or agent of such a person or a facility for convalescent care, medical laboratory or hospital who has care, custody and control of medical records for such a person or institution.

2. “Medical records” includes bills, ledgers, statements and other accounts which show the cost of medical services or care provided to a patient.

Sec. 47. NRS 62A.270 is hereby amended to read as follows:

62A.270 “Qualified professional” means:

1. A psychiatrist licensed to practice medicine in this State and certified by the American Board of Psychiatry and Neurology, Inc.;

2. A psychologist licensed to practice in this State;



3. A social worker holding a master's degree in social work and licensed in this State as a master social worker or clinical social worker;

4. A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State;

5. A marriage and family therapist licensed in this State pursuant to chapter 641A of NRS;
~~for~~

6. A clinical professional counselor licensed in this State pursuant to chapter 641A of NRS
~~or~~; or

7. A physician assistant licensed to practice in this State pursuant to chapter 630 or 633 of NRS and who practices in the specialty of psychiatry.

Sec. 48. NRS 118A.345 is hereby amended to read as follows:

118A.345 1. Notwithstanding any provision in a rental agreement to the contrary, if a tenant, cotenant or household member is the victim of domestic violence, harassment, sexual assault or stalking, the tenant or any cotenant may terminate the rental agreement by giving the landlord written notice of termination effective at the end of the current rental period or 30 days after the notice is provided to the landlord, whichever occurs sooner.

2. In the case of a termination of a rental agreement pursuant to this section on the grounds that a tenant, cotenant or household member is a victim of domestic violence, the written notice provided to a landlord pursuant to subsection 1 must describe the reason for the termination of the rental agreement and be accompanied by:



(a) A copy of an order for protection against domestic violence issued to the tenant, cotenant or household member who is the victim of domestic violence;

(b) A copy of a written report from a law enforcement agency indicating that the tenant, cotenant or household member notified the law enforcement agency of the domestic violence; or

(c) A copy of a written affidavit in the form prescribed pursuant to NRS 118A.347 and signed by a qualified third party acting in his or her official capacity stating that the tenant, cotenant or household member is a victim of domestic violence and identifying the adverse party.

3. In the case of a termination of a rental agreement pursuant to this section on the grounds that a tenant, cotenant or household member is a victim of harassment, sexual assault or stalking, the written notice provided to a landlord pursuant to subsection 1 must describe the reason for the termination of the rental agreement and be accompanied by:

(a) A copy of a written report from a law enforcement agency indicating that the tenant, cotenant or household member notified the law enforcement agency of the harassment, sexual assault or stalking, as applicable; or

(b) A copy of a temporary or extended order issued pursuant to NRS 200.378 or 200.591, as applicable.

4. A tenant or cotenant may terminate a rental agreement pursuant to this section only if the actions, events or circumstances that resulted in the tenant, cotenant or household member becoming a victim of domestic violence, harassment, sexual assault or stalking occurred within the 90 days immediately preceding the written notice of termination to the landlord.



5. A tenant or cotenant who terminates a rental agreement pursuant to this section is only liable, if solely or jointly liable for purposes of the rental agreement, for any rent owed or required to be paid through the date of termination and any other outstanding obligations. If the tenant or cotenant has prepaid rent that would apply for the rental period in which the rental agreement is terminated, the landlord may retain the prepaid rent and no refund is due to the tenant or cotenant unless the amount of the prepaid rent exceeds what is owed for that rental period. Except as otherwise provided in NRS 118A.242, if the tenant or cotenant has paid a security deposit, the deposit must not be withheld for the early termination of the rental agreement if the rental agreement is terminated pursuant to this section.

6. A person who is named as the adverse party may be civilly liable for all economic losses incurred by a landlord for the early termination of a rental agreement pursuant to this section, including, without limitation, unpaid rent, fees relating to early termination, costs for the repair of any damages to the dwelling and any reductions in or waivers of rent previously extended to the tenant or cotenant who terminates the rental agreement pursuant to this section.

7. A landlord shall not provide to an adverse party any information concerning the whereabouts of a tenant, cotenant or household member if the tenant or cotenant provided notice pursuant to subsection 1.

8. If a tenant or cotenant provided notice pursuant to subsection 1, the tenant, the cotenant or a household member may require the landlord to install a new lock onto the dwelling if the tenant, cotenant or household member pays the cost of installing the new lock. A landlord complies with the requirements of this subsection by:



- (a) Rekeying the lock if the lock is in good working condition; or
- (b) Replacing the entire locking mechanism with a new locking mechanism of equal or superior quality.

9. A landlord who installs a new lock pursuant to subsection 8 may retain a copy of the new key. Notwithstanding any provision in a rental agreement to the contrary, the landlord shall:

- (a) Refuse to provide a key which unlocks the new lock to an adverse party.
- (b) Refuse to provide to an adverse party, whether or not that party is a tenant, cotenant or household member, access to the dwelling to reclaim property unless a law enforcement officer is present.

10. This section shall not be construed to limit a landlord's right to terminate a rental agreement for reasons unrelated to domestic violence, harassment, sexual assault or stalking.

11. Notwithstanding any other provision of law, the termination of a rental agreement pursuant to this section:

- (a) Must not be disclosed, described or characterized as an early termination by a current landlord to a prospective landlord; and
- (b) Is not required to be disclosed as an early termination by a tenant or cotenant to a prospective landlord.

12. As used in this section:

- (a) "Adverse party" means a person who is named in an order for protection against domestic violence, harassment, sexual assault or stalking, a written report from a law enforcement agency



or a written statement from a qualified third party and who is alleged to be the cause of the early termination of a rental agreement pursuant to this section.

(b) “Cotenant” means a tenant who, pursuant to a rental agreement, is entitled to occupy a dwelling that another tenant is also entitled to occupy pursuant to the same rental agreement.

(c) “Domestic violence” means the commission of any act described in NRS 33.018.

(d) “Harassment” means a violation of NRS 200.571.

(e) “Household member” means any person who is related by blood or marriage and is actually residing with a tenant or cotenant.

(f) “Qualified third party” means:

(1) A physician *or physician assistant* licensed to practice in this State;

(2) A psychiatrist licensed to practice medicine in this State and certified by the American Board of Psychiatry and Neurology, Inc. or the American Osteopathic Board of Neurology and Psychiatry of the American Osteopathic Association;

(3) A psychologist licensed to practice in this State;

(4) A social worker licensed to practice in this State;

(5) A registered nurse holding a master’s degree in the field of psychiatric nursing and licensed to practice professional nursing in this State;

(6) A marriage and family therapist or clinical professional counselor licensed to practice in this State pursuant to chapter 641A of NRS;

(7) Any person who:



(I) Is employed by an agency or service which advises persons regarding domestic violence or refers them to persons or agencies where their request and needs can be met and who is licensed to provide health care pursuant to the provisions of title 54 of NRS, or is a member of the board of directors or serves as the executive director of an agency or service which advises persons regarding domestic violence or refers them to persons or agencies where their request and needs can be met;

(II) Has received training relating to domestic violence; and

(III) Is a resident of this State; or

(8) Any member of the clergy of a church or religious society or denomination that is recognized as exempt under section 501(c)(3) of the Internal Revenue Code of 1986, 26 U.S.C. § 501 (c)(3), who has been chosen, elected or appointed in conformity with the constitution, canons, rites, regulations or discipline of the church or religious society or denomination and who is a resident of this State.

(g) “Sexual assault” means a violation of NRS 200.366.

(h) “Stalking” means a violation of NRS 200.575.

Sec. 49. 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, *a physician assistant, a* psychologist or *a* 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. 50. 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, *a physician assistant, a* psychiatrist or *a* 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. 51. 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, *a physician assistant*, a psychologist or a 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. 52. 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, *a physician assistant*, a psychiatrist or a 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. 53. NRS 162A.815 is hereby amended to read as follows:

162A.815 1. A physician, *a physician assistant*, 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, *a physician assistant*, 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, *a physician assistant*, 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. 54. NRS 162A.860 is hereby amended to read as follows:

162A.860 Except as otherwise provided in NRS 162A.865 and 162A.870, 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, **PHYSICIAN ASSISTANT** 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 DECIDE WHERE YOU LIVE, EVEN AS YOU AGE. DECISIONS ABOUT WHERE YOU LIVE ARE PERSONAL. SOME PEOPLE LIVE AT HOME WITH SUPPORT, WHILE OTHERS MOVE TO ASSISTED LIVING FACILITIES OR FACILITIES FOR SKILLED NURSING. IN SOME CASES, PEOPLE



ARE MOVED TO FACILITIES WITH LOCKED DOORS TO PREVENT PEOPLE WITH COGNITIVE DISORDERS FROM LEAVING OR GETTING LOST OR TO PROVIDE ASSISTANCE TO PEOPLE WHO REQUIRE A HIGHER LEVEL OF CARE. YOU SHOULD DISCUSS WITH THE PERSON DESIGNATED IN THIS DOCUMENT YOUR DESIRES ABOUT WHERE YOU LIVE AS YOU AGE OR IF YOUR HEALTH DECLINES. YOU HAVE THE RIGHT TO DETERMINE WHETHER TO AUTHORIZE THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE DECISIONS FOR YOU ABOUT WHERE YOU LIVE WHEN YOU ARE NO LONGER CAPABLE OF MAKING THAT DECISION. IF YOU DO NOT PROVIDE SUCH AUTHORIZATION TO THE PERSON DESIGNATED IN THIS DOCUMENT, THAT PERSON MAY NOT BE ABLE TO ASSIST YOU TO MOVE TO A MORE SUPPORTIVE LIVING ARRANGEMENT WITHOUT OBTAINING APPROVAL THROUGH A JUDICIAL PROCESS.

7. 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.

8. 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, **PHYSICIAN ASSISTANT**, ADVANCED PRACTICE REGISTERED NURSE, HOSPITAL OR OTHER PROVIDER OF HEALTH CARE ORALLY OR IN WRITING.



9. 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.

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

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

12. YOU MAY REQUEST THAT THE NEVADA SECRETARY OF STATE ELECTRONICALLY STORE WITH THE NEVADA LOCKBOX A COPY OF THIS DOCUMENT TO ALLOW ACCESS BY AN AUTHORIZED PROVIDER OF HEALTH CARE AS DEFINED IN NRS 629.031.

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 CONCERNING TREATMENT.

(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.)



A. 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.

[.....]

B. If I am in a coma which my doctors , *physician assistants* or advanced practice registered nurses have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used.

[.....]

C. 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.

[.....]

D. 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.

[.....]

E. 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.

[.....]

F. If I have an incurable or terminal condition, including late stage dementia, or illness and no reasonable hope of long-term recovery or survival, I desire my attending physician , *attending physician assistant or attending advanced practice registered nurse* to administer any medication to alleviate suffering without regard that the medication is likely to cause addiction or reduce the 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. STATEMENT OF DESIRES CONCERNING LIVING ARRANGEMENTS



A. I desire to live in my home as long as it is safe and my medical needs can be met. My agent may arrange for a natural person, employee of an agency or provider of community-based services to come into my home to provide care for me. When it is no longer safe for me to live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me.

[.....]

B. I desire to live in my home for as long as possible without regard for my medical needs, personal safety or ability to engage in activities of daily living. My agent may arrange for a natural person, an employee of an agency or a provider of community-based services to come into my home and provide care for me. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me.

[.....]



(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:.....

.....

.....

.....

.....

8. 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:

9. PRIOR DESIGNATIONS REVOKED.

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

10. 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.

11. CHALLENGES.

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by my physician, *my physician assistant*, 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.

12. 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.

13. 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.



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. This includes requesting the Nevada Secretary of State to electronically store this document with the Nevada Lockbox to allow access by authorized providers of healthcare.

Sec. 55. 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 , *a physician assistant* 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 , *a physician assistant* 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 , *physician assistant's* or advanced practice registered nurse's office. I would like the doctor , *physician assistant* 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 , *physician assistant* 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 , *physician assistant* 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 , *physician assistant* 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 , *physician assistant* 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, *physician assistant*, 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, *physician assistant*, 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, *physician assistants*, 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 , *physician assistants* 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.)

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.

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 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.

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 , *physician assistants* or advanced practice registered nurses 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.

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. 56. NRS 162A.870 is hereby amended to read as follows:

162A.870 1. The form of a power of attorney for health care for an adult with any form of dementia 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 , *a physician assistant 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  , *a physician assistant 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 , *physician assistant's or advanced practice registered nurse's* office. I would like the doctor , *physician assistant or advanced practice registered nurse* to speak with my agent and, if I have the capacity to understand, me about my sickness or injury and whether I need any medicine or other treatment. After we speak with the doctor, *physician assistant or advanced practice registered nurse*, if I have the capacity to understand, 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 , *physician assistant 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 , *physician assistant 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, *physician assistant 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, *physician assistant, 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, *physician assistant, 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, *physician assistants, 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**, *physician assistants 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.)

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.

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 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.



2. The form for end-of-life decisions of a power of attorney for health care for an adult with any form of dementia 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>physician assistants 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)



.....

(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.



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. 57. 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 , *physician assistant* 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. On 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. 58. NRS 176.133 is hereby amended to read as follows:

176.133 As used in NRS 176.133 to 176.161, inclusive, unless the context otherwise requires:

1. “Person professionally qualified to conduct psychosexual evaluations” means a person who has received training in conducting psychosexual evaluations and is:

(a) A psychiatrist licensed to practice medicine in this State and certified by the American Board of Psychiatry and Neurology, Inc.;

(b) A psychologist licensed to practice in this State;



(c) A social worker holding a master's degree in social work and licensed in this State as a clinical social worker;

(d) A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State;

(e) A marriage and family therapist licensed in this State pursuant to chapter 641A of NRS;
~~for~~

(f) A clinical professional counselor licensed in this State pursuant to chapter 641A of NRS ~~H~~
; or

(g) A physician assistant licensed to practice in this State pursuant to chapter 630 or 633 of NRS and who practices in the specialty of psychiatry.

2. "Psychosexual evaluation" means an evaluation conducted pursuant to NRS 176.139.

3. "Sexual offense" means:

(a) Sexual assault pursuant to NRS 200.366;

(b) Statutory sexual seduction pursuant to NRS 200.368, if punished as a felony;

(c) Battery with intent to commit sexual assault pursuant to NRS 200.400;

(d) Abuse of a child pursuant to NRS 200.508, if the abuse involved sexual abuse or sexual exploitation and is punished as a felony;

(e) An offense involving pornography and a minor pursuant to NRS 200.710 to 200.730, inclusive;

(f) Incest pursuant to NRS 201.180;

(g) Open or gross lewdness pursuant to NRS 201.210, if punished as a felony;



- (h) Indecent or obscene exposure pursuant to NRS 201.220, if punished as a felony;
- (i) Lewdness with a child pursuant to NRS 201.230;
- (j) Sexual penetration of a dead human body pursuant to NRS 201.450;
- (k) Sexual conduct between certain employees of a school or volunteers at a school and a pupil pursuant to NRS 201.540;
- (l) Sexual conduct between certain employees of a college or university and a student pursuant to NRS 201.550;
- (m) Luring a child or a person with mental illness pursuant to NRS 201.560, if punished as a felony;
- (n) An attempt to commit an offense listed in paragraphs (a) to (m), inclusive, if punished as a felony; or
- (o) An offense that is determined to be sexually motivated pursuant to NRS 175.547 or 207.193.

Sec. 59. NRS 178.415 is hereby amended to read as follows:

178.415 1. Except as otherwise provided in this subsection, the court shall appoint two psychiatrists, two psychologists, or one psychiatrist and one psychologist to examine the defendant. If the defendant is accused of a misdemeanor, the court of jurisdiction shall appoint a psychiatric social worker, advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 , *physician assistant who practices in the specialty of psychiatry* or other person who is especially qualified by the Division, to examine the defendant.



2. Except as otherwise provided in this subsection, at a hearing in open court, the court that orders the examination must receive the report of the examination. If a justice court orders the examination of a defendant who is charged with a gross misdemeanor or felony, the district court must receive the report of the examination.

3. The court that receives the report of the examination shall permit counsel for both sides to examine the person or persons appointed to examine the defendant. The prosecuting attorney and the defendant may:

(a) Introduce other evidence including, without limitation, evidence related to treatment to competency and the possibility of ordering the involuntary administration of medication; and

(b) Cross-examine one another's witnesses.

4. A prosecuting attorney may not seek an indictment of the defendant for any offense during the period in which the court is considering whether the defendant is competent or incompetent except upon application by the prosecuting attorney to the chief judge of the district court, or his or her designee, and with leave of the court. The prosecuting attorney must demonstrate that adequate cause exists for the court to grant leave to seek an indictment on the grounds that the availability or unavailability of a witness, or any other objective factor, significantly impacts the ability of the State to prosecute the matter in the absence of such leave. The prosecuting attorney must give notice of an application made pursuant to this subsection to the attorney for the defendant not less than 24 hours before the hearing on the application.

5. The court that receives the report of the examination shall then make and enter its finding of competence or incompetence.



6. The court shall not appoint a person to provide a report or an evaluation pursuant to this section, unless the person is certified by the Division pursuant to NRS 178.417.

Sec. 60. NRS 209.3925 is hereby amended to read as follows:

209.3925 1. Except as otherwise provided in subsection 6, the Director may approve a medical release and assign an offender to the custody of the Division of Parole and Probation of the Department of Public Safety to serve a term of residential confinement pursuant to NRS 213.380 or other appropriate supervision as determined by the Division of Parole and Probation, for not longer than the remainder of his or her sentence, if:

(a) The Director has reason to believe that the offender is:

(1) Physically incapacitated or in ill health to such a degree that the offender does not presently, and likely will not in the future, pose a threat to the safety of the public; or

(2) In ill health and expected to die within 18 months, and does not presently, and likely will not in the future, pose a threat to the safety of the public; and

(b) At least two physicians , *physician assistants* or nurses licensed pursuant to chapter 630, 632 or 633 of NRS, as applicable, one of whom is not employed by the Department, verify, in writing, that the offender is:

(1) Physically incapacitated or in ill health; or

(2) In ill health and expected to die within 18 months.

2. A request for medical release pursuant to this section:

(a) May be submitted to the Director by:

(1) A prison official or employee;



- (2) An offender;
- (3) An attorney or representative of an offender;
- (4) A family member of an offender; or
- (5) A medical or mental health professional.

(b) Must be in writing and articulate the grounds supporting the appropriateness of the medical release of the offender.

3. If the Director intends to assign an offender to the custody of the Division of Parole and Probation pursuant to this section, at least 45 days before the date the offender is expected to be released from the custody of the Department, the Director shall notify:

- (a) The board of county commissioners of the county in which the offender will reside; and
- (b) The Division of Parole and Probation.

4. Except as otherwise provided in NRS 213.10915, if any victim of a crime committed by the offender has, pursuant to subsection 4 of NRS 213.131, requested to be notified of the consideration of a prisoner for parole and has provided a current address, the Division of Parole and Probation shall notify the victim that:

(a) The Director intends to assign the offender to the custody of the Division of Parole and Probation pursuant to this section; and

(b) The victim may submit documents to the Division of Parole and Probation regarding such an assignment.

↪ If a current address has not been provided by a victim as required by subsection 4 of NRS 213.131, the Division of Parole and Probation must not be held responsible if notification is not



received by the victim. All personal information, including, but not limited to, a current or former address, which pertains to a victim and which is received by the Division of Parole and Probation pursuant to this subsection is confidential.

5. If an offender assigned to the custody of the Division of Parole and Probation pursuant to this section escapes or violates any of the terms or conditions of his or her residential confinement or other appropriate supervision as determined by the Division of Parole and Probation:

(a) The Division of Parole and Probation may, pursuant to the procedure set forth in NRS 213.410, return the offender to the custody of the Department.

(b) The offender forfeits all or part of the credits for good behavior earned by the offender before the escape or violation, as determined by the Director. The Director may provide for a forfeiture of credits pursuant to this paragraph only after proof of the offense and notice to the offender and may restore credits forfeited for such reasons as the Director considers proper. The decision of the Director regarding such a forfeiture is final.

6. The assignment of an offender to the custody of the Division of Parole and Probation pursuant to this section shall be deemed:

(a) A continuation of the offender's imprisonment and not a release on parole; and

(b) For the purposes of NRS 209.341, an assignment to a facility of the Department,

↪ except that the offender is not entitled to obtain any benefits or to participate in any programs provided to offenders in the custody of the Department.



7. The Director may not assign an offender to the custody of the Division of Parole and Probation pursuant to this section if the offender is sentenced to death or imprisonment for life without the possibility of parole.

8. An offender does not have a right to be assigned to the custody of the Division of Parole and Probation pursuant to this section, or to remain in that custody after such an assignment, and it is not intended that the provisions of this section or of NRS 213.371 to 213.410, inclusive, create any right or interest in liberty or property or establish a basis for any cause of action against the State, its political subdivisions, agencies, boards, commissions, departments, officers or employees.

9. The Division of Parole and Probation may receive and distribute restitution paid by an offender assigned to the custody of the Division of Parole and Probation pursuant to this section.

Sec. 61. NRS 218G.530 is hereby amended to read as follows:

218G.530 “Near fatality” means an act that places a child in serious or critical condition as verified orally or in writing by a physician, *a physician assistant*, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail or facsimile.

Sec. 62. NRS 232.4855 is hereby amended to read as follows:

232.4855 1. The State of Nevada Advisory Council on Palliative Care and Quality of Life is hereby created within the Department.



2. The Director shall appoint such number of members of the Council as he or she determines is appropriate to carry out the provisions of NRS 232.485 to 232.4858, inclusive, but not less than nine members as follows:

(a) Two members with experience in the provision of interdisciplinary palliative care, including, without limitation, hospital, medical, nursing, social work, pharmacy, financial and spiritual services;

(b) One member with a background in patient and family caregiver advocacy;

(c) One member who is a health care professional with clinical experience in palliative care;

(d) One member who is a health care professional with expertise in delivery models for palliative care in a variety of inpatient, outpatient and community settings and with diverse populations;

(e) Two members who are employees of the Department or any other state agency, board or commission who have relevant work experience related to palliative care and issues concerning quality of life; and

(f) Two members who are board certified hospice and palliative care physicians , *physician assistants* or nurses.

3. After the initial terms, the term of each member of the Council is 3 years, and members shall serve at the pleasure of the Director.

4. The Council shall select from its members a Chair and a Vice Chair who shall hold office for 1 year and whose duties will be established by the Council.



5. The Council shall meet at least twice annually at a time and place specified by a call of the Director.

6. Each member of the Council:

(a) Serves without compensation; and

(b) While engaged in the business of the Council, is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally to the extent that funds for such expenses are available within the budget of the Department.

Sec. 63. NRS 388.503 is hereby amended to read as follows:

388.503 1. Except as otherwise provided in subsection 2, mechanical restraint may be used on a pupil with a disability only if:

(a) An emergency exists that necessitates the use of mechanical restraint;

(b) A medical order authorizing the use of mechanical restraint from the pupil's treating physician , *physician assistant* or advanced practice registered nurse is included in the pupil's individualized education program before the application of the mechanical restraint;

(c) The physician , *physician assistant* or advanced practice registered nurse who signed the order required pursuant to paragraph (b) or the attending physician , *attending physician assistant* or attending advanced practice registered nurse examines the pupil as soon as practicable after the application of the mechanical restraint;

(d) The mechanical restraint is applied by a member of the staff of the school who is trained and qualified to apply mechanical restraint;



(e) The pupil is given the opportunity to move and exercise the parts of his or her body that are restrained at least 10 minutes per every 60 minutes of restraint, unless otherwise prescribed by the physician , *physician assistant* or advanced practice registered nurse who signed the order;

(f) A member of the staff of the school lessens or discontinues the restraint every 15 minutes to determine whether the pupil will stop injury to himself or herself without the use of the restraint;

(g) The record of the pupil contains a notation that includes the time of day that the restraint was lessened or discontinued pursuant to paragraph (f), the response of the pupil and the response of the member of the staff of the school who applied the mechanical restraint;

(h) A member of the staff of the school continuously monitors the pupil during the time that mechanical restraint is used on the pupil; and

(i) The mechanical restraint is used only for the period that is necessary to contain the behavior of the pupil so that the pupil is no longer an immediate threat of causing physical injury to himself or herself.

2. Mechanical restraint may be used on a pupil with a disability and the provisions of subsection 1 do not apply if the mechanical restraint is used to:

(a) Treat the medical needs of the pupil;

(b) Protect a pupil who is known to be at risk of injury to himself or herself because he or she lacks coordination or suffers from frequent loss of consciousness;

(c) Provide proper body alignment to a pupil; or

(d) Position a pupil who has physical disabilities in a manner prescribed in the pupil's individualized education program.



3. If mechanical restraint is used on a pupil with a disability in an emergency, the use of the procedure must be reported in the pupil's cumulative record and a confidential file maintained for the pupil not later than 1 working day after the procedure is used. A copy of the report must be provided to the board of trustees of the school district or its designee, the pupil's individualized education program team and the parent or guardian of the pupil. If the board of trustees or its designee determines that a denial of the pupil's rights has occurred, the board of trustees or its designee shall submit a report to the Department in accordance with NRS 388.513.

4. If a pupil with a disability has three reports of the use of mechanical restraint in his or her record pursuant to subsection 3 in 1 school year, the school district shall notify the school in which the pupil is enrolled to review the circumstances of the use of the restraint on the pupil and provide a report of its findings to the school district.

5. If a pupil with a disability has five reports of the use of mechanical restraint in his or her record pursuant to subsection 3 in 1 school year, the pupil's individualized education program must be reviewed in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1414 et seq., and the regulations adopted pursuant thereto. If mechanical restraint continues after the pupil's individualized education program has been reviewed, the school district and the parent or legal guardian of the pupil shall include in the pupil's individualized education program additional methods that are appropriate for the pupil to ensure that restraint does not continue, including, without limitation, mentoring, training, a functional behavioral assessment, a positive behavior plan and positive behavioral supports.

Sec. 64. NRS 392.435 is hereby amended to read as follows:



392.435 1. Unless excused because of religious belief or medical condition and except as otherwise provided in subsection 5, a child may not be enrolled in a public school within this State unless the child's parents or guardian submit to the board of trustees of the school district in which the child resides or the governing body of the charter school in which the child has been accepted for enrollment a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

- (a) Diphtheria;
- (b) Tetanus;
- (c) Pertussis if the child is under 6 years of age;
- (d) Poliomyelitis;
- (e) Rubella;
- (f) Rubeola; and
- (g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or the physician's designee , *a licensed physician assistant or the physician assistant's designee* or a registered nurse or the nurse's designee, attesting that the certificate accurately reflects the child's record of immunization.

3. If the requirements of subsection 1 can be met with one visit to a physician , *physician assistant* or clinic, procedures for conditional enrollment do not apply.



4. A child may enter school conditionally if the parent or guardian submits a certificate from a physician , *physician assistant* or local health officer that the child is receiving the required immunizations. If a certificate from the physician , *physician assistant* or local health officer showing that the child has been fully immunized is not submitted to the appropriate school officers within 90 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was conditionally admitted, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.097 to 432.130, inclusive, and chapter 432B of NRS.

5. A child who transfers to a school in this State from a school outside this State because of the military transfer of the parent or legal guardian of the child must be enrolled in school in this State regardless of whether the child has been immunized. Unless a different time frame is prescribed pursuant to NRS 388F.010, the parent or legal guardian shall submit a certificate from a physician , *physician assistant* or local health officer showing that the child:

(a) If the requirements of subsection 1 can be met with one visit to a physician , *physician assistant* or clinic, has been fully immunized within 30 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled; or

(b) If the requirements of subsection 1 cannot be met with one visit to a physician , *physician assistant* or clinic, is receiving the required immunizations within 30 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090,



after the child was enrolled. A certificate from the physician , *physician assistant* or local health officer showing that the child has been fully immunized must be submitted to the appropriate school officers within 120 school days, or its equivalent in a school district operating under an alternative schedule authorized pursuant to NRS 388.090, after the child was enrolled.

↪ If the parent or legal guardian fails to submit the documentation required pursuant to this subsection, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.097 to 432.130, inclusive, and chapter 432B of NRS.

6. Before December 31 of each year, each school district and the governing body of each charter school shall report to the Division of Public and Behavioral Health of the Department of Health and Human Services, on a form furnished by the Division, the exact number of pupils who have completed the immunizations required by this section.

7. The certificate of immunization must be included in the pupil's academic or cumulative record and transferred as part of that record upon request.

Sec. 65. NRS 392.439 is hereby amended to read as follows:

392.439 If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 392.435 and a written statement of this fact is signed by a licensed physician , *physician assistant* or advanced practice registered nurse and by the parents or guardian of the child, the board of trustees of the school district or governing body of the charter school in



which the child has been accepted for enrollment shall exempt the child from all or part of the provisions of NRS 392.435, as the case may be, for enrollment purposes.

Sec. 66. NRS 394.192 is hereby amended to read as follows:

394.192 1. Unless excused because of religious belief or medical condition, a child may not be enrolled in a private school within this State unless the child's parents or guardian submit to the governing body of the private school a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

- (a) Diphtheria;
- (b) Tetanus;
- (c) Pertussis if the child is under 6 years of age;
- (d) Poliomyelitis;
- (e) Rubella;
- (f) Rubeola; and
- (g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear a signature of a licensed physician or the physician's designee , *a physician assistant or the physician assistant's designee* or a registered nurse or the nurse's designee, attesting that the certificate accurately reflects the child's record of immunization.

3. If the requirements of subsection 1 can be met with one visit to a physician , *physician assistant* or clinic, procedures for conditional enrollment do not apply.



4. A child may enter school conditionally if the parent or guardian submits a certificate from a physician , *physician assistant* or local health officer that the child is receiving the required immunizations. If a certificate from the physician , *physician assistant* or local health officer showing that the child has been fully immunized is not submitted to the appropriate school officials within 90 school days after the child was conditionally admitted, the child must be excluded from school and may not be readmitted until the requirements for immunization have been met. A child who is excluded from school pursuant to this section is a neglected child for the purposes of NRS 432.097 to 432.130, inclusive, and chapter 432B of NRS.

5. Before December 31 of each year, each private school shall report to the Division of Public and Behavioral Health of the Department of Health and Human Services, on a form furnished by the Division, the exact number of pupils who have completed the immunizations required by this section.

6. The certificate of immunization must be included in the pupil's academic or cumulative record and transferred as part of that record upon request.

Sec. 67. NRS 394.194 is hereby amended to read as follows:

394.194 If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 394.192, a written statement of this fact signed by a licensed physician , *physician assistant* or advanced practice registered nurse and presented to the governing body by the parents or guardian of such child shall exempt such child from all or part of the provisions of NRS 394.192, as the case may be, for enrollment purposes.

Sec. 68. NRS 394.369 is hereby amended to read as follows:



394.369 1. Except as otherwise provided in subsection 2, mechanical restraint may be used on a pupil with a disability only if:

- (a) An emergency exists that necessitates the use of mechanical restraint;
- (b) A medical order authorizing the use of mechanical restraint from the pupil's treating physician , *physician assistant* or advanced practice registered nurse is included in the pupil's services plan developed pursuant to 34 C.F.R. § 300.138 or the pupil's individualized education program, whichever is appropriate, before the application of the mechanical restraint;
- (c) The physician , *physician assistant* or advanced practice registered nurse who signed the order required pursuant to paragraph (b) or the attending physician , *attending physician assistant* or attending advanced practice registered nurse examines the pupil as soon as practicable after the application of the mechanical restraint;
- (d) The mechanical restraint is applied by a member of the staff of the private school who is trained and qualified to apply mechanical restraint;
- (e) The pupil is given the opportunity to move and exercise the parts of his or her body that are restrained at least 10 minutes per every 60 minutes of restraint, unless otherwise prescribed by the physician , *physician assistant* or advanced practice registered nurse who signed the order;
- (f) A member of the staff of the private school lessens or discontinues the restraint every 15 minutes to determine whether the pupil will stop injury to himself or herself without the use of the restraint;



(g) The record of the pupil contains a notation that includes the time of day that the restraint was lessened or discontinued pursuant to paragraph (f), the response of the pupil and the response of the member of the staff of the private school who applied the mechanical restraint;

(h) A member of the staff of the private school continuously monitors the pupil during the time that mechanical restraint is used on the pupil; and

(i) The mechanical restraint is used only for the period that is necessary to contain the behavior of the pupil so that the pupil is no longer an immediate threat of causing physical injury to himself or herself.

2. Mechanical restraint may be used on a pupil with a disability and the provisions of subsection 1 do not apply if the mechanical restraint is used to:

(a) Treat the medical needs of the pupil;

(b) Protect a pupil who is known to be at risk of injury to himself or herself because he or she lacks coordination or suffers from frequent loss of consciousness;

(c) Provide proper body alignment to a pupil; or

(d) Position a pupil who has physical disabilities in a manner prescribed in the pupil's service plan developed pursuant to 34 C.F.R. § 300.138 or the pupil's individualized education program, whichever is appropriate.

3. If mechanical restraint is used on a pupil with a disability in an emergency, the use of the procedure must be reported in the pupil's cumulative record not later than 1 working day after the procedure is used. A copy of the report must be provided to the Superintendent, the administrator of the private school, the pupil's individualized education program team, if applicable, and the



parent or guardian of the pupil. If the administrator of the private school determines that a denial of the pupil's rights has occurred, the administrator shall submit a report to the Superintendent in accordance with NRS 394.378.

4. If a pupil with a disability has three reports of the use of mechanical restraint in his or her record pursuant to subsection 3 in 1 school year, the private school in which the pupil is enrolled shall review the circumstances of the use of the restraint on the pupil and provide a report to the Superintendent on its findings.

5. If a pupil with a disability has five reports of the use of mechanical restraint in his or her record pursuant to subsection 3 in 1 school year, the pupil's individualized education program or the pupil's services plan, as applicable, must be reviewed in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1414 et seq., and the regulations adopted pursuant thereto. If mechanical restraint continues after the pupil's individualized education program or services plan has been reviewed, the private school and the parent or legal guardian of the pupil shall include in the pupil's individualized education program or services plan, as applicable, additional methods that are appropriate for the pupil to ensure that the restraint does not continue, including, without limitation, mentoring, training, a functional behavioral assessment, a positive behavior plan and positive behavioral supports.

6. As used in this section, "individualized education program" has the meaning ascribed to it in 20 U.S.C. § 1414(d)(1)(A).

Sec. 69. NRS 422.4032 is hereby amended to read as follows:



422.4032 1. The Department or a pharmacy benefit manager or health maintenance organization with which the Department contracts pursuant to NRS 422.4053 to manage prescription drug benefits shall allow a recipient of Medicaid who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the recipient to apply for an exemption from step therapy that would otherwise be required pursuant to NRS 422.403 to instead use a prescription drug prescribed by the attending practitioner to treat the cancer or any symptom thereof of the recipient of Medicaid. The application process must:

(a) Allow the recipient or attending practitioner, or a designated advocate for the recipient or attending practitioner, to present to the Department, pharmacy benefit manager or health maintenance organization, as applicable, the clinical rationale for the exemption and any relevant medical information.

(b) Clearly prescribe the information and supporting documents that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the recipient demonstrating that the recipient has:



(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.

(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.

3. Except as otherwise provided in subsection 4, the Department, pharmacy benefit manager or health maintenance organization, as applicable, that receives an application for an exemption pursuant to subsection 1 shall:

(a) Make a determination concerning the application if the application is complete, or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, step therapy may seriously jeopardize the life or health of the recipient, the Department, pharmacy benefit manager or health maintenance organization that receives an application for an exemption pursuant to subsection 1, as applicable, must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the recipient.



5. The Department, pharmacy benefit manager or health maintenance organization, as applicable, shall disclose to a recipient or attending practitioner who submits an application for an exemption from step therapy pursuant to subsection 1 the qualifications of each person who will review the application.

6. The Department, pharmacy benefit manager or health maintenance organization, as applicable, must grant an exemption from step therapy in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the recipient when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;

(b) Delay of effective treatment would have severe or irreversible consequences for the recipient and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the recipient and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the recipient or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the recipient; or



(2) Has prevented or is likely to prevent the recipient from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505; or

(d) The condition of the recipient is stable while being treated with the prescription drug for which the exemption is requested and the recipient has previously received approval for coverage of that drug.

7. If the Department, pharmacy benefit manager or health maintenance organization, as applicable, approves an application for an exemption from step therapy pursuant to this section, the State must pay the nonfederal share of the cost of the prescription drug to which the exemption applies. The Department, pharmacy benefit manager or health maintenance organization may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after 1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the State must continue to pay the nonfederal share of the cost of the drug for as long as it is necessary to treat the recipient for the cancer or symptom. The Department, pharmacy benefit manager or health maintenance organization, as applicable, may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the recipient for the cancer or symptom. The Department, pharmacy benefit manager or health maintenance organization, as applicable, shall provide a report of the review to the recipient.

8. The Department and any pharmacy benefit manager or health maintenance organization with which the Department contracts pursuant to NRS 422.4053 to manage prescription drug



benefits shall post in an easily accessible location on an Internet website maintained by the Department, pharmacy benefit manager or health maintenance organization, as applicable, a form for requesting an exemption pursuant to this section.

9. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of a recipient.

Sec. 70. NRS 428.155 is hereby amended to read as follows:

428.155 “Hospital care” means:

1. Services furnished by a hospital to a patient between the time of admission and the time of discharge, including:

(a) Bed and board;

(b) Drugs; and

(c) Anesthesia, nursing services, equipment, supplies and laboratory and radiological services, whether furnished directly by the hospital or pursuant to a contractual arrangement made by the hospital; and

2. Services of a physician , *physician assistant or advanced practice registered nurse* rendered to a patient in a hospital between the time of admission and the time of discharge.

Sec. 71. NRS 432A.230 is hereby amended to read as follows:

432A.230 Except as otherwise provided in NRS 432A.235 for accommodation facilities:

1. Except as otherwise provided in subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this State,



including a facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the facility a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

- (a) Diphtheria;
- (b) Tetanus;
- (c) Pertussis if the child is under 6 years of age;
- (d) Poliomyelitis;
- (e) Rubella;
- (f) Rubeola; and
- (g) Such other diseases as the local board of health or the State Board of Health may determine.

2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his or her designee , *a licensed physician assistant or his or her designee* or a registered nurse or his or her designee, attesting that the certificate accurately reflects the child's record of immunization.

3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician *or physician assistant* in this State or a local health officer, may enter the child care facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days a certificate from a physician , *physician assistant* or local health officer that the child has received or is receiving the required immunizations; and



(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

4. If a certificate from the physician , *physician assistant* or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

5. Before December 31 of each year, each child care facility shall report to the Division of the Department, on a form furnished by the Division, the exact number of children who have:

(a) Been admitted conditionally to the child care facility; and

(b) Completed the immunizations required by this section.

Sec. 72. NRS 432A.250 is hereby amended to read as follows:

432A.250 If the medical condition of a child will not permit the child to be immunized to the extent required by NRS 432A.230 or 432A.235, a written statement of this fact signed by a licensed physician , *licensed physician assistant* or advanced practice registered nurse and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230 or 432A.235, as the case may be, for purposes of admission.

Sec. 73. NRS 432B.175 is hereby amended to read as follows:

432B.175 1. Data or information concerning reports and investigations thereof made pursuant to this chapter must be made available pursuant to this section to any member of the general public upon request if the child who is the subject of a report of abuse or neglect suffered a fatality or near fatality. Any such data and information which is known must be made available



not later than 48 hours after a fatality and not later than 5 business days after a near fatality. Except as otherwise provided in subsection 2, the data or information which must be disclosed includes, without limitation:

(a) A summary of the report of abuse or neglect and a factual description of the contents of the report;

(b) The date of birth and gender of the child;

(c) The date that the child suffered the fatality or near fatality;

(d) The cause of the fatality or near fatality, if such information has been determined;

(e) Whether the agency which provides child welfare services had any contact with the child or a member of the child's family or household before the fatality or near fatality and, if so:

(1) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;

(2) Whether the agency which provides child welfare services provided any child welfare services to the child or to a member of the child's family or household before or at the time of the fatality or near fatality;

(3) Whether the agency which provides child welfare services made any referrals for child welfare services for the child or for a member of the child's family or household before or at the time of the fatality or near fatality;

(4) Whether the agency which provides child welfare services took any other actions concerning the welfare of the child before or at the time of the fatality or near fatality; and



(5) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the agency which provides child welfare services before the fatality or near fatality and, if so, the reasons that the case was closed; and

(f) Whether the agency which provides child welfare services, in response to the fatality or near fatality:

(1) Has provided or intends to provide child welfare services to the child or to a member of the child's family or household;

(2) Has made or intends to make a referral for child welfare services for the child or for a member of the child's family or household; and

(3) Has taken or intends to take any other action concerning the welfare and safety of the child or any member of the child's family or household.

2. An agency which provides child welfare services shall not disclose the following data or information pursuant to subsection 1:

(a) Except as otherwise provided in NRS 432B.290, data or information concerning the identity of the person responsible for reporting the abuse or neglect of the child to a public agency;

(b) The name of the child who suffered a near fatality or the name of any member of the family or other person who lives in the household of the child who suffered the fatality or near fatality;

(c) A privileged communication between an attorney and client; and

(d) Information that may undermine a criminal investigation or pending criminal prosecution.



3. The Division of Child and Family Services shall adopt regulations to carry out the provisions of this section.

4. As used in this section, “near fatality” means an act that places a child in serious or critical condition as verified orally or in writing by a physician, *a physician assistant*, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail or facsimile.

Sec. 74. NRS 433.209 is hereby amended to read as follows:

433.209 “Person professionally qualified in the field of psychiatric mental health” means:

1. A psychiatrist licensed to practice medicine in the State of Nevada and certified by the American Board of Psychiatry and Neurology;
2. A psychologist licensed to practice in this State;
3. A social worker who holds a master’s degree in social work, is licensed by the State as a clinical social worker and is employed by the Division;
4. A registered nurse who:
 - (a) Is licensed to practice professional nursing in this State;
 - (b) Holds a master’s degree in the field of psychiatric nursing; and
 - (c) Is employed by the Division;
5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; ~~for~~
6. A clinical professional counselor licensed pursuant to chapter 641A of NRS ~~H~~; *or*
7. *A physician assistant licensed pursuant to chapter 630 or 633 of NRS and who practices in the specialty of psychiatry.*



Sec. 75. NRS 433.265 is hereby amended to read as follows:

433.265 Any person employed by the Division as a psychiatrist, psychologist, *physician assistant*, marriage and family therapist, clinical professional counselor, registered nurse or social worker must be licensed or certified by the appropriate state licensing board for his or her respective profession.

Sec. 76. NRS 433.269 is hereby amended to read as follows:

433.269 The Administrator shall not employ any psychiatrist, psychologist, *physician assistant*, social worker or registered nurse who holds a master's degree in the field of psychiatric nursing who is unable to demonstrate proficiency in the oral and written expression of the English language.

Sec. 77. NRS 433.279 is hereby amended to read as follows:

433.279 1. The Division shall carry out a vocational and educational program for the certification of mental health technicians, including forensic technicians:

(a) Employed by the Division, or other employees of the Division who perform similar duties, but are classified differently.

(b) Employed by the Division of Child and Family Services of the Department.

↪ The program must be carried out in cooperation with the Nevada System of Higher Education.

2. A mental health technician is responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed physician, *physician assistant*, dentist, podiatric physician, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse or other professionally qualified person. This section does not authorize a mental



health technician to perform duties which require the specialized knowledge and skill of a professionally qualified person.

3. The Division shall adopt regulations to carry out the provisions of this section.

4. As used in this section, “mental health technician” means an employee of the Division of Public and Behavioral Services or the Division of Child and Family Services who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with mental illness and persons who are emotionally disturbed, and who has direct responsibility for:

(a) Administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, to enable consumers to make optimal use of their therapeutic regime, their social and personal resources, and their residential care; or

(b) The application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by members of the interdisciplinary team that determines the treatment of the consumers.

Sec. 78. NRS 433.5496 is hereby amended to read as follows:

433.5496 1. Except as otherwise provided in subsections 2 and 4, mechanical restraint may be used on a person with a disability who is a consumer only if:

(a) An emergency exists that necessitates the use of mechanical restraint;

(b) A medical order authorizing the use of mechanical restraint is obtained from the consumer’s treating physician, *physician assistant* or advanced practice registered nurse before the application



of the mechanical restraint or not later than 15 minutes after the application of the mechanical restraint;

(c) The physician , *physician assistant* or advanced practice registered nurse who signed the order required pursuant to paragraph (b) or the attending physician , *attending physician assistant* or attending advanced practice registered nurse examines the consumer not later than 1 working day immediately after the application of the mechanical restraint;

(d) The mechanical restraint is applied by a member of the staff of the facility who is trained and qualified to apply mechanical restraint;

(e) The consumer is given the opportunity to move and exercise the parts of his or her body that are restrained at least 10 minutes per every 60 minutes of restraint;

(f) A member of the staff of the facility lessens or discontinues the restraint every 15 minutes to determine whether the consumer will stop or control his or her inappropriate behavior without the use of the restraint;

(g) The record of the consumer contains a notation that includes the time of day that the restraint was lessened or discontinued pursuant to paragraph (f), the response of the consumer and the response of the member of the staff of the facility who applied the mechanical restraint;

(h) A member of the staff of the facility continuously monitors the consumer during the time that mechanical restraint is used on the consumer; and

(i) The mechanical restraint is used only for the period that is necessary to contain the behavior of the consumer so that the consumer is no longer an immediate threat of causing physical injury to himself or herself or others or causing severe property damage.



2. Mechanical restraint may be used on a person with a disability who is a consumer and the provisions of subsection 1 do not apply if the mechanical restraint is used to:

- (a) Treat the medical needs of a consumer;
- (b) Protect a consumer who is known to be at risk of injury to himself or herself because the consumer lacks coordination or suffers from frequent loss of consciousness;
- (c) Provide proper body alignment to a consumer; or
- (d) Position a consumer who has physical disabilities in a manner prescribed in the consumer's plan of services.

3. If mechanical restraint is used on a person with a disability who is a consumer in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 or 435.610, as applicable, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

4. The provisions of this section do not apply to a forensic facility, as that term is defined in subsection 5 of NRS 433.5499.

Sec. 79. NRS 433.5503 is hereby amended to read as follows:

433.5503 1. Chemical restraint may only be used on a person with a disability who is a consumer if:

- (a) The consumer has been deemed to be a person in a mental health crisis, as defined in NRS 433A.0175, and is receiving mental health services from a facility;
- (b) The chemical restraint is administered to the consumer while he or she is under the care of the facility;



- (c) An emergency exists that necessitates the use of chemical restraint;
 - (d) A medical order authorizing the use of chemical restraint is obtained from the consumer's attending physician, psychiatrist, *physician assistant* or advanced practice registered nurse;
 - (e) The physician, psychiatrist, *physician assistant* or advanced practice registered nurse who signed the order required pursuant to paragraph (d) examines the consumer not later than 1 working day immediately after the administration of the chemical restraint; and
 - (f) The chemical restraint is administered by a person licensed to administer medication.
2. If chemical restraint is used on a person with a disability who is a consumer, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534 or 435.610, as applicable, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

Sec. 80. NRS 433A.018 is hereby amended to read as follows:

433A.018 "Person professionally qualified in the field of psychiatric mental health" means:

- 1. A psychiatrist licensed to practice medicine in this State;
- 2. A psychologist licensed to practice in this State;
- 3. A social worker who holds a master's degree in social work and is licensed by the State as a clinical social worker;
- 4. A registered nurse who:
 - (a) Is licensed to practice professional nursing in this State; and
 - (b) Holds a master's degree in the field of psychiatric nursing;
- 5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; ~~for~~



6. A clinical professional counselor licensed pursuant to chapter 641A of NRS ~~H~~; or

7. *A physician assistant licensed pursuant to chapter 630 or 633 of NRS and who practices in the specialty of psychiatry.*

Sec. 81. NRS 433A.162 is hereby amended to read as follows:

433A.162 1. A public or private mental health facility or hospital may admit a person who has been placed on a mental health crisis hold under an emergency admission if:

(a) After conducting an examination pursuant to NRS 433A.165, a physician, physician assistant or advanced practice registered nurse determines that the person does not have a medical condition, other than a psychiatric condition, which requires immediate treatment;

(b) A psychologist, a physician, a physician assistant, ~~, [under the supervision of a psychiatrist,]~~ a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, who is employed by the public or private mental health facility or hospital completes a certificate pursuant to NRS 433A.170;

(c) A psychiatrist or a psychologist or, if a psychiatrist or a psychologist is not available, a physician, *a physician assistant* or an advanced practice registered nurse who has the training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, evaluates the person at the time of admission and determines that the person is a person in a mental health crisis; and

(d) A psychiatrist approves the admission.



2. The provisions of subsections 2 and 3 of NRS 433A.150 continue to apply to a person who is admitted to a public or private mental health facility or hospital under an emergency admission pursuant to this section.

Sec. 82. NRS 433A.170 is hereby amended to read as follows:

433A.170 Except as otherwise provided in this section, the administrative officer of a facility operated by the Division or of any other public or private mental health facility or hospital shall not accept a person for an emergency admission under NRS 433A.162 unless a psychologist, a physician, a physician assistant, ~~, {under the supervision of a psychiatrist,}~~ a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 completes a certificate stating that he or she has examined the person alleged to be a person in a mental health crisis and that he or she has concluded that the person is a person in a mental health crisis. The certificate required by this section may be obtained from a psychologist, physician, physician assistant, clinical social worker or advanced practice registered nurse who is employed by the public or private mental health facility or hospital to which the person alleged to be a person in a mental health crisis is to be admitted.

Sec. 83. NRS 433A.195 is hereby amended to read as follows:

433A.195 1. A licensed physician *or physician assistant* on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person from a mental health crisis hold upon completion of a certificate which meets the



requirements of NRS 433A.197 signed by a licensed physician on the medical staff of the facility or hospital, a physician assistant ~~under the supervision of a psychiatrist,~~ , a psychologist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has personally observed and examined the person and that he or she has concluded that the person is not a person in a mental health crisis.

2. A psychologist, a physician, a physician assistant , ~~under the supervision of a psychiatrist,~~ a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital who has personally assessed an unemancipated person who is less than 18 years of age after the person was placed on a mental health crisis hold may release the person from the hold if the parent or guardian of the person agrees to treatment or accepts physical custody of the person.

Sec. 84. NRS 433A.200 is hereby amended to read as follows:

433A.200 1. Except as otherwise provided in NRS 432B.6075, a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility with the clerk of the district court of the county where the person who is to be treated resides or the county where a



mental health facility that is willing to admit the person is located. The petition may be filed by any physician, physician assistant, psychologist, social worker or registered nurse or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, a psychologist, a physician assistant, ~~, [under the supervision of a psychiatrist,]~~ a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 stating that he or she has examined the person alleged to be a person in a mental health crisis and has concluded that the person is a person in a mental health crisis; or

(b) By a sworn written statement by the petitioner that:

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person in a mental health crisis, probable cause to believe that the person is a person in a mental health crisis and the person alleged to be a person in a mental health crisis has refused to submit to examination or treatment by a physician, *physician assistant*, psychiatrist, psychologist or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120; or

(2) The person alleged to be a person in a mental health crisis has been placed on a mental health crisis hold pursuant to NRS 433A.160 and the physician, physician assistant or advanced practice registered nurse who examined the person alleged to be a person with a mental health



crisis pursuant to NRS 433A.165 determined that the person has a medical condition, other than a psychiatric condition, which requires immediate treatment.

2. Except as otherwise provided in NRS 432B.6075, if the person to be treated is an unemancipated minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

Sec. 85. NRS 433A.210 is hereby amended to read as follows:

433A.210 In addition to the requirements of NRS 433A.200, a petition filed pursuant to that section with the clerk of the district court to commence proceedings for involuntary court-ordered admission of a person pursuant to NRS 433A.145 or 433A.150 must include documentation of the results of the medical examination conducted pursuant to NRS 433A.165 and a copy of:

1. The form for the placement of the person on a mental health crisis hold pursuant to NRS 433A.160; and

2. A petition executed by a psychiatrist, psychologist, physician , *physician assistant* or advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, including, without limitation, a sworn statement that:

(a) He or she has examined the person alleged to be a person in a mental health crisis;

(b) In his or her opinion, there is a reasonable degree of certainty that the person alleged to be a person in a mental health crisis suffers from a mental illness;



(c) Based on his or her personal observation of the person alleged to be a person in a mental health crisis and other facts set forth in the petition, the person presents a substantial risk of serious harm to himself or herself or others, as determined pursuant to NRS 433A.0195; and

(d) In his or her opinion, involuntary admission of the person alleged to be a person in a mental health crisis to a mental health facility or hospital is medically necessary to prevent the person from harming himself or herself or others.

Sec. 86. NRS 433A.240 is hereby amended to read as follows:

433A.240 1. After the filing of a petition to commence proceedings for the involuntary court-ordered admission of a person pursuant to NRS 433A.200 and 433A.210, the court shall promptly cause two or more physicians, psychologists , *physician assistants* or advanced practice registered nurses who have the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, one of whom must always be a physician, to examine the person alleged to be a person in a mental health crisis, or request an evaluation by an evaluation team from the Division of the person alleged to be a person in a mental health crisis.

2. Subject to the provisions in subsection 1, the judge assigned to hear a proceeding brought pursuant to NRS 433A.200 to 433A.330, inclusive, shall have complete discretion in selecting the medical professionals to conduct the examination required pursuant to subsection 1.

3. To conduct the examination of a person who is not being detained at a mental health facility or hospital under a mental health crisis hold pursuant to NRS 433A.160, the court may order a peace officer to take the person into protective custody and transport the person to a mental health



facility or hospital where the person may be detained until a hearing is had upon the petition or motion, as applicable.

4. If the person is not being detained under a mental health crisis hold pursuant to NRS 433A.160, the person may be allowed to remain in his or her home or other place of residence pending an ordered examination or examinations and to return to his or her home or other place of residence upon completion of the examination or examinations. The person may be accompanied by one or more of his or her relations or friends to the place of examination.

5. Each physician, psychologist, *physician assistant* and advanced practice registered nurse who examines a person pursuant to subsection 1 shall, in conducting such an examination, consider the least restrictive treatment appropriate for the person.

6. Each physician, psychologist, *physician assistant* and advanced practice registered nurse who examines a person pursuant to subsection 1 shall, not later than 24 hours before the hearing set pursuant to subsection 1 of NRS 433A.220, submit to the court in writing a summary of his or her findings and evaluation regarding the person alleged to be a person in a mental health crisis.

Sec. 87. NRS 433A.280 is hereby amended to read as follows:

433A.280 In proceedings for involuntary court-ordered admission, the court shall hear and consider all relevant testimony, including, but not limited to, the testimony of examining personnel who participated in the evaluation of the person alleged to be a person in a mental health crisis and the certificates of physicians, *physician assistants*, certified psychologists or advanced practice registered nurses accompanying the petition, if applicable. The court may consider testimony relating to any past actions of the person alleged to be a person in a mental health crisis if such



testimony is probative of the question of whether the person is presently a person in a mental health crisis.

Sec. 88. NRS 433A.310 is hereby amended to read as follows:

433A.310 1. Except as otherwise provided in NRS 432B.6076 and 432B.6077, if the district court finds, after proceedings for the involuntary court-ordered admission of a person:

(a) That there is not clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court must enter its finding to that effect and the person must not be involuntarily admitted to a public or private mental health facility. If the person has been detained in a public or private mental health facility or hospital under a mental health crisis hold pursuant to NRS 433A.160, including, without limitation, where the person has been admitted under an emergency admission pursuant to NRS 433A.162, the court must issue a written order requiring the facility or hospital to release the person not later than 24 hours after the court issues the order, unless the person applies for admission as a voluntary consumer pursuant to NRS 433A.140.

(b) That there is clear and convincing evidence that the person with respect to whom the hearing was held is a person in a mental health crisis, the court may order the involuntary admission of the person to a public or private mental health facility. The order of the court must be interlocutory and must not become final if, within 30 days after the involuntary admission, the person is unconditionally released pursuant to NRS 433A.390.

2. Except as otherwise provided in NRS 432B.608, an involuntary admission pursuant to paragraph (b) of subsection 1 automatically expires at the end of 6 months if not terminated



previously by the medical director of the public or private mental health facility after a determination by the physician primarily responsible for treating the patient, a psychiatrist , *a physician assistant* or an advanced practice registered nurse as provided for in subsection 3 of NRS 433A.390. Except as otherwise provided in NRS 432B.608, at the end of the involuntary court-ordered admission, the Division or any mental health facility that is not operated by the Division may petition to renew the involuntary admission of the person for additional periods not to exceed 6 months each. For each renewal, the petition must include evidence which meets the same standard set forth in subsection 1 that was required for the initial period of admission of the person to a public or private mental health facility.

3. Before issuing an order for involuntary admission or a renewal thereof, the court shall explore other alternative courses of treatment within the least restrictive appropriate environment, including assisted outpatient treatment, as suggested by the evaluation team who evaluated the person, or other persons professionally qualified in the field of psychiatric mental health, which the court believes may be in the best interests of the person.

4. If the court issues an order involuntarily admitting a person to a public or private mental health facility pursuant to this section, the court must, notwithstanding the provisions of NRS 433A.715, cause, within 5 business days after the order becomes final pursuant to this section, on a form prescribed by the Department of Public Safety, a record of the order to be transmitted to:

(a) The Central Repository for Nevada Records of Criminal History, along with a statement indicating that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Check System; and



(b) Each law enforcement agency of this State with which the court has entered into an agreement for such transmission, along with a statement indicating that the record is being transmitted for inclusion in each of this State's appropriate databases of information relating to crimes.

5. After issuing an order pursuant to this section, a court shall not transfer the case to another court.

6. A public or private mental health facility to which a person is involuntarily admitted pursuant to this section shall notify the court and the counsel for the person if the person is transferred to another facility.

7. As used in this section, "National Instant Criminal Background Check System" has the meaning ascribed to it in NRS 179A.062.

Sec. 89. NRS 433A.330 is hereby amended to read as follows:

433A.330 When an involuntary court admission to a mental health facility is ordered under the provisions of this chapter, the involuntarily admitted person, together with the court orders and certificates of the physicians, *physician assistants*, certified psychologists, advanced practice registered nurses or evaluation team and a full and complete transcript of the notes of the official reporter made at the examination of such person before the court, must be delivered to the sheriff of the county who shall:

1. Transport the person; or
2. Arrange for the person to be transported by:



(a) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

(b) A provider of nonemergency secure behavioral health transport services licensed under the regulations adopted pursuant to NRS 433.3317; or

(c) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

➡ to the appropriate public or private mental health facility.

Sec. 90. NRS 433A.335 is hereby amended to read as follows:

433A.335 1. A proceeding for an order requiring any person in the State of Nevada to receive assisted outpatient treatment may be commenced by the filing of a petition for such an order with the clerk of the district court of the county where the person who is to be treated is present. The petition may be filed by:

- (a) Any person who is at least 18 years of age and resides with the person to be treated;
- (b) The spouse, parent, adult sibling, adult child or legal guardian of the person to be treated;
- (c) A physician, physician assistant, psychologist, social worker or registered nurse who is providing care to the person to be treated;
- (d) The Administrator or his or her designee; or
- (e) The medical director of a division facility in which the person is receiving treatment or the designee of the medical director of such a division facility.



2. A proceeding to require a person who is the defendant in a criminal proceeding in the district court to receive assisted outpatient treatment may be commenced by the district court, on its own motion, or by motion of the defendant or the district attorney if:

(a) The defendant has been examined in accordance with NRS 178.415;

(b) The defendant is not eligible for commitment to the custody of the Administrator pursuant to NRS 178.461; and

(c) The Division makes a clinical determination that assisted outpatient treatment is appropriate.

3. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must allege the following concerning the person to be treated:

(a) The person is at least 18 years of age.

(b) The person has a mental illness.

(c) The person has a history of poor compliance with treatment for his or her mental illness that has resulted in at least one of the following circumstances:

(1) At least twice during the immediately preceding 48 months, poor compliance with mental health treatment has been a significant factor in causing the person to be hospitalized or receive services in the behavioral health unit of a detention facility or correctional facility. The 48-month period described in this subparagraph must be extended by any amount of time that the person has been hospitalized, incarcerated or detained during that period.

(2) Poor compliance with mental health treatment has been a significant factor in causing the person to commit, attempt to commit or threaten to commit serious physical harm to himself



or herself or others during the immediately preceding 48 months. The 48-month period described in this subparagraph must be extended by any amount of time that the person has been hospitalized, incarcerated or detained during that period.

(3) Poor compliance with mental health treatment has resulted in the person being hospitalized, incarcerated or detained for a cumulative period of at least 6 months and the person:

(I) Is scheduled to be discharged or released from such hospitalization, incarceration or detention during the 30 days immediately following the date of the petition; or

(II) Has been discharged or released from such hospitalization, incarceration or detention during the 60 days immediately preceding the date of the petition.

(d) Because of his or her mental illness, the person is unwilling or unlikely to voluntarily participate in outpatient treatment that would enable the person to live safely in the community without the supervision of the court.

(e) Assisted outpatient treatment is the least restrictive appropriate means to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis.

4. A petition filed pursuant to subsection 1 or a motion made pursuant to subsection 2 must be accompanied by:

(a) A sworn statement or a declaration that complies with the provisions of NRS 53.045 by a physician, a psychologist, a physician assistant, ~~under the supervision of a psychiatrist,~~ a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160 or an advanced practice registered nurse



who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, stating that he or she:

(1) Evaluated the person who is the subject of the petition or motion not earlier than 10 days before the filing of the petition or making of the motion;

(2) Recommends that the person be ordered to receive assisted outpatient treatment; and

(3) Is willing and able to testify at a hearing on the petition or motion; and

(b) A sworn statement or a declaration that complies with the provisions of NRS 53.045 from a person professionally qualified in the field of psychiatric mental health stating that he or she is willing to provide assisted outpatient treatment for the person in the county where the person resides.

5. A copy of the petition filed pursuant to subsection 1 or the motion made pursuant to subsection 2 must be served upon the person who is the subject of the petition or motion or his or her counsel and, if applicable, his or her legal guardian.

Sec. 91. NRS 433A.360 is hereby amended to read as follows:

433A.360 1. A clinical record for each consumer must be diligently maintained by any division facility, private institution, facility offering mental health services or person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment. The record must include information pertaining to the consumer's admission, legal status, treatment and individualized plan for habilitation. The clinical record is not a public record and no part of it may be released, except as otherwise provided in subsection 2 or except:

(a) If the release is authorized or required pursuant to NRS 439.538.



(b) The record must be released to physicians, *physician assistants*, advanced practice registered nurses, attorneys and social agencies as specifically authorized in writing by the consumer, the consumer's parent, guardian or attorney.

(c) The record must be released to persons authorized by the order of a court of competent jurisdiction.

(d) The record or any part thereof may be disclosed to a qualified member of the staff of a division facility, an employee of the Division or a member of the staff of an agency in Nevada which has been established pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq., or the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801 et seq., when the Administrator deems it necessary for the proper care of the consumer.

(e) Information from the clinical records may be used for statistical and evaluative purposes if the information is abstracted in such a way as to protect the identity of individual consumers.

(f) To the extent necessary for a consumer to make a claim, or for a claim to be made on behalf of a consumer for aid, insurance or medical assistance to which the consumer may be entitled, information from the records may be released with the written authorization of the consumer or the consumer's guardian.

(g) The record must be released without charge to any member of the staff of an agency in Nevada which has been established pursuant to 42 U.S.C. §§ 15001 et seq. or 42 U.S.C. §§ 10801 et seq. if:



(1) The consumer is a consumer of that office and the consumer or the consumer's legal representative or guardian authorizes the release of the record; or

(2) A complaint regarding a consumer was received by the office or there is probable cause to believe that the consumer has been abused or neglected and the consumer:

(I) Is unable to authorize the release of the record because of the consumer's mental or physical condition; and

(II) Does not have a guardian or other legal representative or is a ward of the State.

(h) The record must be released as provided in NRS 433.332 or 433B.200 and in chapter 629 of NRS.

2. A division facility, private institution, facility offering mental health services or person professionally qualified in the field of psychiatric mental health responsible for providing assisted outpatient treatment and any other person or entity having information concerning a consumer, including, without limitation, a clinical record, any part thereof or any information contained therein, may disclose such information to a provider of health care to assist with treatment provided to the consumer.

3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.

Sec. 92. NRS 433A.390 is hereby amended to read as follows:

433A.390 1. When a consumer, involuntarily admitted to a mental health facility or required to receive assisted outpatient treatment by court order, is released at the end of the period specified pursuant to NRS 433A.310 or 433A.343, as applicable, written notice must be given to



the court that issued the order not later than 3 judicial days after the release of the consumer. The consumer may be released without requiring further orders of the court. If the consumer has a legal guardian, the facility or the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the facility or treatment or, if the consumer will be released in less than 3 days, as soon as practicable.

2. The legal guardian of a consumer involuntarily admitted to a mental health facility, if applicable, has discretion to determine where the consumer will be released pursuant to subsection 1, taking into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility must discharge the consumer according to its proposed discharge plan.

3. A consumer who is involuntarily admitted to a mental health facility may be unconditionally released before the period specified in NRS 433A.310 when the physician primarily responsible for treating the patient, a psychiatrist , *a physician assistant* or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 determines that the consumer is no longer a person in a mental health crisis. If the consumer has a legal guardian, the facility shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the facility or, if the consumer will be released in less than 3 days, as soon as practicable. The legal guardian, if applicable, has discretion to determine where the consumer will be released, taking



into consideration any discharge plan proposed by the facility assessment team. If the legal guardian does not inform the facility as to where the consumer will be released within 3 days after the date of notification, the facility shall discharge the consumer according to its proposed discharge plan.

4. A consumer who is required to receive assisted outpatient treatment may be unconditionally released before the period specified in NRS 433A.343 when the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment for the consumer determines that:

(a) The consumer no longer requires assisted outpatient treatment to prevent further disability or deterioration that would result in the person becoming a person in a mental health crisis;

(b) The consumer is willing and likely to voluntarily participate in outpatient treatment that enables the person to live safely in the community without the supervision of the court; or

(c) After the order for assisted outpatient treatment has been effective for at least 30 days, the assisted outpatient treatment is not meeting the needs of the consumer.

5. If a consumer who will be released from assisted outpatient treatment pursuant to subsection 4 has a legal guardian, the person professionally qualified in the field of psychiatric mental health responsible for providing the assisted outpatient treatment to the consumer shall notify the guardian in the manner prescribed by subsection 6 at least 3 days before discharging the consumer from the treatment or, if the consumer will be released in less than 3 days, as soon as practicable.

6. Notification of a guardian pursuant to subsection 1, 3 or 5 must be provided:



(a) In person or by telephone; or

(b) If the mental health facility or the person professionally qualified in the field of psychiatric mental health, as applicable, is not able to contact the guardian in person or by telephone, by facsimile, electronic mail or certified mail.

7. A mental health facility or a person professionally qualified in the field of psychiatric mental health responsible for providing treatment to a consumer shall provide written notice to the court that issued the order not later than 3 judicial days after unconditionally releasing a consumer pursuant to subsection 3 or 4.

Sec. 93. NRS 433A.430 is hereby amended to read as follows:

433A.430 1. Whenever the Administrator determines that division facilities within the State are inadequate for the care of any person in a mental health crisis, the Administrator may designate two physicians ~~or~~ *or physician assistants* licensed under the provisions of chapter 630 or 633 of NRS and familiar with the field of psychiatry, or advanced practice registered nurses who have the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120, to examine that person. If the two physicians , *physician assistants* or advanced practice registered nurses concur with the opinion of the Administrator, the Administrator may:

(a) Transfer the person to a state that is a party to the Interstate Compact on Mental Health ratified and enacted in NRS 433.4543 in the manner provided in the Compact; or

(b) Contract with appropriate corresponding authorities in any other state of the United States that is not a party to the Compact and has adequate facilities for such purposes for the reception, detention, care or treatment of that person, but if the person in any manner objects to the transfer,



the procedures in subsection 3 of NRS 433.484 and subsections 2 and 3 of NRS 433.534 must be followed. The two physicians , *physician assistants* or advanced practice registered nurses so designated are entitled to a reasonable fee for their services which must be paid by the county of the person's last known residence.

2. Money to carry out the provisions of this section must be provided by direct legislative appropriation.

Sec. 94. NRS 433A.750 is hereby amended to read as follows:

433A.750 1. A person who:

(a) Without probable cause for believing a person is a person in a mental health crisis causes or conspires with or assists another to cause the involuntary court-ordered admission of the person under this chapter; or

(b) Causes or conspires with or assists another to cause the denial to any person of any right accorded to the person under this chapter,

↪ is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. Unless a greater penalty is provided in subsection 1 or 3, a person who knowingly and willfully violates any provision of this chapter regarding the admission of a person to, or discharge of a person from, a public or private mental health facility or the commencement or termination of assisted outpatient treatment is guilty of a gross misdemeanor.

3. A person who, without probable cause for believing another person is a person in a mental health crisis, executes a petition, application or certificate pursuant to this chapter, by which the person secures or attempts to secure the apprehension, hospitalization, detention, admission or



restraint of the person alleged to be a person in a mental health crisis, or any physician, *physician assistant*, psychiatrist, psychologist, advanced practice registered nurse or other person professionally qualified in the field of psychiatric mental health who knowingly makes any false certificate or application pursuant to this chapter as to the mental condition of any person is guilty of a category D felony and shall be punished as provided in NRS 193.130.

Sec. 95. NRS 433B.090 is hereby amended to read as follows:

433B.090 “Person professionally qualified in the field of psychiatric mental health” means:

1. A psychiatrist licensed to practice medicine in this State and certified by the American Board of Psychiatry and Neurology;
2. A psychologist licensed to practice in this State;
3. A social worker who holds a master’s degree in social work, is licensed by the State as a clinical social worker and is employed by the Division;
4. A registered nurse who:
 - (a) Is licensed to practice professional nursing in this State;
 - (b) Holds a master’s degree in the field of psychiatric nursing; and
 - (c) Is employed by the Division of Child and Family Services of the Department or the Division of Public and Behavioral Health of the Department;
5. A marriage and family therapist licensed pursuant to chapter 641A of NRS; ~~for~~
6. A clinical professional counselor licensed pursuant to chapter 641A of NRS ~~H~~; *or*
7. *A physician assistant licensed pursuant to chapter 630 or 633 of NRS and who practices in the specialty of psychiatry.*



Sec. 96. NRS 433B.160 is hereby amended to read as follows:

433B.160 1. A person employed by the Division as a psychiatrist, psychologist, *physician assistant*, marriage and family therapist, clinical professional counselor, registered nurse or social worker must be licensed or certified by the appropriate state licensing board for his or her respective profession.

2. Any psychiatrist who is employed by the Division must be certified by the American Board of Psychiatry and Neurology within 5 years after his or her first date of employment with the Division. The Administrator shall terminate the employment of any psychiatrist who fails to receive that certification.

Sec. 97. NRS 433B.170 is hereby amended to read as follows:

433B.170 The Administrator shall not employ any psychiatrist, psychologist, *physician assistant*, social worker, registered nurse, clinical professional counselor or marriage and family therapist who is unable to demonstrate proficiency in the oral and written expression of the English language.

Sec. 98. NRS 433B.331 is hereby amended to read as follows:

433B.331 1. When admitting a child with an emotional disturbance who is subject to the jurisdiction of a juvenile court pursuant to chapter 432B of NRS to a public or private inpatient psychiatric treatment facility, the administrative officer of the facility or the staff of the administrative officer shall ask the person or entity having legal custody of the child if the child has a treating provider of health care. If the child has a treating provider of health care, the



administrative officer or the staff of the administrative officer must make a reasonable effort to contact the treating provider of health care.

2. If the administrative officer of a public or private inpatient psychiatric treatment facility or the staff of the administrative officer is able to contact the treating provider of health care pursuant to subsection 1, the administrative officer or staff must make a reasonable effort to consult with and consider any input from the treating provider of health care concerning the care to be provided to the child, including, without limitation, the admission of the child.

3. If a child is admitted to a public or private inpatient psychiatric treatment facility, the administrative officer of the facility or the staff of the administrative officer must:

(a) Ask the person or entity having legal custody of the child for consent and make a reasonable attempt to obtain the consent of the child to allow the facility to coordinate the care of the child with the treating provider of health care on an ongoing basis; and

(b) Make a reasonable attempt to coordinate with all treating providers of health care of the child concerning a plan to discharge the child from the facility.

4. Failure of a person or entity having legal custody of a child or a child to provide consent pursuant to paragraph (a) of subsection 3 must not prevent a facility from coordinating the care of the child with the treating provider of health care of the child on an ongoing basis when necessary to protect or improve the health or welfare of the child.

5. As used in this section, “treating provider of health care” means, with respect to any child, a physician, a physician assistant , ~~[who practices under the supervision of a psychiatrist,]~~ an advanced practice registered nurse who has the psychiatric training and experience prescribed by



the State Board of Nursing pursuant to NRS 632.120 or a psychologist who regularly provides mental or behavioral health treatment to the child.

Sec. 99. NRS 435.415 is hereby amended to read as follows:

435.415 Any person employed by the Division as a psychiatrist, psychologist, *physician assistant*, marriage and family therapist, clinical professional counselor, registered nurse or social worker must be licensed or certified by the appropriate state licensing board for his or her respective profession.

Sec. 100. NRS 435.420 is hereby amended to read as follows:

435.420 The Administrator shall not employ any psychiatrist, psychologist, *physician assistant*, social worker or registered nurse who holds a master's degree in the field of psychiatric nursing who is unable to demonstrate proficiency in the oral and written expression of the English language.

Sec. 101. NRS 435.425 is hereby amended to read as follows:

435.425 1. The Division shall carry out a vocational and educational program for the certification of intellectual and developmental disability technicians, including forensic technicians employed by the Division, or other employees of the Division who perform similar duties, but are classified differently. The program must be carried out in cooperation with the Nevada System of Higher Education.

2. An intellectual and developmental disability technician is responsible to the director of the service in which his or her duties are performed. The director of a service may be a licensed physician, *physician assistant*, dentist, podiatric physician, psychiatrist, psychologist,



rehabilitation therapist, social worker, registered nurse or other professionally qualified person. This section does not authorize an intellectual and developmental disability technician to perform duties which require the specialized knowledge and skill of a professionally qualified person.

3. The Administrator shall adopt regulations to carry out the provisions of this section.

4. As used in this section, “intellectual and developmental disability technician” means an employee of the Division who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with intellectual disabilities or persons with developmental disabilities and who has direct responsibility for:

(a) Administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, to enable consumers to make optimal use of their therapeutic regime, their social and personal resources, and their residential care; or

(b) The application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of consumers, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by members of the interdisciplinary team that determines the treatment of the consumers.

Sec. 102. NRS 439.519 is hereby amended to read as follows:

439.519 1. The members of the Advisory Council serve terms of 2 years. A member may be reappointed to serve not more than two additional, consecutive terms.

2. A majority of the voting members of the Advisory Council shall select a Chair and a Vice Chair of the Advisory Council.



3. A majority of the voting members of the Advisory Council may:

(a) Appoint committees or subcommittees to study issues relating to wellness and the prevention of chronic disease.

(b) Remove a nonlegislative member of the Advisory Council for failing to carry out the business of, or serve the best interests of, the Advisory Council.

(c) Establish an advisory group of interested persons and governmental entities to study the delivery of health care through patient-centered medical homes. Interested persons and governmental entities that serve on the advisory group may include, without limitation:

(1) Public health agencies;

(2) Public and private insurers;

(3) Providers of primary care, including, without limitation, physicians , *physician assistants* and advanced practice registered nurses who provide primary care; and

(4) Recipients of health care services.

4. The Division shall, within the limits of available money, provide the necessary professional staff and a secretary for the Advisory Council.

5. A majority of the voting members of the Advisory Council constitutes a quorum to transact all business, and a majority of those voting members present, physically or via telecommunications, must concur in any decision.

6. The Advisory Council shall, within the limits of available money, meet at the call of the Administrator, the Chair or a majority of the voting members of the Advisory Council quarterly or as is necessary.



7. The members of the Advisory Council serve without compensation, except that each member is entitled, while engaged in the business of the Advisory Council and within the limits of available money, to the per diem allowance and travel expenses provided for state officers and employees generally.

8. As used in this section, “patient-centered medical home” has the meaning ascribed to it in NRS 439A.190.

Sec. 103. NRS 439.908 is hereby amended to read as follows:

439.908 1. The Patient Protection Commission is hereby created within the Office of the Director. The Commission consists of:

(a) The following 12 voting members appointed by the Governor:

(1) Two members who are persons with expertise and experience in advocating on behalf of patients.

(2) One member who is a provider of health care who operates a for-profit business to provide health care.

(3) One member who is a registered nurse who practices primarily at a nonprofit hospital.

(4) One member who is a physician , *physician assistant* or registered nurse who practices primarily at a federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B).

(5) One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.



(6) One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to chapter 428 of NRS.

(7) One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.

(8) One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.

(9) One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.

(10) One member who is an employee or a consultant of the Department with expertise in health information technology and patient access to medical records.

(11) One member who is a representative of the general public.

(b) The Director of the Department, the Commissioner of Insurance, the Executive Director of the Silver State Health Insurance Exchange and the Executive Officer of the Public Employees' Benefits Program or his or her designee as ex officio, nonvoting members.

2. The Governor shall:

(a) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Majority Leader of the Senate;

(b) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Speaker of the Assembly; and



(c) Ensure that the members appointed by the Governor to the Commission reflect the geographic diversity of this State.

3. Members of the Commission serve:

(a) At the pleasure of the Governor; and

(b) Without compensation or per diem but are entitled to receive reimbursement for travel expenses in the same amount provided for state officers and employees generally.

4. After the initial terms, the term of each voting member is 2 years, except that the Governor may remove a voting member at any time and for any reason. A member may be reappointed.

5. If a vacancy occurs during the term of a voting member, the Governor shall appoint a person similarly qualified to replace that member for the remainder of the unexpired term.

6. The Governor shall annually designate a voting member to serve as the Chair of the Commission.

7. A majority of the voting members of the Commission constitutes a quorum for the transaction of business, and a majority of the members of a quorum present at any meeting is sufficient for any official action taken by the Commission.

8. The members of the Commission shall comply with the requirements of NRS 281A.420 applicable to public officers generally.

Sec. 104. NRS 439A.0195 is hereby amended to read as follows:

439A.0195 “Practitioner” means a physician licensed under chapter 630, 630A or 633 of NRS, *physician assistant licensed under chapter 630 or 633 of NRS*, dentist, licensed nurse, dispensing optician, optometrist, registered physical therapist, podiatric physician, licensed



psychologist, chiropractic physician, doctor of Oriental medicine in any form, medical laboratory director or technician, pharmacist or other person whose principal occupation is the provision of services for health.

Sec. 105. NRS 439A.190 is hereby amended to read as follows:

439A.190 1. A primary care practice shall not represent itself as a patient-centered medical home unless the primary care practice is certified, accredited or otherwise officially recognized as a patient-centered medical home by a nationally recognized organization for the accrediting of patient-centered medical homes.

2. The Department shall post on an Internet website maintained by the Department links to nationally recognized organizations for the accrediting of patient-centered medical homes and any other information specified by the Department to allow patients to find a patient-centered medical home that meets the requirements of this section and any regulations adopted pursuant thereto.

3. Any coordination between an insurer and a patient-centered medical home or acceptance of an incentive from an insurer by a patient-centered medical home that is authorized by federal law shall not be deemed to be an unfair method of competition or an unfair or deceptive trade practice or other act or practice prohibited by the provisions of chapter 598 or 686A of NRS.

4. As used in this section:

(a) "Patient-centered medical home" means a primary care practice that:

(1) Offers patient-centered, continuous, culturally competent, evidence-based, comprehensive health care that is led by a provider of primary care and a team of health care



providers, coordinates the health care needs of the patient and uses enhanced communication strategies and health information technology; and

(2) Emphasizes enhanced access to practitioners and preventive care to improve the outcomes for and experiences of patients and lower the costs of health services.

(b) “Primary care practice” means a federally qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B), or a business where health services are provided by one or more advanced practice registered nurses or one or more physicians *or physician assistants* who are licensed pursuant to chapter 630 or 633 of NRS and who practice in the area of family practice, internal medicine or pediatrics.

Sec. 106. NRS 439B.410 is hereby amended to read as follows:

439B.410 1. Except as otherwise provided in subsection 4, each hospital in this State has an obligation to provide emergency services and care, including care provided by physicians , *physician assistants* and nurses, and to admit a patient where appropriate, regardless of the financial status of the patient.

2. Except as otherwise provided in subsection 4, it is unlawful for a hospital or a physician working in a hospital emergency room to:

(a) Refuse to accept or treat a patient in need of emergency services and care; or

(b) Except when medically necessary in the judgment of the attending physician:

(1) Transfer a patient to another hospital or health facility unless, as documented in the patient’s records:

(I) A determination has been made that the patient is medically fit for transfer;



(II) Consent to the transfer has been given by the receiving physician, hospital or health facility;

(III) The patient has been provided with an explanation of the need for the transfer; and

(IV) Consent to the transfer has been given by the patient or the patient's legal representative; or

(2) Provide a patient with orders for testing at another hospital or health facility when the hospital from which the orders are issued is capable of providing that testing.

3. A physician, hospital or other health facility which treats a patient as a result of a violation of subsection 2 by a hospital or a physician working in the hospital is entitled to recover from that hospital an amount equal to three times the charges for the treatment provided that was billed by the physician, hospital or other health facility which provided the treatment, plus reasonable attorney's fees and costs.

4. This section does not prohibit the transfer of a patient from one hospital to another:

(a) When the patient is covered by an insurance policy or other contractual arrangement which provides for payment at the receiving hospital;

(b) After the county responsible for payment for the care of an indigent patient has exhausted the money which may be appropriated for that purpose pursuant to NRS 428.050, 428.285 and 450.425; or

(c) When the hospital cannot provide the services needed by the patient.

↪ No transfer may be made pursuant to this subsection until the patient's condition has been stabilized to a degree that allows the transfer without an additional risk to the patient.



5. As used in this section:

(a) “Emergency services and care” means medical screening, examination and evaluation by a physician or, to the extent permitted by a specific statute, by a person under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the hospital. As used in this paragraph:

(1) “Active labor” means, in relation to childbirth, labor that occurs when:

(I) There is inadequate time before delivery to transfer the patient safely to another hospital; or

(II) A transfer may pose a threat to the health and safety of the patient or the unborn child.

(2) “Emergency medical condition” means the presence of acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(I) Placing the health of the patient in serious jeopardy;

(II) Serious impairment of bodily functions; or

(III) Serious dysfunction of any bodily organ or part.

(b) “Medically fit” means that the condition of the patient has been sufficiently stabilized so that the patient may be safely transported to another hospital, or is such that, in the determination of the attending physician, the transfer of the patient constitutes an acceptable risk. Such a determination must be based upon the condition of the patient, the expected benefits, if any, to the



patient resulting from the transfer and whether the risks to the patient's health are outweighed by the expected benefits, and must be documented in the patient's records before the transfer.

6. If an allegation of a violation of the provisions of subsection 2 is made against a hospital licensed pursuant to the provisions of chapter 449 of NRS, the Division of Public and Behavioral Health of the Department shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, suspension or revocation of such a license, or for the imposition of any sanction prescribed by NRS 449.163.

7. If an allegation of a violation of the provisions of subsection 2 is made against:

(a) A physician licensed to practice medicine pursuant to the provisions of chapter 630 of NRS, the Board of Medical Examiners shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action or denying licensure pursuant to the provisions of subsection 3 of NRS 630.3065.

(b) An osteopathic physician licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS, the State Board of Osteopathic Medicine shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action pursuant to the provisions of subsection 1 of NRS 633.131.

Sec. 107. Chapter 440 of NRS is hereby amended by adding thereto a new section to read as follows:



As used in this chapter, “physician assistant” means a person who holds a license as a physician assistant pursuant to chapter 630 or 633 of NRS.

Sec. 108. NRS 440.100 is hereby amended to read as follows:

440.100 All physicians, *physician assistants*, registered nurses, midwives, informants or funeral directors, and all other persons having knowledge of the facts, shall furnish such information as they may possess regarding any birth or death upon demand of the State Registrar, in person, by mail, or through the local health officer.

Sec. 109. NRS 440.340 is hereby amended to read as follows:

440.340 1. Stillborn children or those dead at birth shall be registered as a stillbirth and a certificate of stillbirth shall be filed with the local health officer in the usual form and manner.

2. The medical certificate of the cause of death shall be signed by the attending physician , *attending physician assistant* or attending advanced practice registered nurse, if any.

3. Midwives shall not sign certificates of stillbirth for stillborn children; but such cases, and stillbirths occurring without attendance of either physician, *physician assistant*, advanced practice registered nurse or midwife, shall be treated as deaths without medical attention as provided for in this chapter.

Sec. 110. NRS 440.380 is hereby amended to read as follows:

440.380 1. The medical certificate of death must be signed by the physician , *physician assistant* 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 , *physician assistant* 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.

Sec. 111. NRS 440.390 is hereby amended to read as follows:

440.390 The certificate of stillbirth must be presented by the funeral director or person acting as undertaker to the physician , *physician assistant* or advanced practice registered nurse in attendance at the stillbirth, for the certificate of the fact of stillbirth and the medical data pertaining to stillbirth as the physician , *physician assistant* or advanced practice registered nurse can furnish them in his or her professional capacity.

Sec. 112. NRS 440.400 is hereby amended to read as follows:

440.400 Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit. Any certificate containing only such terms as defined by the State Board of Health shall be returned



to the physician, *physician assistant* or advanced practice registered nurse for correction and more definite statement.

Sec. 113. NRS 440.415 is hereby amended to read as follows:

440.415 1. A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse ~~for physician assistant~~ or the registered nurses ~~for physician assistants~~ employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient. ~~Am~~ *A physician assistant or an* advanced practice registered nurse who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or the registered nurses employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.

2. Such an authorization is valid for 120 days. Except as otherwise provided in subsection 3, the authorization must:

- (a) Be a written order entered on the chart of the patient;
- (b) State the name of the registered nurse or nurses ~~for physician assistant or assistants~~ authorized to make the pronouncement of death; and
- (c) Be signed and dated by the physician, *physician assistant* or advanced practice registered nurse.

3. If the patient is in a medical facility or under the care of a program for hospice care, the physician may authorize the registered nurses ~~for physician assistants~~ employed by the facility or program, or *a physician assistant or* an advanced practice registered nurse may authorize such a



registered nurse, to make pronouncements of death without specifying the name of each nurse .

~~{or physician assistant, as applicable.}~~

4. If a pronouncement of death is made by a registered nurse , ~~{or physician assistant,}~~ the physician , *physician assistant* or advanced practice registered nurse who authorized that action shall sign the medical certificate of death within 24 hours after being presented with the certificate.

5. If a patient in a medical facility is pronounced dead by a registered nurse ~~{or physician assistant}~~ employed by the facility, the registered nurse ~~{or physician assistant}~~ may release the body of the patient to a licensed funeral director pending the completion of the medical certificate of death by the attending physician , *attending physician assistant* or attending advanced practice registered nurse if the physician, *physician assistant*, advanced practice registered nurse or the medical director or chief of the medical staff of the facility has authorized the release in writing.

6. The Board may adopt regulations concerning the authorization of a registered nurse ~~{or physician assistant}~~ to make pronouncements of death.

7. As used in this section:

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

(b) “Medical facility” means:

- (1) A facility for skilled nursing as defined in NRS 449.0039;
- (2) A facility for hospice care as defined in NRS 449.0033;
- (3) A hospital as defined in NRS 449.012;



- (4) An agency to provide nursing in the home as defined in NRS 449.0015; or
- (5) A facility for intermediate care as defined in NRS 449.0038.
- (c) ~~["Physician assistant" means a person who holds a license as a physician assistant pursuant to chapter 630 or 633 of NRS.~~
- ~~—(d)]~~ "Program for hospice care" means a program for hospice care licensed pursuant to chapter 449 of NRS.

~~[(e)]~~ (d) "Pronouncement of death" means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending provider of health care in accordance with the provisions of this chapter.

Sec. 114. 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.

2. Where there is no qualified physician , *physician assistant* 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. 115. NRS 440.470 is hereby amended to read as follows:

440.470 The funeral director or person acting as undertaker shall present the certificate to the attending physician , *attending physician assistant* or attending advanced practice registered nurse, if any, or to the health officer or coroner, for the medical certificate of the cause of death and other particulars necessary to complete the record unless the attending physician , *attending physician assistant* or attending advanced practice registered nurse initiated the record of death and provided the required information at the time of death.

Sec. 116. NRS 440.720 is hereby amended to read as follows:

440.720 Any physician , *physician assistant* or advanced practice registered nurse who was in medical attendance upon any deceased person at the time of death who neglects or refuses to make out and deliver to the funeral director, sexton or other person in charge of the interment, removal or other disposition of the body, upon request, the medical certificate of the cause of death shall be punished by a fine of not more than \$250.

Sec. 117. NRS 440.730 is hereby amended to read as follows:



440.730 If any physician , *physician assistant* or advanced practice registered nurse knowingly makes a false certification of the cause of death in any case, the physician , *physician assistant* or advanced practice registered nurse shall be punished by a fine of not more than \$250.

Sec. 118. NRS 440.735 is hereby amended to read as follows:

440.735 1. Except as otherwise provided in subsection 2, it is unlawful for any person to affix his or her signature to an uncompleted death certificate.

2. A physician, *physician assistant*, advanced practice registered nurse, health officer or coroner may affix his or her signature to an uncompleted death certificate after completing the portions of the death certificate applicable to the physician, *physician assistant*, advanced practice registered nurse, health officer or coroner.

Sec. 119. NRS 440.770 is hereby amended to read as follows:

440.770 Any person who furnishes false information to a physician, *physician assistant*, advanced practice registered nurse, funeral director, midwife or informant for the purpose of making incorrect certification of births or deaths shall be punished by a fine of not more than \$250.

Sec. 120. NRS 442.008 is hereby amended to read as follows:

442.008 1. The State Board of Health shall adopt regulations governing examinations and tests required for the discovery in infants of preventable or inheritable disorders, including tests for the presence of sickle cell disease and its variants and sickle cell trait.

2. Except as otherwise provided in this subsection, the examinations and tests required pursuant to subsection 1 must include tests and examinations for each disorder recommended to be screened by the Health Resources and Services Administration of the United States Department



of Health and Human Services by not later than 4 years after the recommendation is published. The State Board may exclude any such disorder upon request of the Chief Medical Officer or the person in charge of the State Public Health Laboratory based on:

- (a) Insufficient funding to conduct testing for the disorder; or
- (b) Insufficient resources to address the results of the examination and test.

3. Any examination or test required by the regulations adopted pursuant to subsection 1 which must be performed by a laboratory must be sent to the State Public Health Laboratory. If the State Public Health Laboratory increases the amount charged for performing such an examination or test pursuant to NRS 439.240, the Division shall hold a public hearing during which the State Public Health Laboratory shall provide to the Division a written and verbal fiscal analysis of the reasons for the increased charges.

4. Except as otherwise provided in subsection 7, the regulations adopted pursuant to subsection 1 concerning tests for the presence of sickle cell disease and its variants and sickle cell trait must require the screening for sickle cell disease and its variants and sickle cell trait of:

- (a) Each newborn child who is susceptible to sickle cell disease and its variants and sickle cell trait as determined by regulations of the State Board of Health; and
- (b) Each biological parent of a child who wishes to undergo such screening.

5. Any physician, *physician assistant*, midwife, nurse, freestanding birthing center or hospital of any nature attending or assisting in any way any infant, or the person who gave birth to any infant, at childbirth shall:



(a) Make or cause to be made an examination of the infant, including standard tests that do not require laboratory services, to the extent required by regulations of the State Board of Health as is necessary for the discovery of conditions indicating such preventable or inheritable disorders.

(b) Collect and send to the State Public Health Laboratory or cause to be collected and sent to the State Public Health Laboratory any specimens needed for the examinations and tests that must be performed by a laboratory and are required by the regulations adopted pursuant to subsection 1.

6. If the examination and tests reveal the existence of such conditions in an infant, the physician, *physician assistant*, midwife, nurse, freestanding birthing center or hospital attending or assisting at the birth of the infant shall immediately:

(a) Report the condition to the Chief Medical Officer or the representative of the Chief Medical Officer, the local health officer of the county or city within which the infant or the person who gave birth to the infant resides, and the local health officer of the county or city in which the child is born; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

7. An infant is exempt from examination and testing if either parent files a written objection with the person or institution responsible for making the examination or tests.

8. As used in this section, “sickle cell disease and its variants” has the meaning ascribed to it in NRS 439.4927.

Sec. 121. NRS 442.040 is hereby amended to read as follows:



442.040 1. Any physician, *physician assistant*, midwife, nurse, freestanding birthing center or hospital of any nature, parent, relative or person attending or assisting in any way any infant, or the person who gave birth to any infant, at childbirth, or any time within 2 weeks after childbirth, knowing the condition defined in NRS 442.030 to exist, shall immediately report such fact in writing to the local health officer of the county, city or other political subdivision within which the infant or the person who gave birth to any infant may reside.

2. Midwives shall immediately report conditions to some qualified practitioner of medicine *or physician assistant* and thereupon withdraw from the case except as they may act under the physician's *or physician assistant's* instructions.

3. On receipt of such report, the health officer, or the physician *or physician assistant* notified by a midwife, shall immediately give to the parents or persons having charge of such infant a warning of the dangers to the eye or eyes of the infant, and shall, for indigent cases, provide the necessary treatment at the expense of the county, city or other political subdivision.

Sec. 122. NRS 442.050 is hereby amended to read as follows:

442.050 It shall be unlawful for any physician , *physician assistant* or midwife practicing midwifery to neglect or otherwise fail to instill or have instilled in the eyes of the newborn baby, immediately upon its birth, some germicide of proven efficiency in preventing the development of ophthalmia neonatorum.

Sec. 123. NRS 442.060 is hereby amended to read as follows:



442.060 Every physician , *physician assistant* or midwife shall, in making a report of a birth, state whether or not the germicide described in NRS 442.050 was instilled into the eyes of the infant.

Sec. 124. NRS 442.080 is hereby amended to read as follows:

442.080 The Division shall:

1. Enforce the provisions of NRS 442.030 to 442.110, inclusive.
2. Publish such advice and information concerning the dangers of inflammation of the eyes of the newborn as is necessary for prompt and effective treatment.
3. Furnish copies of NRS 442.030 to 442.110, inclusive, to all physicians , *physician assistants* and midwives who may be engaged in the practice of obstetrics, or assisting at childbirth.
4. Keep the proper record of any and all cases of inflammation of the eyes of the newborn which shall be filed in the office of the Division in pursuance of the law, and which may come to its attention in any way, and constitute such records as part of the biennial report to the Director.
5. Report any and all violations of NRS 442.030 to 442.110, inclusive, that may come to its attention to the district attorney of the county wherein the misdemeanor may have been committed, and shall assist the district attorney in any way possible, such as securing necessary evidence.
6. Furnish birth certificates, which shall include the question, "Did you comply with NRS 442.050? If so, state what solution used."
7. Within the limit of funds available, provide medical services, appliances, drugs and information for birth control.



Sec. 125. NRS 442.110 is hereby amended to read as follows:

442.110 Any physician, *physician assistant*, midwife, nurse, manager or person in charge of a freestanding birthing center or hospital, parent, relative or person attending upon or assisting at the birth of an infant who violates any of the provisions of NRS 442.030 to 442.100, inclusive, shall be punished by a fine of not more than \$250.

Sec. 126. NRS 442.680 is hereby amended to read as follows:

442.680 1. Except as otherwise provided in subsection 3, any physician, *physician assistant*, midwife or nurse attending or assisting in any way any infant at childbirth at a freestanding birthing center or a hospital which regularly offers obstetric services in the normal course of business and not only on an emergency basis shall make or cause to be made an examination of the infant, to determine whether the infant may suffer from critical congenital heart disease, including, without limitation, conducting pulse oximetry screening. If the physician, *physician assistant*, midwife or nurse who conducts the examination is not the attending physician , *physician assistant or advanced practice registered nurse* of the infant, the physician, *physician assistant*, midwife or nurse shall submit the results of the examination to the attending physician , *physician assistant or advanced practice registered nurse* of the infant.

2. If the examination reveals that an infant may suffer from critical congenital heart disease, the attending physician , *physician assistant or advanced practice registered nurse* of the infant shall conduct an examination to confirm whether the infant does suffer from critical congenital heart disease. If the attending physician , *physician assistant or advanced practice registered*



nurse determines that the infant suffers from critical congenital heart disease, the attending physician, *physician assistant or advanced practice registered nurse* must:

(a) Report the condition to the Chief Medical Officer or a representative of the Chief Medical Officer; and

(b) Discuss the condition with the parent, parents or other persons responsible for the care of the infant and inform them of the treatment necessary for the amelioration of the condition.

3. An examination of an infant is not required pursuant to this section if either parent files a written objection with the person responsible for conducting the examination or with the freestanding birthing center or hospital at which the infant is born.

4. The State Board of Health may adopt such regulations as necessary to carry out the provisions of this section.

Sec. 127. NRS 449.0115 is hereby amended to read as follows:

449.0115 1. “Hospice care” means a centrally administered program of palliative services and supportive services provided by an interdisciplinary team directed by a physician. The program includes the provision of physical, psychological, custodial and spiritual care for persons who are terminally ill and their families. The care may be provided in the home, at a residential facility or at a medical facility at any time of the day or night. The term includes the supportive care and services provided to the family after the patient dies.

2. As used in this section:

(a) “Family” includes the immediate family, the person who primarily cared for the patient and other persons with significant personal ties to the patient, whether or not related by blood.



(b) “Interdisciplinary team” means a group of persons who work collectively to meet the special needs of terminally ill patients and their families and includes such persons as a physician, *physician assistant*, registered nurse, social worker, member of the clergy and trained volunteer.

Sec. 128. NRS 449.0175 is hereby amended to read as follows:

449.0175 “Rural clinic” means a facility located in an area that is not designated as an urban area by the Bureau of the Census, where medical services are provided by a physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237 . ~~[who is under the supervision of a licensed physician.]~~

Sec. 129. NRS 449.0302 is hereby amended to read as follows:

449.0302 1. The Board shall adopt:

(a) Licensing standards for each class of medical facility or facility for the dependent covered by NRS 449.029 to 449.2428, inclusive, and for programs of hospice care.

(b) Regulations governing the licensing of such facilities and programs.

(c) Regulations governing the procedure and standards for granting an extension of the time for which a natural person may provide certain care in his or her home without being considered a residential facility for groups pursuant to NRS 449.017. The regulations must require that such grants are effective only if made in writing.

(d) Regulations establishing a procedure for the indemnification by the Division, from the amount of any surety bond or other obligation filed or deposited by a facility for refractive surgery pursuant to NRS 449.068 or 449.069, of a patient of the facility who has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.



(e) Regulations that prescribe the specific types of discrimination prohibited by NRS 449.101.

(f) Regulations requiring a hospital or independent center for emergency medical care to provide training to each employee who provides care to victims of sexual assault or attempted sexual assault concerning appropriate care for such persons, including, without limitation, training concerning the requirements of NRS 449.1885.

(g) Any other regulations as it deems necessary or convenient to carry out the provisions of NRS 449.029 to 449.2428, inclusive.

2. The Board shall adopt separate regulations governing the licensing and operation of:

(a) Facilities for the care of adults during the day; and

(b) Residential facilities for groups,

↪ which provide care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845.

3. The Board shall adopt separate regulations for:

(a) The licensure of rural hospitals which take into consideration the unique problems of operating such a facility in a rural area.

(b) The licensure of facilities for refractive surgery which take into consideration the unique factors of operating such a facility.

(c) The licensure of mobile units which take into consideration the unique factors of operating a facility that is not in a fixed location.



4. The Board shall require that the practices and policies of each medical facility or facility for the dependent provide adequately for the protection of the health, safety and physical, moral and mental well-being of each person accommodated in the facility.

5. In addition to the training requirements prescribed pursuant to NRS 449.093, the Board shall establish minimum qualifications for administrators and employees of residential facilities for groups. In establishing the qualifications, the Board shall consider the related standards set by nationally recognized organizations which accredit such facilities.

6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:

(a) The ultimate user's physical and mental condition is stable and is following a predictable course.

(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.

(c) A written plan of care by a physician , *physician assistant* or registered nurse has been established that:

(1) Addresses possession and assistance in the administration of the medication; and

(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.



(d) Except as otherwise authorized by the regulations adopted pursuant to NRS 449.0304, the prescribed medication is not administered by injection or intravenously.

(e) The employee has successfully completed training and examination approved by the Division regarding the authorized manner of assistance.

7. The Board shall adopt separate regulations governing the licensing and operation of residential facilities for groups which provide assisted living services. The Board shall not allow the licensing of a facility as a residential facility for groups which provides assisted living services and a residential facility for groups shall not claim that it provides “assisted living services” unless:

(a) Before authorizing a person to move into the facility, the facility makes a full written disclosure to the person regarding what services of personalized care will be available to the person and the amount that will be charged for those services throughout the resident’s stay at the facility.

(b) The residents of the facility reside in their own living units which:

(1) Except as otherwise provided in subsection 8, contain toilet facilities;

(2) Contain a sleeping area or bedroom; and

(3) Are shared with another occupant only upon consent of both occupants.

(c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles:

(1) The facility is designed to create a residential environment that actively supports and promotes each resident’s quality of life and right to privacy;

(2) The facility is committed to offering high-quality supportive services that are developed by the facility in collaboration with the resident to meet the resident’s individual needs;



(3) The facility provides a variety of creative and innovative services that emphasize the particular needs of each individual resident and the resident's personal choice of lifestyle;

(4) The operation of the facility and its interaction with its residents supports, to the maximum extent possible, each resident's need for autonomy and the right to make decisions regarding his or her own life;

(5) The operation of the facility is designed to foster a social climate that allows the resident to develop and maintain personal relationships with fellow residents and with persons in the general community;

(6) The facility is designed to minimize and is operated in a manner which minimizes the need for its residents to move out of the facility as their respective physical and mental conditions change over time; and

(7) The facility is operated in such a manner as to foster a culture that provides a high-quality environment for the residents, their families, the staff, any volunteers and the community at large.

8. The Division may grant an exception from the requirement of subparagraph (1) of paragraph (b) of subsection 7 to a facility which is licensed as a residential facility for groups on or before July 1, 2005, and which is authorized to have 10 or fewer beds and was originally constructed as a single-family dwelling if the Division finds that:

(a) Strict application of that requirement would result in economic hardship to the facility requesting the exception; and

(b) The exception, if granted, would not:



- (1) Cause substantial detriment to the health or welfare of any resident of the facility;
- (2) Result in more than two residents sharing a toilet facility; or
- (3) Otherwise impair substantially the purpose of that requirement.

9. The Board shall, if it determines necessary, adopt regulations and requirements to ensure that each residential facility for groups and its staff are prepared to respond to an emergency, including, without limitation:

(a) The adoption of plans to respond to a natural disaster and other types of emergency situations, including, without limitation, an emergency involving fire;

(b) The adoption of plans to provide for the evacuation of a residential facility for groups in an emergency, including, without limitation, plans to ensure that nonambulatory patients may be evacuated;

(c) Educating the residents of residential facilities for groups concerning the plans adopted pursuant to paragraphs (a) and (b); and

(d) Posting the plans or a summary of the plans adopted pursuant to paragraphs (a) and (b) in a conspicuous place in each residential facility for groups.

10. The regulations governing the licensing and operation of facilities for transitional living for released offenders must provide for the licensure of at least three different types of facilities, including, without limitation:

(a) Facilities that only provide a housing and living environment;



(b) Facilities that provide or arrange for the provision of supportive services for residents of the facility to assist the residents with reintegration into the community, in addition to providing a housing and living environment; and

(c) Facilities that provide or arrange for the provision of programs for alcohol and other substance use disorders, in addition to providing a housing and living environment and providing or arranging for the provision of other supportive services.

↪ The regulations must provide that if a facility was originally constructed as a single-family dwelling, the facility must not be authorized for more than eight beds.

11. The Board shall adopt regulations applicable to providers of community-based living arrangement services which:

(a) Except as otherwise provided in paragraph (b), require a natural person responsible for the operation of a provider of community-based living arrangement services and each employee of a provider of community-based living arrangement services who supervises or provides support to recipients of community-based living arrangement services to complete training concerning the provision of community-based living arrangement services to persons with mental illness and continuing education concerning the particular population served by the provider;

(b) Exempt a person licensed or certified pursuant to title 54 of NRS from the requirements prescribed pursuant to paragraph (a) if the Board determines that the person is required to receive training and continuing education substantially equivalent to that prescribed pursuant to that paragraph;



(c) Require a natural person responsible for the operation of a provider of community-based living arrangement services to receive training concerning the provisions of title 53 of NRS applicable to the provision of community-based living arrangement services; and

(d) Require an applicant for a license to provide community-based living arrangement services to post a surety bond in an amount equal to the operating expenses of the applicant for 2 months, place that amount in escrow or take another action prescribed by the Division to ensure that, if the applicant becomes insolvent, recipients of community-based living arrangement services from the applicant may continue to receive community-based living arrangement services for 2 months at the expense of the applicant.

12. The Board shall adopt separate regulations governing the licensing and operation of freestanding birthing centers. Such regulations must:

(a) Align with the standards established by the American Association of Birth Centers, or its successor organization, the accrediting body of the Commission for the Accreditation of Birth Centers, or its successor organization, or another nationally recognized organization for accrediting freestanding birthing centers; and

(b) Allow the provision of supervised training to providers of health care, as appropriate, at a freestanding birthing center.

13. As used in this section, “living unit” means an individual private accommodation designated for a resident within the facility.

Sec. 130. NRS 449.0305 is hereby amended to read as follows:



449.0305 1. Except as otherwise provided in subsection 5, a person must obtain a license from the Board to operate a business that provides referrals to residential facilities for groups or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm.

2. The Board shall adopt:

- (a) Standards for the licensing of businesses described in subsection 1;
- (b) Standards relating to the fees charged by such businesses;
- (c) Regulations governing the licensing of such businesses; and
- (d) Regulations establishing requirements for training the employees of such businesses.

3. A licensed nurse, social worker, physician , *physician assistant* or hospital, or a provider of geriatric care who is licensed as a nurse or social worker, may provide referrals to residential facilities for groups or any other group housing arrangement described in subsection 1 through a business that is licensed pursuant to this section. The Board may, by regulation, authorize a public guardian or any other person it determines appropriate to provide referrals to residential facilities for groups or any other group housing arrangement described in subsection 1 through a business that is licensed pursuant to this section.

4. A business that is licensed pursuant to this section or an employee of such a business shall not:

- (a) Refer a person to a residential facility for groups that is not licensed.



(b) Refer a person to a residential facility for groups or any other group housing arrangement described in subsection 1 if the business or its employee knows or reasonably should know that the facility or other group housing arrangement, or the services provided by the facility or other group housing arrangement, are not appropriate for the condition of the person being referred.

(c) Refer a person to a residential facility for groups or any other group housing arrangement described in subsection 1 that is owned by the same person who owns the business.

↪ A person who violates the provisions of this subsection is liable for a civil penalty to be recovered by the Attorney General in the name of the Board for the first offense of not more than \$10,000 and for a second or subsequent offense of not less than \$10,000 nor more than \$20,000. Unless otherwise required by federal law, the Board shall deposit all civil penalties collected pursuant to this section into a separate account in the State General Fund to be used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, 449.435 to 449.531, inclusive, and chapter 449A of NRS and to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards.

5. This section does not apply to a medical facility that is licensed pursuant to NRS 449.029 to 449.2428, inclusive, on October 1, 1999.

6. As used in this section:

(a) “Developmental disability” has the meaning ascribed to it in NRS 435.007.

(b) “Intellectual disability” has the meaning ascribed to it in NRS 435.007.

(c) “Mental illness” has the meaning ascribed to it in NRS 433.164.

Sec. 131. NRS 449.198 is hereby amended to read as follows:



449.198 1. A freestanding birthing center must:

(a) Provide sufficient space for members of the family of the pregnant person and other persons chosen by the pregnant person to assist with the birth;

(b) Have obstetrical services available to meet the needs of an acute patient; and

(c) Be located within 30 miles of a hospital that offers obstetric, neonatal and emergency services relating to pregnancy.

2. Surgery, including, without limitation, the use of forceps, vacuum extractions, cesarean sections and tubal ligations, must not be performed at a freestanding birthing center.

3. A freestanding birthing center must have a director who is responsible for the operation of the freestanding birthing center. The director of a freestanding birthing center must be:

(a) A physician;

(b) *A physician assistant;*

(c) A person who:

(1) Is certified as a Certified Professional Midwife by the North American Registry of Midwives, or its successor organization; and

(2) Has successfully completed a program of education and training in midwifery that:

(I) Is accredited by the Midwifery Education Accreditation Council, or its successor organization; and

(II) Provides instruction and training in the Essential Competencies for Midwifery Practice prescribed by the International Confederation of Midwives, or its successor organization;
or



~~(e)~~ (d) A certified nurse-midwife.

4. As used in this section, “certified nurse-midwife” means a person who is:

(a) Certified as a Certified Nurse-Midwife by the American Midwifery Certification Board, or its successor organization; and

(b) Licensed as an advanced practice registered nurse pursuant to NRS 632.237.

Sec. 132. NRS 449.2455 is hereby amended to read as follows:

449.2455 1. A hospital may enter into an agreement with the Armed Forces of the United States to authorize a medical officer to provide medical care in the hospital if:

(a) The medical officer holds a valid license in good standing to provide such medical care in the District of Columbia or any state or territory of the United States;

(b) The medical care is provided as part of a training or educational program designed to further the employment of the medical officer; and

(c) The agreement complies with the provisions of 10 U.S.C. § 1094 and any regulations or guidelines adopted pursuant thereto.

2. As used in this section, “medical officer” includes any physician, *physician assistant*, nurse, dentist or other health care professional who is employed by the Armed Forces of the United States or a reserve component thereof.

Sec. 133. NRS 449.476 is hereby amended to read as follows:

449.476 1. Each hospital licensed to operate in this state shall form a committee to ensure the quality of care provided by the hospital. The committee must be composed of, but is not limited to, physicians , *physician assistants* and nurses.



2. Each committee formed pursuant to subsection 1 must meet the requirements for programs or plans for ensuring the quality of care specified by the Joint Commission on Accreditation of Healthcare Organizations or by the Federal Government pursuant to Title XIX of the Social Security Act (42 U.S.C. §§ 1396 et seq.).

Sec. 134. Chapter 449A of NRS is hereby amended by adding thereto a new section to read as follows:

“Attending physician assistant” means a physician assistant licensed pursuant to chapter 630 or 633 of NRS who has primary responsibility for the treatment and care of the patient.

Sec. 135. NRS 449A.242 is hereby amended to read as follows:

449A.242 1. Except as otherwise provided in subsection 2, mechanical restraint may be used on a person with a disability who is a patient at a facility only if:

(a) An emergency exists that necessitates the use of mechanical restraint;

(b) A medical order authorizing the use of mechanical restraint is obtained from the patient’s treating physician , *physician assistant* or advanced practice registered nurse before the application of the mechanical restraint or not later than 15 minutes after the application of the mechanical restraint;

(c) The physician , *physician assistant* or advanced practice registered nurse who signed the order required pursuant to paragraph (b) or the attending physician , *attending physician assistant* or attending advanced practice registered nurse examines the patient not later than 1 working day immediately after the application of the mechanical restraint;



(d) The mechanical restraint is applied by a member of the staff of the facility who is trained and qualified to apply mechanical restraint;

(e) The patient is given the opportunity to move and exercise the parts of his or her body that are restrained at least 10 minutes per every 60 minutes of restraint;

(f) A member of the staff of the facility lessens or discontinues the restraint every 15 minutes to determine whether the patient will stop or control his or her inappropriate behavior without the use of the restraint;

(g) The record of the patient contains a notation that includes the time of day that the restraint was lessened or discontinued pursuant to paragraph (f), the response of the patient and the response of the member of the staff of the facility who applied the mechanical restraint;

(h) A member of the staff of the facility continuously monitors the patient during the time that mechanical restraint is used on the patient; and

(i) The patient is released from the mechanical restraint as soon as the behavior of the patient no longer presents an immediate threat to himself or herself or others.

2. Mechanical restraint may be used on a person with a disability who is a patient at a facility and the provisions of subsection 1 do not apply if the mechanical restraint is used to:

(a) Treat the medical needs of a patient;

(b) Protect a patient who is known to be at risk of injury to himself or herself because the patient lacks coordination or suffers from frequent loss of consciousness;

(c) Provide proper body alignment to a patient; or



(d) Position a patient who has physical disabilities in a manner prescribed in the patient's plan of treatment.

3. If mechanical restraint is used on a person with a disability who is a patient at a facility in an emergency, the use of the procedure must be reported as a denial of rights pursuant to NRS 449A.263, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

Sec. 136. NRS 449A.245 is hereby amended to read as follows:

449A.245 1. Chemical restraint may only be used on a person with a disability who is a patient at a facility if:

(a) The patient has been diagnosed as a person in a mental health crisis, as defined in NRS 433A.0175, and is receiving mental health services from a facility;

(b) The chemical restraint is administered to the patient while he or she is under the care of the facility;

(c) An emergency exists that necessitates the use of chemical restraint;

(d) A medical order authorizing the use of chemical restraint is obtained from the patient's attending physician, psychiatrist, *physician assistant* or advanced practice registered nurse;

(e) The physician, psychiatrist, *physician assistant* or advanced practice registered nurse who signed the order required pursuant to paragraph (d) examines the patient not later than 1 working day immediately after the administration of the chemical restraint; and

(f) The chemical restraint is administered by a person licensed to administer medication.



2. If chemical restraint is used on a person with a disability who is a patient, the use of the procedure must be reported as a denial of rights pursuant to NRS 449A.263, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

Sec. 137. NRS 449A.403 is hereby amended to read as follows:

449A.403 As used in NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act*, unless the context otherwise requires, the words and terms defined in NRS 449A.406 to 449A.430, inclusive, *and section 134 of this act* have the meanings ascribed to them in those sections.

Sec. 138. NRS 449A.427 is hereby amended to read as follows:

449A.427 “Qualified patient” means a patient 18 or more years of age who has executed a declaration and who has been determined by the attending physician , *attending physician assistant* or attending advanced practice registered nurse to be in a terminal condition.

Sec. 139. NRS 449A.430 is hereby amended to read as follows:

449A.430 “Terminal condition” means an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician , *attending physician assistant* or attending advanced practice registered nurse, result in death within a relatively short time.

Sec. 140. NRS 449A.436 is hereby amended to read as follows:

449A.436 A declaration directing a physician , *physician assistant* or advanced practice registered nurse to withhold or withdraw life-sustaining treatment may, but need not, be in the following form:



DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician , *attending physician assistant* or attending advanced practice registered nurse, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician , *attending physician assistant* or attending advanced practice registered nurse, pursuant to NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act* to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

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

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration.

Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.



[.....]

Signed this day of,

Signature

Address

The declarant voluntarily signed this writing in my presence.

Witness

Address

Witness

Address

Sec. 141. NRS 449A.439 is hereby amended to read as follows:

449A.439 1. A declaration that designates another person to make decisions governing the withholding or withdrawal of life-sustaining treatment may, but need not, be in the following form:

DECLARATION



If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician , *attending physician assistant* or attending advanced practice registered nurse, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I appoint or, if he or she is not reasonably available or is unwilling to serve,, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain, pursuant to NRS 449A.400 to 449A.481, inclusive ~~§~~ , *and section 134 of this act*. (If the person or persons I have so appointed are not reasonably available or are unwilling to serve, I direct my attending physician , *attending physician assistant* or attending advanced practice registered nurse, pursuant to those sections, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.)

Strike language in parentheses if you do not desire it.

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

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration.

Initial this box if you want to receive or continue receiving



artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.

[.....]

Signed this day of,

Signature

Address

The declarant voluntarily signed this writing in my presence.

Witness

Address

Witness

Address

Name and address of each designee.

Name



Address

2. The designation of an agent pursuant to chapter 162A of NRS, or the judicial appointment of a guardian, who is authorized to make decisions regarding the withholding or withdrawal of life-sustaining treatment, constitutes for the purpose of NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act*, a declaration designating another person to act for the declarant pursuant to subsection 1.

Sec. 142. NRS 449A.442 is hereby amended to read as follows:

449A.442 A declaration becomes operative when it is communicated to the attending physician , *attending physician assistant* or attending advanced practice registered nurse and the declarant is determined by the attending physician , *attending physician assistant* or attending advanced practice registered nurse to be in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment. When the declaration becomes operative, the attending physician , *attending physician assistant or attending advanced practice registered nurse* and other providers of health care shall act in accordance with its provisions and with the instructions of a person designated pursuant to NRS 449A.433 or comply with the requirements of NRS 449A.457 to transfer care of the declarant.

Sec. 143. NRS 449A.448 is hereby amended to read as follows:

449A.448 Upon determining that a declarant is in a terminal condition, the attending physician , *attending physician assistant* or attending advanced practice registered nurse who



knows of a declaration shall record the determination, and the terms of the declaration if not already a part of the record, in the declarant's medical record.

Sec. 144. NRS 449A.451 is hereby amended to read as follows:

449A.451 1. A qualified patient may make decisions regarding life-sustaining treatment so long as the patient is able to do so.

2. NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act* do not affect the responsibility of the attending physician, *attending physician assistant* or other provider of health care to provide treatment for a patient's comfort or alleviation of pain.

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

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

Sec. 145. NRS 449A.454 is hereby amended to read as follows:

449A.454 1. If written consent to the withholding or withdrawal of the treatment, attested by two witnesses, is given to the attending physician, *attending physician assistant* or attending



advanced practice registered nurse, the attending physician , *attending physician assistant* or attending advanced practice registered nurse may withhold or withdraw life-sustaining treatment from a patient who:

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

(b) Has no effective declaration.

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

(a) The spouse of the patient;

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

(c) The parents of the patient;

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

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

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



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

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

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

Sec. 146. NRS 449A.460 is hereby amended to read as follows:

449A.460 1. A physician or other provider of health care is not subject to civil or criminal liability, or discipline for unprofessional conduct, for giving effect to a declaration or the direction of a person designated pursuant to NRS 449A.433 in the absence of knowledge of the revocation of a declaration, or for giving effect to a written consent under NRS 449A.454.

2. A physician or other provider of health care, whose action pursuant to NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act* is in accord with reasonable medical standards, is not subject to civil or criminal liability, or discipline for unprofessional conduct, with respect to that action.

3. A physician or other provider of health care, whose decision about the validity of consent under NRS 449A.454 is made in good faith, is not subject to civil or criminal liability, or discipline for unprofessional conduct, with respect to that decision.



4. A person designated pursuant to NRS 449A.433 or a person authorized to consent pursuant to NRS 449A.454, whose decision is made or consent is given in good faith pursuant to NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act* is not subject to civil or criminal liability, or discipline for unprofessional conduct, with respect to that decision.

Sec. 147. NRS 449A.463 is hereby amended to read as follows:

449A.463 1. If a patient in a terminal condition has a declaration in effect and becomes comatose or is otherwise rendered incapable of communicating with his or her attending physician , *attending physician assistant* or attending advanced practice registered nurse, the physician , *physician assistant* or advanced practice registered nurse must give weight to the declaration as evidence of the patient's directions regarding the application of life-sustaining treatments, but the attending physician , *attending physician assistant* or attending advanced practice registered nurse may also consider other factors in determining whether the circumstances warrant following the directions.

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

Sec. 148. NRS 449A.469 is hereby amended to read as follows:

449A.469 1. Death resulting from the withholding or withdrawal of life-sustaining treatment in accordance with NRS 449A.400 to 449A.481, inclusive, *and section 134 of this act* does not constitute, for any purpose, a suicide or homicide.



2. The making of a declaration pursuant to NRS 449A.433 does not affect the sale, procurement or issuance of a policy of life insurance or annuity, nor does it affect, impair or modify the terms of an existing policy of life insurance or annuity. A policy of life insurance or annuity is not legally impaired or invalidated by the withholding or withdrawal of life-sustaining treatment from an insured, notwithstanding any term to the contrary.

3. A person may not prohibit or require the execution of a declaration as a condition for being insured for, or receiving, health care.

Sec. 149. NRS 449A.472 is hereby amended to read as follows:

449A.472 1. A physician or other provider of health care who willfully fails to transfer the care of a patient in accordance with NRS 449A.457 is guilty of a gross misdemeanor.

2. A physician , *physician assistant* or advanced practice registered nurse who willfully fails to record a determination of terminal condition or the terms of a declaration in accordance with NRS 449A.448 is guilty of a misdemeanor.

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

4. A person who falsifies or forges the declaration of another, or willfully conceals or withholds personal knowledge of a revocation, with the intent to cause a withholding or withdrawal of life-sustaining treatment contrary to the wishes of the declarant and thereby directly causes life-sustaining treatment to be withheld or withdrawn and death to be hastened is guilty of murder.



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

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

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

Sec. 150. NRS 449A.481 is hereby amended to read as follows:

449A.481 1. A declaration executed in another state in compliance with the law of that state or of this State is valid for purposes of NRS 449A.400 to 449A.481, inclusive ~~H~~, *and section 134 of this act.*

2. An instrument executed anywhere before July 1, 1977, which clearly expresses the intent of the declarant to direct the withholding or withdrawal of life-sustaining treatment from the declarant when the declarant is in a terminal condition and becomes comatose or is otherwise rendered incapable of communicating with his or her attending physician , *attending physician assistant* or attending advanced practice registered nurse, if executed in a manner which attests voluntary execution, or executed anywhere before October 1, 1991, which substantially complies with NRS 449A.433, and has not been subsequently revoked, is effective under NRS 449A.400 to 449A.481, inclusive ~~H~~, *and section 134 of this act.*

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



Sec. 151. NRS 450.450 is hereby amended to read as follows:

450.450 When a county hospital is established, the physicians, *physician assistants*, nurses, attendants, the persons sick therein, and all persons approaching or coming within the limits of the same, and all furniture and other articles used or brought there shall be subject to such rules and regulations as the board of hospital trustees may prescribe.

Sec. 152. Chapter 450B of NRS is hereby amended by adding thereto a new section to read as follows:

“Attending physician assistant” has the meaning ascribed to it in section 134 of this act.

Sec. 153. NRS 450B.151 is hereby amended to read as follows:

450B.151 1. The Committee on Emergency Medical Services, consisting of nine members appointed by the State Board of Health, is hereby created.

2. Upon request of the State Board of Health, employee associations that represent persons that provide emergency medical services, including, without limitation, physicians , *physician assistants* and nurses that provide emergency medical services, emergency medical technicians, ambulance attendants, firefighters, fire chiefs and employees of rural hospitals, shall submit to the State Board of Health written nominations for appointments to the Committee.

3. After considering the nominations submitted pursuant to subsection 2, the State Board of Health shall appoint to the Committee:

(a) One member who is a physician *or physician assistant* licensed pursuant to chapter 630 or 633 of NRS and who has experience providing emergency medical services;



(b) One member who is a registered nurse and who has experience providing emergency medical services;

(c) One member who is a volunteer for an organization that provides emergency medical services pursuant to this chapter;

(d) One member who is employed by a fire-fighting agency at which some of the firefighters and persons who provide emergency medical services for the agency are employed and some serve as volunteers;

(e) One member who is employed by an urban fire-fighting agency;

(f) One member who is employed by or serves as a volunteer with a medical facility that is located in a rural area and that provides emergency medical services;

(g) One member who is employed by an organization that provides emergency medical services in an air ambulance and whose duties are closely related to such emergency medical services;

(h) One member who is employed by a privately owned entity that provides emergency medical services; and

(i) One member who is employed by an operator of a service which is:

(1) Provided for the benefit of the employees of an industry who become sick or are injured at the industrial site; and

(2) Staffed by employees who are licensed attendants and perform emergency medical services primarily for the industry.



4. In addition to the members set forth in subsection 3, the following persons are ex officio members of the Committee:

(a) An employee of the Division, appointed by the Administrator of the Division, whose duties relate to administration and enforcement of the provisions of this chapter;

(b) The county health officer appointed pursuant to NRS 439.290 in each county whose population is 100,000 or more, or the county health officer's designee;

(c) A physician who is a member of a committee which consists of directors of trauma centers in this State and who is nominated by that committee; and

(d) A representative of a committee or group which focuses on the provision of emergency medical services to children in this State and who is nominated by that committee or group.

5. The term of each member appointed by the State Board of Health is 2 years. A member may not serve more than two consecutive terms but may serve more than two terms if there is a break in service of not less than 2 years.

6. The State Board of Health shall not appoint to the Committee two persons who are employed by or volunteer with the same organization, except the State Board of Health may appoint a person who is employed by or volunteers with the same organization of which a member who serves ex officio is an employee.

7. Each member of the Committee shall appoint an alternate to serve in the member's place if the member is temporarily unable to perform the duties required of him or her pursuant to NRS 450B.151 to 450B.154, inclusive.



8. A position on the Committee that becomes vacant before the end of the term of the member must be filled in the same manner as the original appointment.

Sec. 154. NRS 450B.400 is hereby amended to read as follows:

450B.400 As used in NRS 450B.400 to 450B.590, inclusive, *and section 152 of this act*, unless the context otherwise requires, the words and terms defined in NRS 450B.402 to 450B.475, inclusive, *and section 152 of this act* have the meanings ascribed to them in those sections.

Sec. 155. NRS 450B.410 is hereby amended to read as follows:

450B.410 “Do-not-resuscitate identification” means:

1. A form of identification approved by the health authority, which signifies that:
 - (a) A person is a qualified patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest; or
 - (b) The patient’s attending physician , *attending physician assistant* or attending advanced practice registered nurse has:
 - (1) Issued a do-not-resuscitate order for the patient;
 - (2) Obtained the written approval of the patient concerning the order; and
 - (3) Documented the grounds for the order in the patient’s medical record.
2. The term also includes a valid do-not-resuscitate identification issued under the laws of another state.

Sec. 156. NRS 450B.420 is hereby amended to read as follows:

450B.420 “Do-not-resuscitate order” means a written directive issued by a physician , *physician assistant* or advanced practice registered nurse licensed in this state that emergency life-



resuscitating treatment must not be administered to a qualified patient. The term also includes a valid do-not-resuscitate order issued under the laws of another state.

Sec. 157. NRS 450B.470 is hereby amended to read as follows:

450B.470 “Qualified patient” means:

1. A patient 18 years of age or older who has been determined by the patient’s attending physician , *attending physician assistant* or attending advanced practice registered nurse to be in a terminal condition and who:

(a) Has executed a declaration in accordance with the requirements of NRS 449A.433;

(b) Has executed a Provider Order for Life-Sustaining Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive, if the form provides that the patient is not to receive life-resuscitating treatment; or

(c) Has been issued a do-not-resuscitate order pursuant to NRS 450B.510.

2. A patient who is less than 18 years of age and who:

(a) Has been determined by the patient’s attending physician , *attending physician assistant* or attending advanced practice registered nurse to be in a terminal condition; and

(b) Has executed a Provider Order for Life-Sustaining Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive, if the form provides that the patient is not to receive life-resuscitating treatment or has been issued a do-not-resuscitate order pursuant to NRS 450B.510.

Sec. 158. NRS 450B.480 is hereby amended to read as follows:

450B.480 The provisions of NRS 450B.400 to 450B.590, inclusive, *and section 152 of this act* apply only to emergency medical services administered to a qualified patient:



1. Before he or she is admitted to a medical facility; or
2. While the qualified patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility.

Sec. 159. NRS 450B.500 is hereby amended to read as follows:

450B.500 Each do-not-resuscitate identification issued by the health authority must include, without limitation:

1. An identification number that is unique to the qualified patient to whom the identification is issued;
2. The name and date of birth of the patient; and
3. The name of the attending physician , *attending physician assistant* or attending advanced practice registered nurse of the patient.

Sec. 160. NRS 450B.510 is hereby amended to read as follows:

450B.510 1. A physician , *physician assistant* or advanced practice registered nurse licensed in this state may issue a written do-not-resuscitate order only to a patient who has been determined to be in a terminal condition.

2. Except as otherwise provided in subsection 3, the order is effective only if the patient has agreed to its terms, in writing, while the patient is capable of making an informed decision.

3. If the patient is a minor, the order is effective only if:

- (a) The parent or legal guardian of the minor has agreed to its terms, in writing; and
- (b) The minor has agreed to its terms, in writing, while the minor is capable of making an informed decision if, in the opinion of the attending physician , *attending physician assistant* or



attending advanced practice registered nurse, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment.

4. A physician , *physician assistant* or advanced practice registered nurse who issues a do-not-resuscitate order may apply, on behalf of the patient, to the health authority for a do-not-resuscitate identification for that patient.

Sec. 161. NRS 450B.520 is hereby amended to read as follows:

450B.520 Except as otherwise provided in NRS 450B.525:

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

2. An application must include, without limitation:

(a) Certification by the patient's attending physician , *attending physician assistant* or attending advanced practice registered nurse that the patient suffers from a terminal condition;

(b) Certification by the patient's attending physician , *attending physician assistant* or attending advanced practice registered nurse that the patient is capable of making an informed decision or, when the patient was capable of making an informed decision, that the patient:



(1) Executed:

(I) A written directive that life-resuscitating treatment be withheld under certain circumstances;

(II) A durable power of attorney for health care pursuant to NRS 162A.700 to 162A.870, inclusive; or

(III) A Provider Order for Life-Sustaining Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive, if the form provides that the patient is not to receive life-resuscitating treatment; or

(2) Was issued a do-not-resuscitate order pursuant to NRS 450B.510;

(c) A statement that the patient does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest;

(d) The name, signature and telephone number of the patient's attending physician , *attending physician assistant* or attending advanced practice registered nurse; and

(e) The name and signature of the patient or the agent who is authorized to make health care decisions on the patient's behalf pursuant to a durable power of attorney for health care decisions.

Sec. 162. NRS 450B.525 is hereby amended to read as follows:

450B.525 1. A parent or legal guardian of a minor may apply to the health authority for a do-not-resuscitate identification on behalf of the minor if the minor has been:

(a) Determined by his or her attending physician , *attending physician assistant* or attending advanced practice registered nurse to be in a terminal condition; and

(b) Issued a do-not-resuscitate order pursuant to NRS 450B.510.



2. To obtain such a do-not-resuscitate identification, the parent or legal guardian must:
 - (a) Submit an application on a form provided by the health authority; and
 - (b) Comply with the requirements prescribed by the board.
3. An application submitted pursuant to subsection 2 must include, without limitation:
 - (a) Certification by the minor's attending physician , *attending physician assistant* or attending advanced practice registered nurse that the minor:
 - (1) Suffers from a terminal condition; and
 - (2) Has executed a Provider Order for Life-Sustaining Treatment form pursuant to NRS 449A.500 to 449A.581, inclusive, if the form provides that the minor is not to receive life-resuscitating treatment or has been issued a do-not-resuscitate order pursuant to NRS 450B.510;
 - (b) A statement that the parent or legal guardian of the minor does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest;
 - (c) The name of the minor;
 - (d) The name, signature and telephone number of the minor's attending physician , *attending physician assistant* or attending advanced practice registered nurse; and
 - (e) The name, signature and telephone number of the minor's parent or legal guardian.
4. The parent or legal guardian of the minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that he or she wishes to have the identification removed or destroyed.



5. If, in the opinion of the attending physician , *attending physician assistant* or attending advanced practice registered nurse, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment:

(a) The do-not-resuscitate identification obtained pursuant to this section is not effective without the assent of the minor.

(b) The minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that the minor wishes to have the identification removed or destroyed.

Sec. 163. NRS 450B.540 is hereby amended to read as follows:

450B.540 1. A person is not guilty of unprofessional conduct or subject to civil or criminal liability if the person:

(a) Is a physician , *physician assistant* or advanced practice registered nurse who:

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

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

(b) Pursuant to the direction of or with the authorization of a physician , *physician assistant* or advanced practice registered nurse, participates in:



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

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

(c) Administers emergency medical services and:

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

(2) Before a qualified patient is admitted to a medical facility, carries out a do-not-resuscitate order that has been issued in accordance with the do-not-resuscitate protocol; or

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

2. A health care facility, ambulance service or fire-fighting agency that employs a person described in subsection 1 is not guilty of unprofessional conduct or subject to civil or criminal liability for the acts or omissions of the employee carried out in accordance with the provisions of subsection 1.

3. A physician , *physician assistant* or advanced practice registered nurse, a person pursuant to the direction or authorization of a physician , *physician assistant* or advanced practice registered



nurse, a health care facility or a person administering emergency medical services who provides life-resuscitating treatment pursuant to:

(a) An oral or written request made by a qualified patient, or the parent or legal guardian of a qualified patient, who may revoke the authorization to withhold life-resuscitating treatment pursuant to NRS 450B.525 or 450B.530; or

(b) An observation that a qualified patient, or the parent or legal guardian of a qualified patient, has revoked or otherwise indicated that he or she wishes to revoke the authorization to withhold life-resuscitating treatment pursuant to NRS 450B.525 or 450B.530,

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

Sec. 164. NRS 450B.550 is hereby amended to read as follows:

450B.550 1. Except as otherwise provided in subsection 2, a person who administers emergency medical services shall comply with do-not-resuscitate protocol when the person observes a do-not-resuscitate identification or carries out a do-not-resuscitate order.

2. A person who administers emergency medical services and who is unwilling or unable to comply with the do-not-resuscitate protocol shall take all reasonable measures to transfer a qualified patient who possesses a do-not-resuscitate identification or has been issued a do-not-resuscitate order to a physician, *physician assistant*, advanced practice registered nurse or health care facility in which the do-not-resuscitate protocol may be followed.

Sec. 165. NRS 450B.570 is hereby amended to read as follows:



450B.570 1. Death that results when life-resuscitating treatment has been withheld pursuant to the do-not-resuscitate protocol and in accordance with the provisions of NRS 450B.400 to 450B.590, inclusive, *and section 152 of this act* does not constitute a suicide or homicide.

2. The possession of a do-not-resuscitate identification or the issuance of a do-not-resuscitate order does not affect the sale, procurement or issuance of a policy of life insurance or an annuity or impair or modify the terms of a policy of life insurance or an annuity. A policy of life insurance or an annuity is not legally impaired or invalidated if life-resuscitating treatment has been withheld from an insured who possesses a do-not-resuscitate identification or has been issued a do-not-resuscitate order, notwithstanding any term in the policy or annuity to the contrary.

3. A person may not prohibit or require the possession of a do-not-resuscitate identification or the issuance of a do-not-resuscitate order as a condition of being insured for, or receiving, health care.

Sec. 166. NRS 450B.850 is hereby amended to read as follows:

450B.850 The health authority may operate training programs and may contract with others to operate training programs for ambulance attendants, ambulance service operators, firefighters, law enforcement officers, physicians, *physician assistants*, nurses and others in emergency first aid, emergency care and any other techniques associated with emergency care, transportation and treatment of the sick and injured and the proper operation of an ambulance service.

Sec. 167. NRS 453.038 is hereby amended to read as follows:

453.038 “Chart order” means an order entered on the chart of a patient:



1. In a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department; or
2. Under emergency treatment in a hospital by a physician, *physician assistant*, advanced practice registered nurse, dentist or podiatric physician, or on the written or oral order of a physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, advanced practice registered nurse, dentist or podiatric physician authorizing the administration of a drug to the patient.

Sec. 168. NRS 453.126 is hereby amended to read as follows:

453.126 “Practitioner” means:

1. A physician, dentist, veterinarian or podiatric physician who holds a license to practice his or her profession in this State and is registered pursuant to this chapter.
2. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy authorizing him or her to dispense or to prescribe and dispense controlled substances.
3. A scientific investigator or a pharmacy, hospital or other institution licensed, registered or otherwise authorized in this State to distribute, dispense, conduct research with respect to, to administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.
4. A euthanasia technician who is licensed by the Nevada State Board of Veterinary Medical Examiners and registered pursuant to this chapter, while he or she possesses or administers sodium pentobarbital pursuant to his or her license and registration.
5. A physician assistant who:



(a) Holds a license from the Board of Medical Examiners; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances . ~~under the supervision of a physician as required by chapter 630 of NRS.~~

6. A physician assistant who:

(a) Holds a license from the State Board of Osteopathic Medicine; and

(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances . ~~under the supervision of an osteopathic physician as required by chapter 633 of NRS.~~

7. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer pharmaceutical agents pursuant to NRS 636.288, when the optometrist prescribes or administers pharmaceutical agents within the scope of his or her certification.

Sec. 169. NRS 454.213 is hereby amended to read as follows:

454.213 1. Except as otherwise provided in NRS 454.217, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:

(a) A practitioner.

(b) A physician assistant licensed pursuant to chapter 630 or 633 of NRS . ~~at the direction of his or her supervising physician or a~~

(c) A licensed dental hygienist acting in the office of and under the supervision of a dentist.

~~(e)~~ (d) Except as otherwise provided in paragraph ~~(d)~~ (e), a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or



advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

~~[(d)]~~ (e) In accordance with applicable regulations of the Board, a registered nurse licensed to practice professional nursing or licensed practical nurse who is:

(1) Employed by a health care agency or health care facility that is authorized to provide emergency care, or to respond to the immediate needs of a patient, in the residence of the patient; and

(2) Acting under the direction of the medical director of that agency or facility who works in this State.

~~[(e)]~~ (f) A medication aide - certified at a designated facility under the supervision of an advanced practice registered nurse or registered nurse and in accordance with standard protocols developed by the State Board of Nursing. As used in this paragraph, “designated facility” has the meaning ascribed to it in NRS 632.0145.

~~[(f)]~~ (g) Except as otherwise provided in paragraph ~~[(g)]~~ (h), an advanced emergency medical technician or a paramedic, as authorized by regulation of the State Board of Pharmacy and in accordance with any applicable regulations of:

- (1) The State Board of Health in a county whose population is less than 100,000;
- (2) A county board of health in a county whose population is 100,000 or more; or
- (3) A district board of health created pursuant to NRS 439.362 or 439.370 in any county.



~~(g)~~ (h) An advanced emergency medical technician or a paramedic who holds an endorsement issued pursuant to NRS 450B.1975, under the direct supervision of a local health officer or a designee of the local health officer pursuant to that section.

~~(h)~~ (i) A respiratory therapist employed in a health care facility. The therapist may possess and administer respiratory products only at the direction of a physician.

~~(i)~~ (j) A dialysis technician, under the direction or supervision of a physician , *physician assistant* or registered nurse only if the drug or medicine is used for the process of renal dialysis.

~~(j)~~ (k) A medical student 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 and:

- (1) In the presence of a physician , *a physician assistant* or a registered nurse; or
- (2) Under the supervision of a physician , *a physician assistant* or a registered nurse if the student is authorized by the college or school to administer the drug or medicine outside the presence of a physician , *physician assistant* or nurse.

↪ A medical student or student nurse may administer a dangerous drug 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.

~~(k)~~ (l) Any person designated by the head of a correctional institution.

~~(l)~~ (m) An ultimate user or any person designated by the ultimate user pursuant to a written agreement.



~~[(m)]~~ (n) A holder of a license to engage in radiation therapy and radiologic imaging issued pursuant to chapter 653 of NRS, at the direction of a physician and in accordance with any conditions established by regulation of the Board.

~~[(n)]~~ (o) A chiropractic physician, but only if the drug or medicine is a topical drug used for cooling and stretching external tissue during therapeutic treatments.

~~[(o)]~~ (p) A physical therapist, but only if the drug or medicine is a topical drug which is:

- (1) Used for cooling and stretching external tissue during therapeutic treatments; and
- (2) Prescribed by a licensed physician for:

(I) Iontophoresis; or

(II) The transmission of drugs through the skin using ultrasound.

~~[(p)]~~ (q) 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.

~~[(q)]~~ (r) A veterinary technician or a veterinary assistant at the direction of his or her supervising veterinarian.

~~[(r)]~~ (s) In accordance with applicable regulations of the Board, a registered pharmacist who:

- (1) Is trained in and certified to carry out standards and practices for immunization programs;
- (2) Is authorized to administer immunizations pursuant to written protocols from a physician; and



(3) Administers immunizations in compliance with the “Standards for Immunization Practices” recommended and approved by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

~~(t)~~ (t) A registered pharmacist pursuant to written guidelines and protocols developed pursuant to NRS 639.2629 or a collaborative practice agreement, as defined in NRS 639.0052.

~~(u)~~ (u) A person who is enrolled in a training program to become a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist or veterinary technician or to obtain a license to engage in radiation therapy and radiologic imaging pursuant to chapter 653 of NRS if the person possesses and administers the drug or medicine in the same manner and under the same conditions that apply, respectively, to a physician assistant licensed pursuant to chapter 630 or 633 of NRS, dental hygienist, advanced emergency medical technician, paramedic, respiratory therapist, dialysis technician, physical therapist, veterinary technician or person licensed to engage in radiation therapy and radiologic imaging who may possess and administer the drug or medicine, and under the direct supervision of a person licensed or registered to perform the respective medical art or a supervisor of such a person.

~~(v)~~ (v) A medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.



2. As used in this section, “accredited college of medicine” has the meaning ascribed to it in NRS 453.375.

Sec. 170. NRS 454.480 is hereby amended to read as follows:

454.480 1. Hypodermic devices which are not restricted by federal law to sale by or on the order of a physician may be sold by a pharmacist, or by a person in a pharmacy under the direction of a pharmacist, on the prescription of a physician, *physician assistant*, dentist or veterinarian, or of an advanced practice registered nurse who is a practitioner. Those prescriptions must be filed as required by NRS 639.236, and may be refilled as authorized by the prescriber. Records of refilling must be maintained as required by NRS 639.2393 to 639.2397, inclusive.

2. Hypodermic devices which are not restricted by federal law to sale by or on the order of a physician may be sold or furnished without a prescription.

Sec. 171. 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, optometrist, physician , *physician assistant* 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, or findings by a court of having committed, 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 Part 1327 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.



5. The Department shall waive the fee prescribed by NRS 483.410 not more than one time for administration of the examination required pursuant to this section for a homeless child or youth under the age of 25 years who submits a signed affidavit on a form prescribed by the Department stating that the child or youth is homeless and under the age of 25 years.

6. As used in this section, “homeless child or youth” has the meaning ascribed to it in 42 U.S.C. § 11434a.

Sec. 172. 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 , *a physician assistant* 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. 173. 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 , *a licensed physician assistant* 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. 174. 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 , *a physician assistant* or an advanced practice registered nurse in which the physician , *physician assistant* 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 , *a physician assistant* or an advanced practice registered nurse in which the physician , *physician assistant* 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. 175. 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, *physician assistant*, 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, *physician assistant*, 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. 176. 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 , *a physician assistant* 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. A violation of this subsection is a misdemeanor.

2. If a physician , *a physician assistant* or an advanced practice registered nurse is aware that a person has violated subsection 1 after the physician , *physician assistant* 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 , *physician assistant* 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 , *a physician assistant* 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 , *a physician assistant* 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 , *a physician assistant* or an advanced practice registered nurse based on the fact that he or she submitted a report pursuant to subsection 2 unless the physician , *physician assistant* or advanced practice registered nurse acted with malice, intentional misconduct, gross negligence or intentional or knowing violation of the law.

Sec. 177. 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 , *a physician assistant* 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. 178. 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) A child who is less than 6 years of age and less than 57 inches tall in a motor vehicle operated in this State which is equipped to carry passengers shall secure the child in a child restraint system which:



(1) 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;

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

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

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

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

(b) A child who is less than 2 years of age in a motor vehicle operated in this State which is equipped to carry passengers shall secure the child in a rear-facing child restraint system in the back seat of the motor vehicle in accordance with subparagraphs (1), (2) and (3) of paragraph (a) unless the child is secured in a rear-facing child restraint system on the passenger side of the front seat in accordance with subparagraphs (1), (2) and (3) of paragraph (a), the air bag on the passenger's side of the front seat, if any, is deactivated and:

(1) Special health care needs of the child require the child to ride in the front seat of the motor vehicle and a written statement signed by a physician , *physician assistant or advanced practice registered nurse* certifying the requirement is carried in the motor vehicle;

(2) All back seats in the motor vehicle are in use by other children who are less than 2 years of age; or

(3) The motor vehicle is not equipped with back seats.



2. A person who violates the provisions of subsection 1 is guilty of a misdemeanor and the court shall:

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

(b) For a second offense, order the person to pay a fine of not less than \$500 or more than \$1,000 or order the person 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 person for not less than 30 days or more than 180 days.

3. At the time of sentencing, the court shall provide the person who committed the offense 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, the person provides the court with proof of satisfactory completion of a program of training provided for in this subsection, the court shall:

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

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

↪ A person is only eligible for a reduction of a fine or community service pursuant to paragraph (b) if the person 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 of Motor Vehicles, establish a fee to be paid by persons 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 person 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 , *a physician assistant* 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 , *physician assistant* or advanced practice registered nurse to that effect.



8. The Department of Public Safety may accept gifts, grants and donations from any source for the purpose of the purchase or donation of child restraint systems for persons who are in financial need.

9. 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. 179. 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 , *a physician assistant* 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. 180. NRS 484C.210 is hereby amended to read as follows:

484C.210 1. If a person fails to submit to an evidentiary test as requested by a police officer pursuant to NRS 484C.160, the license, permit or privilege to drive of the person must be revoked as provided in NRS 484C.220, and the person is not eligible for a license, permit or privilege to drive for a period of:

(a) One year; or

(b) Three years, if the license, permit or privilege to drive of the person has been revoked during the immediately preceding 7 years for failure to submit to an evidentiary test.

2. If the result of a test given under NRS 484C.150 or 484C.160 shows that a person had a concentration of alcohol of 0.08 or more in his or her blood or breath or a detectable amount of a controlled substance or prohibited substance in his or her blood or urine for which he or she did not have a valid prescription, as defined in NRS 453.128, or hold a valid registry identification card, as defined in NRS 678C.080, at the time of the test, the license, permit or privilege of the person to drive must be revoked as provided in NRS 484C.220 and the person is not eligible for a license, permit or privilege for a period of 185 days.

3. At any time while a person is not eligible for a license, permit or privilege to drive following a revocation under subsection 1 or 2, the person shall install, at his or her own expense, an ignition



interlock device in any motor vehicle which the person operates as a condition to obtaining an ignition interlock privilege pursuant to NRS 483.490.

4. The Department may provide for an exception to the requirements of subsection 3 and issue a restricted license pursuant to subsection 1 of NRS 483.490 if the Department determines that the person is not a repeat intoxicated driver, as that term is defined in 23 C.F.R. § 1275.3(k), and:

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

(b) The person resides more than 100 miles from a manufacturer of an ignition interlock device or its agent.

5. If a revocation of a person's license, permit or privilege to drive under NRS 62E.640 or 483.460 follows a revocation under subsection 2 which was based on the person having a concentration of alcohol of 0.08 or more in his or her blood or breath, the Department shall cancel the revocation under that subsection and give the person credit for any period during which the person was not eligible for a license, permit or privilege.

6. If an order to install an ignition interlock device pursuant to NRS 62E.640 or 484C.460 follows the installation of an ignition interlock device pursuant to subsection 3, the court shall give the person day-for-day credit for any period during which the person can provide proof satisfactory to the court that he or she had an ignition interlock device installed as a condition to obtaining an ignition interlock privilege.



7. Periods of ineligibility for a license, permit or privilege to drive which are imposed pursuant to this section must run consecutively.

Sec. 181. 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 has an alcohol or other substance use disorder and whether the offender can be treated successfully for the condition.

2. The evaluation must be conducted by:

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

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

(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 counselor, clinical alcohol and drug counselor, physician, *physician assistant*, 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



or, if the offender is assigned to any specialty court or diversionary program, to the court having jurisdiction over the offender.

Sec. 182. 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 an alcohol or other substance use disorder for at least 6 months. The court shall authorize that treatment if:

(a) The offender is diagnosed as a person with an alcohol or other substance use disorder by:

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

(2) A physician *or physician assistant* 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 not less than 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 an alcohol or other substance use disorder. 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 not less than 1 day 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 for the period prescribed by law.

5. The court shall administer the program of treatment pursuant to the procedures provided in NRS 176A.230 to 176A.245, inclusive, 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. 183. 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 an alcohol or other substance use disorder for at least 1 year. The court shall authorize that treatment if:

(a) The offender is diagnosed as a person with an alcohol or other substance use disorder by:

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

(2) A physician *or physician assistant* 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 not less than 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 not less than 5 days 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 for the period prescribed by law.

5. The court shall administer the program of treatment pursuant to the procedures provided in NRS 176A.230 to 176A.245, inclusive, 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. 184. 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 an alcohol or other substance use disorder for at least 3 years. The court may authorize that treatment if:

(a) The offender is diagnosed as a person with an alcohol or other substance use disorder by:



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

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

(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 counselor, a clinical alcohol and drug counselor, a physician, *a physician assistant* or an advanced practice registered nurse who diagnoses an offender as a person with an alcohol or other substance use disorder 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 an alcohol or other substance use disorder 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.

(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 an alcohol or other substance use disorder 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 176A.230 to 176A.245, inclusive, 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) Be placed under a system of active electronic monitoring, through the Division, that is capable of identifying the offender's location and producing, upon request, reports or records of the offender's presence near or within, or departure from, a specified geographic location and pay any costs associated with the offender's participation under the system of active electronic monitoring;

(c) Install, at his or her own expense, an ignition interlock device for not less than 12 months;

(d) Not drive any vehicle unless it is equipped with an ignition interlock device;

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

(f) 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 an alcohol or other substance use disorder 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. An offender placed under a system of active electronic monitoring pursuant to paragraph (b) of subsection 6 shall:

- (a) Follow the instructions provided by the Division to maintain the electronic monitoring device in working order.
- (b) Report any incidental damage or defacement of the electronic monitoring device to the Division within 2 hours after the occurrence of the damage or defacement.
- (c) Abide by any other conditions set forth by the court or the Division with regard to the offender's participation under the system of active electronic monitoring.

9. Except as otherwise provided in this subsection, a person who intentionally removes or disables or attempts to remove or disable an electronic monitoring device placed on an offender pursuant to this section is guilty of a gross misdemeanor. The provisions of this subsection do not



prohibit a person authorized by the Division from performing maintenance or repairs to an electronic monitoring device.

10. As used in this section, "Division" means the Division of Parole and Probation of the Department of Public Safety.

Sec. 185. 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, 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 or if an offender is found guilty of a violation of subsection 4 of NRS 453.336, 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 has an alcohol or other substance use disorder.

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 or if the offender is convicted of a violation of subsection 1 or 2 of NRS 202.020, subsection 1 of NRS 202.040 or subsection 4 of NRS 678D.310, 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 has an alcohol or other substance use disorder.

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 counselor who is licensed or certified, or a clinical alcohol and drug counselor who is licensed, pursuant to chapter 641C of NRS, to make that evaluation;

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

(c) An advanced practice registered nurse who is certified to make that diagnosis 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, *physician assistant*, 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, *physician assistant*, 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, *physician assistant*, 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. 186. 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 to install, at his or her own expense, an ignition interlock device in any motor vehicle which the person operates as a condition to obtaining an ignition interlock privilege pursuant to NRS 483.490 to reinstate the driving privilege of the person:

(a) For a period of 185 days if the person is convicted of a first violation within 7 years of NRS 484C.110.

(b) For a period of 1 year if the person is convicted of a second violation within 7 years of NRS 484C.110.

(c) For a period of 3 years if the person is convicted of:

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



(2) A violation of NRS 484C.130 or 484C.430.

2. A court may 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, if the court determines that:

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

(b) The person resides more than 100 miles from a manufacturer of an ignition interlock device or its agent.

3. If the court orders a person to install an ignition interlock 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 an ignition interlock 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 on the person's ignition interlock privilege.

(b) The person who is required to install the ignition interlock device shall provide proof of compliance to the Department before the person may receive an ignition interlock privilege. Each model of an ignition interlock device installed pursuant to this section must have been certified by the Department of Public Safety.

4. A person who obtains an ignition interlock privilege pursuant to this section or NRS 483.490 shall have the ignition interlock device inspected, calibrated, monitored and maintained by the manufacturer of the ignition interlock device or its agent at least one time each 90 days



during the period in which the person is required to use the ignition interlock device to determine whether the ignition interlock 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 of the Department of Public Safety indicating whether any of the incidents listed in subsection 1 of NRS 484C.470 have occurred and whether the ignition interlock device has been tampered with. 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 an ignition interlock device, if:

(a) The employee notifies his or her employer that the employee has been issued an ignition interlock privilege; 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 an ignition interlock device installed pursuant to this section commences when the Department issues an ignition interlock privilege to 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. 187. 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) Is 57 inches tall or more, 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 civil infraction citation must be issued pursuant to NRS 484A.7035 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 height; or



(b) Is less than 6 years of age but is 57 inches tall or more,

↪ a civil infraction citation must be issued pursuant to NRS 484A.7035 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 civil infraction citation may be issued to the driver for both violations. A civil infraction citation may be issued pursuant to NRS 484A.7035 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 civil penalty 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 , *a physician assistant* 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. 188. 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, *a physician assistant* 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.

Sec. 189. NRS 616B.527 is hereby amended to read as follows:

616B.527 1. A self-insured employer, an association of self-insured public or private employers or a private carrier may:



(a) Except as otherwise provided in NRS 616B.5273, enter into a contract or contracts with one or more organizations for managed care to provide comprehensive medical and health care services to employees for injuries and diseases that are compensable pursuant to chapters 616A to 617, inclusive, of NRS.

(b) Enter into a contract or contracts with providers of health care, including, without limitation, physicians *and physician assistants* who provide primary care, specialists, pharmacies, physical therapists, radiologists, nurses, diagnostic facilities, laboratories, hospitals and facilities that provide treatment to outpatients, to provide medical and health care services to employees for injuries and diseases that are compensable pursuant to chapters 616A to 617, inclusive, of NRS.

(c) Require employees to obtain medical and health care services for their industrial injuries from those organizations and persons with whom the self-insured employer, association or private carrier has contracted pursuant to paragraphs (a) and (b), or as the self-insured employer, association or private carrier otherwise prescribes.

(d) Except as otherwise provided in subsection 4 of NRS 616C.090, require employees to obtain the approval of the self-insured employer, association or private carrier before obtaining medical and health care services for their industrial injuries from a provider of health care who has not been previously approved by the self-insured employer, association or private carrier.

2. An organization for managed care with whom a self-insured employer, association of self-insured public or private employers or a private carrier has contracted pursuant to this section shall comply with the provisions of NRS 616B.528, 616B.5285 and 616B.529.

Sec. 190. NRS 616C.115 is hereby amended to read as follows:



616C.115 1. Except as otherwise provided in subsection 2, a physician , *physician assistant* or advanced practice registered nurse shall prescribe for an injured employee a generic drug in lieu of a drug with a brand name if the generic drug is biologically equivalent and has the same active ingredient or ingredients of the same strength, quantity and form of dosage as the drug with a brand name.

2. A physician , *physician assistant* or advanced practice registered nurse is not required to comply with the provisions of subsection 1 if:

(a) The physician , *physician assistant* or advanced practice registered nurse determines that the generic drug would not be beneficial to the health of the injured employee; or

(b) The generic drug is higher in cost than the drug with a brand name.

Sec. 191. NRS 686A.2825 is hereby amended to read as follows:

686A.2825 “Practitioner” means:

1. A physician, *physician assistant*, dentist, nurse, dispensing optician, optometrist, physical therapist, podiatric physician, psychologist, chiropractic physician, doctor of Oriental medicine in any form, director or technician of a medical laboratory, pharmacist, person who holds a license to engage in radiation therapy and radiologic imaging or a limited license to engage in radiologic imaging pursuant to chapter 653 of NRS or other provider of health services who is authorized to engage in his or her occupation by the laws of this state or another state; and

2. An attorney admitted to practice law in this state or any other state.

Sec. 192. NRS 689A.04041 is hereby amended to read as follows:



689A.04041 1. An insurer that offers or issues a policy of health insurance which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol. The application process for such an exemption must:

(a) Allow the insured or attending practitioner, or a designated advocate for the insured or attending practitioner, to present to the insurer the clinical rationale for the exemption and any relevant medical information.

(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the insured demonstrating that the insured has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or



(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.

(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.

3. Except as otherwise provided in subsection 4, an insurer that receives an application for an exemption pursuant to subsection 1 shall:

(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the insured, an insurer that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the insured.

5. An insurer shall disclose to the insured or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. An insurer must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:



(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the insured when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;

(b) Delay of effective treatment would have severe or irreversible consequences for the insured and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the insured and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the insured or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the insured; or

(2) Has prevented or is likely to prevent the insured from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the insured is stable while being treated with the prescription drug for which the exemption is requested and the insured has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If an insurer approves an application for an exemption from a step therapy protocol pursuant to this section, the insurer must cover the prescription drug to which the exemption



applies in accordance with the terms of the applicable policy of health insurance. The insurer may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after 1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the insurer must continue to cover the drug for as long as it is necessary to treat the insured for the cancer or symptom. The insurer may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the insured for the cancer or symptom. The insurer shall provide a report of the review to the insured.

8. An insurer shall post in an easily accessible location on an Internet website maintained by the insurer a form for requesting an exemption pursuant to this section.

9. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an insured.

Sec. 193. NRS 689B.0305 is hereby amended to read as follows:

689B.0305 1. An insurer that offers or issues a policy of group health insurance which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4



cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol. The application process for such an exemption must:

(a) Allow the insured or attending practitioner, or a designated advocate for the insured or attending practitioner, to present to the insurer the clinical rationale for the exemption and any relevant medical information.

(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the insured demonstrating that the insured has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.



(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.

3. Except as otherwise provided in subsection 4, an insurer that receives an application for an exemption pursuant to subsection 1 shall:

(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the insured, an insurer that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the insured.

5. An insurer shall disclose to the insured or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. An insurer must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the insured



when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;

(b) Delay of effective treatment would have severe or irreversible consequences for the insured and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the insured and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the insured or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the insured; or

(2) Has prevented or is likely to prevent the insured from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the insured is stable while being treated with the prescription drug for which the exemption is requested and the insured has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If an insurer approves an application for an exemption from a step therapy protocol pursuant to this section, the insurer must cover the prescription drug to which the exemption applies in accordance with the terms of the applicable policy of group health insurance. The insurer may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after 1 week that the drug is effective at treating the cancer



or symptom for which it was prescribed, the insurer must continue to cover the drug for as long as it is necessary to treat the insured for the cancer or symptom. The insurer may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the insured for the cancer or symptom. The insurer shall provide a report of the review to the insured.

8. An insurer shall post in an easily accessible location on an Internet website maintained by the insurer a form for requesting an exemption pursuant to this section.

9. A policy of group health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an insured.

Sec. 194. NRS 689C.1684 is hereby amended to read as follows:

689C.1684 1. A carrier that offers or issues a health benefit plan which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol. The application process for such an exemption must:



(a) Allow the insured or attending practitioner, or a designated advocate for the insured or attending practitioner, to present to the carrier the clinical rationale for the exemption and any relevant medical information.

(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the insured demonstrating that the insured has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.

(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.



3. Except as otherwise provided in subsection 4, a carrier that receives an application for an exemption pursuant to subsection 1 shall:

(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the insured, a carrier that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the insured.

5. A carrier shall disclose to the insured or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. A carrier must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the insured when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;



(b) Delay of effective treatment would have severe or irreversible consequences for the insured and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the insured and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the insured or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the insured; or

(2) Has prevented or is likely to prevent the insured from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the insured is stable while being treated with the prescription drug for which the exemption is requested and the insured has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If a carrier approves an application for an exemption from a step therapy protocol pursuant to this section, the carrier must cover the prescription drug to which the exemption applies in accordance with the terms of the applicable health benefit plan. The carrier may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after 1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the carrier must continue to cover the drug for as long as it is necessary to treat the insured for the cancer or symptom. The carrier may conduct a review not more



frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the insured for the cancer or symptom. The carrier shall provide a report of the review to the insured.

8. A carrier shall post in an easily accessible location on an Internet website maintained by the carrier a form for requesting an exemption pursuant to this section.

9. A health benefit plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an insured.

Sec. 195. NRS 695A.259 is hereby amended to read as follows:

695A.259 1. A society that offers or issues a benefit contract which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol. The application process for such an exemption must:

(a) Allow the insured or attending practitioner, or a designated advocate for the insured or attending practitioner, to present to the society the clinical rationale for the exemption and any relevant medical information.



(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the insured demonstrating that the insured has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.

(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.

3. Except as otherwise provided in subsection 4, a society that receives an application for an exemption pursuant to subsection 1 shall:



(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the insured, a society that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the insured.

5. A society shall disclose to the insured or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. A society must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the insured when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;

(b) Delay of effective treatment would have severe or irreversible consequences for the insured and the treatment otherwise required under the step therapy is not reasonably expected to be



effective based on the physical or mental characteristics of the insured and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the insured or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the insured; or

(2) Has prevented or is likely to prevent the insured from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the insured is stable while being treated with the prescription drug for which the exemption is requested and the insured has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If a society approves an application for an exemption from a step therapy protocol pursuant to this section, the society must cover the prescription drug to which the exemption applies in accordance with the terms of the applicable benefit contract. The society may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after 1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the society must continue to cover the drug for as long as it is necessary to treat the insured for the cancer or symptom. The society may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence,



whether the drug remains necessary to treat the insured for the cancer or symptom. The society shall provide a report of the review to the insured.

8. A society shall post in an easily accessible location on an Internet website maintained by the society a form for requesting an exemption pursuant to this section.

9. A benefit contract subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the benefit contract that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an insured.

Sec. 196. NRS 695B.19085 is hereby amended to read as follows:

695B.19085 1. A hospital or medical services corporation that offers or issues a policy of health insurance which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol. The application process for such an exemption must:

(a) Allow the insured or attending practitioner, or a designated advocate for the insured or attending practitioner, to present to the hospital or medical services corporation the clinical rationale for the exemption and any relevant medical information.



(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the insured demonstrating that the insured has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.

(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.

3. Except as otherwise provided in subsection 4, a hospital or medical services corporation that receives an application for an exemption pursuant to subsection 1 shall:



(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the insured, a hospital or medical services corporation that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the insured.

5. A hospital or medical services corporation shall disclose to the insured or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. A hospital or medical services corporation must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the insured when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;



(b) Delay of effective treatment would have severe or irreversible consequences for the insured and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the insured and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the insured or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the insured; or

(2) Has prevented or is likely to prevent the insured from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the insured is stable while being treated with the prescription drug for which the exemption is requested and the insured has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If a hospital or medical services corporation approves an application for an exemption from a step therapy protocol pursuant to this section, the hospital or medical services corporation must cover the prescription drug to which the exemption applies in accordance with the terms of the applicable policy of health insurance. The hospital or medical services corporation may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after 1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the hospital or medical services corporation must continue



to cover the drug for as long as it is necessary to treat the insured for the cancer or symptom. The hospital or medical services corporation may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the insured for the cancer or symptom. The hospital or medical services corporation shall provide a report of the review to the insured.

8. A hospital or medical services corporation shall post in an easily accessible location on an Internet website maintained by the hospital or medical services corporation a form for requesting an exemption pursuant to this section.

9. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an insured.

Sec. 197. NRS 695C.17333 is hereby amended to read as follows:

695C.17333 1. A health maintenance organization that offers or issues a health care plan which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an enrollee who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the enrollee to apply for an exemption from the step therapy protocol. The application process for such an exemption must:



(a) Allow the enrollee or attending practitioner, or a designated advocate for the enrollee or attending practitioner, to present to the health maintenance organization the clinical rationale for the exemption and any relevant medical information.

(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the enrollee demonstrating that the enrollee has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.

(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.



3. Except as otherwise provided in subsection 4, a health maintenance organization that receives an application for an exemption pursuant to subsection 1 shall:

(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the enrollee, a health maintenance organization that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the enrollee.

5. A health maintenance organization shall disclose to the enrollee or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. A health maintenance organization must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the enrollee



when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;

(b) Delay of effective treatment would have severe or irreversible consequences for the enrollee and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the enrollee and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the enrollee or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the enrollee; or

(2) Has prevented or is likely to prevent the enrollee from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the enrollee is stable while being treated with the prescription drug for which the exemption is requested and the enrollee has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If a health maintenance organization approves an application for an exemption from a step therapy protocol pursuant to this section, the health maintenance organization must cover the prescription drug to which the exemption applies in accordance with the terms of the applicable health care plan. The health maintenance organization may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after



1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the health maintenance organization must continue to cover the drug for as long as it is necessary to treat the enrollee for the cancer or symptom. The health maintenance organization may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the enrollee for the cancer or symptom. The health maintenance organization shall provide a report of the review to the enrollee.

8. A health maintenance organization shall post in an easily accessible location on an Internet website maintained by the health maintenance organization a form for requesting an exemption pursuant to this section.

9. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the health care plan that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an enrollee.

Sec. 198. NRS 695G.1675 is hereby amended to read as follows:

695G.1675 1. A managed care organization that offers or issues a health care plan which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4



cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol. The application process for such an exemption must:

(a) Allow the insured or attending practitioner, or a designated advocate for the insured or attending practitioner, to present to the managed care organization the clinical rationale for the exemption and any relevant medical information.

(b) Clearly prescribe the information and supporting documentation that must be submitted with the application, the criteria that will be used to evaluate the request and the conditions under which an expedited determination pursuant to subsection 4 is warranted.

(c) Require the review of each application by at least one physician, *physician assistant*, registered nurse or pharmacist.

2. The information and supporting documentation required pursuant to paragraph (b) of subsection 1:

(a) May include, without limitation:

(1) The medical history or other health records of the insured demonstrating that the insured has:

(I) Tried other drugs included in the pharmacological class of drugs for which the exemption is requested without success; or

(II) Taken the requested drug for a clinically appropriate amount of time to establish stability in relation to the cancer and the guidelines of the prescribing practitioner; and

(2) Any other relevant clinical information.



(b) Must not include any information or supporting documentation that is not necessary to make a determination about the application.

3. Except as otherwise provided in subsection 4, a managed care organization that receives an application for an exemption pursuant to subsection 1 shall:

(a) Make a determination concerning the application if the application is complete or request additional information or documentation necessary to complete the application not later than 72 hours after receiving the application; and

(b) If it requests additional information or documentation, make a determination concerning the application not later than 72 hours after receiving the requested information or documentation.

4. If, in the opinion of the attending practitioner, a step therapy protocol may seriously jeopardize the life or health of the insured, a managed care organization that receives an application for an exemption pursuant to subsection 1 must make a determination concerning the application as expeditiously as necessary to avoid serious jeopardy to the life or health of the insured.

5. A managed care organization shall disclose to the insured or attending practitioner who submits an application for an exemption from a step therapy protocol pursuant to subsection 1 the qualifications of each person who will review the application.

6. A managed care organization must grant an exemption from a step therapy protocol in response to an application submitted pursuant to subsection 1 if:

(a) Any treatment otherwise required under the step therapy or any drug in the same pharmacological class or having the same mechanism of action as the drug for which the exemption is requested has not been effective at treating the cancer or symptom of the insured



when prescribed in accordance with clinical indications, clinical guidelines or other peer-reviewed evidence;

(b) Delay of effective treatment would have severe or irreversible consequences for the insured and the treatment otherwise required under the step therapy is not reasonably expected to be effective based on the physical or mental characteristics of the insured and the known characteristics of the treatment;

(c) Each treatment otherwise required under the step therapy:

(1) Is contraindicated for the insured or has caused or is likely, based on peer-reviewed clinical evidence, to cause an adverse reaction or other physical harm to the insured; or

(2) Has prevented or is likely to prevent the insured from performing the responsibilities of his or her occupation or engaging in activities of daily living, as defined in 42 C.F.R. § 441.505;

(d) The condition of the insured is stable while being treated with the prescription drug for which the exemption is requested and the insured has previously received approval for coverage of that drug; or

(e) Any other condition for which such an exemption is required by regulation of the Commissioner is met.

7. If a managed care organization approves an application for an exemption from a step therapy protocol pursuant to this section, the managed care organization must cover the prescription drug to which the exemption applies in accordance with the terms of the applicable health care plan. The managed care organization may initially limit the coverage to a 1-week supply of the drug for which the exemption is granted. If the attending practitioner determines after



1 week that the drug is effective at treating the cancer or symptom for which it was prescribed, the managed care organization must continue to cover the drug for as long as it is necessary to treat the insured for the cancer or symptom. The managed care organization may conduct a review not more frequently than once each quarter to determine, in accordance with available medical evidence, whether the drug remains necessary to treat the insured for the cancer or symptom. The managed care organization shall provide a report of the review to the insured.

8. A managed care organization shall post in an easily accessible location on an Internet website maintained by the managed care organization a form for requesting an exemption pursuant to this section.

9. A health care plan subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after January 1, 2022, has the legal effect of including the coverage required by this section, and any provision of the health care plan that conflicts with this section is void.

10. As used in this section, “attending practitioner” means the practitioner, as defined in NRS 639.0125, who has primary responsibility for the treatment of the cancer or any symptom of such cancer of an insured.

Sec. 199. 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 physician assistants* 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 , *a physician assistant* or an advanced practice registered nurse to that effect.

(d) Persons injured in accidents or motor vehicle crashes and physicians , *physician assistants* 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 *and physician assistants* 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. 200. 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 , *a physician assistant* or an advanced practice registered nurse to that effect.

(d) Persons injured in accidents or motor vehicle crashes and physicians , *physician assistants* 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. 201. NRS 706.495 is hereby amended to read as follows:

706.495 1. Before applying to a taxicab motor carrier for employment or a contract or lease as a driver of a taxicab, a person must obtain a medical examiner’s certificate with two copies thereof from a medical examiner who is licensed to practice in the State of Nevada. The prospective driver must provide a copy of the certificate to the taxicab motor carrier.

2. A medical examiner shall issue the certificate and copies described in subsection 1 if the medical examiner finds that a prospective driver meets the health requirements established by the Federal Motor Carrier Safety Regulations, 49 C.F.R. §§ 391.41 et seq.

3. The certificate described in subsection 1 must state that the medical examiner has examined the prospective driver and has found that the prospective driver meets the health requirements described in subsection 2. The certificate must be signed and dated by the medical examiner.

4. The medical examiner’s certificate required by this section expires 2 years after the date of issuance and may be renewed.

5. As used in this section, “medical examiner” means a physician, as defined in NRS 0.040, *a physician assistant licensed pursuant to chapter 630 or 633 of NRS*, an advanced practice registered nurse licensed pursuant to NRS 632.237 or a chiropractic physician licensed pursuant to chapter 634 of NRS.



Sec. 202. 1. On or before July 1, 2023, the Governor shall appoint to the Board of Medical Examiners the members described in subsection 2 of NRS 630.060, as amended by section 7 of this act.

2. In making the appointments described in subsection 2 of NRS 630.060, as amended by section 7 of this act, the Governor shall appoint the new members to staggered terms of 2 and 4 years.

Sec. 203. The provisions of NRS 630.3067, 630.3068, 630.3069 and 630.318, as amended by sections 13 to 16, inclusive, of this act, apply to any activity described in those sections which occurs on or after January 1, 2024, or is ongoing on that date, regardless of when the relevant conduct of a physician assistant occurred.

Sec. 204. NRS 630.025, 633.123, 633.452, 633.466, 633.467, 633.468 and 633.469 are hereby repealed.

Sec. 205. 1. This section and sections 6, 7, 8 and 202 of this act become effective upon passage and approval.

2. Sections 1 to 5, 9 to 201, inclusive, 203 and 204 of this act become effective:

(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2024, for all other purposes.



LEADLINES OF REPEALED SECTIONS

630.025 “Supervising physician” defined.

633.123 “Supervising osteopathic physician” defined.

633.452 Rendering of emergency care in emergency or disaster without supervision of osteopathic physician.

633.466 Supervision of physician assistant who does not hold certain simultaneous license by physician licensed by Board of Medical Examiners; joint regulations.

633.467 Osteopathic physicians prohibited from acting as supervising osteopathic physician.

633.468 Supervising osteopathic physicians: Right to refuse to act as supervising osteopathic physician; certain agreements void.

633.469 Supervising osteopathic physicians: Requirements of supervision.

