SENATE BILL NO. 47–COMMITTEE ON GOVERNMENT AFFAIRS

(ON BEHALF OF CLARK COUNTY)

PREFILED NOVEMBER 10, 2026

Referred to Committee on Government Affairs

SUMMARY—Revises provisions relating to decedents. (BDR 20-579)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: No.
Effect on the State Highway Fund: No.

CONTAINS UNFUNDED MANDATE (§ 1)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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

AN ACT relating to decedents; revising the circumstances relating to when a coroner must cause a postmortem examination to be performed on a decedent; authorizing a physician assistant to sign a medical certificate of death; establishing immunity, under certain circumstances, for physicians, physician assistants and advanced practice registered nurses who sign medical certificates of death; revising the duties of a funeral director concerning a death occurring without medical attendance; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a coroner to conduct an investigation when the coroner or a coroner's deputy is informed that a person has been killed, has committed suicide or has suddenly died under such circumstances as to afford reasonable ground to suspect that the death has been occasioned by unnatural means. Existing law further requires a coroner to cause a postmortem examination to be performed on a decedent by a forensic pathologist, with certain exceptions, where it is apparent or can be reasonably inferred that a death may have been caused by drug use or poisoning. (NRS 259.050) **Section 1** of this bill additionally requires a coroner to cause a postmortem examination to be performed on a decedent by a forensic pathologist if: (1) it is apparent to or can be reasonably inferred by the coroner that a death may have been caused by violence or some other related act, unexpected or

unexplained circumstances or certain previously unreported or undiagnosed diseases; (2) the death occurred under such circumstances as to afford reasonable ground to suspect that the death has been occasioned by unnatural means or in which a postmortem examination is necessary to determine the cause and manner of death or while the person was in the custody of a governmental agency of this State; or (3) the body is unable to be identified.

Under existing law, a certificate of stillbirth or a medical certificate of death must be signed by a physician, advanced practice registered nurse or certain other qualified persons. (NRS 440.340, 440.380) **Sections 7 and 8** of this bill authorize a physician assistant to sign a certificate of stillbirth or a medical certificate of death, respectively. **Sections 9-16** of this bill make conforming changes to account for the authorization of a physician assistant to sign a certificate of stillbirth or a medical certificate of death, as applicable. **Section 8** also requires a medical certificate of death to be signed not later than 72 hours after the occurrence of death and provides that, in addition to a physician, physician assistant or advanced practice registered nurse, if any, last in attendance of the deceased, the requirement to sign a death certificate may also be fulfilled by a physician, physician assistant or advanced practice registered nurse: (1) designated by the medical facility where the death occurred, under certain circumstances; or (2) who rendered current care, as defined in **section 4** of this bill, to the decedent within the preceding 18 months before the occurrence of death. Finally, **section 8** provides that a physician, physician assistant or advanced practice registered nurse who signs a medical certificate of death in good faith is immune from: (1) any disciplinary action taken by an applicable professional licensing board; and (2) civil liability for any act or omission with respect to any determinations made on the medical certificate of death.

When a person dies without medical attendance, existing law requires the funeral director to notify the local health officer, coroner or coroner's deputy and refer the case to the local health officer, coroner or coroner's deputy for immediate investigation and certification. (NRS 440.420) **Section 12** requires such notification and referral of a case from a funeral director when a person dies without the provision of current care. Existing law also authorizes a local health officer to make the certificate of death only in such cases where there is no qualified physician or advanced practice registered nurse in attendance of the decedent. (NRS 440.420) **Section 12** additionally authorizes a local health officer to make the certificate of death in a case where there has been no provision of current care to the decedent within the preceding 18 months before the occurrence of death.

Sections 3-6 of this bill define certain terms relating to the recordkeeping of births and deaths in this State.

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

Section 1. NRS 259.050 is hereby amended to read as follows:

259.050 1. When a coroner or the coroner's deputy is informed that a person has been killed, has committed suicide or has suddenly died under such circumstances as to afford reasonable ground to suspect that the death has been occasioned by unnatural means, the coroner shall make an appropriate investigation.

2. In all cases where it is apparent or can be reasonably inferred that the death may have been caused by a criminal act, the coroner or the coroner's deputy shall notify the district attorney of the

county where the inquiry is made, and the district attorney shall make an investigation with the assistance of the coroner. If the sheriff is not ex officio the coroner, the coroner shall also notify the sheriff, and the district attorney and sheriff shall make the investigation with the assistance of the coroner.

3. ~~[If it]~~ ***The coroner shall cause a postmortem examination to be performed on a decedent by a forensic pathologist if:***

(a) It is apparent to or can be reasonably inferred by the coroner that a death may have been caused by ~~[drug]~~ ***:***

(1) Drug use or poisoning, ~~[the coroner shall cause a postmortem examination to be performed on the decedent by a forensic pathologist]~~ unless the death occurred following a hospitalization stay of 24 hours or more ~~[.]~~ ***;***

(2) Violence or some other related act;

(3) Unexpected or unexplained circumstances; or

(4) A previously unreported or undiagnosed disease that constitutes a threat to public safety;

(b) The death occurred:

(1) Under such circumstances as to afford reasonable ground to suspect that the death has been occasioned by unnatural means;

(2) While the person was in the custody of a governmental agency of this State; or

(3) Under such circumstances in which a postmortem examination is necessary to determine the cause and manner of death; or

(c) The body is unable to be identified.

4. A coroner may issue a subpoena for the production of any document, record or material that is directly related or believed to contain evidence related to an investigation by the coroner.

5. The holding of a coroner's inquest is within the sound discretion of the district attorney or district judge of the county. An inquest need not be conducted in any case of death manifestly occasioned by natural cause, suicide, accident, motor vehicle crash or when it is publicly known that the death was caused by a person already in custody, but an inquest must be held unless the district attorney or a district judge certifies that no inquest is required.

6. If an inquest is to be held, the district attorney shall call upon a justice of the peace of the county to preside over it. The justice of the peace shall summon three persons qualified by law to serve as jurors, to appear before the justice of the peace forthwith at the place where the body is or such other place within the county as may be designated by him or her to inquire into the cause of death.

7. A single inquest may be held with respect to more than one death, where all the deaths were occasioned by a common cause.

Sec. 2. Chapter 440 of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 6, inclusive, of this act.

Sec. 3. ***As used in this chapter, "attending" or "in attendance" means having primary responsibility for the treatment and care of a patient in a medical facility.***

Sec. 4. ***As used in this chapter, "current care" means medical care, examination or treatment, including prescription of medication, that a physician, physician assistant or advanced practice registered nurse provides to a patient for a chronic or acute medical condition not caused by a singular incident.***

Sec. 5. ***As used in this chapter, "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.

Sec. 6. ***As used in this chapter, "physician assistant" means a person who is licensed as a physician assistant pursuant to chapter 630 or 633 of NRS.***

Sec. 7. 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. 8. NRS 440.380 is hereby amended to read as follows:

440.380 1. The medical certificate of death ~~[must]~~ ***:***

(a) Must be signed ***not later than 72 hours after the occurrence of death*** by ~~[the]~~ ***:***

(1) The physician ***, physician assistant*** or advanced practice registered nurse, if any, last in attendance on the deceased ~~[, or pursuant]~~ ***;***

(2) If the death was occasioned in a medical facility by natural means, a physician, physician assistant or advanced practice registered nurse designated by the medical facility; or

(3) If the death was occasioned outside of a medical facility by an acute or chronic medical condition or complications from such a medical condition, a physician, physician assistant or advanced practice registered nurse who rendered current care to the decedent within the preceding 18 months before the occurrence of death; or

(b) May be signed, 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.

2. 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.]~~ ***3.*** 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.

4. A physician, physician assistant or advanced practice registered nurse who signs a medical certificate of death pursuant to this section in good faith is immune from:

(a) Any disciplinary action taken by an applicable professional licensing board; and

(b) Civil liability for any act or omission with respect to any determinations made on the medical certificate of death.

Sec. 9. 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. 10. 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. 11. 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 or physician assistant or the registered nurses or 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. 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 or physician assistant or assistants authorized to make the pronouncement of death; and

(c) Be signed and dated by the physician 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 or physician assistants employed by the facility or program, 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 or advanced practice registered nurse who authorized that action ***, or the physician assistant who made the pronouncement of death,*** 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)]~~ ***(b)*** "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. 12. NRS 440.420 is hereby amended to read as follows:

440.420 1. In case of any death occurring without medical attendance ~~[,]~~ ***or provision of current care,*** 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, ***or where there has been no provision of current care to the decedent within the preceding 18 months before the occurrence of death,*** 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. 13. 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 ~~[or]~~ ***, attending physician assistant,*** attending advanced practice registered nurse ~~[,]~~ ***or provider of current care,*** 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 ~~[or]~~ ***, attending physician assistant,*** attending advanced practice registered nurse ***or provider of current care*** initiated the record of death and provided the required information at the time of death.

Sec. 14. 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. 15. 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. 16. 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. 17. The provisions of NRS 354.599 to not apply to any additional expenses of a local government that are related to the provisions of this act.