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

FEBRUARY 14, 2019

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

Referred to Committee on Health and Human Services

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

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

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

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





Legislative Counsel's Digest:

1 Existing law authorizes a patient who has been diagnosed with a terminal 234567 condition to refuse life-resuscitating or life-sustaining treatment in certain circumstances and establishes certain requirements relating to controlled substances. (NRS 449A.500-449A.581, 450B.400-450B.590, chapter 453 of NRS) Section 12 of this bill authorizes a patient to request that his or her physician prescribe a controlled substance that is designed to end the life of the patient if the patient: (1) is at least 18 years of age; (2) has been diagnosed with a terminal 8 condition by at least two physicians; (3) is a resident of this State; (4) has made an 9 informed and voluntary decision to end his or her own life; (5) is competent; and 10 (6) is not requesting the controlled substance because of coercion or undue 11 influence. Section 13 of this bill prescribes certain requirements concerning the 12 13 manner in which a patient may request a controlled substance designed to end the life of the patient, including that the patient make two verbal requests and one 14 written request for the controlled substance and that the written request for the 15 controlled substance is signed by two witnesses. Section 14 of this bill prescribes 16 the form for the written request for the controlled substance. Section 15 of this bill 17 imposes certain requirements before a physician is allowed to prescribe a controlled 18 substance designed to end the life of a patient, including that the physician: (1) 19 inform the patient of his or her right to revoke a request for the controlled substance 20at any time; (2) determine and verify that the patient meets the requirements for 21 22 23 24 25 making such a request; (3) refer the patient to a consulting physician who can confirm the diagnosis, prognosis and competence of the patient; (4) instruct the patient against self-administering the controlled substance in public; and (5) recommend that the patient notify his or her next of kin of the patient's decision to end his or her life. Section 16 of this bill requires a physician who determines that a 26 27 28 29 patient who has requested a prescription for a controlled substance that is designed to end his or her life may not be competent to refer the patient to a psychiatrist or psychologist and to receive confirmation about the patient's competence.

Sections 17 and 36 of this bill provide that only an attending physician or 30 pharmacist may dispense a controlled substance that is designed to end the life of a 31 patient. Section 17 also prescribes the manner in which such a controlled substance 32 33 is to be dispensed. Section 18 of this bill prohibits an attending physician from prescribing a controlled substance that is designed to end the life of a patient based 34 solely on the age or disability of the patient. Section 19 of this bill requires certain 35 providers of health care to include certain information concerning requests and 36 prescriptions for and the dispensing of a controlled substance that is designed to 37 end the life of a patient in the medical record of the patient. Section 19 also 38 requires any interaction between a patient and a physician, psychiatrist or 39 psychologist relating to the prescription of a controlled substance designed to end 40 the life of the patient to take place in person. Section 22 of this bill prescribes 41 certain information that must be reported to the Division of Public and Behavioral 42 Health of the Department of Health and Human Services relating to a patient who 43 has self-administered such a controlled substance. Section 23 of this bill requires 44 the Division to compile an annual report concerning the implementation of the 45 provisions of this bill authorizing a patient to request a prescription for a controlled 46 substance that is designed to end the life of the patient. Sections 22, 35 and 37 of 47 this bill provide that such information is otherwise confidential when reported to 48 the Division.

49 Section 20 of this bill allows a patient, at any time, to revoke a request for a 50 controlled substance that is designed to end his or her life. Sections 21 and 32 of 51 this bill provide that only the patient to whom a controlled substance designed to 52 end his or her life is prescribed may administer the controlled substance. No other 53 person is allowed to administer the controlled substance to the patient. Section 21 54 provides for the disposal of any unused portion of the controlled substance.





12345678 Section 24 of this bill makes certain providers of health care exempt from professional discipline, immune from civil and criminal liability and provides that such providers do not violate any applicable standard of care for taking certain actions to assist a patient in acquiring a controlled substance designed to end the life of the patient. Section 25 of this bill provides that a death resulting from the self-administration of a controlled substance that is designed to end the life of a patient is not suicide or homicide when done in accordance with the provisions of this bill, and section 1.5 of this bill requires a death certificate to list the terminal 9 condition of the patient as the cause of death of the patient. Sections 1 and 1.7 of 10 this bill provide that a coroner, coroner's deputy or local health officer is not 11 required to: (1) certify the cause of such a death; or (2) investigate such a death 12 under certain circumstances.

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

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

25 26 27 28 29 30 Section 28 of this bill clarifies that a physician is not required to prescribe a controlled substance that is designed to end the life of a patient or violate certain standards and responsibilities related to that profession. Section 28 also provides that a pharmacist is not required to fill a prescription for or dispense such a controlled substance. Section 29 of this bill allows the owner or operator of a health care facility to prohibit an employee or independent contractor of the health care 31 facility or any person who provides services on the premises of the health care 32 33 facility from providing any services relating to prescribing a controlled substance designed to end the life of a patient while acting within the scope of his or her 34 employment or contract with the facility or while on the premises of the facility. 35 Sections 30 and 31 of this bill make conforming changes to clarify that a physician 36 or pharmacist may dispense a controlled substance that is designed to end the life of 37 a patient and a patient may self-administer such a controlled substance in 38 accordance with other provisions governing controlled substances designed to end 39 the life of a patient.

40 Section 34 of this bill provides that a proposed protected person shall not be 41 deemed to be in need of a general or special guardian solely because the proposed 42 43 protected person requested a controlled substance designed to end his or her life or revoked such a request. Sections 38 and 39 of this bill prohibit insurers from: (1) 44 refusing to sell, provide or issue a policy of life insurance or annuity contract or 45 charging a higher rate because a person makes or revokes a request for a controlled 46 substance designed to end the life of the person or self-administers such a 47 controlled substance; or (2) conditioning life insurance benefits or the payment of 48 claims on whether the insured makes, fails to make or revokes a request for a 49 controlled substance designed to end the life of the insured or self-administers such 50 a controlled substance.





1 WHEREAS, A patient should have the right to self-determination 2 concerning his or her health care decisions based on 3 communications with his or her physician; and WHEREAS, Principles of law having their roots in common law 4 5 and the United States Constitution that date back to the late 19th 6 century establish the right of every person to the possession and 7 control of his or her own body, free from restraint or interference by 8 others: and 9 WHEREAS, It is necessary to promote awareness and discussion of health care issues in preparation for decisions concerning the end 10 11 of the life of a person; and 12 WHEREAS, A person should have the right to self-determination 13 concerning medically assisted, informed, voluntary decisions about 14 dying with dignity and avoiding unnecessary suffering; and WHEREAS, A person who suffers from a terminal condition 15 16 should have the right to determine whether to fight for his or her life 17 using all reasonable care until life's end, to enroll in hospice care, to 18 seek palliative care, to ingest a drug to end his or her life or to take 19 any combination of those actions; now, therefore, 20 21 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN 22 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS: 23 24 **Section 1.** Chapter 440 of NRS is hereby amended by adding 25 thereto a new section to read as follows: 1. A coroner, coroner's deputy or local health officer is not 26 27 required to: 28 (a) Certify the cause of death of a patient who dies after self-29 administering a controlled substance that is designed to end the 30 life of the patient in accordance with the provisions of sections 3 to 31 29, inclusive, of this act; or (b) Investigate the death of a patient who dies after self-32 33 administering a controlled substance that is designed to end the 34 life of the patient in accordance with the provisions of sections 3 to 35 29, inclusive, of this act if the coroner confirms the physician who 36 prescribed the controlled substance. 37 2. A coroner may access any records or information submitted to the Division of Public and Behavioral Health of the 38 39 Department of Health and Human Services pursuant to section 22 of this act to confirm that a patient died from self-administering a 40 controlled substance designed to end the life of the patient in 41 42 accordance with the provisions of sections 3 to 29, inclusive, of 43 this act.





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

2 440.380 [The] Except as otherwise provided in subsection 1. 3, the medical certificate of death must be signed by the physician 3 or advanced practice registered nurse, if any, last in attendance on 4 5 the deceased, or pursuant to regulations adopted by the Board, it 6 may be signed by the attending physician's associate physician, the 7 chief medical officer of the hospital or institution in which the death 8 occurred, or the pathologist who performed an autopsy upon the deceased. The person who signs the medical certificate of death 9 10 shall specify:

11 12

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(a) The social security number of the deceased.

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

13 (c) The cause of death, so as to show the cause of disease or 14 sequence of causes resulting in death, giving first the primary cause 15 of death or the name of the disease causing death, and the 16 contributory or secondary cause, if any, and the duration of each.

17 2. In deaths in hospitals or institutions, or of nonresidents, the 18 physician or advanced practice registered nurse shall furnish the 19 information required under this section, and may state where, in his 20 or her opinion, the disease was contracted.

21 3. The medical certificate of death of a patient who dies after 22 self-administering a controlled substance that is designed to end 23 the life of the patient in accordance with the provisions of sections 24 3 to 29, inclusive, of this act must be signed by the physician who 25 prescribed the controlled substance. The physician shall specify 26 the terminal condition with which the patient was diagnosed as the 27 cause of death of the patient. 28

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

29 440.420 1. In case of any death occurring without medical 30 attendance, the funeral director shall notify the local health officer, 31 coroner or coroner's deputy of such death and refer the case to the 32 local health officer, coroner or coroner's deputy. [for immediate 33 investigation and certification.] Except as otherwise provided in section 1 of this act, the coroner, coroner's deputy or local health 34 35 officer shall immediately investigate the death and certify the 36 cause of death.

37 2. Where there is no qualified physician or advanced practice 38 registered nurse in attendance, and in such cases only, the local 39 health officer is authorized to make the certificate and return from 40 the statements of relatives or other persons having adequate 41 knowledge of the facts.

42 If the death was caused by unlawful or suspicious means, the 3. 43 local health officer shall then refer the case to the coroner for 44 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.

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

10 Sec. 2. Chapter 453 of NRS is hereby amended by adding 11 thereto the provisions set forth as sections 3 to 29, inclusive, of this 12 act.

13 Sec. 3. As used in sections 3 to 29, inclusive, of this act, 14 unless the context otherwise requires, the words and terms defined 15 in sections 4 to 10, inclusive, of this act have the meanings 16 ascribed to them in those sections.

17 Sec. 4. "Attending physician" means the physician who has 18 primary responsibility for the treatment of a terminal condition 19 from which a patient suffers.

20 Sec. 5. "Competent" means that a person has the ability to 21 make, communicate and understand the nature of decisions 22 concerning his or her health care.

23 Sec. 6. "Consulting physician" means a physician to whom a 24 patient is referred pursuant to subsection 5 of section 15 of this act 25 for confirmation of the diagnosis and prognosis of the patient and 26 that the patient is competent.

27 Sec. 7. "Division" means the Division of Public and 28 Behavioral Health of the Department of Health and Human 29 Services.

30 Sec. 8. "Health care facility" means any facility licensed 31 pursuant to chapter 449 of NRS.

32 Sec. 9. "Prescription" means an order given individually for 33 the person for whom prescribed, directly from the attending 34 physician to a pharmacist or indirectly by means of an order 35 signed by the attending physician or an electronic transmission 36 from the attending physician to a pharmacist.

37 Sec. 10. "Terminal condition" means an incurable and 38 irreversible condition that cannot be cured or modified by any 39 known current medical therapy or treatment and which will, in the 40 opinion of the attending physician, result in death within 6 41 months.

42 Sec. 11. The Legislature hereby finds and declares that:

43 1. Patients with terminal conditions who have suffered 44 prolonged and unbearable pain as well as the loss of physical





control at the end of their lives deserve the right to a peaceful and 1 2 dignified death.

3 2. Adults diagnosed to be within 6 months of death and of sound mental health, as determined by at least two physicians, 4 5 should be allowed to request and receive medication that may be 6 self-administered by the patient to peacefully end his or her life.

7 3. Other states that have enacted laws that allow patients with 8 terminal conditions to choose a dignified death have found improvements in palliative and hospice care, including that nearly 9 all of such patients participate in hospice care, and that such 10 patients are able to die at home surrounded by loved ones and 11 12 friends.

13 *4*. The provisions of sections 3 to 29, inclusive, of this act are 14 intended to provide the safeguards, procedures, written requirements and reporting functions to allow a safe framework 15 for patients with terminal conditions to make a request to end their 16 17 lives so they may have control over their final days.

18 Sec. 12. A patient may request that his or her attending physician prescribe a controlled substance that is designed to end 19 20 the life of the patient if the patient:

21 1. Is at least 18 years of age;

22 2. Has been diagnosed with a terminal condition by the 23 attending physician and at least one consulting physician; 24

3. Is a resident of this State:

25 4. Has made an informed and voluntary decision to end his 26 or her own life:

27 5. Is competent; and

28 6. Is not requesting the controlled substance because of 29 coercion or undue influence.

30 Sec. 13. 1. A patient who wishes to obtain a prescription for a controlled substance that is designed to end his or her life must: 31

(a) Make two verbal requests for the controlled substance to 32 his or her attending physician. The second verbal request must be 33 made at least 15 days after the first verbal request and at least 48 34 35 hours after the written request is delivered to the attending 36 physician pursuant to paragraph (b).

37 (b) Make a written request for the controlled substance in the manner prescribed pursuant to section 14 of this act and deliver 38 the written request to the attending physician. The written request 39 for such a controlled substance must be signed by the patient and 40 two witnesses, neither of whom may be the attending physician. At 41 42 least one of the witnesses must be a person who is not: 43

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

44 (2) Entitled to any portion of the estate of the patient upon 45 death under a will or by operation of law; or





1 2	(3) An owner, operator or employee of a health care facility where the patient is receiving treatment or is a resident.
3	(c) Provide to the attending physician proof that the patient is
4	a resident of this State, which may include, without limitation:
5	(1) A valid driver's license or other identification card
6	issued to the patient by this State;
7	(2) A voter registration card issued to the patient pursuant
8	to NRS 293.517; or
9	(3) Evidence that the patient owns or leases property in this
10	State.
11	2. If a patient resides in a facility for long-term care or a
12	facility for hospice care at the time the patient makes a written
13	request pursuant to this section, one of the witnesses described in
14	paragraph (b) of subsection 1 must be designated to serve as a
15	witness by the facility and may include, without limitation, an
16	ombudsman, a chaplain or a social worker.
17	3. As used in this section:
18	(a) "Facility for hospice care" has the meaning ascribed to it
19	in NRS 449.0033.
20	(b) "Facility for long-term care" has the meaning ascribed to
21	it in NRS 427A.028.
22	Sec. 14. A written request for a controlled substance that is
23	designed to end the life of a patient must be in substantially the following formula f
24 25	following form:
23 26	REQUEST FOR A CONTROLLED SUBSTANCE
20 27	THAT IS DESIGNED TO END MY LIFE
$\frac{27}{28}$	THAT IS DESIGNED TO END WIT LIFE
28	I, am an adult of sound mind.
30	1,
31	I am suffering from which my
32	attending physician has determined is a terminal condition
33	and which has been medically confirmed by a consulting
34	physician.
35	r
36	I have been fully informed of my diagnosis, my
37	prognosis, the nature of the medication to be prescribed and
38	the potential associated risks and expected result of the
39	medication and the feasible alternatives, including comfort
40	care, hospice care and pain control.
41	
42	I request that my attending physician prescribe a
43	controlled substance that I may self-administer to end my
44	life and authorize my attending physician to contact a
45	pharmacist to fill the prescription.





1	INITIAL ONE:
2 3 4	I have informed my family of my decision and taken their opinions into consideration.
5 6 7	I have decided not to inform my family of my decision.
8 9	I have no family to inform of my decision.
10	The second deal Theory descripted a second state
11	I understand that I have the right to revoke this request
12	at any time.
13	
14	I understand the full import of this request, and I expect
15	to die when I take the controlled substance to be prescribed.
16	I further understand that although most deaths occur within
17	3 hours, my death may take longer and my attending
18	physician has counseled me about this possibility.
19	
20	I make this request voluntarily and without reservation,
21	and I accept full moral responsibility for my actions.
22	
23	Signed:
24	
25	Dated:
26	
27	DECLARATION OF WITNESSES
28	
29	By initialing and signing below on or after the date the
30	person named above signs, we declare that the person
31	making and signing the above request:
32	
33	Witness 1 Witness 2
34	Initials Initials
35	
36	1. Is personally known to us or
37	has provided proof of
38	identity;
39	2. Signed this request in our
40	presence on the date of the
41	person's signature;
42	
43	and not under duress, fraud
44	or undue influence; and





1 2 3	
4	physicum.
5	Printed Name of Witness 1:
6	Signature of Witness 1/Date:
7	Printed Name of Witness 2:
8	Signature of Witness 2/Date:
9	
10	NOTE: One witness must not be a relative by blood,
11	marriage or adoption of the person signing this request,
12	must not be entitled to any portion of the person's estate
13	upon death and must not own, operate or be employed at a
14	health care facility where the person is a patient or resident.
15	If the patient is an inpatient at a facility for long-term care
16	or a facility for hospice care, one of the witnesses must be a
17	person designated by the facility.
18	Sec. 15. Before prescribing a controlled substance that is
19	designed to end the life of a patient, the attending physician of the
20	patient must:
21	1. Inform the patient that he or she may revoke a request for
22	the controlled substance at any time and provide the patient with
23	the opportunity to revoke his or her second verbal request made
24	pursuant to subsection 1 of section 13 of this act;
25	2. Determine and verify, after each verbal and written request
26	for the controlled substance made pursuant to subsection 1 of
27	section 13 of this act and immediately before writing the
28	prescription, that the patient meets the requirements of
29	subsections 4 and 5 of section 12 of this act;
30 31	3. Confirm that the patient meets the requirements of subsection 6 of section 12 of this act by discussing with the patient,
32	outside the presence of all persons other than an interpreter, if
33	required, whether the patient is feeling coerced or unduly
34	influenced by another person;
35	4. Discuss with the patient:
36	(a) The diagnosis and prognosis of the patient;
37	(b) All available methods of treating or managing the terminal
38	condition of the patient, including, without limitation, comfort
39	care, hospice care and pain control;
40	(c) The probable effects of the controlled substance; and
41	(d) The importance of having another person present when the
42	patient self-administers the controlled substance;
43	5. Refer the patient to a consulting physician who is qualified
44	by reason of specialty or experience to diagnose the terminal
45	condition of the patient for examination and receive confirmation
	* S B 1 6 5 R 1 *
	* * *





1 from that physician of the diagnosis and prognosis of the patient

2 and that the patient meets the requirements of subsections 4 and 5
3 of section 12 of this act;

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

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

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

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

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

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

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

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

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

41 (a) The patient;

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

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





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

4 Sec. 18. An attending physician shall not prescribe a 5 controlled substance that is designed to end the life of a patient 6 based solely on the age or disability of the patient.

7 Sec. 19. 1. The attending physician of a patient who 8 requests a controlled substance that is designed to end the life of 9 the patient shall document in the medical record of the patient:

10 (a) Each request for such a controlled substance made by the 11 patient and each revocation of such a request;

12 (b) The diagnosis and the prognosis of the patient provided by 13 the attending physician;

14 (c) Each determination made by the attending physician 15 concerning whether the patient meets the requirements of 16 subsections 4, 5 and 6 of section 12 of this act;

17 (d) Confirmation that:

18 (1) The attending physician offered the patient the 19 opportunity to revoke his or her second verbal request for the 20 controlled substance, as required by subsection 1 of section 15 of 21 this act; and

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

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

27 2. A consulting physician shall report to the attending 28 physician of the patient and document in the medical record of the 29 patient his or her:

30 (a) Diagnosis and opinion regarding the prognosis of the 31 patient; and

32 (b) Determination concerning whether the patient meets the 33 requirements of subsections 4 and 5 of section 12 of this act.

34 3. A psychiatrist or psychologist to whom a patient is referred 35 pursuant to section 16 of this act shall document in the medical 36 record of the patient his or her determination of whether the 37 patient is competent to make a decision concerning whether to end 38 his or her life.

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





1 5. Any interaction between a patient and an attending 2 physician, consulting physician, psychiatrist or psychologist 3 pursuant to sections 12 to 17, inclusive, of this act:

4 (a) Must take place in person; and

5 (b) May not occur using telehealth, as defined in 6 NRS 629.515.

7 Sec. 20. 1. A patient who requests a controlled substance 8 that is designed to end his or her life may revoke the request at any 9 time, without regard to his or her age or physical or mental 10 condition.

11 2. The revocation of a request for such a controlled substance 12 becomes effective immediately upon the patient communicating 13 the revocation to his or her attending physician. When the patient 14 revokes such a request, the attending physician must document the 15 revocation in the medical record of the patient.

16 Sec. 21. 1. Only a patient to whom a controlled substance 17 designed to end his or her life is prescribed may administer the 18 controlled substance. No other person may administer the 19 controlled substance to the patient.

20 2. If any amount of a controlled substance that is designed to 21 end the life of a patient is not self-administered, it must be 22 disposed of in accordance with law.

23 Sec. 22. 1. An attending physician who prescribes a 24 controlled substance that is designed to end the life of a patient 25 shall:

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

30 (b) If the patient died from self-administering the controlled 31 substance, not more than 30 days after the death of the patient, 32 provide to the Division the age of the patient at death, his or her 33 level of education, race and sex, the type of insurance under 34 which the patient was covered, if any, and the terminal condition 35 from which the patient suffered.

36 2. A registered pharmacist who dispenses a controlled 37 substance that is designed to end the life of a patient shall, not 38 more than 30 days after dispensing the controlled substance, 39 provide to the Division the name and amount of the controlled 40 substance dispensed and the purpose for which the controlled 41 substance was dispensed.

42 3. The Division may adopt regulations requiring an attending 43 physician who prescribes a controlled substance that is designed to 44 end the life of a patient pursuant to section 17 of this act or a 45 registered pharmacist who dispenses such a controlled substance





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1 to provide to the Division any other relevant information, except

2 that the Division may not require the reporting of any personally 3 identifiable information of a patient to whom a controlled

4 substance that is designed to end the life of the patient is 5 prescribed or dispensed.

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

Sec. 23. The Division shall:

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

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

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

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

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

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

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

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2. On or before February 1 of each year:

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

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

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





- 14 -

2. A psychiatrist or psychologist who examines a patient 1 2 pursuant to section 16 of this act is not subject to professional 3 discipline, does not violate any applicable standard of care and is not subject to civil or criminal liability solely because he or she 4 5 concludes and reports to the attending physician that the patient is 6 competent or not competent.

7 3. A registered pharmacist is not subject to professional 8 discipline, does not violate any applicable standard of care and is not subject to civil or criminal liability solely because the 9 pharmacist dispenses a controlled substance that is designed to 10 11 end the life of a patient in good faith to comply with section 17 of 12 this act.

13 Sec. 25. 1. Death resulting from a patient self-14 administering a controlled substance that is designed to end his or her life in accordance with the provisions of sections 3 to 29, 15 16 inclusive, of this act does not constitute suicide or homicide.

17 2. Any report or other document produced by this State, any political subdivision of this State or any agency, board, 18 commission, department, officer, employee or agent of this State 19 20 must refer to a request for, acquisition of, prescription of, dispensation of and self-administration of a controlled substance 21 22 that is designed to end the life of a patient as a request for, 23 acquisition of, prescription of, dispensation of and self-24 administration, as applicable, of a controlled substance that is 25 designed to end the life of a patient.

26 Sec. 26. 1. A person shall not prevent or require a patient 27 to make or revoke a request for a controlled substance that is 28 designed to end the life of the patient as a condition of receiving 29 health care.

30 2. Any provision in any contract or agreement entered into on or after the effective date of this act, whether written or oral, that 31 32 would affect the right of a patient to take any action in accordance 33 with the provisions of sections 3 to 29, inclusive, of this act is 34 unenforceable and void.

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

36 (a) Alter or forge a request for a controlled substance that is 37 designed to end the life of another person with the intent of 38 causing the death of the person; 39

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

(1) Request a controlled substance that is designed to end 40 41 the life of the person;

(2) Refrain from revoking a request for a controlled 42 43 substance that is designed to end the life of the person pursuant to 44 section 20 of this act; or



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1 (3) Self-administer a controlled substance designed to end 2 the life of the person; or

3 (c) Willfully conceal, cancel, deface, obliterate or withhold 4 personal knowledge of the revocation by a person of a request for 5 a controlled substance that is designed to end the life of the 6 person.

7 2. Any person who violates this section is guilty of a category 8 A felony and shall be punished by imprisonment in the state 9 prison:

10 (a) For life with the possibility of parole, with eligibility for 11 parole beginning when a minimum of 5 years has been served; or

12 (b) For a definite term of 15 years, with eligibility for parole 13 beginning when a minimum of 5 years has been served.

14 Sec. 28. The provisions of sections 3 to 29, inclusive, of this 15 act do not:

16 1. Require an attending physician to prescribe a controlled 17 substance that is designed to end the life of a patient or require a 18 pharmacist to fill a prescription for or dispense such a controlled 19 substance;

20 2. Affect the responsibility of a physician to provide treatment 21 for a patient's comfort or alleviation of pain; or

22 3. Condone, authorize or approve mercy killing, euthanasia 23 or assisted suicide.

24 Sec. 29. 1. The owner or operator of a health care facility 25 may prohibit:

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

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

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

41 (a) Each employee and independent contractor of the health 42 care facility; and

43 (b) Each health care provider not described in paragraph (a) 44 who provides services on the premises of the health care facility,





including, without limitation, through telehealth as defined in 1 2 NRS 629.515.

3 3. The owner or operator of a health care facility may take any action authorized by law or authorized pursuant to any 4 5 applicable rule, policy, procedure or contract against any person 6 who provides a service prohibited by the owner or operator in compliance with subsection 1 while acting within the scope of his 7 8 or her employment or contract, as applicable, or on the premises 9 of the health care facility. 10

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

Except as otherwise provided in subsection 2, a 11 453.256 1. 12 substance included in schedule II must not be dispensed without the 13 written prescription of a practitioner.

14 2. A controlled substance included in schedule II may be 15 dispensed without the written prescription of a practitioner only:

16 (a) In an emergency, as defined by regulation of the Board, upon 17 oral prescription of a practitioner, reduced to writing promptly and in any case within 72 hours, signed by the practitioner and filed by 18 19 the pharmacy.

20 (b) Pursuant to an electronic prescription of a practitioner which 21 complies with any regulations adopted by the Board concerning the 22 use of electronic prescriptions.

23 (c) Upon the use of a facsimile machine to transmit the 24 prescription for a substance included in schedule II by a practitioner 25 or a practitioner's agent to a pharmacy for:

26 (1) Direct administration to a patient by parenteral solution; 27 or

28 (2) A resident of a facility for intermediate care or a facility 29 for skilled nursing which is licensed as such by the Division of 30 Public and Behavioral Health of the Department.

31 \rightarrow A prescription transmitted by a facsimile machine pursuant to 32 this paragraph must be printed on paper which is capable of being 33 retained for at least 2 years. For the purposes of this section, an electronic prescription or a prescription transmitted by facsimile 34 35 machine constitutes a written prescription. The pharmacy shall keep 36 prescriptions in conformity with the requirements of NRS 453.246. 37 A prescription for a substance included in schedule II must not be 38 refilled.

39 3. Except when dispensed directly by a practitioner, other than 40 a pharmacy, to an ultimate user, a substance included in schedule III 41 or IV which is a dangerous drug as determined under NRS 454.201, 42 must not be dispensed without a written or oral prescription of a 43 practitioner. The prescription must not be filled or refilled more than 44 6 months after the date thereof or be refilled more than five times, 45 unless renewed by the practitioner.





1 4. A substance included in schedule V may be distributed or 2 dispensed only for a medical purpose, including medical treatment 3 or authorized research.

4 A practitioner may dispense or deliver a controlled 5. 5 substance to or for a person or animal only for medical treatment or 6 authorized research in the ordinary course of his or her profession.

No civil or criminal liability or administrative sanction may 7 6. 8 be imposed on a pharmacist for action taken in good faith in reliance 9 on a reasonable belief that an order purporting to be a prescription was issued by a practitioner in the usual course of professional 10 11 treatment or in authorized research.

12 An individual practitioner may not dispense a substance 7. 13 included in schedule II, III or IV for the practitioner's own personal 14 use except in a medical emergency.

15 8. A person who violates this section is guilty of a category E 16 felony and shall be punished as provided in NRS 193.130. 17

9. As used in this section:

30

18 (a) "Facsimile machine" means a device which sends or receives 19 a reproduction or facsimile of a document or photograph which is 20 transmitted electronically or telephonically by telecommunications 21 lines. 22

(b) "Medical treatment" includes [dispensing]:

23 (1) **Dispensing** or administering a narcotic drug for pain, 24 whether or not intractable \square : and

25 (2) Dispensing a controlled substance designed to end the 26 life of a patient pursuant to the provisions of sections 3 to 29, 27 inclusive, of this act.

28 (c) "Parenteral solution" has the meaning ascribed to it in 29 NRS 639.0105.

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

31 453.321 1. Except as authorized by the provisions of NRS 32 453.011 to 453.552, inclusive, and sections 3 to 29, inclusive, of 33 *this act*, it is unlawful for a person to:

(a) Import, transport, sell, exchange, barter, supply, prescribe, 34 35 dispense, give away or administer a controlled or counterfeit 36 substance:

37 (b) Manufacture or compound a counterfeit substance; or

38 (c) Offer or attempt to do any act set forth in paragraph (a) or 39 (b).

40 Unless a greater penalty is provided in NRS 453.333 or 2. 453.334, if a person violates subsection 1 and the controlled 41 42 substance is classified in schedule I or II, the person is guilty of a 43 category B felony and shall be punished:

44 (a) For the first offense, by imprisonment in the state prison for 45 a minimum term of not less than 1 year and a maximum term of not





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

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

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

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

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

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

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

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





1 5. The court shall not grant probation to or suspend the 2 sentence of a person convicted under subsection 4 and punishable pursuant to paragraph (b) or (c) of subsection 4. 3 **Sec. 32.** NRS 453.375 is hereby amended to read as follows: 4 5 453.375 1. [A] Except as otherwise provided in section 21 of 6 *this act, a* controlled substance may be possessed and administered 7 by the following persons: 8 (a) A practitioner. 9 (b) A registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a physician, physician 10 assistant, dentist, podiatric physician or advanced practice registered 11 12 nurse, or pursuant to a chart order, for administration to a patient at 13 another location. 14 (c) A paramedic: 15 (1) As authorized by regulation of: 16 (I) The State Board of Health in a county whose 17 population is less than 100,000; or 18 (II) A county or district board of health in a county whose 19 population is 100,000 or more; and 20 (2) In accordance with any applicable regulations of: 21 (I) The State Board of Health in a county whose 22 population is less than 100,000; 23 (II) A county board of health in a county whose 24 population is 100.000 or more: or 25 (III) A district board of health created pursuant to NRS 26 439.362 or 439.370 in any county. 27 (d) A respiratory therapist, at the direction of a physician or 28 physician assistant. 29 (e) A medical student, student in training to become a physician 30 assistant or student nurse in the course of his or her studies at an 31 accredited college of medicine or approved school of professional or 32 practical nursing, at the direction of a physician or physician 33 assistant and: 34 (1) In the presence of a physician, physician assistant or a registered nurse; or 35 36 (2) Under the supervision of a physician, physician assistant 37 or a registered nurse if the student is authorized by the college or 38 school to administer the substance outside the presence of a 39 physician, physician assistant or nurse. 40 A medical student or student nurse may administer a controlled substance in the presence or under the supervision of a registered 41 42 nurse alone only if the circumstances are such that the registered 43 nurse would be authorized to administer it personally. 44 (f) An ultimate user or any person whom the ultimate user 45 designates pursuant to a written agreement.





1 (g) Any person designated by the head of a correctional 2 institution.

3 (h) A veterinary technician at the direction of his or her 4 supervising veterinarian.

5 (i) In accordance with applicable regulations of the State Board 6 of Health, an employee of a residential facility for groups, as 7 defined in NRS 449.017, pursuant to a written agreement entered 8 into by the ultimate user.

9 (j) In accordance with applicable regulations of the State Board 10 of Pharmacy, an animal control officer, a wildlife biologist or an 11 employee designated by a federal, state or local governmental 12 agency whose duties include the control of domestic, wild and 13 predatory animals.

14 (k) A person who is enrolled in a training program to become a 15 paramedic, respiratory therapist or veterinary technician if the 16 person possesses and administers the controlled substance in the same manner and under the same conditions that apply, respectively, 17 18 to a paramedic, respiratory therapist or veterinary technician who 19 may possess and administer the controlled substance, and under the 20 direct supervision of a person licensed or registered to perform the 21 respective medical art or a supervisor of such a person.

22 2. As used in this section, "accredited college of medicine" 23 means:

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

28 (b) A school of osteopathic medicine, as defined in 29 NRS 633.121.

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

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

33 [1.] (*a*) Make a devise conditional upon a devisee's action or 34 failure to take action or upon the occurrence or nonoccurrence of 35 one or more specified events; and

36 [2.] (b) Specify the conditions or actions which would 37 disqualify a person from serving or which would constitute cause 38 for removal of a person who is serving in any capacity under the 39 will, including, without limitation, as a personal representative, 40 guardian or trustee.

41 2. Any provision in a will executed on or after the effective 42 date of this act that conditions a devise on any person requesting 43 or failing to request a controlled substance designed to end his or

44 her life, revoking such a request or self-administering such a





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

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

4 159.054 1. If the court finds that the proposed protected 5 person is not incapacitated and is not in need of a guardian, the court 6 shall dismiss the petition.

7 2. If the court finds that the proposed protected person is of 8 limited capacity and is in need of a special guardian, the court shall 9 enter an order accordingly and specify the powers and duties of the 10 special guardian.

11 3. If the court finds that appointment of a general guardian is 12 required, the court shall appoint a general guardian of the person, 13 estate, or person and estate of the proposed protected person.

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

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

21 239.010 Except as otherwise provided in this section and 1. 22 NRS 1.4683, 1.4687, 1A.110, 3.2203, 41.071, 49.095, 49.293, 23 62D.420, 62D.440, 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 24 62H.220, 62H.320, 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246, 86.54615, 87.515, 87.5413, 87A.200, 25 26 87A.580, 87A.640, 88.3355, 88.5927, 88.6067, 88A.345, 88A.7345, 27 89.045, 89.251, 90.730, 91.160, 116.757, 116A.270, 116B.880, 28 118B.026, 119.260, 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370, 119B.382, 120A.690, 125.130, 125B.140. 29 30 126.141, 126.161, 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817, 128.090, 130.312, 130.712, 136.050, 159.044, 31 32 159A.044, 172.075, 172.245, 176.01249, 176.015, 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715, 178.5691, 33 179.495, 179A.070, 179A.165, 179D.160, 200.3771, 200.3772, 34 200.5095, 200.604, 202.3662, 205.4651, 209.392, 35 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040, 213.095, 213.131, 36 217.110, 217.464, 217.475, 218A.350, 37 217.105. 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270, 228.450, 38 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300, 239.0105, 39 239.0113, 239B.030, 239B.040, 239B.050, 239C.140, 239C.210, 40 239C.230, 239C.250, 239C.270, 240.007, 241.020, 41 241.030, 42 241.039, 242.105, 244.264, 244.335, 247.540, 247.550, 247.560, 250.087, 250.130, 250.140, 250.150, 268.095, 268.490, 268.910, 43 271A.105, 281.195, 281.805, 281A.350, 281A.680, 281A.685, 44 45 281A.750, 281A.755, 281A.780, 284.4068, 286.110, 287.0438,



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



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

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

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

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

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

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

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

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





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

3 (a) Passes an examination administered by the State Board of 4 Nursing on Nevada law relating to pharmacy and submits to the 5 State Board of Pharmacy evidence of passing that examination;

6 (b) Is authorized to do so by the State Board of Nursing in a 7 license issued by that Board; and

8 (c) Applies for and obtains a certificate of registration from the 9 State Board of Pharmacy and pays the fee set by a regulation 10 adopted by the Board. The Board may set a single fee for the 11 collective certification of advanced practice registered nurses in the 12 employ of a public or nonprofit agency and a different fee for 13 the individual certification of other advanced practice registered 14 nurses.

15 2. The State Board of Pharmacy shall consider each application 16 from an advanced practice registered nurse separately, and may:

17

(a) Issue a certificate of registration limiting:

18 (1) The authority of the advanced practice registered nurse to 19 dispense controlled substances, poisons, dangerous drugs and 20 devices;

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

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

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

30 (b) Issue a certificate of registration without any limitation not 31 contained in the license issued by the State Board of Nursing; or

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

34 3. If a certificate of registration issued pursuant to this section 35 is suspended or revoked, the Board may also suspend or revoke the 36 registration of the physician for and with whom the advanced 37 practice registered nurse is in practice to dispense controlled 38 substances.

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





1 (a) The areas in which an advanced practice registered nurse 2 who holds a certificate from the Board can be expected to practice 3 and the populations of those areas;

4 (b) The experience and training of the advanced practice 5 registered nurse;

6 (c) Distances between areas of practice and the nearest hospitals 7 and physicians;

8 (d) Whether the advanced practice registered nurse is authorized 9 to prescribe a controlled substance listed in schedule II pursuant to a protocol approved by a collaborating physician; 10

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

12 (f) Other factors which the Board considers important to the 13 regulation of the practice of advanced practice registered nurses who 14 hold certificates from the Board.

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

16 639.238 1. Prescriptions filled and on file in a pharmacy are 17 not a public record. Except as otherwise provided in NRS 439.538 18 and 639.2357, and section 22 of this act, a pharmacist shall not 19 divulge the contents of any prescription or provide a copy of any 20 prescription, except to:

21 22 23 (a) The patient for whom the original prescription was issued;

(b) The practitioner who originally issued the prescription;

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

24 (d) A member, inspector or investigator of the Board or an 25 inspector of the Food and Drug Administration or an agent of the 26 Investigation Division of the Department of Public Safety;

(e) An agency of state government charged with the 27 28 responsibility of providing medical care for the patient;

29 (f) An insurance carrier, on receipt of written authorization 30 signed by the patient or his or her legal guardian, authorizing the 31 release of such information; 32

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

33 (h) Any member, inspector or investigator of a professional licensing board which licenses a practitioner who orders 34 35 prescriptions filled at the pharmacy;

(i) Other registered pharmacists for the limited purpose of and to 36 37 the extent necessary for the exchange of information relating to 38 persons who are suspected of:

39 (1) Misusing prescriptions to obtain excessive amounts of 40 drugs; or

41 (2) Failing to use a drug in conformity with the directions for 42 its use or taking a drug in combination with other drugs in a manner 43 that could result in injury to that person;

44 (i) A peace officer employed by a local government for the 45 limited purpose of and to the extent necessary:





1 (1) For the investigation of an alleged crime reported by an 2 employee of the pharmacy where the crime was committed; or

3 (2) To carry out a search warrant or subpoena issued 4 pursuant to a court order; or

5 (k) A county coroner, medical examiner or investigator 6 employed by an office of a county coroner for the purpose of:

7

Identifying a deceased person;
 Determining a cause of death; or

8 9

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(3) Performing other duties authorized by law.

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

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

18 (b) The deceased person whose cause of death is being 19 determined.

20 3. Except as otherwise provided in NRS 639.2357, any copy of 21 a prescription for a controlled substance or a dangerous drug as 22 defined in chapter 454 of NRS, issued to a person authorized by this 23 section to receive such a copy, must contain all of the information 24 appearing on the original prescription and be clearly marked on its 25 face "Copy, Not Refillable—For Reference Purposes Only." The 26 copy must bear the name or initials of the registered pharmacist who 27 prepared the copy.

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

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

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

36 (b) A school police officer who is appointed or employed 37 pursuant to NRS 391.281.

38 **Sec. 38.** Chapter 688A of NRS is hereby amended by adding 39 thereto a new section to read as follows:

40 An insurer shall not:

41 1. Deny a claim under a policy of life insurance or annuity 42 contract, cancel a policy of life insurance or annuity contract or

42 contract, cancel a policy of the insurance of annualy contract of 43 impose an additional charge on a policyholder or beneficiary

43 solely because the insured has, in accordance with the provisions

45 of sections 3 to 29, inclusive, of this act, requested a controlled





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

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

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

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

17 An insurer shall not:

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

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

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

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

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





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

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

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

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

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

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