

ASSEMBLY BILL NO. 199—ASSEMBLYWOMEN  
WOODBURY AND TITUS

PREFILED FEBRUARY 13, 2017

JOINT SPONSOR: SENATOR HARDY

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to end-of-life care.  
(BDR 40-813)

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

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

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AN ACT relating to health care; authorizing a physician assistant or advanced practice registered nurse to take certain actions relating to a Physician Order for Life-Sustaining Treatment; revising provisions governing the execution and revocation of a Physician Order for Life-Sustaining Treatment form; providing penalties; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 Existing law requires the State Board of Health to adopt a Physician Order for  
2 Life-Sustaining Treatment form (POLST form), a document which records the  
3 wishes of a patient and directs any provider of health care regarding the provision  
4 of life-resuscitating treatment and life-sustaining treatment. (NRS 449.694)  
5 Existing law also specifies that a patient who is at least 18 years of age and of  
6 sound mind is allowed to request, execute and revoke a POLST form. Under  
7 existing law, if a patient is at least 18 years of age and incompetent, certain legal  
8 representatives of the patient are authorized to execute and revoke a POLST form  
9 on behalf of the patient. (NRS 449.6942, 449.6944) **Sections 2-5, 7-17 and 21-25**  
10 of this bill authorize a physician assistant or advanced practice registered nurse to  
11 make certain determinations related to a POLST form and to execute a POLST  
12 form for a patient. **Sections 9 and 10** also revise provisions governing the  
13 execution and revocation of a POLST form. **Section 9:** (1) provides that, under  
14 certain circumstances, a surrogate who is not a legal representative of the patient,  
15 including, without limitation, certain family members of the patient or any other



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16 adult who has exhibited special care or concern for the patient, is familiar with the  
17 values of the patient and willing and able to make health care decisions for the  
18 patient, is authorized to request and execute a POLST form for the patient; and (2)  
19 revises the standard for determining whether a patient has the capacity to request  
20 and execute a POLST form. **Section 10** revises the standard for determining  
21 whether a patient has the capacity to revoke a POLST form so that the standard  
22 matches the standard set forth in **section 9** for determining whether the patient has  
23 the capacity to execute a POLST form.

24 Existing law contains provisions for resolving potential conflicts between a  
25 POLST form and another type of instrument governing the withholding or  
26 withdrawal of life-resuscitating treatment and life-sustaining treatment. (NRS  
27 449.6946) **Section 11** requires a provider of health care to honor a declaration,  
28 direction or order set forth in a POLST form to provide life-resuscitating treatment  
29 if the declaration, direction or order is executed after a do-not-resuscitate  
30 identification was issued to the patient.

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

1 **Section 1.** Chapter 449 of NRS is hereby amended by adding  
2 thereto the provisions set forth as sections 2 to 5, inclusive, of this  
3 act.

4 **Sec. 2.** *“Advanced practice registered nurse” means a*  
5 *registered nurse who holds a valid license as an advanced practice*  
6 *registered nurse issued by the State Board of Nursing pursuant to*  
7 *NRS 632.237.*

8 **Sec. 3.** *“Attending advanced practice registered nurse”*  
9 *means an advanced practice registered nurse who has primary*  
10 *responsibility for the treatment and care of the patient.*

11 **Sec. 4.** *“Attending physician assistant” means a physician*  
12 *assistant who has primary responsibility for the treatment and*  
13 *care of the patient.*

14 **Sec. 5.** *“Physician assistant” means a person who holds a*  
15 *license as a physician assistant pursuant to chapter 630 or 633 of*  
16 *NRS.*

17 **Sec. 6.** NRS 449.691 is hereby amended to read as follows:  
18 449.691 As used in NRS 449.691 to 449.697, inclusive, *and*  
19 *sections 2 to 5, inclusive, of this act*, unless the context otherwise  
20 requires, the words and terms defined in NRS 449.6912 to  
21 449.6934, inclusive, *and sections 2 to 5, inclusive, of this act* have  
22 the meanings ascribed to them in those sections.

23 **Sec. 7.** NRS 449.693 is hereby amended to read as follows:  
24 449.693 ~~“Physician”~~ *“Provider* Order for Life-Sustaining  
25 *Treatment form”* or “POLST form” means the form prescribed  
26 pursuant to NRS 449.694 that:

27 1. Records the wishes of the patient; and



1 2. Directs a provider of health care regarding the provision of  
2 life-resuscitating treatment and life-sustaining treatment.

3 **Sec. 8.** NRS 449.694 is hereby amended to read as follows:

4 449.694 The Board shall prescribe a standardized ~~{Physician}~~  
5 *Provider* Order for Life-Sustaining Treatment form, commonly  
6 known as a POLST form, which:

7 1. Is uniquely identifiable and has a uniform color;

8 2. Provides a means by which to indicate whether the patient  
9 has made an anatomical gift pursuant to NRS 451.500 to 451.598,  
10 inclusive;

11 3. Gives direction to a provider of health care or health care  
12 facility regarding the use of emergency care and life-sustaining  
13 treatment;

14 4. Is intended to be honored by any provider of health care who  
15 treats the patient in any health-care setting, including, without  
16 limitation, the patient's residence, a health care facility or the scene  
17 of a medical emergency; and

18 5. Includes such other features and information as the Board  
19 may deem advisable.

20 **Sec. 9.** NRS 449.6942 is hereby amended to read as follows:

21 449.6942 1. A physician , *physician assistant or advanced*  
22 *practice registered nurse* shall take the actions described in  
23 subsection 2:

24 (a) If the physician , *physician assistant or advanced practice*  
25 *registered nurse* diagnoses a patient with a terminal condition;

26 (b) If the physician , *physician assistant or advanced practice*  
27 *registered nurse* determines, for any reason, that a patient has a life  
28 expectancy of less than 5 years; or

29 (c) At the request of a patient.

30 2. Upon the occurrence of any of the events specified in  
31 subsection 1, the physician , *physician assistant or advanced*  
32 *practice registered nurse* shall explain to the patient:

33 (a) The existence and availability of the ~~{Physician}~~ *Provider*  
34 Order for Life-Sustaining Treatment form;

35 (b) The features of and procedures offered by way of the POLST  
36 form; and

37 (c) The differences between a POLST form and the other types  
38 of advance directives.

39 3. ~~{Upon the request of the patient, the}~~ *The* physician ,  
40 *physician assistant or advanced practice registered nurse* shall  
41 complete the POLST form based on the preferences and medical  
42 indications of the patient ~~{,}~~ *, upon the request of:*

43 (a) *If the patient is 18 years of age or older and the physician,*  
44 *physician assistant or advanced practice registered nurse*  
45 *determines that the patient has the capacity to make decisions*



1 regarding his or her wishes for the provision of life-resuscitating  
2 treatment and life-sustaining treatment, the patient.

3 (b) If the patient is 18 years of age or older and the physician,  
4 physician assistant or advanced practice registered nurse  
5 determines that the patient lacks the capacity to make decisions  
6 regarding his or her wishes for the provision of life-resuscitating  
7 treatment and life-sustaining treatment:

8 (1) The representative of the patient; or

9 (2) If no person is a representative of the patient and a  
10 valid POLST form has not been executed by the patient or the  
11 representative of the patient, a surrogate of the patient who has  
12 the capacity to make decisions regarding the provision of life-  
13 resuscitating treatment and life-sustaining treatment for the  
14 patient.

15 (c) If the patient is less than 18 years of age, the patient and a  
16 parent or legal guardian of the patient.

17 4. A POLST form is valid upon execution by a physician ,  
18 physician assistant or advanced practice registered nurse and:

19 (a) If the patient is 18 years of age or older and ~~{of sound mind,}~~  
20 the physician, physician assistant or advanced practice registered  
21 nurse determines that the patient has the capacity to make  
22 decisions regarding his or her wishes for the provision of life-  
23 resuscitating treatment and life-sustaining treatment, the  
24 patient. ~~{}~~

25 (b) If the patient is 18 years of age or older and ~~{incompetent,}~~  
26 the physician, physician assistant or advanced practice registered  
27 nurse determines that the patient lacks the capacity to make  
28 decisions regarding his or her wishes for the provision of life-  
29 resuscitating treatment and life-sustaining treatment:

30 (1) The representative of the patient; or

31 (2) If no person is a representative of the patient and a  
32 valid POLST form has not been executed by the patient or the  
33 representative of the patient, a surrogate of the patient who has  
34 the capacity to make decisions regarding the provision of life-  
35 resuscitating treatment and life-sustaining treatment for the  
36 patient.

37 (c) If the patient is less than 18 years of age, ~~{the patient and}~~ a  
38 parent or legal guardian of the patient.

39 5. If, pursuant to subsection 3, a valid POLST form has been  
40 executed by a representative or surrogate of the patient and a  
41 provider of health care or the representative or surrogate of the  
42 patient believes that the patient has regained the capacity to make  
43 decisions regarding his or her wishes for the provision of life-  
44 resuscitating treatment and life-sustaining treatment, a physician,  
45 physician assistant or advanced practice registered nurse must



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1 *examine the patient and inform the patient of the execution of the*  
2 *POLST form. If the physician, physician assistant or advanced*  
3 *practice registered nurse determines that the patient regained the*  
4 *capacity to make decisions regarding his or her wishes for the*  
5 *provision of life-resuscitating treatment and life-sustaining*  
6 *treatment, the patient may approve the execution of the POLST*  
7 *form or, pursuant to NRS 449.6944, revoke the POLST form*  
8 *executed for the patient by his or her representative or surrogate.*  
9 *If the patient approves the execution of the POLST form executed*  
10 *by his or her representative or surrogate, such approval must be*  
11 *made a part of the medical record of the patient and the POLST*  
12 *form is deemed to be valid. The physician, physician assistant or*  
13 *advanced practice registered nurse who examined the patient must*  
14 *notify the representative or surrogate of the patient who executed*  
15 *the POLST form of the decision of the patient to approve or revoke*  
16 *the POLST form.*

17 *6. For the purpose of determining whether a surrogate of the*  
18 *patient is authorized to request and execute a POLST form*  
19 *pursuant to subsections 3 and 4, respectively:*

20 *(a) If a class entitled to decide whether to request and execute*  
21 *a POLST form is not reasonably available for consultation and*  
22 *capable of deciding or declines to decide, the next class is*  
23 *authorized to decide, but an equal division in a class does not*  
24 *authorize the next class to decide.*

25 *(b) A decision to request and execute a POLST form must be*  
26 *made in good faith and is not valid if it conflicts with the*  
27 *expressed intention of the patient.*

28 *(c) A decision of the physician, physician assistant or*  
29 *advanced practice registered nurse acting in good faith that a*  
30 *decision to request and execute a POLST form is valid or invalid is*  
31 *conclusive.*

32 *7. As used in this section ~~§~~“terminal”:*

33 *(a) “Surrogate of the patient” means the following persons, in*  
34 *order of priority:*

35 *(1) The spouse of the patient;*

36 *(2) An adult child of the patient or, if there is more than*  
37 *one adult child, a majority of the adult children who are*  
38 *reasonably available for consultation;*

39 *(3) The parents of the patient;*

40 *(4) An adult sibling of the patient or, if there is more than*  
41 *one adult sibling, a majority of the adult siblings who are*  
42 *reasonably available for consultation;*

43 *(5) The nearest other adult relative of the patient by blood*  
44 *or adoption who is reasonably available for consultation; or*



1           ***(6) An adult who has exhibited special care or concern for***  
2 ***the patient, is familiar with the values of the patient and willing***  
3 ***and able to make health care decisions for the patient.***

4           ***(b) "Terminal condition"*** has the meaning ascribed to it in  
5 NRS 449.590.

6           **Sec. 10.** NRS 449.6944 is hereby amended to read as follows:

7           449.6944 1. A ~~{Physician}~~ ***Provider*** Order for Life-  
8 Sustaining Treatment form may be revoked at any time and in any  
9 manner by:

10           (a) The patient who executed it ~~{}~~ ***or for whom a representative***  
11 ***or surrogate executed it pursuant to NRS 449.6942, if ~~{competent,}~~***  
12 ***the patient is 18 years of age or older and the physician, physician***  
13 ***assistant or advanced practice registered nurse determines that the***  
14 ***patient has the capacity to make decisions regarding his or her***  
15 ***wishes for the provision of life-resuscitating treatment and life-***  
16 ***sustaining treatment; ~~{without regard to his or her age or physical~~***  
17 ***condition;}***

18           (b) ~~{}~~ ***Without regard to the patient's age or physical***  
19 ***condition, if the physician, physician assistant or advanced***  
20 ***practice registered nurse determines that the patient ~~{is~~***  
21 ***incompetent,} lacks the capacity to make decisions regarding his or***  
22 ***her wishes for the provision of life-resuscitating treatment and***  
23 ***life-sustaining treatment, the representative of the patient; or***

24           (c) If the patient is less than 18 years of age, a parent or legal  
25 guardian of the patient.

26           2. The revocation of a POLST form is effective upon the  
27 communication to a provider of health care, by the patient or a  
28 ~~{witness to the revocation,}~~ ***person authorized to revoke a POLST***  
29 ***form pursuant to subsection 1,*** of the desire to revoke the form. The  
30 provider of health care to whom the revocation is communicated  
31 shall:

32           (a) Make the revocation a part of the medical record of the  
33 patient; or

34           (b) Cause the revocation to be made a part of the medical record  
35 of the patient.

36           **Sec. 11.** NRS 449.6946 is hereby amended to read as follows:

37           449.6946 1. If a valid ~~{Physician}~~ ***Provider*** Order for Life-  
38 Sustaining Treatment form sets forth a declaration, direction or order  
39 which conflicts with a declaration, direction or order set forth  
40 in one or more of the other types of advance directives:

41           (a) The declaration, direction or order set forth in the document  
42 executed most recently is valid; and

43           (b) Any other declarations, directions or orders that do not  
44 conflict with a declaration, direction or order set forth in another  
45 document referenced in this subsection remain valid.



1 2. If a valid POLST form sets forth a declaration, direction or  
2 order to provide life-resuscitating treatment to a patient who also  
3 possesses a do-not-resuscitate identification, a provider of health  
4 care shall ~~not~~ provide life-resuscitating treatment if the ~~do-not-~~  
5 ~~resuscitate identification is on the person of the patient when the~~  
6 ~~need for life-resuscitating treatment arises.~~ *declaration, direction*  
7 *or order to provide life-resuscitating treatment set forth in the*  
8 *valid POLST form was executed more recently than the issuance*  
9 *of the do-not-resuscitate identification.*

10 **Sec. 12.** NRS 449.6948 is hereby amended to read as follows:

11 449.6948 1. A provider of health care is not guilty of  
12 unprofessional conduct or subject to civil or criminal liability if:

13 (a) The provider of health care withholds emergency care or  
14 life-sustaining treatment:

15 (1) In compliance with a ~~Physician~~ *Provider* Order for  
16 Life-Sustaining Treatment form and the provisions of NRS 449.691  
17 to 449.697, inclusive ~~†~~, *and sections 2 to 5, inclusive, of this act;*  
18 or

19 (2) In violation of a ~~Physician~~ *Provider* Order for Life-  
20 Sustaining Treatment form if the provider of health care is acting in  
21 accordance with a declaration, direction or order set forth in one or  
22 more of the other types of advance directives and:

23 (I) Complies with the provisions of NRS 449.695; or

24 (II) Reasonably and in good faith, at the time the  
25 emergency care or life-sustaining treatment is withheld, is unaware of  
26 the existence of the POLST form or believes that the POLST  
27 form has been revoked pursuant to NRS 449.6944; or

28 (b) The provider of health care provides emergency care or life-  
29 sustaining treatment:

30 (1) Pursuant to an oral or written request made by the patient,  
31 the representative of the patient, or a parent or legal guardian of the  
32 patient, who may revoke the POLST form pursuant to  
33 NRS 449.6944;

34 (2) Pursuant to an observation that the patient, the  
35 representative of the patient or a parent or legal guardian of the  
36 patient has revoked, or otherwise indicated that he or she wishes to  
37 revoke, the POLST form pursuant to NRS 449.6944; or

38 (3) In violation of a POLST form, if the provider of health  
39 care reasonably and in good faith, at the time the emergency care or  
40 life-sustaining treatment is provided, is unaware of the existence of  
41 the POLST form or believes that the POLST form has been revoked  
42 pursuant to NRS 449.6944.

43 2. A health care facility, ambulance service, fire-fighting  
44 agency or other entity that employs a provider of health care is not  
45 guilty of unprofessional conduct or subject to civil or criminal



1 liability for the acts or omissions of the employee carried out in  
2 accordance with the provisions of subsection 1.

3 **Sec. 13.** NRS 449.695 is hereby amended to read as follows:

4 449.695 1. Except as otherwise provided in this section and  
5 NRS 449.6946, a provider of health care shall comply with a valid  
6 ~~[Physician]~~ **Provider** Order for Life-Sustaining Treatment form,  
7 regardless of whether the provider of health care is employed by a  
8 health care facility or other entity affiliated with the physician ,  
9 **physician assistant or advanced practice registered nurse** who  
10 executed the POLST form.

11 2. A physician , **physician assistant or advanced practice**  
12 **registered nurse** may medically evaluate the patient and, based  
13 upon the evaluation, may recommend new orders consistent with the  
14 most current information available about the patient's health status  
15 and goals of care. Before making a modification to a valid POLST  
16 form, the physician , **physician assistant or advanced practice**  
17 **registered nurse** shall consult the patient or, if the patient ~~is~~  
18 ~~incompetent.]~~ **lacks decisional capacity**, shall make a reasonable  
19 attempt to consult the representative of the patient and the patient's  
20 attending physician ~~H~~ , **attending physician assistant or attending**  
21 **advanced practice registered nurse**.

22 3. Except as otherwise provided in subsection 4, a provider of  
23 health care who is unwilling or unable to comply with a valid  
24 POLST form shall take all reasonable measures to transfer the  
25 patient to a physician , **physician assistant, advanced practice**  
26 **registered nurse** or health care facility so that the POLST form will  
27 be followed.

28 4. Life-sustaining treatment must not be withheld or withdrawn  
29 pursuant to a POLST form of a patient known to the attending  
30 physician , **attending physician assistant or attending advanced**  
31 **practice registered nurse** to be pregnant, so long as it is probable  
32 that the fetus will develop to the point of live birth with the  
33 continued application of life-sustaining treatment.

34 5. Nothing in this section requires a provider of health care to  
35 comply with a valid POLST form if the provider of health care does  
36 not have actual knowledge of the existence of the form.

37 **Sec. 14.** NRS 449.6952 is hereby amended to read as follows:

38 449.6952 1. Unless he or she has knowledge to the contrary,  
39 a provider of health care may assume that a ~~[Physician]~~ **Provider**  
40 Order for Life-Sustaining Treatment form complies with the  
41 provisions of NRS 449.691 to 449.697, inclusive, **and sections 2 to**  
42 **5, inclusive, of this act** and is valid.

43 2. The provisions of NRS 449.691 to 449.697, inclusive, **and**  
44 **sections 2 to 5, inclusive, of this act** do not create a presumption  
45 concerning the intention of a:



1 (a) Patient if the patient, the representative of the patient or a  
2 parent or legal guardian of the patient has revoked the POLST form  
3 pursuant to NRS 449.6944; or

4 (b) Person who has not executed a POLST form,  
5 ↪ concerning the use or withholding of emergency care or life-  
6 sustaining treatment.

7 **Sec. 15.** NRS 449.6954 is hereby amended to read as follows:

8 449.6954 1. Death that results when emergency care or life-  
9 sustaining treatment has been withheld pursuant to a ~~Physician~~  
10 *Provider* Order for Life-Sustaining Treatment form and in  
11 accordance with the provisions of NRS 449.691 to 449.697,  
12 inclusive, *and sections 2 to 5, inclusive, of this act* does not  
13 constitute a suicide or homicide.

14 2. The execution of a POLST form does not affect the sale,  
15 procurement or issuance of a policy of life insurance or an annuity,  
16 nor does it affect, impair or modify the terms of an existing policy  
17 of life insurance or an annuity. A policy of life insurance or an  
18 annuity is not legally impaired or invalidated if emergency care or  
19 life-sustaining treatment has been withheld from an insured who has  
20 executed a POLST form, notwithstanding any term in the policy or  
21 annuity to the contrary.

22 3. A person may not prohibit or require the execution of a  
23 POLST form as a condition of being insured for, or receiving, health  
24 care.

25 **Sec. 16.** NRS 449.6956 is hereby amended to read as follows:

26 449.6956 1. It is unlawful for:

27 (a) A provider of health care to willfully fail to transfer the care  
28 of a patient in accordance with subsection 3 of NRS 449.695.

29 (b) A person to willfully conceal, cancel, deface or obliterate a  
30 ~~Physician~~ *Provider* Order for Life-Sustaining Treatment form  
31 without the consent of the patient who executed the form.

32 (c) A person to falsify or forge the POLST form of another  
33 person, or willfully conceal or withhold personal knowledge of the  
34 revocation of the POLST form of another person, with the intent to  
35 cause the withholding or withdrawal of emergency care or life-  
36 sustaining treatment contrary to the wishes of the patient.

37 (d) A person to require or prohibit the execution of a POLST  
38 form as a condition of being insured for, or receiving, health care in  
39 violation of subsection 3 of NRS 449.6954.

40 (e) A person to coerce or fraudulently induce another to execute  
41 a POLST form.

42 2. A person who violates any of the provisions of this section is  
43 guilty of a misdemeanor.



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1       **Sec. 17.** NRS 449.696 is hereby amended to read as follows:  
2       449.696 1. A ~~Physician~~ **Provider** Order for Life-Sustaining  
3 Treatment form executed in another state in compliance with the  
4 laws of that state or this State is valid for the purposes of NRS  
5 449.691 to 449.697, inclusive ~~H~~, **and sections 2 to 5, inclusive, of**  
6 **this act.**

7       2. As used in this section, “state” includes the District of  
8 Columbia, the Commonwealth of Puerto Rico and a territory or  
9 insular possession subject to the jurisdiction of the United States.

10       **Sec. 18.** NRS 449.905 is hereby amended to read as follows:  
11       449.905 “Advance directive” means an advance directive for  
12 health care. The term includes:

13       1. A declaration governing the withholding or withdrawal of  
14 life-sustaining treatment as set forth in NRS 449.535 to 449.690,  
15 inclusive;

16       2. A durable power of attorney for health care as set forth in  
17 NRS 162A.700 to 162A.865, inclusive;

18       3. A do-not-resuscitate order as defined in NRS 450B.420; and

19       4. A ~~Physician~~ **Provider** Order for Life-Sustaining Treatment  
20 form as defined in NRS 449.693.

21       **Sec. 19.** (Deleted by amendment.)

22       **Sec. 20.** (Deleted by amendment.)

23       **Sec. 21.** NRS 449.945 is hereby amended to read as follows:

24       449.945 1. The provisions of NRS 449.900 to 449.965,  
25 inclusive, do not require a provider of health care to inquire whether  
26 a patient has an advance directive registered on the Registry or to  
27 access the Registry to determine the terms of the advance directive.

28       2. A provider of health care who relies in good faith on the  
29 provisions of an advance directive retrieved from the Registry is  
30 immune from criminal and civil liability as set forth in:

31       (a) NRS 449.630, if the advance directive is a declaration  
32 governing the withholding or withdrawal of life-sustaining treatment  
33 executed pursuant to NRS 449.535 to 449.690, inclusive, or a  
34 durable power of attorney for health care executed pursuant to NRS  
35 162A.700 to 162A.865, inclusive;

36       (b) NRS 449.691 to 449.697, inclusive, **and sections 2 to 5,**  
37 **inclusive, of this act,** if the advance directive is a ~~Physician~~  
38 **Provider** Order for Life-Sustaining Treatment form; or

39       (c) NRS 450B.540, if the advance directive is a do-not-  
40 resuscitate order as defined in NRS 450B.420.

41       **Sec. 22.** NRS 450B.470 is hereby amended to read as follows:

42       450B.470 “Qualified patient” means:

43       1. A patient 18 years of age or older who has been determined  
44 by the patient’s attending physician to be in a terminal condition and  
45 who:



1 (a) Has executed a declaration in accordance with the  
2 requirements of NRS 449.600;

3 (b) Has executed a ~~Physician~~ *Provider* Order for Life-  
4 Sustaining Treatment form pursuant to NRS 449.691 to 449.697,  
5 inclusive, *and sections 2 to 5, inclusive, of this act*, if the form  
6 provides that the patient is not to receive life-resuscitating treatment;  
7 or

8 (c) Has been issued a do-not-resuscitate order pursuant to  
9 NRS 450B.510.

10 2. A patient who is less than 18 years of age and who:

11 (a) Has been determined by the patient's attending physician to  
12 be in a terminal condition; and

13 (b) Has executed a Physician Order for Life-Sustaining  
14 Treatment form pursuant to NRS 449.691 to 449.697, inclusive, if  
15 the form provides that the patient is not to receive life-resuscitating  
16 treatment or has been issued a do-not-resuscitate order pursuant to  
17 NRS 450B.510.

18 **Sec. 23.** NRS 450B.520 is hereby amended to read as follows:  
19 450B.520 Except as otherwise provided in NRS 450B.525:

20 1. A qualified patient may apply to the health authority for a  
21 do-not-resuscitate identification by submitting an application on a  
22 form provided by the health authority. To obtain a do-not-resuscitate  
23 identification, the patient must comply with the requirements  
24 prescribed by the board and sign a form which states that the patient  
25 has informed each member of his or her family within the first  
26 degree of consanguinity or affinity, whose whereabouts are known  
27 to the patient, or if no such members are living, the patient's legal  
28 guardian, if any, or if he or she has no such members living and has  
29 no legal guardian, his or her caretaker, if any, of the patient's  
30 decision to apply for an identification.

31 2. An application must include, without limitation:

32 (a) Certification by the patient's attending physician that the  
33 patient suffers from a terminal condition;

34 (b) Certification by the patient's attending physician that  
35 the patient is capable of making an informed decision or, when the  
36 patient was capable of making an informed decision, that the  
37 patient:

38 (1) Executed:

39 (I) A written directive that life-resuscitating treatment be  
40 withheld under certain circumstances;

41 (II) A durable power of attorney for health care pursuant  
42 to NRS 162A.700 to 162A.865, inclusive; or

43 (III) A ~~Physician~~ *Provider* Order for Life-Sustaining  
44 Treatment form pursuant to NRS 449.691 to 449.697, inclusive, *and*



1 *sections 2 to 5, inclusive, of this act*, if the form provides that the  
2 patient is not to receive life-resuscitating treatment; or

3 (2) Was issued a do-not-resuscitate order pursuant to  
4 NRS 450B.510;

5 (c) A statement that the patient does not wish that life-  
6 resuscitating treatment be undertaken in the event of a cardiac or  
7 respiratory arrest;

8 (d) The name, signature and telephone number of the patient's  
9 attending physician; and

10 (e) The name and signature of the patient or the agent who is  
11 authorized to make health care decisions on the patient's behalf  
12 pursuant to a durable power of attorney for health care decisions.

13 **Sec. 24.** NRS 450B.525 is hereby amended to read as follows:

14 450B.525 1. A parent or legal guardian of a minor may apply  
15 to the health authority for a do-not-resuscitate identification on  
16 behalf of the minor if the minor has been:

17 (a) Determined by his or her attending physician to be in a  
18 terminal condition; and

19 (b) Issued a do-not-resuscitate order pursuant to NRS 450B.510.

20 2. To obtain such a do-not-resuscitate identification, the parent  
21 or legal guardian must:

22 (a) Submit an application on a form provided by the health  
23 authority; and

24 (b) Comply with the requirements prescribed by the board.

25 3. An application submitted pursuant to subsection 2 must  
26 include, without limitation:

27 (a) Certification by the minor's attending physician that the  
28 minor:

29 (1) Suffers from a terminal condition; and

30 (2) Has executed a ~~Physician~~ *Provider* Order for Life-  
31 Sustaining Treatment form pursuant to NRS 449.691 to 449.697,  
32 inclusive, *and sections 2 to 5, inclusive, of this act*, if the form  
33 provides that the minor is not to receive life-resuscitating treatment  
34 or has been issued a do-not-resuscitate order pursuant to  
35 NRS 450B.510;

36 (b) A statement that the parent or legal guardian of the minor  
37 does not wish that life-resuscitating treatment be undertaken in the  
38 event of a cardiac or respiratory arrest;

39 (c) The name of the minor;

40 (d) The name, signature and telephone number of the minor's  
41 attending physician; and

42 (e) The name, signature and telephone number of the minor's  
43 parent or legal guardian.

44 4. The parent or legal guardian of the minor may revoke the  
45 authorization to withhold life-resuscitating treatment by removing or



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1 destroying or requesting the removal or destruction of the  
2 identification or otherwise indicating to a person that he or she  
3 wishes to have the identification removed or destroyed.

4 5. If, in the opinion of the attending physician, the minor is of  
5 sufficient maturity to understand the nature and effect of  
6 withholding life-resuscitating treatment:

7 (a) The do-not-resuscitate identification obtained pursuant to  
8 this section is not effective without the assent of the minor.

9 (b) The minor may revoke the authorization to withhold life-  
10 resuscitating treatment by removing or destroying or requesting the  
11 removal or destruction of the identification or otherwise indicating  
12 to a person that the minor wishes to have the identification removed  
13 or destroyed.

14 **Sec. 25.** NRS 451.595 is hereby amended to read as follows:

15 451.595 1. As used in this section:

16 (a) "Advance health-care directive" means a power of attorney  
17 for health care or other record signed by a prospective donor, or  
18 executed in the manner set forth in NRS 162A.790, containing the  
19 prospective donor's direction concerning a health-care decision for  
20 the prospective donor.

21 (b) "Declaration" means a record signed by a prospective donor,  
22 or executed as set forth in NRS 449.600, specifying the  
23 circumstances under which life-sustaining treatment may be  
24 withheld or withdrawn from the prospective donor. The term  
25 includes a ~~Physician~~ *Provider* Order for Life-Sustaining Treatment  
26 form executed pursuant to NRS 449.691 to 449.697, inclusive ~~H~~ ,  
27 *and sections 2 to 5, inclusive, of this act.*

28 (c) "Health-care decision" means any decision made regarding  
29 the health care of the prospective donor.

30 2. If a prospective donor has a declaration or advance health-  
31 care directive and the terms of the declaration or advance health-  
32 care directive and the express or implied terms of the potential  
33 anatomical gift are in conflict concerning the administration of  
34 measures necessary to ensure the medical suitability of a part for  
35 transplantation or therapy:

36 (a) The attending physician of the prospective donor shall confer  
37 with the prospective donor to resolve the conflict or, if the  
38 prospective donor is incapable of resolving the conflict, with:

39 (1) An agent acting under the declaration or advance health-  
40 care directive of the prospective donor; or

41 (2) If an agent is not named in the declaration or advance  
42 health-care directive or the agent is not reasonably available, any  
43 other person authorized by law, other than by a provision of NRS  
44 451.500 to 451.598, inclusive, to make a health-care decision for the  
45 prospective donor.



- 1 (b) The conflict must be resolved as expeditiously as  
2 practicable.
- 3 (c) Information relevant to the resolution of the conflict may be  
4 obtained from the appropriate procurement organization and any  
5 other person authorized to make an anatomical gift of the  
6 prospective donor's body or part under NRS 451.556.
- 7 (d) Before the resolution of the conflict, measures necessary to  
8 ensure the medical suitability of the part may not be withheld or  
9 withdrawn from the prospective donor, if withholding or  
10 withdrawing the measures is not medically contraindicated for the  
11 appropriate treatment of the prospective donor at the end of his or  
12 her life.
- 13 **Sec. 26.** NRS 449.6922 is hereby repealed.
- 14 **Sec. 27.** This act becomes effective on July 1, 2017.

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**TEXT OF REPEALED SECTION**

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**449.6922 "Incompetent" defined.** "Incompetent" has the meaning ascribed to it in NRS 159.019.

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