

SENATE BILL NO. 261—SENATORS PARKS, KIECKHEFER,
SEGERBLOM, FARLEY, CANCELA; DENIS, RATTI, SPEARMAN
AND WOODHOUSE

MARCH 13, 2017

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

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing prescribing,
dispensing and administering controlled substances
designed to end the life of a patient. (BDR 40-17)

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

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

AN ACT relating to public health; 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 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 providers of health care from providing certain services relating to a controlled substance that is designed to end the life of a person; providing that the cause of death of a person who self-administers a controlled substance designed to end his or her life is the terminal condition with which the person was diagnosed; prohibiting a person from conditioning provisions of a will, contract, agreement or policy of 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 health or life insurance or denying benefits to or imposing additional charges against a person because the person 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.



* S B 2 6 1 *

Legislative Counsel's Digest:

1 Existing law authorizes a patient who has been diagnosed with a terminal
2 condition to refuse life-resuscitating or life-sustaining treatment in certain
3 circumstances and establishes certain requirements relating to controlled
4 substances. (NRS 449.691-449.697, 450B.400-450B.590, chapter 453 of NRS)
5 **Section 11** of this bill authorizes a patient to request that his or her physician
6 prescribe a controlled substance that is designed to end the life of the patient if the
7 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; and (5) is competent.
10 **Section 12** of this bill prescribes certain requirements concerning the manner in
11 which a patient may request a controlled substance designed to end the life of the
12 patient, including that the patient make two verbal requests and one written request
13 for the controlled substance and that the written request for the controlled substance
14 is signed by two witnesses. **Section 13** of this bill prescribes the form for the
15 written request for the controlled substance. **Section 14** of this bill imposes certain
16 requirements before a physician is allowed to prescribe a controlled substance
17 designed to end the life of a patient, including that the physician: (1) inform the
18 patient of his or her right to revoke a request for the controlled substance at any
19 time; (2) determine and verify that the patient meets the requirements for making
20 such a request; (3) refer the patient to a consulting physician who can confirm the
21 diagnosis, prognosis and competence of the patient; and (4) recommend that the
22 patient notify his or her next of kin of the patient's decision to end his or her life.
23 **Section 15** of this bill requires a physician who determines that a patient who has
24 requested a prescription for a controlled substance that is designed to end his or her
25 life may not be competent to refer the patient to a psychiatrist or psychologist and
26 to receive confirmation about the patient's competence.
27 **Sections 16 and 34** of this bill provide that only an attending physician or
28 pharmacist may dispense a controlled substance that is designed to end the life of a
29 patient. **Section 16** also prescribes the manner in which such a controlled substance
30 is to be dispensed. **Sections 17 and 20** of this bill require certain providers of
31 health care to include certain information concerning requests and prescriptions for
32 and the dispensing of a controlled substance that is designed to end the life of a
33 patient in the medical record of the patient and to report certain information to the
34 Division of Public and Behavioral Health of the Department of Health and Human
35 Services. **Sections 20 and 31** of this bill provide that such information is
36 confidential when reported to the Division.
37 **Section 18** of this bill allows a patient, at any time, to revoke a request for a
38 controlled substance that is designed to end his or her life. **Sections 19 and 28** of
39 this bill provide that only the patient to whom a controlled substance designed to
40 end his or her life is prescribed may administer the controlled substance. No other
41 person is allowed to administer the controlled substance to the patient. **Section 19**
42 provides for the disposal of any unused portion of the controlled substance.
43 **Section 21** of this bill exempts certain providers of health care from discipline
44 for unprofessional conduct and from civil and criminal liability for taking certain
45 actions to assist a patient in acquiring a controlled substance designed to end the
46 life of the patient. **Section 22** of this bill provides that a death resulting from the
47 self-administration of a controlled substance that is designed to end the life of a
48 patient is not suicide or homicide when done in conformance with the provisions of
49 this bill, and **section 1** of this bill requires a death certificate to list the terminal
50 condition of the patient as the cause of death of the person.
51 **Sections 23 and 29** of this bill prohibit a person from preventing or requiring a
52 person to submit or revoke a request for a controlled substance that is designed to
53 end the life of the person as a condition to receiving health care or as a condition in
54 a will or agreement.



55 Existing law makes it a category A felony to administer poison or cause poison
56 to be administered with the intention of causing the death of a person. (NRS
57 200.390) Such a crime is punishable by imprisonment for life with eligibility for
58 parole after 5 years, or by a definite term of 15 years with eligibility for parole after
59 5 years. **Section 24** of this bill makes it a category A felony with the same
60 punishment to engage in certain fraudulent or coercive acts intended to cause a
61 person to self-administer a controlled substance that is designed to end the life of
62 the person.

63 **Section 25** of this bill clarifies that a physician is not required to prescribe a
64 controlled substance that is designed to end the life of a patient or violate certain
65 standards and responsibilities related to that profession. **Section 26** of this bill
66 allows the owner or operator of a health care facility to prohibit a physician,
67 psychiatrist or psychologist who is employed by or provides services on the
68 premises of the health care facility from providing any services relating to
69 prescribing a controlled substance designed to end the life of a patient while acting
70 within the scope of his or her employment with the facility or while on the premises
71 of the facility. **Section 27** of this bill makes a conforming change to clarify that a
72 physician or pharmacist may dispense a controlled substance that is designed to end
73 the life of a patient in accordance with other provisions governing controlled
74 substances designed to end the life of a patient.

75 **Section 30** of this bill provides that a proposed ward shall not be deemed to be
76 in need of a general or special guardian solely because the proposed ward requested
77 a controlled substance designed to end his or her life or revoked such a request.
78 **Sections 32, 33, 36, 37, 39, 41, 42 and 47-53** of this bill prohibit insurers, other
79 than Medicaid, from: (1) refusing to sell, provide or issue a policy of health
80 insurance or life insurance or charging a higher rate because a person makes or
81 revokes a request for a controlled substance designed to end the life of the person or
82 self-administers such a controlled substance; or (2) conditioning insurance benefits
83 of an insured or the payment of claims on whether the insured makes, fails to make
84 or revokes a request for a controlled substance designed to end the life of the
85 insured or self-administers such a controlled substance. **Section 40** of this bill
86 authorizes the Commissioner of Insurance to require a policy of health insurance
87 issued by a domestic insurer to a person residing in another state that is not subject
88 to approval or disapproval by an officer in the other state to meet these
89 requirements.

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

4 WHEREAS, Principles of law having their roots in common law
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
10 of health care issues in preparation for decisions concerning the end
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



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

6
7 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
8 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:
9

10 **Section 1.** NRS 440.380 is hereby amended to read as follows:

11 440.380 1. The medical certificate of death must be signed
12 by the physician, if any, last in attendance on the deceased, or
13 pursuant to regulations adopted by the Board, it may be signed by
14 the attending physician's associate physician, the chief medical
15 officer of the hospital or institution in which the death occurred, or
16 the pathologist who performed an autopsy upon the deceased. The
17 person who signs the medical certificate of death shall specify:

18 (a) The social security number of the deceased.

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

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

24 2. In deaths in hospitals or institutions, or of nonresidents, the
25 physician shall furnish the information required under this section,
26 and may state where, in the physician's opinion, the disease was
27 contracted.

28 *3. The person who signs the medical certificate of death of a*
29 *patient who dies after self-administering a controlled substance*
30 *that is designed to end the life of the patient in accordance with*
31 *the provisions of sections 3 to 26, inclusive, of this act shall specify*
32 *the terminal condition with which the patient was diagnosed as the*
33 *cause of death of the patient.*

34 **Sec. 2.** Chapter 453 of NRS is hereby amended by adding
35 thereto the provisions set forth as sections 3 to 26, inclusive of this
36 act.

37 **Sec. 3.** *As used in sections 3 to 26, inclusive, of this act,*
38 *unless the context otherwise requires, the words and terms defined*
39 *in sections 4 to 10, inclusive, of this act have the meanings*
40 *ascribed to them in those sections.*

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



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

4 **Sec. 6.** *“Consulting physician” means a physician to whom a*
5 *patient is referred pursuant to subsection 4 of section 14 of this act*
6 *for confirmation of the diagnosis and prognosis of the patient and*
7 *that the patient is competent.*

8 **Sec. 7.** *“Division” means the Division of Public and*
9 *Behavioral Health of the Department of Health and Human*
10 *Services.*

11 **Sec. 8.** *“Health care facility” means any facility licensed*
12 *pursuant to chapter 449 of NRS.*

13 **Sec. 9.** *“Prescription” means an order given individually for*
14 *the person for whom prescribed, directly from the attending*
15 *physician to a pharmacist or indirectly by means of an order*
16 *signed by the attending physician or an electronic transmission*
17 *from the attending physician to a pharmacist.*

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

23 **Sec. 11.** *A patient may request that his or her attending*
24 *physician prescribe a controlled substance that is designed to end*
25 *the life of the patient if the patient:*

- 26 1. *Is at least 18 years of age;*
- 27 2. *Has been diagnosed with a terminal condition by the*
28 *attending physician and at least one consulting physician;*
- 29 3. *Is a resident of this State;*
- 30 4. *Has made an informed and voluntary decision to end his*
31 *or her own life; and*
- 32 5. *Is competent.*

33 **Sec. 12.** 1. *A patient who wishes to obtain a prescription for*
34 *a controlled substance that is designed to end his or her life must:*

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

40 (b) *Make a written request for the controlled substance in the*
41 *manner prescribed pursuant to section 13 of this act and deliver*
42 *the written request to the attending physician. The written request*
43 *for such a controlled substance must be signed by the patient and*
44 *two witnesses, neither of whom may be the attending physician. At*
45 *least one of the witnesses must be a person who is not:*



1 (1) Related to the patient by blood, marriage or adoption;
2 (2) Entitled to any portion of the estate of the patient upon
3 death under a will or by operation of law; or

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

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

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

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

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

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

20 3. As used in this section:

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

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

25 **Sec. 13.** A written request for a controlled substance that is
26 designed to end the life of a patient must be in substantially the
27 following form:

28
29 **REQUEST FOR A CONTROLLED SUBSTANCE**
30 **THAT IS DESIGNED TO END MY LIFE**

31
32 I,, am an adult of sound mind.

33
34 I am suffering from, which my
35 attending physician has determined is a terminal condition
36 and which has been medically confirmed by a consulting
37 physician.

38
39 I have been fully informed of my diagnosis, my
40 prognosis, the nature of the medication to be prescribed and
41 the potential associated risks and expected result of the
42 medication and the feasible alternatives, including comfort
43 care, hospice care and pain control.



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

INITIAL ONE:

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

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

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

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

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

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

Signed:

Dated:

DECLARATION OF WITNESSES

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

Witness 1 Witness 2
Initials Initials

- 1. Is personally known to us or has provided proof of identity;*



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- 2. *Signed this request in our presence on the date of the person's signature;*
- 3. *Appears to be of sound mind and not under duress, fraud or undue influence; and*
- 4. *Is not a patient for whom either of us is the attending physician.*

Printed Name of Witness 1:
Signature of Witness 1/Date:
Printed Name of Witness 2:
Signature of Witness 2/Date:

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

Sec. 14. *Before prescribing a controlled substance that is designed to end the life of a patient, the attending physician of the patient must:*

- 1. Inform the patient that he or she may revoke a request for the controlled substance at any time and provide the patient with the opportunity to revoke his or her second verbal request made pursuant to subsection 1 of section 12 of this act;*
- 2. Determine and verify, after each verbal and written request for the controlled substance made pursuant to subsection 1 of section 12 of this act and immediately before writing the prescription, that the patient meets the requirements of subsections 4 and 5 of section 11 of this act;*
- 3. Discuss with the patient:*
 - (a) The diagnosis and prognosis of the patient;*
 - (b) All available methods of treating or managing the terminal condition of the patient, including, without limitation, comfort care, hospice care and pain control;*
 - (c) The probable effects of the controlled substance; and*
 - (d) The importance of having another person present when the patient self-administers the controlled substance;*
- 4. Refer the patient to a consulting physician who is qualified by reason of specialty or experience to diagnose the terminal*



1 *condition of the patient for examination and receive confirmation*
2 *from that physician of the diagnosis and prognosis of the patient*
3 *and that the patient meets the requirements of subsections 4 and 5*
4 *of section 11 of this act; and*

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

7 **Sec. 15.** *1. If the attending physician to whom a patient*
8 *makes a request for a controlled substance that is designed to end*
9 *the life of the patient or a consulting physician determines that the*
10 *patient may not be competent, the attending physician:*

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

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

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

22 **Sec. 16.** *1. The attending physician of a patient may*
23 *prescribe a controlled substance that is designed to end the life of*
24 *the patient after the attending physician has ensured that the*
25 *requirements of sections 11 to 15, inclusive, of this act have been*
26 *met. An attending physician shall not prescribe a controlled*
27 *substance that is designed to end the life of a patient based solely*
28 *on the age or disability of the patient.*

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

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

42 *(a) The patient;*

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



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

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

6 **Sec. 17.** 1. *The attending physician of a patient who*
7 *requests a controlled substance that is designed to end the life of*
8 *the patient shall document in the medical record of the patient:*

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

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

13 (c) *Each determination made by the attending physician*
14 *concerning whether the patient meets the requirements of*
15 *subsections 4 and 5 of section 11 of this act;*

16 (d) *Confirmation that:*

17 (1) *The attending physician offered the patient the*
18 *opportunity to revoke his or her second verbal request for the*
19 *controlled substance, as required by subsection 1 of section 14 of*
20 *this act; and*

21 (2) *The requirements set forth in sections 3 to 26, inclusive,*
22 *of this act have been satisfied; and*

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

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

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

31 (b) *Determination concerning whether the patient meets the*
32 *requirements of subsections 4 and 5 of section 11 of this act.*

33 3. *A psychiatrist or psychologist to whom a patient is referred*
34 *pursuant to section 15 of this act shall document in the medical*
35 *record of the patient his or her determination of whether the*
36 *patient is competent to make a decision concerning whether to end*
37 *his or her life.*

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

43 **Sec. 18.** 1. *A patient who requests a controlled substance*
44 *that is designed to end his or her life may revoke the request at any*



1 *time, without regard to his or her age or physical or mental*
2 *condition.*

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

8 **Sec. 19.** *1. Only a patient to whom a controlled substance*
9 *designed to end his or her life is prescribed may administer the*
10 *controlled substance. No other person may administer the*
11 *controlled substance to the patient.*

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

15 **Sec. 20.** *1. An attending physician who prescribes a*
16 *controlled substance that is designed to end the life of a patient*
17 *shall, not more than 30 days after prescribing the controlled*
18 *substance, provide to the Division the name and amount of the*
19 *controlled substance prescribed and the purpose for which the*
20 *controlled substance was prescribed.*

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

27 *3. The Division may adopt regulations requiring an attending*
28 *physician who prescribes a controlled substance that is designed to*
29 *end the life of a patient pursuant to section 16 of this act or a*
30 *registered pharmacist who dispenses such a controlled substance*
31 *to provide to the Division any other relevant information, except*
32 *that the Division may not require the reporting of any personally*
33 *identifiable information of a patient to whom a controlled*
34 *substance that is designed to end the life of the patient is*
35 *prescribed or dispensed.*

36 *4. Except as otherwise provided in NRS 239.0115, any*
37 *information or records submitted to the Division pursuant to this*
38 *section are confidential.*

39 **Sec. 21.** *1. A physician is not guilty of unprofessional*
40 *conduct and is not subject to civil or criminal liability solely*
41 *because the physician takes any action in good faith to comply*
42 *with sections 3 to 26, inclusive, of this act.*

43 *2. A psychiatrist or psychologist who examines a patient*
44 *pursuant to section 15 of this act is not guilty of unprofessional*
45 *conduct or subject to civil or criminal liability solely because he or*



1 *she concludes and reports to the attending physician that the*
2 *patient is competent or not competent.*

3 *3. A registered pharmacist is not guilty of unprofessional*
4 *conduct or subject to civil or criminal liability solely because the*
5 *pharmacist dispenses a controlled substance that is designed to*
6 *end the life of a patient in good faith to comply with section 16 of*
7 *this act.*

8 **Sec. 22.** *1. Death resulting from a patient self-*
9 *administering a controlled substance that is designed to end his or*
10 *her life in accordance with the provisions of sections 3 to 26,*
11 *inclusive, of this act does not constitute suicide or homicide.*

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

18 **Sec. 23.** *1. A person shall not prevent or require a patient*
19 *to make or revoke a request for a controlled substance that is*
20 *designed to end the life of the patient as a condition of receiving*
21 *health care.*

22 *2. Any provision in any contract or agreement entered into on*
23 *or after the effective date of this act, whether written or oral, that*
24 *would affect the right of a patient to take any action in accordance*
25 *with the provisions of sections 3 to 26, inclusive, of this act is*
26 *unenforceable and void.*

27 **Sec. 24.** *1. It is unlawful for any person to:*

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

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

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

34 *(2) Refrain from revoking a request for a controlled*
35 *substance that is designed to end the life of the person pursuant to*
36 *section 18 of this act; or*

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

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

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



- 1 (a) *For life with the possibility of parole, with eligibility for*
2 *parole beginning when a minimum of 5 years has been served; or*
3 (b) *For a definite term of 15 years, with eligibility for parole*
4 *beginning when a minimum of 5 years has been served.*

5 **Sec. 25.** *The provisions of sections 3 to 26, inclusive, of this*
6 *act do not:*

7 1. *Require an attending physician to prescribe a controlled*
8 *substance that is designed to end the life of a patient;*

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

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

13 **Sec. 26.** 1. *The owner or operator of a health care facility*
14 *may prohibit a physician, psychiatrist or psychologist who is*
15 *employed by or provides services on the premises of the health*
16 *care facility from providing any services described in sections 3 to*
17 *26, inclusive, of this act while acting within the scope of his or her*
18 *employment with or on the premises of the health care facility by*
19 *providing written notice of the prohibition to:*

20 (a) *Each such physician, psychiatrist and psychologist; and*

21 (b) *Each patient of the health care facility.*

22 2. *The owner or operator of a health care facility may take*
23 *any action authorized by law or authorized pursuant to any*
24 *applicable rule, policy, procedure or contract against any*
25 *physician, psychiatrist or psychologist who provides a service*
26 *prohibited by the owner or operator in compliance with subsection*
27 *1 while acting within the scope of his or her employment with or*
28 *on the premises of the health care facility.*

29 **Sec. 27.** NRS 453.256 is hereby amended to read as follows:

30 453.256 1. Except as otherwise provided in subsection 2, a
31 substance included in schedule II must not be dispensed without the
32 written prescription of a practitioner.

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

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

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

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



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

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

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

14 3. Except when dispensed directly by a practitioner, other than
15 a pharmacy, to an ultimate user, a substance included in schedule III
16 or IV which is a dangerous drug as determined under NRS 454.201,
17 must not be dispensed without a written or oral prescription of a
18 practitioner. The prescription must not be filled or refilled more than
19 6 months after the date thereof or be refilled more than five times,
20 unless renewed by the practitioner.

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

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

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

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

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

37 9. As used in this section:

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

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

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



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

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

6 **Sec. 28.** NRS 453.375 is hereby amended to read as follows:

7 453.375 1. ~~1A~~ *Except as otherwise provided in section 19 of*
8 *this act, a* controlled substance may be possessed and administered
9 by the following persons:

10 (a) A practitioner.

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

16 (c) A paramedic:

17 (1) As authorized by regulation of:

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

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

22 (2) In accordance with any applicable regulations of:

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

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

27 (III) A district board of health created pursuant to NRS
28 439.362 or 439.370 in any county.

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

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

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

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

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



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

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

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

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

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

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

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

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

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

32 **Sec. 29.** NRS 133.065 is hereby amended to read as follows:

33 133.065 **1.** Except *as otherwise provided in subsection 2 or*
34 *to the extent that it violates public policy*, a testator may:

35 ~~1-1~~ **(a)** Make a devise conditional upon a devisee's action or
36 failure to take action or upon the occurrence or nonoccurrence of
37 one or more specified events; and

38 ~~1-2~~ **(b)** Specify the conditions or actions which would
39 disqualify a person from serving or which would constitute cause
40 for removal of a person who is serving in any capacity under the
41 will, including, without limitation, as a personal representative,
42 guardian or trustee.

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



1 *her life, revoking such a request or self-administering such a*
2 *controlled substance in accordance with the provisions of sections*
3 *3 to 26, inclusive, of this act is unenforceable and void.*

4 **Sec. 30.** NRS 159.054 is hereby amended to read as follows:

5 159.054 1. If the court finds the proposed ward competent
6 and not in need of a guardian, the court shall dismiss the petition.

7 2. If the court finds the proposed ward to be of limited capacity
8 and in need of a special guardian, the court shall enter an order
9 accordingly and specify the powers and duties of the special
10 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 ward's
13 person, estate, or person and estate.

14 *4. A proposed ward shall not be deemed to be in need of a*
15 *general or special guardian based solely upon a request by the*
16 *proposed ward for a controlled substance that is designed to end*
17 *his or her life or the revocation of such a request if made in*
18 *accordance with the provisions of sections 3 to 26, inclusive, of*
19 *this act.*

20 **Sec. 31.** NRS 239.010 is hereby amended to read as follows:

21 239.010 1. Except as otherwise provided in this section and
22 NRS 1.4683, 1.4687, 1A.110, 41.071, 49.095, 62D.420, 62D.440,
23 62E.516, 62E.620, 62H.025, 62H.030, 62H.170, 62H.220, 62H.320,
24 75A.100, 75A.150, 76.160, 78.152, 80.113, 81.850, 82.183, 86.246,
25 86.54615, 87.515, 87.5413, 87A.200, 87A.580, 87A.640, 88.3355,
26 88.5927, 88.6067, 88A.345, 88A.7345, 89.045, 89.251, 90.730,
27 91.160, 116.757, 116A.270, 116B.880, 118B.026, 119.260,
28 119.265, 119.267, 119.280, 119A.280, 119A.653, 119B.370,
29 119B.382, 120A.690, 125.130, 125B.140, 126.141, 126.161,
30 126.163, 126.730, 127.007, 127.057, 127.130, 127.140, 127.2817,
31 130.312, 130.712, 136.050, 159.044, 172.075, 172.245, 176.015,
32 176.0625, 176.09129, 176.156, 176A.630, 178.39801, 178.4715,
33 178.5691, 179.495, 179A.070, 179A.165, 179A.450, 179D.160,
34 200.3771, 200.3772, 200.5095, 200.604, 202.3662, 205.4651,
35 209.392, 209.3925, 209.419, 209.521, 211A.140, 213.010, 213.040,
36 213.095, 213.131, 217.105, 217.110, 217.464, 217.475, 218A.350,
37 218E.625, 218F.150, 218G.130, 218G.240, 218G.350, 228.270,
38 228.450, 228.495, 228.570, 231.069, 231.1473, 233.190, 237.300,
39 239.0105, 239.0113, 239B.030, 239B.040, 239B.050, 239C.140,
40 239C.210, 239C.230, 239C.250, 239C.270, 240.007, 241.020,
41 241.030, 241.039, 242.105, 244.264, 244.335, 250.087, 250.130,
42 250.140, 250.150, 268.095, 268.490, 268.910, 271A.105, 281.195,
43 281A.350, 281A.440, 281A.550, 284.4068, 286.110, 287.0438,
44 289.025, 289.080, 289.387, 289.830, 293.5002, 293.503, 293.558,
45 293B.135, 293D.510, 331.110, 332.061, 332.351, 333.333, 333.335,



1 338.070, 338.1379, 338.16925, 338.1725, 338.1727, 348.420,
2 349.597, 349.775, 353.205, 353A.049, 353A.085, 353A.100,
3 353C.240, 360.240, 360.247, 360.255, 360.755, 361.044, 361.610,
4 365.138, 366.160, 368A.180, 372A.080, 378.290, 378.300, 379.008,
5 385A.830, 385B.100, 387.626, 387.631, 388.1455, 388.259,
6 388.501, 388.503, 388.513, 388.750, 391.035, 392.029, 392.147,
7 392.264, 392.271, 392.850, 394.167, 394.1698, 394.447, 394.460,
8 394.465, 396.3295, 396.405, 396.525, 396.535, 398.403, 408.3885,
9 408.3886, 408.3888, 408.5484, 412.153, 416.070, 422.2749,
10 422.305, 422A.342, 422A.350, 425.400, 427A.1236, 427A.872,
11 432.205, 432B.175, 432B.280, 432B.290, 432B.407, 432B.430,
12 432B.560, 433.534, 433A.360, 439.840, 439B.420, 440.170,
13 441A.195, 441A.220, 441A.230, 442.330, 442.395, 445A.665,
14 445B.570, 449.209, 449.245, 449.720, 450.140, 453.164, 453.720,
15 453A.610, 453A.700, 458.055, 458.280, 459.050, 459.3866,
16 459.555, 459.7056, 459.846, 463.120, 463.15993, 463.240,
17 463.3403, 463.3407, 463.790, 467.1005, 480.365, 481.063, 482.170,
18 482.5536, 483.340, 483.363, 483.575, 483.659, 483.800, 484E.070,
19 485.316, 503.452, 522.040, 534A.031, 561.285, 571.160, 584.655,
20 587.877, 598.0964, 598.098, 598A.110, 599B.090, 603.070,
21 603A.210, 604A.710, 612.265, 616B.012, 616B.015, 616B.315,
22 616B.350, 618.341, 618.425, 622.310, 623.131, 623A.137, 624.110,
23 624.265, 624.327, 625.425, 625A.185, 628.418, 628B.230,
24 628B.760, 629.047, 629.069, 630.133, 630.30665, 630.336,
25 630A.555, 631.368, 632.121, 632.125, 632.405, 633.283, 633.301,
26 633.524, 634.212, 634.214, 634A.185, 635.158, 636.107, 637.085,
27 637B.288, 638.087, 638.089, 639.2485, 639.570, 640.075,
28 640A.220, 640B.730, 640C.400, 640C.745, 640C.760, 640D.190,
29 640E.340, 641.090, 641A.191, 641B.170, 641C.760, 642.524,
30 643.189, 644.446, 645.180, 645.625, 645A.050, 645A.082,
31 645B.060, 645B.092, 645C.220, 645C.225, 645D.130, 645D.135,
32 645E.300, 645E.375, 645G.510, 645H.320, 645H.330, 647.0945,
33 647.0947, 648.033, 648.197, 649.065, 649.067, 652.228, 654.110,
34 656.105, 661.115, 665.130, 665.133, 669.275, 669.285, 669A.310,
35 671.170, 673.430, 675.380, 676A.340, 676A.370, 677.243,
36 679B.122, 679B.152, 679B.159, 679B.190, 679B.285, 679B.690,
37 680A.270, 681A.440, 681B.260, 681B.410, 681B.540, 683A.0873,
38 685A.077, 686A.289, 686B.170, 686C.306, 687A.110, 687A.115,
39 687C.010, 688C.230, 688C.480, 688C.490, 692A.117, 692C.190,
40 692C.3536, 692C.3538, 692C.354, 692C.420, 693A.480, 693A.615,
41 696B.550, 703.196, 704B.320, 704B.325, 706.1725, 706A.230,
42 710.159, 711.600, *and section 20 of this act*, sections 35, 38 and 41
43 of chapter 478, Statutes of Nevada 2011 and section 2 of chapter
44 391, Statutes of Nevada 2013 and unless otherwise declared by law
45 to be confidential, all public books and public records of a



1 governmental entity must be open at all times during office hours to
2 inspection by any person, and may be fully copied or an abstract or
3 memorandum may be prepared from those public books and public
4 records. Any such copies, abstracts or memoranda may be used to
5 supply the general public with copies, abstracts or memoranda of the
6 records or may be used in any other way to the advantage of the
7 governmental entity or of the general public. This section does not
8 supersede or in any manner affect the federal laws governing
9 copyrights or enlarge, diminish or affect in any other manner the
10 rights of a person in any written book or record which is
11 copyrighted pursuant to federal law.

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

14 3. A governmental entity that has legal custody or control of a
15 public book or record shall not deny a request made pursuant to
16 subsection 1 to inspect or copy or receive a copy of a public book or
17 record on the basis that the requested public book or record contains
18 information that is confidential if the governmental entity can
19 redact, delete, conceal or separate the confidential information from
20 the information included in the public book or record that is not
21 otherwise confidential.

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

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

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

34 **Sec. 32.** NRS 287.010 is hereby amended to read as follows:

35 287.010 1. The governing body of any county, school
36 district, municipal corporation, political subdivision, public
37 corporation or other local governmental agency of the State of
38 Nevada may:

39 (a) Adopt and carry into effect a system of group life, accident
40 or health insurance, or any combination thereof, for the benefit of its
41 officers and employees, and the dependents of officers and
42 employees who elect to accept the insurance and who, where
43 necessary, have authorized the governing body to make deductions
44 from their compensation for the payment of premiums on the
45 insurance.



1 (b) Purchase group policies of life, accident or health insurance,
2 or any combination thereof, for the benefit of such officers and
3 employees, and the dependents of such officers and employees, as
4 have authorized the purchase, from insurance companies authorized
5 to transact the business of such insurance in the State of Nevada,
6 and, where necessary, deduct from the compensation of officers and
7 employees the premiums upon insurance and pay the deductions
8 upon the premiums.

9 (c) Provide group life, accident or health coverage through a
10 self-insurance reserve fund and, where necessary, deduct
11 contributions to the maintenance of the fund from the compensation
12 of officers and employees and pay the deductions into the fund. The
13 money accumulated for this purpose through deductions from the
14 compensation of officers and employees and contributions of the
15 governing body must be maintained as an internal service fund as
16 defined by NRS 354.543. The money must be deposited in a state or
17 national bank or credit union authorized to transact business in the
18 State of Nevada. Any independent administrator of a fund created
19 under this section is subject to the licensing requirements of chapter
20 683A of NRS, and must be a resident of this State. Any contract
21 with an independent administrator must be approved by the
22 Commissioner of Insurance as to the reasonableness of
23 administrative charges in relation to contributions collected and
24 benefits provided. The provisions of NRS 687B.408, 689B.030 to
25 689B.050, inclusive, and 689B.287 *and section 41 of this act* apply
26 to coverage provided pursuant to this paragraph.

27 (d) Defray part or all of the cost of maintenance of a self-
28 insurance fund or of the premiums upon insurance. The money for
29 contributions must be budgeted for in accordance with the laws
30 governing the county, school district, municipal corporation,
31 political subdivision, public corporation or other local governmental
32 agency of the State of Nevada.

33 2. If a school district offers group insurance to its officers and
34 employees pursuant to this section, members of the board of trustees
35 of the school district must not be excluded from participating in the
36 group insurance. If the amount of the deductions from compensation
37 required to pay for the group insurance exceeds the compensation to
38 which a trustee is entitled, the difference must be paid by the trustee.

39 3. In any county in which a legal services organization exists,
40 the governing body of the county, or of any school district,
41 municipal corporation, political subdivision, public corporation or
42 other local governmental agency of the State of Nevada in the
43 county, may enter into a contract with the legal services
44 organization pursuant to which the officers and employees of the
45 legal services organization, and the dependents of those officers and



1 employees, are eligible for any life, accident or health insurance
2 provided pursuant to this section to the officers and employees, and
3 the dependents of the officers and employees, of the county, school
4 district, municipal corporation, political subdivision, public
5 corporation or other local governmental agency.

6 4. If a contract is entered into pursuant to subsection 3, the
7 officers and employees of the legal services organization:

8 (a) Shall be deemed, solely for the purposes of this section, to be
9 officers and employees of the county, school district, municipal
10 corporation, political subdivision, public corporation or other local
11 governmental agency with which the legal services organization has
12 contracted; and

13 (b) Must be required by the contract to pay the premiums or
14 contributions for all insurance which they elect to accept or of which
15 they authorize the purchase.

16 5. A contract that is entered into pursuant to subsection 3:

17 (a) Must be submitted to the Commissioner of Insurance for
18 approval not less than 30 days before the date on which the contract
19 is to become effective.

20 (b) Does not become effective unless approved by the
21 Commissioner.

22 (c) Shall be deemed to be approved if not disapproved by the
23 Commissioner within 30 days after its submission.

24 6. As used in this section, "legal services organization" means
25 an organization that operates a program for legal aid and receives
26 money pursuant to NRS 19.031.

27 **Sec. 33.** NRS 287.04335 is hereby amended to read as
28 follows:

29 287.04335 If the Board provides health insurance through a
30 plan of self-insurance, it shall comply with the provisions of NRS
31 689B.255, 695G.150, 695G.160, 695G.162, 695G.164, 695G.1645,
32 695G.1665, 695G.167, 695G.170 to 695G.173, inclusive, 695G.177,
33 695G.200 to 695G.230, inclusive, 695G.241 to 695G.310, inclusive,
34 and 695G.405, *and section 52 of this act* in the same manner as an
35 insurer that is licensed pursuant to title 57 of NRS is required to
36 comply with those provisions.

37 **Sec. 34.** NRS 639.1375 is hereby amended to read as follows:

38 639.1375 1. Subject to the limitations set forth in NRS
39 632.237 **H** *and except as otherwise provided in section 16 of this*
40 *act*, an advanced practice registered nurse may dispense controlled
41 substances, poisons, dangerous drugs and devices if the advanced
42 practice registered nurse:

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



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

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

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

12 (a) Issue a certificate of registration limiting:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

10 **Sec. 35.** NRS 639.238 is hereby amended to read as follows:

11 639.238 1. Prescriptions filled and on file in a pharmacy are
12 not a public record. Except as otherwise provided in NRS 439.538
13 and 639.2357, *and section 20 of this act*, a pharmacist shall not
14 divulge the contents of any prescription or provide a copy of any
15 prescription, except to:

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

17 (b) The practitioner who originally issued the prescription;

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

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

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

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

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

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

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

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

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

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

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

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



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

- 3 (1) Identifying a deceased person;
4 (2) Determining a cause of death; or
5 (3) Performing other duties authorized by law.

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

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

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

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

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

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

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

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

34 **Sec. 36.** Chapter 688A of NRS is hereby amended by adding
35 thereto a new section to read as follows:

36 *An insurer shall not:*

37 *1. Deny a claim under a policy of life insurance or annuity*
38 *contract, cancel a policy of life insurance or annuity contract or*
39 *impose an additional charge on a policyholder or beneficiary*
40 *solely because the policyholder or beneficiary has, in accordance*
41 *with the provisions of sections 3 to 26, inclusive, of this act,*
42 *requested a controlled substance designed to end the life of the*
43 *policyholder or beneficiary, as applicable, revoked such a request*
44 *or self-administered such a controlled substance.*



1 2. *Refuse to sell, provide or issue a policy of life insurance or*
2 *annuity contract or charge a higher rate to a person solely*
3 *because the person has, in accordance with the provisions of*
4 *sections 3 to 26, inclusive, of this act, requested a controlled*
5 *substance designed to end the life of the person or revoked such a*
6 *request.*

7 **Sec. 37.** Chapter 688B of NRS is hereby amended by adding
8 thereto a new section to read as follows:

9 *An insurer shall not:*

10 1. *Deny a claim under a policy of group life insurance,*
11 *cancel a policy of group life insurance or impose an additional*
12 *charge on a policyholder or beneficiary solely because the*
13 *policyholder or beneficiary has, in accordance with the provisions*
14 *of sections 3 to 26, inclusive, of this act, requested a controlled*
15 *substance designed to end the life of the policyholder or*
16 *beneficiary, as applicable, revoked such a request or self-*
17 *administered such a controlled substance.*

18 2. *Refuse to sell, provide or issue a policy of group life*
19 *insurance or charge a higher rate to a person solely because the*
20 *person has, in accordance with the provisions of sections 3 to 26,*
21 *inclusive, of this act, requested a controlled substance designed to*
22 *end the life of the person or revoked such a request.*

23 **Sec. 38.** NRS 688B.040 is hereby amended to read as follows:

24 688B.040 No policy of group life insurance shall be delivered
25 in this State unless it contains in substance the provisions set forth in
26 NRS 688B.040 to 688B.150, inclusive, *and section 37 of this act* or
27 provisions which in the opinion of the Commissioner are more
28 favorable to the persons insured, or at least as favorable to the
29 persons insured and more favorable to the policyholder; except:

30 1. NRS 688B.100 to 688B.140, inclusive, *and section 37 of*
31 *this act* do not apply to policies issued to a creditor to insure debtors
32 of such creditor;

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

35 3. If the group life insurance policy is on a plan of insurance
36 other than the term plan, it shall contain a nonforfeiture provision or
37 provisions which in the opinion of the Commissioner is or are
38 equitable to the insured persons and to the policyholder; but nothing
39 in this subsection shall be construed to require that group life
40 insurance policies contain the same nonforfeiture provisions as are
41 required for individual life insurance policies.

42 **Sec. 39.** Chapter 689A of NRS is hereby amended by adding
43 thereto a new section to read as follows:

44 *An insurer shall not:*



1 *1. Deny a claim under a policy of health insurance, cancel a*
2 *policy of health insurance or impose an additional charge on an*
3 *insured solely because the insured has, in accordance with the*
4 *provisions of sections 3 to 26, inclusive, of this act, requested a*
5 *controlled substance designed to end the life of the insured,*
6 *revoked such a request or self-administered such a controlled*
7 *substance.*

8 *2. Refuse to sell, provide or issue a policy of health insurance*
9 *or charge a higher rate to a person solely because the person has,*
10 *in accordance with the provisions of sections 3 to 26, inclusive, of*
11 *this act, requested a controlled substance designed to end the life*
12 *of the person or revoked such a request.*

13 **Sec. 40.** NRS 689A.330 is hereby amended to read as follows:

14 689A.330 If any policy is issued by a domestic insurer for
15 delivery to a person residing in another state, and if the insurance
16 commissioner or corresponding public officer of that other state has
17 informed the Commissioner that the policy is not subject to approval
18 or disapproval by that officer, the Commissioner may by ruling
19 require that the policy meet the standards set forth in NRS 689A.030
20 to 689A.320, inclusive **H**, and section 39 of this act.

21 **Sec. 41.** Chapter 689B of NRS is hereby amended by adding
22 thereto a new section to read as follows:

23 *An insurer shall not:*

24 *1. Deny a claim under a policy of group health insurance or*
25 *blanket accident and health insurance, cancel such a policy or*
26 *impose an additional charge on an insured or policyholder solely*
27 *because the insured or policyholder, as applicable, has, in*
28 *accordance with the provisions of sections 3 to 26, inclusive, of*
29 *this act, requested a controlled substance designed to end the life*
30 *of the insured or policyholder, as applicable, revoked such a*
31 *request or self-administered such a controlled substance.*

32 *2. Refuse to sell, provide or issue a policy of group health*
33 *insurance or blanket accident and health insurance or charge a*
34 *higher rate to a person solely because the person has, in*
35 *accordance with the provisions of sections 3 to 26, inclusive, of*
36 *this act, requested a controlled substance designed to end the life*
37 *of the person or revoked such a request.*

38 **Sec. 42.** Chapter 689C of NRS is hereby amended by adding
39 thereto a new section to read as follows:

40 *A carrier shall not:*

41 *1. Deny a claim under a health benefit plan, cancel a health*
42 *benefit plan or impose an additional charge on an insured solely*
43 *because the insured has, in accordance with the provisions of*
44 *sections 3 to 26, inclusive, of this act, requested a controlled*



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

3 *2. Refuse to sell, provide or issue a health benefit plan or*
4 *charge a higher rate to a person solely because the person has, in*
5 *accordance with the provisions of sections 3 to 26, inclusive, of*
6 *this act, requested a controlled substance designed to end the life*
7 *of the person or revoked such a request.*

8 **Sec. 43.** NRS 689C.155 is hereby amended to read as follows:

9 689C.155 The Commissioner may adopt regulations to carry
10 out the provisions of NRS 689C.109 to 689C.143, inclusive,
11 689C.156 to 689C.159, inclusive, 689C.165, 689C.183, 689C.187,
12 689C.191 to 689C.198, inclusive, 689C.203, 689C.207, 689C.265,
13 689C.325, 689C.355 and 689C.610 to 689C.940, inclusive, *and*
14 *section 42 of this act*, and to ensure that rating practices used by
15 carriers serving small employers are consistent with those sections,
16 including regulations that:

17 1. Ensure that differences in rates charged for health benefit
18 plans by such carriers are reasonable and reflect only differences in
19 the designs of the plans, the terms of the coverage, the amount
20 contributed by the employers to the cost of coverage and differences
21 based on the rating factors established by the carrier.

22 2. Prescribe the manner in which rating factors may be used by
23 such carriers.

24 **Sec. 44.** NRS 689C.156 is hereby amended to read as follows:

25 689C.156 1. As a condition of transacting business in this
26 State with small employers, a carrier shall actively market to a small
27 employer each health benefit plan which is actively marketed in this
28 State by the carrier to any small employer in this State. A carrier
29 shall be deemed to be actively marketing a health benefit plan when
30 it makes available any of its plans to a small employer that is not
31 currently receiving coverage under a health benefit plan issued by
32 that carrier.

33 2. A carrier shall issue to a small employer any health benefit
34 plan marketed in accordance with this section if the eligible small
35 employer applies for the plan and agrees to make the required
36 premium payments and satisfy the other reasonable provisions of the
37 health benefit plan that are not inconsistent with NRS 689C.015 to
38 689C.355, inclusive, *and section 42 of this act* and 689C.610 to
39 689C.940, inclusive, except that a carrier is not required to issue a
40 health benefit plan to a self-employed person who is covered by, or
41 is eligible for coverage under, a health benefit plan offered by
42 another employer.

43 3. If a health benefit plan marketed pursuant to this section
44 provides, delivers, arranges for, pays for or reimburses any cost of
45 health care services through managed care, the carrier shall provide



1 a system for resolving any complaints of an employee concerning
2 those health care services that complies with the provisions of NRS
3 695G.200 to 695G.310, inclusive.

4 **Sec. 45.** NRS 689C.193 is hereby amended to read as follows:

5 689C.193 1. A carrier shall not place any restriction on a
6 small employer or an eligible employee or a dependent of the
7 eligible employee as a condition of being a participant in or a
8 beneficiary of a health benefit plan that is inconsistent with NRS
9 689C.015 to 689C.355, inclusive ~~H~~, *and section 42 of this act.*

10 2. A carrier that offers health insurance coverage to small
11 employers pursuant to this chapter shall not establish rules of
12 eligibility, including, but not limited to, rules which define
13 applicable waiting periods, for the initial or continued enrollment
14 under a health benefit plan offered by the carrier that are based on
15 the following factors relating to the eligible employee or a
16 dependent of the eligible employee:

17 (a) Health status.

18 (b) Medical condition, including physical and mental illnesses,
19 or both.

20 (c) Claims experience.

21 (d) Receipt of health care.

22 (e) Medical history.

23 (f) Genetic information.

24 (g) Evidence of insurability, including conditions which arise
25 out of acts of domestic violence.

26 (h) Disability.

27 3. Except as otherwise provided in NRS 689C.190, the
28 provisions of subsection 1 do not require a carrier to provide
29 particular benefits other than those that would otherwise be provided
30 under the terms of the health benefit plan or coverage.

31 4. As a condition of enrollment or continued enrollment under
32 a health benefit plan, a carrier shall not require any person to pay a
33 premium or contribution that is greater than the premium or
34 contribution for a similarly situated person covered by similar
35 coverage on the basis of any factor described in subsection 2 in
36 relation to the person or a dependent of the person.

37 5. Nothing in this section:

38 (a) Restricts the amount that a small employer may be charged
39 for coverage by a carrier;

40 (b) Prevents a carrier from establishing premium discounts or
41 rebates or from modifying otherwise applicable copayments or
42 deductibles in return for adherence by the insured person to
43 programs of health promotion and disease prevention; or



1 (c) Precludes a carrier from establishing rules relating to
2 employer contribution or group participation when offering health
3 insurance coverage to small employers in this State.

4 6. As used in this section:

5 (a) "Contribution" means the minimum employer contribution
6 toward the premium for enrollment of participants and beneficiaries
7 in a health benefit plan.

8 (b) "Group participation" means the minimum number of
9 participants or beneficiaries that must be enrolled in a health benefit
10 plan in relation to a specified percentage or number of eligible
11 persons or employees of the employer.

12 **Sec. 46.** NRS 689C.425 is hereby amended to read as follows:

13 689C.425 A voluntary purchasing group and any contract
14 issued to such a group pursuant to NRS 689C.360 to 689C.600,
15 inclusive, are subject to the provisions of NRS 689C.015 to
16 689C.355, inclusive, *and section 42 of this act* to the extent
17 applicable and not in conflict with the express provisions of NRS
18 687B.408 and 689C.360 to 689C.600, inclusive.

19 **Sec. 47.** Chapter 695A of NRS is hereby amended by adding
20 thereto a new section to read as follows:

21 *A society that provides health benefits shall not:*

22 1. *Deny a claim under a benefit contract, cancel a benefit*
23 *contract or impose an additional charge on an insured solely*
24 *because an insured has, in accordance with the provisions of*
25 *sections 3 to 26, inclusive, of this act, requested a controlled*
26 *substance designed to end the life of the insured, revoked such a*
27 *request or self-administered such a controlled substance.*

28 2. *Refuse to sell, provide or issue a benefit contract or charge*
29 *a higher rate to a person solely because the person has, in*
30 *accordance with the provisions of sections 3 to 26, inclusive, of*
31 *this act, requested a controlled substance designed to end the life*
32 *of the person or revoked such a request.*

33 **Sec. 48.** Chapter 695B of NRS is hereby amended by adding
34 thereto a new section to read as follows:

35 *A hospital or medical service corporation shall not:*

36 1. *Deny a claim under a policy of health insurance, cancel*
37 *such a policy or impose an additional charge on an insured solely*
38 *because the insured has, in accordance with the provisions of*
39 *sections 3 to 26, inclusive, of this act, requested a controlled*
40 *substance designed to end the life of the insured, revoked such a*
41 *request or self-administered such a controlled substance.*

42 2. *Refuse to sell, provide or issue a policy of health insurance*
43 *to a person or charge a higher rate solely because the person has,*
44 *in accordance with the provisions of sections 3 to 26, inclusive, of*



1 *this act, requested a controlled substance designed to end the life*
2 *of the person or revoked such a request.*

3 **Sec. 49.** Chapter 695C of NRS is hereby amended by adding
4 thereto a new section to read as follows:

5 *A health maintenance organization shall not:*

6 *1. Deny a claim under a health care plan, cancel a health*
7 *care plan or impose an additional charge on an enrollee solely*
8 *because the enrollee has, in accordance with the provisions of*
9 *sections 3 to 26, inclusive, of this act, requested a controlled*
10 *substance designed to end the life of the enrollee, revoked such a*
11 *request or self-administered such a controlled substance.*

12 *2. Refuse to sell or provide a health care plan to a person,*
13 *refuse to enroll a person in a health care plan or charge a higher*
14 *rate solely because the person has, in accordance with the*
15 *provisions of sections 3 to 26, inclusive, of this act, requested a*
16 *controlled substance designed to end the life of the person or*
17 *revoked such a request.*

18 **Sec. 50.** NRS 695C.050 is hereby amended to read as follows:

19 695C.050 1. Except as otherwise provided in this chapter or
20 in specific provisions of this title, the provisions of this title are not
21 applicable to any health maintenance organization granted a
22 certificate of authority under this chapter. This provision does not
23 apply to an insurer licensed and regulated pursuant to this title
24 except with respect to its activities as a health maintenance
25 organization authorized and regulated pursuant to this chapter.

26 2. Solicitation of enrollees by a health maintenance
27 organization granted a certificate of authority, or its representatives,
28 must not be construed to violate any provision of law relating to
29 solicitation or advertising by practitioners of a healing art.

30 3. Any health maintenance organization authorized under this
31 chapter shall not be deemed to be practicing medicine and is exempt
32 from the provisions of chapter 630 of NRS.

33 4. The provisions of NRS 695C.110, 695C.125, 695C.1691,
34 695C.1693, 695C.170, 695C.1703, 695C.1705, 695C.1709 to
35 695C.173, inclusive, 695C.1733, 695C.17335, 695C.1734,
36 695C.1735 to 695C.1755, inclusive, 695C.176 to 695C.200,
37 inclusive, *and section 49 of this act* and 695C.265 do not apply to a
38 health maintenance organization that provides health care services
39 through managed care to recipients of Medicaid under the State Plan
40 for Medicaid or insurance pursuant to the Children's Health
41 Insurance Program pursuant to a contract with the Division of
42 Health Care Financing and Policy of the Department of Health and
43 Human Services. This subsection does not exempt a health
44 maintenance organization from any provision of this chapter for
45 services provided pursuant to any other contract.



1 5. The provisions of NRS 695C.1694, 695C.1695, 695C.1708,
2 695C.1731, 695C.17345 and 695C.1757 apply to a health
3 maintenance organization that provides health care services through
4 managed care to recipients of Medicaid under the State Plan for
5 Medicaid.

6 **Sec. 51.** NRS 695F.090 is hereby amended to read as follows:

7 695F.090 Prepaid limited health service organizations are
8 subject to the provisions of this chapter and to the following
9 provisions, to the extent reasonably applicable:

10 1. NRS 687B.310 to 687B.420, inclusive, concerning
11 cancellation and nonrenewal of policies.

12 2. NRS 687B.122 to 687B.128, inclusive, concerning
13 readability of policies.

14 3. The requirements of NRS 679B.152.

15 4. The fees imposed pursuant to NRS 449.465.

16 5. NRS 686A.010 to 686A.310, inclusive, concerning trade
17 practices and frauds.

18 6. The assessment imposed pursuant to NRS 679B.700.

19 7. Chapter 683A of NRS.

20 8. To the extent applicable, the provisions of NRS 689B.340 to
21 689B.580, inclusive, and chapter 689C of NRS relating to the
22 portability and availability of health insurance.

23 9. NRS 689A.035, 689A.0463, 689A.410, 689A.413 and
24 689A.415 ~~H~~ *and section 39 of this act.*

25 10. NRS 680B.025 to 680B.039, inclusive, concerning
26 premium tax, premium tax rate, annual report and estimated
27 quarterly tax payments. For the purposes of this subsection, unless
28 the context otherwise requires that a section apply only to insurers,
29 any reference in those sections to "insurer" must be replaced by a
30 reference to "prepaid limited health service organization."

31 11. Chapter 692C of NRS, concerning holding companies.

32 12. NRS 689A.637, concerning health centers.

33 **Sec. 52.** Chapter 695G of NRS is hereby amended by adding
34 thereto a new section to read as follows:

35 *A managed care organization shall not:*

36 1. *Deny a claim under a health care plan, cancel a health*
37 *care plan or impose an additional charge on an insured solely*
38 *because the insured has requested a controlled substance designed*
39 *to end the life of the insured, revoked such a request or self-*
40 *administered such a controlled substance in accordance with the*
41 *provisions of sections 3 to 26, inclusive, of this act.*

42 2. *Refuse to sell or provide a health care plan to a person,*
43 *refuse to enroll a person in a health care plan or charge a higher*
44 *rate solely because the person has requested a controlled*
45 *substance designed to end the life of the person in accordance*



1 *with the provisions of sections 3 to 26, inclusive, of this act or*
2 *revoked such a request.*

3 **Sec. 53.** NRS 695G.090 is hereby amended to read as follows:

4 695G.090 1. Except as otherwise provided in subsection 3,
5 the provisions of this chapter apply to each organization and insurer
6 that operates as a managed care organization and may include,
7 without limitation, an insurer that issues a policy of health
8 insurance, an insurer that issues a policy of individual or group
9 health insurance, a carrier serving small employers, a fraternal
10 benefit society, a hospital or medical service corporation and a
11 health maintenance organization.

12 2. In addition to the provisions of this chapter, each managed
13 care organization shall comply with:

14 (a) The provisions of chapter 686A of NRS, including all
15 obligations and remedies set forth therein; and

16 (b) Any other applicable provision of this title.

17 3. The provisions of NRS 695G.164, 695G.1645, 695G.167,
18 695G.200 to 695G.230, inclusive, and 695G.430 *and section 52 of*
19 *this act* do not apply to a managed care organization that provides
20 health care services to recipients of Medicaid under the State Plan
21 for Medicaid or insurance pursuant to the Children's Health
22 Insurance Program pursuant to a contract with the Division of
23 Health Care Financing and Policy of the Department of Health and
24 Human Services. This subsection does not exempt a managed care
25 organization from any provision of this chapter for services
26 provided pursuant to any other contract.

27 **Sec. 54.** This act becomes effective upon passage and
28 approval.

