

Assembly Bill No. 344—Assemblymen Bobzien, Eisen, Sprinkle, Stewart, Dondero Loop; Benitez-Thompson, Carlton, Daly, Diaz, Fiore, Flores, Frierson, Hardy, Hickey, Horne, Kirkpatrick, Livermore, Martin, Munford, Neal, Oscarson, Pierce and Swank

Joint Sponsors: Senators Segerblom, Parks; Atkinson, Manendo, Settlemeyer and Woodhouse

CHAPTER.....

AN ACT relating to public health; enacting provisions to authorize the use of Physician Orders for Life-Sustaining Treatment in this State; allowing the deposit of any Physician Order for Life-Sustaining Treatment form (POLST form) or other advance directive in the statewide health information exchange system and the Registry of Advance Directives for Health Care; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law allows any person who is of sound mind and 18 years of age or older to execute a declaration governing the withholding or withdrawal of life-sustaining treatment. (NRS 449.600, 449.610) Existing law also allows an adult person to execute a power of attorney enabling the agent named in the power of attorney to make decisions concerning health care for the principal if that principal becomes incapable of giving informed consent. (NRS 162A.700-162A.860) Existing law additionally allows certain patients suffering from a terminal condition to obtain a do-not-resuscitate order from a physician and a do-not-resuscitate identification from the health authority. (NRS 450B.510-450B.525) A declaration governing the withholding or withdrawal of life-sustaining treatment, a durable power of attorney for health care decisions and a do-not-resuscitate order are all classified as advance directives. (NRS 449.905) **Section 15** of this bill requires the State Board of Health to adopt a Physician Order for Life-Sustaining Treatment form (POLST form), another type of advance directive which records the wishes of a patient and directs any provider of health care regarding the provision of life-resuscitating and life-sustaining treatment.

Sections 16, 17, 36 and 37 of this bill specify who is allowed to execute and revoke a POLST form. **Section 18** of this bill resolves potential conflicts between a POLST form and another advance directive. **Sections 19 and 22** of this bill convey similar protections and immunities to providers of health care with regard to a POLST form as are conveyed with regard to other advance directives.

Under existing law, a provider of health care or a person who administers emergency medical services is required to comply with an advance directive or take reasonable measures to transfer the patient to a provider of health care willing to do so, and imposes a penalty for failure to do so. (NRS 449.628, 449.660, 450B.550, 450B.580) **Sections 20 and 23** of this bill enact similar provisions with regard to a POLST form. **Section 21** of this bill establishes that a provider of health care may assume the validity of a POLST form unless he or she has knowledge to the contrary.



Section 22 provides that the execution of a POLST form or the lack thereof does not affect the sale, procurement or terms of a policy of life insurance or annuity, and cannot be used as a reason to withhold health care or health insurance. **Section 23** provides a penalty if health care or health insurance is withheld. Existing law provides penalties for any person who willfully conceals, cancels, defaces, obliterates, forges or fraudulently induces the execution of a declaration governing the withholding or withdrawal of life-sustaining treatment. (NRS 449.660) **Section 23** establishes similar penalties with respect to a POLST form. **Section 25** of this bill sets forth that a POLST form executed in another state in compliance with the laws of that state or this State is valid in this State. **Section 26** of this bill authorizes the State Board of Health to adopt regulations to carry out the provisions of this bill.

Existing law provides for a statewide health information exchange system and a Registry of Advance Directives for Health Care, in which certain health records of a patient may be deposited to facilitate treatment of that patient by any health care provider. (NRS 439.581-439.595, 449.900-449.965) **Sections 28 and 29** of this bill allow a POLST form to be deposited in the exchange and the Registry. **Section 32** of this bill allows a patient who has executed a POLST form providing for the withholding of life-resuscitating treatment to apply for a do-not-resuscitate identification.

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

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

Section 1. Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 26, inclusive, of this act.

Sec. 2. *As used in sections 2 to 26, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 14, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“Attending physician” has the meaning ascribed to it in NRS 449.550.*

Sec. 4. *“Do-not-resuscitate identification” has the meaning ascribed to it in NRS 450B.410.*

Sec. 5. *“Do-not-resuscitate order” has the meaning ascribed to it in NRS 450B.420.*

Sec. 6. *“Emergency care” means the use of life-resuscitating treatment and other immediate treatment provided in response to a sudden, acute and unanticipated medical emergency in order to avoid injury, impairment or death.*

Sec. 7. *“Health care facility” has the meaning ascribed to it in NRS 162A.740.*

Sec. 8. *“Incompetent” has the meaning ascribed to it in NRS 159.019.*



Sec. 9. *“Life-resuscitating treatment” has the meaning ascribed to it in NRS 450B.450.*

Sec. 10. *“Life-sustaining treatment” has the meaning ascribed to it in NRS 449.570.*

Sec. 11. *“Other types of advance directives” means an advance directive as defined in NRS 449.905, but does not include a POLST form.*

Sec. 12. *“Physician Order for Life-Sustaining Treatment form” or “POLST form” means the form prescribed pursuant to section 15 of this act that:*

- 1. Records the wishes of the patient; and*
- 2. Directs a provider of health care regarding the provision of life-resuscitating treatment and life-sustaining treatment.*

Sec. 13. *“Provider of health care” means an individual who is licensed, certified or otherwise authorized or allowed by law to provide health care in the ordinary course of business or practice of a profession, and includes a person who:*

- 1. Is described in NRS 629.031; or*
- 2. Administers emergency medical services as defined in NRS 450B.460.*

Sec. 14. *“Representative of the patient” means a legal guardian of the patient, a person designated by the patient to make decisions governing the withholding or withdrawal of life-sustaining treatment pursuant to NRS 449.600 or a person given power of attorney to make decisions concerning health care for the patient pursuant to NRS 162A.700 to 162A.860, inclusive.*

Sec. 15. *The Board shall prescribe a standardized Physician Order for Life-Sustaining Treatment form, commonly known as a POLST form, which:*

- 1. Is uniquely identifiable and has a uniform color;*
- 2. Provides a means by which to indicate whether the patient has made an anatomical gift pursuant to NRS 451.500 to 451.598, inclusive;*
- 3. Gives direction to a provider of health care or health care facility regarding the use of emergency care and life-sustaining treatment;*
- 4. Is intended to be honored by any provider of health care who treats the patient in any health-care setting, including, without limitation, the patient’s residence, a health care facility or the scene of a medical emergency; and*
- 5. Includes such other features and information as the Board may deem advisable.*



Sec. 16. 1. A physician shall take the actions described in subsection 2:

(a) If the physician diagnoses a patient with a terminal condition;

(b) If the physician determines, for any reason, that a patient has a life expectancy of less than 5 years; or

(c) At the request of a patient.

2. Upon the occurrence of any of the events specified in subsection 1, the physician shall explain to the patient:

(a) The existence and availability of the Physician Order for Life-Sustaining Treatment form;

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

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

3. Upon the request of the patient, the physician shall complete the POLST form based on the preferences and medical indications of the patient.

4. A POLST form is valid upon execution by a physician and:

(a) If the patient is 18 years of age or older and of sound mind, the patient;

(b) If the patient is 18 years of age or older and incompetent, the representative of the patient; or

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

5. As used in this section, "terminal condition" has the meaning ascribed to it in NRS 449.590.

Sec. 17. 1. A Physician Order for Life-Sustaining Treatment form may be revoked at any time and in any manner by:

(a) The patient who executed it, if competent, without regard to his or her age or physical condition;

(b) If the patient is incompetent, the representative of the patient; or

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

2. The revocation of a POLST form is effective upon the communication to a provider of health care, by the patient or a witness to the revocation, of the desire to revoke the form. The provider of health care to whom the revocation is communicated shall:

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



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

Sec. 18. *1. If a valid Physician Order for Life-Sustaining Treatment form sets forth a declaration, direction or order which conflicts with a declaration, direction or order set forth in one or more of the other types of advance directives:*

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

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

2. If a valid POLST form sets forth a declaration, direction or order to provide life-resuscitating treatment to a patient who also possesses a do-not-resuscitate identification, a provider of health care shall not provide life-resuscitating treatment if the do-not-resuscitate identification is on the person of the patient when the need for life-resuscitating treatment arises.

Sec. 19. *1. A provider of health care is not guilty of unprofessional conduct or subject to civil or criminal liability if:*

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

(1) In compliance with a Physician Order for Life-Sustaining Treatment form and the provisions of sections 2 to 26, inclusive, of this act; or

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

(I) Complies with the provisions of section 20 of this act;

or

(II) Reasonably and in good faith, at the time the emergency care or life-sustaining treatment is withheld, is unaware of the existence of the POLST form or believes that the POLST form has been revoked pursuant to section 17 of this act;

or

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

(1) Pursuant to an oral or written request made by the patient, the representative of the patient, or a parent or legal guardian of the patient, who may revoke the POLST form pursuant to section 17 of this act;

(2) Pursuant to an observation that the patient, the representative of the patient or a parent or legal guardian of the



patient has revoked, or otherwise indicated that he or she wishes to revoke, the POLST form pursuant to section 17 of this act; or

(3) In violation of a POLST form, if the provider of health care reasonably and in good faith, at the time the emergency care or life-sustaining treatment is provided, is unaware of the existence of the POLST form or believes that the POLST form has been revoked pursuant to section 17 of this act.

2. A health care facility, ambulance service, fire-fighting agency or other entity that employs a provider of health care is not guilty of unprofessional conduct or subject to civil or criminal liability for the acts or omissions of the employee carried out in accordance with the provisions of subsection 1.

Sec. 20. *1. Except as otherwise provided in this section and section 18 of this act, a provider of health care shall comply with a valid Physician Order for Life-Sustaining Treatment form, regardless of whether the provider of health care is employed by a health care facility or other entity affiliated with the physician who executed the POLST form.*

2. A physician may medically evaluate the patient and, based upon the evaluation, may recommend new orders consistent with the most current information available about the patient's health status and goals of care. Before making a modification to a valid POLST form, the physician shall consult the patient or, if the patient is incompetent, shall make a reasonable attempt to consult the representative of the patient and the patient's attending physician.

3. Except as otherwise provided in subsection 4, a provider of health care who is unwilling or unable to comply with a valid POLST form shall take all reasonable measures to transfer the patient to a physician or health care facility so that the POLST form will be followed.

4. Life-sustaining treatment must not be withheld or withdrawn pursuant to a POLST form of a patient known to the attending physician to be pregnant, so long as it is probable that the fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

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

Sec. 21. *1. Unless he or she has knowledge to the contrary, a provider of health care may assume that a Physician Order for Life-Sustaining Treatment form complies with the provisions of sections 2 to 26, inclusive, of this act and is valid.*



2. *The provisions of sections 2 to 26, inclusive, of this act do not create a presumption concerning the intention of a:*

(a) *Patient if the patient, the representative of the patient or a parent or legal guardian of the patient has revoked the POLST form pursuant to section 17 of this act; or*

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

Sec. 22. 1. *Death that results when emergency care or life-sustaining treatment has been withheld pursuant to a Physician Order for Life-Sustaining Treatment form and in accordance with the provisions of sections 2 to 26, inclusive, of this act does not constitute a suicide or homicide.*

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

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

Sec. 23. 1. *It is unlawful for:*

(a) *A provider of health care to willfully fail to transfer the care of a patient in accordance with subsection 3 of section 20 of this act.*

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

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

(d) *A person to require or prohibit the execution of a POLST form as a condition of being insured for, or receiving, health care in violation of subsection 3 of section 22 of this act.*

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

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



Sec. 24. *The provisions of sections 2 to 26, inclusive, of this act do not:*

- 1. Require a provider of health care to take any action contrary to reasonable medical standards;*
- 2. Affect the responsibility of a provider of health care to provide treatment for a patient's comfort or alleviation of pain;*
- 3. Condone, authorize or approve mercy killing, euthanasia or assisted suicide;*
- 4. Except as otherwise provided in section 18 of this act, affect or impair any right created pursuant to the provisions of any other types of advance directives; or*
- 5. Affect the right of a patient to make decisions concerning the use of emergency care or life-sustaining treatment, if he or she is able to do so.*

Sec. 25. *1. A Physician Order for Life-Sustaining Treatment form executed in another state in compliance with the laws of that state or this State is valid for the purposes of sections 2 to 26, inclusive, of this act.*

2. As used in this section, "state" includes the District of Columbia, the Commonwealth of Puerto Rico and a territory or inland possession subject to the jurisdiction of the United States.

Sec. 26. *The Board may adopt such regulations as it determines to be necessary or advisable to carry out the provisions of sections 2 to 26, inclusive, of this act.*

Sec. 27. NRS 449.766 is hereby amended to read as follows:

449.766 "Aversive intervention" means any of the following actions if the action is used to punish a person with a disability or to eliminate, reduce or discourage maladaptive behavior of a person with a disability:

1. The use of noxious odors and tastes;
2. The use of water and other mists or sprays;
3. The use of blasts of air;
4. The use of corporal punishment;
5. The use of verbal and mental abuse;
6. The use of electric shock;
7. Requiring a person to perform exercise under forced conditions if the:
 - (a) Person is required to perform the exercise because the person exhibited a behavior that is related to his or her disability;
 - (b) Exercise is harmful to the health of the person because of his or her disability; or
 - (c) Nature of the person's disability prevents the person from engaging in the exercise;



8. Any intervention, technique or procedure that deprives a person of the use of one or more of the person's senses, regardless of the length of the deprivation, including, without limitation, the use of sensory screens; or

9. The deprivation of necessities needed to sustain the health of a person, regardless of the length of the deprivation, including, without limitation, the denial or unreasonable delay in the provision of:

- (a) Food or liquid at a time when it is customarily served; or
- (b) Medication.

↳ The term does not include the withholding or withdrawal of life-sustaining treatment in accordance with NRS 449.626 ~~†~~ *or sections 2 to 26, inclusive, of this act.*

Sec. 28. NRS 449.905 is hereby amended to read as follows:

449.905 "Advance directive" means an advance directive for health care. The term includes:

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

2. A durable power of attorney for health care as set forth in NRS 162A.700 to 162A.860, inclusive; ~~†and†~~

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

4. A Physician Order for Life-Sustaining Treatment form as defined in section 12 of this act.

Sec. 29. NRS 449.925 is hereby amended to read as follows:

449.925 1. A person who wishes to register an advance directive must submit to the Secretary of State:

(a) An application in the form prescribed by the Secretary of State;

(b) A copy of the advance directive; and

(c) The fee, if any, established by the Secretary of State pursuant to NRS 449.955.

2. If the person satisfies the requirements of subsection 1, the Secretary of State shall:

(a) Make an electronic reproduction of the advance directive and post it to the Registry ~~†~~ *and, if the person consents pursuant to NRS 439.591, the statewide health information exchange system established pursuant to NRS 439.581 to 439.595, inclusive;*

(b) Assign a registration number and password to the registrant;
and



(c) Provide the registrant with a registration card that includes, without limitation, the name, registration number and password of the registrant.

3. The Secretary of State shall establish procedures for:

(a) The registration of an advance directive that replaces an advance directive that is posted on the Registry;

(b) The removal from the Registry of an advance directive that has been revoked following the revocation of the advance directive or the death of the registrant; and

(c) The issuance of a duplicate registration card or the provision of other access to the registrant's registration number and password if a registration card issued pursuant to this section is lost, stolen, destroyed or otherwise unavailable.

Sec. 30. NRS 449.945 is hereby amended to read as follows:

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

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

(a) NRS 449.630, if the advance directive is a declaration governing the withholding or withdrawal of life-sustaining treatment executed pursuant to NRS 449.535 to 449.690, inclusive, or a durable power of attorney for health care executed pursuant to NRS 162A.700 to 162A.860, inclusive; ~~to~~

(b) *Sections 2 to 26, inclusive, of this act if the advance directive is a Physician Order for Life-Sustaining Treatment form; or*

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

Sec. 31. NRS 450B.470 is hereby amended to read as follows:

450B.470 "Qualified patient" means:

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

(a) Has executed a declaration in accordance with the requirements of NRS 449.600; ~~to~~

(b) *Has executed a Physician Order for Life-Sustaining Treatment form pursuant to sections 2 to 26, inclusive, of this act if the form provides that the patient is not to receive life-resuscitating treatment; or*



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

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

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

(b) Has *executed a Physician Order for Life-Sustaining Treatment form pursuant to sections 2 to 26, inclusive, of this act if the form provides that the patient is not to receive life-resuscitating treatment or has* been issued a do-not-resuscitate order pursuant to NRS 450B.510.

Sec. 32. NRS 450B.520 is hereby amended to read as follows:
450B.520 Except as otherwise provided in NRS 450B.525:

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

2. An application must include, without limitation:

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

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

(1) Executed:

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

(II) A durable power of attorney for health care pursuant to NRS 162A.700 to 162A.860, inclusive; *or*

(III) A Physician Order for Life-Sustaining Treatment form pursuant to sections 2 to 26, inclusive, of this act if the form provides that the patient is not to receive life-resuscitating treatment; or

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



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

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

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

Sec. 33. NRS 450B.525 is hereby amended to read as follows:

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

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

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

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

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

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

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

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

(1) Suffers from a terminal condition; and

(2) Has *executed a Physician Order for Life-Sustaining Treatment form pursuant to sections 2 to 26, inclusive, of this act if the form provides that the minor is not to receive life-resuscitating treatment or has* been issued a do-not-resuscitate order pursuant to NRS 450B.510;

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

(c) The name of the minor;

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

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

4. The parent or legal guardian of the minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that he or she wishes to have the identification removed or destroyed.



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

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

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

Sec. 34. NRS 450B.590 is hereby amended to read as follows:

450B.590 The provisions of NRS 450B.400 to 450B.590, inclusive, do not:

1. Require a physician or other provider of health care to take action contrary to reasonable medical standards;

2. Condone, authorize or approve mercy killing, euthanasia or assisted suicide;

3. Substitute for any other legally authorized procedure by which a person may direct that the person not be resuscitated in the event of a cardiac or respiratory arrest;

4. ~~Affect~~ *Except as otherwise provided in section 18 of this act, affect* or impair any right created pursuant to the provisions of NRS 449.535 to 449.690, inclusive ~~§~~ , *or sections 2 to 26, inclusive, of this act;* or

5. Affect the right of a qualified patient to make decisions concerning the use of life-resuscitating treatment, if he or she is able to do so, or impair or supersede a right or responsibility of a person to affect the withholding of medical care in a lawful manner.

Sec. 35. NRS 451.595 is hereby amended to read as follows:

451.595 1. As used in this section:

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

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

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



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

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

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

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

(b) The conflict must be resolved as expeditiously as practicable.

(c) Information relevant to the resolution of the conflict may be obtained from the appropriate procurement organization and any other person authorized to make an anatomical gift of the prospective donor's body or part under NRS 451.556.

(d) Before the resolution of the conflict, measures necessary to ensure the medical suitability of the part may not be withheld or withdrawn from the prospective donor, if withholding or withdrawing the measures is not medically contraindicated for the appropriate treatment of the prospective donor at the end of his or her life.

Sec. 36. NRS 129.030 is hereby amended to read as follows:

129.030 1. Except as otherwise provided in NRS 450B.525, a minor may give consent for the services provided in subsection 2 for himself or herself or for his or her child, if the minor is:

(a) Living apart from his or her parents or legal guardian, with or without the consent of the parent, parents or legal guardian, and has so lived for a period of at least 4 months;

(b) Married or has been married;

(c) A mother, or has borne a child; or

(d) In a physician's judgment, in danger of suffering a serious health hazard if health care services are not provided.

2. Except as otherwise provided in subsection 4 and NRS 450B.525, *and section 16 of this act*, the consent of the parent or parents or the legal guardian of a minor is not necessary for a local or state health officer, board of health, licensed physician or public



or private hospital to examine or provide treatment for any minor, included within the provisions of subsection 1, who understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. The consent of the minor to examination or treatment pursuant to this subsection is not subject to disaffirmance because of minority.

3. A person who treats a minor pursuant to subsection 2 shall, before initiating treatment, make prudent and reasonable efforts to obtain the consent of the minor to communicate with his or her parent, parents or legal guardian, and shall make a note of such efforts in the record of the minor's care. If the person believes that such efforts would jeopardize treatment necessary to the minor's life or necessary to avoid a serious and immediate threat to the minor's health, the person may omit such efforts and note the reasons for the omission in the record.

4. A minor may not consent to his or her sterilization.

5. In the absence of negligence, no person providing services pursuant to subsection 2 is subject to civil or criminal liability for providing those services.

6. The parent, parents or legal guardian of a minor who receives services pursuant to subsection 2 are not liable for the payment for those services unless the parent, parents or legal guardian has consented to such health care services. The provisions of this subsection do not relieve a parent, parents or legal guardian from liability for payment for emergency services provided to a minor pursuant to NRS 129.040.

Sec. 37. NRS 129.050 is hereby amended to read as follows:

129.050 1. Except as otherwise provided in NRS 450B.525, *and section 16 of this act*, any minor who is under the influence of, or suspected of being under the influence of, a controlled substance:

(a) May give express consent; or

(b) If unable to give express consent, shall be deemed to consent,

↳ to the furnishing of hospital, medical, surgical or other care for the treatment of abuse of drugs or related illnesses by any public or private hospital, medical facility, facility for the dependent, other than a halfway house for alcohol and drug abusers, or any licensed physician, and the consent of the minor is not subject to disaffirmance because of minority.

2. Immunity from civil or criminal liability extends to any physician or other person rendering care or treatment pursuant to subsection 1, in the absence of negligent diagnosis, care or treatment.



3. The consent of the parent, parents or legal guardian of the minor is not necessary to authorize such care, but any physician who treats a minor pursuant to this section shall make every reasonable effort to report the fact of treatment to the parent, parents or legal guardian within a reasonable time after treatment.

