

Assembly Bill No. 199–Assemblywomen  
Woodbury and Titus

Joint Sponsor: Senator Hardy

CHAPTER.....

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

**Legislative Counsel’s Digest:**

Existing law requires the State Board of Health to adopt a Physician Order for Life-Sustaining Treatment form (POLST form), a document which records the wishes of a patient and directs any provider of health care regarding the provision of life-resuscitating treatment and life-sustaining treatment. (NRS 449.694) Existing law also specifies that a patient who is at least 18 years of age and of sound mind is allowed to request, execute and revoke a POLST form. Under existing law, if a patient is at least 18 years of age and incompetent, certain legal representatives of the patient are authorized to execute and revoke a POLST form on behalf of the patient. (NRS 449.6942, 449.6944) **Sections 2-5, 7-17 and 21-25** of this bill authorize a physician assistant or advanced practice registered nurse to make certain determinations related to a POLST form and to execute a POLST form for a patient. **Sections 9 and 10** also revise provisions governing the execution and revocation of a POLST form. **Section 9:** (1) provides that, under certain circumstances, a surrogate who is not a legal representative of the patient, including, without limitation, certain family members of the patient or any other adult who has exhibited special care or concern for the patient, is familiar with the values of the patient and willing and able to make health care decisions for the patient, is authorized to request and execute a POLST form for the patient; and (2) revises the standard for determining whether a patient has the capacity to request and execute a POLST form. **Section 10** revises the standard for determining whether a patient has the capacity to revoke a POLST form so that the standard matches the standard set forth in **section 9** for determining whether the patient has the capacity to execute a POLST form.

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



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

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

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

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

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

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

**Sec. 6.** NRS 449.691 is hereby amended to read as follows:

449.691 As used in NRS 449.691 to 449.697, inclusive, *and sections 2 to 5, inclusive, of this act*, unless the context otherwise requires, the words and terms defined in NRS 449.6912 to 449.6934, inclusive, *and sections 2 to 5, inclusive, of this act* have the meanings ascribed to them in those sections.

**Sec. 7.** NRS 449.693 is hereby amended to read as follows:

449.693 ~~“Physician”~~ *“Provider* Order for Life-Sustaining Treatment form” or “POLST form” means the form prescribed pursuant to NRS 449.694 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. 8.** NRS 449.694 is hereby amended to read as follows:

449.694 The Board shall prescribe a standardized ~~“Physician”~~ *Provider* 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. 9.** NRS 449.6942 is hereby amended to read as follows:

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

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

(b) If the physician , *physician assistant or advanced practice registered nurse* 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 , *physician assistant or advanced practice registered nurse* shall explain to the patient:

(a) The existence and availability of the ~~{Physician}~~ *Provider* 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}~~ *The* physician , *physician assistant or advanced practice registered nurse* shall complete the POLST form based on the preferences and medical indications of the patient ~~{, upon the request of:~~

*(a) If the patient is 18 years of age or older and the physician, physician assistant or advanced practice registered nurse determines that the patient has the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment, the patient.*

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

*(1) The representative of the patient; or*



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

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

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

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

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

*(1) The representative of the patient; or*

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

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

5. *If, pursuant to subsection 3, a valid POLST form has been executed by a representative or surrogate of the patient and a provider of health care or the representative or surrogate of the patient believes that the patient has regained the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment, a physician, physician assistant or advanced practice registered nurse must examine the patient and inform the patient of the execution of the POLST form. If the physician, physician assistant or advanced practice registered nurse determines that the patient regained the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment, the patient may approve the execution of the POLST*



*form or, pursuant to NRS 449.6944, revoke the POLST form executed for the patient by his or her representative or surrogate. If the patient approves the execution of the POLST form executed by his or her representative or surrogate, such approval must be made a part of the medical record of the patient and the POLST form is deemed to be valid. The physician, physician assistant or advanced practice registered nurse who examined the patient must notify the representative or surrogate of the patient who executed the POLST form of the decision of the patient to approve or revoke the POLST form.*

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

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

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

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

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

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

*(1) The spouse of the patient;*

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

*(3) The parents of the patient;*

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

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

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

*(b) “Terminal condition” has the meaning ascribed to it in NRS 449.590.*



**Sec. 10.** NRS 449.6944 is hereby amended to read as follows:  
449.6944 1. A ~~{Physician}~~ **Provider** Order for Life-Sustaining Treatment form may be revoked at any time and in any manner by:

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

(b) ~~{}~~ **Without regard to the patient's age or physical condition, if the physician, physician assistant or advanced practice registered nurse determines that the patient** ~~{is incompetent,}~~ **lacks the capacity to make decisions regarding his or her wishes for the provision of life-resuscitating treatment and life-sustaining treatment,** 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,}~~ **person authorized to revoke a POLST form pursuant to subsection 1,** 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. 11.** NRS 449.6946 is hereby amended to read as follows:

449.6946 1. If a valid ~~{Physician}~~ **Provider** 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.~~ *declaration, direction or order to provide life-resuscitating treatment set forth in the valid POLST form was executed more recently than the issuance of the do-not-resuscitate identification.*

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

449.6948 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~~ *Provider* Order for Life-Sustaining Treatment form and the provisions of NRS 449.691 to 449.697, inclusive ~~}, and sections 2 to 5, inclusive, of this act;~~ or

(2) In violation of a ~~Physician~~ *Provider* 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 NRS 449.695; 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 NRS 449.6944; 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 NRS 449.6944;

(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 NRS 449.6944; 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 NRS 449.6944.

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

449.695 1. Except as otherwise provided in this section and NRS 449.6946, a provider of health care shall comply with a valid ~~{Physician}~~ **Provider** 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, **physician assistant or advanced practice registered nurse** who executed the POLST form.

2. A physician, **physician assistant or advanced practice registered nurse** 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, **physician assistant or advanced practice registered nurse** shall consult the patient or, if the patient ~~{is incompetent}~~ **lacks decisional capacity**, shall make a reasonable attempt to consult the representative of the patient and the patient's attending physician ~~{}~~, **attending physician assistant or attending advanced practice registered nurse**.

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, **physician assistant, advanced practice registered nurse** 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, **attending physician assistant or attending advanced practice registered nurse** 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. 14.** NRS 449.6952 is hereby amended to read as follows:

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



2. The provisions of NRS 449.691 to 449.697, inclusive, *and sections 2 to 5, 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 NRS 449.6944; or

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

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

449.6954 1. Death that results when emergency care or life-sustaining treatment has been withheld pursuant to a ~~{Physician}~~ **Provider** Order for Life-Sustaining Treatment form and in accordance with the provisions of NRS 449.691 to 449.697, inclusive, *and sections 2 to 5, 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. 16.** NRS 449.6956 is hereby amended to read as follows:

449.6956 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 NRS 449.695.

(b) A person to willfully conceal, cancel, deface or obliterate a ~~{Physician}~~ **Provider** 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 NRS 449.6954.



(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. 17.** NRS 449.696 is hereby amended to read as follows:

449.696 1. A ~~Physician~~ **Provider** 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 NRS 449.691 to 449.697, inclusive ~~H~~, **and sections 2 to 5, 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 insular possession subject to the jurisdiction of the United States.

**Sec. 18.** 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.865, inclusive;

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

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

**Secs. 19 and 20.** (Deleted by amendment.)

**Sec. 21.** 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.865, inclusive;

(b) NRS 449.691 to 449.697, inclusive, **and sections 2 to 5, inclusive, of this act**, if the advance directive is a ~~Physician~~ **Provider** 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. 22.** 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;

(b) Has executed a ~~Physician~~ *Provider* Order for Life-Sustaining Treatment form pursuant to NRS 449.691 to 449.697, inclusive, *and sections 2 to 5, 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 NRS 449.691 to 449.697, inclusive, 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. 23.** 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;

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

(III) A ~~Physician~~ **Provider** Order for Life-Sustaining Treatment form pursuant to NRS 449.691 to 449.697, inclusive, *and sections 2 to 5, 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. 24.** 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~~ **Provider** Order for Life-Sustaining Treatment form pursuant to NRS 449.691 to 449.697, inclusive, *and sections 2 to 5, 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. 25.** 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~~ **Provider** Order for Life-Sustaining Treatment form executed pursuant to NRS 449.691 to 449.697, inclusive ~~§~~ **and sections 2 to 5, 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. 26.** NRS 449.6922 is hereby repealed.

**Sec. 27.** This act becomes effective on July 1, 2017.

